COVID-19 Public Health Workforce Supplemental Funding Request for Proposals

As a result of the American Rescue Plan Act of 2021, MDHHS will be distributing $17.8 million in COVID-19 Public Health Workforce Supplemental funding to local health departments. The funding is intended to establish, expand, and sustain a public health workforce, including school nurses. This funding is for July 1, 2021 – June 30, 2023. Local health departments may apply for up to $395,000 in funding for the two-year time period.

Eligible purchases include:

- Hiring personnel (including wages and benefits) for roles that may range from senior leadership positions to early career or entry-level positions (including, but not limited to permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, and contractors or contracted employees). Examples of personnel include professional or clinical staff, disease investigation staff, school nurses and school based health services personnel, program staff, administrative staff, and any other positions that may be required to prevent, prepare for, and respond to COVID-19.
- 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 (to the extent these are not included in recipient indirect costs).
- Administrative support services necessary to implement activities funded under this section, including travel and training (to the extent these are not included in recipient indirect costs).

CDC recommends that recipients use CDC's Social Vulnerability Index (https://www.atsdr.cdc.gov/placeandhealth/svi/index.html) data and tools to inform jurisdiction COVID-19 planning, response, and hiring strategies.

The following is a non-exhaustive list of allowable activities. Recipients are encouraged to meet their individual jurisdictional and local needs, as applicable.

- Use a variety of mechanisms to expand the public health workforce to obtain contract staff or services; form partnerships with academic institutions, creating student internship or fellowship opportunities, and building graduation-to-workforce pipelines; establish partnerships with schools of public health, technical and administrative schools, and social services and social science programs; and use temporary staffing or employment agencies).
- Use recent gap assessments to inform work plan activities and hiring goals. If a gap assessment is not readily available, funds can be used to conduct this activity.
- Use funds to conduct a workforce analysis to determine whether health departments were organized to maximum benefit for the COVID-19 response and how they may want to be reconstituted to prepare for future emergencies.
- Address community recovery and resilience needs to respond effectively to the COVID-19 pandemic and other biologic threats, including vaccine-related education.
- Provide training and education for new and existing staff on topics such as incident management training, especially from a public health perspective and integration with emergency management; health equity issues and working with underserved populations; cultural competency; disease investigations; informatics or data management; or other needs identified by the jurisdiction.

    - This can also include training on incident management or emergency management roles for existing staff in other program areas who may be called upon to support the response.
    - Training can also include that which would enable recruitment for hard to fill positions, such as Medical Director/MPH training.
- Develop, train, and equip response-ready "strike force" teams capable of deploying rapidly to meet emergent needs, including through the Emergency Management Assistance Compact (https://emacweb.org/).
- Ensure a focus 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 competence for, the local communities they serve. CDC's Social Vulnerability Index should be used to inform jurisdictional activities, strategies, and hiring.
- Ensure the systematic collection of information about the activities, characteristics, and outcomes of programs, including COVID-19 pandemic response efforts, to inform current program decisions, improve program effectiveness, and make decisions about future program development.

To indicate interest in receiving COVID-19 Public Health Workforce Supplemental Funding, please respond to MDHHS-LocalHealthServices@michigan.gov with the following information in a Word document by August 16, 2021:

- Total amount of funding requested for July 1, 2021 – June 30, 2023.
- Overall goal statement.
- One paragraph description of how your local health department plans to spend the requested funds.
- Bulleted list of activities (specific, measurable, and timebound) that your local health department will implement to achieve the goal described in your goal statement, including a performance measure for each activity.
- High-level budget by category. Please delineate preferred breakdown for available funds for remainder of FY 21 and amount to be available for FY 22 and FY 23 (through June 2023).

FY 21 (7/1/2021-9/30/2021)	FY 22 (10/1/2021-9/30/2022	FY 23 (10/1/2022-6/30/2023)	TOTAL REQUESTED Entire Grant Period
$	$	$	$