

Guide for Staff
Screening Tool Intervention

| Questions | What to do if symptoms are present |
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| <p>1. History of close contact* with confirmed COVID-19 case within last 10 days? If YES,</p> <p>a. Were you diagnosed with COVID in the 3 months before exposure?</p> <p>b. Have you received the final dose of COVID vaccine \geq 2 weeks but $<$ 3 months from exposure?</p> <p>2. Fever [subjective or actual with thermometer (\geq100.0)]</p> <p>3. Cough?</p> <p>4. Shortness of breath or difficulty breathing?</p> <p>5. OR any of these other symptoms: fatigue, chills, muscle or body ache, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea?</p> | <p><i>Give all individuals a mask, instruct them that masks must always be worn inside, remind them about social distancing, and encourage them to wash hands frequently.</i></p> <p>If YES to question ONLY 1 and NO to question 1a and 1b:</p> <ul style="list-style-type: none"> • Advise individual to self-quarantine, monitor symptoms, and alert staff (if in shelter), medical provider, or 211 (if unsheltered) ASAP if fever/other symptoms develop. • Consider provider referral to temporary lodging for quarantine. Shelter staff or Homeless Outreach Team (HOT) team staff can call the County's temporary lodging line who will connect individuals to a telehealth provider for temporary lodging. <p>If YES to question ONLY 1 and YES to question 1a OR 1b:</p> <ul style="list-style-type: none"> • The individual does NOT require quarantine. <p>If YES to question 1 AND any of the symptoms listed in questions 2, 3, 4, or 5:</p> <ul style="list-style-type: none"> • Place the individual in a temporary isolation. • Call provider to discuss possible testing ASAP; for emergency medical attention, call 911. <p>If YES to questions 2, 3, 4, or 5 only:</p> <ul style="list-style-type: none"> • Review rest of tool and work with individual to be seen by their provider ASAP • If individual doesn't have a provider, call 211. <p>*Close contact = <i>within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic persons, 2 days before test specimen collection) until the time the person is isolated or sharing objects, being coughed on or sneezed on.</i></p> <p>NOTES: [1] Symptoms in questions 2-5 should have started within the last 10 days to be consistent with current COVID and not explained by underlying or ongoing conditions. [2] Chronic coughs are assessed in #6.</p> |
| [If YES to #3 above, ask #6-8] | |
| <p>6. Have a cough for more than two weeks?</p> <p>7. Have severe coughing fits or coughing blood?</p> <p>8. Ever been told you have tuberculosis by a medical professional?</p> | <p>If YES to questions 6 or 7:</p> <ul style="list-style-type: none"> • Place the individual in a temporary isolation. <p>If YES to ANY of questions 6-8, refer to TB Clinic:</p> <ul style="list-style-type: none"> • Monday – Friday 8 am – 4 PM, please immediately call the County Tuberculosis Clinic at 619-692-8631 and be available to help ask/answer questions that a trained person will ask an individual. • Weekend or after-hours, call Urgent Care / Emergency Department. |
| [Ask #9 for all] | |
| <p>9. Rash or itchy skin?</p> | <p>If YES,</p> <ul style="list-style-type: none"> • Instruct individual to shower and wash and dry all clothing and bedding on HOT. • Instruct individual to keep rash covered with clothing at all times except when showering. • Provide individual with sealable plastic bag to store belongings that cannot be laundered. Instruct them to keep it sealed for 2 weeks. • Help individual schedule an appointment to be seen by a provider. • If rash is associated with a fever (question 2), isolation should be considered w/ provider follow up. • Refer client to their medical provider or nearest FQHC. |
| [Ask #10 for females only] | |
| <p>10. For Women only: Is she pregnant?</p> | <p>If YES or MAYBE, please schedule an appointment for individual to be seen by provider: CALL their primary health provider or nearest FQHC</p> |

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Guide for Staff

Supplemental Behavioral Health Two-Part Screening Questions for TEMPORARY LODGING

Part One

The following question is related to substance use and does not impact someone's ability to access the shelter services, but will assist us in ensuring an individual have the services they need:

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| <p>1. How many days in the past year did you use alcohol, illicit substances or prescription medication other than as prescribed? (Response prompts should be given: none; monthly; weekly; or daily.)</p> | <p>For individuals that answer "daily," assist them in calling the Access and Crisis Line (888-724-7240) for further screening and relay information to medical team.</p> |
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The below questions are to be asked after someone has been identified to be moved to a temporary lodging arrangement. The individual needs to understand clearly that the answers to the below questions are to assist in providing them with services and assistance they need, and will not impact access to temporary lodging.

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| <p>2. Are you currently taking any mental health medications? (Such as medications for mood, anxiety or to help with thoughts or voices)</p> | <p>If YES, then:</p> <ul style="list-style-type: none">• Do you have enough medications for the next 2 weeks <p>If NO, then:</p> <ul style="list-style-type: none">• Who is your provider for a refill? If the individual does not have a provider, assist them in contacting the Access and Crisis Line (1-888-724-7240) |
| <p>3. Are you currently taking substance use medications (such as methadone or buprenorphine)?</p> | <p>If YES, then:</p> <ul style="list-style-type: none">• Do you have a current provider?<ul style="list-style-type: none">○ If YES, then: Refer individuals to their provider to continue medications (note: many people on methadone go early each day for their doses, while others may have some amount of take-home)○ If NO, then: Assist individuals in contacting the Access and Crisis Line (888-724-7240) |

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Supplemental Behavioral Health Two-Part Screening Questions for TEMPORARY LODGING

Part Two: COLUMBIA-SUICIDE SEVERITY RATING SCALE

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| <p>1. Have you wished you were dead or wished you could go to sleep and not wake up?</p> | <p>Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore or wish to fall asleep and not wake up.</p> <p>Ask questions 2.</p> |
| <p>2. Have you actually had any thoughts of killing yourself?</p> | <p>Suicidal Thoughts: General non-specific thoughts of wanting to end one’s life/commit suicide, <i>“I’ve thought about killing myself”</i> without general thoughts of ways to kill oneself/associated methods, intent, or plan.</p> <p>If YES to 2, then:</p> <ul style="list-style-type: none"> • Ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6. |
| <p>3. Have you been thinking about how you might kill yourself?</p> | <p>Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. <i>“I thought about taking an overdose but I never made a specific plan as to when or where of how I would actually do it ... and I would never go through with it.”</i></p> <p>If YES, then:</p> <ul style="list-style-type: none"> • Assist them in contacting the Access and Crisis Line (888-724-7240) |
| <p>4. Have you had these thoughts and had some intention of acting on them</p> | <p>Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to, <i>“I have thoughts, but I defiantly will not do anything about them.”</i></p> <p>If YES, then:</p> <ul style="list-style-type: none"> • Assist them in contacting the Access and Crisis Line (888-724-7240) |
| <p>5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</p> | <p>Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</p> <p>If YES, then:</p> <ul style="list-style-type: none"> • Assist them in contacting the Access and Crisis Line (888-724-7240) |
| <p>6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?</p> | <p>Suicide Behavior Question: Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took pills out but didn’t swallow any, held a gun but changed your mind, or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</p> <p>If YES, ask: <u>How long ago did you do any of these</u></p> <ul style="list-style-type: none"> • Over one year ago? • Between three months and a year ago? • Within the last three months? <p>Then:</p> <ul style="list-style-type: none"> • Assist them in contacting the Access and Crisis Line (888-724-7240) |