

**EVALUATION OF THE
BALTIMORE HEALTH CORPS
PILOT:**

**An Economic and
Public Health
Response
to the Coronavirus**

Summer 2022

Submitted to:
Baltimore Civic Fund
One N. Charles Street, Suite 1600
Baltimore, MD 21201

Submitted by:
Abt Associates
6130 Executive Boulevard
Rockville, MD 20852



**Brandon M. Scott
Mayor**

About This Report

This is the Final Report to follow the Early Lessons Report for the Baltimore Health Corps Pilot Study. Readers are encouraged to review the Early Lessons Report for a detailed description of the formation of the Pilot Study, the role of each partner, as well as findings from the first year of the Pilot Study. This report is based on research funded by a consortium of funders listed below. The findings, views, and conclusions contained within are those solely of the authors.

Authors

Seri P. Irazola, PhD – Principal Investigator

Brianna Fadden, BS

Pete Knepper, PhD

Nicole Maddox, PhD

Hilda Ndirangu, MHS

Funders

Abell Foundation

The Annie E. Casey Foundation

Baltimore City allocation of United States' Coronavirus Aid, Relief, and Economic Security Act funds

Baltimore Community Foundation

Baltimore Ravens

Bank of America

Baltimore Gas and Electric/Exelon

Bloomberg Philanthropies

Jacob & Hilda Bluestein Foundation

CareFirst BlueCross BlueShield

France-Merrick Foundation

Goldseker Foundation

Hoffberger Foundation

Johns Hopkins Bloomberg School of Public Health

Kaiser Permanente

Maryland Department of Labor

Open Society Institute – Baltimore

PepsiCo Foundation

Leonard & Helen R. Stulman Charitable Foundation

Rauch Foundation

T. Rowe Price Foundation

The Rockefeller Foundation

The Harry and Jeanette Weinberg Foundation

Table of Contents

Executive Summary	7
SECTION 1	
Background and Understanding	24
SECTION 2	
Evaluation Design	40
SECTION 3	
Evaluation Findings.....	50
SECTION 4	
Discussion and Recommendations	92
APPENDIX A	
Funding Reports for the Baltimore Health Corps Pilot	101
APPENDIX B	
Terms of Reference: Monitoring and Evaluation of Baltimore Health Corps Pilot.....	103
APPENDIX C	
Focus Group Instrument	112
APPENDIX D	
Key Contact Tracing Performance Indicators.....	116
APPENDIX E	
Completeness of Contact Tracing by Race	119
APPENDIX F	
Job Descriptions for the Baltimore Health Corps Initiative	120
APPENDIX G	
Survey Results	154
BACK MATTER	
References	160

Acknowledgments

On behalf of the authors and Abt Associate’s Leadership Team, we sincerely thank the many individuals and organizations who provided evaluation support to our researchers. We are grateful for the many phone calls and text messages, the coordination of partners’ schedules, the identification of individuals to participate in our focus group, the gentle “nudges” to survey respondents to increase response rates, and for providing thorough feedback, data, and supporting documentation. Specifically, we thank the Baltimore Health Corps (BHC) fiscal sponsors – HyeSook Chung, Emily Duncan, and Cassandra Sullivan – for their ongoing perseverance that allowed our team to securely receive, process, and analyze BHC data. We also want to thank the Baltimore City Health Department (BCHD), the Mayor’s Office of Employment Development (MOED), and HealthCare Access Maryland (HCAM) for providing thoughtful insight and review of our instruments and products. In particular, we are grateful for the review and input by Rachel Brash, Darcy Phelan-Emrick, John Ford, Anna Schauer, and others. We would also like to thank the University of Maryland’s Department of Health Policy and Management Health Systems and Policy Research Lab for executing a thorough formative analysis of the BHC, and providing the Early Lessons Report to document BHC’s progress from July 2020 until June 2021.0F Lastly, we are especially grateful to the Community Health Workers (CHWs) who took the time to respond to one or both of our surveys, and of course, for all of the critical work you carried out across the duration of COVID-19 and its variants.

Preface

It was just two years ago that the first case of the 2019 novel Coronavirus (later regarded as COVID-19) was detected in the United States. Shortly thereafter, in March 2020, when the World Health Organization (WHO) declared COVID-19 to be a pandemic, the US government responded by declaring a nationwide emergency. Following, US citizens witnessed unthinkable events in their communities: school district closures, state-mandated closures of restaurants, bars, and gyms, social distancing measures, and mandates to wear masks – were just a few of such events. To make matters worse, in May of 2020, the US unemployment rate spiked to 14.7 percent – the worst rate since the Great Depression. Because many of these closures were in the hospitality industry, it hit low-income and minority workers disproportionately – delivering both an economic impact, as well as a public health crisis.

While many communities awaited guidance from their state and local government officials, Baltimore City sought to address the concurrent economic and public health crises caused by COVID-19 through an ambitious Community Health Worker (CHW) employment development initiative that trained and employed hundreds of residents while supporting the City’s emergency response. Creating the Baltimore Health Corps (BHC) aimed to generate sustainable, long-term career trajectories for individuals who lost work during this emergency. Moreover, the proposed model sought to reduce inequity by intentionally hiring citizens who represented the diversity of Baltimore City itself; therefore, the candidate pool included those citizens who were unemployed, underemployed, or furloughed, with great variability in candidate background, ethnicity, skill-level, and geographic location within Greater Baltimore. Throughout the rapidly changing landscape of COVID-19 and its variants, BHC maintained flexibility and steadfastness which enabled the core partners to respond to the continuing pandemic. For example, while the jobs were originally planned to last eight months, they were extended through September and then again through the end of 2021. This demonstrated the thoughtful reflection points, and a commitment to both BHC, and Baltimore’s most vulnerable residents. The adaptability of the BHC enriches our understanding of post-BHC employment, as a large number of CHWs are still working for the BHC partners. Ultimately, the BHC was an intricate, proactive initiative that immediately addressed the needs of Baltimore City during this lengthy period of uncertainty.

With the passage of the American Rescue Plan Act (ARPA) of 2021 that provides funding for COVID-related expenditures, the BHC should be considered a model program for other jurisdictions to replicate in response to COVID.

Glossary

BACH	Baltimore Alliance for Careers in Healthcare
BCHD	Baltimore City Health Department
BHC	Baltimore Health Corps
CC	Catholic Charities of Baltimore
CHW	Community health worker
CI	Case investigator
CMS	Centers for Medicare and Medicaid Services
CRISP	Chesapeake Regional Information System for Our Patients
CT	Contact tracer
HCAM	HealthCare Access Maryland
LHIC	Local Health Improvement Coalition
MAP	Maryland Access Point
MDH	Maryland Department of Health
MOED	Baltimore City Mayor's Office of Employment Development
MVLS	Maryland Volunteer Lawyers Service
NORC	National Opinion Research Center
OPI	Baltimore City Mayor's Office of Performance and Innovation
REDCap	Research electronic data capture
WIOA	Workforce Innovation and Opportunity Act

Executive Summary

It was just two years ago that the first case of the 2019 novel Coronavirus (later regarded as COVID-19) was detected in the United States.¹ Shortly thereafter, in March 2020, when the World Health Organization (WHO) declared COVID-19 to be a pandemic, the US government responded by declaring a nationwide emergency.² Following, US citizens witnessed unthinkable events in their communities: school district closures, state-mandated closures of restaurants, bars, and gyms, social distancing measures, and mandates to wear masks – were just a few of such events. To make matters worse, in May of 2020, the US unemployment rate spiked to 14.7 percent – the worst rate since the Great Depression.³ Because many of these closures were in the hospitality industry, it hit low-income and minority workers disproportionately – delivering both an economic impact, as well as a public health crisis.⁴

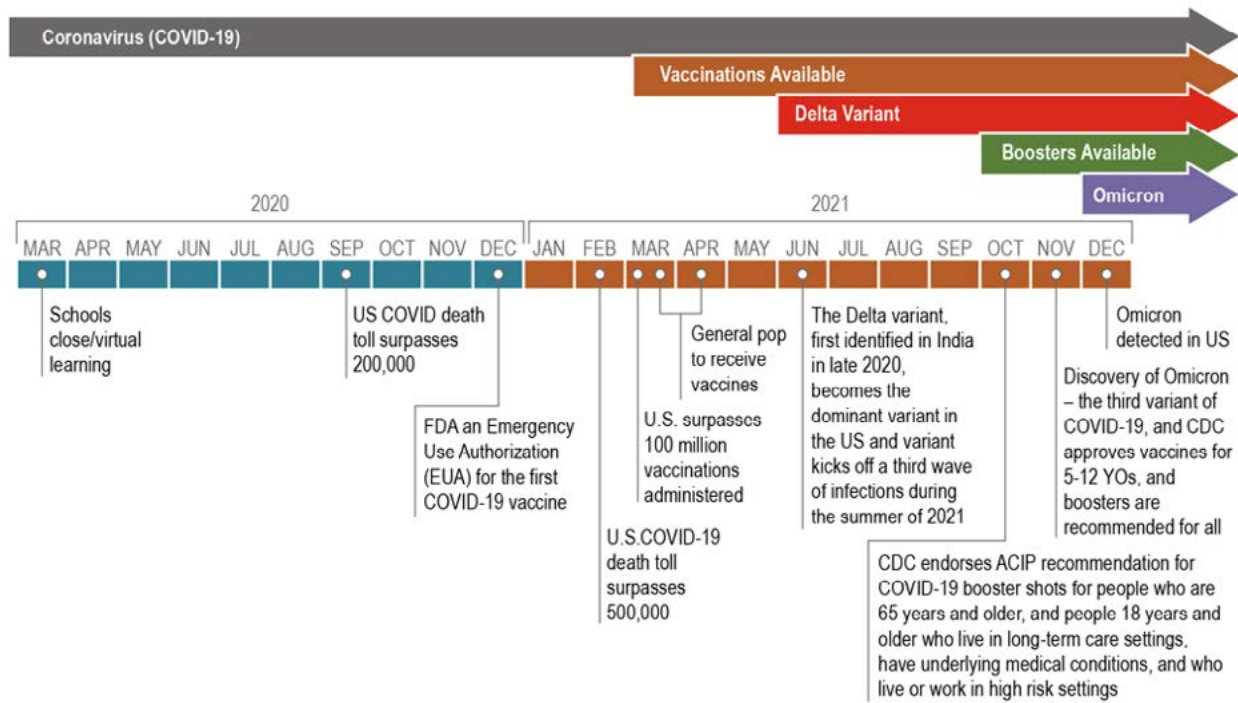
While many communities awaited guidance from their state and local government officials, Baltimore City sought to address the concurrent economic and public health crises caused by COVID-19 through an ambitious Community Health Worker (CHW) employment development initiative that trained and employed hundreds of residents while supporting the City’s emergency response. Creating the Baltimore Health Corps (BHC) aimed to generate sustainable, long-term career trajectories for individuals who lost work during this emergency. See **Exhibit 1** for a depiction of the origins of the BHC. Moreover, the proposed model sought to reduce inequity by intentionally hiring citizens who represented the diversity of Baltimore City itself; therefore, the candidate pool included those citizens who were unemployed, underemployed, or furloughed, with great variability in candidate background, ethnicity, skill-level, and geographic location within Greater Baltimore. Throughout the rapidly changing landscape of COVID-19 and its variants, BHC maintained flexibility and steadfastness which enabled the core partners to respond to the continuing pandemic (see **Exhibit 2** for the trajectory of COVID and key turning points in the pandemic). For example, while the jobs were originally planned to last eight months, they were extended through September and then again through the end of 2021. This demonstrated the thoughtful reflection points, and a commitment to both BHC, and Baltimore’s most vulnerable residents. The adaptability of the BHC enriches our understanding of post-BHC employment, as a large number of CHWs are **still** working for the BHC partners. Ultimately, the BHC was an intricate, proactive initiative that immediately addressed the needs of Baltimore City during this lengthy period of uncertainty.

Exhibit 1 The Origins of the BHC Pilot



With the passage of the American Rescue Plan Act (ARPA) of 2021 that provides funding for COVID-related expenditures, the BHC should be considered a model program for other jurisdictions to replicate in response to COVID.

Exhibit 2 Trajectory of Key Events of COVID-19 and Response



The Three Objectives of the BHC

There are three objectives that together make up the BHC initiative: workforce development, contact tracing and public outreach, and care coordination to address the needs of Baltimore’s most vulnerable citizens. **Exhibit 3** demonstrates the intersection of the three objectives; each is discussed in brief, below.

Objective 1: Workforce Development

A primary component of the BHC Pilot included creating hundreds of skill-developing jobs and building sustainable employment paths both during and after the epidemic. These positions employed a workforce of public health Community Health Workers (CHWs), who were provided training for their specific positions, and then placed into one of two large-scale, integrated programs: the **Contact Tracing & Outreach Program** and the **Care Coordination & Access Program**. The new CHWs included those unemployed or underemployed – likely due in full or part to COVID-19.

Objective 1, key activities included: a) recruiting, onboarding, and supporting recently unemployed or out-of-work Baltimore residents; and b) training staff to support contact tracing and care coordination.

Objective 2: Contact Tracing and Public Outreach

Early into the pandemic across the US, confirmed daily cases of COVID-19 were increasing exponentially, along with the need to rapidly expand case investigations and contact tracing. To slow or stop community spread of COVID-19, aggressive case investigation and contact tracing were needed in conjunction with setting up individuals to be successful in self-isolation or self-quarantine. As such, the BHC expanded Baltimore’s existing contact tracing system by including hundreds of newly hired CHWs which would enable the Baltimore City Health Department (BCHD) to reach communities across Baltimore with a depth of service not already possible. In addition, BCHD partnered with the State to reach the number of case investigators and contact tracers that were needed.

Objective 2, key activities included: a) rapidly expanding Baltimore’s contact tracing and overall public health capacity with 220 additional dedicated CHWs; and b) organizing a public health outreach program using CHWs to engage residents and connect with community organizations.

Objective 3: Address the Needs of Baltimore's Most Vulnerable Populations

Controlling the spread of COVID-19 requires more than case investigation and contact tracing. Care coordination is the third and final objective, and it includes support to City residents and CHWs with a range of different resources, such as food, cell phone connection, transportation, and economic support. Care coordination is essential to ensure individuals who are affected by the virus are able to quarantine, isolate, and receive medical care.

Objective 3, key activities included: a) developing a core referral system for residents who are positive or within close contact; b) growing an inventory of high-value COVID-19 essential service referral resources to empower care coordination services; and c) providing essential care coordination services vulnerable populations.

Exhibit 3 Three BHC Objectives



BHC Partners, Roles, and Organization

BCHD and the Mayor’s Office of Employment Development (MOED) jointly led the Pilot by leveraging existing partnerships, capacity, and expertise in equitable recruitment and hiring practices, workforce support activities, public health capacity-building and training, and care coordination.

BCHD and MOED successfully executed an initiative of this magnitude by building and leading a robust team of committed partners. To that end, seven Baltimore City- based organizations came together to make a public-private partnership to support the BHC. **Exhibit 4** includes the core BHC partners and their corresponding project role.

Exhibit 4 Description of Core Partner and Corresponding Role on the BHC

Partner	Role
Baltimore City Health Department (BCHD)	Hiring, contact tracing, call center, outbreak investigation, older adult care coordination, and program administration
Baltimore Civic Fund	Program administration and fiscal sponsorship
Baltimore Corps	Recruitment, screening, and referral
HealthCare Access Maryland (HCAM)	Care coordination, vaccination and testing support, program administration, and addressing social determinants of health
Jhpiego	Hiring and onboarding, contact tracer training, program planning, and technical support for contact tracing
Mayor’s Office of Employment Development (MOED)	Recruitment, career navigation, financial counseling, post-BHC job placement, and management of supports from Catholic Charities of Baltimore, Maryland Volunteer Lawyers Service, and Baltimore Alliance for Careers in Healthcare
Mayor’s Office of Performance and Innovation	Program coordination, management, analysis, and design support

BHC Funders and Funds

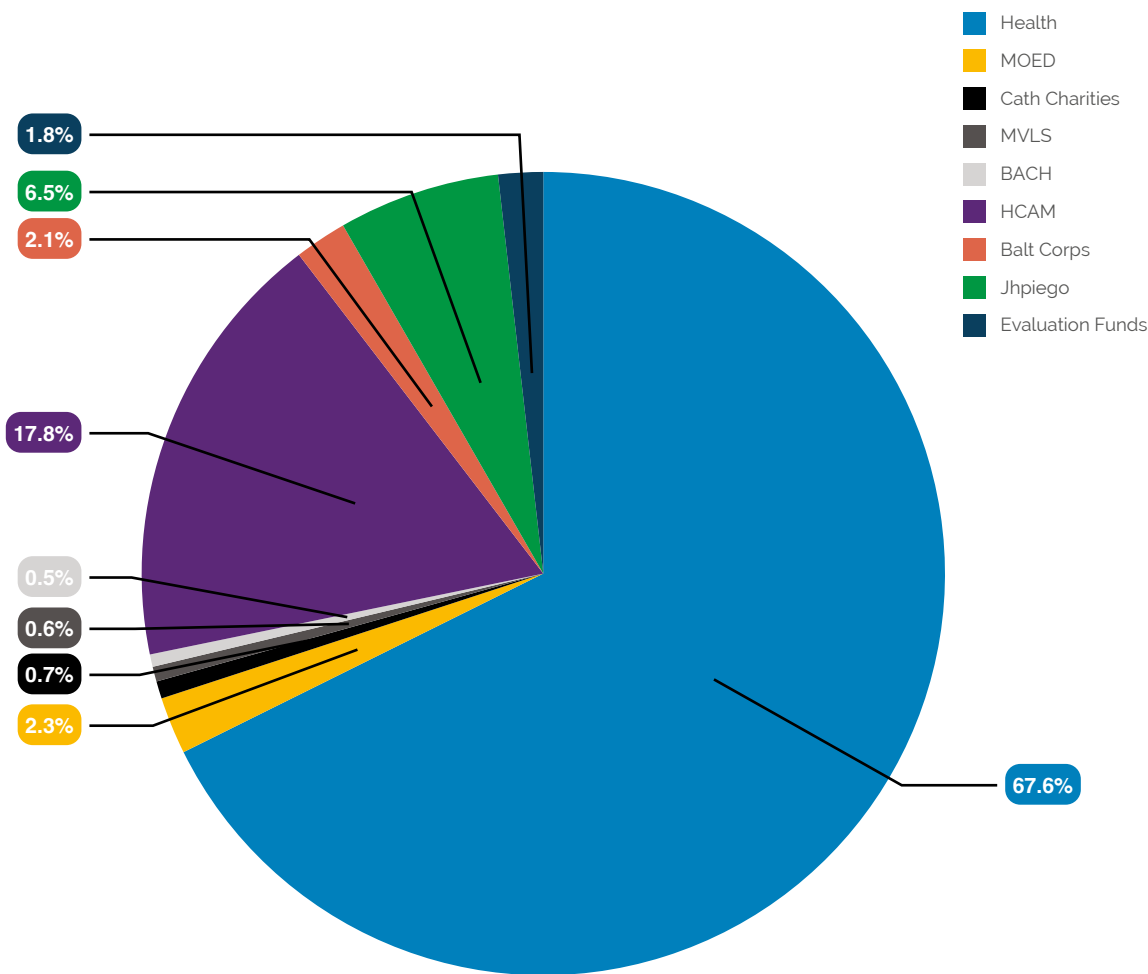
Baltimore City’s partnership with The Rockefeller Foundation along with other key funders and partners were instrumental to the creation, launch, and execution of the BHC. In total, BHC collected over \$15 million in grants and investments from twenty-four private, local, federal, and national sources. The COVID Aid, Relief, and Economic Security (CARES) Act provided Federal funds; approximately \$6.8 million of CARES funds were provided to fund BHC, while The Rockefeller Foundation provided \$3 million, together, comprising the majority of BHC’s funding resources. An additional \$1.5 million in funds came from PepsiCo Foundation, Bank of America, and Bloomberg Philanthropies, which invested half a million dollars.

Evaluation Design

In June of 2020, The Rockefeller Foundation and BHC issued a competitive solicitation seeking an independent evaluation partner to assess early findings and – to the extent possible – impact of the initiative. The evaluation team implemented a **mixed-methods approach** that consisted of primary data collection and secondary analysis. The primary data originated from two waves of surveys from CHWs, and a focus group of CHW employers who had first-hand experience working with- or supervising- the BHC employees. Due to privacy concerns, the team was unable to interview former CHW staff and/or those who were not hired. The evaluation team also **assessed the secondary data** that the partners provided.

The BHC study served four purposes, to: (1) *describe the initiative design, recruitment, and operations*; (2) provide an overview of the trainings offered by each employer, including participation patterns, employee experiences with initiative services, and how the training connected to employment; (3) document *employee outcomes* and describe how the BHC is or is not *meeting objectives*; and (4) identify *lessons learned* for policymakers, BHC stakeholders, and other communities interested in replicating the BHC model.

Exhibit 5 BHC Budget by Partner (6/1/20-9/30/21)



Evaluation Research Topics

The study examined four key research topics: (1) local context; (2) program design and operations (and changes over time); (3) experiences of employees and employers; and (4) implementation accomplishments and challenges. **Exhibit 6** lists the specific data sources used for assessing each.

Exhibit 6 Potential Data Sources for Implementation Study Research Topics

Research topic	Population, Economic and Employment Data	Focus Group with BHC Staff	BHC Administrative Data*	Surveys of Employees, and Employee Focus Group
Local context	✓	✓	✓	✓
Program design & operations	✓	✓	✓	✓
Experiences of employees and employers	✓	✓	✓	✓
Implementation accomplishments & challenges	✓	✓	✓	✓

Overview of Findings

Objective 1 – Workforce Development

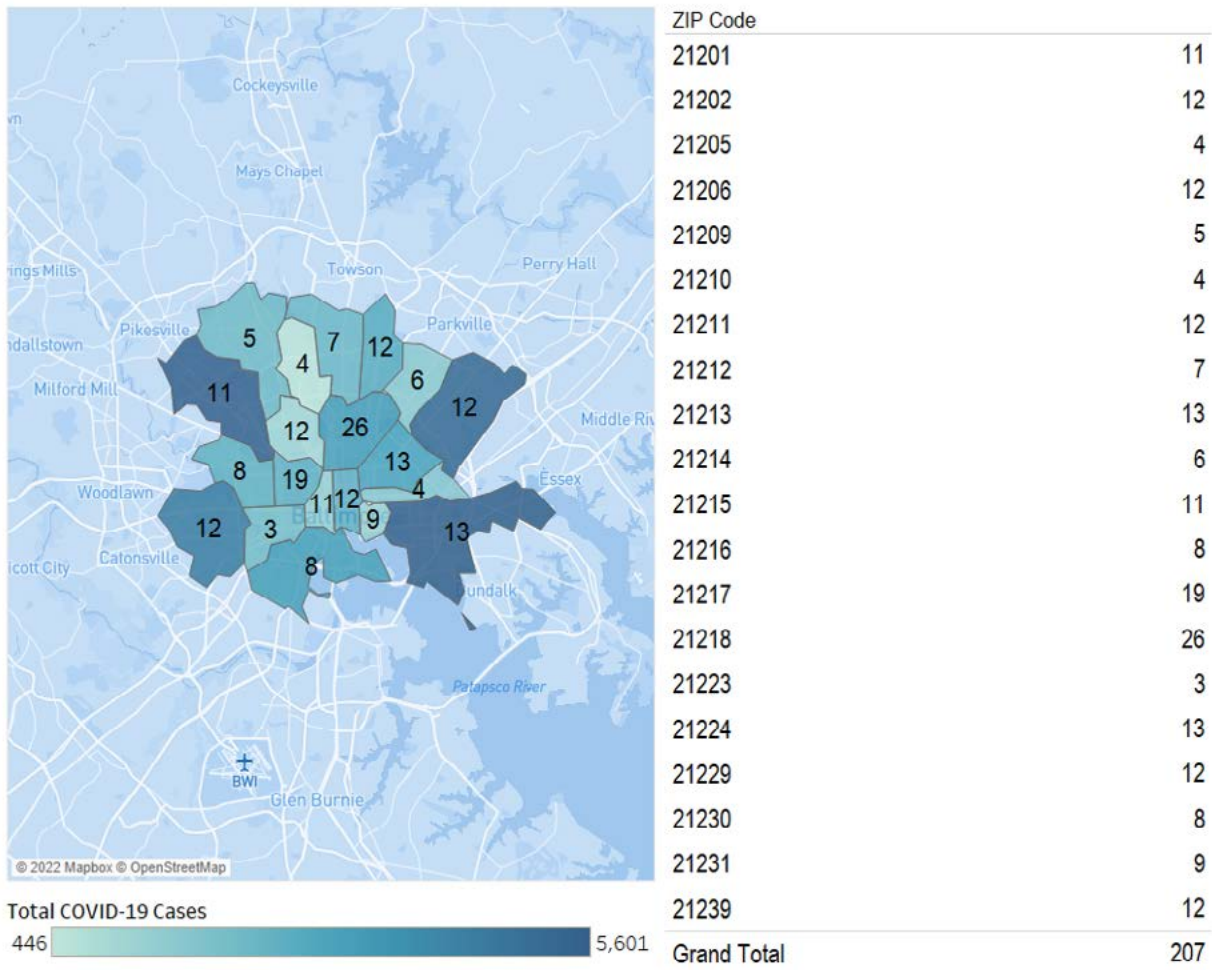
By September 2021, BHC had onboarded 336 employees, exceeding its target level of 275, serving in contact-tracing, care coordination, and management. Over 50 percent of employees were hired as contact tracers. Positions were initially established as eight-month temporary contracts set to expire in April 2020 for the first wave of BHC hires. BHC lost 22 employees by December 2020 and an additional

Exhibit 7 Length of Time Employed with BHC

Length of Time Employed	Number of Employees	Percent
Less than 3 months	36	1%
3 to 6 months	74	12%
7 to 10 months	109	35%
11 months or more	116	52%
Total	335	100%

Exhibit 8 BHC Hires by ZIP Code

Color gradient shows sum of total COVID-19 cases in Baltimore City from March 2020 through August 31, 2021. Details are shown for the number of hires per ZIP code fully or partially located in Baltimore City. BHC hires living partially or fully in Baltimore City (right).



36 by April 2020. Two-thirds of CHWs hired remained in their roles as of September 2021. In total, 123 employees departed BHC before their contract end date, with an average tenure of six months.⁵ Reasons for attrition varied, with some leaving for personal reasons, returning to former positions, overall job dissatisfaction, and a small number of contracts were not renewed. Additionally, uncertainty of CARES Act funding impacted BHC contract extensions and were an added stress for individuals concerned about job security leading some BHC hires to search for and secure other work before their contract ended. Among those who left BHC, 46 percent discontinued BHC for unknown reasons, 37 percent resigned, and 2 percent returned to their previous job.

The data suggests that BHC employment turnover improved over time, and specifically among those in the second cohort who started after September 2020. Employees in this group maintained their contract for longer than six months.

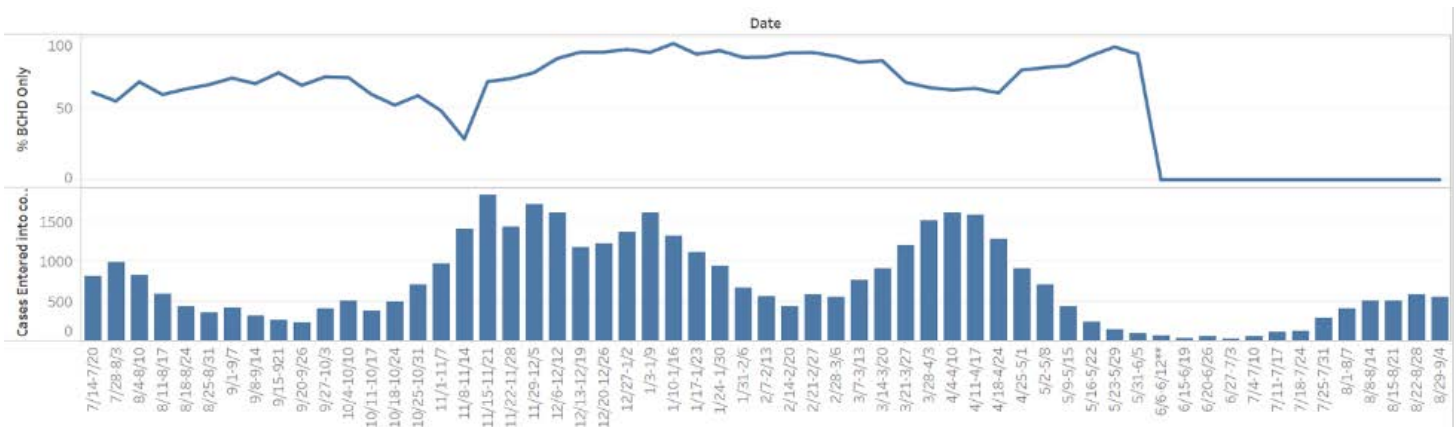
The initial target of 275 hires was expanded to 310 with 35 new positions added for supporting mobile vaccination units (Exhibit 8 shows the CHWs by home ZIP code). BHC continued to recruit until positions were filled to respond to staffing needs that were identified by BCHD and to replace those who departed their positions early or moved into mobile vaccination roles. According to the latest report, the BHC workforce currently stands at 212 employees and all BHC contracts were extended through the end of December 2021. Some BCHD and HCAM positions will continue in 2022 with the support of the American Rescue Plan Act to meet ongoing needs for contact tracing, outbreak investigations, vaccinations, and care coordination.⁶

Objective 2 – Contact Tracing

In 2021, BHC continued to onboard CHWs to staff its call center, and contact tracing and Outbreak Investigation Unit. Several methods were used to assess if BHC was effective at addressing contact tracing needs, as well the extent to which the response was equitable to those most affected by the pandemic in Baltimore City. The evaluation team reviewed COVID-19 case data, extant program documents such as progress reports to funders, internal program and epidemiologic reports from BCHD, previous evaluation reports, as well as information gathered verbally from multiple calls with stakeholders and program leadership.

Contact tracing analysis trends were completed using key contact tracing performance indicators reported by BCHD collected from July 2020–September 2021, to see if increasing BHC staff levels over time led to a more effective and efficient response. **Exhibit 8** demonstrates these trends.

Exhibit 8 Percent Cases Assigned to BCHD Contact Tracers



Baltimore City experienced a surge in cases between November 2020 and January 2021 (range: from 974–1,833 cases per week). Although the time taken to reach cases and contacts increased and they received twice as many cases per week as they did in the previous surge, the interview rates were fairly high (range 53%–72%). Several changes were made during the surge to help manage the increased case load, and to help increase the efficiency and effectiveness of the contact tracing efforts. BCHD moved to a case management model, whereby cases and contacts from one household were managed by one person to enhance case finding

activities and improve continuity of care. In conjunction with MDH, older records were deprioritized, to allow initial interviews to be conducted for cases and contacts that were less than seven days old.

Implementing new processes greatly improved BCHD’s capacity and timeliness in contact tracing (see **Exhibit 9**). By the time the next surge in cases occurred in the spring of 2021, median time to reach cases and contacts were both under 7 hours and 3 hours respectively, a big improvement from the previous surge where the median time to reach cases and contacts went as high as 48 hours and 24 hours respectively.

Exhibit 9 Median Time (hours) to Case and Contact Interviews

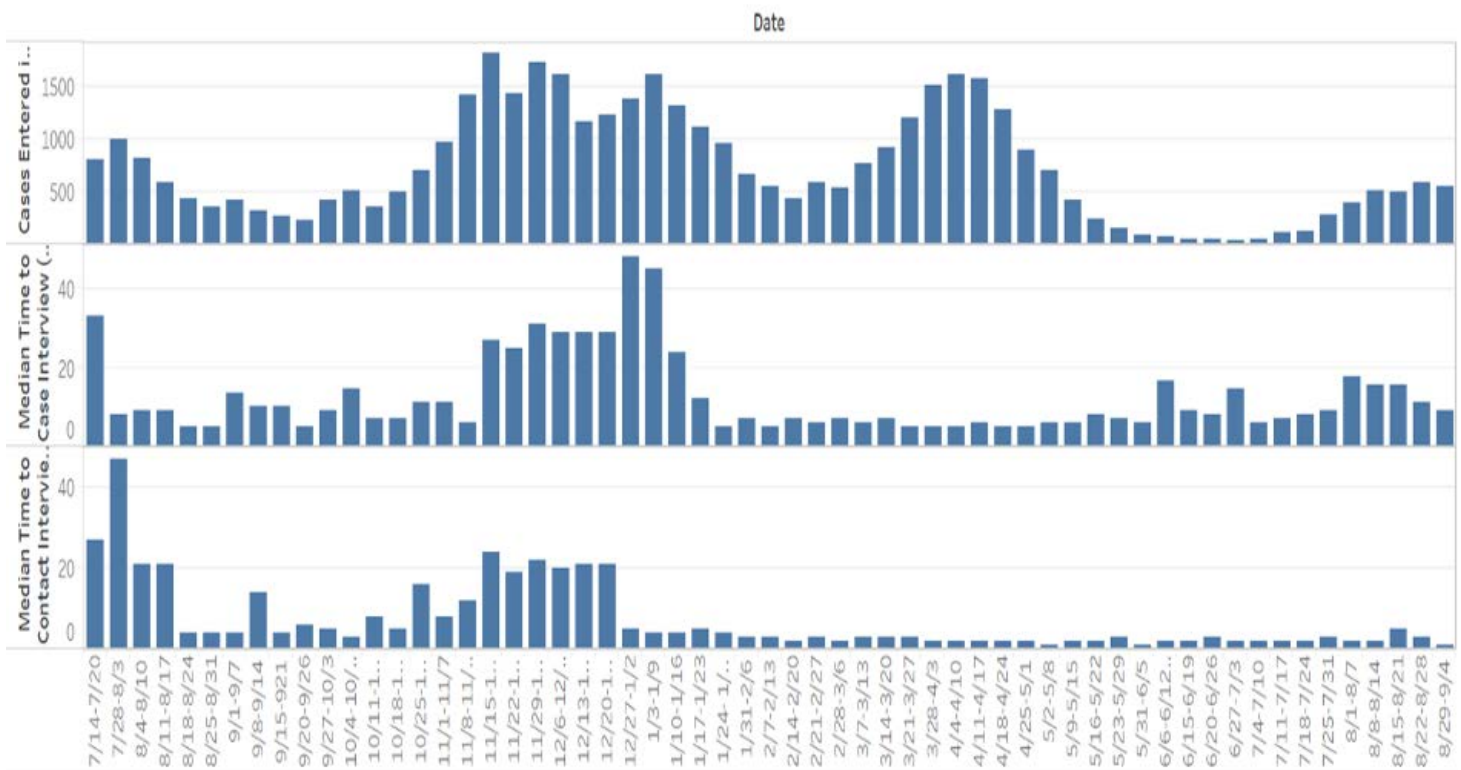
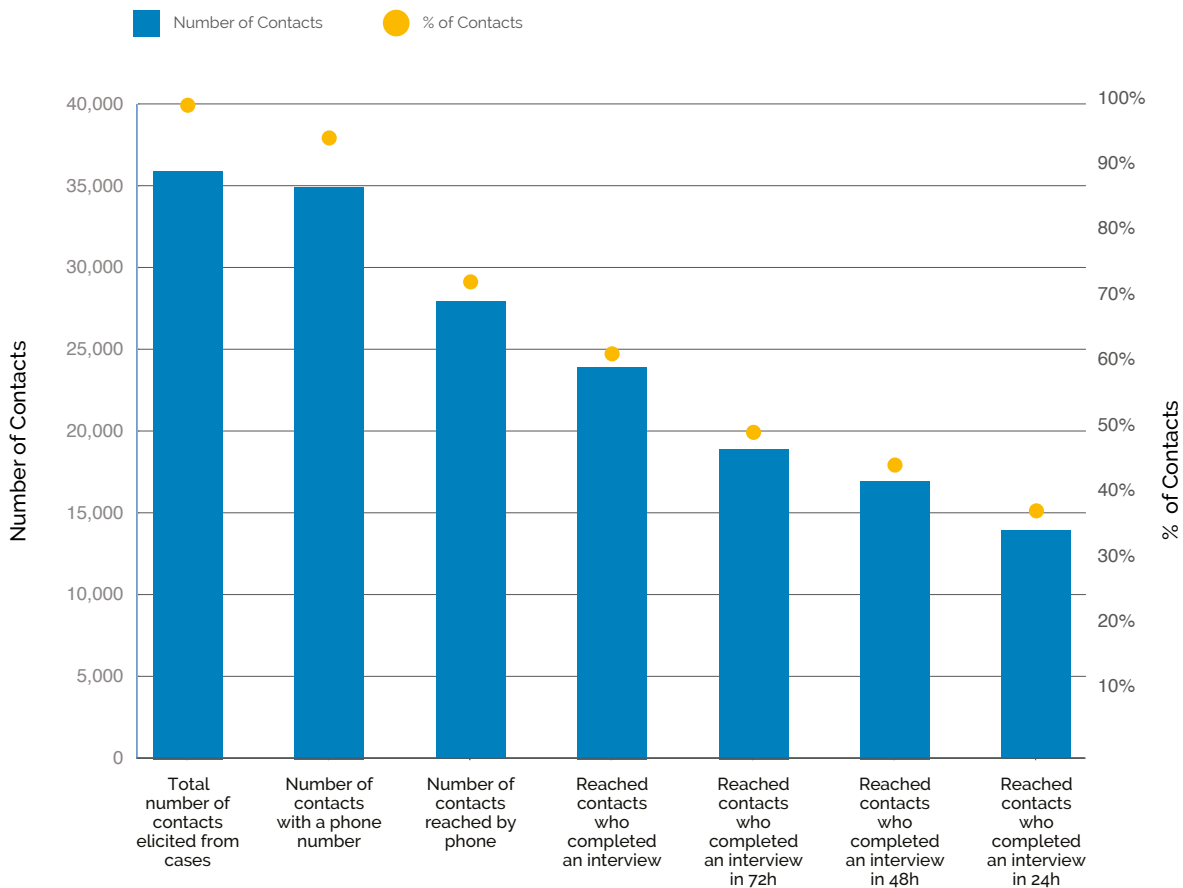


Exhibit 10 shows the effectiveness of contact tracing at reaching contacts and interviewing them from August 2020 to September 2021. Of all contacts (36,991) elicited during the case investigation period, 67 percent of contacts were interviewed in any time frame and placed on quarantine, while 52 percent, 47 percent and 39 percent were interviewed within 72 hours, 48 hours, and 24 hours respectively. Though ideal, it was more challenging to reach contacts within 24 hours, especially during times when there was a surge in cases.

Additional Tasks for Contact Tracers

During times when there were fewer cases such as in the summer of 2020, some of the BHC contact tracers were reassigned to focus on additional tasks such as canvassing for vaccination sites prior to mobile clinics,

Exhibit 10 Effectiveness: Number and Rates of Contacts Reached and Interviewed (Aug 2020-Sep 2021)



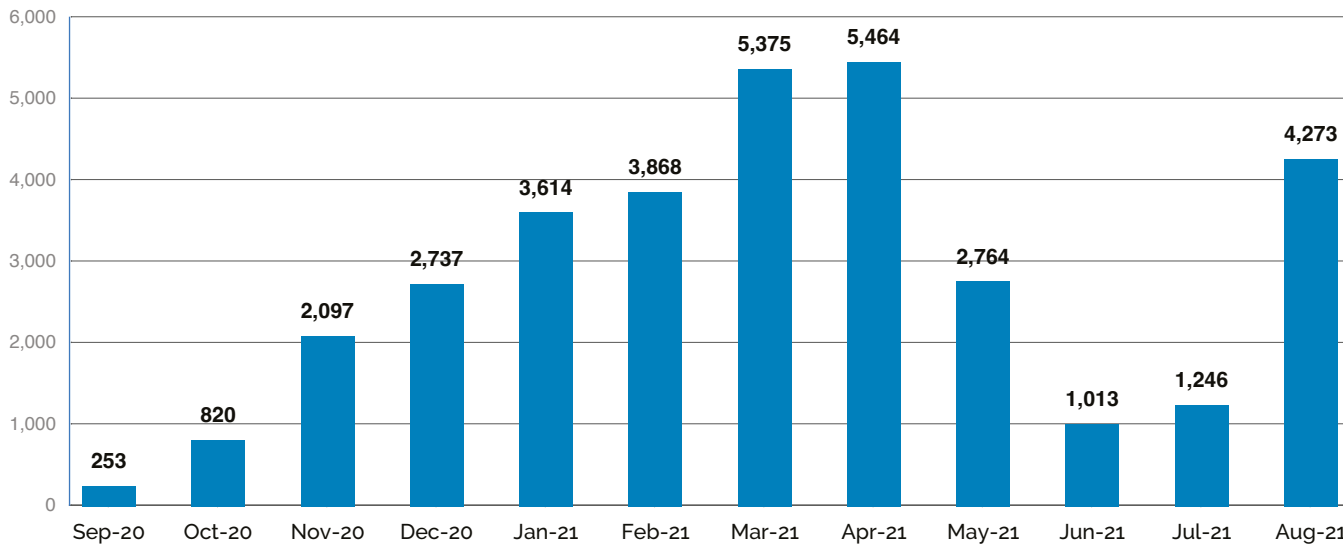
to help reduce disparities in vaccine coverage. They also helped with data entry for other outbreaks such as Hepatitis A outbreaks, inventory management for vaccination events, variant investigation as well as engaging in additional retraining opportunities. These activities were not only meaningful to the COVID-19 response, but also helpful to the Health Department (as they supplemented the existing Outbreak Investigation staff at BCHD), and also to the staff themselves as they received skills development and career advancement opportunities. In addition to contact tracing activities, BHC had a goal for caring for the whole person by addressing the social determinants of health. Contact tracing staff turned out to be a good link for clients to access these services. Of all cases and contacts worked by contact tracing staff, 44,988 were offered care and support, 7,985 were given contact information to reach out for self-referral for care and support services, while 1,135 were given a warm transfer via a three-way call. These are likely underestimates as the data systems were not in place early enough in the pandemic to capture all possible referrals that took place.

Objective 3 – Care Coordination

The BHC Pilot sought to provide Baltimore’s vulnerable populations with care coordination support through HealthCare Access Maryland (HCAM) and Maryland Access Point (MAP). As BHC partners, both organizations

leveraged their existing care coordination expertise to meet the heightened needs of residents during the pandemic. CHWs designated as care coordinators underwent a different hiring, training, and onboarding process than BHC contact tracers. Despite their distinct roles, the BHC program attempted to foster connections between care coordinators and contact tracers to give CHWs an idea of how the program operated as a whole.

Exhibit 11 HCAM Care Coordination

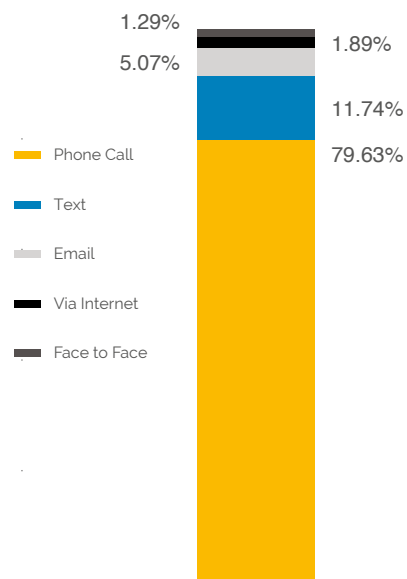


Using a community resource database and referral system, care coordinators connected clients to services including support for food such as Amazon grocery boxes, financial support or utilities, isolation housing for positive cases, preventive housing services, and other social needs. Care coordinator activities were specifically meant to serve greater Baltimore’s most vulnerable populations.

The number of HCAM case activities increased steadily from September 2020 to April 2021 before falling sharply in May 2021. There was a sharp increase in case activities from July 2021 (3.7 percent) to August 2021 (12.8 percent); this increase may have been, in part, by the introduction of the Delta variant of COVID-19.

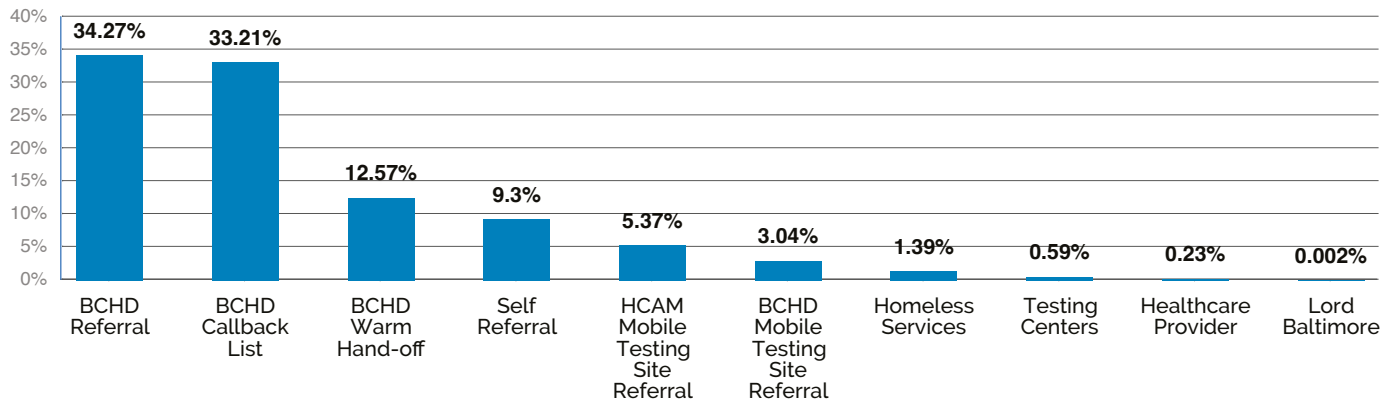
As of August 31, 2021, approximately 80 percent of care coordination activities came through phone calls to the HCAM phone line while 12 percent were received through text message and 5 percent were received through email (see **Exhibit 12**).

Exhibit 12 Care Coordination Cases by Contact Method



Almost all cases of initial interviews involved the community health worker contacting the client by phone (99%). The most common referral sources were BCHD Callback list (34%), BCHD Referral (33%), and BCHD

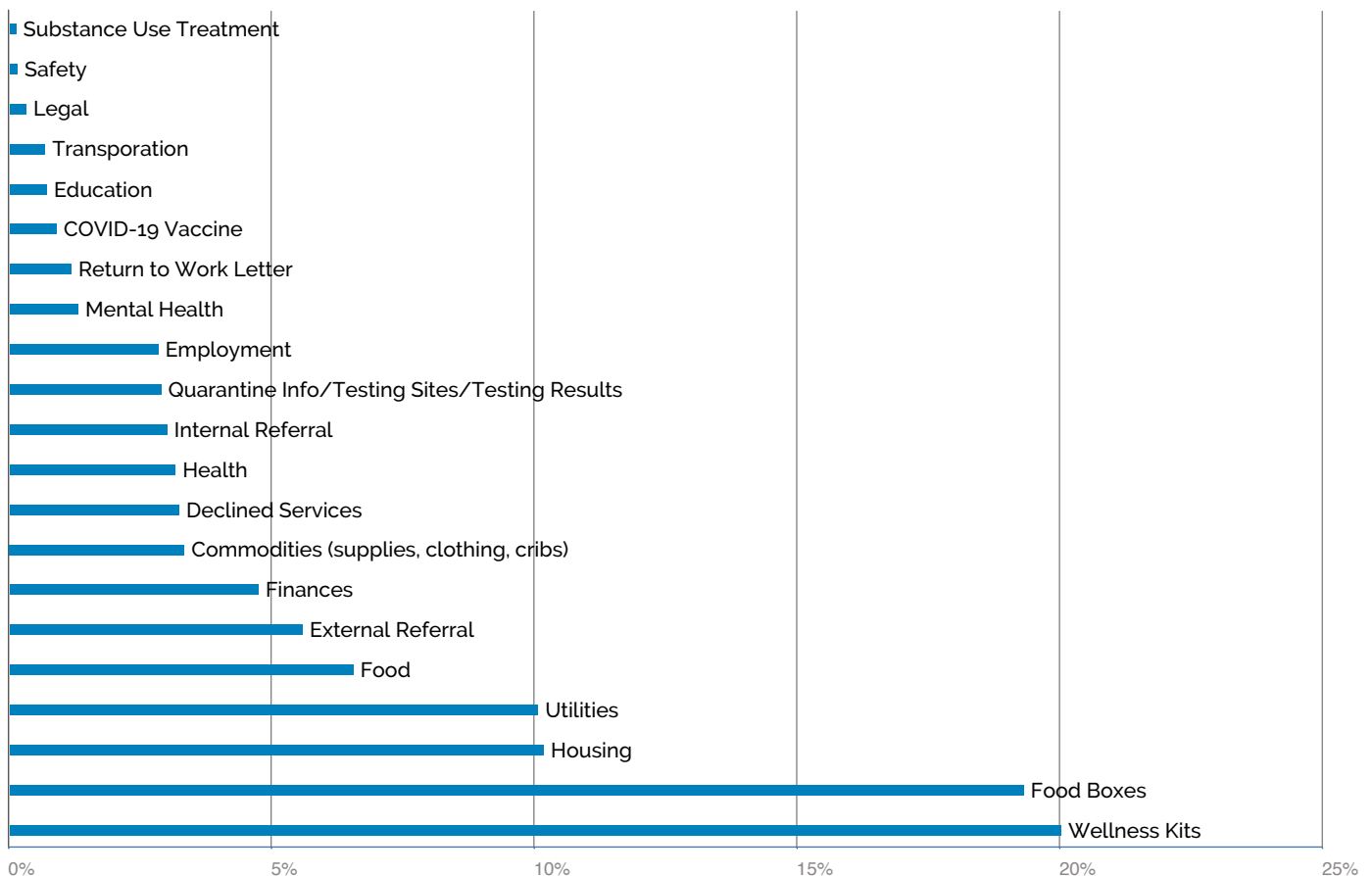
Exhibit 13 Percentage of Initial Interview Cases by Sub-Activity (Referral Source)



Warm Hand-off (13%). The least common referral sources were the Lord Baltimore hotel (0.02%), through a healthcare provider (0.23%), and testing centers (0.59%) (see **Exhibit 13**).

The most common referrals for a specific need that were received were wellness kits (23%), food boxes (21%), utilities (11%), and housing (11%). The most common referrals for a specific need that were not received were food boxes (1.8%), wellness kits (1.4%) (see **Exhibit 14**).

Exhibit 14 Percentage of Case Activities by Call Purpose Sub-activity (Individual Need)



Almost 55 percent of HCAM care coordination clients are Black/African American while 8 percent are White (see **Exhibit 14**). The majority of non-Black clients successfully connected to a resource (53%) compared to 49 percent of Black clients.

The majority of clients were non-Hispanic (60%). Information about ethnicity was unknown or not available for over one-third of clients. Non-Hispanic clients were more likely to be successfully connected to a resource (51%) and to be active clients (7%), compared to Hispanic/Latino clients (see **Exhibit 15**).

Exhibit 14 Clients by Race

Race	Percent of Clients	Number of Clients
American Native	0.16%	10
Asian	0.37%	24
Black	54.57%	3,510
More than one race	1.34%	86
Native Hawaiian/Other Pacific Islander	0.09%	6
Other	3.11%	200
Unknown	26.82%	1,725
White	8.33%	536
No data	5.21%	335

Exhibit 72 Percent of Clients by Ethnicity

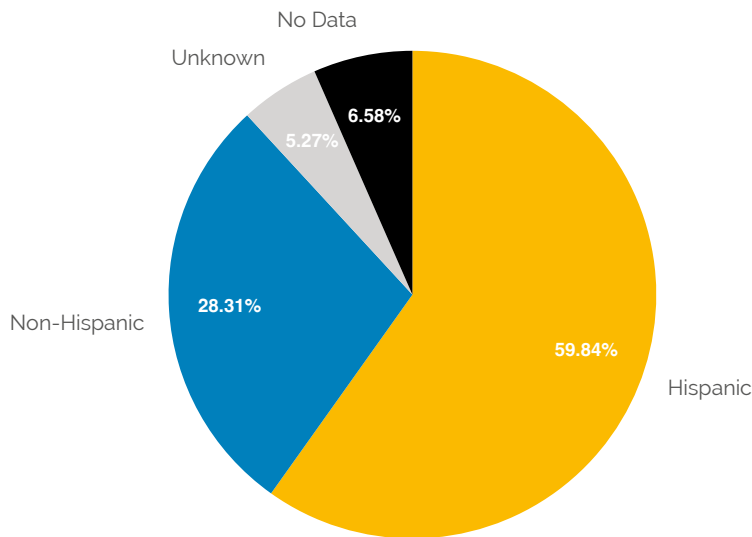
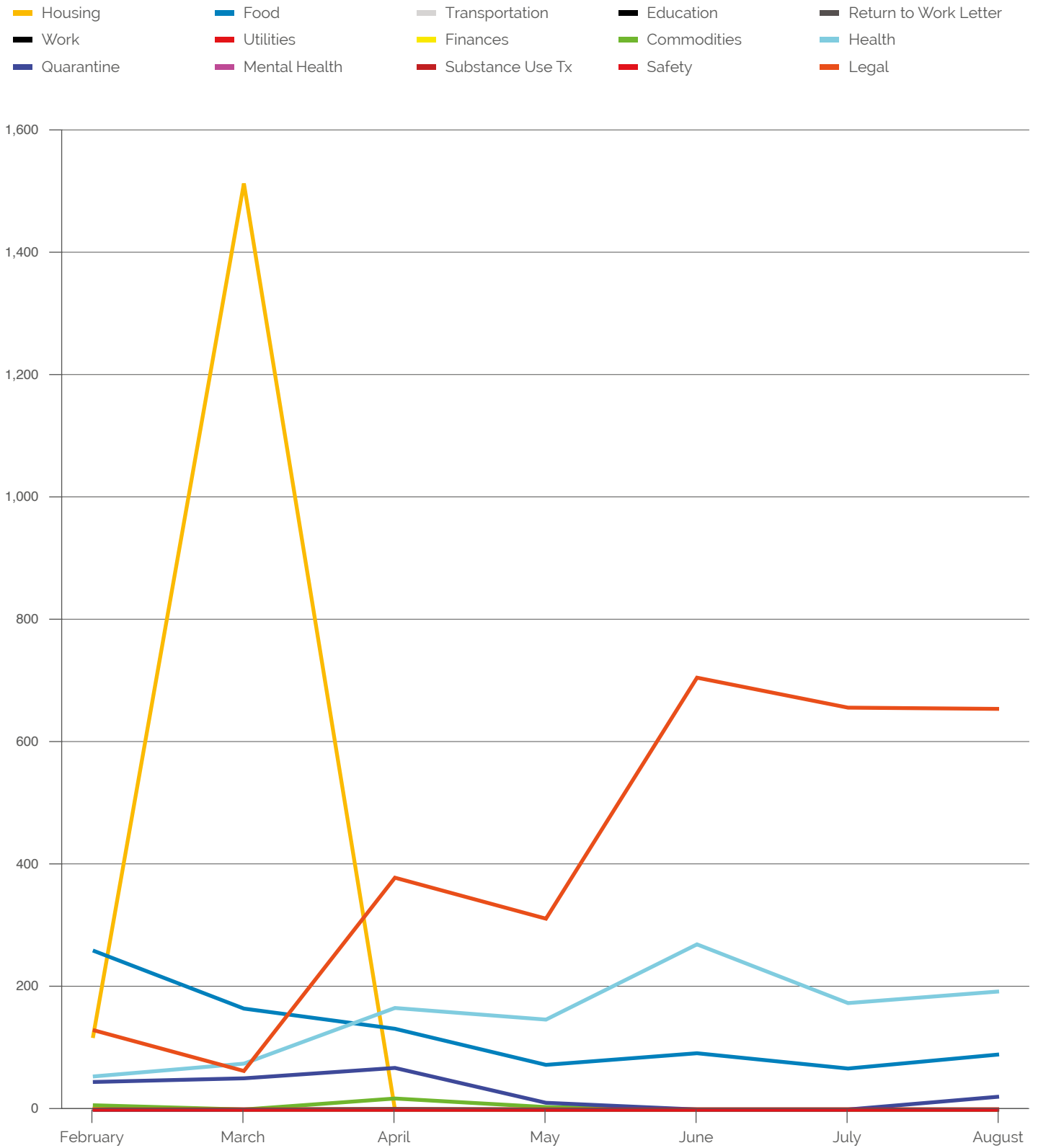


Exhibit 16 MAP Care Coordination Trends (February 2021-August 2021)



MAP Care Coordination

Referrals to MAP came in the form of self-referral, referral by a contact tracer, or a direct warm hand-off to a MAP care coordinator.⁷ From February to March 2021, the number of MAP referrals completed increased by threefold. March marked the overall peak in referral completions over the February to August reporting period at 4,058 referrals. April had the second-highest referral completions at 2,120, while May had the lowest at 682 referral completions. The average number of referrals completed was approximately 1,495. Referrals sent by MAP were significantly less than those completed. MAP averaged only approximately 202 referrals sent over the reporting period. While referrals sent were the highest in April and the lowest in June and July, trends remained mostly steady from February to August.⁸

MAP offered care coordination services in areas relating to housing, food, transportation, education, return to work letters, work, utilities, finances, commodities, health, quarantine, mental health, substance use treatment, safety, and legal. Over the February to August reporting period, requests for food, health, and legal were the most common. Most notably, housing care coordination rose from 117 to 1,514 in March and then fell to 0 for April through August. Legal services saw the greatest increase over time than any other care coordination support. **Exhibit 16** depicts these trends.

Discussion and Recommendations for Implementation and Replication

Although causal inferences were not possible for a variety of reasons, it is clear from the findings that the Pilot was successful in achieving and even exceeding the expected objectives. In this section, we describe the challenges and limitations in the Pilot – both with evaluating the Pilot, as well as implementing the Pilot. The evaluation team faced minor obstacles related to evaluating the BHC, including engaging and obtaining data from the multiple project partners, obtaining permissions for access to sensitive and private data on individual’s health records, and dealing with low response rates from the surveys of CHWs. In addition, as part of evaluating a dynamic initiative like the BHC, the evaluation team looked at challenges to implementation of the model, so that lessons learned could be extracted for other communities that want to replicate BHC. From the survey data, the focus group data, and the secondary data analysis, the evaluators identified the primary implementation challenges; these included building awareness of the BHC in communities, and recruiting, hiring, and training CHWs. These challenges are understandable – standing up a workforce of over 200 new positions at the same time as pandemic restrictions were being introduced and expanded and trying to communicate the resources available would be a challenge without a novel virus. Below, we outline the recommendations that take into account the lessons learned from encountering the challenges.

Marketing and Outreach

To increase the likelihood of success for an initiative such as BHC, program management and leadership must raise awareness of the program among the community through outreach efforts, advertising, and dissemination of key program information. For BHC, CHW supervisors noted that more PSAs would have been beneficial to “get the word out and raise program awareness.”

Hiring Beyond Skill-Level and Build Non-Technical Skills

Among other skills and experiences, candidates should be selected for their ability to collaborate with others and provide effective customer service. While personality and attitude are difficult to evaluate during mass hiring efforts, these aspects of applicants should be considered when possible. It is important to identify candidates who work well in teams and thrive in a collaborative environment.

Establishing Timelines for Hiring and Training and Prepare the Workforce

Establish a realistic timeline for hiring and recruitment that works to avoid rushing the process and straining staff and resources. Once these timelines are in place, it is critical to prepare the workforce. Begin by ensuring existing staff and leaders have the training and learn the values needed to engage in equitable review and hiring practices. For a complex initiative and hiring with an equity lens, it is critical to provide “basic” training. Involve community-based organizations to provide additional services or resources such as computer literacy training and interview preparation.

Use Data to Reduce Community Barriers

Barriers posed by community limitations such as lack of contact resources (cell phone, email, etc.) should be identified and addressed. A plan for supporting hard-to-reach clients should be established to reduce strain on CHWs. Program leadership should attempt to analyze data on the race/ethnicity of the unemployed population to ensure targets are representative of those at increased likelihood of suffering from loss of work or chronic unemployment.

Ongoing Data Collection and Analysis

The evaluators recommend ongoing data collection and analysis of findings so that partners can be informed of results and pause and pivot funding and resources as necessary. Ideally, this would include streamlining data into one central system for reporting. Data can and should be collected from individuals who were not qualified or selected for employment. Data should also be collected from former CHWs who left voluntarily to understand impact from the BHC on future employment. To the extent possible, data should be collected on the follow-up from HCAM and MAP referrals.

Collaborative and Flexible Project Management and Leadership

For the success of an initiative such as the BHC Pilot, evaluators recommend allocating resources to support a dedicated project manager across the program with experience working across the city, county, or state with the partners involved. Alternatively, if funding resources cannot support a full-time manager, identify an established point of contact or project manager within each organization.

Continue Wraparound Services to Workforce

BHC supervisors expressed great satisfaction with the resources and services extended to the CHWs. Among BHC employees who used support services during their tenure, 48 percent reported feeling “very confident”

about gaining employment or pursuing additional education after their job when BHC ends. Another 28 percent reported feeling “somewhat confident” and only 5 percent said they are “not very confident” about their future employment or educational opportunities. BHC employees indicated a continuing interest in public health-related professions.

SECTION 1

Background and Understanding

The following section⁹ provides an overview of the BHC Pilot Study’s origins, including a concurrent overview of the economic and public health impact that COVID-19 had on Baltimore City’s residents, as well as a description of the three objectives, and the funders and the funding of BHC.¹⁰ A snapshot of Baltimore City in 2020 is depicted in **Exhibit 1**.

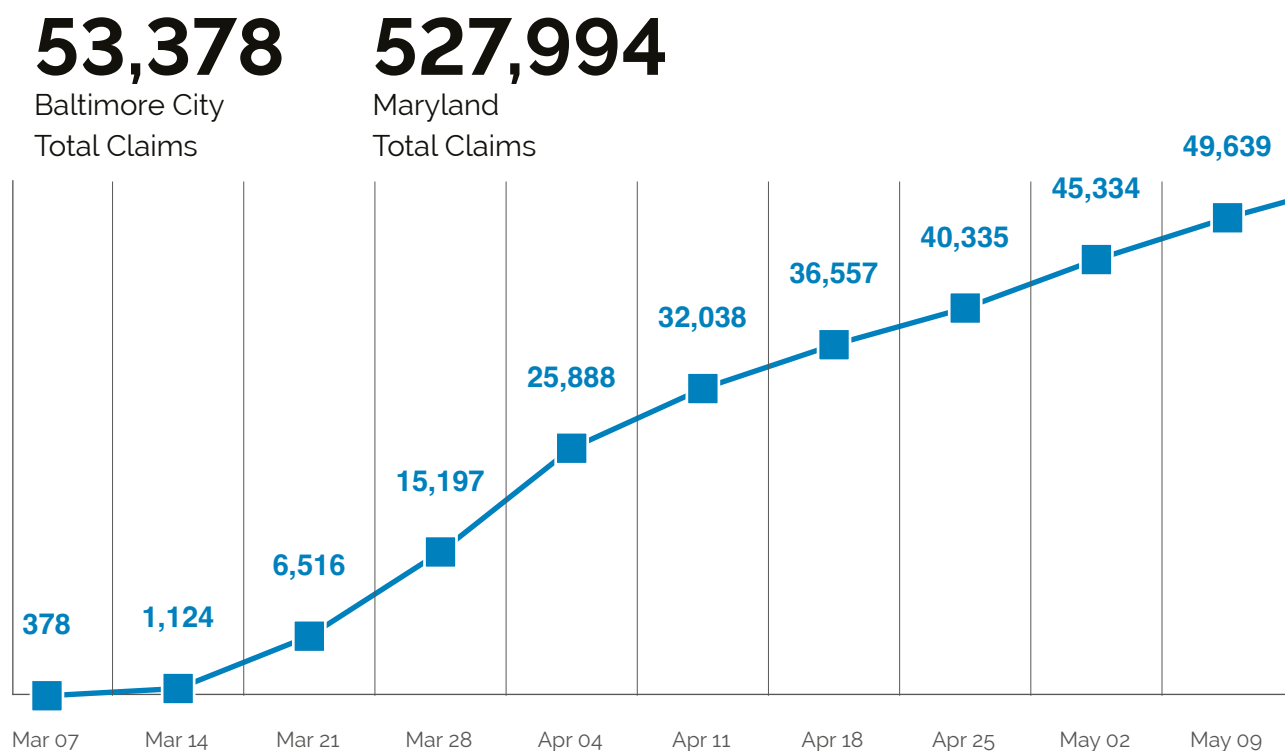
Exhibit 1 Baltimore City Demographics, 2020

Demographics	
Population, Census, April 1, 2020	585,708
Persons 65 years and over	13.6%
Female persons	53%
White alone	30.5%
Black or African alone	62.4%
American Indian and Alaska Native alone	0.3%
Asian alone	2.6%
Two or More Races	2.5%
Hispanic or Latino	5.3%
White alone, not Hispanic or Latino	27.5%
Population Characteristics	
Veterans, 2015-2019	5%
Families & Living Arrangements	
Households, 2015-2019	239,116
Persons per household, 2015-2019	2.45
Population Characteristics	
High school graduate or higher, percent of persons age 25 years+, 2015-2019	239,116
Bachelor’s degree or higher, percent of persons age 25 years+, 2015-2019	31.9%
Health	
With a disability, under age 65 years, 2015-2019	11.9%
Persons without health insurance, under age 65 years	31.9%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2015-2019	61.8%
Income & Poverty	
Median household income (in 2019 dollars), 2015-2019	\$50,379
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$31,271

BHC Beginnings: The Economic and Public Health Impact on Baltimore City

In early March of 2020, while the first few cases of COVID-19 were detected, the pandemic began a sudden and extraordinary disruption in Baltimore City’s economy. From early March to mid-April, a record 22 million people filed unemployment claims nationwide (**Exhibit 2**). Maryland saw over 500,000 claims between March 8 and May 16 of 2020, and Baltimore over 50,000. From March of 2020, new unemployment claims accumulated in Baltimore **by nearly two-hundred-fold over six weeks**, an unprecedented rate. Nationally, this unemployment shock has disproportionately affected women, Hispanic/Latino people, and Black/African American people, who are more likely to be in the service sector jobs that saw the worst economic impact.¹¹

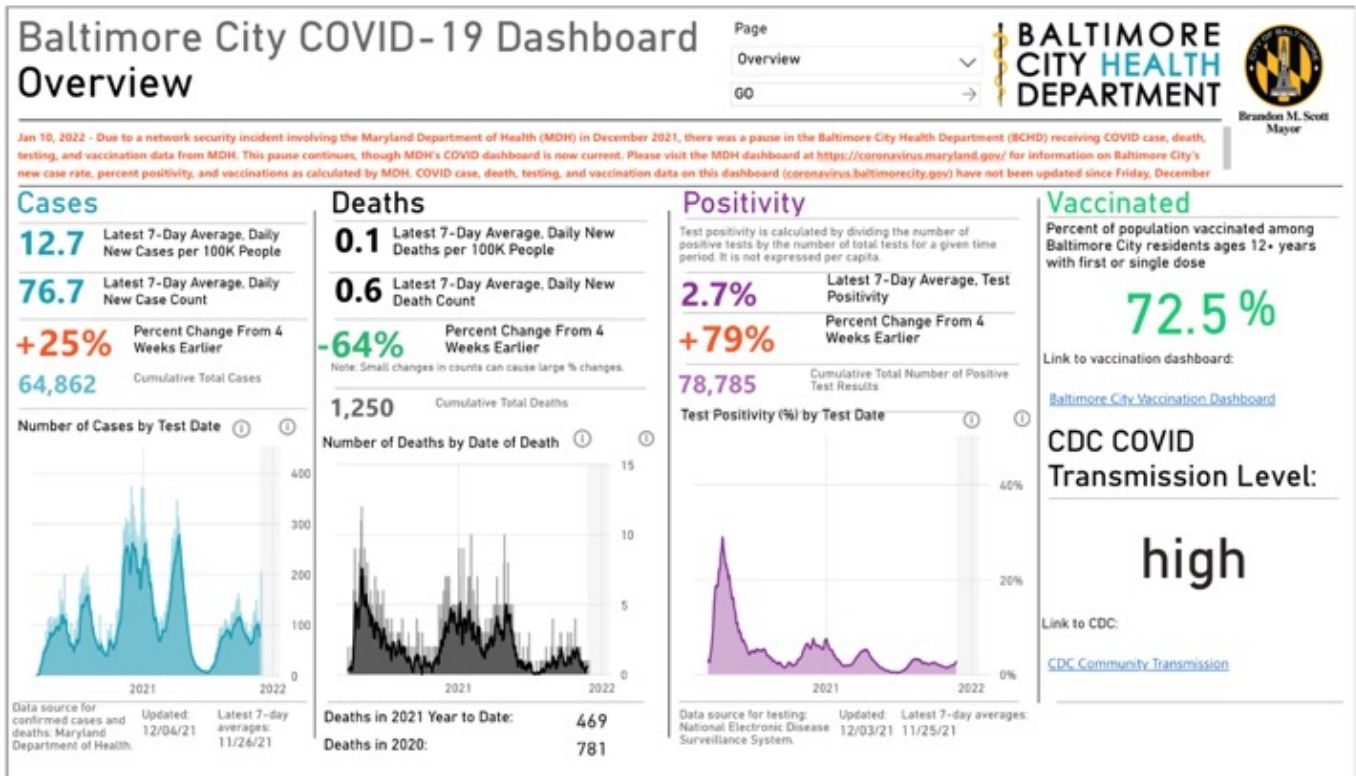
Exhibit 2 Unemployment Claims



Economic Impact in Baltimore

Due to COVID-19 and its subsequent variants, Baltimore residents have experienced financial hardship and employment challenges. Even before COVID-19, Baltimore faced high levels of unemployment, poverty, and violence. COVID-19 exacerbated these conditions. In 2019, the median income in Baltimore was \$29,943, compared to approximately \$82,000 in the state of Maryland.¹² In 2020, approximately one in every five residents (21 percent) were living in poverty.¹³ The Baltimore Health Corps (BHC) sought to address residents’ pressing need for income by putting people to work immediately. It was also designed to support the long-term need for career-track employment with a family-supporting wage by providing training and job placement support in the field of community health work and, more generally, in the healthcare field, a consistently high-demand sector in the Baltimore region.

Exhibit 3 Baltimore City's COVID-19 Dashboard



Public Health Context

In early 2020, COVID-19 cases and deaths in Baltimore City rose rapidly. As of May 2020, Baltimore City reported 4,997 total cases of COVID-19, and 227 deaths. As of December 2021, over 78,000 residents have tested positive and there have been over 1,200 confirmed deaths.¹⁴ Exhibit 3 includes a snapshot from December 2021 of the Baltimore City COVID-19 Dashboard.

Early on, it became clear that a disproportionately high percentage of cases in Baltimore were Black/African American and Hispanic/Latino residents. This trend has continued and as of December 2021, 62 percent of the positive cases and 71 percent of the deaths were Black/African American individuals. While Baltimore City has a relatively small proportion of Hispanic/Latino residents, the case rate for Hispanic/Latino residents was 104/1,000. Women are also disproportionately

“Disproportionately high percentage of [COVID-19] cases in Baltimore were Black/African American and Hispanic/Latino residents.”

—From the Baltimore City Health Department

impacted by COVID-19 in Baltimore; COVID-19 occurs among women at a rate of 108.9 per 1,000 compared to 106.3 per 1,000 among men (although the fatality rate is slightly higher for men, 2.1 percent to 1.8 percent, respectively).¹⁵

Additionally, the pandemic has disproportionately impacted older adults, who are significantly more likely to die from COVID-19 than younger individuals. Eighty-five percent of deaths in Baltimore City were ages 50+, and 60 percent were ages 60+.¹⁶

As we have seen with the Delta and Omicron variants of COVID-19, the pandemic continues to threaten the health and safety of all residents, but it has especially devastating health impacts on our most vulnerable residents including older adults, people with low incomes, and those with complex physical, behavioral, and social needs. These individuals already experience inadequate access to healthcare and lack of support in social services. Throughout this pandemic, the disparities and gaps in care and support continue to be even more pronounced.

The Three Objectives of the BHC

There are three objectives that together make up the BHC initiative: workforce development, contact tracing and public outreach, and care coordination to address the needs of Baltimore’s most vulnerable citizens. Each is discussed in brief, below.

Exhibit 4 The Origins of the BHC Pilot



Objective 1: Workforce Development

A primary component of the BHC Pilot included creating hundreds of skill-developing jobs and building sustainable employment paths both during and after the epidemic. These positions employed a workforce of public health Community Health Workers (CHWs), who were provided training for their specific positions, and then placed into one of two large-scale, integrated employment positions: **Contact Tracing & Outreach** and the **Care Coordination & Access**. The new CHWs included those unemployed or underemployed – likely due in full or part to COVID-19. These programs – which are the objectives two and three – were designed to be flexible both to the changing needs of the COVID-19 response and the demand for roles in care coordination and contact tracing. Residents were trained with marketable skills that aligned with public health

goals, then were matched with a team of “Career Navigators,” trained specialists from the Mayor’s Office of Employment Development (MOED) to work with the CHWs from the point of hire until their transition into permanent employment. CHWs were also offered legal services, behavioral health services, and financial empowerment counseling as workforce supports.

Objective 1, key activities included: a) recruiting, onboarding, and supporting recently unemployed or out-of-work Baltimore residents in building public health or other careers; and b) training staff to effectively support contact tracing and care coordination.

Objective 2: Contact Tracing and Public Outreach

One of the core functions of the Baltimore City Health Department (BCHD) is to control the transmission of communicable diseases through prevention, surveillance, investigation, control of disease, and outbreak occurrences. Early into the pandemic across the US, confirmed daily cases of COVID-19 were increasing exponentially, along with the need to rapidly expand case investigations and contact tracing. Additionally, public health education and outreach enabled the communication of timely information at the grassroots level, which was necessary to dispel myths that undermined the COVID-19 response. Before any vaccinations were approved for use, the most critical response to slow the pandemic were measures of prevention: keeping those infected from infecting others.

To slow or stop community spread of COVID-19, aggressive case investigation and contact tracing were needed in conjunction with setting up individuals to be successful in self-isolation or self-quarantine. As such, the BHC expanded Baltimore’s existing contact tracing system by including hundreds of newly hired CHWs which would enable BCHD to reach communities across Baltimore with a depth of service not already possible. In addition, BCHD partnered with the State to reach the number of case investigators and contact tracers that were needed.

In addition to contact tracing, CHWs hired in this workstream also assisted with public health outreach and education. In Baltimore, nearly 30 percent of households lacked a home internet subscription, and proactive, creative messaging and outreach were necessary to provide accurate information regarding COVID-19 and to build community trust. BCHD sought to deploy CHWs to provide pandemic education at the community level. Deployment of CHWs into communities began virtually and later occurred in-person only when it was safe to do so based on rates of community transmission and the availability of personal protective equipment (PPE).

Objective 2, key activities included: a) rapidly expanding Baltimore’s contact tracing and overall public health capacity with 220 additional dedicated CHWs; and b) organizing a public health outreach program using CHWs to engage residents and connect with community organizations.

Exhibit 5 Three BHC Objectives

BHC



Objective 3: Address the Needs of Baltimore's Most Vulnerable Populations

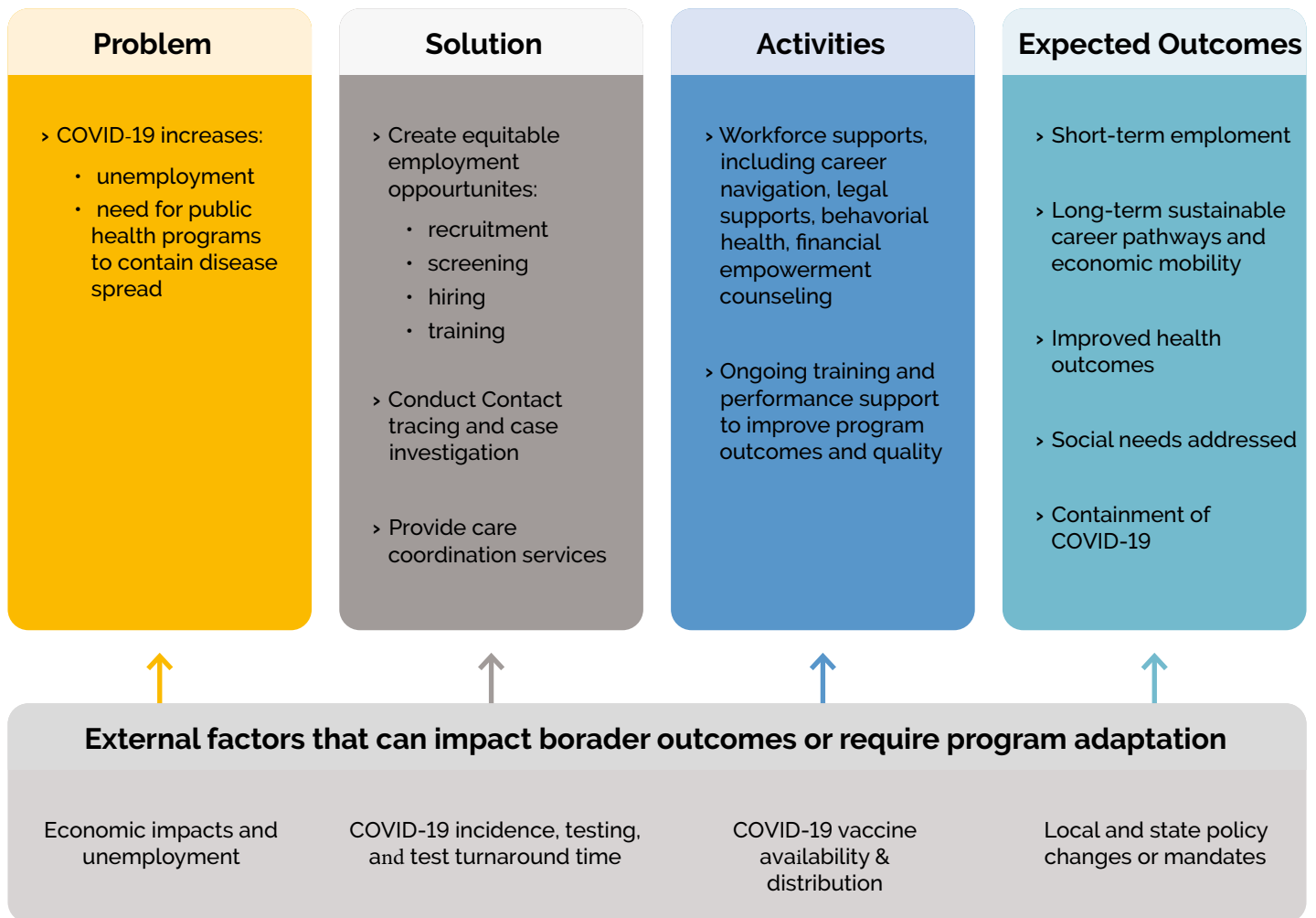
Controlling the spread of COVID-19 requires more than case investigation and contact tracing. Care coordination is the third and final objective, and it includes support to City residents and CHWs with a range of different resources, such as food, cell phone connection, transportation, and economic support. Care coordination is essential to ensure individuals who are affected by the virus are able to quarantine, isolate, and receive medical care. The economic impacts of COVID-19 led to job loss, food insecurity, and homelessness. Therefore, support through groups like those involved in BHC are crucial to ensure individuals are linked to services and resources.

Objective 3, key activities included: a) developing a core referral system for residents who are COVID-19 positive, a close contact, or who need additional assistance during the pandemic; b) Developing a focused inventory of high-value COVID-19 essential service referral resources to empower care coordination services; and c) providing essential care coordination services for older adults, those uninsured, and those who are pregnant or have young children.

BHC Logic Model

Exhibit 6 includes the brief program logic model.¹⁷

Exhibit 6 BHC Logic Model



BHC Partners, Roles, and Organization

The Baltimore City Health Department (BCHD) and the Mayor’s Office of Employment Development (MOED) jointly led the Pilot by leveraging existing partnerships, capacity, and expertise in equitable recruitment and hiring practices, workforce support activities, public health capacity-building and training, and care coordination.

BCHD and MOED successfully executed an initiative of this magnitude by building and leading a robust team of committed partners. To that end, seven Baltimore City-based organizations came together to make a public-private partnership to support the BHC. **Exhibit 7** includes the core BHC partners and their corresponding project role.

Exhibit 7 Description of Each Partner and Role on the BHC

Partner	Role
Baltimore City Health Department (BCHD)	Hiring, contact tracing, call center, outbreak investigation, older adult care coordination, and program administration
Baltimore Civic Fund	Program administration and fiscal sponsorship
Baltimore Corps	Recruitment, screening, and referral
HealthCare Access Maryland (HCAM)	Care coordination, vaccination and testing support, program administration, and addressing social determinants of health
Jhpiego	Hiring and onboarding, contact tracer training, program planning, and technical support for contact tracing
Mayor's Office of Employment Development (MOED)	Recruitment, career navigation, financial counseling, post-BHC job placement, and management of supports from Catholic Charities of Baltimore, Maryland Volunteer Lawyers Service, and Baltimore Alliance for Careers in Healthcare
Mayor's Office of Performance and Innovation	Program coordination, management, analysis, and design support

Exhibit 8 below outlines the BHC activities, followed by which partner(s) led or contributed to that activity and the specific role played in executing it.

Exhibit 8 Description of Each BHC Activity and Responsible Parties

BHC Activity	Who and How
Recruiting and application portal	<p>Baltimore Corps is a nonprofit organization that connects community members with opportunities to work in Baltimore City to fulfill specific purpose-driven needs. It has a high level of community engagement and communication capacity. BHC recruitment focused on hiring individuals who were interested in social impact careers.</p> <p>Mayor's Office of Employment Development (MOED) assisted in recruiting by advertising the positions widely via its website, social media, and live and recorded virtual recruitment events. The actual application portal resides on Baltimore Corps' website.</p>

Exhibit 8 Description of Each BHC Activity and Responsible Parties

BHC Activity	Who and How
<p>Screening and referral</p>	<p>Baltimore Corps and MOED worked together and in consultation with BCHD and HCAM to develop rubrics and an algorithm to screen candidates. They used recorded interviews and reviews of applicants to recommend individuals for hire to BCHD/HCAM.</p>
<p>Hiring</p> <ul style="list-style-type: none"> • Contact tracers • Care coordinators • Management • Support staff 	<p>Baltimore City Health Department (BCHD) and HealthCare Access Maryland (HCAM) are health-related service delivery providers that hire the vast majority of the staff necessary for BHC to function. Both received batches of BHC applicants designated as "recommendations for hire" from Baltimore Corps. With the support of Jhpiego, the BCHD Human Resources division created the various positions. They also hired the majority of BHC employees using existing protocols, which were flexible enough to hire temporary and contract employees given their experience working with grants over the years. HCAM's human resources team hired and trained candidates for care coordination separately.</p>
<p>Contact tracer training</p> <ul style="list-style-type: none"> • New hires • Applicants 	<p>Jhpiego is an affiliate of Johns Hopkins University that developed and delivers the onboarding and initial training for contact tracers, including 7 days of training for each staff member. It provides ongoing performance support to all staff, including development and delivery of on-the-job training, and support for data analysis and use. Those specifically hired as supervisors and managers receive an introduction to supervisory and management skills.</p> <p>Baltimore Alliance for Careers in Healthcare (BACH) provided CHW training to strengthen the candidacy of up to 100 BHC applicants.</p>
<p>Project management</p>	<p>The Mayor's Office of Performance and Innovation (OPI) plays a coordinating role, including project management and workgroup coordination.</p>
<p>Career navigation</p>	<p>MOED and Mathematica Policy Research trained the 5 new temporary career navigation hires and 1 supervisor hired to supplement existing career navigation services. The career navigators were trained to use the Goal4 It! model.**</p>
<p>Post-BHC job placement</p>	<p>MOED employees with expertise in job placement lead this component. No new hiring or training is needed to support this transitional activity for BHC employees.</p>

Exhibit 8 Description of Each BHC Activity and Responsible Parties

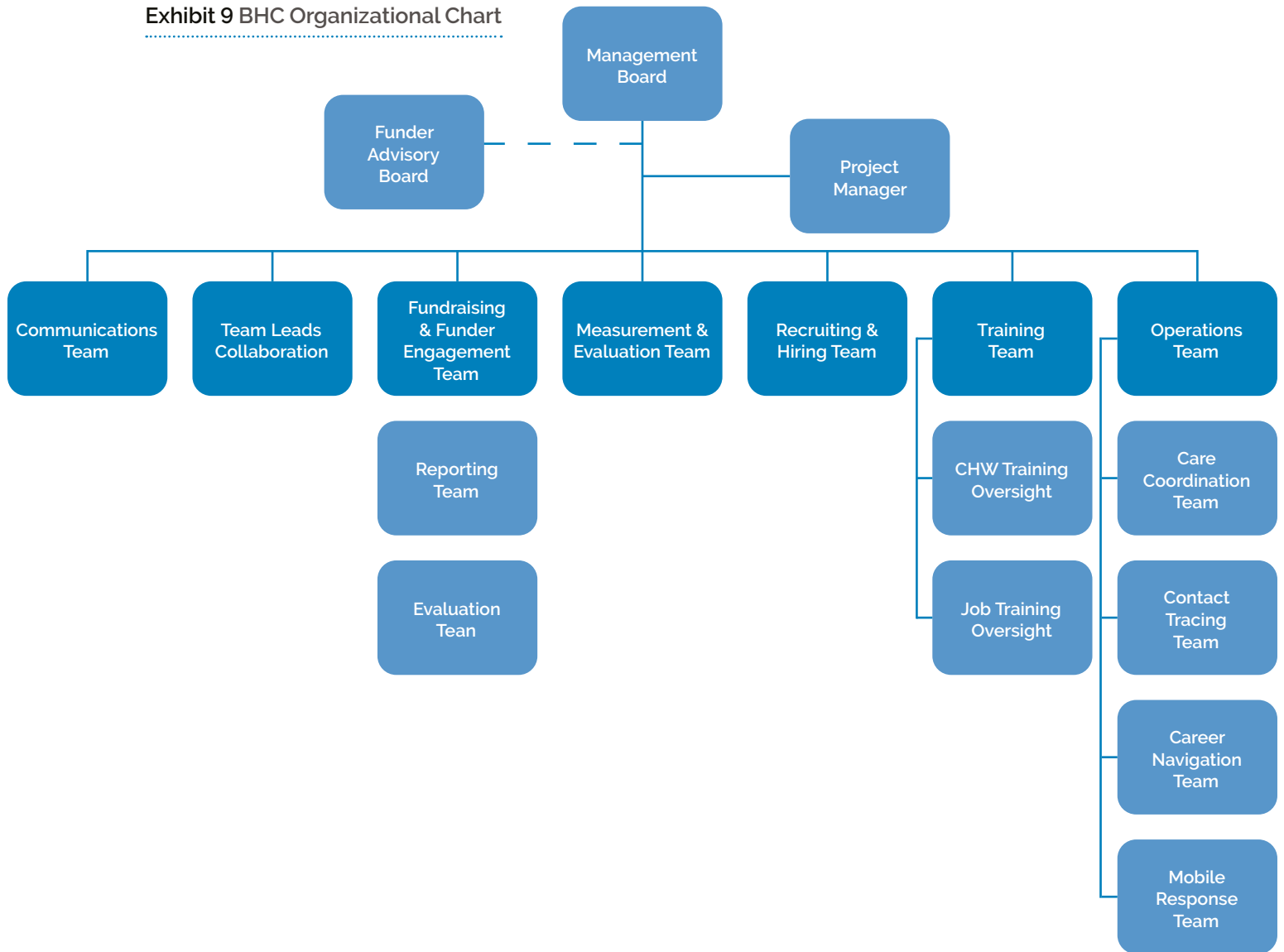
BHC Activity	Who and How
Behavioral health services	Catholic Charities of Baltimore offers group and individual behavioral health services to all BHC employees.
Legal services	Maryland Volunteer Lawyers Service (MVLS) offers group and individual legal services to all BHC employees.
Financial empowerment	MOED and its partner agency, the Mayor’s Office of Children and Family Success , deliver financial empowerment counseling to all interested BHC employees. Cities for Financial Empowerment Fund provides training and certifies select MOED staff members to deliver financial empowerment counseling. The development of this service capacity by MOED is not specific to the BHC.
Contact tracing, outbreak investigation, vaccination	BCHD performs contact tracing, case investigation, and outbreak investigation roles in partnership with the state of Maryland’s Department of Health. BCHD contact tracing relies on COVIDLINK, the state’s Salesforce-based system.
Care coordination	HCAM supports Baltimore City residents with COVID-19 and non-COVID-19-related care coordination needs. Its work is based on existing care coordination activities in the state and City. Maryland Access Program (MAP) works with residents over age 65.
Fiscal sponsorship and funds distribution	Baltimore Civic Fund is the fiscal sponsor and primary awardee for 70 percent of the total grants received for the Baltimore Health Corps. Its role is to secure and facilitate distribution of, and report on, funds to all BHC partners. To do so, the Civic Fund has a series of contracts with fund distribution amounts and schedules for the BHC partners.

**Mathematica. Goal4It!. Retrieved March 23, 2021, from: <https://www.mathematica.org/features/goal4-it>

Organization of BHC

BHC is comprised of primary- and sub- teams and overseen by a single project manager and a management board made up of leaders from each key partnering organization. **Exhibit 9** includes the organizational structure.¹⁸

Exhibit 9 BHC Organizational Chart



BHC Funders and Funds

Baltimore City’s partnership with The Rockefeller Foundation along with other key funders and partners were instrumental to the creation, launch, and execution of the BHC. In total, BHC collected over \$15 million in grants and investments from twenty-four private, local, federal, and national sources (**Appendix A**). The Coronavirus Aid, Relief, and Economic Security (CARES) Act Federal funding designated approximately \$6.8 million to BHC, while The Rockefeller Foundation provided a grant of \$3 million, together comprising the majority of BHC’s funding resources. An additional \$1.5 million in funds came from PepsiCo Foundation, Bank of America, and Johns Hopkins Bloomberg School of Public Health with Bloomberg Philanthropies, which invested half a million dollars each.

Funders contributing to the initiative formed a Funder Advisory Board to offer expertise and support to the BHC Pilot. Throughout the program, new funding opportunities arose including the Federal Emergency

Management Agency (FEMA) COVAX Reimbursement, the Centers for Disease Control (CDC) Epidemiology and Laboratory Capacity (ELC) Grant, and the CDC ELC Grant to Maryland’s Office of Minority Health and Health Disparity (MHHD), while existing donations grew to fit BHC’s needs. From May 1, 2021, to July 1, 2021, more than \$4 million in contributions were added to the program’s budget enabling BHC to continue its COVID-19 support efforts into September.^{19 20 21}

As the organizational chart (**Exhibit 9**) indicates, the BHC Management Board made the decisions about what organizations to fund, and at what level. The Board then determined that the Baltimore Civic Fund – a 501(c)(3) nonprofit – would serve as the fiscal sponsor; the Civic Fund therefore was awarded and managed 70 percent of total funds, including managing grants, reporting on the BHC budget, and communicating with both funders and BHC partners.

With a budget of over \$15 million, funds were distributed across key BHC partners including BCHD, MOED, Catholic Charities,



The Coronavirus Aid, Relief, and Economic Security Act (CARES) Act

Passed by Congress in March 2020. The bill allotted \$2.2 trillion to provide fast and direct economic aid to the American people negatively impacted by the COVID-19 pandemic.

Exhibit 10 BHC Budget by Partner (6/1/20-9/30/21)

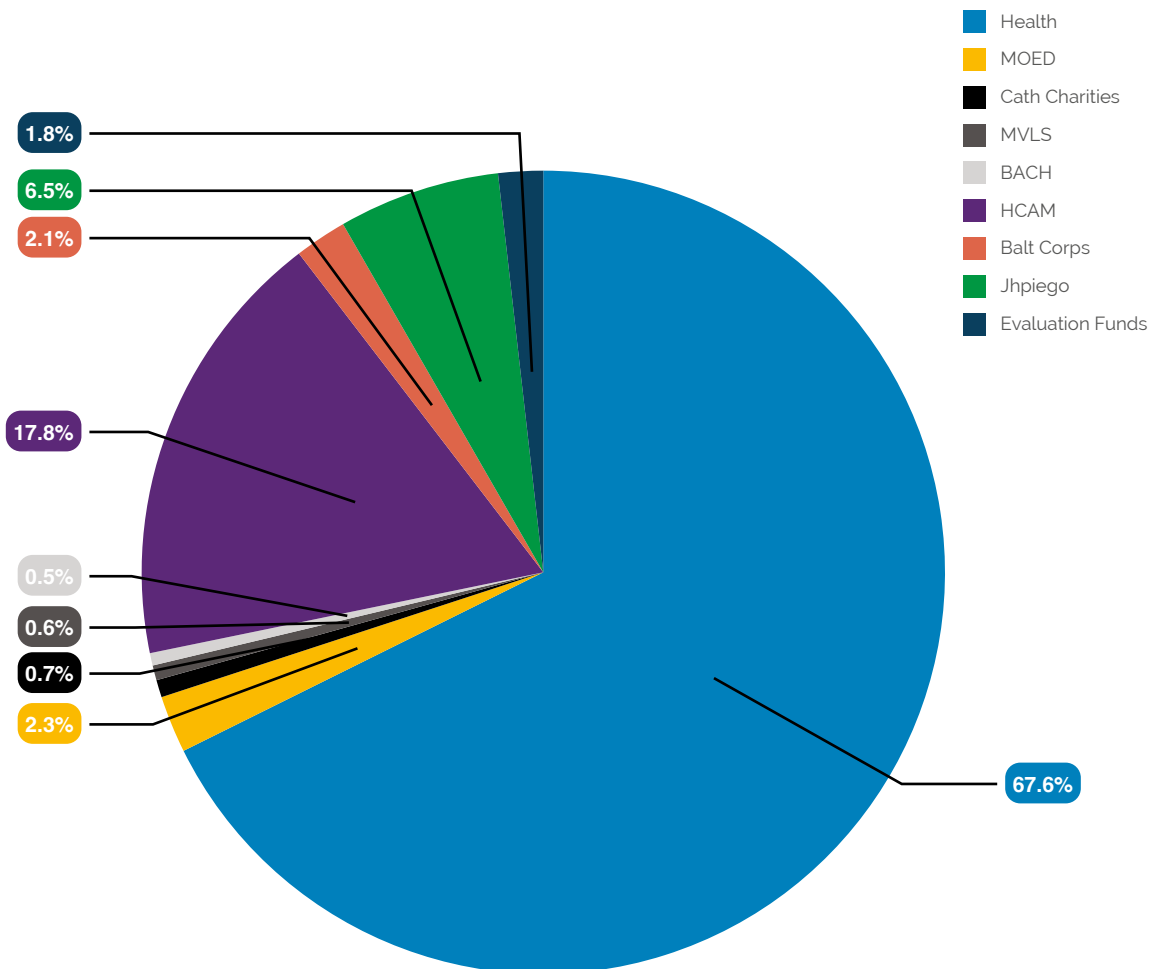
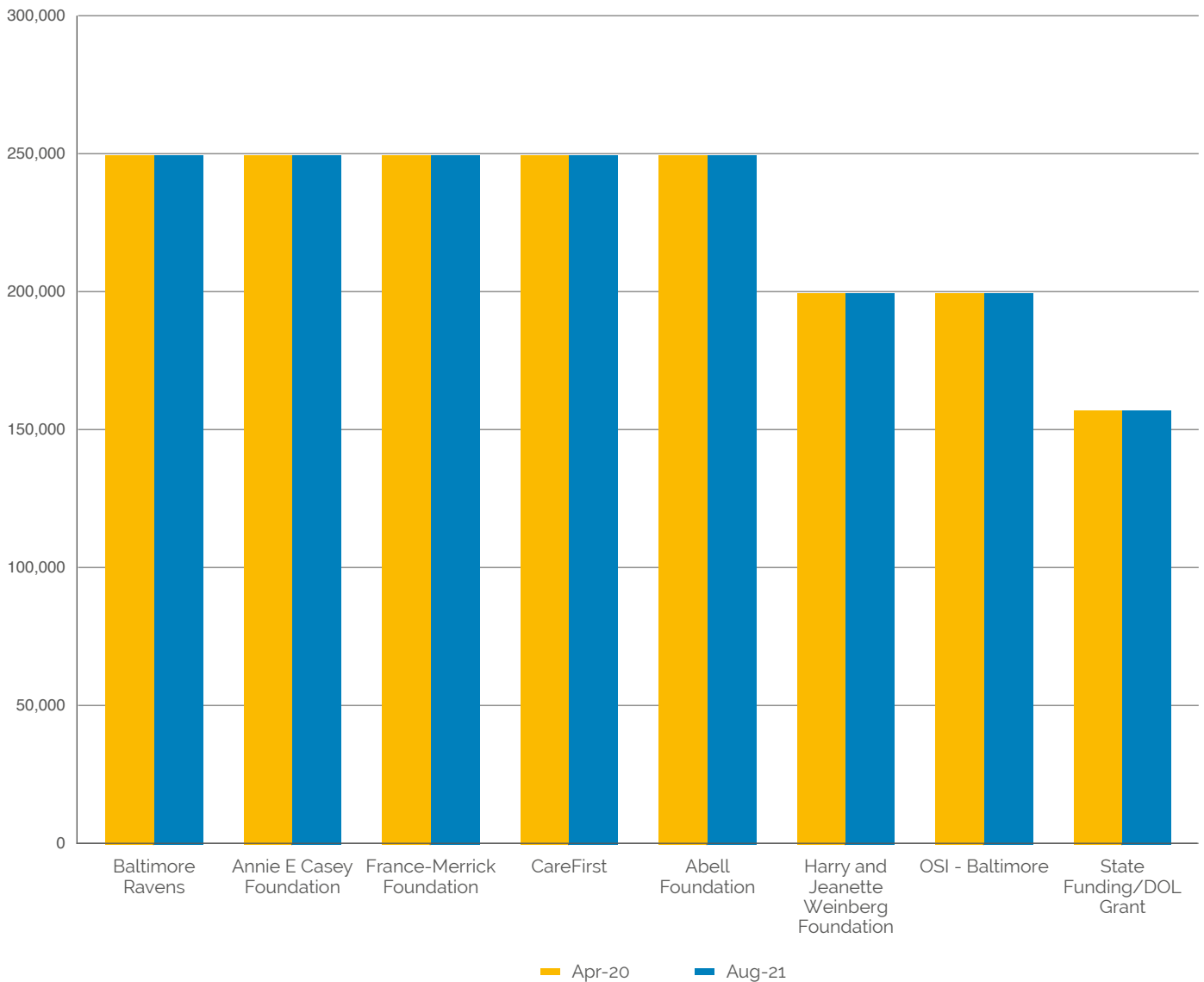


Exhibit 11 Baltimore Health Corps Funders (\$150,000-\$250,000 Contribution): Original and Actual Funds



MVLS, BACH, HCAM, Baltimore Corps, and Jhpiego in support of each organizations’ role across the Pilot. Just over two-thirds (68%) of funds were allocated to BCHD which had a budget of over \$10 million. HCAM was allocated approximately \$2.7 million of the budget (18%), and Jhpiego received almost \$1 million (6%), while other partners’ budgets were under \$500,000. Personnel was the largest budget category at \$13.6 million which accounted for 90 percent of expenses. Specifically, these personnel costs were mainly attributed to supporting the BCHD and HCAM workforce which alone accounted for 80 percent of the budget. Other costs related to technology, hiring and training, office supplies, program supplies, travel, evaluation, and indirect expenses comprised the other 10 percent of the budget.²²

Every two to three months, expense actuals were calculated alongside the proposed Pilot budget. Total program actuals were \$1 million below the budget with personnel, technology, hiring and training, office

Exhibit 12 BHC Budget vs. Actuals by Use Category

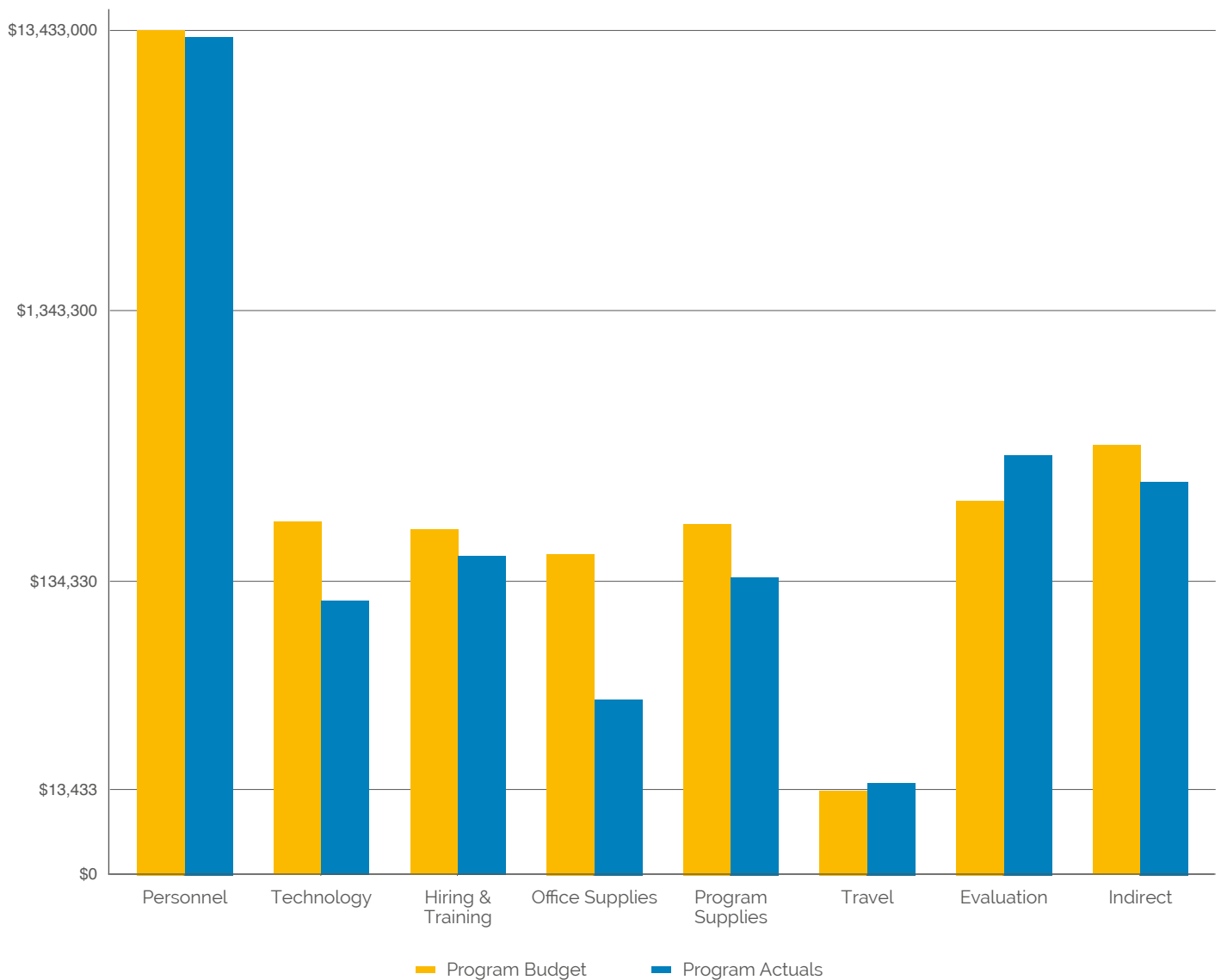


Exhibit 13 Expenditures by Partner

Organization	Budget
Health Department	\$10,265,235.26
MOED	\$352,480.83
Cath. Charities	\$93,333.33
MVLS	\$95,069.00
BACH	\$75,704.5
Balt Corps	\$321,495
Jhpiego	\$984,630.51
UMD	\$275,000

supplies, program supplies, and indirect expenses all coming in under the budgeted amount. Even personnel, the largest budget item, was over \$760,000 below the budget. Similarly, the actuals associated with MOED, Jhpiego, Baltimore Corps, HCAM, and the BCHD were below budget. Catholic Charities and MD Volunteer Legal Services’ actuals were the same as their budgeted amounts.

Recruitment & Training

Baltimore Corps was a partner of the BHC; BCHD, HCAM, and MOED, worked closely with Baltimore Corps to recruit a diverse pool of applicants from the Baltimore City area who were unemployed, furloughed, or underemployed and who reflected the City’s racial and ethnic demographics. Because BHC positions – such as contact tracers – did not require a specific degree or job training, the job descriptions were as inclusive as possible so as to match the diverse population of Baltimore City residents. Potential employees had to express an interest in serving their communities, and the screening process prioritized applicants’ empathy scores and customer service experience in addition to their specific education and prior work experience. Each applicant applied for one or multiple of 10 specific positions across the initiative, ranging from contact tracer, care coordinator, or office support. Empathy scores were assessed during the pre-recorded interview portion of the application process using a rubric for application reviewers to identify answer components that demonstrated empathy, such as an example of a time candidates used interpersonal skills that contributed to collaboration with a team. The goal was to find an equitable and qualified pool of applicants who would be representative of the Baltimore City neighborhoods they would be serving. Those who were hired received orientation and employer-specific trainings.

A subset of applicants who did not meet the scoring threshold during the screening process were permitted to take a four-week training course that focused on the CHW position and contact tracing with the Baltimore Alliance for Careers in Healthcare (BACH), and then encouraged to reapply. The BACH trainings were offered in two cohorts and made available for up to 100 applicants; 97 of the 100 slots were full, and

Exhibit 14 Expenditures by Category

Use Category	Budget
Health Department	\$13,605,625.48
Technology	\$229,416.91
Hiring/Training	\$214,649.82
Office Supplies	\$173,177.09
Program Supplies	\$225,048.63
Travel	\$13,433.27
Evaluation	\$275,000
Indirect	\$440,719.7

Exhibit 15 BHC Budget by Use Category (6/1/20-9/30/21)

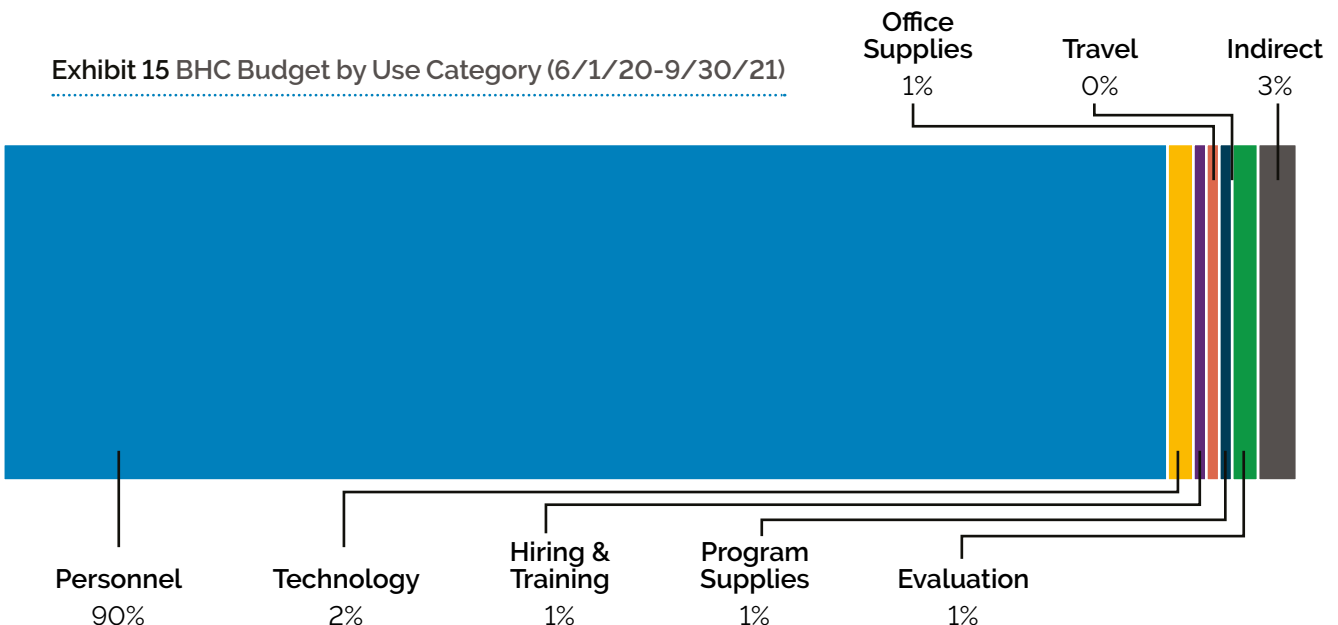


Exhibit 16 Job Training by Employer

Employer	Associated Positions	Associated Trainings
Baltimore City Health Department (BCHD)	COVID-19 Call Center Agents, Case Investigator Contact Tracers, Outbreak Investigators, Mobile Vaccination Outreach, Community Health Worker Supervisor	Case Investigation and Contact Tracing Course, Digital Literacy Support, Call Center Training, CICT Micro-Learnings, NNDIC COVID-19 Contact Tracer Training, Outbreak investigation Online Training, One-on-One Mentorship, Vaccination Training, Supervisor and Manager Orientation, CHW Supervisor Micro-Learnings
HealthCare Access Maryland (HCAM)	Care Coordinators, Mobile Vaccination Outreach	HCAM Orientation and Onboarding, Mental Health First Aid, Evidence Based Practice Training, COVID-19 Webinars, Equity Webinars
Maryland Access Point (MAP)	Care Coordinators, in Mobile Vaccination Outreach, Community Health Worker Supervisor	AP Orientation and Onboarding, Shadowing a MAP Worker, Five Module Vaccination Training

73 percent of enrollees completed the training.²³ The BACH trainings included a four-week course that provided hard- and soft- skills.

Employees received specific training based on their employer and job responsibilities. A summary of the role by organization and trainings offered within each organization is provided below.

In early 2020, while many communities awaited guidance from their state and local government officials, Baltimore City sought to proactively address the concurrent economic and public health crises through the formation of BHC. As outlined in the findings below, BHC succeeded in addressing each objective: generating sustainable, long-term career trajectories for individuals who lost work during this emergency and reducing inequity by intentionally hiring citizens who represented the diversity of Baltimore City itself. Throughout the rapidly changing landscape of COVID-19 and its variants, BHC maintained flexibility and steadfastness which enabled the core partners to respond to the continuing pandemic. For example, while the jobs were originally planned to last eight months, they were extended through September and then again through the end of 2021. This demonstrated the thoughtful reflection points, and a commitment to both BHC, and Baltimore’s most vulnerable residents. The adaptability of the BHC enriches our understanding of post-BHC employment, as a large number of CHWs are *still* working for the BHC partners. Ultimately, the BHC was an intricate, proactive initiative that immediately addressed the needs of Baltimore City during this lengthy period of uncertainty.

SECTION 2

Evaluation Design

In June of 2020, The Rockefeller Foundation and BHC issued a solicitation seeking an independent evaluation partner to assess early findings and – to the extent possible – impact of the initiative (see **Appendix B** for the solicitation). Specifically, the independent evaluator would play three roles: (1) supporting the measurement and learning for the BHC Pilot (~25 percent); (2) conducting an independent evaluation of BHC (~70 percent); and (3) to provide technical assistance (TA) and advice to key partners on indicators, data collection, and data quality, among others. In May of 2021, Abt Associates was contracted to conduct the data collection and analysis reflected in this report.

Learning Objectives

The solicitation identified evaluative questions around three key outcome areas: efficiency, effectiveness, and equity. Sample questions are included in **Exhibit 17** below.

Exhibit 17 Example Questions for the Learning Objectives

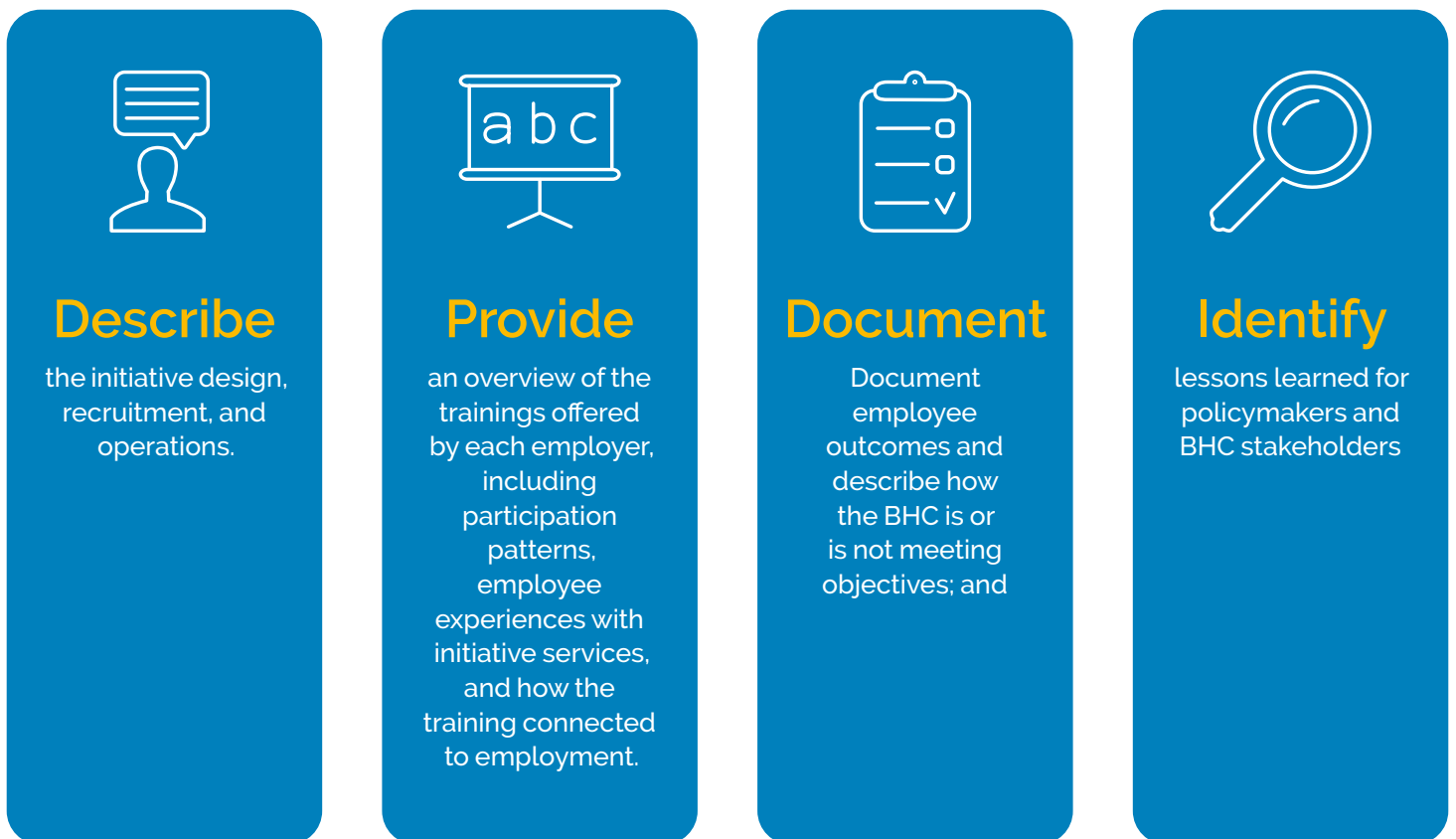
Learning Question	Example Questions
Efficiency	What is the value for investment in the Pilot? What is the economic impact of the employment support component of the program?
Effectiveness	To what extent did the Pilot create sustainable career pathways for the Pilot staff? To what extent did it increase their earning potential and for whom? How do staff who elected to receive CHW supplemental training differ in their employment and income outcomes? How much additional care and social support were utilized by clients through the care coordination program?
Equity	In the recruitment process, how well did the program reach people of color, particularly those recently laid off during the COVID-19 emergency? Does the recruited population resemble the rest of the City, and did we reach all eligible populations for hiring? How well was the program able to recruit, engage, and train those without public health experience, those with additional training needs, and those with less educational experience?

Methodology

For this evaluation, we applied a **hybrid approach** to our design that consisted of primary data collection and secondary analysis. For the primary data, we included two surveys of CHWs, and a focus group of CHW employers who had first-hand working experience or supervision of the BHC employees (see **Appendix C** and **Appendix G** for the focus group instrument and survey). We had hoped to interview former CHW staff and/or those who were interviewed but not hired, however due to privacy considerations, we were only able to legally obtain de-identified access to those with a valid Baltimore City (NAME@baltimorecity.gov) or HCAM email address (NAME@hcamaryland.org).

We also **assessed the secondary data** that the partners provided to our team. Upon receipt of the data, our team of analysts reviewed the data and determined what, if any, types of inferences would be useful to supplement the primary data.

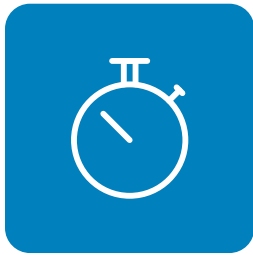
The BHC study serves four purposes, to:



The study has synthesized findings across all employers and the trainings that were provided to employees to develop cross-cutting themes and lessons. Below, we discuss the outcome measures, the research questions by objective, and the data sources.

BHC Outcomes

Prior to the evaluation, the BHC identified five expected outcomes of the program: (1) short term employment; (2) adjustment of career pathways; (3) improved health outcomes; (4) social needs addressed; and (5) containment of COVID. This section provides detail on the extent to which this evaluation was able to answer these anticipated outcomes.



Short Term Employment

The employment data provided by MOED identified those individuals who were hired and how long they were part of the BHC as a CHW. This data was reviewed alongside the survey data – which answered detailed questions on individuals’ work history including status of employment prior to the BHC, field(s) of work prior to BHC, and full-time/part-time status prior to BHC.



Adjustment of Career Pathways

The survey data provided insight into whether employees had a previous history of employment within a healthcare field, the field they intend to pursue following completion of their current role, and the extent to which their future career plans were influenced by their current position. This will provide a point in time snapshot of the program’s influence on employee’s career paths. However, this evaluation could not provide insight into the influence of the initiative on employees’ long term career pathway and field of employment; this is due in part to the continued funding for CHW employment positions, and many of the CHWs remain employed.



Health Outcomes

Because of the availability and thoroughness of the BCHD data, we were able to quantify how many calls overall were handled by the BHC-staffed COVID-19 call center, number of referrals made to various resources such as care coordination, quarantine or isolation assistance, vaccine appointments, etc. This provided further insight to the volume of work/support services that BHC staff have been able to provide so far. These support services are essential in providing holistic care and support to those affected by COVID-19 and provides them with the means to better protect and support themselves. In addition, the surveys attempted to identify perceptions of outreach – including measuring those who felt they were able to successfully contact trace others, especially vulnerable populations. While self-report data has an inherent bias, we have used the survey data to complement the secondary data.



Social Needs Addressed

The administrative data that MAP and HCAM provided included descriptive analysis on the types of referrals made and the volume of referrals contextualized by the point in time at which various referrals were made available to care coordinators. For the evaluation, we have used this data to provide insight on the uptake of these services by residents. Additionally, because demographic information was tracked in the administrative data, the findings provide a stratified analysis indicating the type(s) of residents who referrals were being made to.



COVID Contained

This evaluation could not provide inferences on the ability of the contact tracers employed through the BHC to contain the spread of COVID-19. There are a multitude of factors that influence the spread of COVID-19 over the duration of the pandemic, which includes state mandates, lockdowns, masking mandates, availability of the vaccination, contact tracing, and different variants of COVID – among other things. These other factors would need to be measured and controlled to understand the impact of the contact tracing specifically, and therefore we were unable to provide insight into this learning outcome beyond reporting on the overarching trends of COVID-19 in the City.

Research Questions

The proposed study explored the research questions that aligned with Objectives 1, 2, and 3 referenced in the BHC Terms of Reference.²⁴ The evaluation team included research questions that could feasibly be answered using the primary data collected (survey data and focus group data). Throughout the study, the evaluation team applied an “equity lens” to the research and attempted to answer questions about outcomes by sub-group to the extent the data allowed. Based on considerations of substantive interest and feasibility, determined through conversations with various stakeholders and the codebooks and data we received, the research questions by objective are below.

Objective 1 – Create hundreds of skill-developing CHW jobs in contact tracing, care coordination, and program operations – building sustainable employment both during and after the COVID-19 pandemic.

- **Recruitment and Hiring:** To what extent did the workforce hired include people of color, those unemployed due to or prior to the pandemic, those living in areas hardest hit by COVID-19, those with little or no public health experience, and those with lower levels of educational attainment? How closely did the candidate pool and the workforce hired reflect the City’s demographics?
- **Employment and Career:** To what extent did BACH training result in employment with the BHC? To what extent did the BHC influence or change perceptions of career prospects?

- **Training:** From the employees' perspectives, how well did the BCHD and HCAM trainings prepare them to serve as contact tracers and care coordinators?
- **Workforce Support Utilization:** To what extent did BHC employees utilize workforce support services, including career navigation, financial empowerment, legal, and behavioral health services?

Objective 2 – Develop and implement an effective COVID-19 case investigation and contact tracing program using trained CHWs.

- **Client reach:** To what extent did the BHC ensure equitable access to care and support services? Did employees reach vulnerable populations (including the elderly, people of color, etc.) during contact tracing? What is the contact tracing outreach response rate for BHC employees and how does it differ from the response rate for state BHC staff?
- **Client Care and Support Utilization:** How did BHC employees provide support during contact tracing? Did employees perceive that BHC services provided needed care and social support through care coordination?
- **CHW Performance:** How long did it take for an employee to reach a specific competency level related to contact tracing? How did case investigations and contact tracing perceptions of performance metrics vary by demographic characteristics (e.g., age, sex, race, ethnicity, etc.)?

Objective 3 – Address the social needs of Baltimore's most vulnerable populations (i.e., older adults, the uninsured, and those who are pregnant and have young children) and their family members, through enhanced care coordination.

- **Care Coordination and Contact Tracing Equity Outcomes:** Did employees perceive they were effective in assessing and providing essential support options to clients (including positive cases and contacts)? What types of referrals did staff provide? What were the demographics of those who sought out referrals? For those who received referrals?
- **Care Coordination for Vulnerable Populations:** How did referral types (care coordination, contact tracing, direct aid, etc.) vary among clients of different racial, age, geographic, and other distributions? How did employees perceive they successfully contacted vulnerable populations during contact tracing and care coordination?

Evaluation Research Topics

The study will examine four key research topics: (1) local context; (2) program design and operations (and changes over time); (3) experiences of employees, and employers; and (4) implementation accomplishments and challenges. The following subsections discuss each of these topics in turn and **Exhibit 18** lists the specific data sources used for assessing each.

Exhibit 18 Potential Data Sources for Implementation Study Research Topics

Research topic	Population, Economic and Employment Data	Focus Group with BHC Staff	BHC Administrative Data*	Surveys of Employees, and Employee Focus Group
Local context	✓	✓	✓	✓
Program design & operations	✓	✓	✓	✓
Experiences of employees and employers	✓	✓	✓	✓
Implementation accomplishments & challenges	✓	✓	✓	✓

Local Context

The study considers factors in the environment that are perceived to be likely to affect the BHC’s implementation and the achievement of its goals. Some of this work was addressed in the Early Lessons report. Our work instead focused on documenting the local context since January 2021. Specific contextual factors examined may include: the characteristics of the populations served by BHC; the local labor market context; the availability of the vaccine, the impact of the other variants, and any marketing effort to promote vaccines; the range of available supports for the targeted populations, including unemployment insurance, eligibility for other financial assistance, childcare, and assistance accessing public benefits (e.g., the Supplemental Nutrition Assistance Program – SNAP, etc.) and other services.

Program Design and Operations

As part of the BHC study, we have described the training and support services – in particular, what services were delivered to all target populations and how, as well as any changes to service delivery and utilization over time. The study collected information on the supports provided to employees to facilitate job placement, retention, and advancement. While the specific issues addressed depend on each employee’s position and services received, the topics outlined in **Exhibit 19** represent the types of questions asked of all employers.

Exhibit 19 Program Design and Operation Research Areas

Hiring, Onboarding, and Retention

- How many BHC applicants applied? How many applicants were hired? What did the employees perceive to be their biggest challenges to onboard?
- What changes to the training have been made since January 2021? What motivated these changes?
- As COVID priorities changed, did roles of the employees change? Did employees embrace any changes to their role(s)?

-
- To what extent were employers involved in developing the position descriptions, the hiring process, and any relevant training? How has their involvement evolved over time?
 - In what ways do program staff work with employees after their employment contract ends to support future employment?
 - How do employers and other BHC staff stay in touch with employees after the employment ends? For how long do they follow up, and what actions do they take if a former employee has still not found employment?

-
- What is the nature and intensity of personal and career advising provided?
 - What support services, such as childcare and transportation, are offered? Approximately what percentage of employees take advantage of those support services?
 - What type of financial assistance for training is provided?
 - How often are these services utilized? What are employees' impressions of these services?

Experiences of Employees and Employers

Understanding how the BHC met employee and employer needs is key to evaluating the success of the initiative. We have examined participation in the basic and occupational skills training, and support services utilized. The study documents the services received by employees through BHC administrative data, and their perceptions of the usefulness of the services through the follow-up survey and employee and employer focus groups.

Moreover, documenting the employee and employer perspective on the application process and the onboarding is important to understand service utilization and the reasons why services rendered may or may not be successful from the employees' perspectives. Through the surveys and focus group of employers, we have examined reasons individuals use or do not use services offered from BHC, challenges faced in understanding, contacting, or receiving service-related activities, factors affecting their ability to work, and perception of the usefulness of the any BHC services rendered. Through the employer focus group, we have also examined employer perceptions of how well the employees were prepared to function in their jobs, what aspects of the BHC are working well, and what challenges face the employees and employers related to current or former employment.

Exhibit 20 Workforce Development and Health-Focused Outcomes Research Areas

Workforce Development and Employment Outcomes

- How many BHC applicants applied for a position? What percentage of applicants were hired and retained by employers? On average, how long did employees stay with the employer?
- How well prepared were employees for their jobs? According to employees? According to employers? What additional skills or training do employees and employers believe would better equip employees for future employment outcomes? What challenges were encountered and how were they resolved?
- What activities and actions do employees engage in with their day-to-day work?
- How have the needs of the employer changed over time? Why?
- What refreshers and/or training opportunities were provided since January 2021? What are the goals and motivations for those programs?

Community Health Worker and Contact Tracer Outcomes

- What impact has the BHC contact tracers had on contact tracing outcomes? Did contact tracers reach cases and contacts within 24 hours? What proportion of contact tracing calls are currently handled by BHC employees vs health department staff?
- Were contact tracers able to reach the people hardest hit by COVID-19? How do the people interviewed compare to the population hardest hit by COVID-19 in Baltimore City?
- How many care coordination referrals came from the BHC contact tracers?
- How many vaccination referrals/assistance resulted in a set vaccination appointment by BHC contact tracers?
- How many people were given quarantine orders/ isolation orders by BHC contact tracers? Additionally, how many people were given referrals for quarantine or isolation assistance?
- Overall, how many calls coming into the City's COVID-19 hotline were handled by the BHC contact tracers?

Care Coordination Outcomes

- How many referrals were made by BHC care coordinators? What types of services were referred most frequently?
- How did referral types differ amount clients of different demographics groups?
- What additional types of referrals became available over time and what was the uptake of these referrals by care coordinators?
- To the extent possible by the data, how many referrals resulted in an uptake of services by clients?

Implementation Accomplishments and Challenges

The study also documents the accomplishments and challenges of the employees, as well as sustainability of BHC employment model. This information builds knowledge around issues related to designing and implementing initiatives of this nature. Key questions to be addressed include:

- What were the primary successes and challenges to employees? To employers? To delivering services (e.g., contact tracing) to City residents?
- What does BHC leadership and employers perceive to have contributed to these successes and challenges?
- How were challenges addressed?
- After each employment contract ends, will the employers' plan to maintain, modify, or increase services provided, and what are their strategies for doing so? What do they see as potential challenges to sustainability?
- **Employees:** how effective was the initiative across all three objectives (and did the employees even know there were multiple objectives)?
- **Employers:** how effective was the overall initiative across the three objectives?
- **Employers:** what lessons-learned can be gleaned if a similar initiative was needed in a community of similar background and demographics as Baltimore?

Data Sources

The evaluation team drew upon both primary and secondary data sources to answer the research questions. **Exhibit 21** outlines the data sources the evaluation team used to answer each research question and specific topic area.

Exhibit 21 Research Questions by Research Activity

Baltimore's Research Questions and Topics (RQs)	Secondary Data					Primary Data	
	Health Department Data	E-Clinical	MAP Care Coordination	Program Applicant Data	Internal Team Documents	Wave 1 & 2 Surveys	Focus Group Data with Supervisors
Recruitment & Hiring				✓			✓
Employment & Career				✓		✓	✓
Training	✓	✓	✓	✓	✓	✓	✓
Workforce Support Utilization	✓		✓	✓	✓	✓	✓
Client Reach	✓	✓	✓			✓	✓
Client Care and Support Utilization	✓	✓	✓		✓	✓	✓
CHW Performance	✓	✓	✓	✓			✓
Impact	✓		✓	✓	✓	✓	✓
Value and Improvement	✓					✓	✓
Care Coordination & Contact Tracing Equity Outcomes	✓	✓	✓	✓			✓
Care Coordination for Vulnerable Populations	✓	✓	✓		✓	✓	✓

SECTION 3

Evaluation Findings

Section 3 includes findings from the secondary data analysis of the partners' data, as well as the two waves of surveys of the Community Health Workers.

Objective 1: Workforce Development Findings

The Baltimore Health Corps launched in June 2020 with the goal of recruiting, training, and employing 275 new community health workers who were unemployed, furloughed, or underemployed because of the COVID-19 pandemic.²⁵ The Baltimore Health Corps has a stated commitment to developing a new workforce of trained CHWs that reflects the diversity of the City of Baltimore, and it has undertaken efforts intended to increase representation of diverse groups in its COVID-19 response. Moreover, the BHC has evolved as COVID-19 progressed – starting from an eight-month transitional jobs program and expanding to accommodate the response to the new variants of COVID-19.

Broadly, the program aimed to train participants while preparing participants to (re)enter the workforce. Identifying successful employment programs and understanding why they are successful at placing people into employment is critical, especially during times of high employment when the tasks of finding and retaining employment is highly competitive and particularly strained by the pandemic. This analysis looks at BHC's model and highlights successful outcomes to understand how this program may be used to improve workforce development in Baltimore City.

This section examines the demographic composition of BHC's workforce and BHC's progress towards building sustainable employment opportunities during and after COVID-19. Abt Associates analyzed BHC's data for its full-time, temporary, career workforce hired under BHC in June 2020 through September 2021. We examined BHC's applicant and workforce composition by racial and ethnic group and by gender. We analyzed background characteristics of BHC hires based on education and level of experience. Lastly, we examined workforce development programs offered to BHC hires and the impact they had on preparing employees for future roles after their BHC contract ended.

Recruitment

BHC was constituted of seven existing partners, including the Baltimore City Health Department (BCHD), to recruit candidates from areas hardest hit by COVID-19 and residents who lost jobs during the pandemic. These partnerships supported multiple recruiting methods to recruit a diverse applicant pool. Jobs announcements were shared virtually on job boards through BCHD and MOED websites. Additionally, BHC hosted virtual recruitment events and advertised through paid job boards. These efforts resulted in high interests from over 10,000 applications.

Exhibit 22 shows BHC’s full hiring cascade from the total number applicants to the total hired. Out of the 10,516 applications, 37 percent were reviewed, and 3 percent of the applicant pool was hired.²⁶ Details on how applicants learned about BHC were not collected, therefore we are unable to report on the most effective recruiting method or track which ads reached or engaged the intended audience. Recruiting Spanish-speaking individuals, particularly those with supervisory experience, was a challenge noted by BHC staff. The Hispanic/Latino population has been hit disproportionately hard by the pandemic, making up 5 percent of Baltimore’s population but 14 percent of cases. To address this challenge, additional recruitment efforts were dedicated towards networks connected to Spanish-speaking communities and a Spanish-speaking recruiter was retained to support these efforts.²⁷



Jhpiego

Jhpiego is an affiliate of Johns Hopkins University that developed and delivers the onboarding and initial training for contact tracers, including 7 days of training for each staff member. It provides ongoing performance support to all staff, including development and delivery of on-the-job training, and support for data analysis and use.

Exhibit 22 BHC Application Pipeline, June 2020-September 2021

Workflow Status	Total	Percent
Did not make it to resume review	1,073	10%
Dropped at either resume review or video interview stage	5,567	53%
Resume Reviewed, was not invited to video interview	873	8%
Invited to pre-recorded interview but did not complete it	1,456	14%
Completed video interview, not recommended	97	1%
Recommended, not selected	859	8%
Selected, not hired	255	2%
Hired	336	3%
Grand Total	10,516	

Source: Crelate

Note: Individuals could apply to more than one position.

Compared to national trends, application rates spiked in the summer months of 2020 with far more applications received than any other time of year because of COVID-19-related shutdowns and unemployment rates averaged above 10 percent between June and August.²⁸ In Baltimore, the unemployment rate averaged 11.6 percent – a significant increase from the pre-pandemic rate of 5.5 percent. While the pandemic caused an unprecedented shock to the labor market, the public health crisis introduced a need for jobs in contact tracing and care coordination and an opportunity for employees to gain new skills very quickly. Application volumes declined starting in September, and the fewest applications were received in March 2021 (see **Exhibit 23**).

While there were more than 10,000 applications, individuals were allowed to file more than one application; there was a total of 6,383 unduplicated applicants. Job disruption was more pronounced among certain demographic groups in Baltimore and job loss was more acute among Black, Indigenous, and People of Color (BIPOC). Among BHC applicants, 68 percent of applicants identified as BIPOC (**Exhibit 24**). African Americans represented the largest share of applicants at 55 percent. This group included more workers who were unemployed, furloughed, or had hours reduced due to the pandemic when they applied (**Exhibit 25**). Overall, 7 out of 10 BHC applicants had been laid off or lost their job because of the COVID-19 outbreak (**Exhibit 26**). The data shows that BHC provided attractive job opportunities, even among candidates who were employed, and perhaps looking for opportunities to put themselves in better jobs or serve their community in a position that never existed before COVID-19.

Application Review and Hiring Process

The eligibility and intake assessment that BHC required of all applicants were thorough and extensive, capturing as much subjective and objective information about the applicant as possible to determine their willingness to work in community health and their ability to succeed in community health positions created by BHC (contact tracing, care

Exhibit 23 BHC Applicant Volume

Applied	No. of Applicants	Percent
Jun-Aug 2020	4,152	65.2%
Sep 2020	416	6.5%
Oct 2020	352	5.5%
Nov 2020	297	4.7%
Dec 2020	333	5.2%
Jan 2021	250	3.9%
Feb 2021	185	2.9%
Mar 2021	24	0.4%
Apr 2021	180	2.8%
May 2021	59	0.9%
Jun 2021	43	0.7%
Jul 2021	36	0.6%
Aug 2021	45	0.7%

Source: Crelate
 Note: Individuals could apply to more than one position.

Exhibit 24 BHC Applicants by Race/Ethnicity (Jun 2020-Sep 2021)

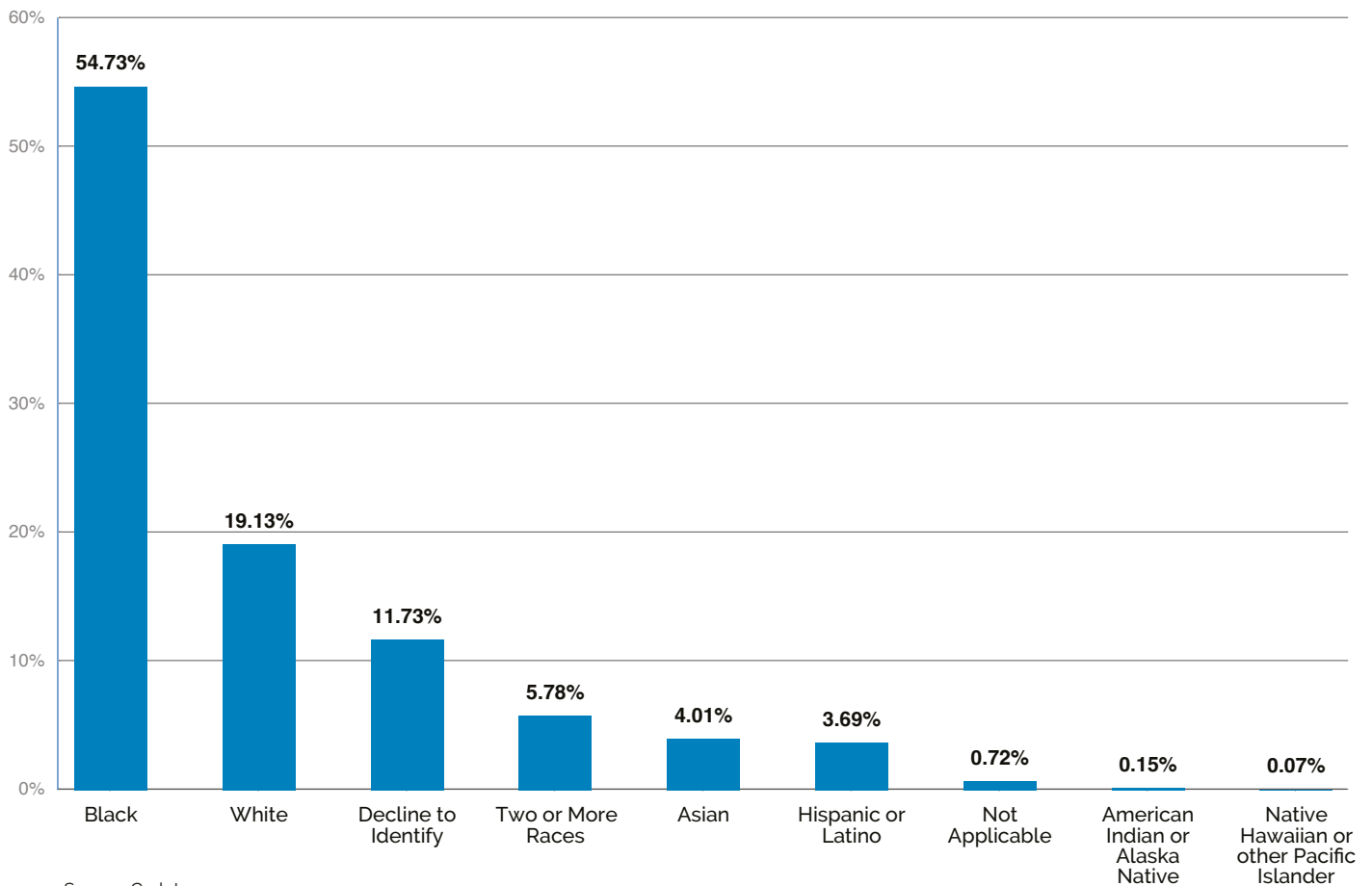


Exhibit 25 Employment Status among All BHC Applications (including duplicate applications) by Race/Ethnicity (Jun 2020-Sep 2021)

Employed	1,747	471	327	150	127	112	20	4		2,958
Unemployed due to the pandemic	32	13	7	8	2	2				64
Unemployed prior to the pandemic	1,485	508	307	126	145	59	16	5		2,651
Unemployed, furloughed, or had hours reduced due to the pandemic	2,431	998	579	317	143	211	39	7	7	4,732
Grand Total	5,695	1,990	1,220	601	417	384	75	16	7	10,405
	Black or African American	White	Decline to Identify	Two or More Races	Asian	Hispanic or Latino	Not applicable	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Grand Total

Exhibit 26 Pre-pandemic Employment Status among all BHC Applications (Jun 2020-Sep 2021)

Overall	Total	Percent
Employed	2,958	28.13%
Unemployment due to COVID	64	0.61%
Unemployed prior to COVID	2,651	25.21%
Unemployed, furloughed, or had hours reduced due to COVID	4,732	45.00%
Not applicable	111	1.06%
	Total	10,515
		100%

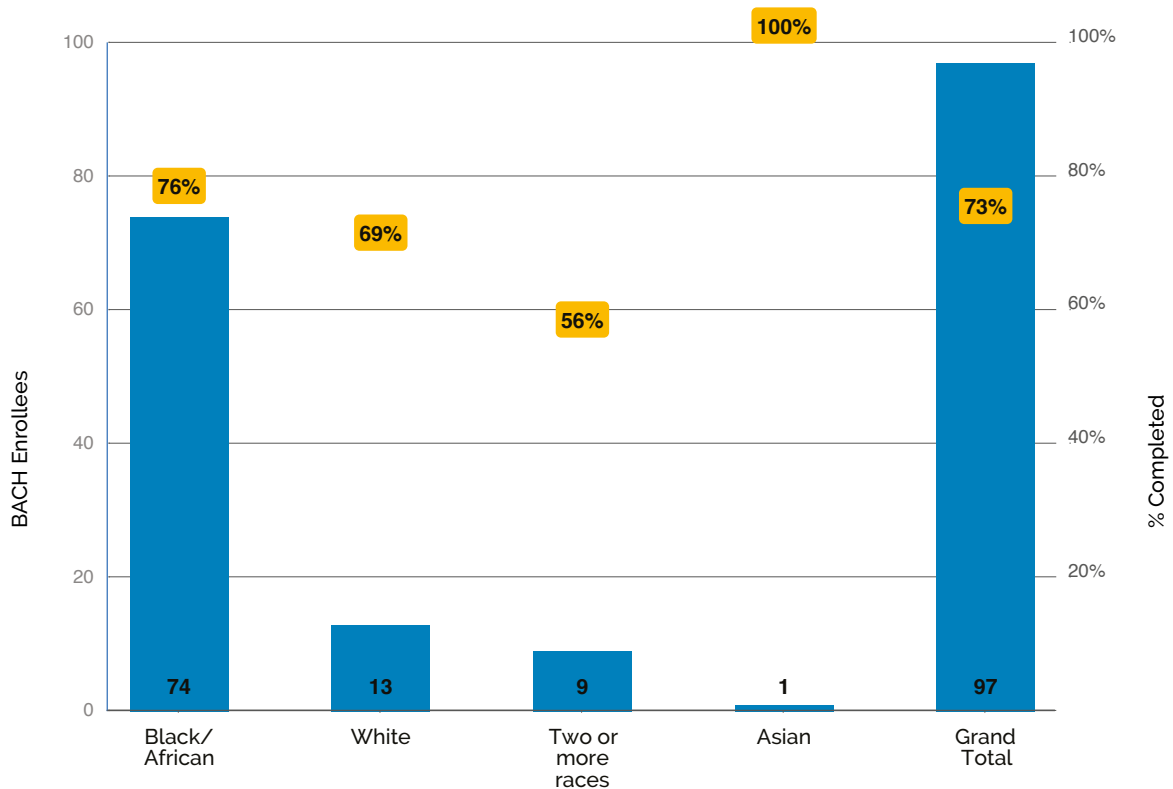
Source: Crelate

coordination, and program operation). As part of the application process, candidates were screened following a scoring rubric based on BCHD and HCAM needs. The screening assessment included a collection of basic background information such as educational attainment and specific questions aimed at evaluating a candidate’s skills, traits, and experience. These elements were scored and used to determine eligibility. High-scoring applicants were invited to complete a pre-recorded video. Middle-scoring applicants were invited to a group interview and invited to complete a four-week training course to become eligible for employment. Under this qualification pathway, participants completed a series of trainings designed to provide them with competencies needed to be successful in BHC or other entry-level, community health positions. Low-scoring applicants were not referred to a hiring manager.

BACH Training Outcomes

BHC provided a qualification process for selected applicants who did not meet the scoring threshold for direct hire into BHC. The purpose of the training was to increase an applicant’s possibility of being hired in another cycle or by another employer. These applicants were referred to a four-week customized training course with a community health or contact tracing focus provided through the Baltimore Alliance for Careers in Healthcare (BACH) and administered by the Central Maryland Area Health Education Center. Under this qualification pathway, participants completed a series of trainings designed to provide them with competencies needed to be successful in BHC. Ninety-seven of 100 training slots were filled with enrollees who identify as BIPOC. Overall, 73 percent of enrollees completed the training where the highest proportion of participants were African American (**Exhibit 27**). Completion rates varied across groups and only one group experienced 100 percent completion, although this group had one enrollee.

Exhibit 27 BACH Enrollees and Completers by Race/Ethnicity



Source: Internal Administrative Reporting

Among those who completed the training, 42 (58 percent) received recommendations for hire to BCHD or HCAM and 40 received an offer. Of the 40 people offered positions, 24 accepted and started positions by mid-February 2021. The remaining 16 did not start due to issues encountered during HR screening or lack of response. MOED offered job placement assistance to all BACH completers not hired by BHC, and as other non-BHC employment opportunities related to testing and vaccination became available, unhired BACH completers were given priority and were invited to apply.²⁹ In February 2021, twelve administrative jobs at vaccination and testing sites were posted. Seven BACH graduates applied for these positions, and one was hired.³⁰ With employment as a measure of BACH success, overall, the BACH training benefitted 63 percent of participants. Based on Wave 1 and 2 survey results, 63 percent of those that attended this training stated that it was “very helpful.” This data suggests that those who were employed after completing the training received the greatest benefit from participating.

Of the 26 BACH completers, only 2 employees discontinued BHC, compared to a much higher number of separations among BHC hires – 92 percent of BACH completers were still employed in July 2021 compared to 72 percent of non-BACH hires. This outcome suggests that the BACH training may have helped increase employee retention. The BACH training gave candidates the opportunity to learn new skills and hone existing skills while becoming more qualified for BHC positions. It is rare for employers to offer training to job applicants. BACH’s results demonstrate that a well-designed training program can play a critical part in developing qualified and skilled workers who were underqualified when they applied.

While BACH completers felt prepared for their roles, sentiments were different among non-BACH hires who reported that BHC should have done more to prepare them for their work. One respondent noted that “many of the trainings should have occurred during orientation and a refresher training throughout the course of the program.” Another respondent recommended “a virtual training prior to starting the role.” The BACH training was designed to fill skills gap and to help underqualified candidates gain employment. If this training or something equivalent were offered to all BHC hires, this might have ensured each employee was equipped to be successful and led to increased job satisfaction and retention rates. Based on the success of BACH completers, there is an opportunity to develop a stronger training framework for future BHC.

Hiring Outcomes

As the data shows, BHC’s workforce development program played a role in addressing COVID-19-related employment shortfalls in Baltimore by creating over 300 positions. These positions were filled primarily by BIPOC candidates who lost or had reduced hours because of the pandemic. New staff grew the health department by 15 percent in the first six months. BHC received the highest volume of applications in June and August 2020 and hired 5 percent of applicants during this period (**Exhibit 28**). As shown in **Exhibit 29**, between June 2020 and August 2021, BHC screened 6,383 applicants, 859 were referred, 591 were selected and of this approximately 57 percent accepted and started positions (**Exhibit 29**). Of the 336 hires, more than half (51 percent) were African American and 20 percent were White (**Exhibit 30**). Hispanic or Latino, Asian, or Native Hawaiian or Pacific Islander candidates made up relatively smaller shares of BHC hires, 8 percent, 2 percent, 0.3 percent respectively. Twelve percent of applicants did not disclose their race or ethnicity.

Exhibit 28 BHC Screened Applicants, Hiring Pace, and Percent Hired by Date

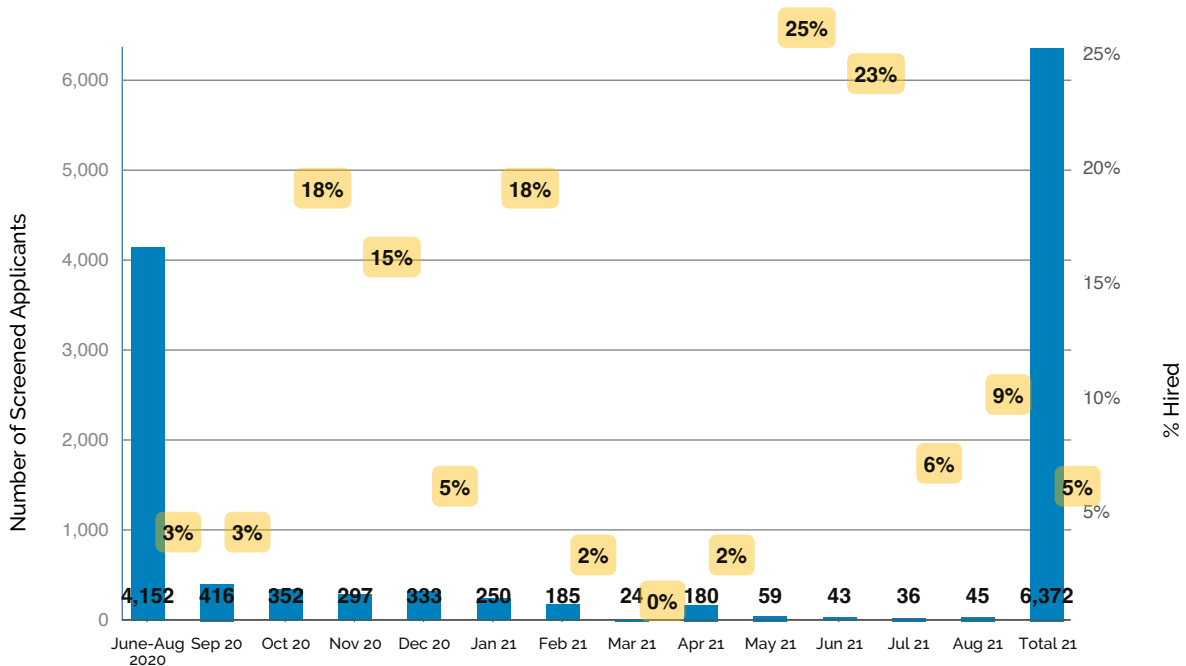


Exhibit 29 Total Number of Applicants Received, Referred, and Selected (Jun 2020-Sep 2021)

Type	# Of Applicants	% of Previous Stage
Number of screened applicants	6383	
Video interview completed	956	15%
Referred	859	90%
Selected	591	69%
Candidate declined offer**	255	43%
Candidate accepted and started	336	57%

**This number may include individuals who did not pass the required background checks.
Source: Crelate

The racial/ethnic makeup of BHC employees closely reflected the demographics of the residents of Baltimore City (62 percent are Black or African American, 27 percent White, 2.6 percent Asian, 5.3 percent Hispanic or Latino).³¹ There were more female employees than male (Exhibit 30). Most employees had at least a high school diploma and some post-secondary education and 81 percent had 4-5 years of experience in customer service, education, or social services.

It is interesting to note that 17.5 percent of hires were employed when they applied to BHC. Those who were job hunting while still employed may have known a layoff or furlough was imminent and thus looking to secure alternative work. Jobs in leisure and hospitality, construction, and personal-service jobs were among the fields hardest hit by the pandemic in 2020. Across the U.S., unemployment rates surged to 15 percent in April 2020 as businesses suspended operations or closed resulting in a record number of layoffs.³² Unemployment rates were higher among BIPOC workers compared to White workers. Nationally, the rate was at 14 percent for White people, 17 percent for Black people, 15 percent for Asian people, and 19 percent for individuals identifying as Hispanic/Latino. Maryland’s unemployment rate rose to 9.9 percent in April, and in Baltimore (Baltimore City and Baltimore County), pandemic unemployment assistance claims were highest in the state.³³ With new jobs in the pipeline, such as BHC openings, more options were available for workers to choose from and potentially move into higher-paying positions. BHC did not ask applicants their reasons for seeking a new position.

For some workers, the pressure to find a new job was more significant, particularly in “hard-hit” areas of Maryland where shutdowns disproportionately impacted low-wage workers. This made BHC’s involvement more impactful. A component of BHC’s goals included decreasing racial and ethnic disparities in COVID-19

Exhibit 30 Demographic Characteristics of all BHC Employees

Characteristic	Number of Employees	Percent
Race/Ethnicity		
Black/African American	173	51%
White	66	20%
Decline to identify	39	12%
Hispanic or Latino	27	8%
Two or more races	22	7%
Asian	8	2%
Native Hawaiian or Other Pacific Islander	1	0.3%
Gender		
Female	207	62%
Male	95	28%
Decline to Identify	34	10%
Education Level		
Some high school	2	1%
High school diploma or equivalent	58	18%
High school diploma or equivalent, plus contact tracer certificate, CHW certificate, or other relevant certifications	55	17%
Some post-secondary, plus contact tracer certificate, CHW certificate, or other relevant certifications	210	65%
Experience in Customer Service, Education, or Social Services		
Less than 1 year of experience	1	0%
1 year of experience	20	6%
2-3 years of experience	32	10%
4-5 years of experience	273	81%
More than 5 years of experience	0	0%
Experience in Customer Service, Education, or Social Services		
Employed	57	17%
Unemployed due to the pandemic	3	0.9%
Unemployed prior to the pandemic	97	29%
Unemployed, furloughed, or had hours reduced due to the pandemic	174	52%
Not applicable	3	1.5%

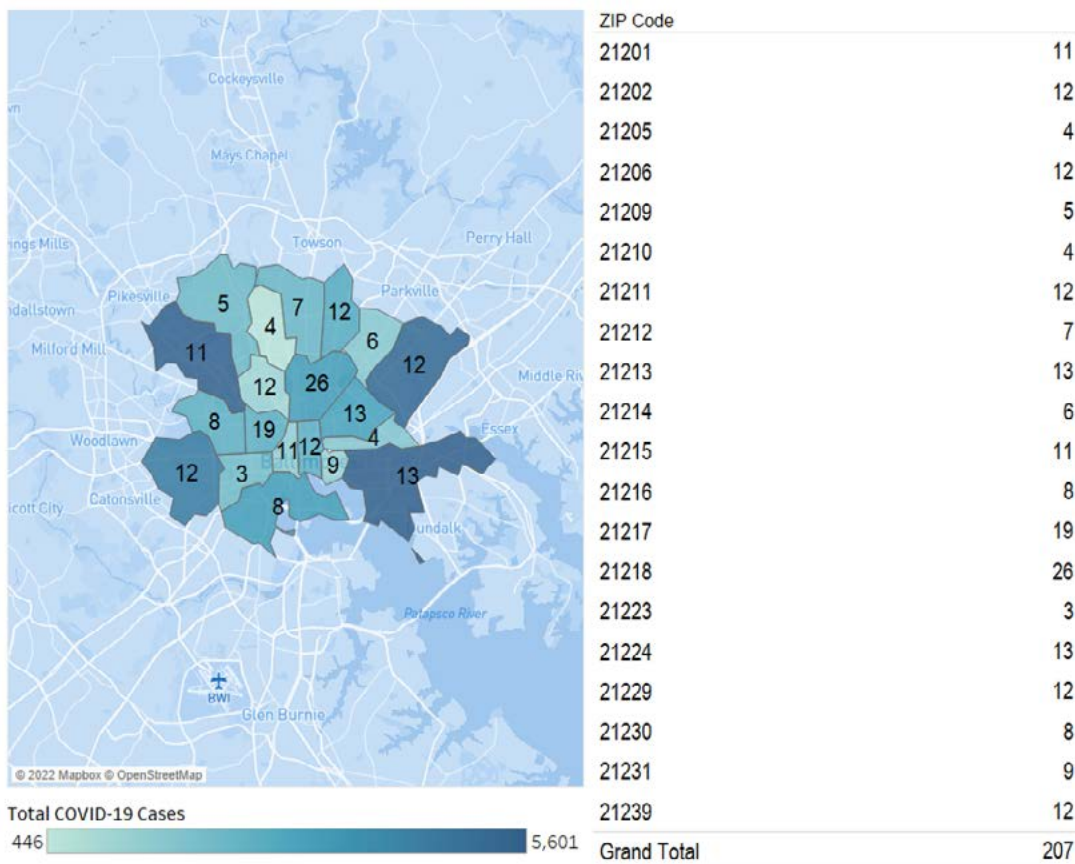
Source: Crelate

across the most vulnerable communities in Baltimore. Around the time of BHC’s commencement, evidence showed stark differences by ZIP code in Maryland with high rates of COVID-19 cases among communities of color. The racial breakdown of COVID-19 cases in Maryland by April 2020 were troubling given that Maryland’s population is about 30 percent Black and nearly 60 percent White, according to U.S. census data. Baltimore-area residents in the lowest economic rung were already the most vulnerable and faced the greatest burden of racial and socioeconomic disparities, and these areas became larger hot spots for medical concern when the COVID-19 pandemic emerged.

Recognizing existing and pandemic-related health disparities, BHC targeted areas most impacted by COVID-19 throughout the hiring process. It is important to note that 40 percent of hires were not residents of the City. However, approximately 80 percent of BHC hires were representative of jurisdictions with the highest burden of COVID-19 in Baltimore City (**Exhibit 31**). BHC did not set hiring quotas by ZIP code, however, the hiring distribution reflects BHC’s hiring goal where majority-Black ZIP codes experienced higher volumes relative to non-Black majority ZIP codes. The data also shows that BHC reached applicants outside of Baltimore and small proportion of hires were from other counties in Maryland.

Exhibit 31 BHC Hires by ZIP Code

Color gradient shows sum of total COVID-19 cases in Baltimore City from March 2020 through August 31, 2021. Details are shown for the number of hires per ZIP code fully or partially located in Baltimore City. BHC hires living partially or fully in Baltimore City (right).³⁴



The hiring process itself was not without its challenges. BHC staff noted logistical issues that made turnaround time from application to offer take longer than expected. Some applicants had received other offers by the time BHC extended their offer. Amid a pandemic and with virtual hiring systems in place, BHC’s hiring process included additional steps that would normally be covered in-person at a faster rate. Additionally, BHC hiring came at a time of great talent reshuffling across all industries, making it more competitive to identify qualified candidates with the right experience and those who were a cultural fit for the job.

BHC Employees and Retention

By September 2021, BHC had onboarded 336 employees, exceeding its target level of 275, serving in contact-tracing, care coordination, and management (**Exhibit 32**). Over 50% of employees were hired as contact tracers.

Two thirds (66%) of hired CHWs remained on the job as of September 2021. Of those who left employment before their contract expired, the average length of employment was six months. Positions were initially established as eight-month temporary contracts set to expire in April 2020 for the first wave of BHC hires. BHC lost 22 employees by December 2020 and an additional 36 by April 2020 (**Exhibit 33**).³⁵ The CHWs that started in August remained in their roles



CHW Retention

Two-thirds of all hired CHWs remained on the job as of September 2021.

Exhibit 32 BHC Positions Held by Employees, Jun 2020-Sep 2021

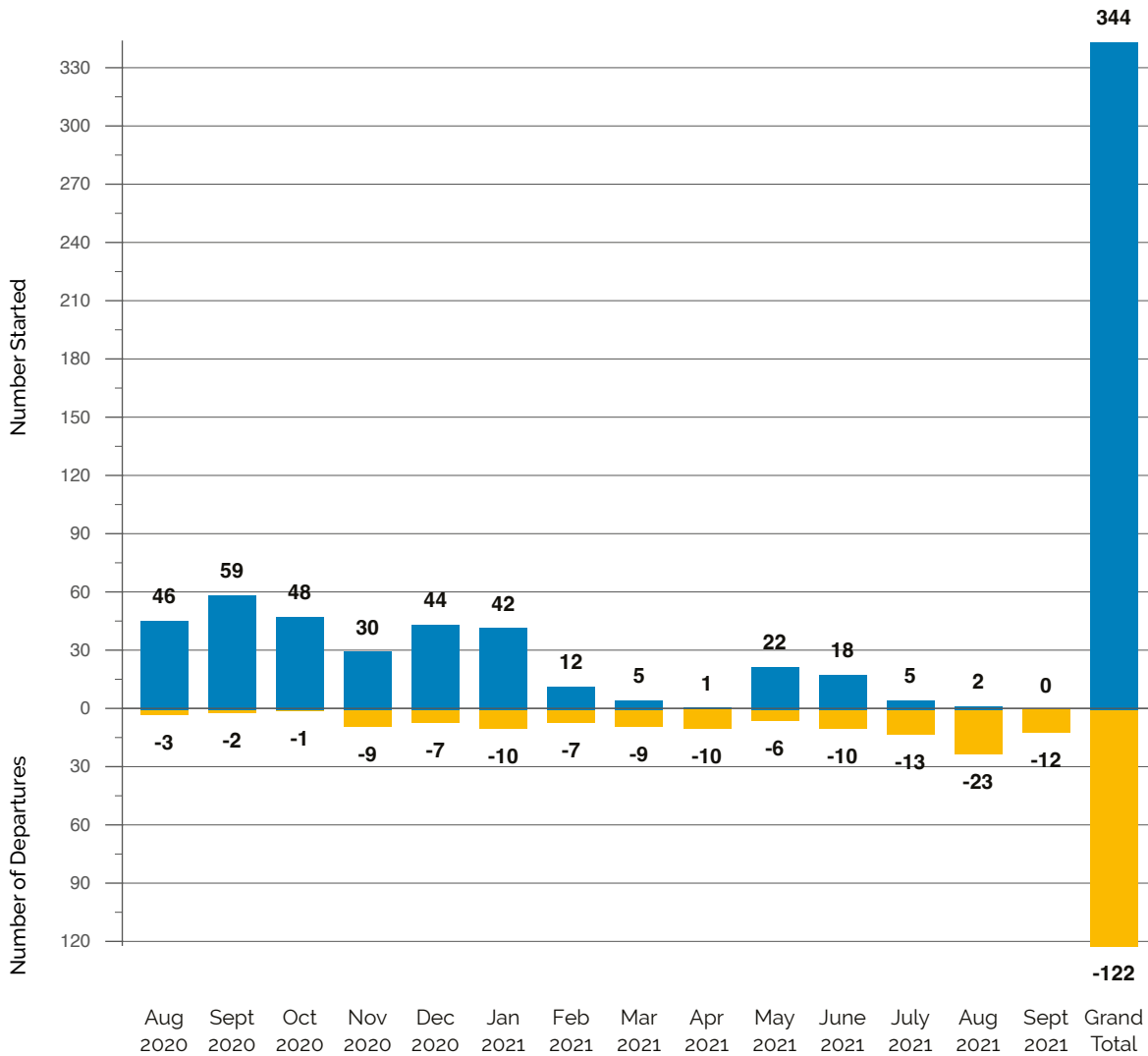
Job Title	Number of Employees	Percent
Race/Ethnicity		
CHW: Contact Tracer	195	58%
CHW: Case Coordinator	46	14%
CHW: Supervisor	40	12%
Removed – Identifiable by Job Title	15	4%
CARES COVID-19: Outbreak Investigator	11	3%
CHW: Manager	9	3%
Care Coordination: Associate	9	3%
Care Coordination: Supervisor	6	2%
CHW: Office Support	5	1%
Total	336	100%

Exhibit 33 Length of Time Employed with BHC

Length of Time Employed	Number of Employees	Percent
Less than 3 months	36	1%
3 to 6 months	74	12%
7 to 10 months	109	35%
11 months or more	116	52%
Total	335	100%

Exhibit 34 Number of Employees Who Started and Departed BHC by Month and Total (Aug 2020-Sep 2021)

Hiring dates were missing for 2 employees.



Source: Employee List

for three to six months – their departure came before completing their eight-month contract. In total, 123 employees departed BHC early, which represents a 66 percent retention rate.³⁶

Reasons for attrition varied, with some leaving for personal reasons, returning to former positions, overall job dissatisfaction, and a small number of contracts were not renewed (**Exhibit 35**). Additionally, uncertainty of CARES Act funding impacted BHC contract extensions and were an added stress for individuals concerned about job security leading some BHC hires to search for and secure other work before their contract ended. Among those who left BHC, 46 percent discontinued BHC for unknown reasons, 37 percent resigned, and 2 percent returned to their previous job. The data suggests that BHC employment turnover improved over

Exhibit 35 Reasons for Separation among BHC Employees by Start Date

Separation Status	Start Date												Total
	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 20	
Contract fulfilled	1	1	1										3
Contract terminated or not renewed	2	1	1										4
Discontinued BHC	8	8	9	1	12	4	4		5	3	2		56
No reason(s) provided		3			1								4
Personal reason(s)			1	1		4							6
Resigned	17	7	9	3	2	4	1		1	1			45
Retired		1											1
Returned to previous job			1		1	1							3
Total	28	22	21	5	16	13	5	0	1	6	3	2	122

Source: Employee List

time, and specifically among those in the second cohort who started after September 2020. Employees in this group maintained their contract for longer than six months.

The initial target of 275 hires was expanded to 310 with 35 new positions added for supporting mobile vaccination units. BHC continued to recruit until positions were filled to respond to staffing needs identified by BCHD and to replace those who departed their positions early or moved into mobile vaccination roles. As of September 2021, the BHC workforce currently stands at 212 employees and all CHW contracts were extended through the end of December 2021. Some BCHD and HCAM positions will continue in 2022 with the support of the American Rescue Plan Act to meet ongoing needs for contact tracing, outbreak investigations, vaccinations, and care coordination.³⁷

Support offered by the Mayor’s Office of Employment Development (MOED), Catholic Charities of Baltimore, and Maryland Volunteer Lawyers Service (MVLS) will remain active through December 2021.³⁸ Among BHC employees who used these support services during their tenure, 48 percent reported feeling “very confident” about gaining employment or pursuing additional education after their job when BHC ends. Another 28 percent reported feeling “somewhat confident” and only 5 percent said they are “not very confident” about their future employment or educational opportunities. BHC employees indicated a continuing interest in public health-related professions. Seventy-three percent were interested in pursuing employment and/or training for a career in public or community health. In this regard, BHC has met its most critical goal of preparing individuals to be successful in community health or other public health-related fields.

Career Navigation Services

While building an equitable workforce, BHC also recognized that providing jobs represented only one dimension of success. BHC offered career navigation services throughout the program to help employees along their career journey with BHC and beyond. All BHC hires had access to career navigation services from MOED staff, behavioral health services from Catholic Charities, and legal services from Maryland Volunteer Lawyers Service. All three workforce supports were offered in group- and individual- sessions by request. MOED hired a temporary team of five career navigators and one supervisor to provide career navigation services and worked with Mathematica Policy Research to implement Goal4It!, an evidence-based, customer-centered framework for setting and achieving goals. MOED also provided financial empowerment counseling and job placement assistance to help BHC hires prepare for jobs following their departure from BHC.³⁹

By the end of September 2021, 87 percent of all hires had engaged in career navigation, 42 percent in behavioral health services, and 82 percent in legal services (**Exhibit 36**). There was a significant difference in usage across gender among those who sought support from career navigators (**Exhibit 37**). Women represented two-thirds (62%) of the participant population while men represented 21 percent. Of the 291 staff who engaged in career navigation, 44 percent were Black or African American, 14 percent White, 4 percent Asian, 3 percent two or more races, 4 percent Hispanic or Latino, and 18 percent declined to identify their race. Of those that used career navigation services, about 70 percent reported going to one-on-one sessions and about 82 percent reported going to group sessions. Roughly 30 percent of those surveyed reported using these services “several times per month.” Another 29 percent of the sample reported using these services “once a month.” Overall, users believed that these services were beneficial – 30 percent of users surveyed said they were “very helpful”, 30 percent said they were “somewhat helpful”, and 21 percent said they were “moderately helpful.” Only 4 percent of respondents stated that the services were “not at all helpful.” Most respondents did not have strong opinions about what would have encouraged them to use the career navigation services more.⁴⁰



Goal4 It!

Goal4 It! was co-created by researchers and practitioners of human services as an alternative to case management and services that are compliance oriented. This approach blends techniques familiar to practitioners of human services and workforce programs—such as coaching, motivational interviewing, and career counseling—with a more intentional focus on building skills through every coach-client interaction.

Exhibit 36 Workforce Development Usage among BHC Hires (Jun 2020-Sep 2021)

Support Service	# of Employees	% of Employment
Financial Empowerment	25	7%
Career Navigation	291	87%
Behavioral/ Mental Health	140	42%
Legal Services	276	82%
Total	336	

Source: Baltimore Health Corps Donor Report: August 1, 2021 – September 30, 2021

Exhibit 37 BHC Employees Receiving Career Navigation Support by Demographics (Jun 2020-Sep 2021)

Demographic Characteristic	Number of Employees	Percent
Gender		
Female	183	62%
Male	71	21%
Decline to identify	37	11%
Race/Ethnicity		
Black/African American	148	44%
White	48	14%
Decline to identify	59	18%
Asian	12	4%
Two or more races	10	3%
Hispanic or Latino	13	4%
American Indian or Alaska Native	1	0.3%
Native Hawaiian or Other Pacific Islander	0	0.0%
Total	291	

Source: Baltimore Health Corps Donor Report: Aug 1, 2021 – Sep 30, 2021

Results from the CHW surveys revealed that many BHC hires were interested in remaining in the public health field after their BHC contracts ended. Among those planning to depart BHC, an uptake in career navigation services showed that employees needed these supports to help facilitate their transition into other positions. Fifty percent of CHWs surveyed used the services to improve their resume, cover letters, and interview skills. Another one-third of users sought access to education, training, or professional credentials. Overall, 12 percent of CHWs who reported using workforce supports noted being ready to transition to permanent employment at the end of their contract.

Legal Services

Maryland Volunteer Lawyers Service (MVLS) offered group and individual legal services to all BHC employees. Between June 2020 and July 2021, MVLS opened 115 individual cases on issues including child support, child custody, consumer debt, taxes, and estate planning. Nearly 80 percent of cases were resolved.⁴¹

Behavioral Health

Catholic Charities provided free counseling to support the emotional and mental health needs of BHC employees who may have been managing anxiety, stress, or isolation. Forty-two percent of BHC hires participated in individual counseling. Participants reported that the service helped to relieve their depression and improved their coping skills. The challenges of working in the COVID-19 pandemic introduces an additional toll on the mental health of workers serving in community health. Providing these services without a fee or insurance requirement gave employees easy access to mental health services when they needed it most. Offering this service showed that BHC cared about the health of their employees and their work-life balance. Participants reported that these services helped them improve decision-making, overcome social and general anxiety, and create healthy boundaries within their families. Mental health services are not a typical employer-sponsored service provided for temporary hires. Without BHC, some employees may have had limited to no access to mental health resources.

Objective 2: Contact Tracing Findings

In 2021, BHC continued to onboard community health workers to staff its call center, and contact tracing and Outbreak Investigation Unit. Several methods were used to assess if BHC was effective at addressing contact tracing needs, as well the extent to which the response was equitable to those most affected by the pandemic in Baltimore City. We reviewed COVID-19 case data, extant program documents such as progress reports to The Rockefeller Foundation, internal program and epidemiologic reports and documentation from BCHD, previous evaluation reports, as well as information gathered verbally from multiple calls with stakeholders and program leadership.

First, we looked at the proportion of COVID-19 cases assigned to BHC workers over time, in relation to overall COVID-19 cases reported. This was done to show how BHC staff increased over time in order to meet the demand during the pandemic, and especially during surges. Trends analyses were completed in Tableau 2021.3.

Contact tracing analysis trends were completed using key contact tracing performance indicators reported by BCHD collected from July 2020-September 2021, to see if increasing BHC staff levels over time led to a more effective and efficient response. We looked at proportion of cases interviewed, and time taken to reach cases as the caseload changed from week to week. Median time taken to complete case and contact interviews was obtained from Key Contact Tracing Performance Indicators, and trends analysis were completed in Tableau 2021.3.

Additionally, we looked at overall contact tracing cascades from August 2020 to September 2021 using data from The Rockefeller Foundation report in November 2021. These captured the overall effectiveness and completeness of the contact tracing efforts. The cascades were created using Excel.

Finally, we looked at equity of contact tracing outcomes using the Cases dataset from COVIDLINK. The proportion of cases with a final outreach outcome of ‘Interview Completed’ were divided by the total number of cases reported in each stratum. Analyses of contact tracing outcomes by age, race, ethnicity, and age strata were completed in Stata, and plotted in Excel.

CHWs were comprised of Call Center staff, Contact Tracers, and Outbreak Investigation staff. The section below will focus on the outcomes of the contact tracing work.

BCHD and NORC

Maryland Department of Health (MDH) also hired contractual contact tracers through NORC in the summer of 2020. Some of the contact tracing outcomes data received from MDH were a combined effort of NORC and Baltimore City staff (both contractual BHC staff and permanent employees). In comparison to other counties that did not have a similar workforce organization and primarily relied on MDH/NORC, Baltimore City’s contact tracing outcomes appear to be better, hence hailing the success of the BHC effort.

According to the Early Lessons Report, in the summer of 2020, 20–40 percent of contact tracing cases were handled by BCHD contact tracers, but as more BHC staff came on board and cases increased steadily towards the end of 2020, the case load was gradually shifted away from NORC, with BCHD handling 91 percent of cases by the last week of 2020. Cases and contacts that were placed in BCHD’s queue by COVIDLINK included: those had not been reached by NORC contact tracers in 24 hours; did not have good contact information; had language barriers; were in congregate settings or other high risk setting and would require visitation. This explains why NORC seemed to have a much higher interview rate than BHC contact tracers, despite BHC handling majority of the contact tracing calls as they had a more challenging caseload.

This would turn out to be very timely as the city experienced a surge in cases between November 2020 and January 2021 (range: from 974–1833 cases per week). Although the time taken to reach cases and contacts increased and they received twice as many cases per week as they did in the previous surge, the interview

Exhibit 38 Interviews Completed

Record Assigned	# COVID-19 Cases	# Interviewed	% Interviewed
NORC	7,444	7,246	97%
BCHD	49,330	25,316	51%

Exhibit 39 Percent Cases Assigned to BCHD Contact Tracers

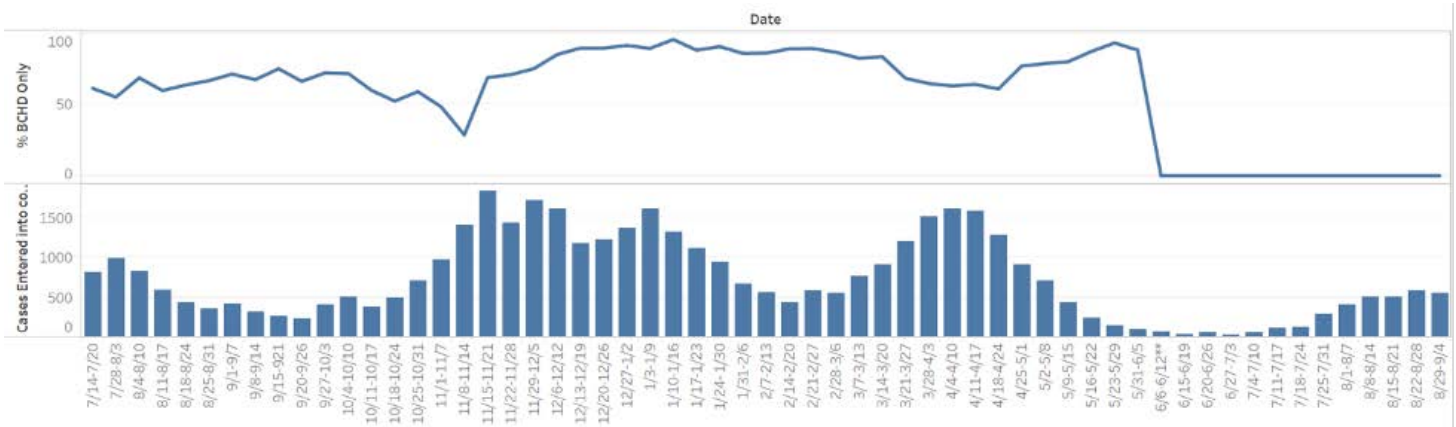
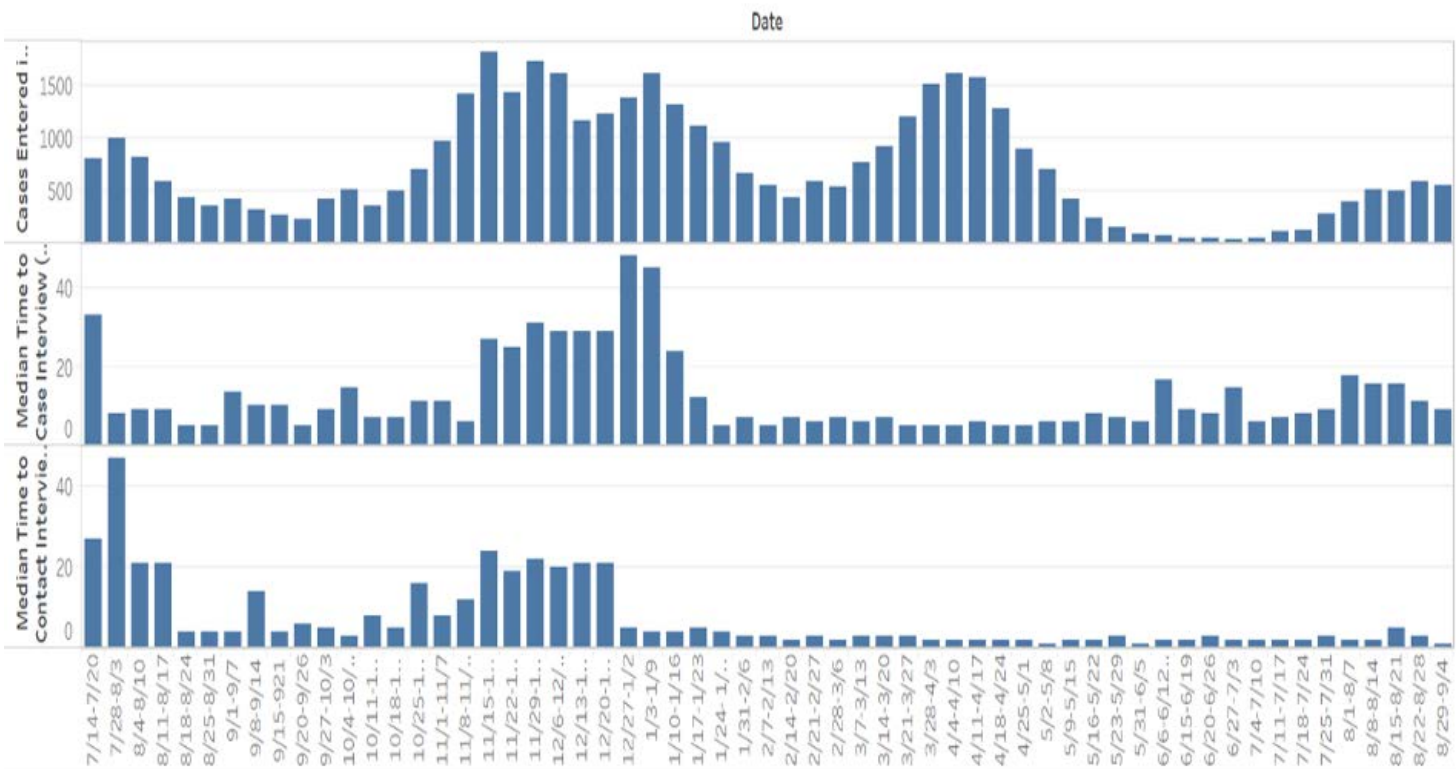


Exhibit 40 Median Time (hours) to Case and Contact Interviews



rates were fairly high (range 53%–72%). Several changes were made during the surge to help manage the increased case load, and to help increase the efficiency and effectiveness of the contact tracing efforts. BCHD moved to a case management model, whereby cases and contacts from one household were managed by one person to enhance case finding activities and improve continuity of care. In conjunction with MDH, older records were deprioritized, to allow initial interviews to be conducted for cases and contacts that were less than seven days old.

During the surge in November–January 2020, BCHD participated in a Pilot to provide automated phone follow-up calls (during isolation and quarantine) to allow resources to be focused on contact elicitation and providing isolation/quarantine instructions. BCHD also participated in a pre-call text message pilot which alerted patients to expect a call from the health department with an aim to reduce the time and number of attempts needed to reach an individual. Both processes were eventually implemented state-wide following successful pilots.⁴²

Implementing the new processes greatly improved BCHD’s capacity and timeliness in contact tracing. By the time the next surge in cases occurred in the spring of 2021, median time to reach cases and contacts were both under 7 hours and 3 hours respectively, a big improvement from the previous surge where the median time to reach cases and contacts went as high as 48 hours and 24 hours respectively.

Overall, in 2020, about 15 percent of cases were assigned to NORC, while in 2021, NORC was assigned about 11 percent of cases.

Contact Tracing Cascades

Completeness of Contact Tracing

Completeness of contact tracing refers to the cases reached and interviewed for contacts. Of the 47,525 cases entered in COVIDLINK between August 2020 and September 2021, only 78 percent were assigned to Baltimore City during the review period.⁴³ Completeness of contact tracing activities shown above were calculated as a proportion of cases assigned to Baltimore City. Overall, about 71 percent of cases assigned to Baltimore City completed an interview between August 2020 and September 2021.

Effectiveness of Contact Tracing

The chart below shows the effectiveness of contact tracing at reaching contacts and interviewing them from August 2020 to September 2021.⁴⁴ Of all contacts (36,991) elicited during the case investigation period, 67 percent of contacts were interviewed in any time frame and placed on quarantine, while 52 percent, 47 percent, and 39 percent were interviewed within 72 hours, 48 hours, and 24 hours respectively. Though ideal, it was more challenging to reach contacts within 24 hours, especially during times when there was a surge in cases.

Exhibit 41 Completeness: Numbers and Rates of Cases Reached and Interviewed (Aug 2020-Sep 2021)

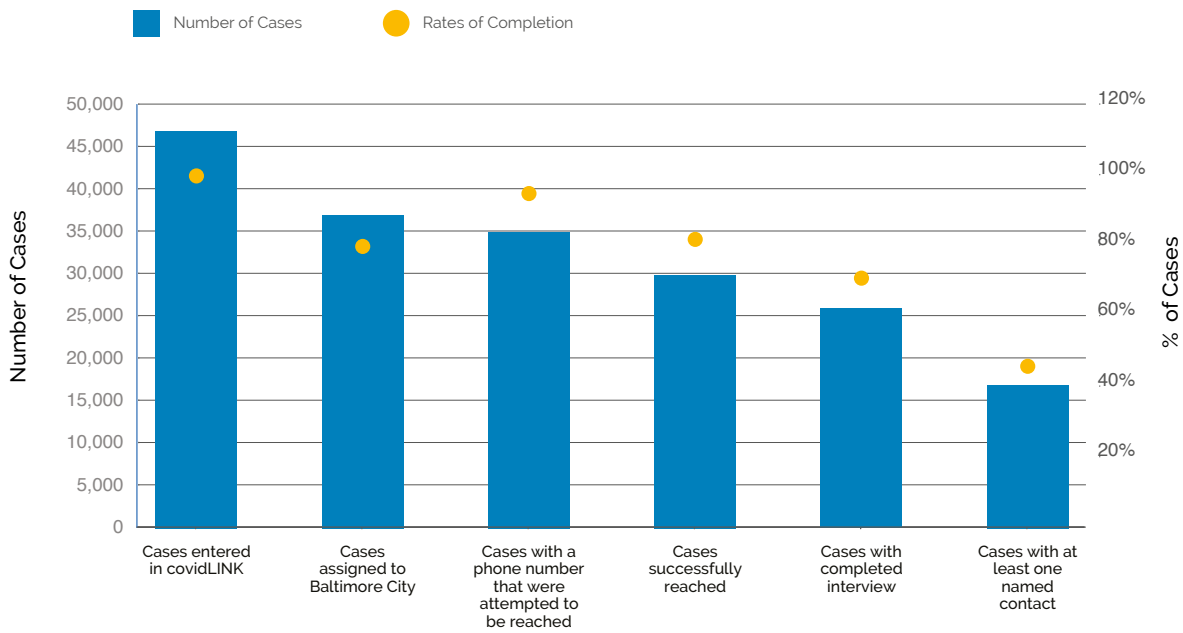


Exhibit 42 Effectiveness: Number and Rates of Contacts Reached and Interviewed (Aug 2020-Sep 2021)

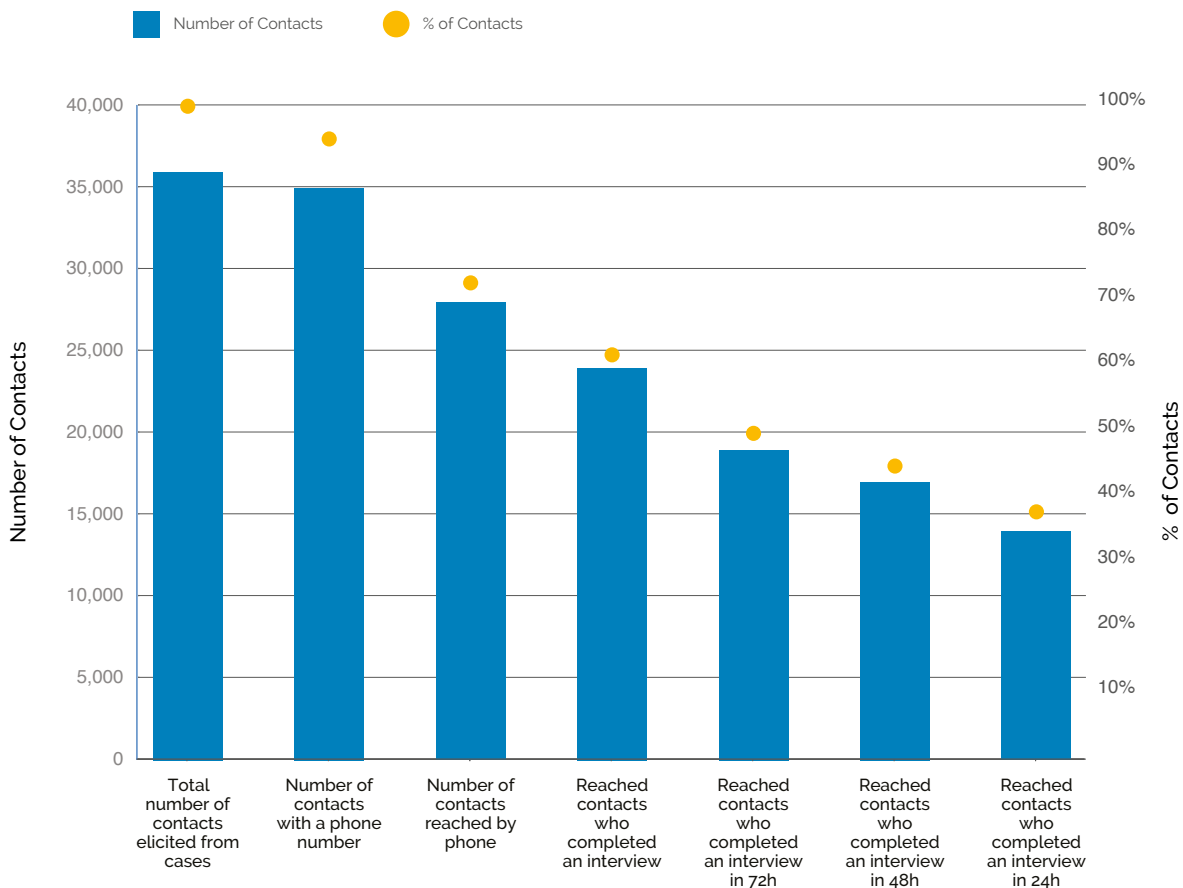


Exhibit 43 COVID 19 Dashboard: COVID-19 Incidence and Testing by Demographics as of 8/31/21

Age Group	Cases	Cases per 1,000	Deaths	Deaths per 1,000	Case Fatality Rate	Tests	Tests per 1,000	Test Positivity
0-9	3,538	48.9				65,233	902.3	6%
10-19	4,867	72.4	0	0.0	0.0%	170,926	2542.1	3%
20-29	11,398	112.7	7			413,937	4092.0	3%
30-39	10,948	112.2	16			302,501	3100.6	4%
40-49	7,751	117.0	46	0.7	0.6%	206,945	3124.9	4%
50-59	7,414	96.6	127	1.7	1.7%	227,846	2967.9	4%
60-69	5,594	84.3	262	3.9	4.7%	191,509	2885.4	4%
70-79	2,749	78.9	300	8.6	10.9%	94,788	2720.8	4%
80+	1,688	84.5	379	19.0	22.5%	66,356	3320.3	4%
Unknown	0		0			2,837		3%

Ethnicity	Cases	Cases per 1,000	Deaths	Deaths per 1,000	Case Fatality Rate	Tests	Tests per 1,000	Test Positivity
Latinx	4,778	145.4	27	0.8	0.6%	66,421	2021.6	5%
Not Latinx	48,060	84.4	1086	1.9	2.3%	855,505	1502.0	3%
Unknown	3,109		25			820,952		4%

Race	Cases	Cases per 1,000	Deaths	Deaths per 1,000	Case Fatality Rate	Tests	Tests per 1,000	Test Positivity
American Indian or Alaska Native	156	56.5				10,370	3757.2	2%
Asian	398	24.4				84,677	5194.3	0%
Black	33,043	87.1	809	2.1	2.4%	452,581	1193.5	5%
Native Hawaiian or Other Pacific Islander	11		0	0.0	0.0%	881	1628.5	3%
Other	5,483	424.7	33	2.6	0.6%	69,045	5347.8	6%
Unknown	5,460		49			765,767		4%
White	11,396	59.8	241	1.3	2.1%	359,557	1885.2	2%

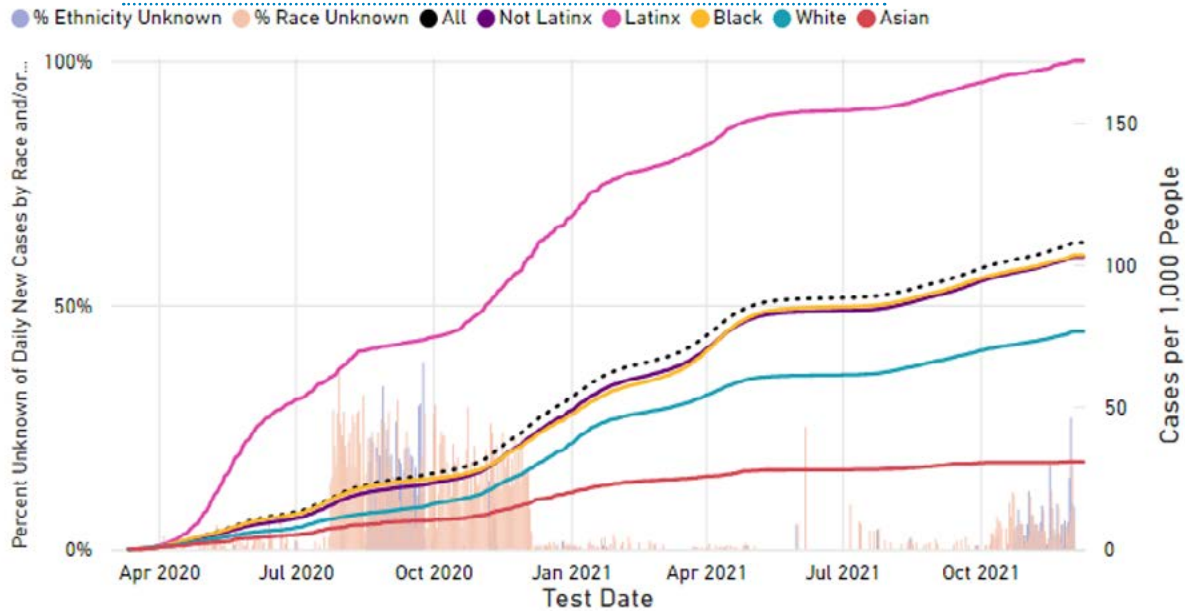
Sex	Cases	Cases per 1,000	Deaths	Deaths per 1,000	Case Fatality Rate	Tests	Tests per 1,000	Test Positivity
Female	30,139	94.2	582	1.8	1.9%	958,272	2996.4	4%
Male	25,808	91.3	556	2.0	2.2%	734,607	2599.2	4%
Other or Unknown	0		0			49,999		4%
Total	55,947	92.9	1138	1.9	2.0%	1,742,878	2893.0	4%

Contact Tracing and Health Equity

Contact Tracing by Race and Ethnicity

According to the COVID-19 incidence rates noted on Baltimore City’s COVID-19 Dashboard as of August 31, 2021, COVID-19 case rates were as follows: African American/Black residents: 87.1/1000; White residents: 59.8/1000 and Hispanic/Latino residents: 145.4/1000.⁴⁵ The disparities in COVID-19 infections by race and ethnicity were evident very early on in the pandemic as shown in the diagram below. The rates are important as they help us to see which groups were having excess morbidity in relation to their proportion in the population. Black residents had an incidence rate almost 1.5 times the rate of White residents. Individuals identifying as Hispanic/Latino, though comprising only 5 percent of the population in Baltimore City, had COVID-19 rates over twice as high as White residents. Hence it was critical to reach these racial and ethnic groups with all interventions intended to mitigate the effects of COVID-19 such as testing, contact tracing and vaccinations, and to do so in a culturally competent manner.

Exhibit 44 Cumulative Cases per 1,000 People by Race or Ethnicity and Percent of Daily New Cases of Unknown Race or Ethnicity



Source: <https://coronavirus.gov>

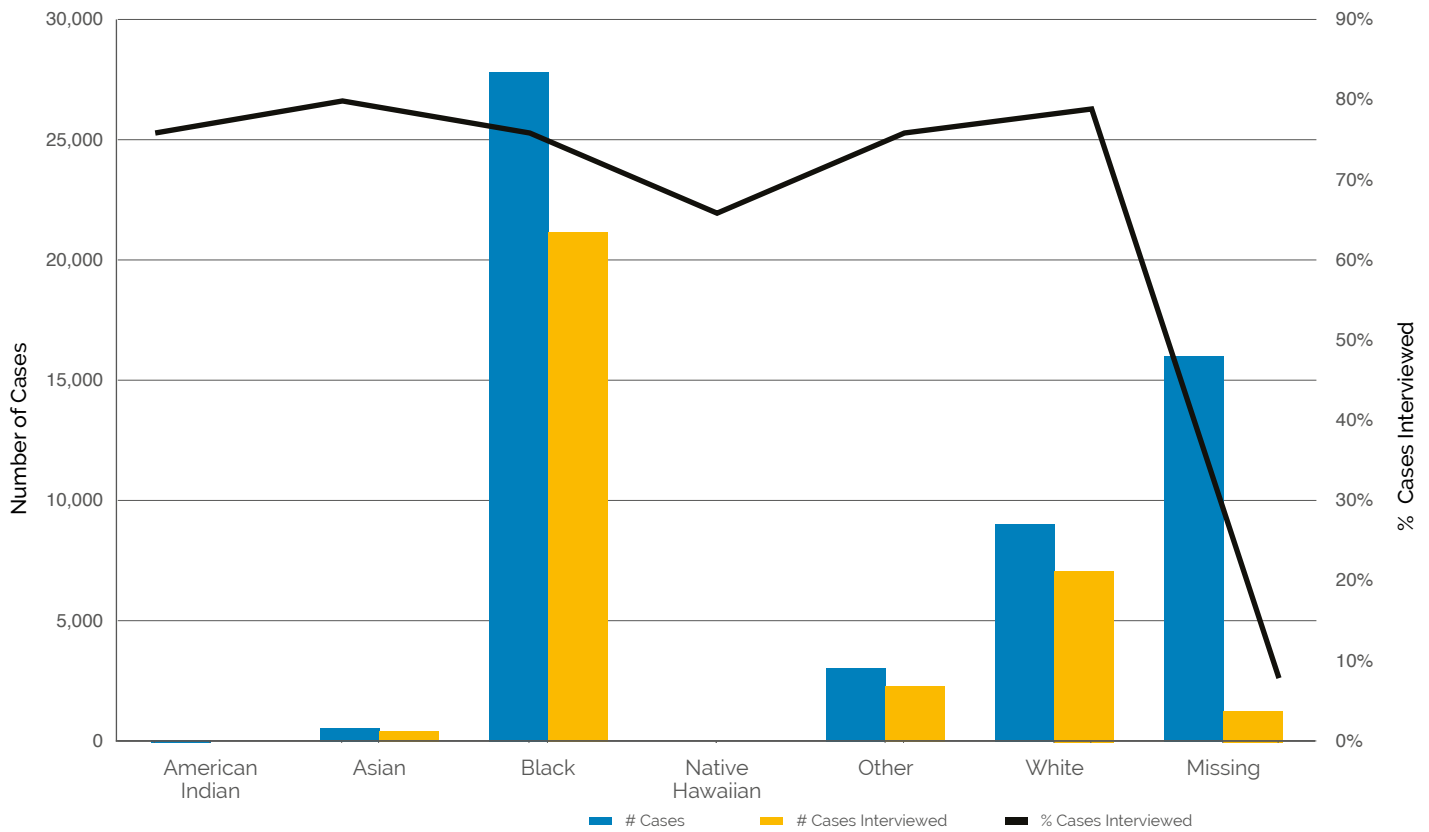
Contact tracing outcomes by race earlier in the pandemic showed that people of color were interviewed at lower rates, compared to White people (Interview rates between June 15 and October 31, 2020 were 80% Asian; 96% White; 73% Black; and 94% Hispanic/Latino) even though they bore a higher burden of COVID-19 cases.

Interview rates by race were computed as a percentage of cases whose final outreach outcome was completed interview by race, divided by the total number of cases identifying with that particular race/ethnicity.

Looking at cumulative contact tracing data by race and ethnicity (see **Exhibit 45**), through the end of August 2021, where interview rates are shown as a proportion of cases entered in COVIDLINK by race or ethnicity, it appears that interviews were eventually completed by all races in a somewhat proportionate manner. COVID-19 cases identifying as Hispanic/Latino were interviewed at a rate of 76 percent, compared to 77 percent interview rate for those identifying as not Hispanic/Latino. Race and ethnicity data are essential to have and are useful when designing and targeting interventions for certain members of the population. It was also crucial when staff were being recruited to fill BHC positions as BCHD intentionally pursued equity in hiring and service provision to serve members of the population or areas that were disproportionately affected by the pandemic.

By hiring a large number of BHC workers to serve as contact tracers, outbreak investigators and call center operators, the initial racial disparities seen earlier in the pandemic in contact tracing outcomes were eventually resolved over time. The move to intentionally seek Spanish-speaking BHC applicants helped in

Exhibit 45 Number of COVID-19 Cases in Baltimore City by Race, and Percentage Interviewed (Apr 2020-Aug 2021)



ensuring health equity as Spanish-speaking clients had an equal opportunity to get interviewed or receive help from the call center. Only 0.36 percent of contact tracing calls were unable to interview and closed with a last outreach outcome denoting Spanish as a language barrier.

Over time, there was still a large number of cases (28%) that were missing race data as seen in the figure below. According to BCHD reports, a lot of cases that were missing race data were labelled as “Other”, and most of these (60%) were of for individuals identifying as Hispanic/Latino.

Contact Tracing by Age

An additional analysis of cases interviewed by age categories revealed a somewhat even distribution of interviews averaging 58 percent across all age groups from ages 14 and under, to age 55-64. However, age groups over 65 had lower rates of interviews and they continued to decrease with increasing age. It is worth noting that this includes cases recorded from April 2020 through August 2021. In the first few months of the pandemic, quite a number of interviews were conducted outside of the COVIDLINK application and were not captured in this database, hence the interview rates reported here are an underestimate.

Exhibit 46 Number of COVID-19 Cases and Percentage Interviewed by Ethnicity (Apr 2020-Aug 2021)

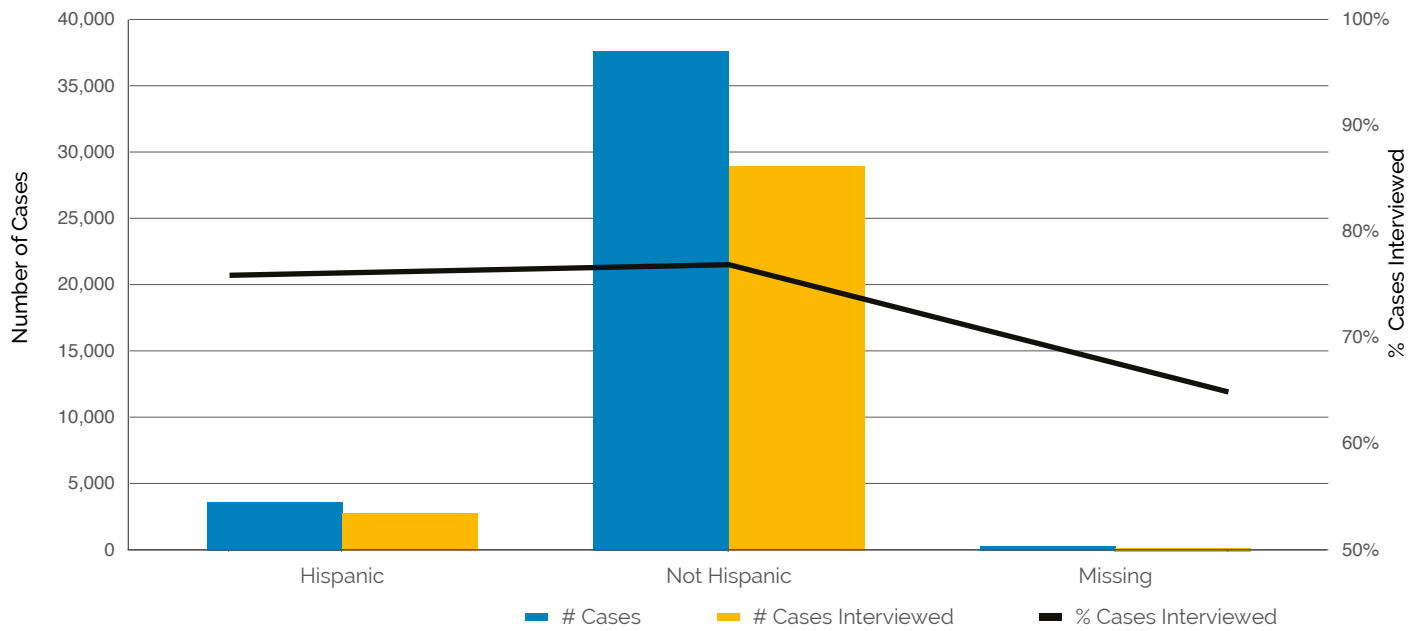
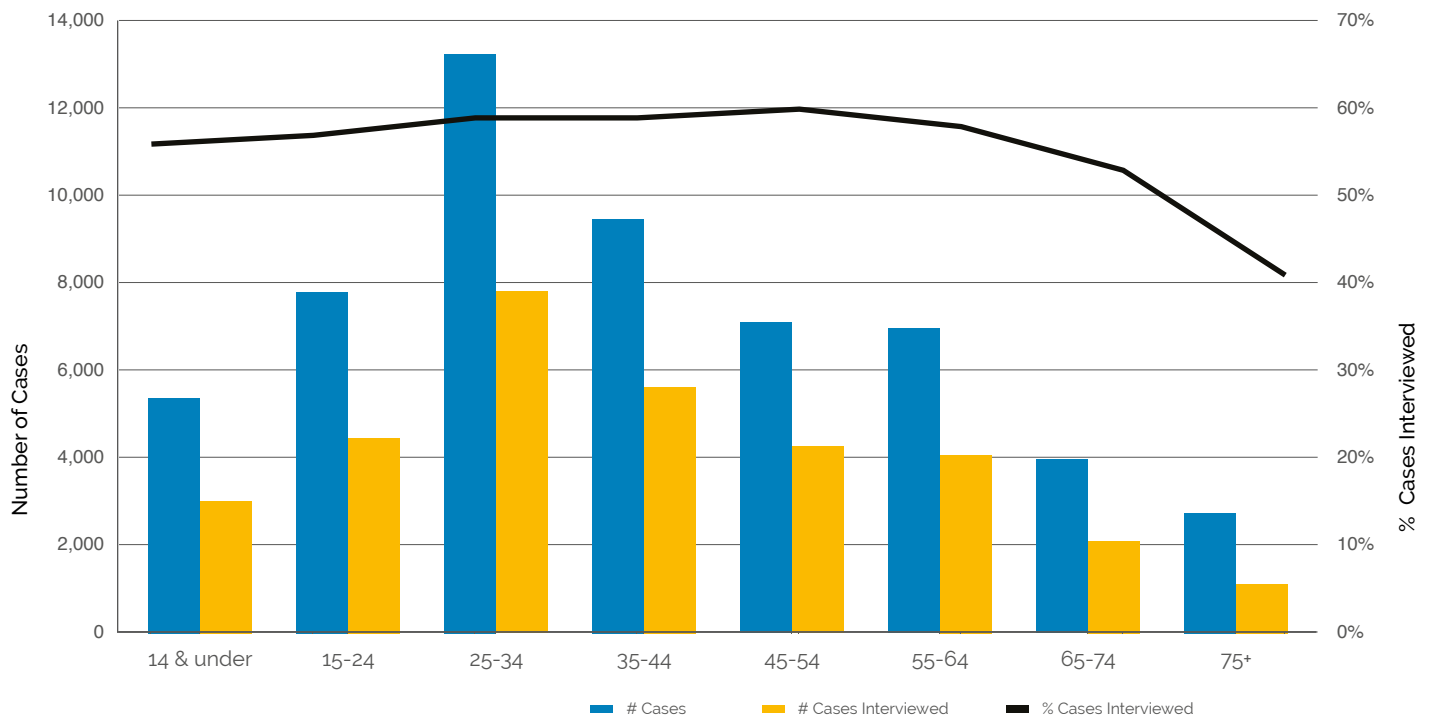


Exhibit 47 Number of COVID-19 Cases and Percentage Interviewed by Age (Apr 2020-Aug 2021)

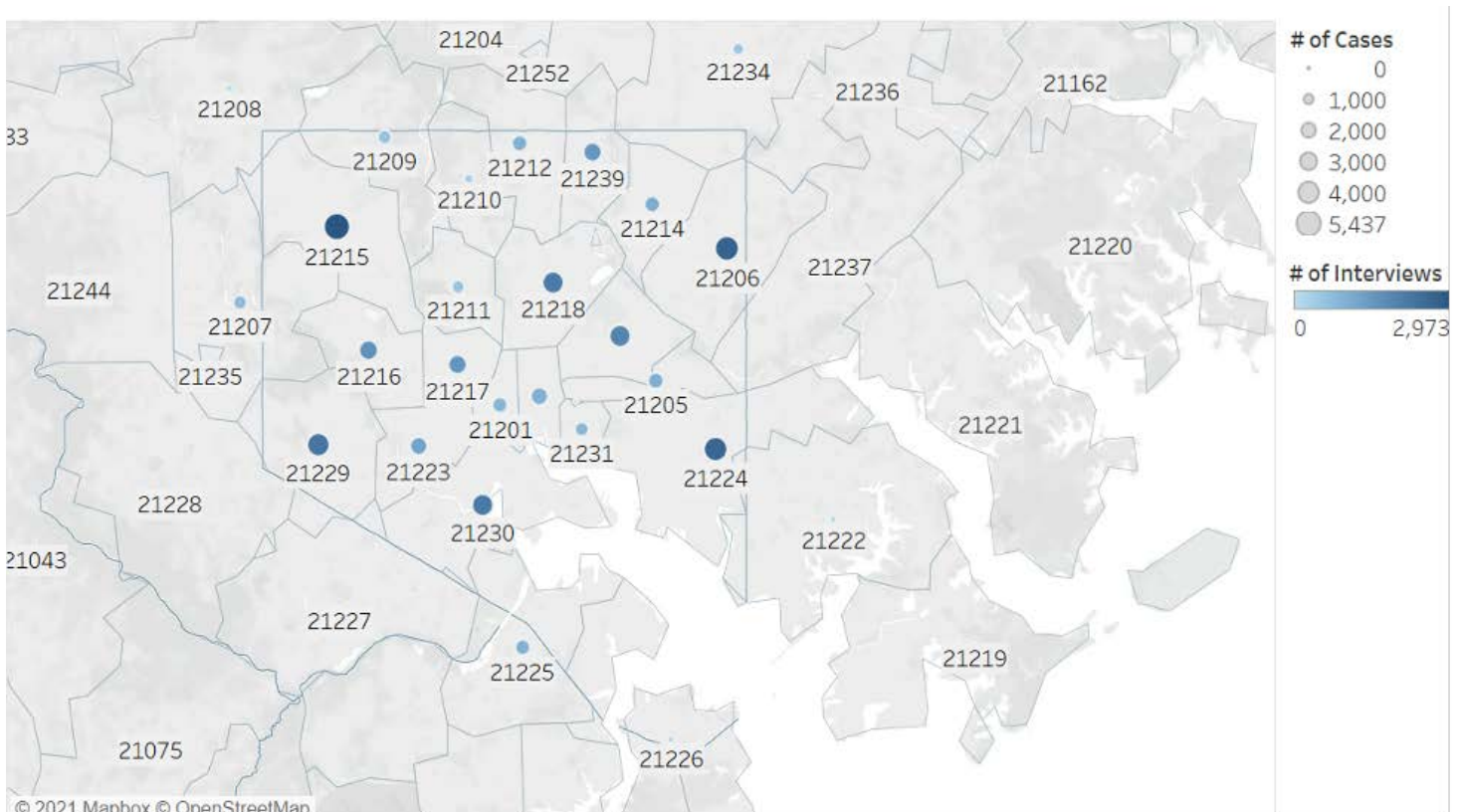


BHC staff were hired throughout the summer and continued into the winter of 2021. By October 2020, enough BHC staff had been hired to do contact tracing work that most reassigned BCHD staff could return to their primary assignments. This move also positioned Baltimore City well for future surges in COVID-19 cases, such as the one seen in November 2020–January 2021, as well as April–May 2021. Despite the spike in cases, interview rates remained high as they had the staff to keep up with the demand (see figure below on Baltimore City COVIDLINK Contact Tracing Performance Measures Weekly Trends, September 20, 2020–September 11, 2021).

Contact Tracing by ZIP Code

As shown in the map above, areas with the highest number of cases did not necessarily have the highest number of interviews. That is not surprising, given that during surges, the capacity for contact tracing was limited due to the sheer volume of cases, and not all cases were prioritized for interviews. For instance, in ZIP code 21215 which had the highest number of cases (5437), only 2973 or 55 percent were interviewed.

Exhibit 48 Number of Cases (probably and confirmed), and Interviews Completed by ZIP Code (Apr 2020–Aug 2021)



Call Center Staff

Some BHC staff, specifically CHWs, were assigned to work at the call center. Call center BHC staff played a critical role in the COVID-19 response. Call center statistics were not well documented prior to 2021, hence the program data provided spanned from January to October 2021. During this period, there were 4585 outbound calls, 17,196 incoming calls handled, and 2665 calls abandoned.⁴⁶ A call center log review found the following to be the most common reason for calls were Vaccine (54.2%), Testing Information (14.4%), Community Concern (3.6%), Executive Order (0.9%), Resources and Assistance (4.3%), and Case Investigation (14.3%).⁴⁷

The call center staff were also instrumental in delivering test results to those who had been tested at the City's COVID-19 outreach testing sites. This was an important capacity issue that was noted in the Early Lessons Report since earlier in the pandemic, it was taking too long for BCHD to get the results back to the clients, thus reducing the effectiveness of contact tracing that exists when results are not available within 24 hours.

Additional Tasks for Contact Tracers

During times when there were fewer cases such as in the summer of 2020, some of the BHC contact tracers were reassigned to focus on additional tasks such as canvassing for vaccination sites prior to mobile clinics, to help reduce disparities in vaccine coverage. They also helped with data entry for other outbreaks such as Hepatitis A outbreaks, inventory management for vaccination events, variant investigation as well as engaging in additional retraining opportunities. These activities were not only meaningful to the COVID-19 response, but also helpful to BCHD (as they supplemented the existing Outbreak Investigation staff at BCHD), and also to the staff themselves as they received skills development and career advancement opportunities. Turnover rates were high in mid-2021 for in especially in the case investigations and call center staff due to the desire for more permanent jobs. Since there was no more funding to hire new staff, the existing staff were transferred internally in order to fill necessary roles. Subsequently, some of the remaining staff were also promoted to supervisory positions during that time.

Additionally, the Case Investigation/Contact Tracing staff have been instrumental in supporting contact tracing in schools by working closely with school health nurses. They worked closely with BCHD leadership and Outbreak Investigations to help support return to in-person learning in K-12 and universities in the fall of 2021.⁴⁸

Referral to Care and Support Services

In addition to contact tracing activities, BHC had a goal for caring for the whole person by addressing the social determinants of health. Contact tracing staff turned out to be a good link for clients to access these services. Of all cases and contacts worked by contact tracing staff, 44,988 were offered care and support, 7985 were given contact information to reach out for self-referral for care and support services, while 1,135 were given a warm transfer via a three-way call. These are likely underestimates as the data systems were not in place early enough in the pandemic to capture all possible referrals that took place. Moreover, the database used for contact tracing was totally different and not interoperable with the systems used for care and support services.

Objective 3: Care Coordination Findings

The BHC Pilot sought to provide Baltimore’s vulnerable populations with care coordination support through HealthCare Access Maryland (HCAM) and Maryland Access Point (MAP). As a nonprofit organization that partners with Baltimore City to provide assistance related to Medicaid and the Accountable Health Communities (AHC) model, HCAM was well equipped to serve residents with COVID-19 and non-COVID-19 related care coordination needs. MAP, a state-supported program run by BCHD’s Division of Aging, added an additional layer of specialized care coordination to support residents over age 60 with a focus on long-term care and disabled populations. As BHC partners, both organizations leveraged their existing care coordination expertise to meet the heightened needs of residents during the pandemic.

CHWs designated as care coordinators underwent a different hiring, training, and onboarding process than BHC contact tracers. Despite their distinct roles, the BHC program attempted to foster connections between care coordinators and contact tracers to give CHWs an idea of how the program operated as a whole.

Using a community resource database and referral system, care coordinators connected clients to services including support for food such as Amazon grocery boxes, financial support or utilities, isolation housing for positive cases, preventive housing services, and other social needs. Care coordinator activities were specifically meant to serve greater Baltimore’s most vulnerable populations.

This section examines HCAM and MAP care coordination case activities, contact methods, referrals, and client interview outcomes to identify effective client reach and contact methods for providing support services. The number and type of care coordination services provided by each organization were also analyzed to provide insight into what services were the most requested. Additionally, HCAM data on client demographics such as gender, age, race and ethnicity, and COVID-19 status were assessed. This data offers

Exhibit 49 HCAM Care Coordination – Number of Case Activities by Month

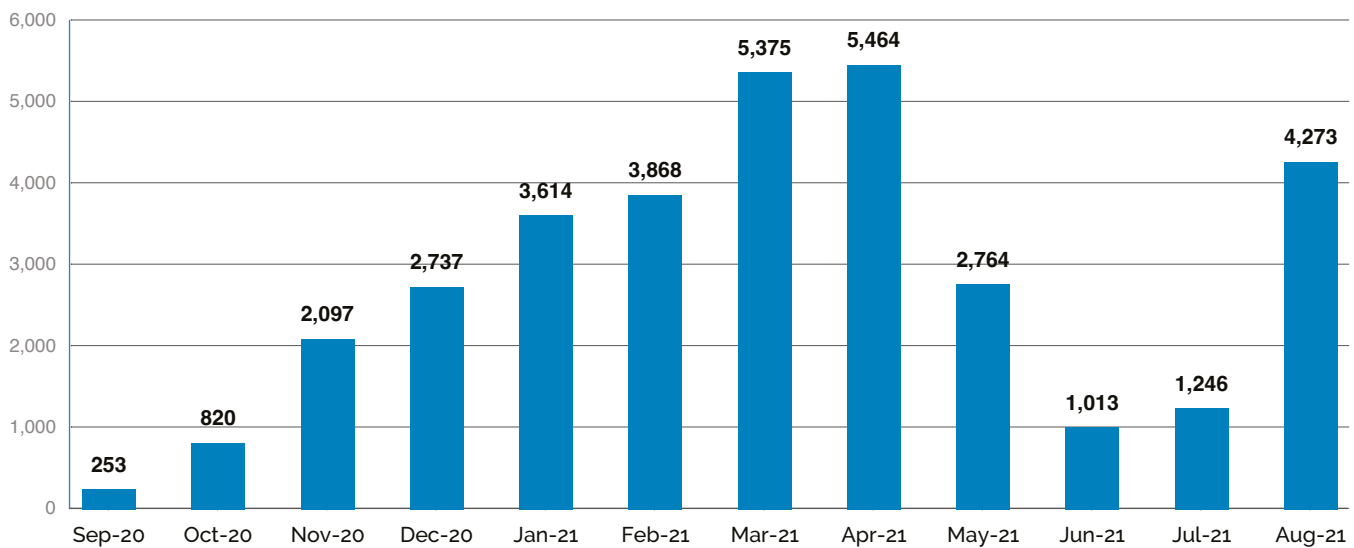
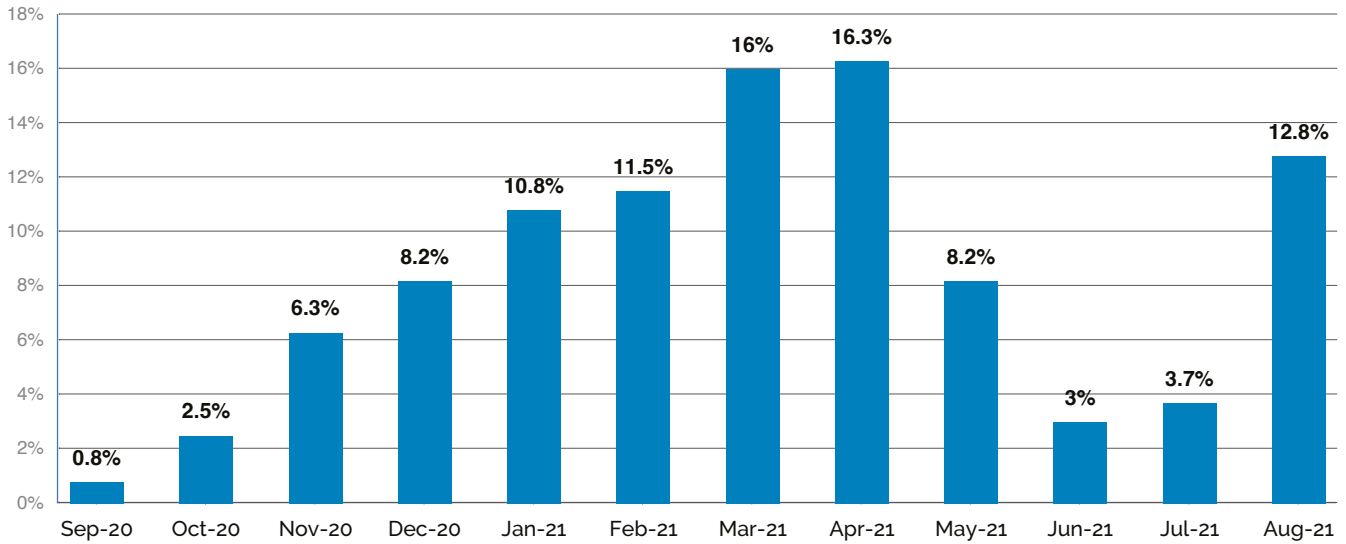


Exhibit 50 HCAM Care Coordination – Percent of Case Activities by Month



important information on the populations care coordinators served. Due to data limitations and incompleteness, MAP client demographic data was not analyzed.

The number of HCAM case activities increased steadily from September 2020 to April 2021 before falling sharply in May 2021. There was a sharp increase in case activities from July 2021 (3.7 percent) to August 2021 (12.8 percent); this increase may have been, in part, by the introduction of the Delta variant of COVID-19 (see **Exhibit 79** for a trajectory of COVID and the key events related to the pandemic).

Exhibit 51 Care Coordination Cases by Contact Method

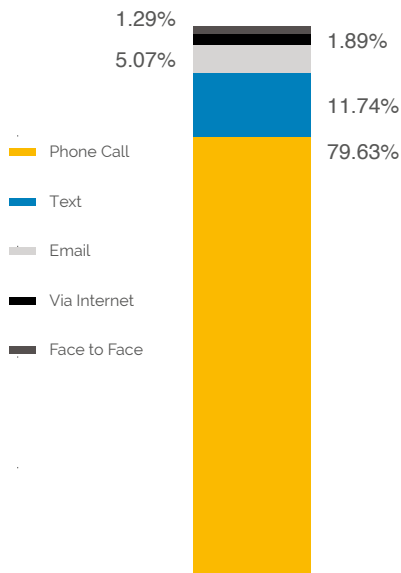


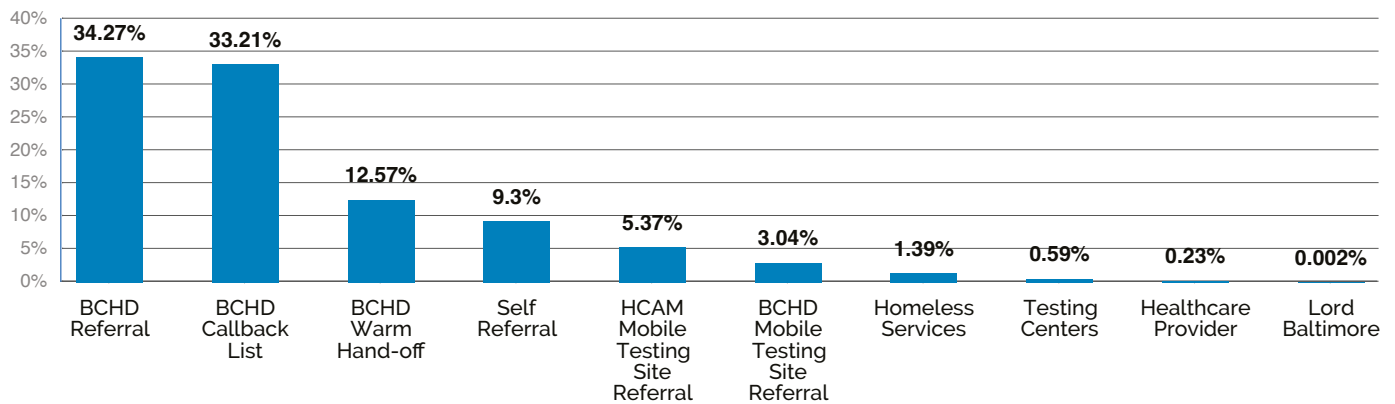
Exhibit 52 HCAM Mode of Contact

Contact Method	Percent of Cases
Phone call	79.63%
Text	11.74%
Email	5.07%
Via Internet	1.89%
Face to Face	1.29%
Home visit	0.10%
Via eCW	0.10%
US Mail	0.09%
Web Search	0.05%
Social Media	0.03%
PES-Other	0.02%
HCAM Walk-in	0.00%
Ride	0.00%
No data	0.00%

Exhibit 53 Percent of Initial Interview Case Activities by Contact Method

Contact Method	Percent	Number of Cases
Phone call	98.86%	46,679
Text	0.76%	36
Home visit	0.13%	6
Face to Face	0.11%	5
Email	0.06%	3
Via eCW	0.02%	1
US Mail	0.02%	1
Ride	0.02%	1
HCAM Walk-in	0.02%	1

Exhibit 54 Percentage of Initial Interview Cases by Sub-Activity (Referral Source)

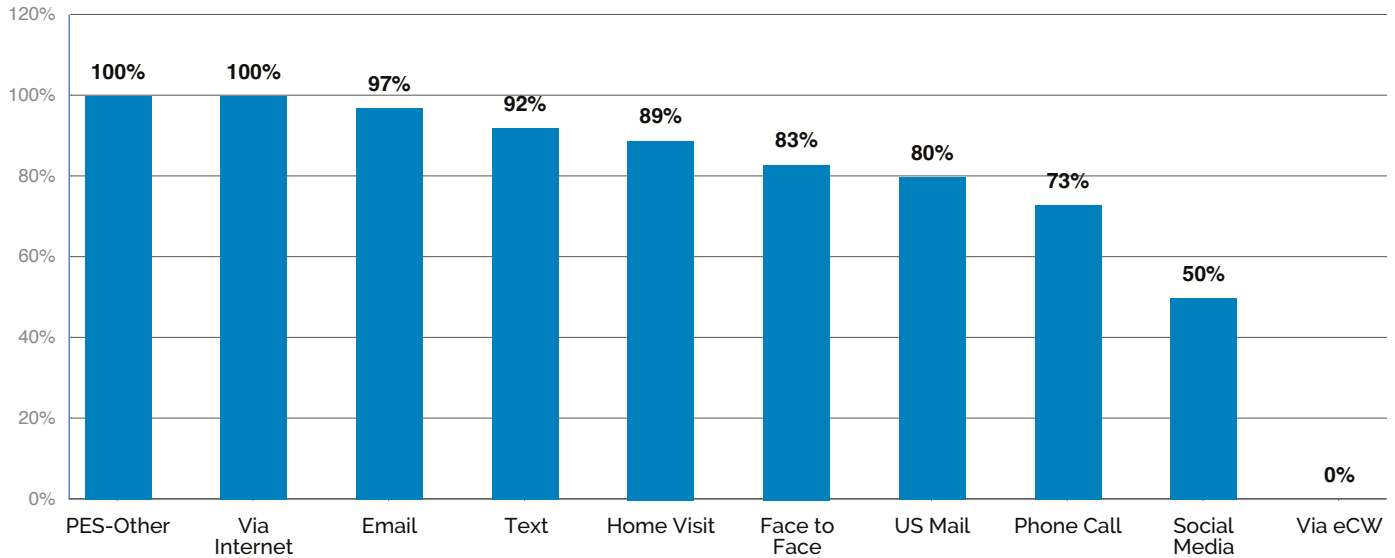


As of August 31, 2021, an approximately 80 percent majority of care coordination activities came through phone calls to the HCAM phone line while 12 percent were received through text message and 5 percent were received through email.

Almost all cases of initial interviews involved the community health worker contacting the client by phone (99%). The most common referral sources were BCHD Callback list (34%), BCHD Referral (33%), and BCHD Warm Hand-off (13%). The least common referral sources were the Lord Baltimore hotel (0.02%), through a healthcare provider (0.23%), and testing centers (0.59%).

Follow-up attempts to contact the client after the initial interview had the highest success rates when clients were contacted through PES-Other (100%), via Internet (100%), email (97%), and text message (92%). The methods least likely to result in successfully contacting the client during follow-up included via eCW (0%), social media (50%), and phone call (73%).

Exhibit 55 Percent of Interactions Resulting in Successful Follow-up by Contact Method



Most interactions conducted to identify call purpose were conducted through a phone call (86%), followed by text (5%), email (5%), and internet (4%). The most identified needs included wellness kits (20%), food boxes (19%), housing (10%), and utilities (10%).

The most common contact methods used for identifying whether a service was received were phone call (60%), text message (21%), email (14%), and Internet (4%).

For initial interview activities, 100 percent of activities were addressed for referral sources that came from a BCHD Warm Hand-off, self-referral, BHC mobile testing site referral, homeless services, testing centers, healthcare provider, and Lord Baltimore Hotel. Nearly all activities were addressed when the referral source was identified as a BCHD referral, BCHD callback list, or HCAM mobile testing site.

Exhibit 56 Percent of Call Purpose Case Activities by Contact Method

Contact Method	Percent	Number of Cases
Phone call	83.21%	7,879
Email	4.79%	438
Text	4.73%	432
Via Internet	4.06%	371
US Mail	0.07%	6
Face to Face	0.05%	5
Home Visit	0.04%	4
Via eCW	0.04%	4

Exhibit 57 Percentage of Case Activities by Call Purpose Sub-activity (Individual Need)

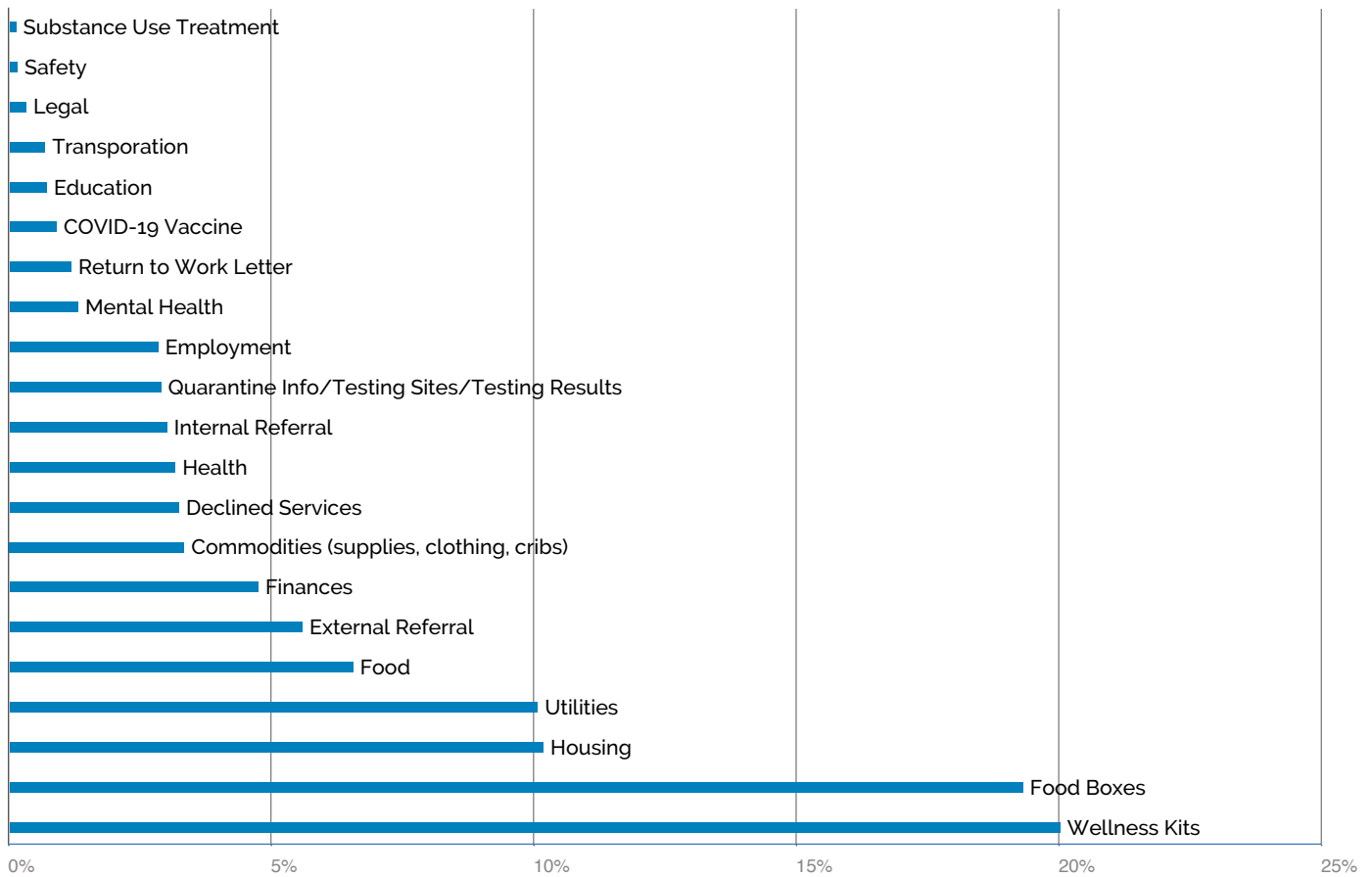


Exhibit 58 Percent of Outcome Case Activities by Contact Method

Contact Method	Percent	Number of Cases
Phone call	60.25%	3,951
Text	20.83%	1,366
Email	13.92%	913
Via Internet	3.84%	252
Via eCW	0.29%	19
Web Search	0.24%	16
US Mail	0.23%	15
Home visit	0.17%	11
Social Media	0.11%	7
Face to Face	0.06%	4
PES-Other	0.06%	4

Exhibit 59 Cases by Addressed Status and Initial Interview Sub-activity (Referral Source)

Initial Interview Subactivity	Addressed
BCHD Warm Hand-off	100.00%
Self-Referral	100.00%
BCHD Mobile Testing Site Referral	100.00%
Homeless Services	100.00%
Testing Centers	100.00%
Healthcare Provider	100.00%
Lord Baltimore	100.00%
BCHD Referral	99.69%
BCHD Callback List	99.68%
HCAM Mobile Testing Site Referral	98.43%

Exhibit 60 Cases by Addressed Status and Follow up Interview Sub-activity (Success)

Follow-up Subactivity	Addressed
BCHD referral no contact	100.00%
Social work referral	100.00%
Successful	100.00%

For case activities related to declined services and quarantine info/testing sites/testing results, 100% of calls were addressed. Calls identifying needs related to substance abuse treatment (92%), safety (93%), legal (95%), and education (95%) had the lowest rates of being addressed.

The most common referrals for a specific need that were received were wellness kits (23%), food boxes (21%), utilities (11%), and housing (11%). The most common referrals for a specific need that were not received were food boxes (1.8%), wellness kits (1.4%).

Over half of clients were female (51%) while 29 percent of clients were male. Less than 1 percent of clients were transgender. Nearly half of male and female clients successfully connected to a resource, while slightly over half of transgender clients successfully connected.

Seventy-two percent of clients were under the age of 60 while 20 percent were older than 60. Clients under the age of 60 had a higher rate of being successfully connected to a resource (42%) compared to clients older than 60 (30%). Clients older than 60 were more likely to have not made initial contact, declined services, and have been unable to be reached after three attempts.

Almost 55 percent of HCAM care coordination clients are Black/African American while 8 percent are White. The majority of non-Black clients successfully connected to a resource (53%) compared to 49 percent of Black/African American clients.

Exhibit 61 Cases by Addressed Status and Call Purpose Sub-activity (Individual Need)

Call Purpose Subactivity	Addressed
Declined services	100.00%
Quarantine info/testing sites/testing results	100.00%
External referral	99.83%
Food	99.21%
Return to work letter	99.11%
Transportation	98.68%
Housing	98.12%
Commodities (supplies, clothing, cribs)	97.94%
COVID-19 vaccine	97.83%
Mental Health	97.71%
Utilities	97.55%
Internal referral	97.23%
Finances	97.20%
Health	97.04%
Employment	96.87%
Food boxes	95.82%
Wellness kits	95.11%
Education	94.74%
Legal	94.59%
Safety	93.33%
Substance use treatment	92.31%

The majority of clients were non-Hispanic/Latino (60%). Information about ethnicity was unknown or not available for over one-third of clients. Non-Hispanic clients were more likely to be successfully connected to a resource (51%) and to be active clients (7%), compared to Hispanic/Latino clients (see **Exhibit 72**).

Forty-two percent of clients were COVID-19 positive (see **Exhibit 75**). A higher percentage of COVID-19 positive clients successfully connected to a resource (50%), compared to COVID-19 exposed (41%) and COVID-19 negative (43%) clients. COVID-19 negative clients were more than twice as likely to have declined services (22%) compared to those who were exposed (9%) or positive (9%). COVID-19 negative clients were also less likely to be provided with resource information (12%).

Exhibit 62 Cases by Addressed and Outcome Sub-activity (Able to Make a Referral for Need)

Outcome Subactivity	Addressed
Wellness kits – received	23.17%
Food boxes – received	20.54%
Utilities – received	10.77%
Housing – received	10.57%
Food – received	7.24%
Finances – received	4.83%
Health info – received	3.74%
Commodities (supplies, clothing, cribs) – received	3.31%
Employment – received	3.11%
Quarantine info/testing sites/testing results – received	2.62%
Food boxes – not received	1.78%
Wellness kits – not received	1.39%
COVID-19 vaccine – received	1.01%
Mental health – received	0.96%
Return to work letter – received	0.94%
Education – received	0.73%
Transportation – received	0.62%
Food – not received	0.51%
Housing – not received	0.46%
Health info – not received	0.26%
Legal – received	0.22%
Finances – not received	0.19%
Utilities – not received	0.19%
Commodities (supplies, clothing, cribs) – not received	0.15%
Employment – not received	0.14%
Safety – received	0.12%
Substance use treatment – received	0.11%
Mental health – not received	0.08%
Quarantine info/testing sites/testing results – not received	0.08%
COVID-19 vaccine – not received	0.06%
Education – not received	0.03%
Return to work letter – not received	0.03%
Safety – not received	0.02%
Substance use treatment – not received	0.02%
Transportation – not received	0.02%

Exhibit 63 Clients by Gender

Gender	Percent of Clients	Number of Clients
Female	50.51%	3,249
Male	29.31%	1,885
Transgender	0.11%	7
Unknown	14.91%	959
No data	5.16%	332

Exhibit 64 Percent of Clients by Gender

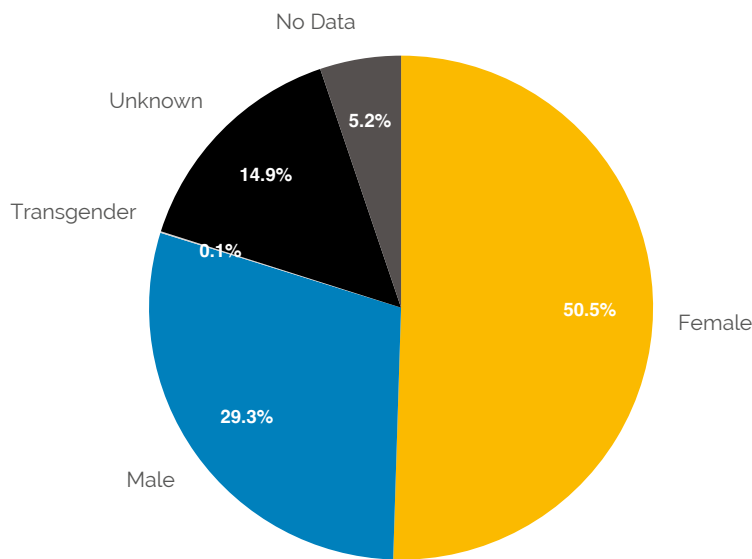


Exhibit 65 Percent of Clients by Gender and End of Outreach Status

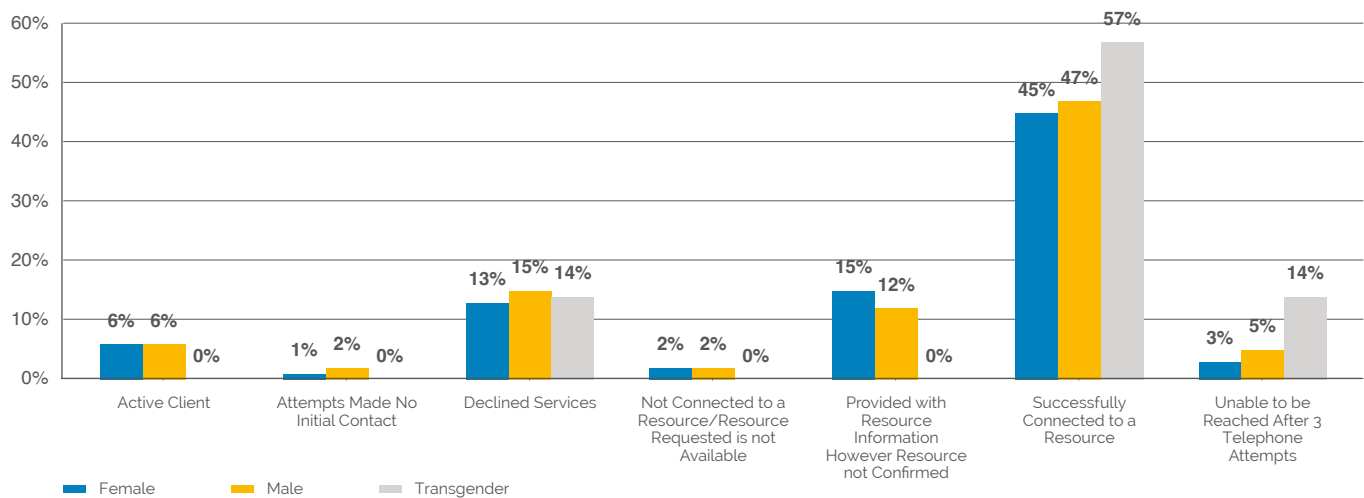


Exhibit 66 Clients by Age

Age	Percent of Clients	Number of Clients
<60	71.52%	4,600
>60	20.21%	1,300
No data	8.27%	532

Exhibit 67 Percent of Clients by Age

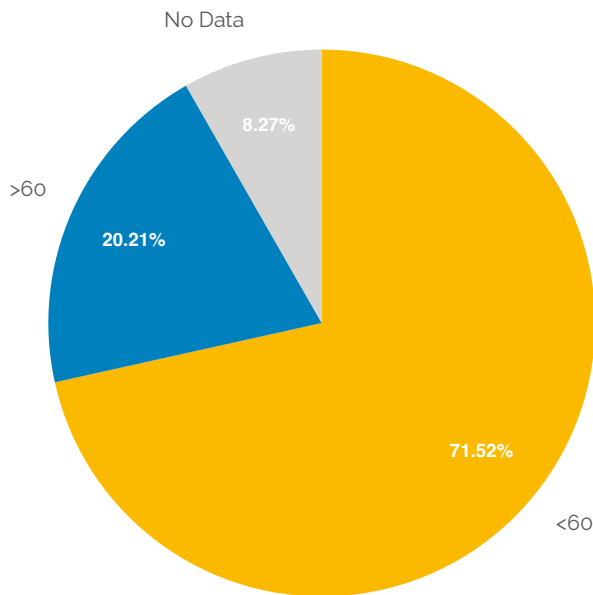


Exhibit 68 Percent of Clients by Age and End of Outreach Status

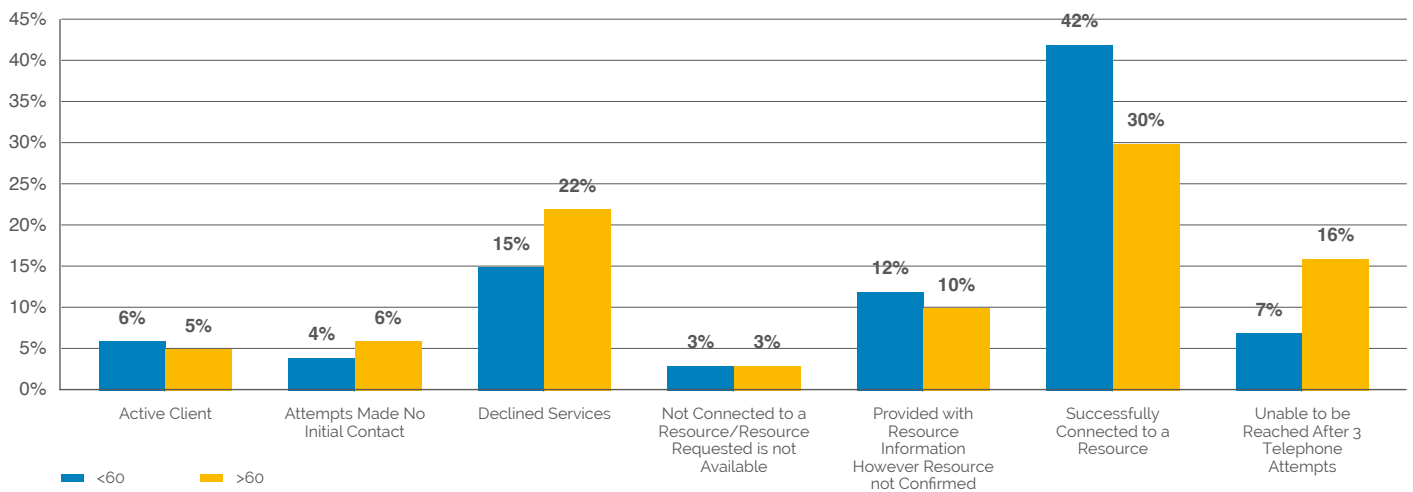


Exhibit 69 Clients by Race

Race	Percent of Clients	Number of Clients
American Native	0.16%	10
Asian	0.37%	24
Black	54.57%	3,510
More than one race	1.34%	86
Native Hawaiian/Other Pacific Islander	0.09%	6
Other	3.11%	200
Unknown	26.82%	1,725
White	8.33%	536
No data	5.21%	335

Exhibit 70 Percent of Clients by Race and End of Outreach Status

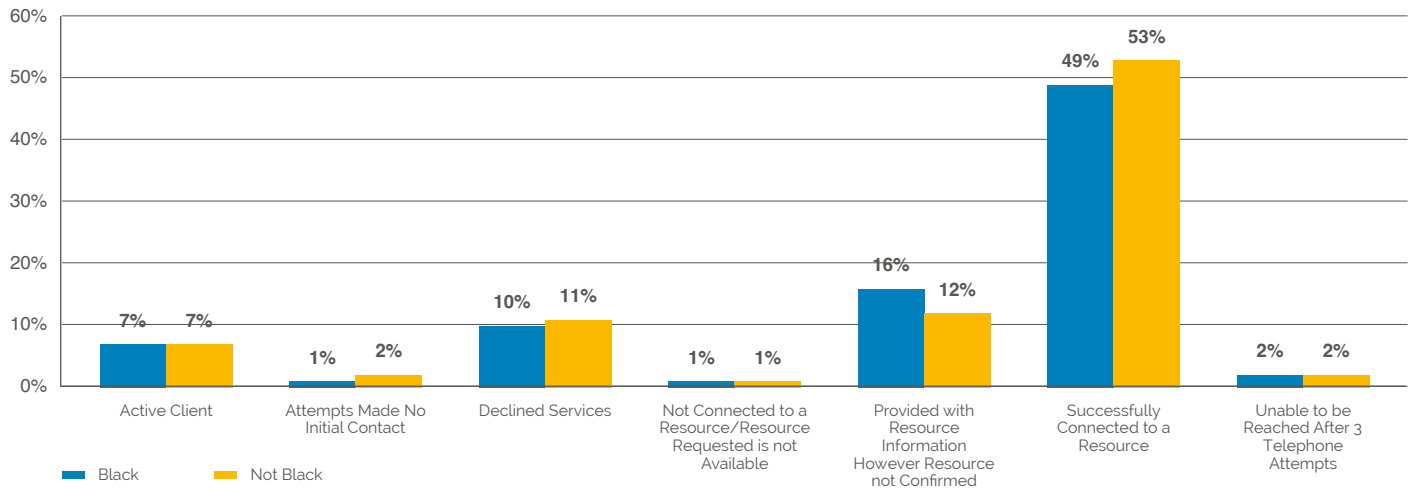


Exhibit 71 Clients by Ethnicity

Ethnicity	Percent of Clients	Number of Clients
Hispanic	6.58%	423
Non-Hispanic	59.84%	3849
Unknown	28.31%	1821
No data	5.27%	339

Exhibit 72 Percent of Clients by Ethnicity

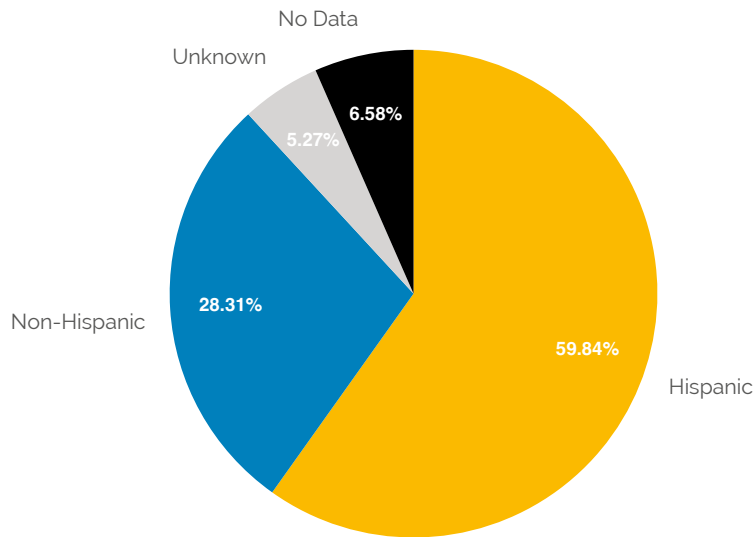


Exhibit 73 Percent of Clients by Ethnicity and End of Outreach Status

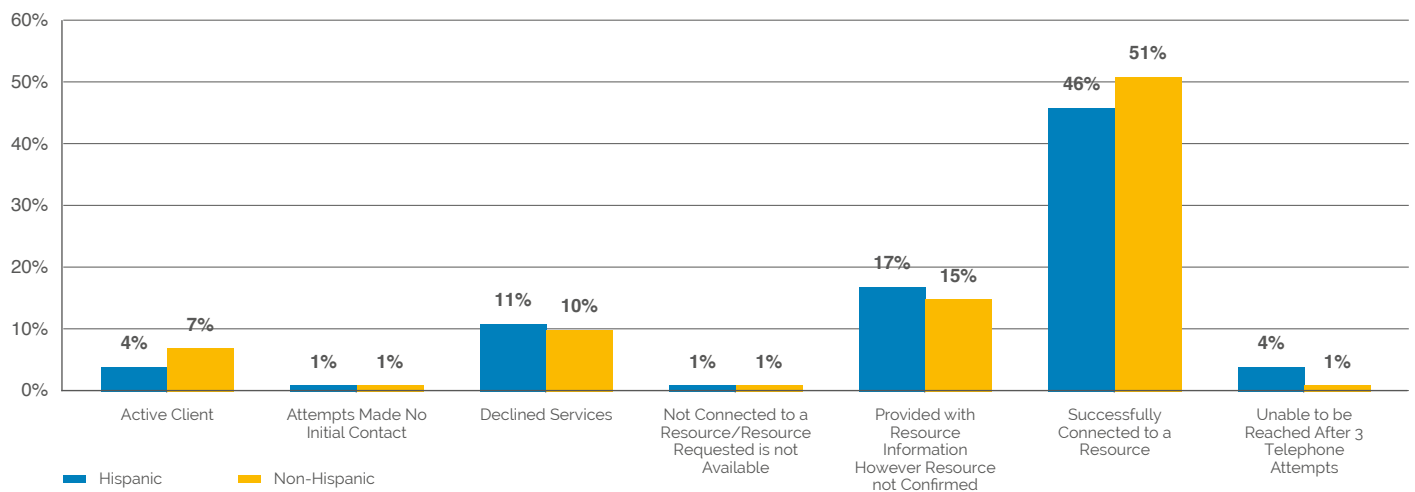


Exhibit 74 Clients by COVID Status

COVID Status	Percent of Clients	Number of Clients
COVID-19 exposed	11.18%	719
COVID-19 negative	12.48%	803
COVID-19 positive	41.64%	2,678
Unknown	29.48%	1896
No data	5.22%	336

Exhibit 75 Percent of Clients by COVID-19 Status

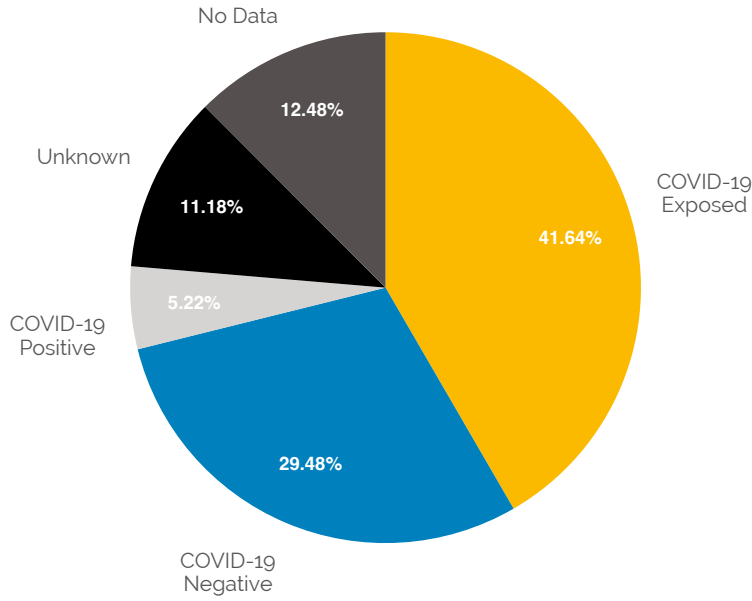
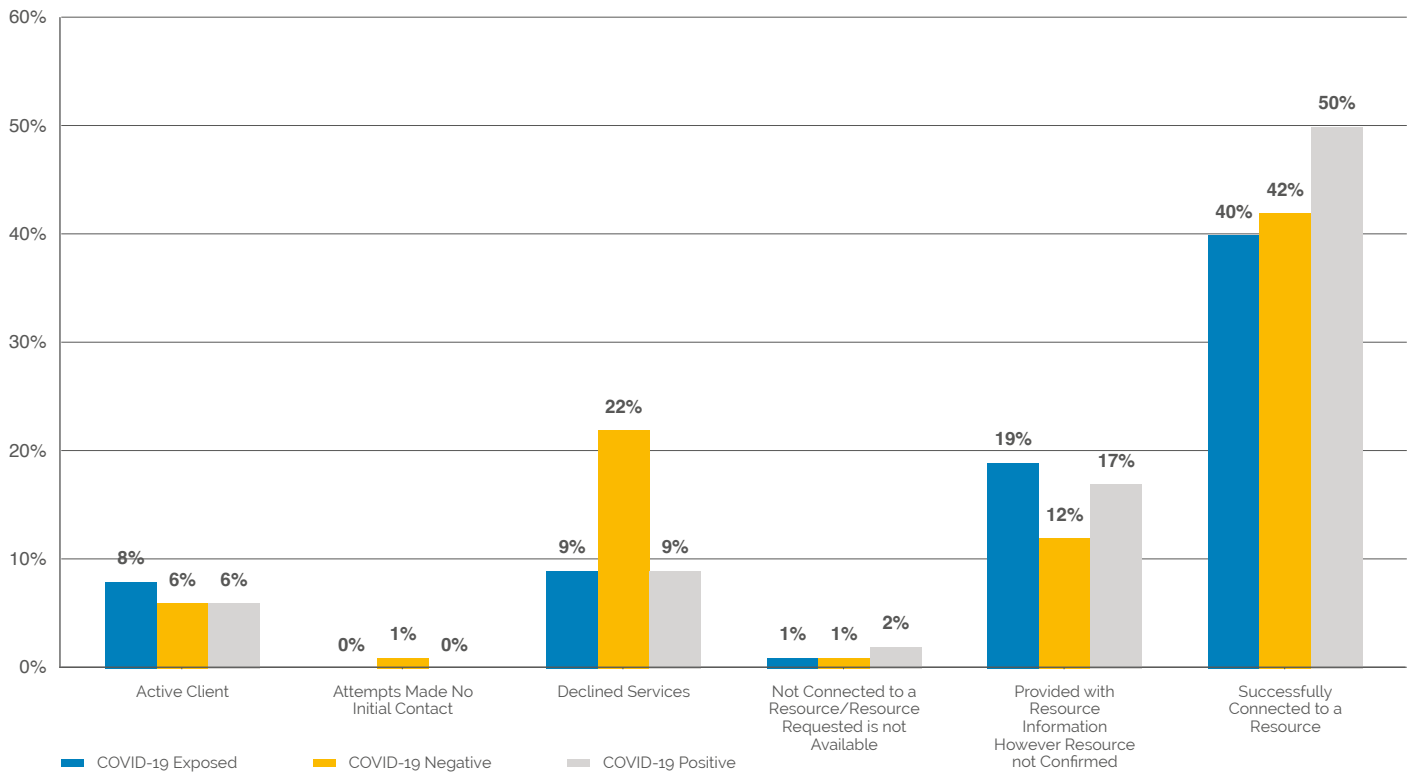


Exhibit 76 Percent of Clients by COVID Status and End of Outreach Status



MAP Care Coordination

Referrals to MAP came in the form of self-referral, referral by a contact tracer, or a direct warm hand-off to a MAP care coordinator.⁴⁹ From February to March 2021, the number of MAP referrals completed increased by threefold. March 2021 marked the overall peak in referral completions over the February to August reporting period at 4,058 referrals. April had the second-highest referral completions at 2,120, while May had the lowest at 682 referral completions. The average number of referrals completed was approximately 1,495. Referrals sent by MAP were significantly less than those completed. MAP averaged only approximately 202 referrals sent over the reporting period. While referrals sent were the highest in April and the lowest in June and July, trends remained mostly steady from February to August.⁵⁰

Exhibit 77 MAP Referrals (February 2021-August 2021)

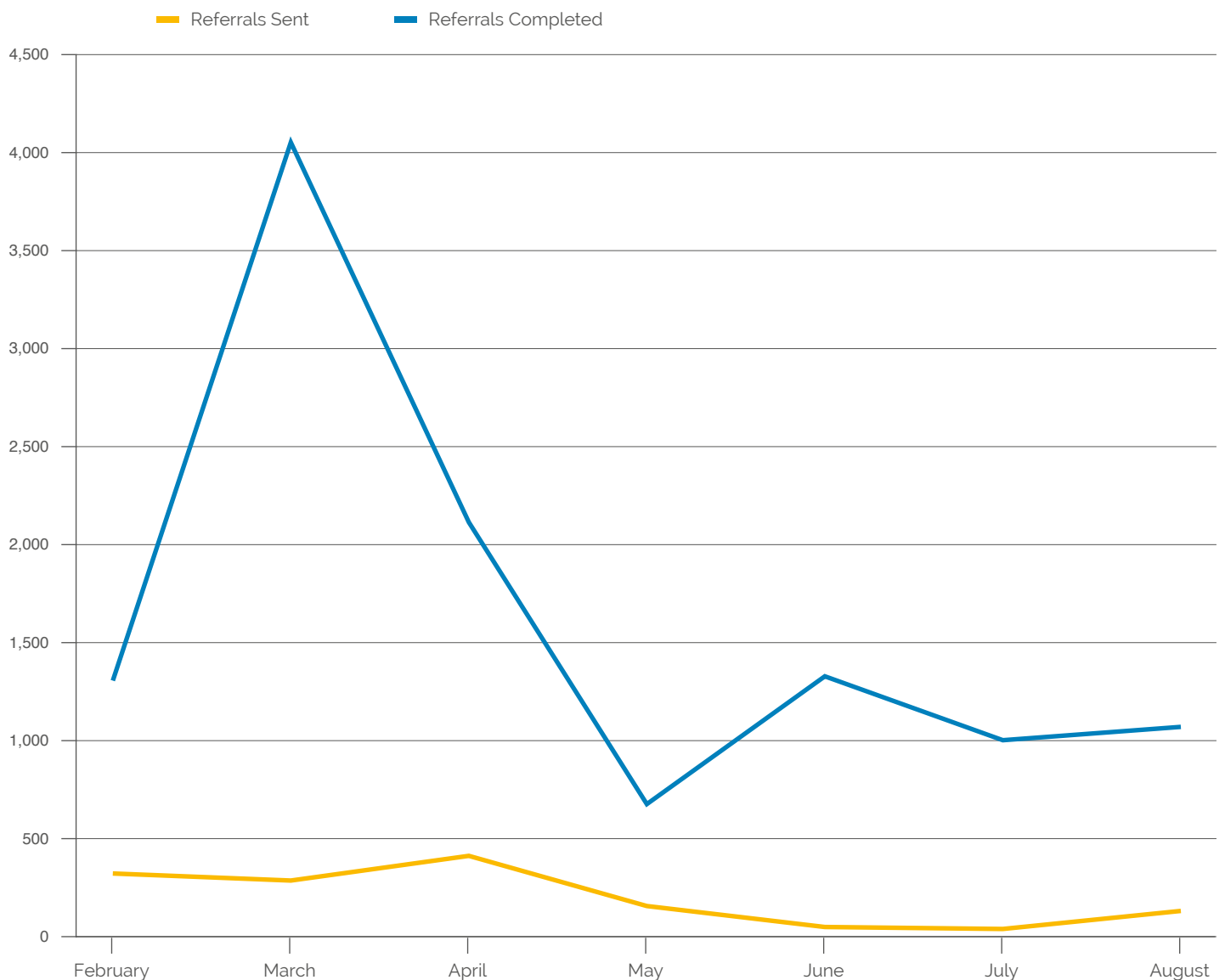
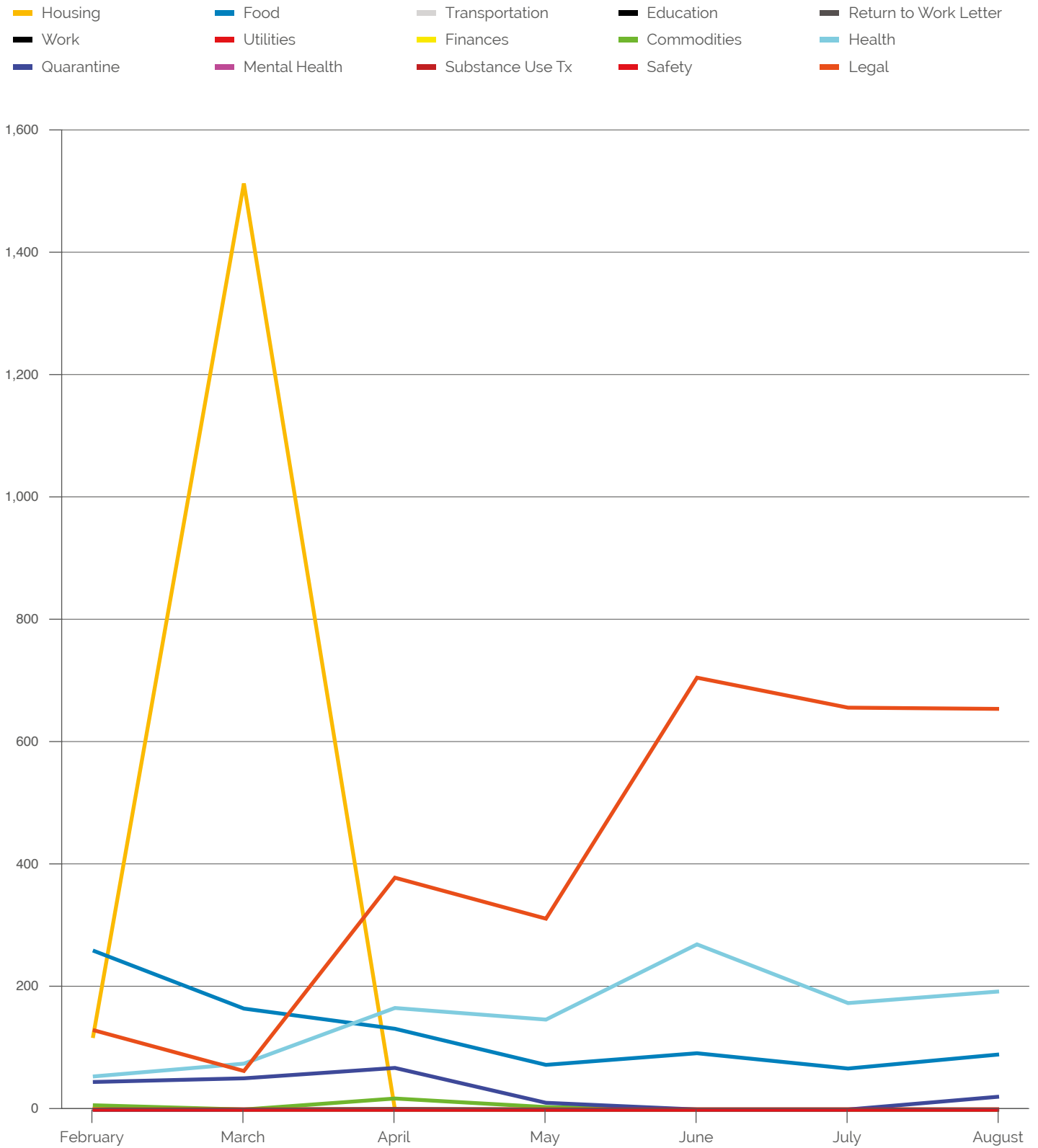


Exhibit 78 MAP Care Coordination Trends (February 2021-August 2021) Status



MAP offered care coordination services in areas relating to housing, food, transportation, education, return to work letters, work, utilities, finances, commodities, health, quarantine, mental health, substance use treatment, safety, and legal. Over the February to August reporting period, requests for food, health, and legal were the most common. Most notably, housing care coordination rose from 117 to 1,514 in March and then fell to zero for April through August. Legal services saw the greatest increase over time than any other care coordination support.

Legal care coordination support was the most common service provided with 2,902 support requests during the reporting period. Housing (1,631), health (1,079), and food (879) were not far behind. Besides quarantine (196) and commodities (29) support, other care coordination services had totals under two requested services. MAP did not provide care coordination services concerning transportation, education, work, utilities, mental health, substance use treatment, and safety during this period.⁵¹

SECTION 4

Discussion and Recommendations

Although causal inferences were not possible for a variety of reasons, it is clear from the findings that the Pilot was successful in achieving and even exceeding the expected objectives. In this section, we describe the challenges and limitations in the Pilot – both with evaluating the Pilot, as well as implementing the Pilot. Following, we describe recommendations for communities that are considering replicating the BHC model.

Challenges to Evaluating the BHC Pilot

Abt Associates was awarded the evaluation in late May 2021, which was nearly one year into the Pilot's implementation. In any evaluation or research project, there are bumps and hurdles to getting started, and this evaluation was no exception. The truncated timeline (May 2021 – December 2021) coupled with the desire to conduct two waves of Community Health Workers (CHW) surveys put the Abt researchers to work immediately. Therefore, most of the challenges encountered were due, in part, to the condensed timeline. However, the challenges identified below are general challenges our research team likely would have encountered regardless of the timeline and should be kept in mind for other researchers who evaluate similar complex initiatives.

Multiple Partners

The BHC Pilot could not have been successful without the coming-together of the multiple partners. The key programmatic partners included BCHD, MOED, HCAM, MAP, and the fiscal sponsor – the Baltimore Civic Fund. In addition to these partners, there was an impressive list of major funders who contributed large sums of funding to promote the success of the BHC. Although the multiple partners were responsible for inception of the Pilot, the research team found it challenging to navigate and fully understand the partners and their roles. Each of the key partners were responsible for collecting and keeping data associated with their role in the Pilot, which resulted in the evaluation team initiating multiple requests for data and needing to secure different data use agreements (DUAs) or approvals required to obtain the data. Fortunately, each of the program partners were extremely accommodating, and all approvals were cleared in time to get the secondary data to our evaluators in October for secondary analysis. Key recommendations related to overcoming this challenge are included below (see Program Management & Leadership, and Ongoing Data Collection and Analysis below).

Paperwork for Individual Health Records

In any research using individual-level health data – even when personally identifiable information (PII) is redacted – evaluators likely will face obstacles in obtaining the data; this study was no exception. Because the BHC data were not in a centralized location, and each program partner had their own data collection

system in place, the research team had to put in place a DUA with the BCHD. The DUA was fully executed in October 2021, which delayed the secondary data analysis somewhat, however the research team understood the importance of these additional protections. The executed DUA included provisions specific to utilizing health data such as: (a) the Data Provider shall provide Data Recipient with de-identifiable data that is stripped of PII; (b) the Parties mutually warrant that the data provided will be used solely for the purposes described in the scope of work under the terms of the contract and for no other purpose; and (c) the Data Recipient agrees not to attempt to link or merge records in an attempt to seek the identity of or to contact individuals when the Data Recipient is provided with de-identified data and the scope of work does not require further identification. Researchers who evaluate BHC or similar initiatives should understand the necessity of a DUA to use health data and factor the execution of the DUA into the timeline early into the project.

Survey Response Rates

The research team conducted two waves of surveys for the CHWs: one in July and the other in late September. Both surveys were open to the CHWs for six weeks, and MOED provided the email addresses of the employed CHWs at both points in time. Both surveys were sent to 260 potential respondents, and both surveys yielded very low response rates. Of the 260 respondents who were sent the first survey, 146 or 56 percent were completed. There were also an additional 10 who partially completed the survey, and we were able to use the data that was provided. Of the 260 respondents who were sent the second survey, 25 or 10 percent were completed. There were also an additional six who partially completed the second survey, and we were able to use the data that was provided. Of those who completed both surveys, only 18 respondents completed the surveys, which is a response rate of 7 percent.

These response rates are considered very low by industry standards, and there are a number of factors that may have contributed to the low response rate, including but not limited to: not offering participant support costs (e.g., incentives) for completing the surveys; potential respondents' awareness that their position would soon be ending as part of the term-employment arrangement; lack of understanding of the importance of the survey(s); and/or receiving the email and dismissing the link as "spam" or junk. Additionally, CHWs who completed the first survey in June-July may have presumed because they had already participated, they did not have to take the second survey. Another contribution to the low response was likely the length of the survey – which was quite long due to the number of outcomes related to the three objectives. Also, in August 2021 after the first survey response, the programmatic team met with the evaluation team to discuss the funding allocation for the remaining months. The team agreed that there would be one more survey (totaling two), but that any funds that would traditionally be used to increase response rates (e.g., phone calls by supervisors, etc.) would be allocated to the secondary data analysis from the data collected by the partners. The team also agreed that upon receipt of the partners' data, should the data not be useful, Abt would reallocate funds to increase response rates for the second survey; fortunately, the partners' data was extremely rich and allowed for the findings in Section 3.

The partners were very helpful in sending emails to their staff ahead of each survey to encourage participation, as well as to "gently nudge" the respondents. Because of the low response rates, findings from the surveys are not likely to reflect those of the entire population of CHWs.

Reaching Former CHWs

Our research team had hoped to be able to access the former CHWs who left voluntarily or were terminated for cause, however due to Maryland laws regarding privacy, we were unable to obtain contact information for this population. Due to the rapid nature of Baltimore City’s response to COVID-19, there was no time to implement a consent procedure for CHWs that left their employment position. Surveying and/or interviewing former CHWs would have served several purposes with the primary purpose to understand if and how BHC played a role in their current position. Other questions of interest included: (a) how did the former CHW learn of the Pilot? (b) What elements of the position and/or training(s) were the most useful? (c) Why did they leave the Pilot? And (d) What skills did they learn from their time at BHC that they otherwise would not have established? Should BHC be replicated in any form, we recommend that the employment contracts explicitly state that upon termination of employment, the individual may be contacted by a research team later in the future, and that while participation would be greatly appreciated, their response to the research team would be entirely voluntary.

The following section outlines broad recommendations for both Baltimore City and other communities that are looking to create a similar wraparound program in response to an event like the COVID-19 pandemic, however they are not without the limitations outlined above.

Challenges to Implementation of the BHC Pilot

The first case of COVID-19 struck Baltimore City mid-March, which was nearly two months after the first US case was detected. From this point on, cases surged in Baltimore – particularly for Hispanic/Latino- and Black/African American residents (four times and 1.5 times higher than the White population). While the public health crisis was spreading across the US like wildfire, the ancillary ramifications began to spread as well. From modest things like shortages in antibacterial wipes and other products, to new mask mandates being put in place, no part of the US day-to-day was spared. At the same time, in large part due to the pandemic, the unemployment rates surged; Baltimore was not spared from this hardship. At the time the first case was detected in Baltimore City, the unemployment rate was under 5 percent; a month later, the rate had doubled to 11.6 percent.⁵²

While many communities awaited guidance from their state and local government officials, Baltimore City proactively formed a coalition to address the concurrent crises caused by COVID-19 through an ambitious CHW workforce development initiative that trained and employed hundreds of residents while supporting the City’s emergency response system. Creating the BHC aimed to generate sustainable, long-term career trajectories for individuals who lost work during this emergency. Moreover, the proposed

“
*While many communities awaited guidance from their state and local government officials, **Baltimore City proactively formed a coalition to address the concurrent crises caused by COVID-19...**”*

model sought to reduce inequity by intentionally hiring individuals who represented the diversity of Baltimore City itself; therefore, the candidate pool included individuals who were unemployed, underemployed, or furloughed, with great variability in candidate background, ethnicity, skill-level, and geographic location within Greater Baltimore. Ultimately, the BHC was a proactive initiative to immediately address the needs of City during this period of uncertainty.

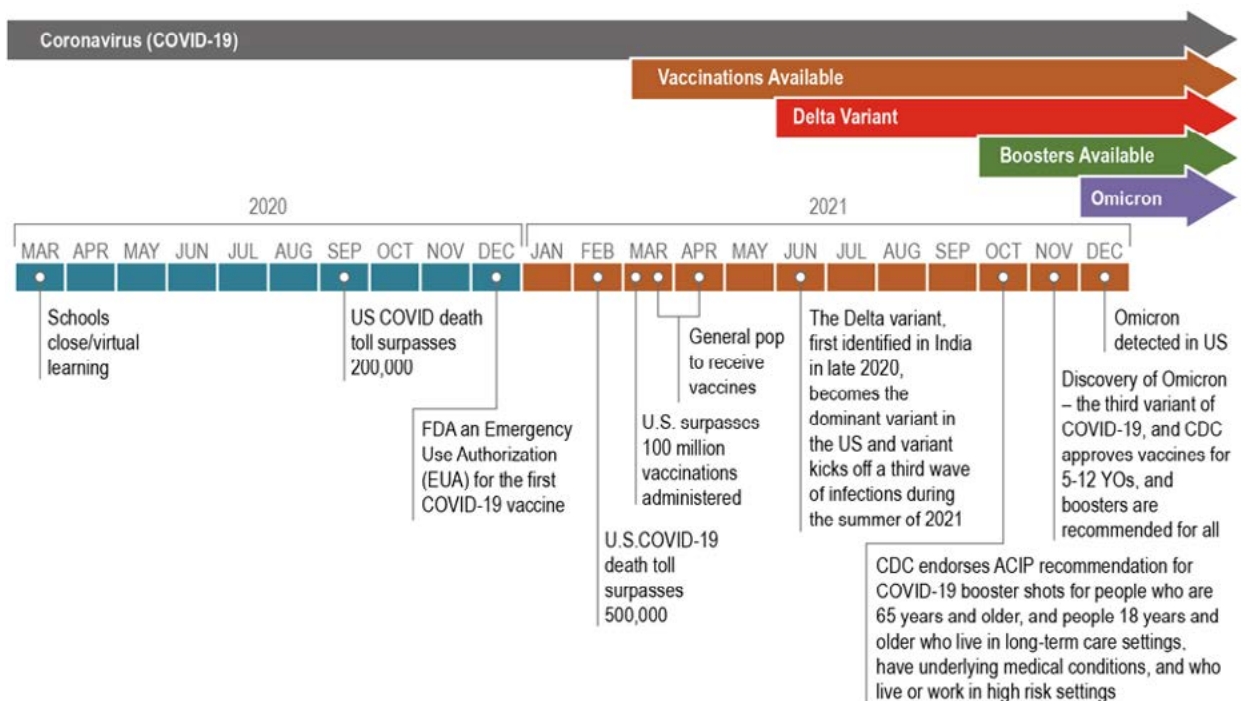
However, like pandemics before this, COVID’s dynamic and fluid trajectory meant the roles of the CHWs may have to change to meet the current focus of attention – as the FDA approved COVID-19 vaccines, as the vaccine was rolled-out for various populations, as new variants of COVID were discovered, and as booster vaccinations were recommended by the Federal government. See **Exhibit 79** for a trajectory of these key events.

Hiring and Candidate Recruitment

As noted in the focus group of CHW supervisors, the hiring process itself was not without its challenges. BHC staff noted logistical issues that made turnaround time from application-to-offer take longer than expected. Some applicants had received other offers when BHC extended their offer. Amid a pandemic and with virtual hiring systems in place, BHC’s hiring process included additional steps that would normally be covered in-person at a faster rate. Additionally, BHC hiring came at a time of great talent reshuffling across all industries making it more competitive to identify qualified candidates with the right experience and those who were a cultural fit for the job.

BHC supervisors also noted the process was “rushed in the beginning” and that they were given a very large and diverse applicant pool to review.⁵³ Because so many candidates were recruited and screened at once, the hiring emphasis was placed on applicants’ skillsets and potential to be a successful CHW. However, this

Exhibit 79 Trajectory of Key Events of COVID-19 and Response



made CHW’s personalities hard to evaluate during the screening process, and therefore they experienced challenges in navigating teams due to difficult individuals who did not work well in a group.

Build Awareness and Accessibility of BHC

Survey respondents and focus group participants identified challenges related to the lack of awareness of the BHC among the City’s communities. Some focus group participants expressed that there wasn’t enough done on the community side to get the word out about the BHC program’s contact tracing and care coordination efforts. Some of this may be because many City residents did not have cell phones, and therefore CHWs were unable to contact individuals through calling initially. Without the use of a phone, residents in need could not be helped.

Alternatively, BHC supervisors noted that there were times the CHWs became “overwhelmed” at points due to the volume of clients who were seeking additional care and support. There were points in time that CHWs felt Baltimore City underestimated the number of individuals who would be seeking care coordination and support from this program.

Training. Focus group participants identified some challenges in the rollout of the trainings. As one example, they noted that some trainings and policies that were not initially established at the beginning and thus were more reactive than proactive. Specifically, guidelines related to canvassing in the urban environment of Baltimore had to be added to the program “on the fly.” Additionally, focus group attendees felt that many important parts of the initial trainings were lost on CHWs once they began work. We provide recommendations to these challenges in the next section.

Recommendations for Implementation and Replication

Below we outline broad recommendations for both Baltimore City and other communities that are looking to create a multi-pronged program in response to an event like COVID, however they are not without the limitations identified above.

Marketing and Outreach

To increase the likelihood of success for an initiative such as BHC, program management and leadership must raise awareness of the program among the community through outreach efforts, advertising, and dissemination of key program information. For the BHC, CHW supervisors noted that more public service

“
 If people are not aware of the support that contact tracers and care coordinators provide, these resources will not be utilized to their fullest potential.”
 —CHW Supervisor

announcements (PSAs) would have been beneficial to “get the word out and raise program awareness.” Aside from PSAs, more creative marketing with a “sense of urgency to inform people and offer them reliable information” would have been helpful.

“

...You know, I personally, when I work with someone, **it doesn't really matter to me that the person has a lot of experience** because the person can bring negative experience and bad habits. If I have a person who doesn't provide experience, I know that **I have the resources to providing training 2, 3, 4 weeks...** personality, I think is number one, **because that's the ethics that you put into your work...**”

—CHW Supervisor

Hiring Beyond Skill-Level and Build Non-Technical Skills

Among other skills and experiences, candidates should be selected for their ability to collaborate with others and provide effective customer service. Community health work involves a lot of coordination with different partners and team members as well as interaction with the community. While personality and attitude are difficult to evaluate during mass hiring efforts, these aspects of applicants should be considered when possible. It is important to identify candidates who work well in teams and thrive in a collaborative environment.

Leadership should implement a protocol and/or procedures to give CHWs the tools to address client issues outside of their initial responsibilities and/or bandwidth. Supervisors noted that it was common for people to come to the CHW with all their issues at once, and training did not equip CHWs to adequately respond. For example, many staff may have begun

employment as a contact tracer, but when COVID-19 shifted to accommodate the vaccine, those roles transformed into more case management; many CHWs were not prepared for case management and needed the “bandwidth to understand” where to direct residents to get help.

Establishing Timelines for Hiring and Training and Prepare the Workforce

When COVID-19 was escalating in the US in early 2020, Maryland's Governor declared a state of emergency, which restricted gatherings, closed schools, and required face masks and social distancing. At various points since March 2020, there have also been emergency “stay-at-home” orders, as well as closures of nonessential businesses. While meant to curb the spread of the pandemic, the closures of businesses exacerbated unemployment rates. Due to the restrictions and conditions in everyday life, executing a mass hiring effort with great speed was a near impossible task. BHC was successful in part due to the commitment of the partners, and an aggressive timeline that was implemented. Therefore, it is critical to establish a realistic timeline for hiring and recruitment that works to avoid rushing the process and straining staff and resources. As noted in the Challenges section, BHC supervisors were given a large and diverse applicant pool from BCHD. The CHW Supervisors had to do a lot of applicant-sorting themselves under a tight timeline. Because the program was stood up while being conceived, the initial process felt front-loaded. CHW supervisors noted

they had to “hire fast,” but stay in the guidelines for hiring. Identify all necessary trainings, guidelines, and policies from the onset of the program so there are existing frameworks in place.

As noted above, while trainings focused on building workers’ technical skills are important, skills needed to be successful “in the field” should also be offered. Moreover, focus group participants felt that some trainings and policies that weren’t initially established and thus were more “reactive than proactive.” We recommend identifying all necessary trainings, guidelines, and policies from the onset of the program so there are existing frameworks in place.

Once these timelines are in place, it is critical to prepare the workforce. Begin by ensuring existing staff and leaders have the training and learn the values needed to engage in equitable review and hiring practices. Collaborate early to craft job descriptions, criteria for review, rubrics, and scoring processes. Also, supplement initial training with on-the-job training and a supportive mentorship that allows for continuous skills-building. If possible, remove barriers for applicants and new hires related to criminal history background checks and drug-testing requirements to encourage workforce equity and facilitate faster hiring. Leverage existing training models and adapt the curriculum to meet the specific needs of the program.

For a complex initiative and hiring with an equity lens, it is critical to provide basic training. Involve community-based organizations to provide additional services or resources such as computer literacy training and interview preparation. These organizations can help remove technology barriers during the pre-interview process and identify potential applicants. Offer support to encourage and ensure post-program placement opportunities, including career navigation, behavioral health, legal services, job placement assistance, and financial empowerment training. And finally, work with employers in the region who have similar needs, in order to create a pipeline for referrals into longer-term positions for employees.

Use Data to Reduce Community Barriers

Barriers posed by community limitations such as lack of contact resources (cell phone, email, etc.) should be identified and addressed. A plan for supporting hard to reach clients should be established to reduce strain on CHWs. Program leadership should attempt to analyze data on the race/ethnicity of the unemployed population to ensure targets are representative of those at increased likelihood of suffering from loss of work or chronic unemployment. Additionally, leadership should conduct focus groups or interviews with community members to improve understanding of needs and the impact of programs on their employment and health outcomes.



*Do I think our organization did a good job? **Yes, I believe they did. I believe the process put in place was tried and true. And over and over again, as you saw the number of cases that ended up closing because those people had been successfully helped was sure evidence that it worked.***

—CHW Supervisor, HCAM

Ongoing Data Collection and Analysis

We recommend ongoing data collection and analysis of findings so that partners can be informed of results and pause and pivot funding and resources as necessary. Ideally, this would include streamlining data into one central system for reporting. Data can and should be collected from individuals who were not qualified or selected for employment. Data should also be collected from former CHWs who left voluntarily to understand impact from the BHC on future employment. To the extent possible, data should be collected on the follow-up from HCAM and MAP referrals. Data collection should be built into each partner and case, and by way of a DUA, data should be shared with leadership to understand what is working well, and where additional funds or other resources are needed.



*I have heard my care coordination staff say, and I agree, that **it would be great to have data that tells us whether and how a client actually followed up on the referrals we gave. Not knowing if [the client] got the help we recommended isn't the best feeling. Like we hand them a phone number and that's it.***

—CHW Supervisor, Contact Tracing

Collaborative and Flexible Project Management and Leadership

For the success of an initiative such as the BHC Pilot, we recommend allocating resources to support a dedicated project manager across the program with experience working across the city, county, or state with the partners involved. Alternatively, if funding resources cannot support a full-time manager, identify an established point of contact or project manager within each organization. Using a multidisciplinary team-based approach for planning and execution can break down traditional silos between economic development and public health to ensure buy-in across agencies and leverages everyone's domain expertise. In this workgroup or team-based model, ensure that project management support is provided for all groups with key roles and ensure accountability. Develop strong linkages and coordination with other departments or programs not involved in the contact tracing and care coordination activities. It is important to be flexible during the program's design and implementation, so leaders and staff feel empowered to quickly pivot to address challenges. Build in a feedback loop, so staff and supervisors can be receptive to employee/participant/client feedback to improve processes or practices.

CHW supervisors suggested the designation of leadership and decision-making authority for workgroups and the overall program, and ensure teams know who the key decision-makers are within the teams and across the program. Familiarity, open communication, and the ability to quickly execute contracts and start funds flowing will be vital to any initiative such as BHC. We also recommend centralizing resources and support services that all organizations offer into one easily accessible database. Make updates to this database when new resources are identified or when others are no longer available. This will raise awareness of support services at hand and allow CHWs to connect their clients more seamlessly to these services. These resources should cover a wide range of supports as client needs can require more specific resources. These resources should also include consider specific groups (those mentioned in the focus group were pregnant women, the transgender community, and Spanish-speaking clients).

“

When we got a call from the city that someone needed to be contacted by us, **there was a slew of other social disparities that come with someone testing positive or being in contact with someone. We were dealing with mental health issues, we were dealing with evictions, we were dealing with the folks that were in need of food or SNAP benefits as their welfare benefits had been cut for some time...**

—CHW Supervisor, Contact Tracing

“

I think the contact tracing program worked very, very well. People were ready for the calls when we made them. They weren't always happy... but they seemed to be informed once they were diagnosed with a positive test that they would be getting a call from us.

—CHW Supervisor, HCAM

Continue Wraparound Services to Workforce

BHC supervisors expressed great satisfaction with the resources and services extended to the CHWs. Among BHC employees who used support services during their tenure, 48 percent reported feeling “very confident” about gaining employment or pursuing additional education after their job when BHC ends. Another 28 percent reported feeling “somewhat confident” and only 5 percent said they are “not very confident” about their future employment or educational opportunities. BHC employees indicated a continuing interest in public health-related professions. Seventy-three percent were interested in pursuing employment and/or training for a career in public or community health. In this regard, BHC has met its most critical goal of preparing individuals to be successful in community health or other public health-related fields.

Roughly 30 percent of those CHWs surveyed reported using these support services “several times per month.” Another 29 percent of the sample reported using these services “once a month.” Overall, users believed that these services were beneficial – 30 percent of users surveyed said they were “very helpful”, 30 percent said they were “somewhat helpful”, and 21 percent said they were “moderately helpful.” Only 4 percent of respondents stated that the services were “not at all helpful.” Most respondents did not have strong opinions about what would have encouraged them to use the career navigation services more.⁵⁴

APPENDIX A

Funding Reports for the Baltimore Health Corps Pilot

Figure 1 Fundraising - Reporting Period: 5/1/2021-7/31/2021

Organization/Funder Name	Amount	%Budget	Location
Baltimore City/CARES Act Federal Funding	6,775,000	44.40%	BCHD
Rockefeller Foundation	3,000,000	19.66%	Civic Fund
FEMA COVAX Reimbursement	1,200,000	7.86%	BCHD
PepsiCo Foundation	500,000	3.28%	Civic Fund
Bank of America	500,000	3.28%	Civic Fund
Bloomberg Philanthropies	500,000	3.28%	Jhpiego
CDC ELC Grant	336,361	2.20%	BCHD
Baltimore Ravens	250,000	1.64%	Civic Fund
Annie E. Casey Foundation	250,000	1.64%	Civic Fund
France-Merrick Foundation	250,000	1.64%	Civic Fund
CareFirst	250,000	1.64%	Civic Fund
Abel Foundation	250,000	1.64%	Civic Fund
Harry and Jeanette Weinberg Foundation	200,000	1.31%	Baltimore Corps
OSI-Baltimore	200,000	1.31%	Civic Fund
State Funding/DOL Grant	157,500	1.03%	MOED
Stulman Foundation	100,000	0.66%	Civic Fund
Hoffberger Foundation	100,000	0.66%	Civic Fund
Goldseker Foundation	100,000	0.66%	Civic Fund
Jacob and Hilda Blaustein Foundation	85,000	0.56%	Civic Fund
Kaiser Permanente	75,000	0.49%	Civic Fund
Rauch Foundation	50,000	0.33%	Civic Fund
CDC ELC MHHD Grant	50,000	0.33%	BCHD
BGE	45,000	0.29%	Civic Fund
Baltimore Community Foundation	25,000	0.16%	Civic Fund
T. Rowe Price Foundation	10,000	0.07%	Civic Fund

Source: Baltimore Health Corps Rockefeller Report Narrative 08-31-2021

Figure 2 Fundraising - Reporting Period: 9/1/2020-4/31/2021

Organization/Funder Name	Amount	%Budget	Location
Baltimore City/CARES Act Federal Funding	4,500,000	36.13%	BCHD
Rockefeller Foundation	3,000,000	24.09%	Civic Fund
PepsiCo Foundation	500,000	4.01%	Civic Fund
Bank of America	500,000	4.01%	Civic Fund
Bloomberg Philanthropies	181,012	1.45%	Jhpiego
Baltimore Ravens	250,000	2.01%	Civic Fund
Annie E Casey Foundation	250,000	2.01%	Civic Fund
France-Merrick Foundation	250,000	2.01%	Civic Fund
CareFirst	250,000	2.01%	Civic Fund
Abel Foundation	250,000	2.01%	Civic Fund
Harry and Jeanette Weinberg Foundation	200,000	1.61%	Baltimore Corps
OSI-Baltimore	200,000	1.61%	Civic Fund
State Funding/DOL Grant	157,500	1.26%	MOED
Stulman Foundation	100,000	0.80%	Civic Fund
Hofiberger Foundation	100,000	0.80%	Civic Fund
Goldseker Foundation	100,000	0.80%	Civic Fund
Jacob and Hilda Blaustein Foundation	85,000	0.68%	Civic Fund
Kaiser Permanente	75,000	0.60%	Civic Fund
Rauch Foundation	50,000	0.40%	Civic Fund
BGE	45,000	0.36%	Civic Fund
Baltimore Community Foundation	25,000	0.20%	Civic Fund
T. Rowe Price Foundation	10,000	0.08%	Civic Fund

APPENDIX B

Terms of Reference: Monitoring and Evaluation of Baltimore Health Corps Pilot

OVERVIEW

Project Name: Monitoring and Evaluation of Baltimore Health Corps pilot Budget: \$275,000

Timeline: from June 2020 until December 2021

Purpose: Support the design and roll-out of Baltimore Health Corps monitoring and evaluation.

BACKGROUND

About The Rockefeller Foundation:

For more than 100 years, The Rockefeller Foundation has brought people together around the globe to try to solve the world's most challenging problems and promote the well-being of humanity. Today, in a world capable of so much, it is unacceptable that there are still so many with so little. That's why The Rockefeller Foundation fights to secure the fundamentals of human well-being—equity and economic opportunity, health, food, energy—so they're within reach for everyone, everywhere in the world. Our approach is grounded in what we've seen work over more than a century: It's inspired by science, rigorous about data, brings together and empowers others, and is focused on real results that improve people's lives.

About the Equity and Economic Opportunity team:

The Equity and Economic Opportunity team is one of the four vertical strategies at the Foundation, focused on supporting the millions of vulnerable families and low-wage workers achieving economic stability and paths to a better future in the United States. We believe in the power of policy and place to advance equity and opportunity in the U.S.

The economic and health impacts of COVID-19 affect everyone, but data shows that lower-income communities in urban areas – disproportionately people of color – have been hit the hardest. This reality means that we need to double down on supporting programs and policies that get money into people's pockets now – helping them to achieve stability during this volatile time.

About Baltimore:

Baltimore City is the largest city in Maryland and the largest independent city in the United States, with a population of 600,000 within its city boundaries and 2.8 million in its metropolitan area. Baltimore is 62% Black or African American, 30% White, and 5.5% Hispanic or Latinx. Its per capita income is approximately \$30,000 per year. As of May 21st, Baltimore has 4,339 positive COVID-19 cases and 210 deaths. Up-to-date data are available at the city's COVID-19 site.

The City of Baltimore seeks to address the concurrent economic and public health crises caused by COVID-19 through an ambitious Community Health Worker employment development initiative that will train and employ hundreds of residents while supporting the city's emergency response. Creating a "Baltimore Health Corps" will generate sustainable, long-term career trajectories for individuals who have lost work during this emergency. With The Rockefeller Foundation's partnership, we believe this initiative can be a compelling case study for a federal public works program intervention.

PROJECT BACKGROUND

The Baltimore Health Corps is a Public-Private Partnership pilot of contact tracing and care service coordination. The pilot targets Baltimore's dual economic and public health crises caused by the COVID-19 pandemic. The program will equitably hire and train over 300 staff over 12 months to assist in contact tracing and care coordination through the Baltimore City Health Department and partner with nonprofit groups, in partnership with the Mayor's Office of Employment Development.

Below are the objectives and activities of the program:

Objective 1

Create hundreds of skill-developing jobs and build sustainable employment paths both during and after the epidemic through Community Health Worker training and the staffing of Objectives 2 and 3.

- **Activity 1:** Recruit, onboard, and support hundreds of recently unemployed or out-of-work Baltimore residents in building Community Health Worker careers.
- **Activity 2:** Train these staff to effectively support Objectives 2 and 3.

Objective 2

Control the transmission of COVID-19 through a scaled contact tracing system and public health education outreach.

- **Activity 1:** Rapidly expand Baltimore's contact tracing and overall public health capacity with 220 additional dedicated Community Health Worker staff.
- **Activity 2:** Organize a public health outreach program using Community Health Workers to engage residents and connect with community organizations.

Objective 3: Address the social needs of Baltimore’s most vulnerable populations, such as older adults, those uninsured, and those who are pregnant and have young children, through enhanced care coordination through existing nonprofit groups.

- **Activity 1:** Develop a core referral system for residents who are COVID-19 positive, a close contact, or need additional assistance during the pandemic.
- **Activity 2:** Develop a focused inventory of high-value COVID-19 essential service referral resources to empower care coordination services.
- **Activity 3:** Provide essential care coordination services for older adults, those uninsured, and those who are pregnant or have young children.

SCOPE OF WORK

Purpose of the assessment

The Rockefeller Foundation is seeking an independent evaluator/ evaluation team – preferably with experience in equity, workforce development, jobs, and public health- to provide technical assistance and conduct an evaluation of early outcomes and impact of the Baltimore Health Corps pilot.

The M&E partner will work closely and collaboratively with the City of Baltimore and The Rockefeller Foundation to:

- 1) Support Measurement and Learning for the Intervention (~25% LOE)**
 - Refine, in a “light touch” way, a dynamic theory of change for the initiative
 - Refine key learning questions for tracking progress and impact over time
 - Support the City and other relevant partners in identifying appropriate key performance indicators
 - Generate insights, take stock of lessons learned, and support sense-making to inform course correction as the program rolls out
- 2) Conduct an independent evaluation of the intervention (~70% LOE)**
 - Design a robust evaluation approach that is appropriate for the scope of this project, resources, and audience, including: methodological approach, analytical framework, and evaluation matrix (indicators, data sources & collection tools, frequency of data collection)
 - Leverage appropriate mixed-methods to provide generate credible evidence related to the learning questions
 - Collect data from hired workers, staff from the City and community based organization conducting the pilot, and potentially future employers
- 3) Provide technical advice to key partners (~5% LOE)**
 - Provide on-demand advice to key partners on indicators, data collection/quality, etc.

KEY LEARNING QUESTIONS

This assessment will be guided by evaluative questions anchored around three key outcome areas (below). These questions will be further refined between the evaluator and the City of Baltimore and the Foundation's M&E teams during the planning stages of the assessment. More detailed draft questions and performance measures are listed in the appendix.

Efficiency

- What is the value for investment in the pilot?
 - » What is the economic impact of the employment support component of the program?
 - » What is the economic impact of the care coordination component of the program?
 - » What is the economic impact of the contact tracing component of the program?
- What lessons are we learning through the course of implementation that could help inform course correction during the program duration?
- As a pilot program, what efficiency improvements could be made for a national or multistate adoption of this program?
- What operational risks can be identified for a larger-scale implementation?

Effectiveness on workforce outcomes

- How much have participants gained skills or knowledge?
- How effective were different recruitment methods in finding and hiring quality candidates?
- How effective was training at instilling knowledge to be used during the program term?
- To what extent did the pilot create sustainable career pathways for the pilot staff?
- To what extent did it increase their earning potential and for whom?
- How do staff who elected to receive Community Health Worker supplemental training differ in their employment and income outcomes?
- To what extent did this pilot create short-term employment opportunities? How has this pilot influenced or changed career prospects and economic mobility?

On care coordination and contact tracing outcomes

- How well did these staff support contacts around their exposure and provide diagnosis and counseling options to clients?
- How much additional care and social support were utilized by clients through the care coordination program?
- What is the contact tracing outreach response rate for Health Corps staff and how does it differ from the response rate for State program staff?
- What is the R0 measured in the Baltimore city area? If possible, how much of a change can be attributed to contact tracing?

Equity:

- In the recruitment process, how well did the program reach people of color, particularly those recently laid off during the COVID-19 emergency? Does the recruited population resemble the rest of the city, and did we reach all eligible populations for hiring?
- How well was the program able to recruit, engage, and train those without public health experience, those with additional training needs, and those with less educational experience?
- What was the level of utilization of legal and mental support services within the employment development component and how well did these segments resolve barriers to employment?
- How well were program staff able to reach more vulnerable populations during contact tracing and care coordination given the limitations around public safety and going outdoors?
- To what extent (if measurable) was this program able to reduce the high rate of mortality and COVID-19 incidence in Black and Latinx communities?
- What was the utilization rate of program services (care coordination, contact tracing, direct aid, etc.) across different racial, age, income, geographic, and other distributions?

Approach or methodology

Mixed-methods approaches where the team captures qualitative and quantitative data. Although it is the most methodologically rigorous, the team does not request a randomized control trial because the program intends to provide support to all eligible residents and will not ration by random factors.

However, we are open to method designs that use natural experiments and will work with the evaluator to identify appropriate opportunities for experimental design.

Audience

The primary audience is the City of Baltimore and The Rockefeller Foundation to document and inform how the pilot was implemented. Secondary audience is external, to inform policy-makers in cities, States and Federal level on how to implement a contact tracing program that is grounded in equity. Content or evidence generated may be repurposed and used for further communications and influence purposes.

DELIVERABLES

- **An evaluation plan**, including refined learning questions and timeline, due to City of Baltimore and the Foundation one week after contract signing
- **Weekly check-in calls with larger monthly progress meetings** coordinated by the evaluation partner to keep the City of Baltimore and the Foundation updated on the progress of the evaluation and ensure that the evaluation team receives timely input as need
- One to two **abbreviated interim reports** including early and mid-pilot early lessons that could allow

for course correction and demonstrate early impacts

- A **final evaluation report** consolidating lessons and insights about the implementation of the pilot in terms of its efficiency, effectiveness, and equity.

PROFILE OF THE PARTNER

We seek an evaluation partner that has experience in the following areas:

- Experience conducting evaluations or assessment of complex, multi-stakeholder interventions or programs through a race equity lens
- Experience applying a range of quantitative and qualitative data collection and analysis approaches as advised by the evaluator and agreed upon with the Foundation and City
- Mandatory experience in workforce development and equity analysis ideally in Baltimore City, or the U.S.
- Preferred experience in public health and equity analysis in Baltimore City, or in the U.S.
- Experience engaging with city government and stakeholders at multiple levels and across diverse sectors
- Experience using evaluative evidence for public policy advocacy
- Ability to deliver under tight timelines. We are hoping the partner could start working early June and deliver early lessons 3 months into the pilot.

TIMELINE

The assessment will take place from June 2020 to December 2021, with the final deliverables completed no later than December 15, 2021. Below is a rough timeline for the assessment, which will be refined and agreed upon by the evaluator, the City, and the Foundation.

Date	Milestone
June 2020	Launch
End of September 2020	Staffing process completed. Produce early lessons documents for the monthly progress meeting.
December 2020	First Interim Report
January to April 2021	Evaluation of placements
June 2021	Second interim report/program ends
July to November 2021	Evaluate employment outcomes
December 2021	Final report
Ongoing	Weekly check-in process and monthly progress meetings. Ongoing data sharing.

PROPOSALS

Interested and qualified parties are invited to submit a short proposal (no more than 3 pages) to the City and the Foundation. Proposals should include the following information:

- **Capabilities statement** outlining the individual/organizations' alignment with the profile above
- **Understanding of the assignment**, including the ability to deliver for a particular audience, quick analytic tools.
- Plan for refinement of learning questions, and initial ideas for **evaluation approaches** (i.e. methods, tools), including a rationale for the proposed research methodology
- **Budget**, including a breakdown of fees and expenses
- **Timeline**
- CVs for key personnel should be included as appendices, and are not included in the 5 page limit
- **Comparable assessments or evaluations** to be included as appendices.

We appreciate and are mindful that the turnaround time for this proposal is short. We encourage bidders to take a light-touch approach to proposals, keeping them short and concise, and including only the information that is most critical for assessing a team's eligibility for this project. If you have any questions as you are developing your proposal, please do not hesitate to reach out to the Foundation or Baltimore City.

Please send proposals to Brendan Hellweg at brendan.hellweg@baltimorecity.gov AND Emilia Carrera at ECarrera@rockfound.org by 11:59pm ET on Sunday, June 21st, 2020.

Program Activity and Outcomes Metrics

The Baltimore Health Corps program will work with its monitoring team and partners to finalize the most effective performance measures for program success.

Initiative partners will collect data using standardized reporting tools and web-based reporting systems. Reporting will be managed by the following partners:

- Baltimore Corps: monitoring activities related to recruitment
- Baltimore City Health Department (BCHD) with the assistance of Jhpiego: monitoring Objective 2 project delivery as well as staff training
- BCHD with the assistance of HealthCare Access Maryland and Jhpiego: monitoring Objective 3 project delivery as well as staff training
- Mayor's Office of Employment Development (MOED): monitoring activities related to workforce development.
- BCHD and the Mayor's Office of Performance & Innovation: compiling and assessing overall performance over time

The following is a draft set of measures to be tracked and reported on throughout this initiative.

Organization/ Funder Name	Amount	%Budget	Location	Outcomes
Objective 1: Job Creation and Sustainable Employment Paths	Recruitment	<ul style="list-style-type: none"> Recruit unemployed residents that have the skills needed for the positions 	<ul style="list-style-type: none"> Number of applicants* N/% of applicants, interviewees, and hires who are African American, Latinx, & female 	<ul style="list-style-type: none"> Number/% of applicants unemployed due to COVID Number/% of applicants unemployed Number/% of applicants unemployed prior to COVID Number/% of CHWs who are African American, Latinx, female, etc. Number/% of CHWs with addresses in each zip code
	Training and Support Services	<ul style="list-style-type: none"> Provide training to equip hired individuals with the skills needed to perform job duties Provide training to equip hired individuals with the skills needed for future career and educational opportunities Help employees access needed services such as financial empowerment legal services, and more 	<ul style="list-style-type: none"> Number/% of individuals who complete job training workshops* Number of individuals who receive CHW/Contact Tracing/ Care Coordinator training* Number/% of individuals who complete CHW/Contact Tracing/ Care Coordinator training* Post-training satisfaction ratings for job training workshops/ CHW/Contact Tracing/ Care Coordinator training 	<ul style="list-style-type: none"> Number/% of individuals who report successful program knowledge, skills, confidence, or behavior change as a result of employment in this initiative Number/% of supervisors reporting individual has skills needed to perform their job Number/% of CHWs who "pass" monitored interactions with clients in training and in subsequent measurements
	Employment During Program	<ul style="list-style-type: none"> Match individuals to jobs that align with their skills and interests 	<ul style="list-style-type: none"> Number employed* Length of employment in program* Job satisfaction Average bi-weekly earnings during the program 	<ul style="list-style-type: none"> Net promoter score of placed individuals by supervisors Overall attrition rate per month of employment, by reason for attrition
	Employment Post-Program	<ul style="list-style-type: none"> Create sustainable employment opportunities after the completion of the program 		<ul style="list-style-type: none"> Number/% of individuals employed one, six, and twelve months post- program Post-program wage Number/% pursuing education or training post-program Number/ % pursuing CHW certification post- program
	Employment Post-Program	<ul style="list-style-type: none"> Create sustainable employment opportunities after the completion of the program 		<ul style="list-style-type: none"> Number/% of individuals employed one, six, and twelve months post- program Post-program wage Number/% pursuing education or training post-program Number/ % pursuing CHW certification post- program

Organization/ Funder Name	Amount	%Budget	Location	Outcomes
Objective 2: Scale Contact Tracing and Outreach	Contact Tracing	<ul style="list-style-type: none"> Develop an accurate and rapid reactor program process Deploy contact tracing for every confirmed case Train and support contract tracers 	<ul style="list-style-type: none"> Long term goals: 90% of reported index cases are referred for contact tracing within 48 hours of receipt with sufficient information for field staff to begin investigation % and number of total cases interviewed Close contact/household contact index Overall contact index Close contact notification index (number of close contacts notified/number of cases interviewed) 	<ul style="list-style-type: none"> % of Field records assigned within 48 hours Number/% of people who are able to quarantine successfully RO measured in Baltimore area
	Public Health Education Outreach	<ul style="list-style-type: none"> Distribute relevant public health educational materials about COVID-19 	<ul style="list-style-type: none"> Number of people outreached directly Response rate on direct communications Number of community events (digital or in person) with outreach 	<ul style="list-style-type: none"> Number/% of individuals who report changes in knowledge and behavior for COVID-19 Twitter & social media scrape to measure misinformation
Objective 3: Support Baltimore's Most Vulnerable Populations	Older Adults	<ul style="list-style-type: none"> Assess needs using a standardized screening Develop a personalized action plan Refer to services 	<ul style="list-style-type: none"> Number of referrals received (by zip code and demographics) Number assessed for eligibility Number of referrals 	<ul style="list-style-type: none"> Number/% who are successfully linked to resources
	Uninsured and older adults	<ul style="list-style-type: none"> Assess needs using a standardized screening Develop a personalized action plan Refer to community-based organizations 	<ul style="list-style-type: none"> Number of referrals received (by zip code and demographics) Type of needs, and how many Number of referrals to CBOs 	<ul style="list-style-type: none"> Number/% who are linked to resources
	Pregnant and have young children (0-3 years old)	<ul style="list-style-type: none"> Assess needs through the Prenatal Risk Assessment (PRA) and Prenatal Questionnaire (PNQ) Refer to community-based organizations 	<ul style="list-style-type: none"> Number of referrals received Number and % assessed via PNQ Triaged with Vulnerability Index Number connected to programs 	<ul style="list-style-type: none"> Number/% who are linked to Home Visiting Number/% who received baby supplies

APPENDIX C

Focus Group Instrument

Baltimore Health Corp: Focus Group of Employers

Introduction and purpose of the focus group

Hello, my name is Seri, and I'm the Project Director for this evaluation. I am a Principal Researcher from Abt Associates and we are collecting this data on behalf of the Baltimore City Mayors Office. I also have on the line my colleague, who will be taking notes.

Thank you for agreeing to participate in the Baltimore Health Corp evaluation!

As you may have seen in the letter you received, we are collecting this information to better understand if and how BHC made an impact on its objectives.

We will not publish or release any information from this interview, except in aggregate form to BHC.

- Abt is bound by federal law (34 USC 10231) to use data for research and statistical purposes only.
- We will protect the data securely, and ensure the confidentiality of your data, outside of this group.

The interview should take **approximately 2 hours**; we will take a break in about 45 minutes. You should know that:

- Your participation in this study is **voluntary**.
- You may **decline to answer any and all questions, or stop your participation, at any time**.

However, we've asked for your assistance because your response is valuable to understand your perspectives on BHC as an employer.

We have broken down our questions by each objective of the BHC:

- 1) To create **hundreds of CHW skill-developing jobs** with a goal to establish sustainable career paths for previously unemployed and underemployed employees,
- 2) To develop and implement effective COVID-19 case investigation and **contact-tracing programs** with CHWs, and

- 3) To address the social and emotional needs of Baltimore’s more vulnerable populations through enhanced **care coordination**.

We will conclude by asking you about your own experiences and perceptions of the challenges and successes of BHC.

You may not have answers to 1 or more questions. That’s okay!

- You can circle back with me via email or phone

Do you have any questions before we begin?

Before jumping in, would it be okay if we **audio record the call**, in the case our notetaker misses something? I need you to raise your hand if you give consent to be recorded.

Now, before we get started, I was hoping we could go around and **give a brief introduction** – please provide your first name, the organization you are from, and a brief description of your role.

Objective 1 - Workforce development

Objective 1 - Create hundreds of skill-developing CHW jobs in contact tracing, care coordination, and program operations - building sustainable employment both during and after the COVID-19 pandemic.

- **Recruitment and Hiring:**

- » How closely did the candidate pool and the workforce hired reflect the City’s demographics?

- People of color? Those unemployed or underemployed due to or prior to the pandemic? Those living in areas hardest hit by COVID-19? Those with little or no public health experience? And those with lower levels of educational attainment?

- **Employment and Career:**

- » To what extent did the BHC influence or change CHWs’ career prospects?

- » Have any of your CHW supervisees moved on to a better/more stable career? Did BHC have any impact on that career move?

- **Training:**

- » How well did the BCHD and HCAM trainings prepare employees to serve as contact tracers and care coordinators?

- **Workforce Support Utilization:**

- » To what extent did BHC employees utilize workforce support services, including career navigation, financial empowerment, legal, and behavioral health services?

Objective 2 - Develop and implement an effective COVID-19 case investigation and contact tracing program using trained CHWs.

- **Client reach:**

- » To what extent did the BHC provide equitable access to care and support services?
- » Did employees reach vulnerable populations (including the elderly, racial minorities, etc.) during contact tracing?
- » What is the contact tracing outreach response rate for BHC employees?
 - How does it differ from the response rate for state BHC staff?

- **Client Care and Support Utilization:**

- » How did BHC employees provide support during contact-tracing?
- » Did employees perceive that BHC services provided needed care and social support through care coordination?
- » **CHW Performance:**
 - How long did it take for an employee to reach a specific competency level related to contact tracing?
 - How did case investigations and contact tracing performance metrics vary by demographic characteristics (e.g., age, sex, race, ethnicity, etc.)?

Objective 3 - Address the social needs of Baltimore's most vulnerable populations (i.e., older adults, the uninsured, and those who are pregnant and have young children) and their family members, through enhanced care coordination.

- **Care Coordination and Contact Tracing Equity Outcomes:**

- » Did employees perceive they were effective in assessing and providing essential support options

to clients (including positive cases and contacts)? What types of referrals did staff provide? What were the demographics of those who sought out referrals? For those who received referrals? make

- **Care Coordination for Vulnerable Populations:**
 - » How did referral types (care coordination, contact tracing, direct aid, etc.) vary among clients of different racial, age, geographic, and other distributions?
 - » How did employees perceive they successfully contacted vulnerable populations during contact tracing and care coordination?

Experiences of Employees and Employers

Understanding how the BHC meets employee and employer needs and support services utilized.

- As an employer, what is your perspective on the application process and the onboarding?
- What services did you utilize? What services were successful? How?
- What do you think are the reasons individuals used or did not use services offered from BHC?
- What challenges did employees and citizens face in understanding, contacting, or receiving service-related activities? How were these challenges addressed?
- What are your perceptions of how well the employees were prepared to function in their jobs?
- What aspects of the BHC are working well, and what challenges face the employees and employers related to current or former employment?
- What were the primary successes and challenges to employees? To employers? To delivering services (e.g., contact tracing and care coordination) to City residents?
- What do you perceive to have contributed to these successes and challenges?
- After each employment contract ends, do you plan to maintain, modify, or increase services provided? What are your strategies for doing so? What do you see as potential challenges to sustainability?
- How effective was the overall initiative across the three objectives?
- What lessons-learned can be gleaned if a similar initiative was needed in a community of similar background and demographics as Baltimore?

APPENDIX D

Key Contact Tracing Performance Indicators

Figure 1 Case Investigations and Contact Tracing 7/14/2020-9/11/2021

Date	Cases Entered into covidLINK	% BCHD Only	% Total Cases Completed Interview	% Interviewed Cases with at Least one Named contact	# of Total Named Contacts	% Total Contacts that Completed an Interview	Average Contacts per Case	Median Time to Case Interview (Hours)	Median Time to Contact Interview (Hours)
7/14-7/20	814	61	44	80	767	36	2.2	33	27
7/28-8/3	996	55	61	77	1214	35	2.0	8	47
8/4-8/10	826	69	64	75	1238	37	2.4	9	21
8/11-8/17	592	60	63	69	1061	48	2.8	9	21
8/18-8/24	441	63	75	63	725	58	2.2	5	4
8/25-8/31	362	67	73	63	536	65	2.0	5	4
9/1-9/7	420	71	64	59	404	59	1.5	14	4
9/8-9/14	321	67	67	70	477	65	2.2	10	14
9/15-9/21	267	75	69	63	345	63	1.9	10	4
9/20-9/26	239	66	70	71	305	64	1.8	5	6
9/27-10/3	415	72	76	61	562	100	1.8	9	5
10/4-10/10	511	72	69	58	630	67	1.8	15	3
10/11-10/17	373	60	78	71	511	72	1.8	7	8
10/18-10/24	498	52	76	78	759	69	2.0	7	5
10/25-10/31	717	59	74	73	903	65	1.7	11	16
11/1-11/7	974	48	66	73	1232	55	1.9	11	8
11/8-11/14	1415	29	53	77	1546	46	2.1	6	12
11/15-11/21	1833	69	61	68	1610	54	1.4	27	24
11/22-11/28	1437	71	65	64	1819	53	2.0	25	19
11/29-12/5	1725	75	67	64	1543	61	1.3	31	22
12/6-12/12	1626	85	69	63	1642	52	1.5	29	20
12/13-12/19	1176	89	72	62	1087	75	1.3	29	21
12/20-12/26	1232	89	72	62	1087	75	1.3	29	21

Date	Cases Entered into covidLINK	% BCHD Only	% Total Cases Completed Interview	% Interviewed Cases with at Least one Named contact	# of Total Named Contacts	% Total Contacts that Completed an Interview	Average Contacts per Case	Median Time to Case Interview (Hours)	Median Time to Contact Interview (Hours)
12/27-1/2	1377	91	64	61	958	75	1.1	48	5
1/3-1/9	1613	89	59	61	1221	74	1.3	45	4
1/10-1/16	1333	95	68	58	1197	72	1.3	24	4
1/17-1/23	1117	88	72	59	988	73	1.2	12	5
1/24- 1/30	955	90	74	63	922	76	1.3	5	4
1/31-2/6	670	86	74	63	704	77	1.4	7	3
2/7-2/13	567	86	76	70	592	75	1.4	5	3
2/14-2/20	440	89	78	69	389	75	1.1	7	2
2/21-2/27	589	89	76	70	526	78	1.2	6	3
2/28-3/6	547	86	76	77	587	75	1.4	7	2
3/7-3/13	767	82	76	77	874	72	1.5	6	3
3/14-3/20	925	83	72	73	966	74	1.4	7	3
3/21-3/27	1216	68	72	76	1426	65	1.6	5	3
3/28-4/3	1517	65	70	76	1594	66	1.5	5	2
4/4-4/10	1623	63	71	75	1774	66	1.5	5	2
4/11-4/17	1587	64	73	86	1786	69	1.5	6	2
4/18-4/24	1284	61	73	64	1393	69	1.5	5	2
4/25-5/1	914	77	70	77	1019	73	1.6	5	2
5/2-5/8	709	79	70	76	732	73	1.5	6	1
5/9-5/15	432	80	68	78	500	75	1.7	6	2
5/16-5/22	252	87	74	74	317	69	1.7	8	2
5/23-5/29	147	93	67	72	154	78	1.6	7	3
5/31-6/5	98	88	76	77	129	78	1.7	6	1
6/6-6/12**	71	0	70	74	80	75	1.6	17	2
6/15-6/19	50	0	66	61	66	77	2	9	2
6/20-6/26	60	0	68	56	69	71	1.7	8	3
6/27-7/3	35	0	81	73	59	83	2.7	15	2
7/4-7/10	53	0	95	64	71	89	2	6	2
7/11-7/17	116	0	83	79	174	86	2.3	7	2
7/18-7/24	136	0	56	63	190	139	2	8	2

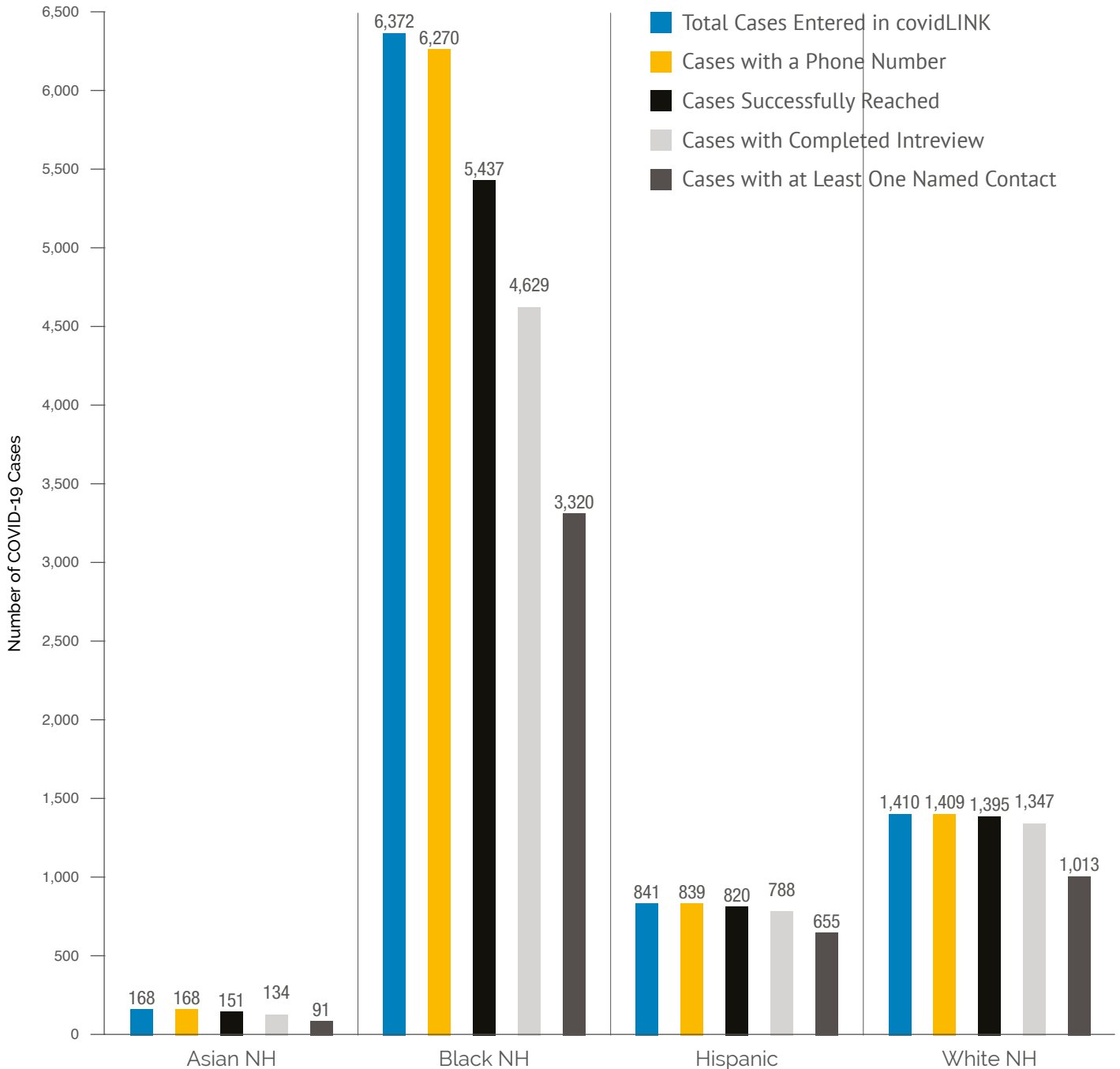
Date	Cases Entered into covidLINK	% BCHD Only	% Total Cases Completed Interview	% Interviewed Cases with at Least one Named contact	# of Total Named Contacts	% Total Contacts that Completed an Interview	Average Contacts per Case	Median Time to Case Interview (Hours)	Median Time to Contact Interview (Hours)
7/25-7/31	297	0	56	38	301	56	1.5	9	3
8/1-8/7	411	0	68	69	347	68	1.2	18	2
8/8-8/14	511	0	74	68	557	79	1.5	16	2
8/15-8/21	505	0	70	67	559	66	1.6	16	5
8/22-8/28	588	0	70	70	542	72	1.3	11	3
8/29-9/4	556	0	65	66	544	69	1.5	9	1
9/5-9/11	395	0	62	67	428	61	1.8	9	2

Data from Baltimore City Health Department covidLINK 7/14/2020-9/11/2021

APPENDIX E

Completeness of Contact Tracing by Race

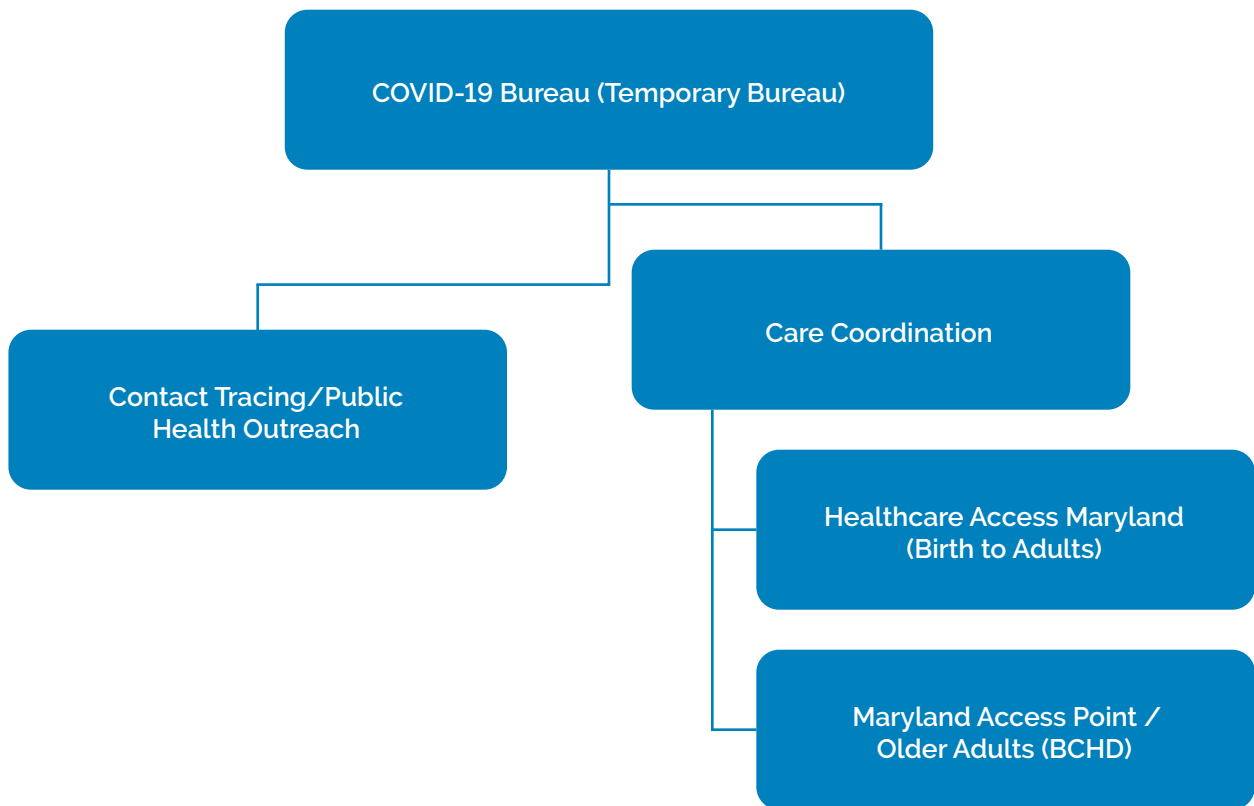
Figure 1 Cases Reached and Interviewed by Race, Baltimore City, 6/15/20-10/31/20



APPENDIX F

Job Descriptions for the Baltimore Health Corps Initiative

Figure 1 City Health Department's Temporary Bureau



Care Coordination Team

Community Health Worker/ Care Coordination Director

Specialty: Care Coordination

Annual Salary: budgeted for \$80,000 per year

Directs and ensures the success of care coordination activities for the Baltimore Health Corp Initiative

Job Summary

This job is part of a temporary citywide corps, Baltimore Health Corps, that is being created to address the economic and public health crises caused by COVID-19.. Jointly led by the Baltimore City Health Department and the Mayor’s Office of Employment Development, the initiative will train and employ hundreds of residents in a time of record unemployment while supporting the city’s emergency public health response.

The CHW Care Coordination Director will be a part of the dynamic care coordination team at Health Care Access Maryland (HCAM) responding to the social needs resulting from COVID-19. The Director is responsible for the leadership, program support and oversight of the COVID-19 care coordination response. The Director will work very closely with the Baltimore City Health Department including the Health Department’s Care Coordination leadership team as well as the Maryland Access Point and the Mayor’s Office of Employment Development. The Director will oversee the day-to-day operations of the expanded Care Coordination program and will ensure that there is seamless care coordination for the residents of all ages. The Director will participate in community meetings and recruit, train, and retain Care Coordination team members. The Director will also be the point of contact for all community stakeholders as well as the Baltimore City Health Department.

The CHW Care Coordination Director will be responsible for developing, implementing, recommending changes in, and approving program policies and procedures. The Director will work very closely with the Maryland Access Point team members to ensure that care coordination occurs for residents of all ages. The Director directs and participates in the interpretation of policies and procedures to provide direction to the care coordination personnel. The CHW care coordination Director hires, fires, promotes, evaluates the performance of and trains program staff; develops and implements program personnel and training standards and procedures. CHW care coordination Administrator reviews, approves and writes reports regarding the program activities and submits reports and memoranda to superiors for review and approval. The CHW care coordination manager speaks before community groups and other organizations explaining and promoting care coordination services.

The CHW Care Coordination Director will coordinate program activities with other agencies and organizations, explaining program services to and obtaining financial aid and other assistance from such agencies and organizations and providing them with such assistance. In addition, the Director will be required to follow all scripts, policies, and procedures provided by HCAM, and comply with HCAM training regarding confidential information related to personal information. Performs work as related. As the needs of the response will change over time, the role of the Director will also adapt to public health response needs.

Key Duties & Responsibilities

- Undergo training that is provided for this position
- Supervise assigned staff including:
 - » evaluating performance, disciplining, and recommending and hiring and firing
 - » monitoring staff documentation
- Provide oversight and direction to the Care Coordination team, ensuring adherence to standard operating procedures;
- Maintain frequent contact with data manager and CHWs
- Monitor specific program performance goals and standards and provide assistance in the completion of monthly reporting and other reporting requirements as identified by funders.
- Conduct and assist with continuous quality improvement activities related to accurate completion of care coordination activities.
- Participate in partner meetings to facilitate strong collaboration amongst teams within HCAM and with community organizations to optimize coordination of care and services to clients (including case referrals, reporting, and supporting client needs)
- Coordinate continuity of client care through interdisciplinary collaboration and interagency coordination following referral from public health representative contact tracing
- Review referrals received from CHWs, providing needed guidance to staff as indicated
- Direct the preparation and administration of program budget in accordance with grant guidelines and complete payroll and monitor staff scheduling
- In collaboration with the CHW Public Health Administrator at BCHD, participate in quality improvement and interagency control activities, which may include, but not limited to, recognizing and reporting trends, collecting and participating in the interpretation of data, chart reviews, and the development of corrective action plans to improve program efficiency and maintain program integrity.
- Other job duties as assigned

Preferred Qualifications

- At least five years of management experience
- Experience in case management, utilization management and population health system change models is preferred
- Sensitivity to cultural and socioeconomic characteristics of the population served.
- Exceptional oral and written communication skills to interface with patients, healthcare workers/providers and community, local and state agencies
- Excellent organizational and problem-solving skills
- Ability to work efficiently and meet deadlines
- Proficiency in MS Office, electronic patient medical data systems and web-based health information databases
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment
- A master's degree and three years of public health, health administrative, health systems experience, or the equivalent (preferred, but not required)

Other

This position will be a temporary contractual position and will include a health insurance stipend.

Community Health Worker/Care Coordinator Supervisor

Specialty: Care Coordination

Annual Salary: \$55,000 - \$60,000 per year

Supervises the Community Health Worker/Care Coordinator and provides short term care coordination services

Job Summary

This job is part of a temporary citywide corps, Baltimore Health Corps, that is being created to address the economic and public health crises caused by COVID-19. Jointly led by the Baltimore City Health Department and the Mayor’s Office of Employment Development, the initiative will train and employ hundreds of residents in a time of record unemployment while supporting the city’s emergency public health response. The corps includes a contract tracing/community outreach team and a care coordination team.

Applicants who are hired for this position will undergo training that allows them to learn the [fundamental principles](#) of becoming a community health worker in addition to understanding fundamental roles of contact tracing and public health outreach. In addition, the Mayor’s Office of Employment Development will provide job coaching to assist with the transition to permanent employment, as this is a temporary position. Legal and mental health services will also be available to all Baltimore Health Corps employees.

The Care Coordination Supervisor will be a part of the dynamic care coordination team at either the Health Care Access Maryland (HCAM) or the Baltimore City Health Department (BCHD), responding to the social needs resulting from COVID-19. Under general supervision by a direct manager, the Care Coordination Supervisor will oversee CHWs who will be working as care coordinators whose duties include connecting patients, identified as part of the Baltimore City Health Department’s contact tracing response to COVID-19, with critical community resources and social services. Duties of the CHWs will include: community outreach, assisting clients in completing applications for services, delivering food and supplies, connecting clients to community resources, and coordinating services.

The CHW supervisor will spend their time on planning for activities, training, and overseeing a team of CHWs on care coordination. The Supervisor will also ensure that data collection is accurate and will monitor the quality of work. As the needs to the response will change over time, the role of the Supervisor will also adapt to the public health response needs. The Supervisor may also be assigned care coordination cases. In addition, the Supervisor will be required to follow all scripts, policies and procedures provided by HCAM or BCHD, and comply with training regarding confidential information related to personal information.

For the Baltimore Health Corps, care coordination will occur within HealthCare Access Maryland as well as the Maryland Access Point (MAP) care coordination team within Baltimore City Health Department. A cohort of Community Health Workers (and their supervisors) will work within each agency. The Care Coordination Supervisor will supervise a care coordination team, responding to the needs of vulnerable populations and their caregivers who are impacted by the COVID- 19 pandemic.

Key Duties & Responsibilities

- Complete required training for this temporary position
- Supervise a team of community health workers including evaluating their performance, disciplining, and providing technical assistance.
- Coordinate a team's schedules and provide daily remote supervision and troubleshooting.
- Respond and coordinate care for any high needs patients and/or complex issues
- Track daily and weekly progress for CHWs including cases contacted successfully, referred, and navigated to social support services, resources, and benefits
- Conduct quality assurance by listening in on calls and providing feedback to CHWs
- Report issues from the unit to your Supervisor in a timely manner, and help identify and implement solutions
- Oversee the CHWs activities generally and in the field as needed
- Communicate in a professional and empathetic manner
- In collaboration with other response staff members, provide input for training programs for staff
- Conduct community social services educational activities as it relates to COVID-19 social services and other variety of care coordination activities
- May conduct presentations on COVID-19 care coordination and social services
- Document activities per the protocol developed by the supervisor
- Maintain daily contact with supervisor
- Willing and available to work onsite and within the community

Preferred Qualifications

- Resident of Baltimore City with good knowledge of city's resources and geography
- Ability to show empathy to distressed individuals
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals during a time of crisis and distress
- At least three years of management experience
- Experience successfully supervising staff
- Experience in customer service, social work, health care, education, or social services
- Excellent oral and written skills
- Excellent organizational and communication skills
- Proficiency with MS Office
- Ability to handle confidential information with discretion and professionalism
- Ability to work with diverse populations including people with disabilities
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment required
- Second or multiple languages a plus
- A bachelor's degree and three years of public health, health administrative, health systems experience, or the equivalent (preferred, but not required)

Other

This position will be a temporary contractual position and will include a health insurance stipend.

Community Health Worker / Care Coordinator

Specialty: Care Coordination

Annual Salary: \$39,000 per year

Provide short term care coordination services through HealthCare Access Maryland or the Maryland Access Point, Baltimore City's Aging and Disability Resource Center

Job Summary

This is a temporary position (eight months) to increase the number of individuals who are trained in public health principles and service coordination to respond to COVID-19.

This job is part of a temporary citywide corps, Baltimore Health Corps, that is being created to address the economic and public health crises caused by COVID-19. Jointly led by the Baltimore City Health Department and the Mayor's Office of Employment Development, the initiative will train and employ hundreds of residents in a time of record unemployment while supporting the city's emergency public health response. The corps includes a contract tracing/community outreach team and a care coordination team.

Applicants hired for this position will undergo training to learn the fundamental principles of becoming a community health worker in addition to understanding fundamental roles of contact tracing and public health outreach. In addition, the Mayor's Office of Employment Development will provide job coaching to assist with the transition to permanent employment, as this is a temporary position. Legal and mental health services will also be available to all Baltimore Health Corps employees.

The Community Health Worker (CHW) will be a part of the service coordination team at Health Care Access Maryland (HCAM), a nonprofit partner, or Maryland Access Point (MAP), Baltimore City's Aging and Disability Resource Center. The Community Health Worker will assist adults accessing services, resources and benefits that mitigate the health, financial and social impact of the COVID-19 pandemic. Under general supervision by a direct supervisor, the Community Health Worker will provide community outreach, assist clients in completing applications for services, deliver food and supplies, connect clients to community resources, and coordinate services. As the COVID 19 response evolves, the duties of the CHW will change to developing long term solutions to client challenges, with a particular focus on access to health insurance and health services and reduction of food insecurity. The CHW may also assist in providing health education to clients on an on-line or in-person basis.

The CHW will receive referrals from the HCAM or MAP call center and connect clients to resources by phone or through home visits. The CHW will also inform communities of key available resources, such as economic relief and health guidance.

Key Duties & Responsibilities

- Accept referrals for residents who need assistance obtaining services, resources, and benefits
- Communicate in a professional and empathetic manner
- Conduct telephone screen to confirm resident needs using program intake forms and protocols

- Use resource directories and other sources of information to identify resources for which clients will be eligible (i.e. transportation, utility assistance, food, housing, health insurance, etc.)
- Assist clients in completing application forms for public benefits, services and resources
- Communicate general service information to individuals and families on social services, eligibility requirements and benefits
- Complete documentation of services provided, and efforts made in appropriate databases
- Make home visits as appropriate to assist clients
- Prepare written reports and maintain records of service contacts and activities
- Participate in required trainings and staff meetings
- Communicate with Managed Care Organizations
- Document activities using established protocols and as instructed by supervisor
- Maintain daily contact with supervisor
- Perform other duties as required

Preferred Qualifications

- Resident of Baltimore City with good knowledge of city's resources and geography
- Currently unemployed
- Ability to show empathy to distressed individuals
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals during a time of crisis and distress
- Customer service, health care, or education skills or experience
- Experience working with older adults and/or persons with disabilities
- Knowledge of service and benefits
- Excellent oral and written skills
- Excellent organizational and communication skills
- Proficiency with MS Word and data entry
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment
- Openness to in-person visits for service coordination/client assessment, with suitable personal protective equipment
- Second or multiple languages a plus
- High school diploma, or equivalent combination of education and experience (preferred, but not required)

Other

This position will be a temporary contractual position and will include a health insurance stipend.

Community Health Worker Data Coordinator

Job Title: CHW Data Coordinator

Specialty: Data Management

Annual Salary: \$55,000 - \$60,000 per year

Collect, analyze and report data for the Baltimore Health Corp Initiative

Job Summary

This is a temporary position (11 months) to increase the number of individuals who are trained with public health principles and to respond to COVID-19.

This job is part of a temporary citywide corps, Baltimore Health Corps, that is being created to address the economic and public health crises caused by COVID-19. Jointly led by the Baltimore City Health Department and the Mayor's Office of Employment Development, the initiative will train and employ hundreds of residents in a time of record unemployment while supporting the city's emergency public health response. The corps includes a contract tracing/community outreach team and a care coordination team.

The Mayor's Office of Employment Development will provide job coaching to assist with the transition to permanent employment, as this is a temporary position. Legal and mental health services will also be available to all Baltimore Health Corps employees.

The COVID-19 Data Coordinator will be a part of the dynamic team that will be responding to the COVID-19 response at the Baltimore City Health Department (BCHD). Working closely with the program Director and Managers, the COVID-19 Data Coordinator assumes responsibility for COVID-19 care coordination data collection, data analysis, and outcome reporting. In addition, the position will provide administrative and programmatic support for the grant requirements under the direction of the Director. The position requires someone who is passionate about data and thrives on turning data into information that impacts program and business decisions.

The CHW Data Coordinator will also support the Community Health Worker (CHW) Care Coordinators in the creation of care coordination data collection. In addition, the CHW Data Coordinator will be required to follow all policies and procedures, and comply with training regarding confidential information related to personal information. As the needs of the response will change over time, the role of the Data Coordinator will also adapt to public health response needs.

Key Duties & Responsibilities

Data Collection:

- Serve as the point of contact for Baltimore care coordination or contact tracing data collection from community health workers
- Serve as the point of contact for data from other Baltimore Health Corps partners including:
 - » Care Coordination partners such as the Maryland Access Point and HealthCare Access Maryland
 - » Mayor's Office of Employment Development (MOED)

- » Training partners
- Organize and maintain data from a variety of sources and formats in a secure file

Data Analysis and Reporting:

- Analyze care coordination or contact tracing data for monthly and quarterly reports
- Coordinate data summaries with other existing Baltimore City Health Department data activities or partners including HealthCare Access Maryland, MOED, and any additional training partner
- Produce data dashboards
- Produce individual, team, and overall productivity reports in a format and on a schedule developed and agreed to with management.
- Present data findings during monthly meetings with community partners, organizations, and funders
- Complete data reporting requirements of the funder
- Troubleshoot data discrepancies between various sources

Database Operations and Maintenance:

- Maintain the resource information in the appropriate database
- Work with the Director to ensure database is operational and collaborate with existing structures at Baltimore City Health Department, such as the Accountable Health Community program, or HealthCare Access Maryland
- Develop training materials and procedures for data entry
- Train and offer technical assistance to end users
- Work alongside the technical team to ensure optimum functionality of the care coordination database
- Ensure the data collection meets the standards to be HIPAA compliant and secure
- Ensure reports from the care coordination database are submitted to funders on regular basis

Other Responsibilities:

- Promote teamwork and good communication among all staff and volunteer team members
- Interact with team and community members in a supportive and professional manner
- Adhere to all Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards to protect member Protected Health Information (PHI) and maintain confidentiality

Preferred Qualifications

- At least three years of data management experience
- Excellent analytical skills with the ability to collect, organize, analyze, and disseminate significant amounts of information with attention to detail and accuracy
- Advanced ability in using Microsoft Excel to summarize and graphically represent data
- Ability to work in team/group setting and have the ability to express complex technical concepts effectively
- Adept at queries, report writing and presenting findings
- Experience training end-users of data systems
- Knowledge of community health problems
- Excellent oral and written skills

- Excellent communication and interpersonal skills, empathy, needed to provide effective collaboration with internal team members and external partners
- Proficiency with MS Office and database systems
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment
- Bachelor's degree or equivalent and 3 years' combination of education and experience in data management, or the equivalent (preferred, but not required)

Other

This position will be a temporary contractual position and will include a health insurance stipend.

Social Work Care Coordinator

Specialty: Care Coordination

Annual Salary: \$55,000 per year

Supervises the Care Coordination Associate and also provides education and reinforcement about Medicaid benefits and system navigation, assistance with addressing barriers to healthcare and linkage to their HealthChoice Managed Care Organization, Primary Care Provider and Specialty care with HealthCare Access Maryland.

Job Summary

This job is part of a temporary citywide corps, Baltimore Health Corps, that is being created to address the economic and public health crises caused by COVID-19. Jointly led by the Baltimore City Health Department and the Mayor's Office of Employment Development, the initiative will train and employ hundreds of residents in a time of record unemployment while supporting the city's emergency public health response. The corps includes a contract tracing/community outreach team and a care coordination team.

Applicants who are hired for this position will undergo training that allows them to learn the fundamental principles of becoming a community health worker in addition to understanding fundamental roles of contact tracing and public health outreach. In addition, the Mayor's Office of Employment Development will provide job coaching to assist with the transition to permanent employment, as this is a temporary position. Legal and mental health services will also be available to all Baltimore Health Corps employees.

The Care Coordination Program is an outreach and short-term care coordination program within HealthCare Access Maryland. The Care Coordination mission, as detailed by Maryland's Medicaid Managed Care Program known as HealthChoice, is to outreach and provide community-based, client focused services to the following groups: non-compliant Medicaid recipients, pregnant and postpartum women, newborns and children under age 2, children and adults with special health needs, and family planning recipients.

Licensed Social Work Care Coordinator will provide short term care coordination services to individuals and

families. The Social Work Care Coordinator will be responsible for assessing, coordinating services, and partnering with community resources to address the needs of an assigned population. To provide support and expertise through assessment, planning, implementation and overall evaluation of the individual client needs.

Key Duties & Responsibilities

- Conduct home and telephone assessments to provide linkage and coordination to prenatal care, primary care, dental care, specialty care, preventive health screenings, lead screenings and immunizations.
- Work as a Team Leader to support outreach staffers with outreach strategies, client engagement and care coordination interventions
- Co-facilitate team meetings to provide consultation for medically complex cases, general case discussion for sharing of best practices and resources.
- Develop and facilitate services that provide education, screening and advanced assessments for the Maryland Medicaid recipient population residing in Baltimore City.
- Provide education, assistance and care coordination services to high-risk pregnant women and infants, referred clients that have experienced an infant or child loss, as well as clients with complex medical and/or psychosocial needs.
- Assess prenatal clients' risk and eligibility for referral to Baltimore City's network of home visiting programs according to established vulnerability index criteria/guidelines.
- Provide appropriate resource linkage to programs and services such as WIC, MCO case management, Safe Sleep, car seat assistance, etc., that assist pregnant/postpartum women and families in Baltimore City.
- Consult with other community agencies to identify potential resources for resolving client's health, psychosocial or financial problems.
- Deploy various methods for locating referred clients that are difficult to locate; establishing liaisons with DSS, PCP's, neighbors, churches, and other community groups.
- Develop and implement methods for coordinating and evaluating coordination services that are carried out in diverse settings such as client homes, public agencies, churches, community-based organizations, etc.
- Function as a liaison to external agencies and shares information with others, which may impact care and/or services of clients and referral services.
- Participate in staff, community, professional and inter-agency meetings and conferences.
- Document client assessments, activity, treatment plans and resolutions; prepares narrative and statistical reports.
- Perform other appropriate duties as assigned.

Preferred Qualifications

- Excellent oral and written skills
- Excellent organizational and communication skills
- Excellent problem solving skills
- Ability to work efficiently and meet deadlines

- Proficiency with MS Word, Excel, Outlook and SharePoint (365).
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment

Requirements

- Bachelor's degree in social work
- Current licensure as a Social Worker in the State of Maryland.
- At least one year of related experience
- Relevant clinical experience providing services to pregnant women and/or infants, preferably in a public health/community setting.

Physical Requirements

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to talk, hear, and respond to customers and employees. The employee frequently is required to stand; use hands to finger, handle, or feel; reach with hands and arms; climb or balance; and stoop, kneel, crouch, or crawl. The employee is occasionally required to walk 3 blocks or more and sit for prolonged periods of time. The employee must regularly lift and/or move up to 10 pounds and occasionally lift and/or move up to 15 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

Safety & Health Responsibilities

HCAM is committed to providing and maintaining a safe, secure and healthy work environment for all employees, clients served, volunteers and visitors. As part of this commitment, HCAM has developed safety, security and occupational health policies, practices, and standards.

With this understanding, all employees are required to: Adhere to all local, state and federal safety and environmental codes, ordinances, standards and laws; adhere to all HCAM and local safety plans, policies, practices and standards; be aware of and follow all safety rules of your work site; report any unsafe conditions or accidents to your supervisor; practice standard precautions (formerly universal precautions) at all times, and; participate in mandatory or available safety training.

Other

This position will be a temporary contractual position and will include a health insurance stipend.

Care Coordination Associate

Specialty: Care Coordination

Salary: \$39,000 per year

Provides education and reinforcement about Medicaid benefits and system navigation, assistance with addressing barriers to healthcare and linkage to their HealthChoice Managed Care Organization, Primary Care Provider and Specialty care with HealthCare Access Maryland.

Job Summary

This job is part of a temporary citywide corps, Baltimore Health Corps, that is being created to address the economic and public health crises caused by COVID-19. Jointly led by the Baltimore City Health Department and the Mayor's Office of Employment Development, the initiative will train and employ hundreds of residents in a time of record unemployment while supporting the city's emergency public health response. The corps includes a contract tracing/community outreach team and a care coordination team.

Applicants who are hired for this position will undergo training that allows them to learn the [fundamental principles](#) of becoming a community health worker in addition to understanding fundamental roles of contact tracing and public health outreach. In addition, the Mayor's Office of Employment Development will provide job coaching to assist with the transition to permanent employment, as this is a temporary position. Legal and mental health services will also be available to all Baltimore Health Corps employees.

The Care Coordination Program (CCP) is an outreach and short-term care coordination program within HealthCare Access Maryland. The Care Coordination mission, as detailed by Maryland's Medicaid Managed Care Program known as HealthChoice, is to outreach and provide community-based, client focused services to the following groups: Non-Compliant Medicaid recipients, Pregnant and postpartum women, Newborns and children under age 2, Children and Adults with Special Health Needs, and Family Planning Recipients.

The Care Coordination Associate provides education and reinforcement about Medicaid benefits and system navigation, assistance with addressing barriers to healthcare and linkage to their HealthChoice Managed Care Organization, Primary Care Provider and Specialty care.

Key Duties & Responsibilities

- Conduct home and telephone assessments to provide linkage and coordination to primary care, dental care, specialty care, preventive health screenings, lead screenings and immunizations.
- Assess, triage and refer pregnant women and infants to Baltimore City Home Visiting Programs for long term case management services.
- Provide health education regarding prenatal care, newborn care, EPSDT guidelines, chronic disease management, preventive health screenings, dental care and mental health services.
- Assist with the removal of barriers to healthcare including housing, addiction treatment, domestic violence services, Energy Assistance, emergency funds, Medical Assistance Transportation.
- Educate on access to low-cost/ no-cost health care services in Baltimore City as well as linkage to all the Maryland Medical Programs (MCHP, MAF, and the Maryland Family Planning Program).

Preferred Qualifications

- Excellent oral and written skills
- Excellent organizational and communication skills
- Excellent problem solving skills
- Proven ability to work efficiently and meet deadlines
- Proficiency with MS Word, Excel, Outlook and SharePoint (365).
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment
- Relevant experience providing services to pregnant women and/or infants, adults with chronic health conditions; preferably in a public health/community setting
- Bachelor's degree in a related area (preferred, but not required)

Physical Requirements

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to talk, hear and respond to customers and employees. The employee frequently is required to stand; use hands to finger, handle, or feel; reach with hands and arms; climb or balance; and stoop, kneel, crouch, or crawl. The employee is occasionally required to walk 3 blocks or more and sit for prolonged periods of time. The employee must regularly lift and/or move up to 10 pounds and occasionally lift and/or move up to 15 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

Safety & Health Responsibilities

HCAM is committed to providing and maintaining a safe, secure, and healthy work environment for all employees, clients served, volunteers and visitors. As part of this commitment, HCAM has developed safety, security and occupational health policies, practices, and standards.

With this understanding, all employees are required to: Adhere to all local, state and federal safety and environmental codes, ordinances, standards and laws; adhere to all HCAM and local safety plans, policies, practices and standards; be aware of and follow all safety rules of your work site; report any unsafe conditions or accidents to your supervisor; practice standard precautions (formerly universal precautions) at all times, and; participate in mandatory or available safety training.

Other

This position will be a temporary contractual position and will include a health insurance stipend.

Contact Tracing Team

Figure 2 Contact Tracing Team

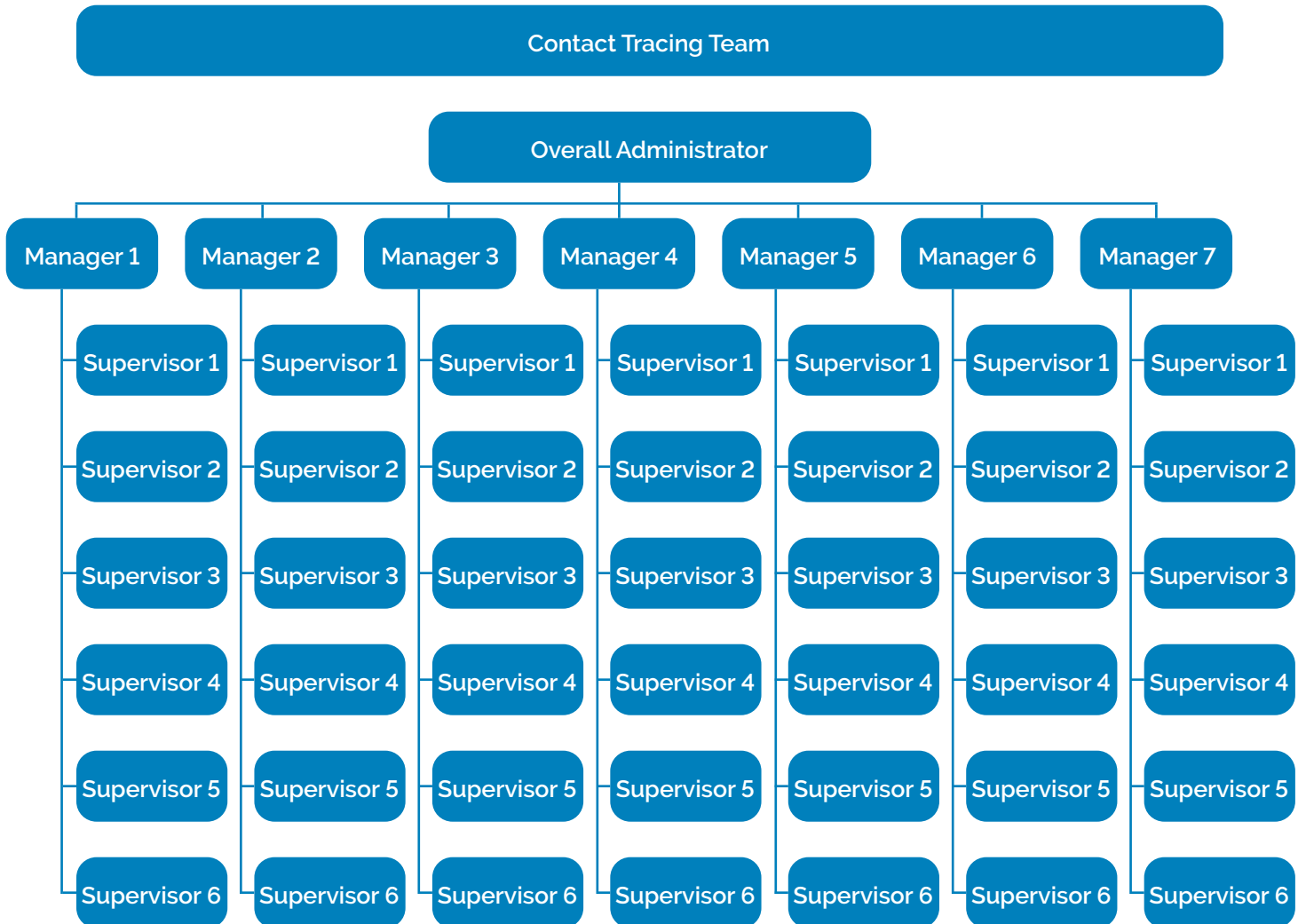
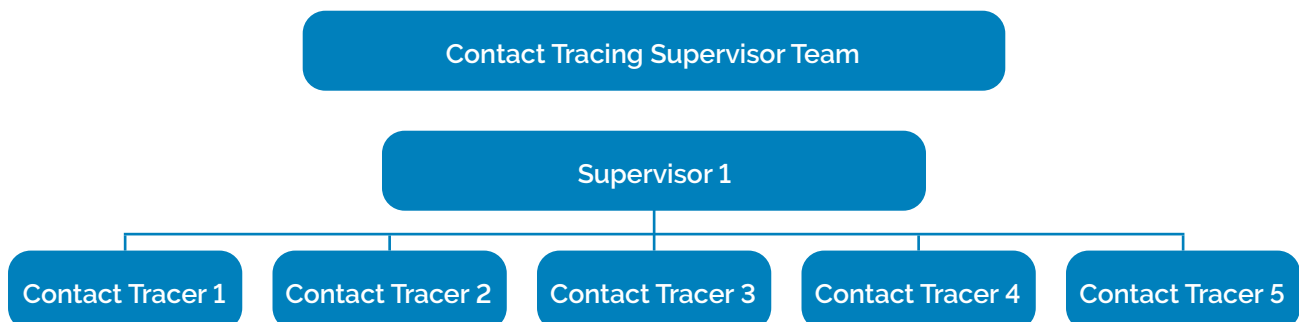


Figure 3 Contact Tracing Supervisor Team (Please note the number of CHWs per supervisor may change)



Baltimore Health Corps Director

Annual Salary: budgeted for \$80,000 and equivalent to HPA II

Project director of the overall Baltimore Health Corp Initiative and directly oversees teams of Community Health Worker/Contact Tracers.

Job Summary

The Baltimore Health Corps Director will be a part of the team that will be responding to the COVID-19 response at the Baltimore City Health Department (BCHD). Under supervision of the Deputy Commissioner of Population Health and Director of Outbreak and Case Investigations, the Baltimore Health Corps Director will ensure the success of this initiative to expand the COVID-19 response. The Director will not only work with various stakeholders and partners such as care coordinators but also will directly manage a team of CHW Managers. These managers will oversee supervisors of Community Health Workers performing contact tracing, public health messaging, and additional public health activities.

The Baltimore Health Corps Director will be responsible for overseeing all planning, administration, coordination and evaluation of the COVID-19 public health and contact tracing response grant activities. This position will assist in the overall direction of and administration of a large health program, approving the development of long-range program goals, assigning program funds, changing program organization, and supervising CHW Managers.

The Director will oversee the implementation of the initiative including the preparation and administration of program budgets. In coordination with the data coordinator, the Director will design and oversee data collection forms, collect and analyze data to determine status of program activities, develop new procedures for addressing program problems and quality improvement, and oversee the implementation of these procedures. The Director will hire, fire, promote, evaluate the performance of and train program staff; develop and implement program personnel and training standards and procedures. The Director will also speak before community groups and other organizations explaining and promoting program services.

The Director will operate with a high degree of independence, developing, implementing, recommending changes in and approving program policies and procedures. As the needs of the response will change over time, the role of the Director will also adapt to public health response needs. In addition, the Director will be required to follow all scripts, policies and procedures provided by BCHD, and comply with BCHD training regarding confidential information related to personal information.

Key Duties & Responsibilities

- Serve as the BCHD lead for the Baltimore Health Corps initiative that is expanding the public health response for COVID-19
- Provide ongoing strategic and operational planning, including continuous quality improvement and input into standard programmatic policies, practices, protocols, strategies, systems, tools and trainings for the Baltimore Health Corps Initiative

- Collaborate with Health Department staff, Mayor’s Office of Employment Development, Baltimore Corps, HealthCare Access Maryland, and any additional partners
- Oversee a team of CHW Managers, including evaluating their performance, disciplining, and recommending and hiring and firing
- Coordinate team’s schedules and provide daily remote supervision and troubleshooting
- Oversee the overall tracking metrics reported from CHW Managers including cases contacted successfully, contacts tracked and referred, and patients and contacts referred to social support systems
- Ensure that teams are performing according to developed work plans and complying with all requirements (confidentiality, following scripts, etc.)
- Respond to issues from the COVID-19 CHW Managers in a timely manner and help identify and implement solutions
- Propose and implement areas of quality improvement based on quantitative and qualitative data
- Oversee the preparation of grant requirements and conduct reports on program activities
- Develop and/or provide input into needed COVID-19 contact tracing and public health materials
- Direct the preparation and administration of program budget in accordance with grant guidelines
- May also participate in other public health activities such as:
 - » Coordinate program activities around COVID-19 contact tracing and public messaging with other agencies and organizations
 - » Provide presentations around COVID-19 contract tracing and public messaging program activities to key community stakeholders and organizations
 - » Design data collection forms in coordination with the data manager to assess the effectiveness of program activities
 - » Evaluate the effectiveness of program activities and proposes areas of program quality improvement
- Adapt work as necessary based on the changing dynamic of the response
- Maintain frequent contact with supervisors
- Be available to work onsite and within the community

Preferred Qualifications

- At least five years of management experience
- Previous experience in healthcare administration, public health, health policy
- Experience using program performance data to improve program outcomes
- Knowledge of the principles and techniques of public health administration
- Knowledge of community health problems
- Knowledge of grant procedures and ability to write grant materials
- Ability to plan, organize, implement and direct a large health program
- Ability to make budget recommendations and control expenditures.
- Ability to develop and implement program policies and procedures
- Ability to speak and write effectively in English
- Ability to interact with program recipients, community groups and representatives of public and private agencies
- Ability to supervise staff

- Excellent oral and written skills
- Excellent organizational and communication skills
- Proficiency with MS Office and other applicable programs
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment
- Second or multiple languages a plus
- Master's degree or higher in healthcare administration, public health, or health policy, or the equivalent (preferred, but not required)

Other

This position will be a temporary contractual position and will include a health insurance stipend. This role was previously posted as the Baltimore City Health Department Project Director.

Community Health Worker/Contact Tracer Manager

Specialty: Public Health Outreach & Contact Tracing

Annual Salary: \$62,000-\$75,000 per year

Oversees Community Health Worker/Contact Tracer Supervisors and also performs contact tracing and other public health duties for COVID-19.

Job Summary

This job is part of a temporary citywide corps, Baltimore Health Corps, that is being created to address the economic and public health crises caused by COVID-19. Jointly led by the Baltimore City Health Department and the Mayor's Office of Employment Development, the initiative will train and employ hundreds of residents in a time of record unemployment while supporting the city's emergency public health response. The corps includes a contract tracing/community outreach team and a care coordination team.

The Mayor's Office of Employment Development will provide job coaching to assist with the transition to permanent employment, as this is a temporary position. Legal and mental health services will also be available to all Baltimore Health Corps employees.

The CHW Manager will be a part of a team responding to the COVID-19 response at the Baltimore City Health Department (BCHD). Under general supervision by the Director, the CHW Manager will manage a team of supervisors and Community Health Workers (CHWs). The CHWs will be working as public health investigators whose duties include contact tracing, public health messaging, and additional public health activities as assigned.

The CHW Managers in coordination with the Baltimore Health Corp Director will plan, conduct, and provide direction to the CHW Supervisors on how to organize, plan, train, and supervise the work of the CHWs. The CHW Manager will be responsible for developing and/or providing input to needed contact tracing and

public health messaging materials. They will track the data and ensure that the full COVID-19 response team has accurate data including qualitative data that the CHWs and Supervisors are reporting. As the needs of the response will change over time, the role of the CHW Manager will adapt to public health response needs.

Key Duties & Responsibilities

- Complete required training for this temporary position
- Support and mentor CHW Supervisors to achieve the objectives of the contact tracing work
- Participate in hiring of CHW Supervisors and CHWs
- Develop and/or provide input into needed COVID-19 contact tracing and public health materials
- Coordinate a team's schedules, ensure they have tools and resources to conduct daily activities.
- Track daily and weekly progress for the unit including cases contacted successfully, contacts tracked and referred, and patients and contacts referred to social support systems
- Report issues from the unit to the COVID-19 Team's overall Administrator in a timely manner and help identify and implement solutions
- Conduct phone calls as needed, including to contacts who have been exposed to COVID-19, to places of business a COVID-19 positive patient has frequented, and to refer patients and their families to different social services.
- Ensure that teams are performing according to a developed work plan and complying with all requirements (confidentiality, following scripts, etc.)
- Make recommendations to adapt work plan based on quantitative and qualitative data
- Provide public health messaging to key community leaders, business owners, and residents about COVID-19 through in-person visits, telephone, or provision of materials
- Conduct community health educational activities as it relates to COVID-19 and other variety of health topics for the Health Department
- Perform quality assurance through listening in on calls or to recordings of calls and providing feedback to team as well as participating in quality improvement conversations with supervisors
- Liaise with partners and stakeholders as needed
- Maintain daily contact with supervisors and regular contact with the overall administrator
- Willing and available to work onsite and within the community

Preferred Qualifications

- Ability to show empathy to distressed individuals
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals during a time of crisis and distress
- At least five years of management experience
- Experience successfully supervising staff
- Experience in managing evaluating and adapting a public health performance management system
- Excellent oral and written skills
- Excellent organizational and communication skills
- Proficiency with MS Office and other applicable programs
- Ability to handle confidential information with discretion and professionalism

- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment
- Openness to in-person visits for contact tracing or public health outreach with suitable personal protective equipment
- Second or multiple languages a plus
- Bachelor's degree and five years of public health, health administrative, health systems experience, or the equivalent (preferred, but not required)

Other

This position will be a temporary contractual position and will include a health insurance stipend.

Community Health Worker/Contact Tracer Supervisor

Specialty: Public Health Outreach & Contact Tracing

Annual Salary: \$60,000 per year

Oversees Community Health Worker/Contact Tracers and also performs contact tracing and other public health duties for COVID-19.

Job Summary

This job is part of a temporary citywide corps, Baltimore Health Corps, that is being created to address the economic and public health crises caused by COVID-19. Jointly led by the Baltimore City Health Department and the Mayor's Office of Employment Development, the initiative will train and employ hundreds of residents in a time of record unemployment while supporting the city's emergency public health response. The corps includes a contract tracing/community outreach team and a care coordination team.

Applicants who are hired for this position will undergo training to understand fundamental roles of contact tracing and public health outreach. In addition, the Mayor's Office of Employment Development will provide job coaching to assist with the transition to permanent employment, as this is a temporary position. Legal and mental health services will also be available to all Baltimore Health Corps employees.

The CHW Supervisor will be a part of a team responding to the COVID-19 response at the Baltimore City Health Department (BCHD). Under general supervision by a direct manager, the CHW Supervisor will plan, conduct, and provide direction on how to identify and counsel people who have been exposed to the novel coronavirus. Work of this class involves full supervisory duties.

The CHW Supervisor will oversee CHWs who will be working as public health investigators whose duties include contact tracing, public health messaging, and any additional public health activities as assigned as part of the Baltimore City Health Department's response to COVID-19.

The CHW supervisor will spend their time on planning for activities, overseeing a team of CHWs on contact tracing and public health messaging. The Supervisor will also ensure that data collection is accurate. As the

needs to the response will change over time, the role of the Supervisor will also adapt to the public health response needs and the Supervisor may also be assigned cases to investigate, particularly complex cases. The Supervisor may also use web-based client resource management (CRM) platform to call all contacts of anyone diagnosed with COVID-19 to document a symptom check, provide them with instructions for isolation or quarantine, and refer them for testing according to established protocols. In addition, the Supervisor will be required to follow all scripts, policies and procedures provided by BCHD, and comply with BCHD training regarding confidential information related to personal information. The CHW supervisor will also conduct contact tracing and provide public health messages as needed using approved BCHD scripts.

Key Duties & Responsibilities

- Complete required training for this temporary position
- Supervise a team of community health workers including evaluating their performance, disciplining, and providing technical assistance
- Coordinate a team's schedules and provide daily remote supervision and troubleshooting
- Track daily and weekly progress for your CHWs including cases contacted successfully, contacts tracked and referred, and patients and contacts referred to social support systems
- Conduct quality assurance and support calls and provides feedback to CHWs
- Report issues from the unit to the project manager in a timely manner, and help identify and implement solutions
- Oversee the CHWs activities generally and in the field as needed
- Communicate in a professional and empathetic manner
- In collaboration with other response staff members, provide input for training programs for staff
- Provide contacts with appropriate information/instructions from the Baltimore City Health Department including isolation and/or quarantine procedures, and if appropriate, refer them to testing according to protocol and/or to a Care Resource Coordinator for social resources.
- Provide public health messaging to key community leaders, business owners, and residents about COVID-19 through in-person visits, telephone, or provision of materials
- Conduct community health educational activities as it relates to COVID-19 and other variety of health topics for the Health Department
- May conduct presentations on facts and prevention for COVID-19 and other variety of health topics for the Health Department
- Dispel myths that are undermining the response, and bringing back information about myths to the city for improvements in messaging
- Document activities per the protocol developed by the supervisor
- Maintain daily contact with manager
- Willing and available to work onsite and within the community

Preferred Qualifications

- Resident of Baltimore city with good knowledge of city's resources and geography
- Ability to show empathy to distressed individuals
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse

individuals during a time of crisis and distress

- At least three years of management experience
- Experience successfully supervising staff
- Excellent oral and written skills
- Excellent organizational and communication skills
- Proficiency with MS Word and data entry
- Ability to develop systems to capture and monitor important details of work outcomes.
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment
- Openness to in-person visits for contact tracing or public health outreach with suitable personal protective equipment
- Second or multiple languages a plus
- Bachelor's degree and three years of public health, health administrative, health systems experience, or the equivalent (preferred, but not required)

Other

This position will be a temporary contractual position and will include a health insurance stipend.

Community Health Worker/ Contact Tracer

Job Title: Community Health Worker

Specialty: Public Health Investigator

Annual Salary: \$35,000 per year

Performs contact tracing and other public health duties for COVID-19

Job Summary

This job is part of a temporary citywide corps, Baltimore Health Corps, that is being created to address the economic and public health crises caused by COVID-19. Jointly led by the Baltimore City Health Department and the Mayor's Office of Employment Development, the initiative will train and employ hundreds of residents in a time of record unemployment while supporting the city's emergency public health response. The corps includes a contract tracing/community outreach team and a care coordination team.

Applicants who are hired for this position will undergo training to understand the fundamental roles of contact tracing and public health outreach. In addition, the Mayor's Office of Employment Development will provide job coaching to assist with the transition to permanent employment, as this is a temporary position. Legal and mental health services will also be available to all Baltimore Health Corps employees.

The Community Health Worker (CHW) will be a part of the COVID-19 response team at the Baltimore City Health Department (BCHD). Under general supervision by a direct supervisor, the Community Health Worker will be working as a public health representative. The person will be working on activities such as

contact tracing (approximately 70%), public health messaging (approximately 20%), and any other public health activities as directed (10%). As the needs to the response will change over time, the role of the CHW will also adapt to public health needs.

The CHW will spend most of their time on contact tracing and public health messaging. The CHW will use a web-based client resource management (CRM) platform to call all contacts of anyone diagnosed with COVID-19 to document a symptom check, provide them with instructions for quarantine, and refer them for testing according to established protocols. In addition, the CHW will be required to follow all scripts, policies and procedures provided by BCHD, and comply with BCHD training regarding confidential information related to personal information. For the public health outreach, the CHW will provide COVID-19 education and information to Baltimore communities and work to dispel myths that are undermining the response and bring back information about myths to the city for improvements in messaging. The CHW will also inform communities of key available resources, such as economic relief and health guidance.

Key Duties & Responsibilities

- Complete required training for this temporary position
- Contact and interview individuals who are either a confirmed COVID-19 case or a close contact of someone who is a confirmed COVID-19 Case.
- Communicate in a professional and empathetic manner
- Provide contacts with appropriate information/instructions from the Baltimore City Health Department including isolation and/or quarantine procedures, and if appropriate, refer them to testing according to protocol and/or to a Care Resource Coordinator for social resources.
- Reassure clients that all of the information is strictly confidential to ensure that clients are comfortable sharing any interaction that may have exposed someone to COVID 19.
- Follow the script to inform contacts about the importance of quarantine and what to do if symptoms develop. The CHW is not permitted to deviate from the script or provide information that is not included in the script.
- Collect and record information on symptoms into the client database system.
- Provide public health messaging to key community leaders, business owners, and residents about COVID-19 through in-person visits, telephone, or provision of materials
- Conduct community health educational activities as it relates to COVID-19 and other variety of health topics for the Health Department
- May conduct presentations on facts and prevention for COVID-19 and other variety of health topics for the Health Department
- Dispel rumors and myths, and bring back information about myths to the city for improvements in messaging
- Document activities per established protocols and as instructed by the supervisor
- Help develop materials for public health education
- Maintain daily contact with supervisor
- Perform other duties as required
- Willing and available to work onsite and within the community

Preferred Qualifications

- Resident of Baltimore city with good knowledge of city's communities and resources
- Currently unemployed
- Ability to show empathy to distressed individuals
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals during a time of crisis and distress
- Experience in customer service, health care, education, or social services
- Excellent oral and written skills
- Excellent organizational and communication skills
- Proficiency with MS Word and data entry
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment
- High capacity for attention to detail and documentation of work as it's completed
- Openness to in-person visits for contact tracing or public health outreach with suitable personal protective equipment
- Second or multiple languages a plus
- High school diploma, or equivalent combination of education and experience (preferred, but not required)

Other

This position will be a temporary contractual position and will include a health insurance stipend.

Community Health Worker/Contact Tracer Office Support

Job Title: CHW Office Support

Specialty: Public Health/Administration

Annual Salary: \$39,000 per year

Administrative support to COVID-19 team to ensure the success of grant activities including but not limited to management of the procurement and internal operations support.

Job Summary

This job is part of a temporary citywide corps, Baltimore Health Corps, that is being created to address the economic and public health crises caused by COVID-19. Jointly led by the Baltimore City Health Department and the Mayor's Office of Employment Development, the initiative will train and employ hundreds of residents in a time of record unemployment while supporting the city's emergency public health response. The corps includes a contract tracing/community outreach team and a care coordination team.

The Mayor's Office of Employment Development will provide job coaching to assist with the transition to permanent employment, as this is a temporary position. Legal and mental health services will also be available to all Baltimore Health Corps employees.

Job Summary

The CHW Office Support will be a part of the dynamic team COVID-19 response team at the Baltimore City Health Department (BCHD). Working closely with the CHW Administrator, Managers, Supervisors, and CHWs, the CHW Office Support assumes responsibility for administrative support to ensure the success of grant activities including but not limited to management of the procurement and internal operations support. The position requires someone who responds well to a fast-paced environment, has flexibility and a sense of urgency, and a good appreciation for organizational procedures.

In addition, the CHW Office Support will be required to follow all policies and procedures provided by BCHD, and comply with BCHD training regarding confidential information related to personal information. As the needs to the response will change over time, the role of the CHW Office Support will also adapt to public health response needs. This is a temporary position (six months to one year) to support the individuals who are trained with public health principles and to respond to COVID-19.

Key Duties & Responsibilities

- Provide administrative support to the Baltimore Health Corps Director and team members related to on-going projects
- Schedule appointments, meetings, and conferences for staff members per their instructions and on occasion takes minutes of meetings and disseminates to the appropriate people
- Assist as a Baltimore City Health Department liaison in creating procurement orders, managing order status, and successfully executing the orders in alignment with city, state, and federal requirements
- Assist in preparing requisitions and keeps accounts of project funding and expenditures
- Maintain consistent upkeep of office supplies
- Prepare travel orders, travel vouchers, and make necessary reservations for transportation. After travel orders or vouchers are prepared, forwards them through proper channels for approval and processing. Maintains itinerary of traveler while in travel status.
- Help coordinate interview schedules for candidates
- Assist in the training of staff on numerous administrative items (e.g. expense reimbursements)
- Facilitate pre-onboarding and initial employee onboarding process; including 1:1 setup, IT equipment coordination, following the official onboarding process; own the process of shepherding a new hire from pre-arrival through their first week within the organization
- Independently perform special projects which require a combination of administrative, creative, and communications skills
- Resolve administrative issues as needed
- Promote teamwork and good communication among all staff and volunteer team members
- Interact with team and community members in a supportive and professional manner
- Maintain working knowledge of company policies, maintain CHW employee contact list

Preferred Qualifications

- At least 1+ years of relevant experience
- Currently unemployed

- Basic knowledge of procedures and best practices for documentation processing
- Ability to quickly and accurately perform data entry; keep logs, records, and files up-to-date and readily accessible
- Ability to follow established guidelines to focus on details and complete tasks attentively and thoroughly
- Ability to adhere to an assigned schedule and demonstrate punctuality and consistent attendance and good professionalism
- Ability to adapt and be flexible in a fast-paced and changing environment
- Ability to work in team/group setting
- Ability to escalate issues when necessary
- Ability to seek opportunities to learn and grow; build and enhance knowledge of internal processes, systems and technology
- Excellent oral and written skills
- Excellent organizational skills, communication and interpersonal skills - including empathy, needed to provide effective collaboration with internal team members and external partners
- Proficiency with MS Office and data entry
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment
- High school diploma, or equivalent combination of education and experience (preferred, but not required)

Other

This position will be a temporary contractual position and will include a health insurance stipend.

Grant Accountant

Job Title: Grant Accountant

Specialty: Accounting

Annual Salary: \$55,000 per year

Serves as the grant accountant for the Baltimore Health Corps initiative

Job Summary

This is a temporary position (six months to one year) to increase the number of individuals who are trained with public health principles and to respond to COVID-19.

This job is part of a temporary citywide corps, Baltimore Health Corps, that is being created to address the economic and public health crises caused by COVID-19. Jointly led by the Baltimore City Health Department and the Mayor's Office of Employment Development, the initiative will train and employ hundreds of residents in a time of record unemployment while supporting the city's emergency public health response. The corps includes a contract tracing/community outreach team and a care coordination team.

In addition, the Mayor’s Office of Employment Development will provide job coaching to assist with the transition to permanent employment, as this is a temporary position. Legal and mental health services will also be available to all Baltimore Health Corps employees.

Job Summary

The Grant Accountant will be a part of the team COVID-19 response team at the Baltimore City Health Department (BCHD). Reporting to the Baltimore Health Corps director and/or their designee, the Grant Accountant is responsible for providing leadership, oversight and guidance for the accounting and compliance for one of Baltimore City Health Department’s (BCHD) grants related to COVID-19.

Responsibilities include, but are not limited to, setting up accounts, monitoring expenditures, reporting, billing, posting of transaction entries in an accounting detail register, and budget modification, as well as ensuring compliance with funding source administrative guidelines, timely receipt of revenue, accurate submission of financial and other related reports, grant regulations, executed contracts and agreements as well as applicable statutes and regulations.

Contacts and interactions vary and may involve multiple constituencies such as direct interaction with BCHD’s executive management, staff, colleagues, community organizers, vendors, contractors, consultants and the general public for the purpose of providing and exchanging information.

This is a temporary position (six months to one year) to assist the BCHD respond to COVID-19.

The Grant Accountant will be required to follow all scripts, policies and procedures provided by BCHD, and comply with BCHD training regarding confidential information related to personal information.

Key Duties & Responsibilities

- Provide leadership, oversight and guidance for the operation of grant accounting and compliance functions, including review and preparation of budgets and amendments, preparation of grant reports and financial documentation.
- Review, audit, analyze and reconcile all financial and other related information and documents in support of grant related expenditures to ensure compliance with applicable federal, state and other related regulations, statutes and Generally Accepted Accounting Principles (GAAP).
- Analyze various grantor revenue and expenditure reports and make appropriate recommendations to ensure compliance with budgeted projections and grant provisions.
- Provide oversight in the preparation and monitoring of organizational as well as departmental grant budgets.
- Compile and analyze financial data for preparation of various costing, monthly and/or quarterly reports to the department and funder for grant activities.
- Review, analyze, balance and reconcile accounting activities regarding grants for revenues, expenditures and general ledger and other related reports.
- Analyze, determine and prepare cash position, revenue and expenditure projections.

- Prepare audit worksheets, schedules, reports and supporting documentation to be used during grant audits by federal, state or other related agencies.
- Prepare and maintain documentation to support federal, state and other related agencies' audit inspections of financial transactions including compliance, billing, funds drawdown, correspondence and other related activities.
- Monitor and ensure compliance with federal, state, local and special program reporting requirements for grant activities.
- Compile and analyze data as well as prepare responses to questions from internal clients regarding financial statements and reports including contract and grant expenditures, status and terms.
- Provide administrative support, as needed
- Other duties as required

Preferred Qualifications

- Excellent oral and written skills
- Excellent analytical, organizational and communication skills
- Proficiency in MS Office and Accounting software
- Ability to multi-task, prioritize and delegate as appropriate.
- Ability to function proactively in a demanding environment
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgement
- Bachelor's degree in accounting, finance, business or a related field. Certified Public Accountant (CPA) preferred.
- Three years grant accounting as well as general accounting, compliance and financial reporting experience preferred, or an equivalent combination of education, training, experience,, understanding of the field, and ability to perform the essential functions of the job.

Other

This position will be a temporary contractual position and will include a health insurance stipend.

Non-BHC Specific Postings

BCHD Project Director

Division: COVID-19 Temporary Bureau

Position Type: Blanket Requisition

Annual Salary: \$85,000 with Health Benefit reimbursement

Supervision from Case Investigation Manager

Job Summary

The Project Director will be a part of the team that will be responding to the COVID-19 response at the Baltimore City Health Department (BCHD). Under supervision of the Deputy Commissioner of Population Health and Case Investigation Manager, the Project Director will ensure the success of this project to expand the COVID-19 response. The Director will not only work with various stakeholders and partners such as care coordinators but also will directly manage a team of CHW Managers. These managers will oversee supervisors of Community Health Workers performing contact tracing, public health messaging, and additional public health activities.

The Project Director will be responsible for overseeing all planning, administration, coordination and evaluation of the COVID-19 public health and contact tracing response grant activities. This position will assist in the overall direction of and administration of a large health program, approving the development of long-range program goals, assigning program funds, changing program organization, and supervising CHW Managers.

The Director will oversee the implementation of the initiative including the preparation and administration of program budgets. In coordination with the data coordinator, the Director will design and oversee data collection forms, collect and analyze data to determine status of program activities, develop new procedures for addressing program problems and quality improvement, and oversee the implementation of these procedures. The Director will hire, fire, promote, evaluate the performance of and train program staff; develop and implement program personnel and training standards and procedures. The Director will also speak before community groups and other organizations explaining and promoting program services.

The Director will operate with a high degree of independence, developing, implementing, recommending changes in and approving program policies and procedures. As the needs of the response will change over time, the role of the Director will also adapt to public health response needs. In addition, the Director will be required to follow all scripts, policies and procedures provided by BCHD, and comply with BCHD training regarding confidential information related to personal information.

Key Duties & Responsibilities

- Serve as the BCHD lead for the initiative that is expanding the public health response for COVID-19 with Community Health Workers
- Provide ongoing strategic and operational planning, including continuous quality improvement

and input into standard programmatic policies, practices, protocols, strategies, systems, tools and trainings for the Initiative

- Collaborate with Health Department staff, Mayor’s Office of Employment Development, Baltimore Corps, HealthCare Access Maryland, and any additional partners
- Oversee a team of CHW Managers, including evaluating their performance, disciplining, and recommending and hiring and firing
- Coordinate team’s schedules and provide daily remote supervision and troubleshooting
- Oversee the overall tracking metrics reported from CHW Managers including cases contacted successfully, contacts tracked and referred, and patients and contacts referred to social support systems
- Ensure that teams are performing according to developed work plans and complying with all requirements (confidentiality, following scripts, etc.)
- Respond to issues from the COVID-19 CHW Managers in a timely manner and help identify and implement solutions
- Propose and implement areas of quality improvement based on quantitative and qualitative data
- Oversee the preparation of grant requirements and conduct reports on program activities
- Develop and/or provide input into needed COVID-19 contact tracing and public health materials
- Direct the preparation and administration of program budget in accordance with grant guidelines
- May also participate in other public health activities such as:
 - » Coordinate program activities around COVID-19 contact tracing and public messaging with other agencies and organizations
 - » Provide presentations around COVID-19 contract tracing and public messaging program activities to key community stakeholders and organizations
 - » Design data collection forms in coordination with the data manager to assess the effectiveness of program activities
 - » Evaluate the effectiveness of program activities and proposes areas of program quality improvement
- Adapt work as necessary based on the changing dynamic of the response
- Maintain frequent contact with supervisors
- Be available to work onsite and within the community

Preferred Qualifications

- At least five years of management experience
- Previous experience in healthcare administration, public health, health policy
- Experience using program performance data to improve program outcomes
- Knowledge of the principles and techniques of public health administration
- Knowledge of community health problems
- Knowledge of grant procedures and ability to write grant materials
- Ability to plan, organize, implement and direct a large health program
- Ability to make budget recommendations and control expenditures.
- Ability to develop and implement program policies and procedures
- Ability to speak and write effectively in English
- Ability to interact with program recipients, community groups and representatives of public and private agencies

- Ability to supervise staff
- Excellent oral and written skills
- Excellent organizational and communication skills
- Proficiency with MS Office and other applicable programs
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment
- Second or multiple languages a plus
- Master's degree or higher in healthcare administration, public health, or health policy, or the equivalent (preferred, but not required)

Other

This position will be a temporary contractual position.

BCHD Community Health Worker Manager

Division: COVID-19 Temporary Bureau

Position Type: Blanket Requisition

Annual Salary: \$70,000 with Health Benefit reimbursement

Supervision from BCHD Project Director

Job Summary

The CHW Manager will be a part of a team responding to the COVID-19 response at the Baltimore City Health Department (BCHD). Under general supervision by the Director, the CHW Manager will manage a team of supervisors and Community Health Workers (CHWs). The CHWs will be working as public health investigators whose duties include contact tracing, public health messaging, and additional public health activities as assigned.

The CHW Managers in coordination with the Baltimore City Health Department Project Director will plan, conduct, and provide direction to the CHW Supervisors on how to organize, plan, train, and supervise the work of the CHWs. The CHW Manager will be responsible for developing and/or providing input to needed contact tracing and public health messaging materials. They will track the data and ensure that the full COVID-19 response team has accurate data including qualitative data that the CHWs and Supervisors are reporting. As the needs of the response will change over time, the role of the CHW Manager will adapt to public health response needs.

Key Duties & Responsibilities

- Complete required training for this temporary position
- Support and mentor CHW Supervisors to achieve the objectives of the contact tracing work
- Participate in hiring of CHW Supervisors and CHWs

- Develop and/or provide input into needed COVID-19 contact tracing and public health materials
- Coordinate a team's schedules, ensure they have tools and resources to conduct daily activities.
- Track daily and weekly progress for the unit including cases contacted successfully, contacts tracked and referred, and patients and contacts referred to social support systems
- Report issues from the unit to the COVID-19 Team's overall Administrator in a timely manner and help identify and implement solutions
- Conduct phone calls as needed, including to contacts who have been exposed to COVID-19, to places of business a COVID-19 positive patient has frequented, and to refer patients and their families to different social services.
- Ensure that teams are performing according to a developed work plan and complying with all requirements (confidentiality, following scripts, etc.)
- Make recommendations to adapt workplan based on quantitative and qualitative data
- Provide public health messaging to key community leaders, business owners, and residents about COVID-19 through in-person visits, telephone, or provision of materials
- Conduct community health educational activities as it relates to COVID-19 and other variety of health topics for the Health Department
- Perform quality assurance through listening in on calls or to recordings of calls and providing feedback to team as well as participating in quality improvement conversations with supervisors
- Liaise with partners and stakeholders as needed
- Maintain daily contact with supervisors and regular contact with the overall administrator
- Willing and available to work onsite and within the community

Preferred Qualifications

- Ability to show empathy to distressed individuals
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals during a time of crisis and distress
- At least five years of management experience
- Experience successfully supervising staff
- Experience in managing evaluating and adapting a public health performance management system
- Excellent oral and written skills
- Excellent organizational and communication skills
- Proficiency with MS Office and other applicable programs
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment
- Openness to in-person visits for contact tracing or public health outreach with suitable personal protective equipment
- Second or multiple languages a plus
- Bachelor's degree and five years of public health, health administrative, health systems experience, or the equivalent (preferred, but not required)

BCHD CHW Supervisor

Division: COVID-19 Temporary Bureau

Position Type: Blanket Requisition

Annual Salary: \$60,000 with Health Benefit reimbursement

Supervision from BCHD

Job Summary

The CHW Supervisor will be a part of a team responding to the COVID-19 response at the Baltimore City Health Department (BCHD). Under general supervision by a direct manager, the CHW Supervisor will plan, conduct, and provide direction on how to identify and counsel people who have been exposed to the novel coronavirus. Work of this class involves full supervisory duties.

The CHW Supervisor will oversee CHWs who will be working as public health investigators whose duties include contact tracing, public health messaging, and any additional public health activities as assigned as part of the Baltimore City Health Department's response to COVID-19.

The CHW supervisor will spend their time on planning for activities, overseeing a team of CHWs on contact tracing and public health messaging. The Supervisor will also ensure that data collection is accurate. As the needs to the response will change over time, the role of the Supervisor will also adapt to the public health response needs and the Supervisor may also be assigned cases to investigate, particularly complex cases. The Supervisor may also use web-based client resource management (CRM) platform to call all contacts of anyone diagnosed with COVID-19 to document a symptom check, provide them with instructions for isolation or quarantine, and refer them for testing according to established protocols. In addition, the Supervisor will be required to follow all scripts, policies and procedures provided by BCHD, and comply with BCHD training regarding confidential information related to personal information. The CHW supervisor will also conduct contact tracing and provide public health messages as needed using approved BCHD scripts.

Key Duties & Responsibilities

- Complete required training for this temporary position
- Supervise a team of community health workers including evaluating their performance, disciplining, and providing technical assistance
- Coordinate a team's schedules and provide daily remote supervision and troubleshooting
- Track daily and weekly progress for your CHWs including cases contacted successfully, contacts tracked and referred, and patients and contacts referred to social support systems
- Conduct quality assurance and support calls and provides feedback to CHWs
- Report issues from the unit to the project manager in a timely manner, and help identify and implement solutions
- Oversee the CHWs activities generally and in the field as needed
- Communicate in a professional and empathetic manner
- In collaboration with other response staff members, provide input for training programs for staff
- Provide contacts with appropriate information/instructions from the Baltimore City Health

Department including isolation and/or quarantine procedures, and if appropriate, refer them to testing according to protocol and/or to a Care Resource Coordinator for social resources.

- Provide public health messaging to key community leaders, business owners, and residents about COVID-19 through in-person visits, telephone, or provision of materials
- Conduct community health educational activities as it relates to COVID-19 and other variety of health topics for the Health Department
- May conduct presentations on facts and prevention for COVID-19 and other variety of health topics for the Health Department
- Dispel myths that are undermining the response, and bringing back information about myths to the city for improvements in messaging
- Document activities per the protocol developed by the supervisor
- Maintain daily contact with manager
- Willing and available to work onsite and within the community

Preferred Qualifications

- Resident of Baltimore city with good knowledge of city's resources and geography
- Ability to show empathy to distressed individuals
- Excellent interpersonal skills required and ability to interact professionally with culturally diverse individuals during a time of crisis and distress
- At least three years of management experience
- Experience successfully supervising staff
- Excellent oral and written skills
- Excellent organizational and communication skills
- Proficiency with MS Word and data entry
- Ability to develop systems to capture and monitor important details of work outcomes.
- Ability to handle confidential information with discretion and professionalism
- Ability to exhibit a professional, positive attitude and work ethic
- Critical thinking and sound judgment
- Openness to in-person visits for contact tracing or public health outreach with suitable personal protective equipment
- Second or multiple languages a plus
- Bachelor's degree and three years of public health, health administrative, health systems experience, or the equivalent (preferred, but not required)

APPENDIX G

Survey Results

Employment at BHC

Exhibit A-1 Percent of Employees by Department / Organization

- Baltimore City Health Department (BCHD)
- HealthCare Access Maryland (HCAM)
- Maryland Access Point (MAP) at BCHID
- I Don't Know

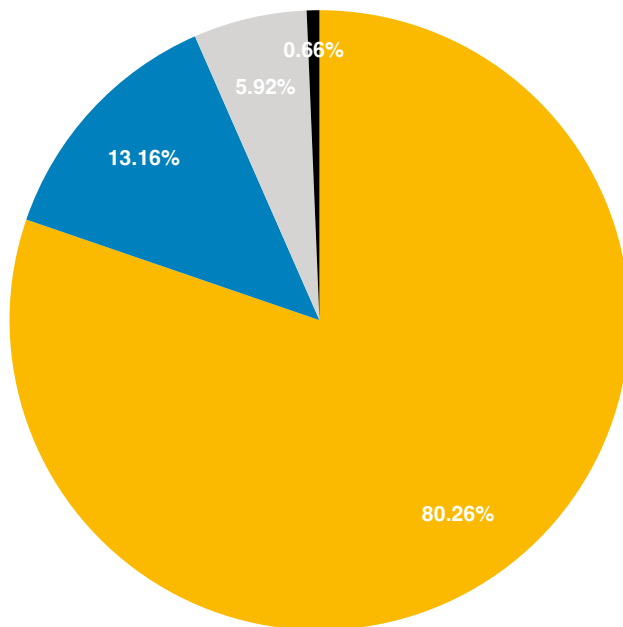
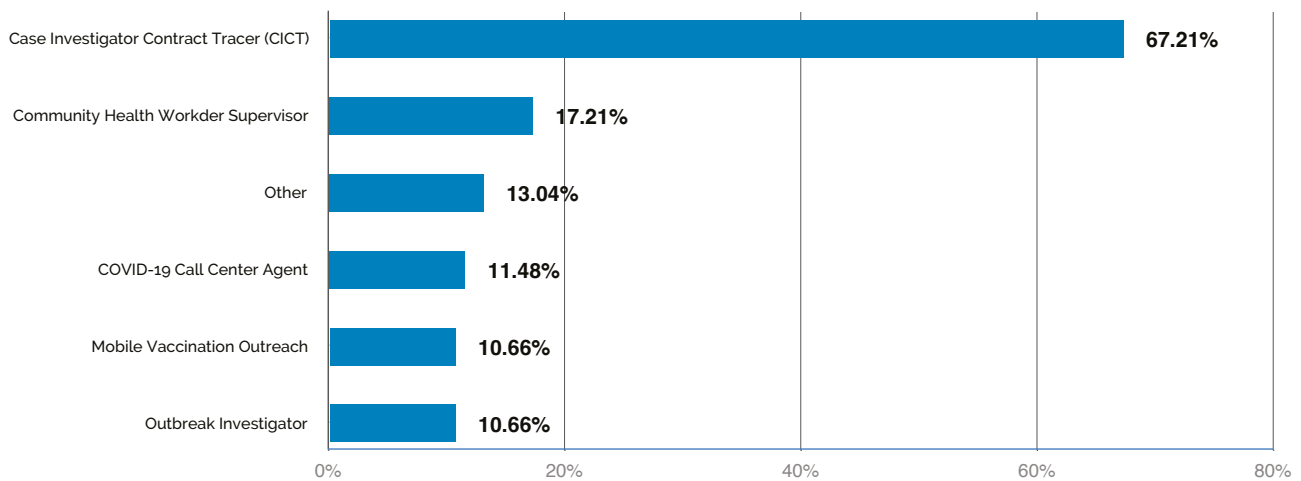


Exhibit A-2 Percent of Employees in Different Roles at BCHD (respondents could choose multiple options)



Job History

Exhibit A-3 Were you employed prior to March 16, 2020, when schools and businesses in Baltimore shut down due to COVID-19?

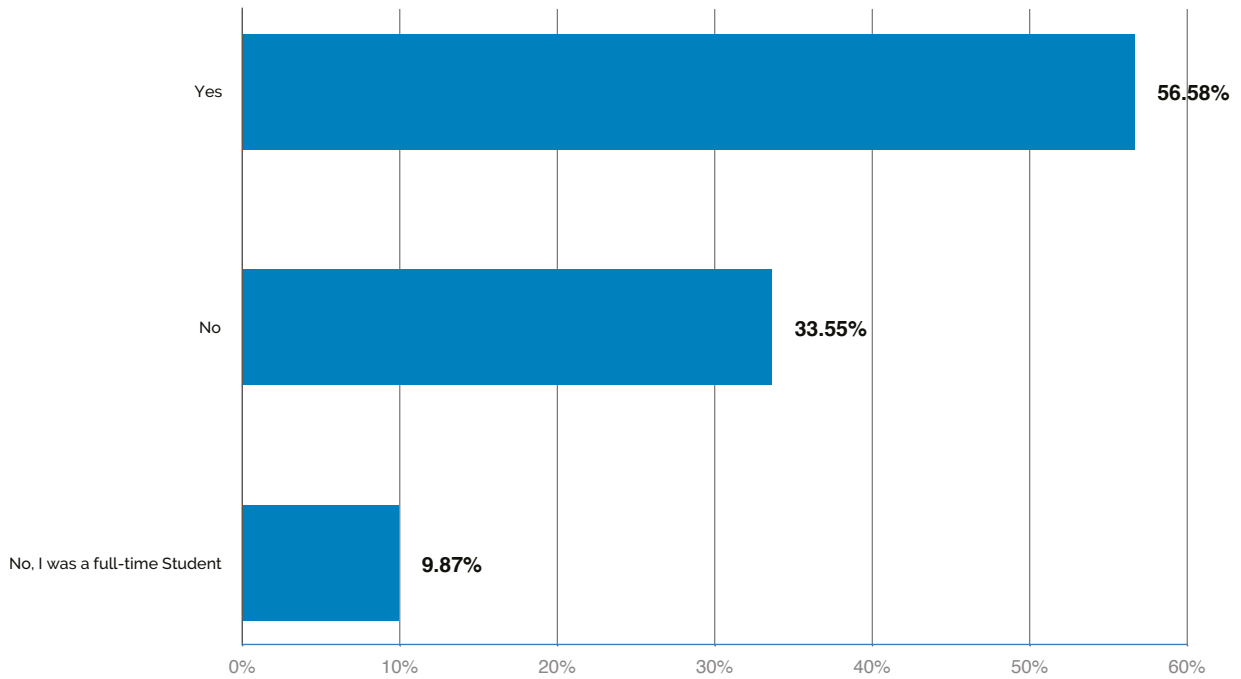


Exhibit A-4 What industry did you work in last prior to COVID-19?

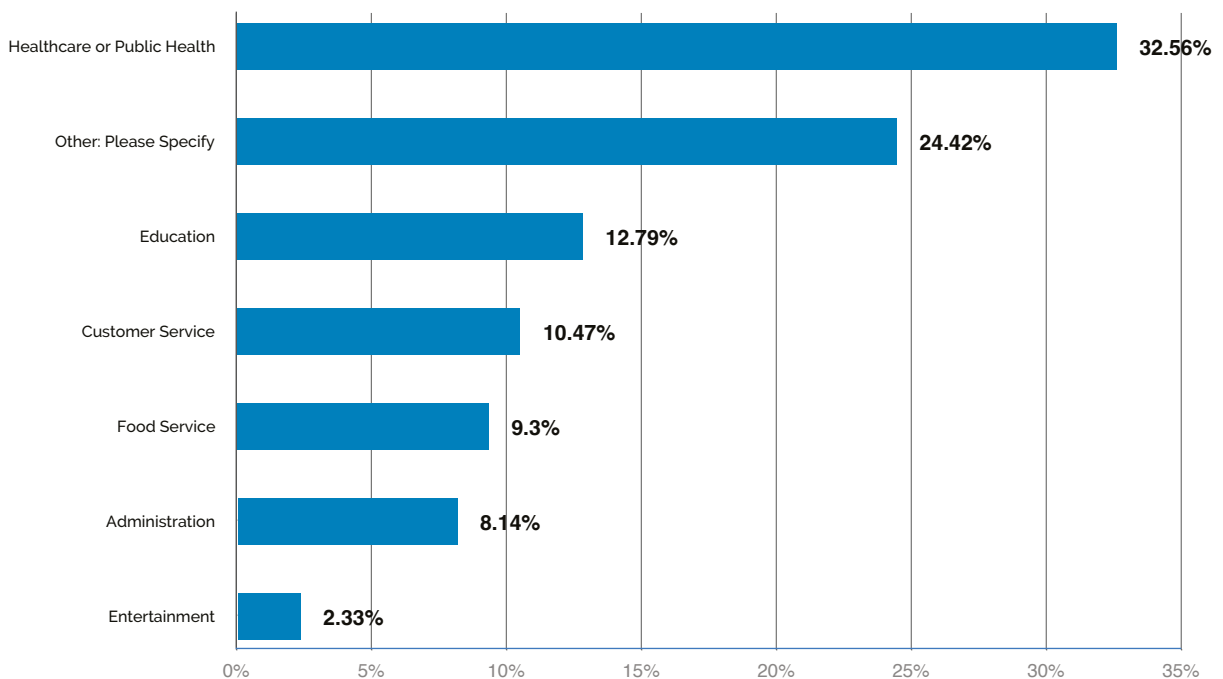


Exhibit A-5 Did you have employment experience in the public health or health industry prior to starting your role?

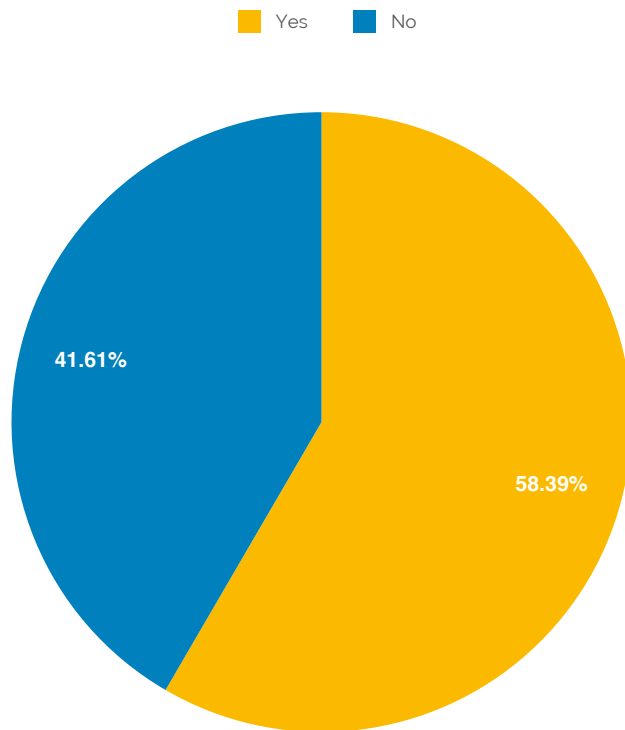


Exhibit A-6 Was your employment impacted by COVID-19?

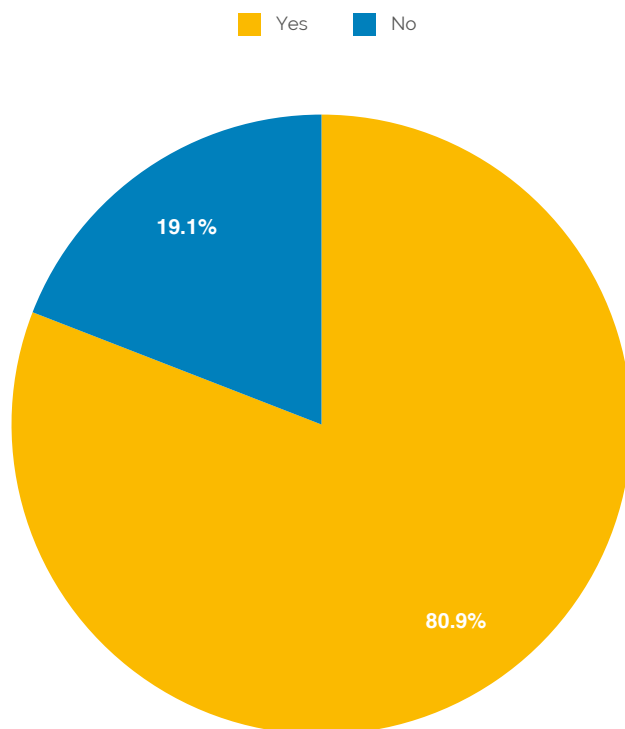
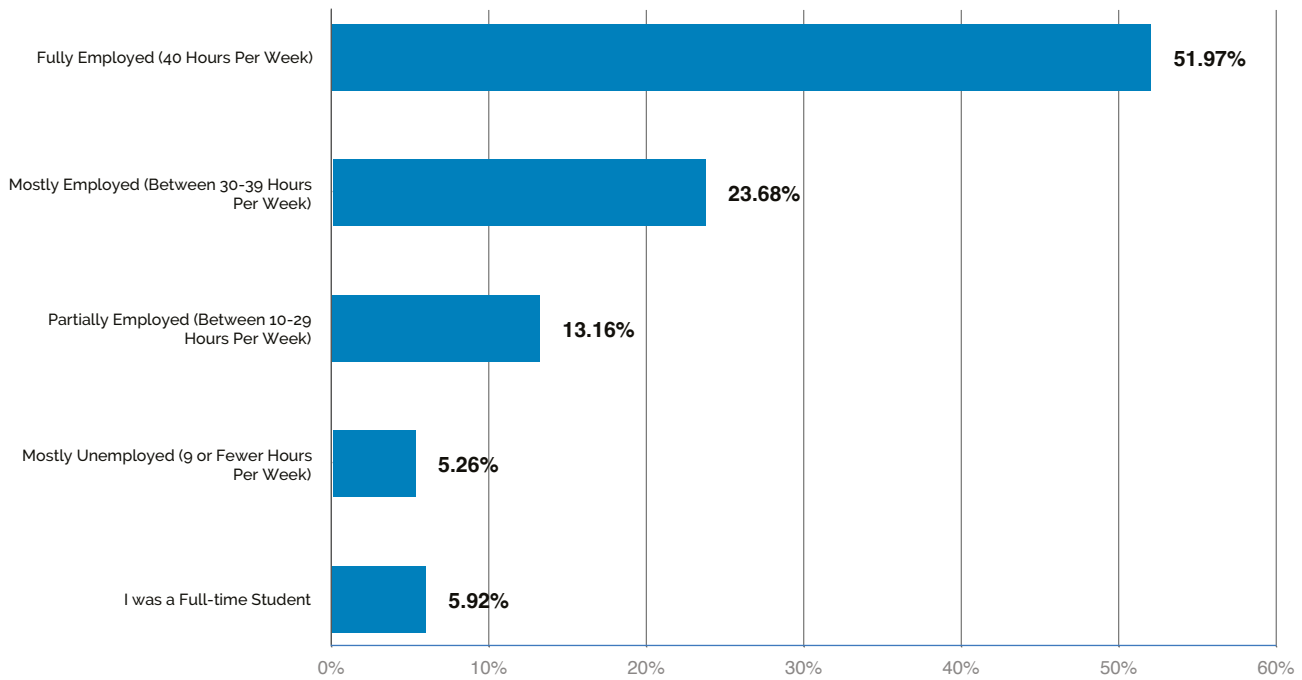
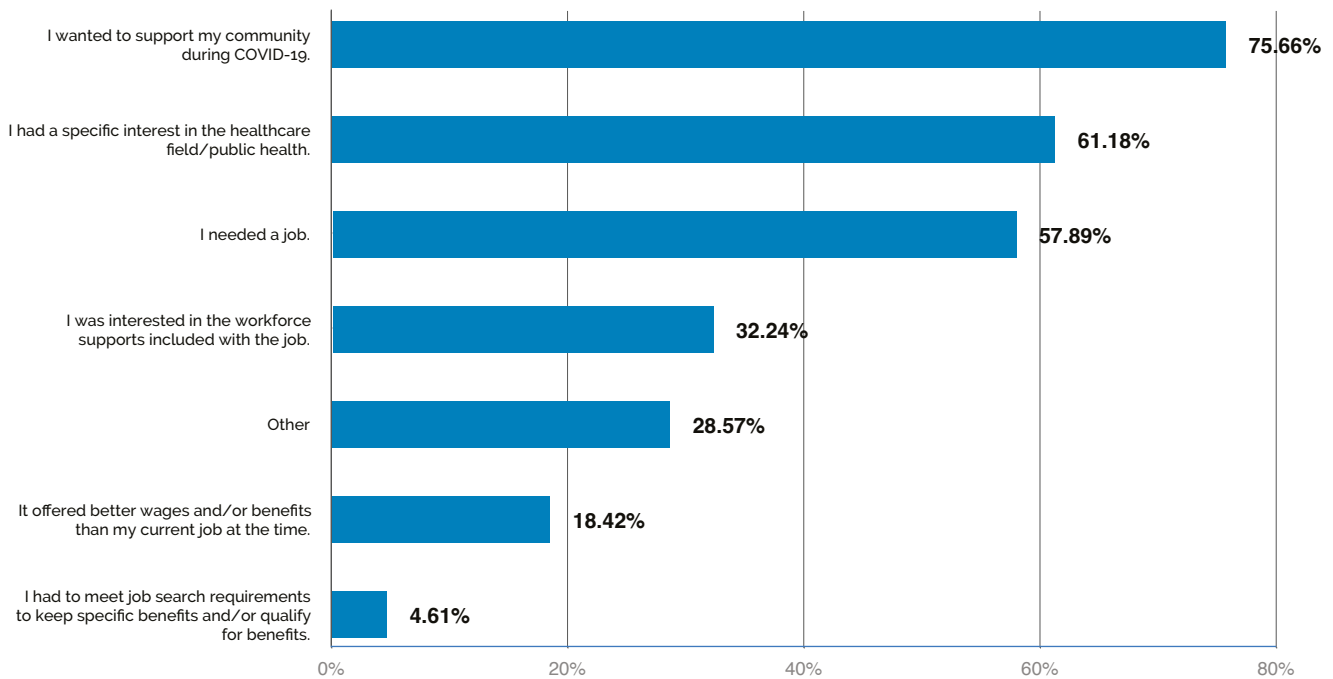


Exhibit A-7 How would you describe your employment history over the last 5 years? Were you...



**Exhibit A-8 Why did you pursue a job with the Baltimore Health Corps?
(respondents could choose multiple options)**



CHW Demographics

Exhibit A-9 Percent of Employees by Racial Group (respondents could choose multiple options)

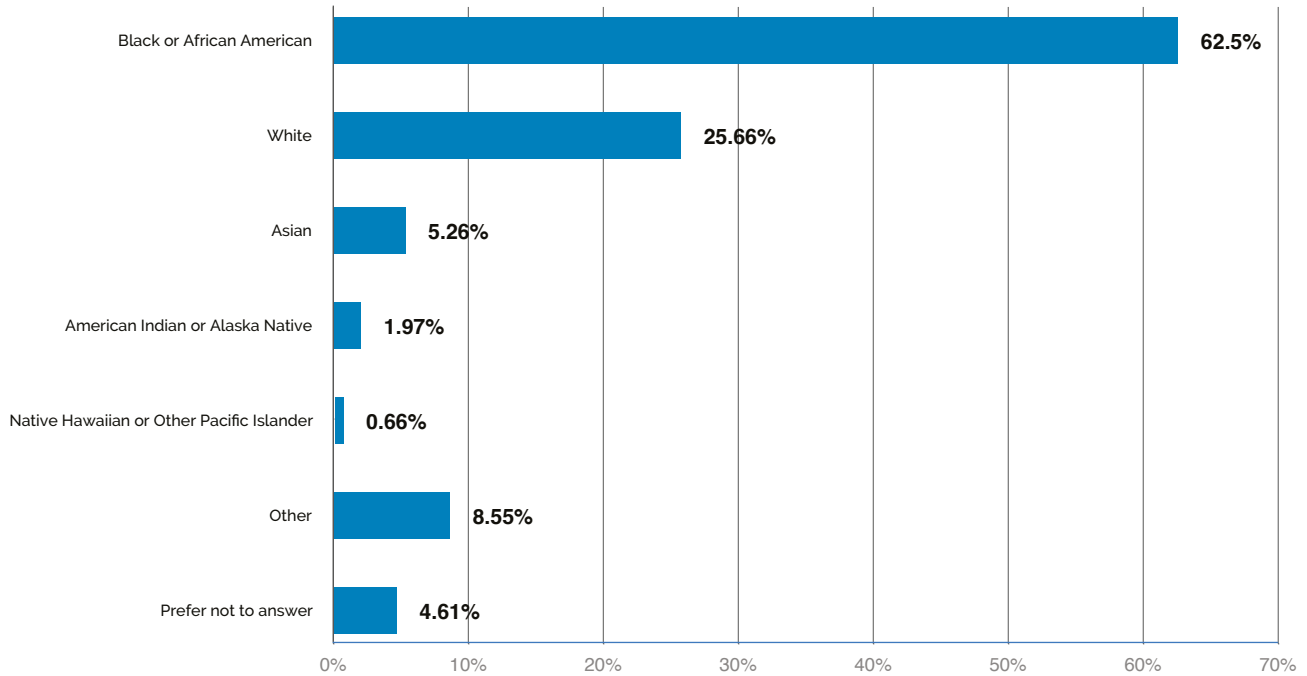


Exhibit A-10 Percent of Employees by Gender Identity

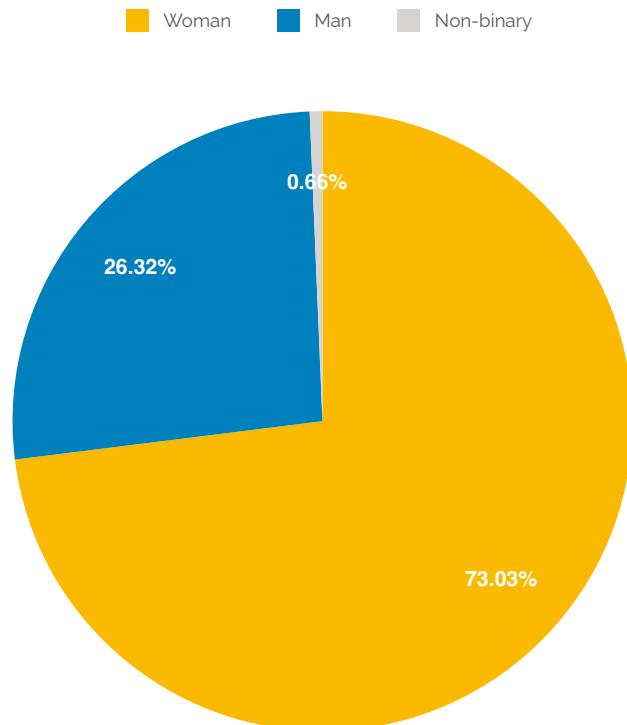


Exhibit A-11 What was your total individual annual income in 2019 before joining Baltimore Health Corps?

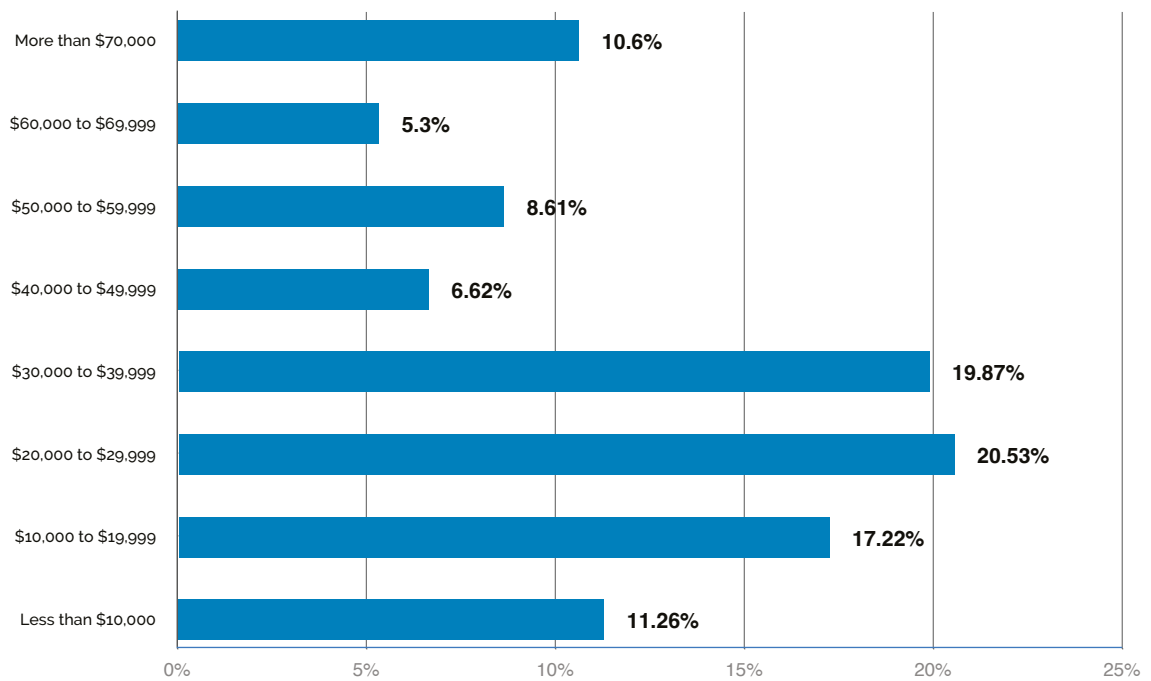
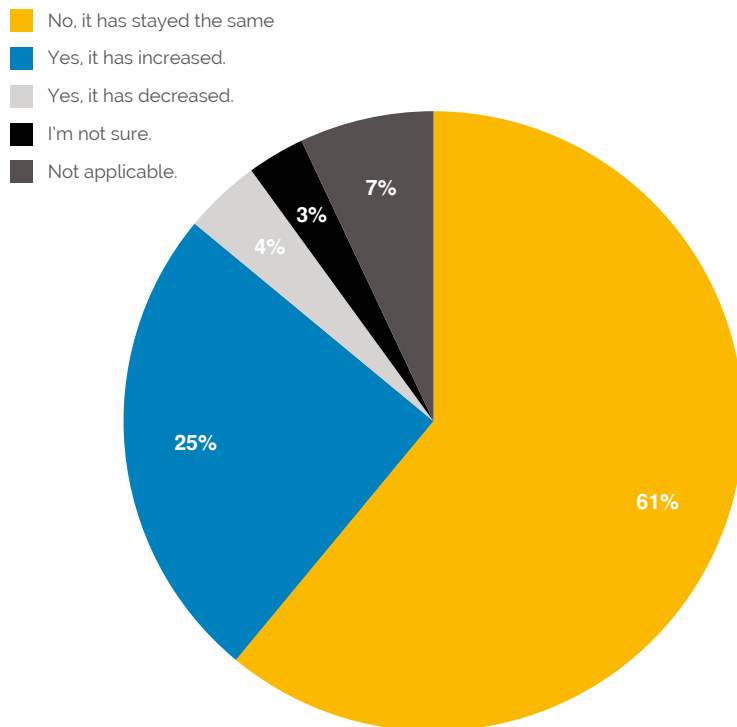


Exhibit A-10 Percent of Employees by Gender Identity



BACK MATTER

References

1. US Centers for Disease Control (CDC); retrieved 1/10/2022: <https://www.cdc.gov/museum/timeline/COVID19.html>
2. Ibid.
3. Ibid.
4. Bambino Geno Tai, D., Shah, A., Doubeni, C., Sia, I., and Wieland, M. (2021). The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States. *Clinical Infectious Diseases*, Volume 72, (4) February: 703–706.
5. Baltimore Health Corps Narrative Report, August 1, 2021-September 30, 2021
6. Baltimore Health Corps Narrative Report, August 1, 2021-September 30, 2021
7. University of Maryland, 23.
8. Baltimore Health Corps Narrative Report: Reporting 8/1/2021 to 9/30/2021.
9. Section 1 includes documentation and material from internal sources and planning for the BHC, including: Baltimore Health Corps Program Document: Proposal for the Rockefeller Foundation and Program Partners (June 2020), and Terms of Reference: Monitoring and Evaluation of Baltimore Health Corps Pilot (June 2020).
10. This Final Report includes a brief summary of the backdrop of the BHC Pilot Study. The Early Lessons Report includes a thorough description of the background and understanding of the BHC Pilot. Readers are encouraged to visit this report for a more detailed account of the origins of the BHC, the role of each partner, and findings from the first year of the Pilot.
11. US Bureau of Labor Statistics: <https://www.bls.gov/opub/reports/race-and-ethnicity/2019/home.htm>
12. US Census Bureau: <https://www.census.gov/quickfacts/fact/table/baltimorecitymaryland,US/INC110219>
13. Ibid.
14. Baltimore City Health Department: <https://coronavirus.maryland.gov/>

15. Ibid.
16. Ibid.
17. For a more detailed logic model, please visit the Early Lessons Report at: <https://www.rockefeller-foundation.org/wp-content/uploads/2021/06/Baltimore-Health-Corps-Pilot-Early-Lessons-Full-Report.pdf>
18. For a more detailed overview of each team, its purpose, the partners involved, and needed process steps and inputs, see Appendix C in the Early Lessons Report
19. Baltimore Health Corps Narrative Report: Reporting 2/1/2021 to 4/30/2021.
20. Baltimore Health Corps Narrative Report: Reporting 5/1/2021 to 7/31/2021.
21. Baltimore Health Corps Narrative Report: Reporting 8/1/2021 to 9/30/2021.
22. Baltimore Civic Fund. BHC Budget Update, November 2021.
23. Roby DH, Sehgal NJ, Pope E, Seale M, Starr E. 2021. Tackling the Dual Economic and Public Health Crises Caused by COVID-19 in Baltimore: Early Lessons from the Baltimore Health Corps Pilot. Prepared for the Baltimore Civic Fund by the University of Maryland Health Systems and Policy Research Lab.
24. The Rockefeller Foundation. (2020). Terms of Reference Monitoring and Evaluation of Baltimore Health Corps Pilot
25. Early Lessons Report.
26. It is important to note that individuals had the ability to apply to multiple open BHC positions; therefore, more applications exist than applicants. As of the November 2021 internal monthly report, there were 6,383 un-duplicated applicants reported.
27. Internal Baltimore Monthly Report
28. U.S. Bureau of Labor Statistics, Labor Force Flows Unemployed to Employed, retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/series/LNS17100000>, December 6, 2021.
29. Early Lessons Report.
30. Baltimore Health Corps Initiative, February 1, 2021 – April 30, 2021
31. United States Census Bureau, QuickFacts: Baltimore city, retrieved from <https://www.census.gov/>

- quickfacts/fact/table/baltimorecitymaryland,US/PST045219, December 6, 2021.
32. United States Census Bureau, https://www.bls.gov/opub/ted/2020/unemployment-rate-rises-to-record-high-14-point-7-percent-in-april-2020.htm?view_full, December 6, 2021
 33. United States Bureau of Labor Statistics, retrieved from <https://www.bls.gov/eag/eag.MD.htm>, December 6, 2021
 34. Baltimore Health Corps Narrative Report, August 1, 2021-September 30, 2021
 35. Note: some of the ZIP codes listed below span the city-county borders.
 36. Note that to protect employee privacy, the data reviewed was anonymized.
 37. Baltimore Health Corps Narrative Report, August 1, 2021-September 30, 2021
 38. Baltimore Health Corps Narrative Report, August 1, 2021-September 30, 2021
 39. <https://www.mathematica.org/solutions/goal4-it> - retrieved 1/15/2022
 40. Findings were taken from the surveys of CHWs. Response rates for the surveys were low, however, and cannot be generalized to all CHWs.
 41. Internal Baltimore Monthly Report.
 42. Internal Baltimore Monthly Report, March 2021
 43. Internal Baltimore Monthly Report, September 2021
 44. Ibid.
 45. Baltimore City's COVID-19 Dashboard: <https://coronavirus.baltimorecity.gov/>, August 2021.
 46. Internal documentation: Call Volume, 2021.
 47. Internal documentation: Call Log – Type of Calls by Month, 2021.
 48. Internal documentation: Rockefeller Report, November 2021.
 49. Early Lessons Report
 50. Baltimore Health Corps Narrative Report: Reporting 8/1/2021 to 9/30/2021.

51. Baltimore Health Corps Narrative Report: Reporting 8/1/2021 to 9/30/2021.
52. U.S. Bureau of Labor Statistics. Unemployment Rate in Baltimore City, MD: retrieved 1/10/2022. <https://fred.stlouisfed.org/series/MDBALT5URN>
53. There was a different hiring/selection process for contact tracers and MAP and HCAM employees. Contact tracing supervisors were not required to sort applicants. Due to the high volume of hiring contact tracers, existing health department personnel assisted in a rolling process of applicant review that was dispersed among a range of BCHD teams to ensure a manageable volume
54. Wave 1 and 2 survey results had small sample sizes and therefore findings cannot be generalized to all CHWs. We include the data as one point of reference. See Appendix G for survey findings.



Brandon M. Scott
Mayor