

Communities across the country are increasingly placing vulnerable people and those experiencing homelessness into motels/hotels to protect them from exposure to COVID-19 and to reduce community spread. Many are using FEMA funds to support these quarantine hotel sites. These funds can be used in the following instances:

- Those who test positive for COVID-19 and need to be isolated but do not require hospitalization, including those discharged from hospitals
- Those who have been exposed to COVID-19 and are identified by a health care professional as needing quarantine but do not need hospitalization
- Those needing individual sheltering as a precautionary measure because they belong to a high-risk group, such as people over age 65 or with certain underlying health conditions

While obtaining a space to safely isolate is critical to ensure the health of communities, ensuring that individuals with significant social, medical, and psychiatric needs are having their needs met within these quarantine sites is also critical.

This document can aid in developing a support plan for those in quarantine sites by covering the following:



Triage

Intervention

Management

Discharge

Triage is an important component of the support plan as it helps identify those who are already connected to services and can manage their needs, to those that require assistance and support. This **Triage Interview** helps determine which individuals are currently crisis and require immediate intervention. Upon arrival at the isolation site, the client should be interviewed to identify their current needs and service connection. The triage interview is a short questionnaire that can be asked by any frontline staff.

Completed by: _____

Please collect the following demographics from the client before conducting the interview

Name: _____

Date of Birth: _____

Race/Ethnicity: _____

Preferred Language _____

Next of Kin/Personal contact name and number: _____

Date of Admission to Site: _____

Connection to Services

Where did you live/stay before coming to the isolation unit?

- In my own apartment that I rent (if subsidize housing) or own
- In stable housing with family members or friends
- Renting a room in someone else's apartment
- In my own apartment or SRO with a supportive housing provider
- Staying with different family members and friends (couch-surfing)
- In a shelter
- Jail/Prison
- On the streets or uninhabitable location Other _____

Do you currently have a primary care provider (PCP) or clinic that you attend?

Yes No If yes, please provide me with details such as the PCP's name, clinic, and/or contact number _____

Do you see or speak to any other provider, such as a therapist, case manager, counselor, psychiatrist?

Yes No If yes, please provide me with details such as the provider's name, clinic/agency, and/or contact number _____

Do you have active health insurance?

Yes No Unsure
If yes, please provide me with details on your type of insurance and coverage. (If they have their card with them, you may take a look to jot down relevant information such as ID number, plan, and health insurance contact) _____

Health

Do you have any chronic health conditions that require you to take daily medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, can you tell me your health condition and the medications you take? (If the client has their medications on them or a medication list, please review) _____
[If the client is taking medications for their health condition] Do you have enough medications for the next two weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No Follow intervention prompts below if answer is No
Do you take any medications for a psychiatric condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, can you tell me your psychiatric condition and the medications you take? (If the client has their medications on them or a medication list, please review) _____
[If the client is taking medications for their psychiatric condition] Do you have enough medications for the next two weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No Follow intervention prompts below if answer is No
Do you currently use any substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, can you tell me what substances you are using? _____
Are you taking any medications or are receiving any treatment for your substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No Follow intervention prompts below if answer is Yes

Symptom Management

Before coming to this isolation site, were you able to make your own appointments and follow-up with providers' discharge plans or recommendations around your health and wellbeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, did someone help you like a family member or case manager? Please explain: _____
[If the client has a home] When you were in your home, did you have a home attendant or someone who came to your home regularly to help you with activities of daily living (ADLs) like taking medications, preparing food, dressing, toileting, or bathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No Follow intervention prompts below if answer is Yes
Are you currently experiencing any symptoms at this time that need to be addressed by a medical professional? These can be both COVID and non-COVID symptoms.	<input type="checkbox"/> Yes <input type="checkbox"/> No Follow intervention prompts below if answer is Yes
Are you currently experiencing any mental health symptoms that you are worried about like thoughts of hurting yourself, hearing voices, feeling paranoid, or intense anxiety?	<input type="checkbox"/> Yes <input type="checkbox"/> No Follow intervention prompts below if answer is Yes
Anything else you would like me to know or require help with right now?	

Triage

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The Triage Interview assists the interviewee to determine what are the next steps to manage the clients through their stay in the isolation unit. However, there are some answers to questions that require an **Intervention** or next step. These interventions might be immediate or prompt for further assessment.

Question	Intervention
[If the client is taking medications for their health condition] Do you have enough medications for the next two weeks? No	<ul style="list-style-type: none"> ✓ If the client is connected to a PCP or clinic, schedule a virtual appointment. ✓ If the client does not have a PCP or clinic, connect the client to their managed care case manager. ✓ If the client does not have a managed care case manager, connect the client to a telemedicine provider for further assessment and assistance with medications.
[If the client is taking medications for their psychiatric condition] Do you have enough medications for the next two weeks? No	<ul style="list-style-type: none"> ✓ If the client is connected to a psychiatrist or mental health clinic, schedule a virtual appointment. ✓ If the client does not have a psychiatrist or clinic, connect the client to their managed care case manager. ✓ If the client does not have a managed care case manager, connect the client to a tele-psychiatry provider for further assessment and assistance with medications.
[If the client has a home] When you were in your home, did you have a home attendant or someone who came to your home regularly to help you with activities of daily living (ADLs) like taking medications, preparing food, dressing, toileting, or bathing? No	<p>Further assessment by a medical professional is critical to determine if this client is able take care of their ADLs. The hotel site might not be able to meet the needs of this client as they might require a higher level of care. Preferably, the client should be assessed by onsite medical provider.</p> <ul style="list-style-type: none"> ✓ If the client is connected to a PCP or clinic, schedule a virtual appointment. ✓ If the client does not have a PCP or clinic, connect the client to their managed care case manager. ✓ If the client does not have a managed care case manager, connect the client to a telemedicine provider for further assessment and assistance with medications.
Are you currently experiencing any symptoms at this time that need to be addressed by a medical professional? These can be both COVID and non-COVID symptoms. Yes	<p>Further assessment by a medical professional is critical to determine acuity of need. Preferably, the client should be assessed by onsite medical provider. However, if the client is complaining of symptoms or physically looks ill, you must activate emergency services.</p> <ul style="list-style-type: none"> ✓ If the client is connected to a PCP or clinic, call to schedule a virtual urgent visit. ✓ If the client does not have a PCP or clinic, connect the client to a telemedicine provider for further assessment. Most telemedicine providers have urgent/real-time access.
Are you currently experiencing any mental health symptoms that you are worried about like thoughts of hurting yourself, hearing voices, feeling paranoid, or intense anxiety? Yes	<p>Further assessment by a mental health professional is critical to determine acuity of need. Preferably, the client should be assessed by onsite mental health professional. However, if the</p>

	<p>client is in distress or has thoughts of hurting themselves, you must activate emergency services.</p> <ul style="list-style-type: none"> ✓ If the client is connected to a psychiatrist or clinic, call to schedule virtual urgent visit. ✓ If the client is not in immediate danger, connect them to a crisis or mental health hotline. ✓ If the client does not have a psychiatrist or clinic, connect the client to a tele-psychiatry provider for further assessment. Most tele-psychiatry providers have urgent/real-time access.
<p>Are you taking any medications or are receiving any treatment for your substance use? Yes</p>	<p>Further assessment by a medical professional is critical to determine if the client is likely to go into withdrawal or is currently experiencing symptoms. Preferably, the client should be assessed by onsite medical provider. However, if the client is in distress or has symptoms related to withdrawal, you must activate emergency services.</p> <ul style="list-style-type: none"> ✓ Gather information from the client to determine their connection to a substance use clinic or provider who is prescribing medication, as well as what the medication is. ✓ If the client is connected to a provider or clinic, schedule a virtual appointment. ✓ If the client does not have a provider or clinic, connect the client to a tele-psychiatry provider for further assessment.



All clients in the hotel unit should be engaged by a social worker or case manager to ensure their daily wellbeing. Some clients that are not already connected to care or cannot manage their mental and/or chronic conditions, would need ongoing **Management**, mostly through a telehealth provider during this time. The following section provides the basics of telehealth, forms of telehealth, and key considerations before setting clients up with telehealth services.

Basics of Telehealth & Support Options to Manage Behavioral Health and Medical Needs

Telehealth refers to a broad scope of remote non-clinical services that can be delivered to individuals via a range of technologies. These services can include, case management services, coordination, and tenancy supports. One of the most common forms of telehealth is telephonic case management. The other ways to engage individuals in remote clinical care are through telemedicine and tele psychiatry, which includes tele mental health. Essentially, telehealth is the use of technology to deliver health care services by connecting users who are in separate locations.

Service Type	Tele-Case Management	Telemedicine	Tele psychiatry/Tele mental Health
Description of Service	Telephonic case management is a widely used tool in psychosocial support and case management. This can be used as a complement to face-to-face services, but also as a service on its own.	Telemedicine involves the use of electronic communications and software to provide clinical services to individuals without an in-person visit.	Tele psychiatry involves the use of electronic communications and software to provide psychiatric/mental health services to individuals without an in-person visit.
Who	Who provides this service? <ul style="list-style-type: none"> • Tele case management can provide by a supportive housing case manager or health center care coordinator to ensure coordination of services and support. 	Who provides this service? <ul style="list-style-type: none"> • Telemedicine is provided by a physician or other practitioner who is licensed to practice medicine. 	Who provides this service? <ul style="list-style-type: none"> • Tele psychiatry is provided by a psychiatrist or psychiatric Nurse Practitioner. • Tele mental health, which is a subset of tele psychiatry, can be provided by licensed social workers, psychologists, and other licensed mental health professionals.

What	<p>What is the nature of the service?</p> <ul style="list-style-type: none"> • Case management/tenancy support • Consultation between members of the client’s care coordination team (i.e. Assertive Community Treatment team, hospital discharge planning) • Determining if the client has a physical health or behavioral health concern 	<p>What is the nature of the service?</p> <ul style="list-style-type: none"> • Assessment of acute medical symptoms • Management of existing chronic conditions or symptoms • Medication management 	<p>What is the nature of the service?</p> <ul style="list-style-type: none"> • Psychiatric assessment • Management of psychiatric symptoms • Medication management • Ongoing supportive counseling • Mental health crisis support
Where: Distant Site	<p>Where is the service being provided?</p> <ul style="list-style-type: none"> • This can be provided from any community-based organization, health center, supportive housing provider, or managed care organization. 	<p>Where is the service being provided?</p> <ul style="list-style-type: none"> • This can be provided by a PCP office, FQHC, hospital, health center, or via an online telemedicine provider not affiliated with a clinic. 	<p>Where is the service being provided?</p> <ul style="list-style-type: none"> • This can be provided by a psychiatrist or mental health professional from a clinic, private practice, health center, hospital, or via an online tele psychiatry or mental health provider not affiliated with a clinic.
When	<p>The service must be provided in real-time (i.e. live). The service can be via text messaging as well.</p>	<p>The service is provided in real-time (i.e. live) Some telemedicine platforms allow you to communicate with the doctor via an inbox.</p>	<p>The service is provided in real-time (i.e. live). Some platforms allow you to communicate with the psychiatric or mental health professional via certified applications</p>
How	<p>How is this service being delivered?</p> <ul style="list-style-type: none"> • Must find out what client’s preferences are but mainly be via the telephone 	<p>How is this service being delivered?</p> <ul style="list-style-type: none"> • Via phone • Online virtual platform 	<p>How is this service being delivered?</p> <ul style="list-style-type: none"> • Via phone • Online virtual platform

Key Considerations for referring to a Telemedicine or Tele-Psychiatry Service

- Ensure that the client has the technology available to them before considering the telehealth service they need.
- Before engaging in new telemedicine or tele-psychiatry services, check if the client is already connected to a PCP, clinic, health center, or psychiatrist to see if they are providing these services to their existing patients.
- Determine whether the client has a managed care plan. The case manager from their plan can help in coordinating telemedicine/psychiatry services as well as determining if their insurance will pay for the service.
- If you are delivering this service yourself, determine how are you paying to deliver the services and if those services are billable via Medicaid, Medicare, or private insurance.
- For those clients who do not have insurance, you need to determine who will pay for their telemedicine/psychiatry service. Consultation rates can be costly, as well as ongoing management.



One of the most important pieces of the support plan for those in isolation sites is the **Discharge** plan. The goal of the discharge plan is to ensure that individuals will safely return to the community with a warm hand-off to the next provider or program. If the discharge plan does not address the client's needs in the community, they might end up having to be admitted to the hospital, lose their housing, or become disconnected from much needed social services. The following section will offer key questions to answer as part of your discharge protocol, discharge planning questionnaire, discharge pathways, additional resources to provide upon discharge, and finally the discharge face sheet which will be used as a tool for warm hand-offs

Key Considerations for Discharge Planning Protocols

- When the isolation period is complete and individuals are medically cleared, will the hotel/motel site keep those who are experiencing homelessness in the site until a temporary, transitional or permanent housing destination becomes available?
- How long will unsheltered individuals remain in the hotels until the appropriate housing options are identified?
- Are there specific populations that will require specialized discharging protocols and coordination? For example, those who are aging, have a mental illness, have medical complexity, families, or unsheltered individuals.
- Before discharging occurs, will the hotel/motel case managers connect the clients to social services? For example, food resources, public benefits, or insurance coverage.

Completed by: _____

Discharge Planning Interview Questions

Before arriving to this isolation unit, where were you living/staying?

- | | |
|---|--|
| <input type="checkbox"/> In my own apartment that I rent (<input type="checkbox"/> is subsidized housing) or own | <input type="checkbox"/> In stable housing with family members or friends |
| <input type="checkbox"/> Renting a room in someone else's apartment | <input type="checkbox"/> In my own apartment or SRO with a supportive housing provider |
| <input type="checkbox"/> Staying with different family members and friends (couch-surfing) | <input type="checkbox"/> In a shelter |
| <input type="checkbox"/> Jail/Prison | |
| <input type="checkbox"/> On the street, subways, churches: share location _____ | |
| <input type="checkbox"/> Other _____ | |

If you are living in your own apartment, living with friends/family, or renting a room, are you able to return upon leaving the isolation unit?

- Yes No, please explain: _____

If you are renting an apartment or a room, are you in any rental arrears or owe rent?

- No Yes, please explain: _____

During your time at the isolation site, have you been connected to any new services or have upcoming social services appointments?

- No Yes, please describe: _____

Do you have any upcoming appointments with medical and/or behavioral health providers?

- No Yes, please describe: _____

What is the status of your income and/or benefits? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> SSI/SSD | <input type="checkbox"/> Public Assistance (includes cash assistance and SNAP) |
| <input type="checkbox"/> Supported by family or friends | <input type="checkbox"/> No benefits |
| <input type="checkbox"/> No income | <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown |

Is your health insurance active?

- No Unknown Yes, insurance details: _____

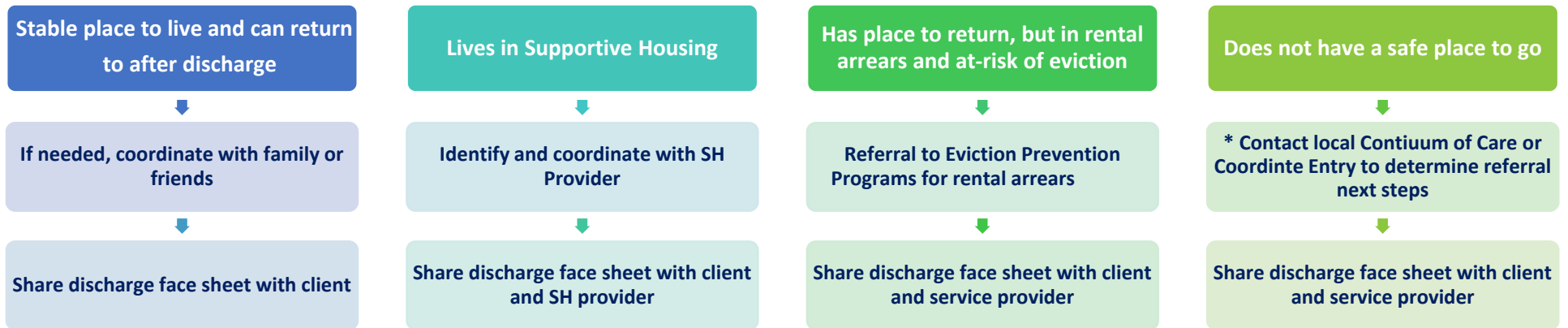
When you return home, will need assistance with any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Appointment with a provider, describe provider _____ | <input type="checkbox"/> Obtaining Food |
| <input type="checkbox"/> Home care (new referral or reinstated) | <input type="checkbox"/> Durable medical equipment |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Insurance assistance (apply or reactivate) |
| <input type="checkbox"/> Utilities assistance | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> No Needs | |

Do you have any concerns regarding leaving the isolation unit?

- No Yes, please describe: _____

HOUSING REFERRAL PATHWAYS



**Referral pathways for transitional or permanent housing varies by state/county/locality. Reach out to your local CoC (Continuum of Care) to determine housing referral steps.*

RESOURCES

The [HUD Exchange](#) website provides resources to obtain information on the following:

- [Housing Assistance](#) – Find local CoC and additional local housing resources
- [Food Assistance](#) – Find local food banks and apply for benefits
- [Health and Safety](#) – Find local behavioral health resources, hotlines, and healthcare for the homeless programs
- [Veterans](#) – Find resources for veterans such as hotlines and community and resource centers

Referral for Primary Care Services

For individuals that are not connected to medical care, you can make a referral to a Federally Qualified Health Center (FQHC). FQHCs provide care to all including those who are not insured or underinsured. To find a convenient location for the client, visit [HRSA's Find a Health Center](#) site.

CSH' Community Platform

CSH developed a [Community Platform](#) for providers across the country to share questions, lessons learned, and more. In the community platform, you can: access CSH authored and sourced materials, share materials and resources you feel would benefit the supportive housing community, learn from examples of others in the field, download sample materials that can be adapted for your agency, and post questions to your colleagues.

DISCHARGE PLANNING FACE SHEET

Completed by: _____

Name of Client, DOB, Contact Number, and Language	
Isolation Admission and Discharge Date	Admission _____ Discharge _____
Client's Identified Community Supports (this includes family, friends, case managers, etc.)	Name _____ Contact Number _____ <input type="checkbox"/> Client does not have any identified supports
Client's Insurance Information (check all that apply)	<input type="checkbox"/> Medicaid/type _____ <input type="checkbox"/> Medicare/type _____ <input type="checkbox"/> Private Insurance/type _____ <input type="checkbox"/> No insurance <input type="checkbox"/> Unknown
Client's Income and Benefits upon discharge	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Public Assistance _____ <input type="checkbox"/> Supported by family or friends <input type="checkbox"/> No income <input type="checkbox"/> No benefits <input type="checkbox"/> Other _____
Name and contact of individual responsible for receiving client upon discharge.	<input type="checkbox"/> Family/Friend: _____ <input type="checkbox"/> SH Provider: _____ <input type="checkbox"/> Shelter/Housing: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable, client being discharged to his/her own place
Does the client have any upcoming appointments in the community? If so, provide details of appointment.	<input type="checkbox"/> Appointment with PCP or specialist: _____ <input type="checkbox"/> Behavioral Health Provider: _____ <input type="checkbox"/> Other: _____
Was this client referred to an eviction prevention service? If so, provide details of the referral.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Was the client referred to any other housing related service? If so, provide details of the referral.	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Are there any specific needs that need to be addressed upon discharged? (check all that apply)	<input type="checkbox"/> Need provider appointment, specify: _____ <input type="checkbox"/> Food <input type="checkbox"/> Home care (new referral or reinstated) <input type="checkbox"/> Durable medical equipment <input type="checkbox"/> Medications <input type="checkbox"/> Insurance assistance <input type="checkbox"/> Utilities assistance <input type="checkbox"/> Other _____ <input type="checkbox"/> No Needs
Is there anything that should be noted in this discharge plan? If yes, please explain.	<input type="checkbox"/> Yes _____ _____ _____
The Client was provided the following:	<input type="checkbox"/> Discharge Face Sheet (additional copy sent to accepting organization/provider) <input type="checkbox"/> If refusing discharge planning provide list of shelters, drop-in centers, and food pantries <input type="checkbox"/> Other _____