Training for Alameda County Isolation Housing Screening and Referral Providers
March 30, 2020

Welcome! We will get started in just a moment. Please locate the chat function on the zoom – we will be using it for questions.
What this training will cover

• Background and context for this referral process

• Appropriate and inappropriate referrals

• What is offered at the hotel

• Referral process, intake forms, participation agreement

• Your Questions
What this training will NOT cover

- Details about how Coronavirus spreads
- How to best protect yourself and your staff
- How to get supplies
- Social distancing
- Staff support resources
- How to refer vulnerable (but not COVID suspected or sick) clients to hotel rooms
- Overview of homeless services in Alameda County
INTRODUCTIONS

Presenters:

Harrison Alter, MD, Alameda Health System
Kara Carnahan, Director of Programs, Abode Services
Lucy Kasdin, Director, Alameda County Health Care for the Homeless

Referral liaisons from the following types of agencies represented:

Hospitals
Clinics
Shelters/TH providers/Domestic Violence Shelters
Outreach Teams/Street Health

Initial phases of planning
Background and Context
How did we get here?

• The State leased two hotels for use by Alameda County to help individuals experiencing homelessness during COVID-19 outbreak
• Funding comes from state, federal, and county
• On-site service provider contracted: Abode Services
• Hotel is not open for regular business or walk-ins
• County staff created referral and screening process, coordinated hotel operations, and contacted liaisons
• Second hotel has not yet opened, planned for different population and different referral process

• Planning process visuals
Who can refer and why

**Referring agencies are:**
- Hospitals and Clinics
- Shelters and Transitional Housing providers
- Santa Rita Jail
- Outreach Teams

**Why?**
- Hotel rooms provide a safe environment for individuals to isolate and recover
- Referrals will keep hospital beds open for sick patients who really need to be there
- Moving sick individuals out of congregate facilities will prevent/slow the spread of the virus and protect others
- Moving sick individuals out of encampments and unsheltered environments will prevent/slow the spread of virus in encampments and provide a healthy space for recovery
Referral Liaisons

• 1 or 2 points of contact were identified by your agency/organizational leadership to be Referral Liaisons.

• You are the access points for this process on behalf of your organization

• Helps the system not to become overwhelmed and to ensure your organization receives the most up-to-date information available about this process

• Share the URL link **ONLY** with others on your team who you determine are appropriate to make this type of referral, such as a discharge planner or navigator
What to expect at the hotel

• Private rooms
• Three meals a day
• Laundry
• Case management/support
• Phones in the rooms to contact hotel main desk
• Security on site
• Access to pharmacy support if needed

Captain Tran, our PPE instructor for transportation and hotel staff
Appropriate Referrals - Housing Status

• Individual is homeless – does not have a place to isolate and recover
• Location of individual is known
• Must be over 18 or accompanied by family/guardian
Appropriate Referrals-Clinical Status

• Tested positive for COVID-19

  OR

• Are experiencing symptoms of COVID-19:
  Fever, cough, and difficulty breathing are the most common symptoms

  OR

• Have been exposed to COVID-19:
  Recent contact with someone who has a verified positive COVID-19 test
Appropriate Referrals- Is the Person you are referring symptomatic?

- Fever > 100.4F
- Cough
- Shortness of breath
- Sore throat
- Chills
- Muscle aches
- Nausea or Vomits
- Diarrhea
- Running nose
- Headache
- Subjective Fever
Questions about appropriate referrals?

(Please use chat function or raise your hand to be un-muted)
Referral Process
Referral Process Overview

1. Referring agency identifies individual appropriate for referral
2. Agency checks with individual regarding what to expect, and confirm individual’s location
3. Agency staff complete online referral using specified URL given
4. As referral is processed, liaison contacted for additional information (phone screening of individual, medical screener)
5. If referral is appropriate, referring provider will be informed of estimated time for pick-up, assign staff to help coordinate pick-up
Referral Process Overview (continued)

6. Referring organization prepares individual for transport, helps pack 64 gallon bag of belongings
7. Individual picked up by van and transported to hotel
8. Goes through full intake process

Donated Storage from City of Oakland – one at each hotel
2. Agency checks with individual regarding what to expect

- Guest are only allowed to bring one 64-gallon bag of belongings.
- All belongings will be placed in bed bug heaters.
- One approved companion animal will be allowed. Note: Guest must have a leash for their animal.
- Guest will be checked by security when they arrive on site. This check will include a metal detector.
- Only knives smaller than 2 inches will be allowed.
- No guns or other weapons are allowed.
- Weapon over two inches will be held securely until discharge.
- If a gun is found, the police will be contacted.
3. Referral Form – use URL given
3. Referral Form: Provider Information Details

Referring Organization/Institution *
Your answer

Form Completed By (First & Last Name) *
Your answer

Referring Provider's Phone *
Your answer
3. Referral Form: Client Information part 1

- **Client First & Last Name**: 
  - Your answer

- **Client Phone**: 
  - Your answer

- **Client DOB**: 
  - MM  DD  YYYY
  -  /  /  2020

- **Client SSN**: 
  - Your answer

- **Client Monthly Income**: 
  - Your answer

- **Income Source**: 
  - Your answer

- **Covered by Health Insurance?**: 
  - Choose

- **If yes, what is their primary insurance?**: 
  - Your answer

- **Secondary insurance?**: 
  - Your answer
3. Referral Form: Client Information part 2

Client Contact 1
Enter Contact First & Last Name, Phone, and Relationship to Client

Your answer

Client Contact 2
Enter Contact First & Last Name, Phone, and Relationship to Client

Your answer

Is the client actively expressing suicidal/homicidal ideation? *

- Yes
- No
3. Referral Form: Current Residential Status

Must have at least one in EACH category below (Residential and Clinical)

Current Residential Status - at least one: *

- Living on the street/place not meant for habitation
- Emergency Shelter
- Transitional housing program for individuals experiencing homelessness
- Exiting a healthcare or other institution with no identified residence at time of discharge
- In a congregate living situation (in the last 90 days) with no way to self-isolate AND homeless prior to entry
3. Referral Form: Current Clinical Status

Current Clinical Status - at least one:

- Positive COVID-19 test
- Recent contact with someone who has verified positive COVID-19 test
- Suspected case based on pending test result (awaiting lab confirmation)
- Suspected case based on symptoms (fever, cough, AND shortness of breath)
3. Referral Form: Referral info and agreement

Referral Information & Agreement

It is important guests are advised of the rules and intake process prior to coming to the hotel. Our goal is to give important information to support their success entering the program. This can only be if you, our referring partners, take time to review at the time of referral.

I have advised the patient there is an intake process that includes security and screening.*
The referral can only be accepted if “Yes” is selected

☐ Yes
☐ No

The patient has agreed to the Safety and Participation Agreement.*
The referral can only be accepted if “Yes” is selected

☐ Yes
☐ No
Referral Form: Staff Signature Name/Date

- Staff Signature Name *
- Your answer

- Staff Signature Date *
- MM
- DD
- YYYY

Send me a copy of my responses.

Back
Submit
Questions about online referral form?
4. Liaison contacted for additional information (if appropriate)

PROJECT COMFORT ABODE PHONE SCREENING

Screen for exclusionary criteria:

- Active suicidal/homicidal ideation? Yes □ No □
- Unaccompanied minor? Yes □ No □

Referring agency reviewed program rules with patient. Yes □ No □

Referring agency reviewed intake process with patient. Yes □ No □

☐ Does the patient have an animal?

Yes □ No □

☐ Does patient have verbal control over animal and agree to take responsibility for cleaning up after animal?

Yes □ No □

☐ Does patient have leash for animal.

Yes □ No □
4. Medical screener

**PROJECT COMFORT SCREENING TOOL**

Approved referral providers will notify PROJECT COMFORT of individuals who test positive for COVID-19, are persons under investigation (PUI), or are a suspected case based on screening.

***All guests must be appropriate for home self-quarantine.***

- [ ] Patient Name & DOB
- [ ] Preferred Language ☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Other
- [ ] Referrer Contact & Phone#
- [x] Address/location/room #
- [ ] Expected time & date of discharge (if in hospital):
- [ ] Reason for referral: ☐ Corona Virus (+) ☐ Direct Exposure to COVID-19
- [ ] Under Investigation [Test Pending] ☐ Under Investigation [Not Tested]

- [ ] Is patient symptomatic:
  - [ ] None
  - [ ] Cough
  - [ ] Shortness of breath
  - [ ] Muscle Ache
  - [ ] Diarrhea
  - [ ] Fever > 100.4F
  - [ ] Sore throat
  - [ ] Chills
  - [ ] Nausea or Vomiting
  - [ ] Subjective Fever
  - [ ] Runny nose
  - [ ] Headache
  - [ ] Abdominal pain
  - [ ] Other
4. Medical screener (continued)

- Symptom onset date: ____________
- Ambulatory Status:
  - Unassisted
  - With assistance
    - cane
    - crutches
    - walker
    - wheelchair
- Able to attend to ADLs? Yes ☐ No ☐
- Appropriate for independent self-quarantine? ☐
- Coronavirus Tested Yes ☐ No ☐
  - If yes, date of test: ______
  - Result: ☐ Positive
  - ☐ Negative
  - ☐ Pending
- Confirm discharge or send prescription discharged with 30-day supply of medications (if no meds available, send to Rx Midtown Pharmacy)
- Confirm patient provided verbal consent to release health information to Alameda County
- Confirm patient verbally agreed to abide with quarantine/isolation period (Greater of 7 days since onset or 3 days post symptom resolution; For Exposed to Known COVID, 14 days.)

Known Medical Problems:
- Congestive Heart Failure (CHF)
- Diabetes Mellitus (DM)
- Immune compromise ____________
- Other chronic condition(s):
5. Referring provider informed of pick-up time

• If referral is appropriate, referring provider will be informed of estimated time for pick-up
• Agency must assign staff to help coordinate pick-up
6. Referring organization prepares individual for transport, helps pack belongings

- Complete any necessary discharge paperwork
- Assure the individual has necessary medications-- a 30 day supply of medications is requested (some pharmacy support available on site)
- Assure belongings are secured for transport
- Guests may not bring more than one 64-gallon size plastic bag of belongings, please negotiate this before transport arrives
- Bike is okay – will be stored securely during stay
- Guests may bring 1 pet on a leash that responds to verbal commands
- Confirm they have leash
7. Transport by van

- Client Seats covered with plastic for easy cleaning between trips.
- Van can carry 2 Clients and One Driver per trip – 6 feet apart from each other.
- Driver is protected
8. Intake procedure at hotel

- Security and safety screen (weapons)
- Belongings in bed bug heater
- Participant agreement signed with Abode Staff
Safety and Participation Agreement

I understand that I have the following rights as a resident of Operation Comfort: Alameda County.

______ The right to be treated with dignity and respect;
______ The right to privacy within the constrictions of the hotel
______ The right to be treated with cultural sensitivity;
______ The right to self-determination in identifying and setting goals;
______ The right to receive services only in the context of a professional relationship based on valid, informed consent;
______ The right to be clearly informed, in understandable language, about the purpose of the services being delivered, including residents who are not literate and/or have limited-English proficiency;
______ The right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure, unless disclosure is required by law;
______ The right to reasonable access to records concerning their involvement in the program.
Safety and Participant Agreement (part 2)

I understand that I have the following responsibilities as a resident of Operation Comfort: Alameda County.

[ ] I understand that I am required to be in isolation at all times until I am medically cleared to leave. If I leave my room, I am putting other participants and staff at risk.

[ ] I understand that I am required to inform staff immediately if my symptoms get worse.
I understand that the following consequences will occur if I do not adhere to the isolation/quarantine order:

1. If a hotel guest (including household members) is seen leaving the room or allowing someone into their room, they will be verbally warned and reminded of the agreement. Staff will document the warning.
2. If this happens again, they will be given a written warning that they have violated the order and will be reminded of the agreement and told that they will lose certain privileges. Staff will document the warning.
3. If there is a third infraction, law enforcement will be called. If the guest chooses to leave, the guest’s former living situation (e.g., shelter or congregate living situation) will be notified that the guest left the isolation location against medical orders and they should not be allowed to return.
I understand that if I use threats, harassment (of any kind), verbal or physical violence (including destruction of property) towards staff, volunteers, or another participant, I may be asked to leave the program immediately.

I understand that no weapons are allowed on the premises. If weapons are brought onto the property, I understand I will be asked to leave the program immediately.

I understand that it is my responsibility to store my medications securely in my room.

I understand that for fire and health safety, smoking (or any tobacco consumption such as chew, e-cigs, etc.) is not allowed inside the hotel, including the outside quads, or near any of the entrances. Residents will be allowed to take breaks according to the Break Schedule posted in the rooms, during which smoking is allowed.
I understand that, if I face a medical emergency, staff will call 911 to access medical assistance for me at my expense. I further understand that staff will share the “emergency information” I provided at intake with the responding emergency personnel. This includes paramedics, fire responders, law enforcement, and any other emergency personnel.

I consent to staff contacting the emergency contact I provided at intake. I may revoke this authorization at any time by submitting a request in writing to the Senior Program Manager. Staff will only discuss with my emergency contact information that pertains to the emergency.
____ I understand that the staff and volunteers of Abode Services are not responsible for any of my items or belongings that are lost, stolen, or damaged. I have been advised not to keep valuable items or large amounts of money with me at the hotel.

____ I understand that theft is not tolerated and may result in my being asked to leave the program.

____ I understand that the furniture provided in my room are placed in accordance with fire safety regulations. I agree not to move, remove, or add furniture to my room.
I understand that hotel staff will not be cleaning my room during my stay and that it is my responsibility to place my bedding and towels in a plastic garbage bag outside my door once per week for cleaning. At that time, I will receive clean linens, and I will be responsible for making my bed, cleaning surfaces, and maintaining the cleanliness of my room otherwise. I agree to return all bed linens, pillows, and towels to hotel staff and to leave my room clean when I exit the hotel. I understand that any personal belongings I leave behind will be thrown away.

I understand that meals will be delivered to my room at 8:00 AM, 12:00 PM, and 6:30 PM and that it is my responsibility to leave my dishes and utensils outside my door for pickup when I am done eating.

I understand in the event of an emergency, I should walk calmly to an exit, staying at least 6 feet away from all other residents, and evacuate the building as quickly as possible. In case of fire, use the clearly marked designated fire exits. Once everyone has reached the assembly site, everyone must report to staff so they can verify that all residents and staff are accounted for.
Safety and Participant Agreement (part 8)

By my signature below, I ________________________________, acknowledge the information presented in this checklist and agree to the statements above. I have had the opportunity to speak with a staff member about any concerns or questions I have regarding this information.

__________________________________________  ________________________________
Participant Signature                        Date

__________________________________________  ________________________________
Staff Signature                              Date
What to expect once clients become hotel guests

• Guests cannot leave the property or have any visitors
• Case management by Abode: non-medical staff will check-in twice a day to monitor symptoms (medical staff will only be involved as needed)
• Guests will have three scheduled 20-minute "breaks" a day to take a walk, take pets outside, and smoke in designated smoking area
• Guests will be provided over-the-counter medication as needed, including for nicotine replacement
• Harm reduction and MAT services are available to guests
• To communicate with guests, call guest’s personal cellphone or can coordinate with case manager on-site.
• Guests cannot call out of phone landlines in hotel room as considered a long-distance phone call outside of a 3-mile radius.
• Meals provided by the hotel three times a day
• Guests can order food for delivery (e.g. Door Dash, Instacart etc.)
Length of Stay

The isolation period ends when the criteria below has been met:

• At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath)

AND

• At least 7 days have passed since symptoms first appeared

Average length of stay will be 7-14 days
Discharge / Check-out

- Unsheltered guests will work with case managers to explore locations post-discharge.
- Guest will be given exit date at least three days prior in order to support discharge planning.
- If guest came from a shelter environment, the agency is expected to **hold the bed** so that the guest can return to the shelter once medical isolation is no longer required.
- Transportation back to the community will be provided at time of check out.
Questions and concerns

Please use chat function or raise your hand to be unmuted
Other resources available:

• For updated homeless COVID guidance please go to www.achch.org/coronavirus

• for County COVID information go to: http://acphd.org/2019-ncov.aspx