



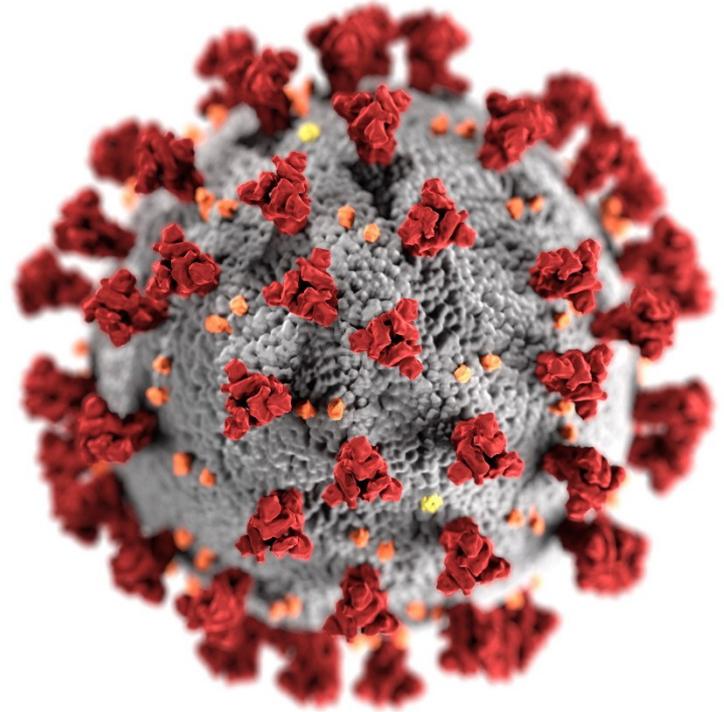
# Cooperative Agreement for Emergency Response: COVID-19 Public Health Crisis Response

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Crisis Response Cooperative Agreement:  
COVID-19 Public Health Workforce Supplemental  
Funding Guidance

May 27, 2021



# Overview of Presentation

- American Rescue Plan Act of 2021, Public Health Workforce Legislation
- Public Health Crisis Response Cooperative Agreement Overview
- Public Health Workforce Development Supplemental Funding Strategy
- Goal of the funding
- Allowable Costs
- Allowable Activities
- Submission and Reporting Requirements
- Timeline
- Discussion



# American Rescue Plan Act of 2021

- Signed into law on March 11, 2021
- \$1.9 trillion in total funding
- Subtitle F Public Health Workforce, Sec. 2501 Funding for Public Health Workforce
  - \$7.66 billion to HHS "to carry out activities related to establishing, expanding, and sustaining a public health workforce, including by making awards available to state, local, and territorial public health departments
- \$2 billion to be awarded to 65 state, tribal, local, and territorial health departments through CDC's Public Health Crisis Response Cooperative Agreement
- **These awards are separate from and in addition to funds made available via the Coronavirus Preparedness and Response Act in March 2020**



# Public Health Crisis Response Cooperative Agreement Overview

- CDC has activated CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response (Crisis Response Cooperative Agreement) for this event ([www.cdc.gov/cpr/readiness/funding.htm](http://www.cdc.gov/cpr/readiness/funding.htm) )
- Mechanism supported initial COVID-19 funding from Coronavirus Preparedness and Response Supplemental Appropriations Act
  - \$754 million awarded to 65 jurisdictions in March 2020
- 65 jurisdictions are on Crisis Response Cooperative Agreement approved but unfunded (ABU) list:
  - 50 states
  - Eight territories and freely associated states
  - Six directly funded localities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, DC)
  - One tribal nation (Cherokee Nation)



# Public Health Workforce Development Supplemental Funding Strategy

- Component A of the Crisis Response Cooperative Agreement will be used to award \$2 billion to all 65 jurisdictions on the ABU list
  - Funding will be used to “establish, train, and sustain the STLT public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs.”
- Funding based primarily on population (with small base)
- Efforts are underway, subject to availability of funds, to develop solutions that allow for a more sustained workforce



# Goal of the Funds

- Intended to establish, expand, train, and sustain the STLT public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs
- CDC expects at least 25% of the award will support K-12 school-based health programs
- CDC expects that at least 40% of the *remaining* funds will support hiring through local health departments or community-based organizations (CBOs)
- Recipients must report on all staff hired, including those hired at the local and subrecipient level
- Recipients should develop and report on goals and monitoring metrics regarding diversity of staff hired and equity and inclusion activities based on the 5 employment categories below:
  - Administrative support staff
  - Clinical or professional staff
  - Disease investigation staff
  - School health staff
  - Program management staff



# Workforce Personnel

- Funding can be used to hire personnel for roles that may range from senior leadership positions to early career or entry-level positions and may include, but is not limited to:
  - Permanent full-time and part-time staff (which may include converting part-time positions to full-time positions during the performance period)
  - Temporary or term-limited staff
  - Fellows
  - Interns
  - Contractors or contracted employees



# Workforce Personnel

- School-based health staff
  - CDC expects that at least 25% of the jurisdictional award will support school-based health programs, including nurses or other personnel
  - This includes hiring school-based nurses, converting current nurses from part-time to full-time work, increasing hours, increasing nursing salaries or otherwise supporting retention efforts
- Recipients are encouraged to consider
  - Allocations to state Departments of Education
  - Subawards or contracts to local schools or school districts to support school nurses and school-based health service
  - Contracting staff directly and placing in local schools
  - Support for ancillary services including mental and behavioral health



# Allowable Costs

Recipients are encouraged to think broadly and to target identified needs when formulating a budget, which may include:

- Wages, benefits, and other costs related to recruiting, hiring, and training of individuals to serve as:
  - Administrative support staff
  - Clinical or professional staff
  - Disease investigation staff
  - School health staff
  - Program management staff
- Purchase of equipment and supplies necessary to support the expanded workforce including personal protective equipment, equipment needed to perform the duties of the position, computers, cell phones, internet costs, cybersecurity software, and other costs associated with support of the expanded workforce
- Administrative support services necessary to implement and manage activities funded under this section, including travel and training



# Allowable Activities

Recipients are encouraged to think broadly about workforce development activities that will address recipient and local needs

Suggested activities are outlined in the supplemental funding guidance and include:

- Using the General Services Administration (GSA) COVID-19 Related Support Services (CRSS) contract mechanism available at [Acquisition Gateway](#) to obtain contract staff or services
- Forming partnerships with academic institutions, creating student internship or fellowship opportunities, and building graduation-to-workforce pipelines
- Developing, training, and equipping response-ready “strike force” teams capable of deploying rapidly to meet emergent needs, including through the [Emergency Management Assistance Compact](#)
- Focusing on diversity, health equity, and inclusion by delineating goals for hiring and training a diverse work force across all levels who are representative of, and have language cultural competence for, the local communities they serve



# Public Health Workforce Development Supplemental Funding Strategy

- Notice of Awards (NOAs) have been issued and are available in GrantSolutions
- Supplemental funding guidance is posted at [www.cdc.gov/cpr/readiness/funding.htm](http://www.cdc.gov/cpr/readiness/funding.htm)
- Budget and performance period last for two years: July 1, 2021 to June 30, 2023. With prior approval from CDC, pre-award planning costs may be incurred beginning May 14, 2021



# Budget Narrative and Work Plan Submission

- CDC will use the Research Electronic Data Capture (REDCap) system for budget, work plan, and reporting submissions
  - CDC will provide optional submission templates; if a recipient uses another format, it must include all categories on recommended template
  - All current users of the COVID-19 Crisis Response Cooperative Agreement REDCap project will be provided access to the Workforce Development Crisis Response Cooperative Agreement project; additional users should email [DSLRCrisisCoAg@cdc.gov](mailto:DSLRCrisisCoAg@cdc.gov) to request access
- Budget narratives and work plans are due in GrantSolutions and REDCap systems by September 1, 2021
  - Work plan should include recipient's hiring goals and diversity, equity, & inclusion (DEI) goals/metrics
  - Budget narratives should include funding for school health and funding for local and community-based organizations (CBO)



# Reporting Requirements

- Progress reports are due every six months during the two-year performance period and must include:
  - Progress toward hiring goals
  - Progress toward Diversity, Equity, and Inclusion (DEI) metrics or goals
- Fiscal reports on obligation of awarded funds are due 21 days after the end of each quarter (October 21, 2021; January 21, 2022, etc.)
- Recipients are also required to report on hiring at the sub-recipient level
- Reports will be due in the REDCap system
- **NOTE:** work plan, budget, and reporting will NOT be broken down by domain



# Diversity, Equity, and Inclusion (DEI) Metrics

- Recipients should develop goals and monitoring metrics regarding diversity of staff hired and equity and inclusion activities
- Consider collaboration with local champions or trusted voices representative of diverse populations most affected by COVID-19
- Metrics may include but are not limited to:
  - Number of staff hired through Community Based Organizations (CBOs) that serve populations such as communities of color, rural populations, people experiencing homelessness, people living with disabilities, etc.
  - Number of staff receiving DEI relevant training, such as cultural competency, working with underserved communities, and equity
  - Establishment of a health equity teams
- Use [CDC's Social Vulnerability Index](#) data and tools to inform jurisdiction COVID-19 planning, response, and hiring strategies



# Current Timeline

- Performance Period: **July 1, 2021 – June 30, 2023**
  - **May 2021:** Notice of Awards (NOAs) issued
  - **September 1, 2021:** Budget narratives due in REDCap and GrantSolutions
  - **September 1, 2021:** Work plans (including hiring goals and DEI metrics) due in REDCap and GrantSolutions
  - **October 21, 2021:** First fiscal report due in REDCap
  - **January 21, 2022:** First semi-annual report due in REDCap
    - Progress toward hiring goals at recipient and subrecipient level
    - Progress toward recipient-identified DEI goals or metrics
    - Fiscal reports on obligation of funds
  - **September 28, 2023 (90 days after budget period):** deadline for all eligible expenditures to be liquidated



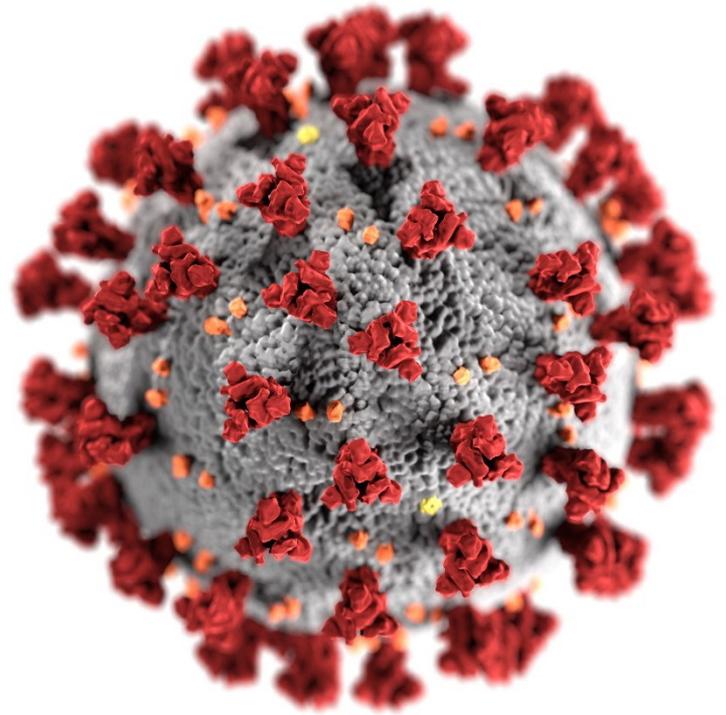
# Questions

- Jurisdictions that encounter any difficulties submitting the required documents should contact their DSLR (PHEP) project officer or [DSLRCrisisCoAg@cdc.gov](mailto:DSLRCrisisCoAg@cdc.gov) prior to submission deadline
- Please send additional questions to [DSLRCrisisCoAg@cdc.gov](mailto:DSLRCrisisCoAg@cdc.gov)



# Discussion





For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

