

**Guide for Staff
Screening Tool Intervention**

Questions	What to do if symptoms are present
<p>1. History of close contact with confirmed COVID-19 case within last 14 days? (close contact = within 6 feet for prolonged periods or sharing objects).</p> <p>2. Fever? [subjective or actual with thermometer (≥ 100.4)]</p> <p>3. Cough?</p> <p>4. Shortness of breath?</p>	<p>If YES to question 1 AND either 2, 3, or 4 (i.e., contact w/a known COVID-19 case and fever/cough/shortness of breath):</p> <ul style="list-style-type: none"> • Give the patient a mask and instruct that it must always be worn inside. • Place the patient in a temporary isolation • Call provider to discuss possible testing ASAP; for immediate <u>critical</u> medical attention, call 911. <p>If YES to questions 2, 3, or 4 only:</p> <ul style="list-style-type: none"> • Review rest of tool and work with client to be seen by their provider ASAP: • If client doesn't have a provider, call 211 and select option to triage with PHN (8am to 8pm, for after-hours leave voicemail and someone will return call the following day) <p>***County PHN staff assigned to shelters or with HOTs can triage onsite and work with medical provider and/or temporary lodging to determine best course of action. Instructions for PHNs will be sent via email.</p>

[If yes to #3 above, ask 5-7]

<p>5. Have a cough for more than two weeks?</p> <p>6. Have severe coughing spasms?</p> <p>7. Has the person ever been told they have tuberculosis by a medical professional?</p>	<p>If YES to questions 5 or 6:</p> <ul style="list-style-type: none"> • Give the patient a mask and instruct that it must be worn inside at all times • Place the patient in a temporary isolation <p>If YES to ANY of questions 5-7, 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 619-692-5565 and be available to help ask/answer questions that a trained person will ask client. • Weekend or after-hours, call Urgent Care / Emergency Department.
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[ask 8 for all]

<p>8. Rash or itchy skin?</p>	<p>If YES,</p> <ul style="list-style-type: none"> • Instruct client to shower and wash and dry all clothing and bedding on HOT. • Instruct client to keep rash covered with clothing at all times except when showering. • Provide patient with sealable plastic bag to store belongings that cannot be laundered. Instruct them to keep it sealed for 2 weeks. • Help client 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
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[Ask 9 for females only]

<p>9. For Women only: Is she pregnant?</p>	<p>If YES or MAYBE, please schedule an appointment for client to be seen by provider:</p> <p>CALL their primary health provider, nearest FQHC, or Urgent Care (refer to health providers/FQHC prior to sending to Urgent Care or ED)</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:

<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 people 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.

<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 person 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 them 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 them in contacting the Access and Crisis Line (888-724-7240)

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Part Two: COLUMBIA-SUICIDE SEVERITY RATING SCALE

<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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">Then,:</p> <ul style="list-style-type: none"> • Assist them in contacting the Access and Crisis Line (888-724-7240)