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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any chronic health conditions that require you to take daily</td>
<td></td>
<td></td>
<td>medications?</td>
</tr>
<tr>
<td>medications?</td>
<td></td>
<td></td>
<td>□ Yes □ 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)</td>
</tr>
<tr>
<td>[If the client is taking medications for their health condition] Do you</td>
<td></td>
<td></td>
<td>have enough medications for the next two weeks?</td>
</tr>
<tr>
<td>have enough medications for the next two weeks?</td>
<td></td>
<td></td>
<td>□ Yes □ No  Follow intervention prompts below if answer is No</td>
</tr>
<tr>
<td>Do you take any medications for a psychiatric condition?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you take any medications for a psychiatric condition?</td>
<td></td>
<td></td>
<td>□ Yes □ 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)</td>
</tr>
<tr>
<td>[If the client is taking medications for their psychiatric condition] Do</td>
<td></td>
<td></td>
<td>you have enough medications for the next two weeks?</td>
</tr>
<tr>
<td>have enough medications for the next two weeks?</td>
<td></td>
<td></td>
<td>□ Yes □ No  Follow intervention prompts below if answer is No</td>
</tr>
<tr>
<td>Do you currently use any substances?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you currently using any substances?</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Are you currently using any substances?</td>
<td></td>
<td></td>
<td>Follow intervention prompts below if answer is Yes</td>
</tr>
<tr>
<td>Are you currently experiencing any symptoms at this time that need to</td>
<td></td>
<td></td>
<td>be addressed by a medical professional? These can be both COVID and</td>
</tr>
<tr>
<td>be addressed by a medical professional? These can be both COVID and non-</td>
<td></td>
<td></td>
<td>COVID symptoms.</td>
</tr>
<tr>
<td>COVID symptoms.</td>
<td></td>
<td></td>
<td>Follow intervention prompts below if answer is Yes</td>
</tr>
<tr>
<td>Are you currently experiencing any mental health symptoms that you are</td>
<td></td>
<td></td>
<td>worried about like thoughts of hurting yourself, hearing voices,</td>
</tr>
<tr>
<td>worried about like thoughts of hurting yourself, hearing voices,</td>
<td></td>
<td></td>
<td>feeling paranoid, or intense anxiety?</td>
</tr>
<tr>
<td>feeling paranoid, or intense anxiety?</td>
<td></td>
<td></td>
<td>Follow intervention prompts below if answer is Yes</td>
</tr>
<tr>
<td>Anything else you would like me to know or require help with right now?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Symptom Management

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

---

**CSH**
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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Intervention</th>
</tr>
</thead>
</table>
| [If the client is taking medications for their health condition] Do you have enough medications for the next two weeks? No | ✓ 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 | ✓ 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 | **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.**  
 ✓ 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 | **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.**  
 ✓ 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 | **Further assessment by a medical health professional is critical to determine acuity of need. Preferably, the client should be assessed by onsite mental health professional. However, if the |
| Are you taking any medications or are receiving any treatment for your substance use? Yes | 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.  
✓ 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. |

| **client is in distress or has thoughts of hurting themselves, you must activate emergency services.**  
✓ 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. |
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.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Tele-Case Management</th>
<th>Telemedicine</th>
<th>Tele psychiatry/Tele mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Service</strong></td>
<td>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.</td>
<td>Telemedicine involves the use of electronic communications and software to provide clinical services to individuals without an in-person visit.</td>
<td>Tele psychiatry involves the use of electronic communications and software to provide psychiatric/mental health services to individuals without an in-person visit.</td>
</tr>
<tr>
<td><strong>Who</strong></td>
<td>Who provides this service?</td>
<td>Who provides this service?</td>
<td>Who provides this service?</td>
</tr>
<tr>
<td></td>
<td>• Tele case management can provide by a supportive housing case manager or health center care coordinator to ensure coordination of services and support.</td>
<td>• Telemedicine is provided by a physician or other practitioner who is licensed to practice medicine.</td>
<td>• Tele psychiatry is provided by a psychiatrist or psychiatric Nurse Practitioner.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tele mental health, which is a subset of tele psychiatry, can be provided by licensed social workers, psychologists, and other licensed mental health professionals.</td>
</tr>
</tbody>
</table>
| What | 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 | Assessment of acute medical symptoms  
• Management of existing chronic conditions or symptoms  
• Medication management | Psychiatric assessment  
• Management of psychiatric symptoms  
• Medication management  
• Ongoing supportive counseling  
• Mental health crisis support |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Where: Distant Site</td>
<td>This can be provided from any community-based organization, health center, supportive housing provider, or managed care organization.</td>
<td>This can be provided by a PCP office, FQHC, hospital, health center, or via an online telemedicine provider not affiliated with a clinic.</td>
<td>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.</td>
</tr>
<tr>
<td>When</td>
<td>The service must be provided in real-time (i.e. live). The service can be via text messaging as well.</td>
<td>The service is provided in real-time (i.e. live). Some telemedicine platforms allow you to communicate with the doctor via an inbox.</td>
<td>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</td>
</tr>
</tbody>
</table>
| How | Must find out what client’s preferences are but mainly be via the telephone | Via phone  
• Online virtual platform | 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 you are 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.
### Discharge Planning Interview Questions

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

- [ ] In my own apartment that I rent (is subsidized housing) or own
- [ ] Renting a room in someone else’s apartment
- [ ] Staying with different family members and friends (couch-surfing)
- [ ] Jail/Prison
- [ ] On the street, subways, churches: share location
- [ ] 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.**

- [ ] Employed
- [ ] Unemployed
- [ ] SSI/SSD
- [ ] Public Assistance (includes cash assistance and SNAP)
- [ ] Supported by family or friends
- [ ] No benefits
- [ ] No income
- [ ] Other
- [ ] Unknown

**Is your health insurance active?**

- [ ] No  [ ] Unknown  [ ] Yes, insurance details:

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

- [ ] Appointment with a provider, describe provider
- [ ] Obtaining Food
- [ ] Home care (new referral or reinstated)
- [ ] Durable medical equipment
- [ ] Medications
- [ ] Insurance assistance (apply or reactivate)
- [ ] Utilities assistance
- [ ] Other
- [ ] No Needs

**Do you have any concerns regarding leaving the isolation unit?**

- [ ] No  [ ] Yes, please describe:
HOUSING REFERRAL PATHWAYS

**Stable place to live and can return to after discharge**
- If needed, coordinate with family or friends
- Share discharge face sheet with client

**Lives in Supportive Housing**
- Identify and coordinate with SH Provider
- Share discharge face sheet with client and SH provider

**Has place to return, but in rental arrears and at-risk of eviction**
- Referral to Eviction Prevention Programs for rental arrears
- Share discharge face sheet with client and service provider

**Does not have a safe place to go**
- *Contact local Continuum of Care or Coordinated Entry to determine referral next steps*
- Share discharge face sheet with client and service provider

*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](https://www.hudexchange.info) website providers 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](https://www.hrsa.gov) site.

CSH’ Community Platform

CSH developed a [Community Platform](https://www.communityplatform.org) 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.
<table>
<thead>
<tr>
<th><strong>DISCHARGE PLANNING FACE SHEET</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Completed by:</strong> ____________________</td>
</tr>
</tbody>
</table>

**Name of Client, DOB, Contact Number, and Language**

**Isolation Admission and Discharge Date**

<table>
<thead>
<tr>
<th>Admission</th>
<th>Discharge</th>
</tr>
</thead>
</table>

**Client’s Identified Community Supports (this includes family, friends, case managers, etc.)**

- Name ____________________________ Contact Number ____________________________
- □ Client does not have any identified supports

**Client’s Insurance Information (check all that apply)**

- □ Medicaid/type ____________________________
- □ Medicare/type ____________________________
- □ Private Insurance/type ____________________________
- □ No insurance
- □ Unknown

**Client’s Income and Benefits upon discharge**

- □ Employed
- □ Unemployed
- □ SSI/SSD
- □ Public Assistance __________
- □ No income
- □ No benefits
- □ Other ____________________________

**Name and contact of individual responsible for receiving client upon discharge.**

- □ Family/Friend: ____________________________
- □ SH Provider: ____________________________
- □ Shelter/Housing: ____________________________
- □ Unknown
- □ 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.**

- □ Appointment with PCP or specialist: ____________________________
- □ Behavioral Health Provider: ____________________________
- □ Other: ____________________________

**Was this client referred to an eviction prevention service? If so, provide details of the referral.**

- □ Yes ____________________________ □ No

**Was the client referred to any other housing related service? If so, provide details of the referral.**

- □ Yes ____________________________ □ No

**Are there any specific needs that need to be addressed upon discharged? (check all that apply)**

- □ Need provider appointment, specify: ____________________________
- □ Food
- □ Home care (new referral or reinstated)
- □ Durable medical equipment
- □ Medications
- □ Insurance assistance
- □ Utilities assistance
- □ Other ____________________________ □ No Needs

**Is there anything that should be noted in this discharge plan? If yes, please explain.**

- □ Yes ____________________________

**The Client was provided the following:**

- □ Discharge Face Sheet (additional copy sent to accepting organization/provider)
- □ If refusing discharge planning provide list of shelters, drop-in centers, and food pantries
- □ Other ____________________________