Summary Statement
Moving to Safer-At-Home is a priority for the Metro Denver Partnership for Health (MDPH). Restarting society involves some risk of further COVID-19 infection and transmission. The ability of local agencies to quickly identify, isolate, track, alert potential exposures, and monitor cases is vital to any reopening plan and protecting a “surge” in the healthcare system. The MDPH Containment Work Group was tasked to identify the epidemiology strategies for addressing COVID-19. Included in this work was the need to develop a containment action plan for responding to COVID-19 long-term.

Case investigation, contact tracing, monitoring, and the provision of social support to infected individuals and their contacts is a scientifically proven method for preventing community-wide disease transmission. As the MDPH opens to new Safer-At-Home policies, an urgent priority is to implement agency-specific action plans to rapidly scale up case investigation and contact tracing.

This action plan is built upon a best practice team-based model currently being used by the Massachusetts Department of Health in collaboration with three agencies, including Partners in Health, an international non-profit skilled in building systems for addressing infectious disease. This action plan outlines common elements and key attributes needed to scale up the needed workforce across the region along with a three-step approach:

1. Identifying team components (managers, staff, resource coordination, data, administrators);
2. Creating a long-term sustainable epi structure; and,
3. Developing a phased approach to ramp up to the long-term structure.

Included in this approach is a resource coordination system map to promote compliance with isolation and quarantine guidance, a hiring, training, and onboarding system map, job descriptions for each job in the team, and recommendations for common approaches including the need for administrative teams to support workforce ramp up.

A 15-person team (and more joined over time) was formed to guide these efforts and the MDPH would like to thank the following individuals for their time, effort, and valuable insight: Indira Gujral (BCPH) (chair), Allison Seidel (DPH), Bernadette Albanese (TCHD), Bob Bongiovanni (Volunteer), Cara Hebert (CCHA), Carol Helwig (BCPH), Danica Lee (DDPHE), Eli Boone (CHI), Gretchen Hammer (Governor Incident Response Team), Helen Burnside (DPH), Margaret Huffman (JCPH), Nicole Steffens (CHI), Rachel Herlihy (CDPHE), and Sara Schmitt (CHI).
Purpose
The Containment Work Group action plan is modeled after the best practice model used by Massachusetts’ Community Tracing Collaborative. This collaborative uses a team-based approach to conduct case and outbreak investigation and tracing, supporting individuals with social supports to ensure compliance with isolation and quarantine, and support the phased approach to increasing workforce over time.

This action plan is built on three steps: 1) identifying the team composition needed for each agency (including roles and responsibilities); 2) creating and implementing a team structure that aligns with each jurisdictions’ long-term needs and resources (must be sustained for at least 12 months); and 3) developing a phased approach to building up the team structure over time.

Below are the Denver metro-area workforce estimates followed by the 3 steps outlining an approach. By collaborating in our approach, the MDPH has a greater opportunity to leverage and share resources (e.g. job descriptions, training) as well as approaches (e.g. contact tracing) that recognize the cross-jurisdictional nature of the communities we serve.

Workforce Estimates
Conducting 5,000 tests/day in the metro area, assuming a 10 percent positive rate, would yield approximately 500 new cases per day.

The Containment Work Group has identified a need for up to 600 staff to adequately conduct case and outbreak investigation and tracing in the metro Denver area, assuming that testing numbers and positivity rates may exceed initial estimates. (Table 1). As testing increases over time, the workforce needed to perform case investigation and contact tracing will increase too.

These workforce estimates assume full scale case investigation including daily contact with cases and identification and notification of contacts. The estimate assumes limited technology support for conducting case investigation and tracing. Further, these estimates do not include the human resources and administrative support workforce needed (as described below).

It is very possible that these estimates may be low. The National Association of County & City Health Officials (NACCHO) in its April 16 letter to Congressional leaders estimated a need for 30 professionals per 100,000 population. This ratio results in a higher workforce estimate for the seven-county region at 959, based on July 2018 county population data.
Table 1. Metro Denver Partnership for Health Workforce Estimates

<table>
<thead>
<tr>
<th></th>
<th>Average Total Number of Cases per Day as of 4/18/20</th>
<th>Current Workforce (250 Cases/Day, Partial Investigation and tracing)</th>
<th>Estimated Workforce (250 Cases/Day with full investigation and tracing)</th>
<th>Estimated Workforce (500 Cases/Day with full investigation and tracing)</th>
<th>Estimated Workforce (750 Cases/Day with full investigation and tracing)</th>
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<td>60</td>
<td>90</td>
</tr>
</tbody>
</table>

Recommendations for Ramping Up – Building the long-term strategy

This action plan recognizes that each local public health agency will need to tailor a team-based approach and structure to their community and the following steps should serve as a blueprint for addressing COVID-19 in the long-term.

**Step 1: Team Composition**

Early in the COVID-19 response, many staff were repurposed and resourced from other areas (e.g. Immunization nurses, food inspectors). As we go back to our “new normal” these staff may need to return to their prior work.

Transition periods such as these create an opportunity for each agency to stop and ask: **what type of team structure do we need to ensure we are performing case investigations within 24 hours, identifying and connecting with exposed contacts, supporting these community members with the ability to stay at home, and actively monitoring for potential hospital surge?**

It is recommended that the **Epidemiology Team** composition should include the following individuals below. Skills and experience for each type of job vary. Job descriptions for each of these positions are located [here](#) and are attached to this document in Appendix D. Included in each job description is a volunteer commitment (in terms of hours), computer requirements, and a health equity statement that recognizes the need to ensure that staff reflect the populations being served.
1. **Branch Managers** – Tenured managers with a strong understanding of project management, incident command systems, and some public health knowledge. While mostly an administrative position, this individual will manage the team, identify resources, and inform agency leadership with situational awareness and decision-making.

2. **Team Leads** - Supervisors or managers responsible for on-boarding, assigning cases and supporting all staff with case investigation and contact tracing. Team lead skills and qualifications may vary based on the population they are serving. For example, nurses or epidemiologists with infection control experience may be best to run teams focused on outbreak investigations in long-term care facilities (LTCF).

3. **Case Investigators** - Individuals with healthcare and/or epidemiology experience who are trained or can easily be trained to conduct case investigations as required by the Colorado Department of Public Health and Environment (CDPHE).

4. **Contact Tracers** - Individuals with public facing job experience (retail, restaurants, service delivery) and strong empathy skills needed to notify contacts of exposure.

5. **Resource Coordinators/Managers** - Individuals with human service/social work experience who are embedded within public health teams to support cases and contacts with resource needs to ensure compliance with quarantine and isolation. Managers are responsible for overseeing Resource Coordinators and connecting them to ongoing updates from community partners.

6. **Data Analysts/Epi Data Analysts** - Varying levels of data analysts will be needed to support case investigators with case data entry and symptom tracker monitoring and surveillance. Epi Data Analysts will be charged with monitoring surge indicators and supporting senior leaders with data-driven policy decisions.

In addition to the Epidemiology Team, each agency should also have an **Administrative Team**. This Administrative Team should be composed of individuals who can support recruitment, hiring, on-boarding, and initial training. Ideally, the Administrative Team will include individuals from Human Resources and Information Technology.

**Aligning Case Investigation and Contact Tracing across the Denver Metro-area**

The Containment Work Group identified early on that each LPHA was conducting case investigations and contact tracing slightly differently due to agency response capacity. The following are decisions made by the Containment Work Group to bring each LPHA into alignment with a long-term response.

- Case investigators will complete contact tracing for high risk household member contacts as part of their job responsibilities if their caseloads are manageable.
• The same process will be used to determine the level of exposure for contacts. A description of the contact tracing prioritization matrix is in Appendix A. Contacts who are identified as high-risk exposures will always be contacted. All agencies will strive to call medium risk exposures, and if possible, will call low risk exposures.

• Currently many epidemiologists are conducting case investigations and contact tracing. It will be important to review the job descriptions to redefine responsibilities for each of these positions.

• CDPHE is currently recommending LPHAs to use isolation and quarantine guidance. A review of current metro approaches identified variations in terms of isolation and quarantine approaches. A decision was made for each LPHA to issue some form of isolation and quarantine letter or order and if not feasible, then guidance information will be used.

• Closed systems (e.g. hospitals, University of Colorado) for conducting case investigation and contact tracing will reduce the burden on local public health agencies. All closed systems must develop a plan with their local public health agency which includes recognizing these organizations into their structure and weekly communication on successes and challenges.

• Contact tracing technology is needed to support increased contact tracing. Current contact tracing infrastructure is not available. The Containment Work Group has identified the need for contact tracing technology that automates monitoring, is integrated with case investigation, and available across jurisdictions. Traditional technology such as RedCap will work in the short-term but long-term solutions are needed to ensure efficiency.

• Resource Coordinators will vet cases and contacts for Medicaid status and will refer these individuals to their respective Regional Accountability Entity for all resource needs. LPHAs may also choose to delegate resource coordination to other partners within their jurisdictions such as human services. A process flow map is in Appendix B.

• Data monitoring is needed to identify community spread. Surge indicators proposed by the Data Monitoring Workgroup will include upstream measures such as the number of contacts identified over time. These indicators along with data entered into the Symptom Tracker will serve as part of ongoing daily monitoring by data analysts and epidemiology staff.

**Step 2: Team Structure**

Now that the composition of the teams has been established, it is important to pull these teams into a response structure that will support your case and contact investigation and outbreak needs for the long-term.
Reminders for building teams:

- Team composition and structure will vary by County and should be designed to handle epidemiology investigations running 7 days a week.

- All team structures should include the **Epidemiology Team**, the **Administrative Team**, and a dotted line to any **Closed Systems**. Specialists such as someone dedicated to ongoing Epidemiology Data Surveillance should also be included in this structure.

- Span of control should be reviewed to ensure appropriate management support and oversight.

- Ongoing situational awareness should be built into the structure to ensure strong agency communication at every level. This may require a direction connection to senior leadership.

- Three example models are available in Appendix C. These models do not represent any one agency; they serve to inform future structure build out.

**Step 3: Recruitment, Hiring, Onboarding**

Shared recruitment, hiring, and onboarding processes will support consistency and promote equity across jurisdictions. The work group developed a process flow map, located in Appendix B, that summarizes the hiring process.

**Recruitment**

Each jurisdiction should plan to sustain its COVID-19 workforce for a minimum of 12 months or until a vaccine is available. The work group assumed that some staff who have been redeployed to COVID work will not be able to continue for this time period.

The work group has identified three options for additional staffing support:

- County departments may be able to transfer or reassign appropriate staff for long-term assignments.

- Trailhead Institute’s Colorado Community Tracing Collaborative is working with CU School of Public Health, CU Denver, and CU Boulder to coordinate students who are interested in working with LPHAs on contact tracing. Available students will be paid, hourly positions. Trailhead has offered to support the recruitment and vetting of these students for LPHAs. Sarah Lampe, Trailhead Institute President and Executive Director, is the primary contact ([slampe@Trailhead.Institute](mailto:slampe@Trailhead.Institute)). CHI, CALPHO, and other LPHAs are participating in the Collaborative.
  - Volunteers with the Colorado Medical Society are also available in coordination with the Colorado Community Tracing Collaborative.
Additional staffing considerations include establishing minimum time commitments, which may vary by position, and having bilingual/multilingual staff (and access to a translation service if needed) is required as many populations served are mono-lingual Spanish speakers.

As noted in Step 1, job descriptions for each of these positions are located here and in Appendix D. Included in each job description is a volunteer commitment (in terms of hours), computer requirements, and a health equity statement.

**Hiring**
Each jurisdiction will establish an Admin Team to coordinate staff hiring. The Containment Work Group has identified the minimum technology needs for each epi team member, to be coordinated by the Admin Team.

These include:

- Computer equipment and cell phones
- Jabber for Cisco users to block personal cell phone numbers and identify callers by official government agency names (e.g. Denver Public Health)
- CEDRS, CORHIO, and other onboarding to IT systems (email)
- Additional technology that may be available through CDPHE

**Training and On-boarding**
Each jurisdiction will provide consistent training for staff based on their qualifications/background.

[Denver Public Health’s Prevention Training Center’s COVID-19 Case Investigation Training Package](#) will serve as the core training module, which can be supplemented with local content as well as additional training resources from the Rocky Mountain Public Health Training Center as needed, depending upon the employees’ previous training.

Included in this training package will be scripts and protocols for contact tracing and technology support.

**Ramping up Case Investigation and Contact Tracing Over Time**
It is important for each LPHA to have a structure identified for long-term COVID-19 response. Ramping up the workforce during this period will require a systematic approach to building the teams over time. One recommendation is to develop a cohort approach to recruiting, hiring, training, and on-boarding.

**Appendices**

- Appendix A. Contact Tracing Prioritization
- Appendix B. Process Flow Maps
- Appendix C. Team Structure Models
- Appendix D. Job Descriptions
Appendix A
Contact Tracing Prioritization

Determining Level of Exposure Among Contacts
Contact tracing prioritization should focus on person-to-person transmission considerations, such as exposure risk and contact susceptibility.

Exposure Risk Considerations
1. Case Characteristics
   a. Did the case have symptoms such as an active cough?
   b. What was the severity of illness when the contact was exposed to the case?
2. Proximity and Conditions of Exposure
   a. Did the contact have close contact <6 feet (increased risk with decreased distance)?
   b. Was the exposure inside a residence? Or outside? Was their air flow?
3. Intensity (Frequency X Duration) of exposure
   a. Intensity: (cumulative frequency X duration)
      i. Low: 10-29 minutes
      ii. Medium: >30 – 59 minutes
      iii. High: > 1 hour
      iv. Highest: Prolonged or Ongoing Exposure
4. Timing of exposure
   a. Was the exposure prior to symptom onset? Or what is it while the case was symptomatic?
5. Protective measures by case or contact
   a. Was the case wearing a mask/face covering during exposure?
   b. Was the contact wearing a mask/face covering during exposure?

Contact Susceptibility Characteristics
1. Age (> 65 years of age)
2. Comorbidities
   • Asthma (moderate to severe)
   • Chronic lung disease
   • Diabetes (esp. poorly controlled diabetes)
   • Serious heart conditions
   • Immunocompromised (e.g., cancer, HIV with low CD4, bone/organ transplant)
   • Chronic kidney disease being treated with dialysis
   • Liver disease
   • Severe obesity
3. Immunosuppressive drugs (e.g., corticosteroids)
4. Living in congregate settings
   • Long term care facilities (LTCFs)
   • Jails or correctional facilities
   • Shelters for persons experiencing homelessness
The following is a prioritization matrix for COVID-19 that was agreed upon by the Containment Work Group to help identify those individuals that are in the highest risk, high risk, medium risk, and low risk categories. This matrix is based on the level of exposure and level of contact susceptibility to infection and/or severity of disease.

Since it is difficult for a case to know the level of susceptibility for all of their close contacts (high or highest level of exposure), we recommend LPHAs start contact tracing efforts using the two top rows in the matrix below. Therefore, any close contact with known high susceptibility to infection and/or severe disease AND those close contacts with unknown level of susceptibility would be traced.

<table>
<thead>
<tr>
<th>Level of Contact Susceptibility to Infection and/or Severe Disease</th>
<th>Highest (Prolonged and/or Ongoing)</th>
<th>Highest</th>
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<td></td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
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</tbody>
</table>
COVID-19 Resource Coordination

Case Investigator or Contact Tracer Completes Questionnaire (for case or contact) to identify support needs

LPMA receives referral from Symptom Tracker

Are supports needed?

YES

Refer to RAE Resource Coordination

NO

Provide information to call if needed.

Medicaid enrollee?

YES

Case investigator/tracer makes referral to Resource Coordinator

NO

Identified cases through CEDRS and contacts

Can you find and connect the client to needed resources?

YES

Document actions and contacts, offer follow up

COMPLEX

Complex or Simple Needs?

(Simple: you have the resource, can easily connect to it and don't need extensive follow-up)

NO

Contact Resource Coordinator Manager for help.

SIMPLE

Problem solve needs, offer resources and follow up call, document in tracker.

Resource Coordinator calls assigned referral, assesses and documents needs

Appendix B
Process Flow Maps
Recruitment, Hiring, Onboarding

**Agency Onboarding**

- **LPHA** identifies staff from other departments or agencies.
- **LPHA** Administrative Team executes agreement/hiring contract.
- **LPHA** receives referrals from recruitment channels (Trailhead).

**LPHA Administrative Team** Secures IT Support and Resources

- **LPHA Administrative team** assigns staff to an epi team.
- **Epi lead** assess staff experience and assigns to appropriate training track.
- **Limited Public Health/Health Care Experience**

**LPHA** Administrative Team Secures IT Support and Resources

- **LPHA** Administrative team assigns staff to an epi team.
- **Epi lead** assess staff experience and assigns to appropriate training track.
- **Limited Public Health/Health Care Experience**

**Staff Participates in Skills-Based, Dydactic Training** through Denver Health Prevention Training Center or Rocky Mountain Public Health Training Center.

**LPHA** Administrative Team Secures IT Support and Resources

- **LPHA** Administrative team assigns staff to an epi team.
- **Epi lead** assess staff experience and assigns to appropriate training track.
- **Limited Public Health/Health Care Experience**

**Staff Participates in**

- Knowledge-based, self-paced online training through Denver Health Prevention Training Center.
- Staff receive successful completion certificates for training completion and share with the Epi lead.

**Team Onboarding**

- **Staff** begins one-on-one training with epi team lead on processes and procedures.
- **Epi team lead** oversees staff work to ensure quality, consistency, and adherence to LPHA protocols and procedures.

**SUCCESSFUL**

- **Staff** begins working independently.

**UNSUCCESSFUL**

- **Staff** reassigned to other position within the team or removed.

**Quality Assurance**

- **Epi team lead** oversees staff work to ensure quality, consistency, and adherence to LPHA protocols and procedures.

- **Staff** receive successful completion certificates for training completion and share with the Epi lead.
LPHA Plan - Example 3

COVID Branch Manager

Resource Coordination
Outside Agency*

Data Analyst

EPI Surveillance
Data Analyst

Admin Team
HR Analyst
IT Analyst

Team Lead

Team Lead
Spanish

Case Investigator

Contract Tracer

Contract Tracer

Case Investigator

Contract Tracer

Contract Tracer

Community Outbreak
Team Lead

Case Investigator

Contract Tracer

Contract Tracer

Contract Tracer

*All resource coordination will be referred and implemented by an outside agency.

Dotted lines indicate coordination needed without supervision
COVID-19 Branch Manager

Position Overview
Epidemiologic surveillance and investigation play a key role in reducing COVID-19 community transmission. The COVID-19 Branch Manager will lead a fast-paced and dynamic team to help support case investigation and contact tracing to prevent the spread of COVID-19 in the Denver-metro area. This position will provide leadership to a Branch comprised of Epidemiology team leads, Administrative Team Leads, and Data Analysts. They are responsible for ensuring all teams have the support they need to complete their job, are charged with supporting senior leaders with data-driven decisions by communicating daily operations and collaborating with all outside Closed Systems that may be conducting their own case investigation and contact tracing. The COVID-19 Branch Manager will ensure team response to COVID-19 is highly functional and running smoothly by reviewing processes and supporting all administrative needs.

Qualifications
- Bachelors’ Degree or equivalent required; experience in health sector or communicable disease preferred. Masters level preferred.
- Highly experienced project manager with a command of County administrative processes
- Experience supervising teams in complex environments
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals
- Ability to speak, read, and write technical information for various audiences
- Excellent organizational and communication skills
- Ability to handle confidential information with discretion and professionalism
- Critical thinking and sound judgment required
- Ability to exhibit a professional, positive attitude, empathy, and strong work ethic
- Proficiency with computers

Location: This is a remote/in-person position and will require access to good Wi-Fi and cell phone usage.
Position Type: Full time for up to 12 months and will likely include evenings and weekends
Volunteers: Not Applicable

Equity Statement
The Metro Denver Partnership for Health subscribes to the Centers for Disease Control and Prevention definition that Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” This equity value will be applied to all hiring, recruitment, and on-boarding practices.
COVID-19 Community Outbreak Team Lead

Position Overview
Epidemiologic surveillance and investigation play a key role in reducing COVID-19 community transmission. The COVID-19 Community Outbreak Team Lead will join a fast paced and dynamic team to support case investigation and contact tracing to prevent the spread of COVID-19 in the Denver-metro area. This position will provide leadership to a team comprised of case investigators, contact tracers, resource coordinators (also known as case managers), and data support staff. Collectively this team will work to address community outbreaks that occur in a variety of settings including business settings. COVID-19 Community Outbreak Team Leads will support community transmission goals to isolate sick individuals and placing exposed individuals in quarantine.

The COVID-19 Community Outbreak Team Lead will ensure this process goes smoothly, manage quality assurance, perform data quality checks, trouble-shoot with contact tracers and case investigators in real-time on active calls, and often complete phone calls themselves. The COVID-19 Team Lead will also provide support with recruitment, training, and providing guidance to staff who may encounter difficult situations. This will include participating in quality assurance procedures with the leadership team.

Qualifications
- Experience in communicable disease, food safety, or any regulatory field is preferred
- Ability to speak, read, and write English; Spanish or other languages a plus
- Experience supervising teams in complex environments
- Excellent organizational and communication skills
- Ability to handle confidential information with discretion and professionalism
- Ability to explain infection control guidance to a variety of audiences
- Critical thinking and sound judgment required
- Ability to exhibit a professional, positive attitude, empathy, and strong work ethic
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals in distress
- Proficiency with computers

Location: This is a remote position and will require access to good WiFi and cell phone usage.
Position Type: Full time for up to 12 months and will likely include evenings and weekends
Volunteers: Required to make a commitment of 40 hours per week including evenings and weekends

Equity Statement
The Metro Denver Partnership for Health subscribes to the Centers for Disease Control and Prevention definition that Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” This equity value will be applied to all hiring, recruitment, and on-boarding practices.
COVID-19 LTCF Team Lead

Position Overview
Epidemiologic surveillance and investigation play a key role in reducing COVID-19 in Long-term Care Facilities (LTCF). The COVID-19 LTCF Team Lead will join a fast paced and dynamic team to help support case investigation and contact tracing in LTCF to prevent the spread of COVID-19 among residents and employees. This position will provide leadership to a team comprised of case investigators, contact tracers, resource coordinators (also known as case managers), and data support staff. Collectively this team will work with state public health partners and LTCF to implement policies and practices to prevent COVID-19 transmission using best practices in isolation and quarantine.

The COVID-19 LTCF Team Lead will manage quality assurance, perform data quality checks, troubleshoot with contact tracers and case investigators in real-time on active calls, and often complete phone calls themselves. They will be charged with collaborating with state and federal regulators during outbreak situations and identifying additional resource needs. The COVID-19 LTCF Team Lead will support recruitment and training, and handle challenging situations. This will include participating in quality assurance procedures with the leadership team.

Qualifications
- Experience in health sector (BSN, MSN) or communicable disease with Infection Control Certification preferred
- Ability to speak, read, and write English; Spanish or other languages a plus
- Experience supervising teams in complex environments
- Excellent organizational and communication skills
- Ability to handle confidential information with discretion and professionalism
- Critical thinking and sound judgment required
- Ability to exhibit a professional, positive attitude, empathy, and strong work ethic
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals in distress
- Ability to show empathy to distressed individuals
- Proficiency with computers

Location: This is a remote position and will require access to good WiFi and cell phone usage.
Position Type: Full time for up to 12 months and will likely include evenings and weekends
Volunteers: Required to make a commitment of 40 hours per week including evenings and weekends

Equity Statement
The Metro Denver Partnership for Health subscribes to the Centers for Disease Control and Prevention definition that Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” This equity value will be applied to all hiring, recruitment, and on-boarding practices.
COVID-19 Resource Manager/Case Manager Supervisor

Position Overview
Epidemiologic surveillance and investigation play a key role in reducing COVID-19 community transmission. Isolating sick individuals and placing exposed individuals in quarantine is vital to reducing the spread of COVID-19. Providing support to those individuals entering isolation and quarantine is key to ensuring compliance with this guidance. The COVID-19 Resource Manager will oversee a cadre of Resource Coordinators that are embedded/working with COVID-19 epidemiology teams. Their role is to provide the Resource Coordinators with current and up-to-date information on community partners providing food, financial assistance with rent and utilities, documentation needs, and personal protective equipment such as masks. Collectively this team will work to prevent COVID-19 transmission by supporting sick patients in isolation and potential cases with quarantine.

The COVID-19 Resource Manager will serve as a liaison to all human service and non-profit partners. This individual may work for a human service agency and is charged with overseeing a Resource Coordinator Team that may or may not be embedded within a public health team. This individual will be tasked with setting up a data system to track needs and disseminating this information to key partners. The COVID-19 Resource Manager will provide support with recruitment, training, and providing guidance to staff who may encounter complex situations that require additional support. This individual will actively participate and inform decisions with the COVID-19 leadership team.

Qualifications
- Experience in human service delivery or social work fields preferred
- Ability to speak, read, and write English; Spanish or other languages a plus
- Experience supervising teams in complex environments
- Excellent organizational and communication skills
- Ability to work in varying data tracking systems
- Ability to handle confidential information with discretion and professionalism
- Ability to work collaboratively with partners
- Critical thinking and sound judgment required
- Ability to exhibit a professional, positive attitude, empathy, and strong work ethic
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals in distress
- Proficiency with computers

Location: This is a remote position and will require access to good WiFi and cell phone usage.
Position Type: Full time for up to 12 months and will likely include evenings and weekends
Volunteers: Required to make a commitment of 40 hours per week including evenings and weekends

Equity Statement
The Metro Denver Partnership for Health subscribes to the Centers for Disease Control and Prevention definition that Health equity is achieved when every person has the opportunity to “attain his or her full
health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” This equity value will be applied to all hiring, recruitment, and on-boarding practices.
COVID-19 Team Lead

Position Overview
Epidemiologic surveillance and investigation play a key role in reducing COVID-19 community transmission. The COVID-19 Team Lead will join a fast paced and dynamic team to help support case investigation and contact tracing to prevent the spread of COVID-19 in the Denver-metro area. This position will provide leadership to a team comprised of case investigators, contact tracers, resource coordinators (also known as case managers), and data support staff. Collectively this team will work to prevent COVID-19 transmission by isolating sick individuals and placing exposed individuals in quarantine.

The COVID-19 Team Lead will ensure this process goes smoothly, manage quality assurance, perform data quality checks, trouble-shoot with contact tracers and case investigators in real-time on active calls, and often complete phone calls themselves. The COVID-19 Team Lead will also provide support with recruitment, training, and providing guidance to staff who may encounter difficult situations. This will include participating in quality assurance procedures with the leadership team.

Qualifications
- Bachelors’ Degree or equivalent required; experience in health sector or communicable disease preferred. Masters level preferred.
- Ability to speak, read, and write English; Spanish or other languages a plus
- Experience supervising teams in complex environments
- Excellent organizational and communication skills
- Ability to handle confidential information with discretion and professionalism
- Ability to explain guidance and protocols to healthcare providers
- Critical thinking and sound judgment required
- Ability to exhibit a professional, positive attitude, empathy, and strong work ethic
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals in distress
- Proficiency with computers

Location: This is a remote position and will require access to good WiFi and cell phone usage.
Position Type: Full time for up to 12 months and will likely include evenings and weekends
Volunteers: Required to make a commitment of 40 hours per week including evenings and weekends

Equity Statement
The Metro Denver Partnership for Health subscribes to the Centers for Disease Control and Prevention definition that Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” This equity value will be applied to all hiring, recruitment, and on-boarding practices.
COVID-19 Case Investigator

Position Overview
Epidemiologic surveillance and investigation play a key role in reducing COVID-19 community transmission. The COVID-19 Case Investigator will join a fast paced and dynamic comprised of contact tracers, resource coordinators (also known as case managers), and data support staff. Collectively this team will work to prevent COVID-19 transmission by isolating sick individuals and placing exposed individuals in quarantine.

The COVID-19 Case Investigator will identify all cases in CEDRS in their jurisdiction diagnosed with COVID-19. The COVID-19 Case Investigator is responsible for calling people with COVID-19, helping cases make care plans, identifying and collecting contact details of household members and other contacts, and connecting cases and household contacts to varying services (including social support structures, testing, clinical care, etc.). The COVID-19 Case Investigator will provide education about isolation and quarantine procedures for cases and household contacts. The Case Investigator will work with their team to ensure data collection is complete and ensuring cases and household contacts and resource needs are passed off to the appropriate team members.

Qualifications
- Bachelors’ Degree or equivalent required; experience in health sector or epidemiologists with a minimum of one year of experience preferred.
- Ability to learn quickly, exhibit a professional, positive attitude, and strong work ethic
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals during a time of crisis; strong empathy skills to handle challenging issues
- Ability to speak, read, and write English; Spanish reading and writing fluency is highly desired
- Excellent organizational and communication skills
- Ability to handle confidential information with discretion and professionalism
- Proficiency with computers

Location: This is a remote position and will require access to good WiFi and cell phone usage.
Position Type: Part-time up to full-time (30-40 hours per week) for up to 12 months and will likely include evenings and weekends ($21/hour with no benefits)
Volunteers: Required to make a commitment of 30 hours per week including evenings and weekends

Equity Statement
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COVID-19 Contact Tracer

Position Overview
Epidemiologic surveillance and investigation play a key role in reducing COVID-19 community transmission. The COVID-19 Contact Tracer will join a fast paced and dynamic comprised of case investigators, contact tracers, resource coordinators (also known as case managers), and data support staff. Collectively this team will work to prevention COVID-19 transmission by isolating sick individuals and placing exposed individuals in quarantine.

The COVID-19 Contact Tracer will call all contacts of anyone diagnosed with COVID-19 to document a symptom check, refer them for testing according to established protocols, provide contacts with instructions for quarantine, and screen and refer contacts to Resource Coordinators as needed. Contact Tracers are required to follow all scripts to inform contacts about the importance of quarantine, follow all policies and procedures provided by their agency including complying with Public Health confidentiality agreements related to personal information.

Qualifications
- Experience interacting with the public (e.g. retail, restaurants, service delivery etc.); experience in public health desired but not necessary
- Ability to learn quickly, exhibit a professional, positive attitude, and strong work ethic
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals during a time of crisis; strong empathy skills to handle challenging issues
- Ability to speak, read, and write English; Spanish reading and writing fluency is highly desired
- Excellent organizational and communication skills
- Ability to handle confidential information with discretion and professionalism
- Proficiency with computers

Location: This is a remote position and will require access to good WiFi and cell phone usage.
Position Type: Part-time (20-30 hours per week) for up to 9 months and will likely include evenings and weekends ($21/hour with no benefits)
Volunteers: Required to make a commitment of 20 hours per week including evenings and weekends

Equity Statement
The Metro Denver Partnership for Health subscribes to the Centers for Disease Control and Prevention definition that Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” This equity value will be applied to all hiring, recruitment, and on-boarding practices.
COVID-19 Data Analyst

Position Overview
Epidemiologic surveillance and investigation play a key role in reducing COVID-19 community transmission. The COVID-19 Data Analyst will join a fast paced and dynamic comprised of case investigators, contact tracers, and resource coordinators (also known as case managers). Collectively this team will work to prevent COVID-19 transmission by isolating sick individuals and placing exposed individuals in quarantine.

The COVID-19 Data Analyst is charged with supporting case investigators with CEDRS data entry among cases identified with COVID-19 in their jurisdiction. The COVID-19 Data Analyst is charged with monitoring the agency symptom tracker to identify high risk individuals that may be probable cases and entering those individuals into CEDRS. The COVID-19 Data Analyst will work with their team to ensure data collection is complete and team members are supported.

Qualifications
- One year of data experience required from any field; this is not a publicly facing position
- Ability to learn quickly, exhibit a professional, positive attitude, and strong work ethic
- Ability to work in a team environment
- Ability to speak, read, and write English
- Excellent organizational and communication skills with ability to turn technical data into easy to understand information
- Ability to handle confidential information with discretion and professionalism
- Proficiency with computers

Location: This is a remote position and will require access to good WiFi and cell phone usage.
Position Type: Part-time (20 hours per week) for up to 12 months and will likely include evenings and weekends ($17/hour with no benefits)
Volunteers: Required to make a commitment of 15-20 hours per week including evenings and weekends

Equity Statement
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COVID-19 Epi Data Analyst

Position Overview
Epidemiologic surveillance and investigation play a key role in reducing COVID-19 community transmission. The COVID-19 Epi Data Analyst will support the overall COVID-19 response in a fast paced and dynamic team environment. This position will work closely with the COVID-19 Team Lead to continuously monitor data measures from varying areas to create an overall data picture to identify resource allocation for reducing COVID-19 community transmission.

The COVID-19 Epi Data Analyst will be charged with daily collection and summary of data to be shared with agency administrators and the general public. This individual is further tasked to daily monitor for COVID-19 surge and to identify hot spots within jurisdictions. The COVID-19 Epi Data Analyst will work with the data analysts and the COVID Team Leads to identify ongoing issues to inform resource allocation and prevention decision-making. The COVID-19 Epi Data Analyst will support the agency administrators with data collection as needed.

Qualifications
• Bachelor’s in Public Health, Epidemiology, and Mathematical Sciences; Masters preferred
• Ability to learn quickly, exhibit a professional, positive attitude, and strong work ethic
• Ability to work in a team environment
• Ability to speak, read, and write English
• Excellent organizational and communication skills with ability to turn technical data into easy to understand information
• Ability to handle confidential information with discretion and professionalism
• Proficiency with computers

Location: This is a remote position and will require access to good WiFi and cell phone usage.
Position Type: Full-time (40 hours per week) for up to 12 months and will likely include evenings and weekends
Volunteers: Required to make a commitment of 30 hours per week including evenings and weekends

Equity Statement
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COVID-19 Resource Coordinator/Case Manager

Position Overview
Epidemiologic surveillance and investigation play a key role in reducing COVID-19 community transmission. Isolating sick individuals and placing exposed individuals in quarantine is vital to reducing the spread of COVID-19. Providing support to those individuals entering isolation and quarantine is key to ensuring compliance with this guidance. The COVID-19 Resource Coordinator will serve as a valuable team member with case investigators, contact tracers, and data analysts to support compliance among sick patients in isolation and contacts in quarantine with their resource needs. Their role is to provide with current and up-to-date information on community partners providing food, financial assistance with rent and utilities, documentation needs, and personal protective equipment such as masks. Collectively this team will work to prevent COVID-19 transmission.

The COVID-19 Resource Coordinator will work with other Coordinators and the Resource Manager to ensure up to date information is being deployed to cases and contacts. This individual may work for a human service agency and may or may not be embedded within a public health team. This individual will be tasked with entering into a data system, tracking needs, and sharing issues with the Resource Manager.

Qualifications
- Experience in human service delivery or social work fields preferred
- Ability to speak, read, and write English; Spanish or other languages highly desired
- Excellent organizational and communication skills
- Ability to work in varying data tracking systems
- Ability to handle confidential information with discretion and professionalism
- Ability to work collaboratively with partners
- Critical thinking and sound judgment required
- Ability to exhibit a professional, positive attitude, empathy, and strong work ethic
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals in distress
- Proficiency with computers

Location: This is a remote position and will require access to good WiFi and cell phone usage.
Position Type: Part-time (20-30 hours per week) for up to 9 months and will likely include evenings and weekends ($21/hour with no benefits)
Volunteers: Required to make a commitment of 20 hours per week including evenings and weekends

Equity Statement
The Metro Denver Partnership for Health subscribes to the Centers for Disease Control and Prevention definition that Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position
or other socially determined circumstances.” This equity value will be applied to all hiring, recruitment, and on-boarding practices.