

HOMELESS SERVICE PROVIDERS

ACTIVATED RESPITE AND PROTECTIVE ACTION REFERRALS PROTOCOL

I. Overview of Motel/Hotel Resources Available in Denver

The City and County of Denver is partnering with Colorado Coalition for the Homeless to support motel/hotel room options across Denver for people experiencing homelessness during the COVID-19 crisis. Specifically, these *low acuity* isolation/quarantine rooms are offered under two types of programs:

- **Activated Respite:** rooms for those who have symptoms of COVID-19 (fever, coughing, and shortness of breath) or who have medical paperwork indicating they are COVID-19 positive and were tested and are awaiting a result.
- **Protective Action:** rooms for those who are at risk of complications if they contract COVID-19 (see non-clinical triage tool).

Services offered at both Activated Respite and Protective Action facilities include:

- Single occupancy motel rooms with meals provided,
- Minimal on-site medical and behavioral health support provided by Colorado Coalition for the Homeless. There is more health support at the Activated Respite sites than at Protective Action due to acute medical needs related to COVID-19
- Case management and discharge planning

These programs **do not offer** levels of care found in skilled nursing or assisted living facilities. Individuals must be independent with ADLs and safe unsupervised in a motel room with once daily follow up from a medical provider. Guests must be able to ask for help when needed.

II. Identifying Eligible Clients for Protective Action and Activated Respite Referrals

1. Please utilize the referral process below for clients experiencing homelessness who meet the following conditions:

- **Activated Respite:**
 - Client has medical paperwork documenting that they have been tested for COVID-19 and have tested positive or are awaiting a test result
 - Client does not have documentation that they have been tested, but have COVID-19 symptoms (fever > 100.0, cough, and shortness of breath) (see attachment C for non-clinical triage tool)
- **Protective Action:** Client does not have COVID-19 symptoms but are at high risk for complications of COVID-19. This includes people over age 65, and people of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People with serious heart conditions
 - People who are immunocompromised
 - People with severe obesity (body mass index of 40 or higher)
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease
 - People who are pregnant

NOTE: Families are eligible for Protective Action if one person in their household is high risk. Families are also eligible for Activated Respite if someone in their household is symptomatic or has been tested for COVID-19; however, arrangements may be customized for each household to reduce risk of spread to other family members.

2. All other individuals and households should receive congregate shelter services and follow guidelines for social distancing, handwashing, wearing face coverings, etc.

III. Additional Motel/Hotel Resources for Veterans

The Supportive Services for Veteran Families (SSVF) program has relaxed some guidelines to allow them to support SSVF-eligible veterans during the COVID crisis who otherwise may not have qualified for this service. In addition to supporting housing, this has allowed for motel rooms for veterans who are not demonstrating symptoms of COVID but who would be at high-risk for greater complications should they contract the virus.

Shelter guests who would be appropriate for protective action who are veterans should be connected to the SSVF program.

To connect a **protective-action** appropriate veteran to motel resources through the SSVF, contact Missy Mish with the VA's Community Resources and Referral Center. This coordination will help us serve more clients in non-congregate settings.

Missy Mish, LCSW
VA Eastern Colorado Healthcare System
Community Resource and Referral Center (CRRC) Program Manager
Phone: 303-294-5601
Fax: 720-723-7838
Email: mary.mish@va.gov

IV. Referral Process for Protective Action and Activated Respite

If a client meets the criteria stated above, service provider staff should take the following steps.

1. Offer to connect the patient to hotel/motel isolation resources.
 - a. If the person declines the offer and is symptomatic for COVID-19 or has been tested for COVID-19, the client cannot be allowed to receive shelter in congregate settings. In order to prevent transmission to other shelter guests, the client must be asked to leave the premises.
 - b. If the person declines and is not symptomatic for COVID and has not been tested, but is high risk, they may be sheltered in a congregate setting.
 - c. 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:
 - a. **For clients appropriate for Protective Action:**
 - i. Complete the "Protective Action Sheltering Identification Form" (see attachment B)
 - ii. Provide the client the completed "Protective Action Sheltering Identification Form" (see attachment B) and direct Client to report to Stout Street Health Center (SSHC) at 2130 Stout Street on one of the following days within the given time frames. **All household members who would be sheltered in the hotel room must go to SSHC for medical screening** (e.g., children, partners, caregivers). This in-person meeting allows SSHC medical staff the opportunity to medically screen each individual for COVID-19 symptoms and redirect referrals to Activated Respite if needed.
 1. Tuesdays from 8am – 12pm
 2. Fridays from 8am -12pm

- iii. Please instruct client to bring the completed “Protective Action Sheltering Identification Form” with them when they arrive to SSHC on the given day/timeframe.
 - iv. When the client arrives at SSHC, they will check-in at the front desk and provide the person checking them in with their completed Protective Sheltering Identification Form.
 - v. The client will be screened and assessed by the Colorado Coalition medical team for appropriate referral placement.
 - vi. If the client is eligible and a room is available, CCH medical staff will coordinate transport from SSHC to their Protective Action hotel or Activated Respite hotel (if the client screens positive for COVID-19) via the dispatch line. Please note that transportation will be arranged to align with afternoon intake hours at each hotel. As a result, clients may wait at SSHC for a few hours until transportation arrives.
- b. For clients appropriate for Activated Respite:**
- i. Complete the “COVID-19 Response | Activated Respite Care Bridge Housing Program Intake Screening Form” (see attachment A) with as much information as they have on the client’s situation. Note: Minimally, the CCH nursing staff need the client’s identifying information, so they can review care records and make an appropriate determination.
 - ii. 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 the CCH Medical Patient Assistance Line. The CCH referral process is available 7 days per week from 8am to 8pm. If you are emailing an Intake Form **after 5pm weekdays or anytime on weekends**, call 303-312-9800 to confirm receipt of referral.
 - iii. 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.
 - 1. Please note that review of the Activated Respite intake form and referral determination can take up to 1 hour.
 - 2. After CCH staff have approved the referral and identified an available resource, they will arrange transportation for the client. 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.
 - iv. If the referral is not approved, service provider staff should follow guidance from the CCH nursing staff (e.g., if the client should be redirected back to a hospital or health care provider). Nursing staff will not provide housing advice but can triage health questions.
 - v. 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 9am to 9pm, 7-days per week).
 - vi. 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, the client needs to stay in their motel room. They can leave to smoke, but not to go to a store.

- vii. For referrals from Denver-based facilities:
 1. Staff 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.
 2. 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 # _____

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

2. Does the patient have COVID symptoms? 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? _____

3. Does this patient have the following risk factors?

- Diabetes
- Serious heart condition
- Chronic Lung Disease
- Moderate/Severe asthma
- BMI greater than 36
- Liver disease
- Chronic Kidney Disease
- Immunosuppressive
- Currently pregnant
- Contact w/ positive test individual
- Above the age of 65
- Other _____

4. Patient information:

- Dietary Needs? Yes No | Details: _____ Service animal or Pets? Yes No | Details: _____
- Can patient walk up/down a flight of stairs without assistance? Yes No | Details: _____
- Does patient use any assistive device(s) for walking? Yes No | Details: _____
- Does the patient self-identify as a person with a disability? Yes No | Details: _____
 - IF YES: Can the patient hear audio notifications, alarms, alerts, etc.? Yes No
 - IF YES: Can the patient see written communication? Yes No
- Does the patient identify as a veteran? Yes No

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

6. Does this patient have...

- Acute Withdrawal Concern Currently? Yes No | Details: _____
- Psychiatric or behavioral health needs? Yes No | Details: _____
- Isolation Requirements, related to COVID or other infectious disease? Yes No | Details: _____
- Have minimum of 48-hour supply of ALL medications? Yes No *Note we cannot accept someone without this
- Does client need or use oxygen? Yes No *Note: Oxygen needs to coordinated by hospital before discharge.
- Does client need wound care? Yes No *Note: If yes, send wound care instructions and pictures if able. Patient must be able to do own wound care or wound must be manageable with minimal nursing support.

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

- Can client bathe and/or shower 100% independently? Yes No
- Can client eat independently? Yes No
- Can client take medications independently? Yes No
- Is client able to follow educational directions independently? Yes No
- Can client use the bathroom independently? Yes No

Please provide accurate information for direct communication within 1 hour. Please include Last Physician Progress Note.

Attachment B. CCH Protective Action Sheltering Identification Form



PROTECTIVE ACTION SHELTERING IDENTIFICATION FORM

You have been identified as an individual that may qualify for Protective Action

What is Protective Action Sheltering?

Motel/hotel rooms at various Denver locations used for isolation of people experiencing homelessness who are NOT COVID-positive nor symptomatic, but who are at high risk for developing complications of COVID-19.

Why have I been identified as an individual that may qualify for this service?

Identification criteria for individuals that may qualify for Protective Action include people over age 65, and people of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People with serious heart conditions
- People who are immunocompromised
- People with severe obesity (body mass index of 40 or higher)
- People with diabetes
- People with chronic kidney disease underdoing dialysis
- People with liver disease
- People who are pregnant

What is provided?

Single occupancy motel rooms with meals provided. Minimal on-site medical, behavioral health and case management support, discharge planning provided by Colorado Coalition for the Homeless. There are also on-site managers and staff from Denver Human Services to assist guests. The room and associated services are provided to promote and encourage isolation. If you don't feel that you will be able to isolate (no guests in your room, staying in your room as much as possible, not congregating in hotel hallways), please discuss alternate options with your service provider.

If you are interested in participating in the Protective Action Program, please report to Stout Street Health Center (2130 Stout St, Denver, CO 80205) on one of the following days during the indicated times:

Tuesdays from 8:00 AM – 12:00 PM

Fridays from 8:00 AM – 12:00 PM

What to expect:

When you arrive, you will be checked in by a CCH team member. You will meet with one of our Nurses to determine whether you qualify for Protective Action. This will include a series of questions and a COVID-19 nasal test. If it is determined that you qualify, you will work with a team member to coordinate your intake and transportation to one of our Protective Action Sites.

Client Name: _____

Client Date of Birth: _____

Referral Source: _____

Referral Contact (Name and Contact #): _____

Referral Date: _____



**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

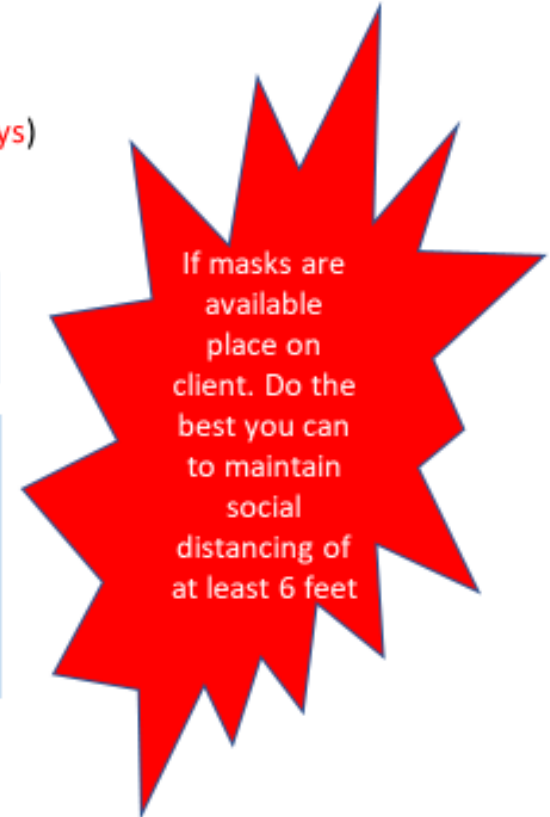
High Risk Individuals:

Age >65

B

High Risk Individuals:

Any age with these chronic medical conditions: People with chronic lung disease or moderate to severe asthma, People who have serious heart conditions, People who are immunocompromised, People with severe obesity (body mass index [BMI] of 40 or higher), People with diabetes, People with chronic kidney disease undergoing dialysis, People with liver disease, People who are pregnant.



IF YOU IDENTIFY COVID-19 SYMPTOMS:

COMPLETE THE ACTIVATED RESPITE AND PROTECTIVE ACTION INTAKE FORM AND EMAIL TO ACTIVATEDRESPITE@COLORADOCOALITION.ORG BETWEEN 6AM AND 10PM 7 DAYS PER WEEK.

IF EVENINGS AND WEEKENDS, ALSO CALL THE NURSE TRIAGE LINE TO CONFIRM RECEIPT AT: (303)-312-9800

IF YOU IDENTIFY SOMEONE WHO IS HIGH-RISK WITHOUT SYMPTOMS:

COMPLETE THE PROCESS TO REFER TO PROTECTIVE ACTION

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Attachment D. Protective Action Prioritization of Risk Factors

Protective Action capacity will be prioritized based on our most current understanding of what places people at risk for severe illness if they contract COVID-19. The current prioritization strategy is included below.

First Priority: People 65 years and older

- Eight out of 10 deaths reported in the U.S. have been in adults 65 years old and older. This suggests that older adults are at the highest risk. Because of this, those age 65 and older will be the first priority for protective action vacancies.

Second Priority: People under age 65 with underlying medical conditions per nurse or provider approval, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease
- People who are pregnant