

HOMELESS SERVICE PROVIDERS
ACTIVATED RESPITE REFERRALS PROTOCOL

Section A. Determination of Appropriate Referral

1. If a client presents at a Denver-based homeless service provider or other community-based agencies serving people experiencing homelessness, staff should determine the appropriate referral using the following decision-making criteria:
 - i. If the **client has medical discharge paperwork** showing that they have been tested for COVID-19 and are either awaiting a test result or has received a positive test result, the provider should refer the patient to **Activated Respite** (see Section B).
 - ii. If the **client does not have medical discharge paperwork** showing that they have been tested for COVID-19, please use the attached non-clinical triage tool (see Attachment B).
 1. If the client is exhibiting the symptoms of COVID-19 indicated in the triage tool, the provider should refer the patient to Activated Respite (see Section B of this protocol below).
 2. If the client is asymptomatic for COVID-19 but is high-risk as indicated by the triage tool, service provider staff should record the client's information in the Protective Action Demand Tracker provided on April 10, 2020. Note: Protective Action resources are not currently available. The client should use congregate shelter resources at this time.
 3. If the client is not exhibiting COVID-19 symptoms and is not high-risk, the client should use congregate shelter resources.

Section B. Making Referrals to Activated Respite

If a client meets the criteria for Activated Respite stated in Section A, service provider staff should take the following steps.

1. Offer to connect the patient to an Activated Respite resource.
 - a. If the person declines the offer, the client may not be allowed to receive shelter in other congregate resources in order to prevent transmission to other shelter guests. The client must be asked to leave the premises.
 - b. If the person accepts the offer, the service provider will continue to step 2.
2. Service provider staff will request the patient's verbal consent to share their information for the purposes of connecting them to services.

3. Once verbal consent is obtained, service provider staff will complete the “COVID-19 Response | Activated Respite Care Bridge Housing Program Intake Screening Form” (see attachment A) with as much information as they have from the client’s medical documentation (if available).

Note: Minimally, the CCH nursing staff need the client’s identifying information, so they can review care records and make an appropriate determination.

4. Scan and send the information via **encrypted email** (complete Intake Screening Form and any medical discharge paperwork) to activatedrespite@coloradocoalition.org and wait for a response from CCH staff. The CCH referral process is available 24 hours a day/7 days per week. If you are emailing an Intake Form **after 5pm weekdays or anytime on weekends**, call 303-312-9800 to confirm receipt of referral.
5. Colorado Coalition for the Homeless nursing staff will review the intake form to determine whether the patient meets the criteria for the program, whether additional information is needed, and whether a room is available. Depending on capacity, room availability cannot be guaranteed.
 - a. Please note that review of the intake form and referral determination can take up to 1 hour. After CCH staff have approved the referral and identified an available resource, they will arrange transportation for the client through the City-run dispatch line if the referral is made during transportation operating hours (6am-10pm, 7 days per week).
 - b. If client needs to go to Activated Respite, please place a mask on client if available. Do the best you can to maintain social distancing of at least 6 feet or place client in separate room or space while waiting.
6. If the referral is not approved, service provider staff should follow guidance from the CCH nursing staff, if provided (e.g., if the client should be redirected back to a hospital or health care provider) or refer back to section A of this protocol.
7. If the referral is approved, CCH will confirm that the client has an Activated Respite room and provide an estimated time of arrival for transportation if the facility is located in Denver and transportation is available (Note: Transportation operates from 6am to 10pm, 7-days per week).
8. Service provider staff will notify the client that they will be taken to an Activated Respite program. They will remind client that going to Activated Respite is helping them shelter in place. Because of this, client needs to stay in their motel room. They can leave to smoke, but not to go to a store.
9. For referrals from Denver-based facilities:
 - a. Shelter will make sure the point of contact and person requiring transport are at the meeting location at the appropriate time. Provider point of contact will help the person board the vehicle.
 - b. NOTE – Multiple people **may be** transported to Activated Respite via a single transport. DDPHE recommends social distancing within the vehicle to the extent possible, that people in the vehicle keep their masks on and wash their hands after exit, and that the vehicle is not completely full if possible. Windows should be rolled down to extent practical to ventilate during and after transport.

Attachment A. CCH Activated Respite Care Bridge Housing Program Intake Screening Form



COVID-19 RESPONSE | ACTIVATED RESPITE CARE BRIDGE HOUSING PROGRAM

Send all referrals via email to: activatedrespite@coloradocoalition.org

After 5pm weekdays or anytime on weekends, call 303-312-9800 to confirm receipt of referral

All referrals must be approved by Colorado Coalition for the Homeless Staff prior to intake

1. Today's Date: Patient Full Name: DOB: SSN: Medicaid/Medicare # Patient Phone #

2. Is this a COVID-19 related referral? Yes No | Has Patient been tested yet: Yes No Date of Test:

Anticipated Result Return Date: Testing Follow Up Plan COVID Follow Up Contact Information

If Yes: Please list current symptoms r/t positive or negative results?

Does this patient have the following risk factors?

- Diabetes, Chronic Heart Disease, Chronic Lung Disease, Chronic Kidney Disease, Immunosuppressive, Respiratory illness, Contact w/ positive test individual, Above the age of 60, Other

3. Please list patient's acute or chronic medical and psychiatric needs for potential Respite support:

4. Does this patient have...

- Acute Withdrawal Concern Currently? Psychiatric or behavioral health needs? Isolation Requirements, R/T COVID or other infectious disease? Have minimum of 48-hour supply of ALL medications? Does client need or use oxygen? Does client need wound care? Does Patient understand that CCH will provide the patient's medical and nursing care during stay? Does Patient understand that CCH is not able to provide transitional housing options at discharge?

5. Current Level of Function: If answer is no for any of the below, the patient is not eligible. Please ensure accuracy.

Performs all ADLs 100% independently? Alert & Oriented X 3? Can take medications independently? Continent of bowel and bladder

6. Additional Information:

- Dietary Needs? Can patient walk up/down a flight of stairs without assistance? Does patient use any assistive device(s) for ambulation? Does patient have a BMI greater than 37?

Please provide accurate information for direct communication within 30 minutes. Please include Last Physician Progress Note

Requesting Provider or Social Worker: Direct! Contact Number:

Referring Facility: Direct! Contact Email Address:

Is this facility in Denver: Yes No | If No, was this patient transported to you by Denver Health Paramedics? Yes No

Patient agrees to have their information shared to coordinate services? Yes No

Attachment B. Non-Clinical Triage Tool



**For non-clinic and shelter staff
Identifies the following Symptoms:**

Fever (>100.0) or Cough or Shortness of Breath

(These should be **new symptoms that started** in the **past 14 days**)

OR they meet any one of the following high-risk criteria:

A High Risk Individuals:
Age >65

B High Risk Individuals:
Any age with these chronic medical conditions: Diabetes, Chronic Heart Disease, Chronic Lung Disease, Chronic Kidney Disease, HIV, On Medications that suppress immune system

IF YOU IDENTIFY COVID-19 SYMPTOMS: COMPLETE THE ACTIVATED RESPITE INTAKE FORM AND EMAIL TO ACTIVATEDRESPITE@COLORADOCOALITION.ORG. IF EVENINGS AND WEEKENDS, ALSO CALL THE NURSE TRIAGE LINE TO CONFIRM RECEIPT AT: (303)-312-9800

IF A CLIENT DOES NOT HAVE COVID-19 SYMPTOMS BUT IS HIGH RISK, PLEASE RECORD THEIR INFORMATION FOR FUTURE REFERRALS AND PLANNING.

IF YOUR CLIENT WANTS TO SPEAK WITH A NURSE FOR ANY REASON, CALL THE CCH MEDICAL PATIENT ASSISTANCE LINE AT: (303)-312-9800

- *Ensure handwashing or sanitizing and disinfection of phone or equipment used during encounter.*
- *If they do not meet criteria above encourage cloth mask ([CDC Guidance](#)), social distancing 3-6 feet, cough, and hand hygiene.* V 04.12.20

