



CORONAVIRUS DISEASE 2019 (COVID-19)

Social Health Playbook

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Chapter **01**

Introduction and Purpose



Background

The global pandemic, COVID-19, is having a major and protracted impact on individuals, families, and communities. In addition to the direct health consequences of the viral pandemic, there are secondary social impacts of anxiety, fear, economic uncertainty, and social isolation, as well. People and communities that historically have been underserved are likely to suffer the greatest from the direct and indirect impacts of the pandemic, and people who previously had no unmet social needs might experience them. Additionally, there are disparities by race and ethnicity for those testing positive for COVID-19, given longstanding systemic and social inequities in the United States.

While Kaiser Permanente is appropriately focused on mitigating the viral pandemic, our organization also has a responsibility to ease the indirect social impacts of the pandemic on our members and communities, and to address the conditions that give rise to inequity and racism. As part of our commitment to help shape the future of health in the nation, we have adapted our Social Health Playbook to share with others in the field and to deepen the health sector's commitment to addressing social health.

Purpose

As a complement to [Kaiser Permanente's COVID-19 Mitigation Phase and Surge Phase Playbooks](#) describing clinical protocols, the social health playbook (playbook) provides guidance on caring for patients with social needs within a COVID-19 context. The playbook includes information on how to assess patients' social needs, connect them to resources to address those needs, and follow up to ensure needs were met and to coordinate care as appropriate. Additional considerations are included for seniors, those with behavioral health needs, and victims of intimate partner violence (IPV).

Future versions

Future versions of the playbook may address:

- + Transportation
- + Proactive outreach
- + Pregnant women
- + Other vulnerable populations

Target population

The target population for the playbook is patients under investigation (PUI) and patients with confirmed cases of COVID-19 who are in a care delivery setting. However, much of the information in this playbook is broadly applicable to any patient with unmet social needs, even though it was developed to support patients most in crisis as a result of the COVID-19 epidemic.

How to Use this Playbook

Users

The intended users of this playbook are frontline staff or other care team members performing care coordination, care management, care continuum, or similar functions. Both clinical and non-clinical staff can implement these action steps.

Facilitating use of playbook

The use of the playbook should be facilitated by a clinic leader(s) in charge of care coordination, care management, care continuum, or a similar care delivery function. Prior to dissemination, the leader should adapt the contents to ensure alignment with organizational and community resources. Key decisions and issues to address:

- + Determine the applicable screening tool or module to use. Kaiser Permanente is working toward use of the EPIC Social Determinants of Health functionality in its electronic health record and a brief two-question screener.
- + Develop and implement training protocols for care coordinators, patient navigators, discharge planners, etc.
- + Partner with community-based organizations and public agencies.

How this playbook is organized

The playbook is organized by a three-step process recommended for supporting patients who have unmet social needs. You can use these three steps to quickly navigate the material and use it to take action to help patients needing social and behavioral health support:

Chapter 1	Covers purpose and overview.
Chapter 2	Provides general screening guidance and considerations for screening in the virtual setting. Additional guidance is included for screening patients experiencing: <ul style="list-style-type: none"> • homelessness • food insecurity • social isolation • financial strain • intimate partner violence
Chapter 3	Provides guidance on connecting patients to resources. Additional guidance is included for working with patients experiencing: <ul style="list-style-type: none"> • homelessness • food insecurity
Chapter 4	Provides guidance on following up to make sure patients' needs are met
Chapter 5	Provides guidance on screening, connecting to resources, and following up with patients with behavioral health needs
Chapter 6	Includes additional content to support the prior sections. Information about community-based services and organizations is provided, organized by social need, and listed separately for seniors: <ul style="list-style-type: none"> • homelessness • housing instability • food insecurity • social isolation • financial strain • seniors

Impact of Social Needs on COVID-19 Patients and Preventing Further Transmission

People and communities who are vulnerable or may have unmet social needs are likely to suffer the greatest impacts from COVID-19. Additionally, people who previously had no social needs might experience them as society and the economy remain uncertain.

Homelessness and housing Instability

Many people experiencing homelessness are older, in poor health, receive care and services in congregate settings (e.g., shelters, soup kitchens), and have limited ability to access or follow public health advice (e.g., frequent hand-washing), making them especially susceptible to COVID-19. People experiencing homelessness are twice as likely to be hospitalized for COVID-19, up to 4 times as likely to require critical care, and 2-to-3 times more likely to die from the virus than a stably housed patient¹. Addressing their social needs, such as proper shelter and food, not only ensures appropriate care is provided to this very vulnerable population, but also helps prevent further transmission of the virus. It is important to prevent people experiencing housing instability from becoming homeless, so their overall health is protected and to avoid infecting the public if they become infected with COVID-19.

Food insecurity

COVID-19 has compounded the number of people who are food insecure, due to the economic downturn and stay-at-home policies. Those with food insecurity are generally less healthy, and people with diet-related conditions like diabetes and cardiovascular disease are at greater risk for complications with COVID-19. Addressing food insecurity supports improved health outcomes and helps prevent further transmission of the virus.

Social isolation

The social distancing required by the COVID-19 epidemic is likely to increase social isolation and loneliness, which are associated with a significantly increased risk for early death from all causes. On the other hand, distancing can lead to sustained crowding and social tension within households, leading to other concerns, such as intimate partner violence and child abuse. People who were at risk for social isolation and/or loneliness before the pandemic are especially at risk of adverse health consequences, especially if they are not an active user of digital technology. Additionally, socially isolated people without social networks to rely on might need more help addressing basic needs, such as procuring food in a way that prevents further transmission of the virus.

Financial strain

The shelter-in-place and stay-at-home orders enacted to slow the spread of COVID-19 are negatively impacting the economy. As a result of the spike in unemployment and loss of income, many people are experiencing financial strain and might not be able to pay for health care coverage and services or other basic needs, such as housing and food. Addressing these various needs will support improved health outcomes for patients, prevent worsening social needs, such as loss of housing, and will prevent further transmission of the virus.

¹ Dennis Culhane, Dan Treglia & Ken Steif. Randall Kuhn, Thomas Byrne. [Estimated Emergency and Observational/Quarantine Capacity Need for the US Homeless Population Related to COVID-19 Exposure](#)

[by County; Projected Hospitalizations, Intensive Care Units and Mortality](#). University of Pennsylvania; University of California Los Angeles; Boston University. March 25, 2020

Vulnerable populations: Seniors

Currently, 16% of Americans are 65 years and older and are more likely to have underlying health conditions that make it harder to cope with and recover from illness. Meanwhile, even without social distancing, a University of California San Francisco (UCSF) study² showed 43% of those 65-years and older experience feelings of loneliness. Due to the COVID-19 emergency, loneliness is likely to be quite higher due to the social distancing and limited social contacts seniors are being encouraged to undertake. Also, seniors, who represent a higher percentage of nursing home or long-term care facility residents, are at higher risk for loneliness and developing health conditions. As elderly people are being instructed to remain at home, have groceries and vital medications delivered, and to avoid social contact with family and friends, they're more likely to face mental and physical health consequences. And seniors may be expected to stay sheltering in place and social distancing for longer than the younger population, so their risk for social isolation and loneliness might be further augmented. As such, it is important to assess their levels of loneliness and access to medical services, considering the current pandemic.

Vulnerable populations: Those with behavioral health conditions

Amid the COVID-19 pandemic, people with behavioral health conditions are particularly at risk. The behavioral effects of COVID-19 are as important to address as the physical health effects. Fear, anxiety, and depression in response to the emergency are normal for those without any diagnoses, meanwhile, the effect compounds symptoms for those with such diagnoses. And for the 1-in-5 people who already have mental health conditions, or the 1-in-2 who are at risk of developing them, it is critical that we focus on this very vulnerable population. This is particularly true now. An April 2020 Lancet³ article identified that those in China during the COVID-19 pandemic with a behavioral health condition diagnosis are more susceptible and more likely to develop an infection (including pneumonia), more likely to transmit the virus due to congregation in care settings and with quarantine measures in place, and are more apt to receive no care for their behavioral health conditions. As such, it is imperative that care teams be aware of those with such concerns and their functioning, how closely they are connected to social supports, and any potentiality for suicide or self-harm.

Vulnerable Populations: Victims of intimate partner violence, child and elder abuse

Home is not always a safe place for everyone. The COVID-19 stay-at-home orders have unintended, negative consequences for at-risk families. The closure of businesses, churches, schools and community centers disrupts social support systems, causes job losses and exacerbates economic vulnerability. Experience internationally has shown that family violence (including IPV, child abuse and elder abuse) can escalate during and after large-scale disasters or crises.⁴ Indeed, there has been a surge of

² Loneliness in older persons: a predictor of functional decline and death, (Perissinotto, Covinsky and Stijacic Cenzer) <https://www.ncbi.nlm.nih.gov/pubmed/22710744>

³ The Lancet Psychiatry: Patients with mental health disorders in the Covid-19 epidemic, (Yao, Chen, & Xu, 2020), [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30090-0/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30090-0/fulltext)

⁴ B. Boserup, M. McKenney and A. Elkbuli, Alarming trends in US domestic violence during the COVID-19 pandemic, American Journal of Emergency Medicine (2020), <https://doi.org/10.1016/j.ajem.2020.04.077>
New Zealand Family Violence Clearinghouse (NZFVC). (2020). Preventing and Responding to Family, Whānau and Sexual Violence

domestic violence calls to law enforcement and crisis hotlines. Conversely, there has been a decrease in reports of suspected child and elder abuse to county agencies because of the drastically limited contact these victims have with the outside world.

Unfortunately, the trauma of family violence is compounded by the psychological distress caused by the pandemic. Physicians and other healthcare professionals need to be mindful that the pandemic and public health responses to it may result in trauma and re-traumatization for many, especially vulnerable patients.

during COVID-19. Available at <https://nzfvc.org.nz/COVID-19/preventing-responding-violence-COVID-19>
World Health Organization: COVID 19 and violence against women: What the health care systems can do, March 26th, 2020
<https://www.healthcaretoolbox.org/tools-and-resources/tools-you-can-use-intervention.html>

Elder Abuse During COVID-19 Pandemic, The American Geriatrics Society, JAGS, DOI:10-11111, jgs16494, S. Duke Han, PhD and Laura Mosqueda, MD, Department of Family Medicine, University of Southern California, Los Angeles, California, School of Gerontology, University of Southern California, Los Angeles, California

SOCIAL NEEDS JOB AID – This resource is provided as an illustrative example. As with other content in this playbook, it needs to be adapted to apply to other organizations.

PURPOSE: Job aid on how to screen for social needs, connect to resources, and follow up.

USERS: Frontline staff or other care team members performing care coordination, care management, care continuum, or similar functions. **Non-clinical staff can administer.**

HOW TO USE: Adapt as needed and embed into local, regional, and/or national COVID-19 standard protocols to initiate instructions and coordination.

TARGET POPULATION: All patients under investigation (PUI) and patients with confirmed cases of COVID-19.

SCREEN

- 1 Use two-item COVID Brief Social Needs screener to identify urgent needs related to COVID-19.

If patient indicates social need

Additional time No additional time

Also administer more detailed social risk assessment questionnaire.

Connect to resources.

- 2 Administer more detailed social risk assessment for deeper understanding.

If EPIC SDOH module is activated in KP HealthConnect

YES

NO

Document results in EPIC SDOH module.

Document using a smart data element (SDE).



Special instructions for specific social needs

- + If patient's **food insecurity** is considered health-harming, develop/activate clinical escalation pathway. For example, if patient is instructed to take medications with food and cannot.
- + If patient indicates **financial strain**, ask follow-up questions to identify what assistance is important. For example, food resources can be shared with patients who cannot afford nutritious meals.
- + If screening for **intimate partner violence**, ensure safety and confidentiality practices.

CONNECT TO RESOURCES

- 1 Use Thrive Local to identify appropriate resources in patients' local communities.

If Thrive Local not available, then options are:

A

Look in Playbook Resource Section and provide to patients, as appropriate.

B

Call 211 or go to <http://211.org/> to identify up-to-date resources in patients' local communities.

Links to resources:

- + Food
- + Housing
- + Homelessness*
- + Social isolation
- + Intimate partner violence
- + Financial strain
- + Behavioral health
- + Seniors

- 2 Document resources that were provided to the patient and set date and person to conduct follow up.



*Special instructions for homelessness

- + Upon validating homeless status, discuss temporary isolation procedure with patient.
- + Get patient consent for discharging to temporary isolation space, if clinically indicated.
- + Check regional surge plan for up-to-date info about alternative venues designated for homeless patients.
- + Follow safe transportation protocol.
- + Notify public health department about patient discharge.

FOLLOW UP

Conduct follow up outreach, if appropriate, according to local, regional, and/or national protocols for specific populations.

- 1 Ask if previously offered resources were used and/or helpful.

- 2 Ask if patient has new or additional needs. If yes, conduct a full screening if possible (see Screen section).

- 3 Connect to resources as needed (see Connect to Resources section).

- 4 Document outcome of follow up.

Follow up within 1 week:

- + Patients at high risk for medical decompensation due to their social need and/or a high-risk transition. Example: Patient leaving hospital, skilled nursing facility, rehabilitation or home health program, who has limited mobility and is experiencing food insecurity.

Follow up after 1 week or longer:

- + Patients not currently experiencing acute medical symptoms. Follow up as clinically indicated or per existing program follow up protocol. Example: Patient experiencing food insecurity but without any nutrition-related medical conditions and who is self-sufficient and or has caregiver support in following up on resource information.

Chapter 02

Screening for Social Needs



General Screening Guidance

Screening for social needs helps care delivery teams provide care that is appropriate for a patient’s social context. Using a comprehensive questionnaire can uncover needs that might not be immediately evident but are essential to address when patients are discharged from hospitals or seen in outpatient settings and returned to their homes. Additional screening actions for homelessness, food insecurity, social isolation, and financial strain are listed separately.

While many patients might have experienced social needs even prior to COVID-19, others are confronting challenges that require only temporary assistance. Some of the most common COVID-19 related needs identified to date are:

- + Housing insecurity and homelessness
- + Food insecurity
- + Needs associated with prolonged social isolation, especially among seniors, people living alone, and people quarantining themselves
- + Financial strain/income loss, including difficulty paying bills and rent/mortgage payments
- + Intimate partner violence
- + Access to childcare for those who are working or otherwise unable to care for their children
- + Job loss and subsequent loss of benefits

Action steps for frontline care team

- + Care team member(s) performing care coordination, care management, or similar function administers screening(s). Note: Non-clinical staff can administer.
 - Start with the two-item COVID Brief Social Needs screener to assess urgent needs related to the COVID-19 epidemic.
 - If patient indicates social needs, also administer Social Risk Assessment Questionnaire for deeper understanding of social needs.
 - Document assessment results in health record.
 - If there is not sufficient time to also use the Social Risk Assessment Questionnaire, use the results from two-item “COVID Brief Social Needs” screener to connect member to resources.
- + If patient screens positive for social needs, connect to resources. (See [Connect to Resources section.](#))
- + If patient screens positive for intimate partner violence during office visit or telehealth visit, provide resources if safe (See resources), referral to appropriate services, and discuss follow-up care.

Additional action steps: Homelessness

- + If patient screens positive for homelessness and presents with cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell:
 - AND is clinically **unstable**, consult with ID for COVID-19 testing and follow standard PUI protocol.
 - AND is clinically **stable**:
 - Assess patient and if no clear alternative diagnoses for symptoms, follow protocols for COVID-19 testing.
 - If there are clear alternative diagnoses for symptoms, then follow normal care protocols.
 - If patient screens positive for homelessness, is stable, and discharge at home is recommended, clinic manager/nurse/ED care coordinator validates homelessness.

Additional action steps: Food insecurity

- + If patient's food insecurity is considered health-harming, develop/activate clinical escalation pathway, for example, if patient is instructed to take medications with food and cannot.

Additional action steps: Social isolation

- + If patient screens positive for social isolation/loneliness:
 - Conduct additional assessment to further assess the patient's social isolation. Note that known risk factors take into account the social distancing required by COVID-19. They include:
 - Living alone, especially if not in a committed relationship
 - Currently in an institutional setting that is not allowing visits from family members/friends
 - In clinical isolation or quarantine for COVID-19 symptoms
 - Dependency on others for transportation
 - No internet access at home

Additional action steps: Financial strain

- + If patient indicates financial strain, ask follow-up questions to identify what specific types of assistance are important. For example, food resources can be shared with patients who cannot afford nutritious meals.

Additional action steps: Intimate partner violence

- + If the patient presents for in-person office visit, consider the following safety and confidentiality practices:
 - Universal private rooming of patient and avoidance of screening if anyone else is present, including children older than 3 years of age.
 - Consider an introductory statement to emphasize the confidentiality of the screening process and the health and safety of the patient.
- + Whether screening for intimate partner violence in-person or via phone or video, use specific scripting to normalize disclosure. For example:
 - “Especially during this time of COVID, we are asking all of our patients about food, financial stress, housing, and relationship safety. We know that many of our patients are experiencing extra stress, and unmet needs can shape a person’s health.”
- + Screen with questions your organization has selected, drawing from validated or tested sources.
- + If there is no disclosure of violence:
 - Provide a supportive response and offer literature (such as a patient brochure or safety card) if they would like to share with a friend.
- + If patient discloses violence:
 - Assess risks, provide resources if it is safe, refer to appropriate health care and community services, and develop a follow-up plan (see appendix for resources).

Additional guidance: Telehealth visits

- + The application of trauma-informed principles to in-person visits and virtual encounters has the potential to increase engagement in care, and provide opportunities for protective, healing connections.
- + Health care professionals must embrace principles of effective trauma-informed telehealth visits:
 - Safety - Patient may wish to conduct visits from a car, garage, or other private setting. They may also consider the use of headphones or earbuds to ensure privacy. If a patient suddenly looks up or from side-to-side during visit, or looks frightened or concerned, ask yes/no questions such as “Do I need to call 911?” “Do we need to disconnect?” “Can I call you?”
 - Trustworthiness and transparency - Sit far enough from screen so that patient can read body language and ensure appearance of better eye contact.
 - Collaboration and mutuality - Collaboratively identify and develop an agenda at the beginning of the visit. Notice lag time and wait 3 seconds before responding, to avoid rushing the patient.
 - Empowerment, voice and choice - Allow patient to choose room where visit takes place. Do not suggest a bedroom. Emphasize that the topic of discussion can change, and the visit can end at any time.
 - Cultural, historic and gender issues - Be sensitive to patient's feelings in revealing personal space. Refrain from comments about their home. Seek ways to make telehealth accessible to those who lack home access to technology/connectivity.

Chapter 03

Connect to Resources



Guidance for Connecting to Community-Based Resources

Linking patients to services to address their unmet needs can contribute to improved health outcomes. Provide information about local community resources to all patients whose screenings indicate unmet social needs. Additional actions for patients experiencing homelessness and food insecurity are listed separately.

Action steps for frontline care team: General needs

- + If available, use your organization's social service resource locator to identify appropriate resources in patients' local communities ([Learn more about KP's Thrive Local effort here.](#))
- + If a social service resource locator is NOT available:
 - Use the **local 211** to identify up-to-date resources in patients' local communities. Go to <http://211.org/> to find to a local 211 organization.
 - Also review resources available in this playbook
 - [Housing instability](#)
 - [Food insecurity](#)
 - [Social isolation](#)
 - [Financial strain](#)
 - [Seniors](#)
 - [Intimate Partner Violence](#)
 - As needed, print 1-page **resources list** ([in appendix](#), organized by state) and provide to patients.
- + Document the resources that were provided to the patient and set date and person to conduct follow up.

EXPLANATION OF RESOURCES

211 Information and Referral:

211 is an information and referral service available throughout many communities. 211 agencies offer information on a wide range of governmental and community-based services, with a current focus on services to meet COVID-19-related needs.

One-page lists of key resources, by state:

A static list of state or local services for most common COVID-19-related needs, compiled by Kaiser Permanente staff. (See [appendix](#) for lists.)

Additional action steps: Homelessness

- + Once homeless status is validated, clinic manager/nurse/ED care coordinator discusses temporary isolation procedure and policy with patient.
- + Get patient consent for discharging to a hotel or other temporary isolation space, if clinically indicated.
 - Document in health record.
- + Check for available resources:
 - As available, see social service resource directory, which may include resources such as emergency housing, housing mediation, eviction prevention, and rent/mortgage payment assistance.
- + Make a referral (following organizational process) to connect patient to a community-based organization or local public health agency to provide temporary isolation spaces (i.e., hotels, RVs) and needed support.
- + Follow standardized protocols for notifying public health departments about patients being discharged into public health temporary quarantine or isolation.
- + Document referrals and notifications in health record.
- + Follow safe transportation protocol.

Additional action steps: Food insecurity

If a patient is part of a specific sub-population, suggest resources ([see appendix](#)) as follows:

Sub-population	Suggested resource
Food-insecure homebound seniors	Seek home-delivered meal programs
Food-insecure patient whose caregiver is impacted by COVID-19 and cannot cook or grocery shop	Seek grocery or meal-delivery services (could be a paid-for service or help from neighbor or others in patient's social network)
Food insecurity related to financial strain (for patients who are not homebound, households dependent on school-based programs, etc.)	Refer to food banks, sign up for SNAP, use school meals sites. (Follow distancing and protection guidelines when seeking in-person services.)
Patients discharged after hospitalization for COVID-19	Enroll in medically tailored meals programs if available Seek grocery or meal-delivery services (could be a paid-for service or help from neighbor or others in patient's social network)
Patients who have tested positive for COVID-19 without hospitalization	Seek grocery or meal-delivery services (could be a paid-for service or help from neighbor or others in patient's social network)

Chapter 04

Follow Up



Follow up Guidance

Given the rapidly changing medical and social context of the COVID-19 epidemic and the intense demand on community services, follow-up outreach to patients with known social needs is recommended to ensure their needs have been met and to identify any new concerns.

- + Where available, use existing follow up protocols.
- + If existing protocols are not available, identify individuals (e.g. navigators, care coordinators) to do follow-up outreach. If available, a risk score can be used to prioritize patients for follow-up outreach.
- + When determining timeframe for follow up, consider patient acuity, the nature of their social need(s), and the availability of resources.
 - Suggested timeframes:
 - Follow up within 1 week:
 - Patients at high risk for medical decompensation due to their social need and/or a high-risk transition
 - Example: Patient leaving hospital, skilled nursing facility, rehabilitation or home health program who has limited mobility and is experiencing food insecurity.
 - Follow up after 1 week or longer:
 - Patients not currently experiencing acute medical symptoms. Follow up as clinically indicated or per existing program follow up protocol.
 - Example: Patient experiencing food insecurity but without any nutrition-related medical conditions and is self-sufficient or has caregiver support in following up on resource information.

ACTION STEPS FOR FRONTLINE CARE TEAM

- + Conduct outreach:
 - Ask if previously offered resources were used and/or helpful.
 - Ask if patient has new or additional needs. If possible, conduct a full screening ([see Screen/Assess section](#)).
 - Connect to new/additional resources as needed ([see Connect to Resources section](#)).
- + Document status/outcome of follow up (i.e., needs met, connected to resources, any additional follow up needed).

Chapter 05

Behavioral Health



Behavioral Health Needs During a Disaster

Managing the spectrum of behavioral health needs

The unprecedented circumstances surrounding COVID-19 have created a great deal of stress and uncertainty. Given the nature of the COVID-19 pandemic, there is guidance from the Substance Abuse and Mental Health Administration (SAMHSA) to approach this issue from a disaster preparedness lens and to provide guidance and resources accordingly. It is important to note that high-stress situations, such as the current pandemic, can exacerbate symptoms in patients with diagnosed behavioral health conditions, trigger symptoms of behavioral health conditions previously in remission or not previously diagnosed, and present stress reactions that closely mirror a number of behavioral conditions. Therefore, it is helpful to render support, information, and resources to patients, as needed. To learn more about the phases of disaster response, [see appendix](#).

DISASTER BEHAVIORAL HEALTH MANAGEMENT

Per the Substance Abuse and Mental Health Services Administration (SAMHSA), disaster behavioral health management is the provision of mental health, substance use, and stress management services to disaster survivors and responders. Most people who are coping in the time of a disaster are normal, well-functioning people struggling with the disruption and loss caused by the disaster – in this case, the COVID-19 pandemic. Fear and anxiety about infectious disease can be overwhelming. Patients may present with signs and symptoms of a behavioral health disorder (e.g., excessive worry, changes in sleep and/or eating patterns, etc.) when, in fact, they are experiencing a stress response. Those who are experiencing a stress response do not see themselves as needing behavioral health services and are unlikely to request them. People impacted by disaster often find terms like “assistance with resources” and “talking about disaster stress” to be acceptable, and services described as “mental health services” to be for someone else. Consider these points when discussing such concerns with patients and their support systems.

KEY CONCEPTS AND CONSIDERATIONS

- + There are 2 types of disaster trauma: individual and community.
- + Disaster behavioral health assistance is often more practical than psychological.
- + Disaster behavioral health services must be uniquely tailored to the communities they serve.
- + Survivors respond to active, genuine interest, and concern.
- + Health care providers might need to set aside traditional methods, avoid using mental health labels, and use an active outreach approach to intervene successfully.

Screen/Assess

Based on a review of recommendations from both SAMHSA and the Centers for Disease Control (CDC), KP has developed operational guidance for supporting vulnerable populations with existing or emerging behavioral health needs.

OVERALL GUIDANCE

Target population for screening should be PUI and patients with confirmed cases of COVID-19 with apparent disaster behavioral health needs.

- + Patients with known behavioral health conditions should continue their treatment whenever possible:
 - Follow local workflows to connect the patient back to the treating provider of record.
 - If the patient does not believe continuity is possible, see [section on Connecting to Resources](#) for guidance on making those connections. Additionally, these patients should be monitored for worsening symptoms, including suicidality and/or other signs of decompensation.
 - Mood disorders are likely to be exacerbated due to the psychological distress related to COVID-19. As such, we recommend that screening is focused on patients' functioning and ability to seek help, particularly from their social support networks.
- + For patients with behavioral health conditions previously in remission or not previously diagnosed:
 - Normalize offers of assistance to patients presenting with symptoms. Use statements such as, "During a time like this, getting support can be beneficial."
 - Connect patients who mention having historical therapeutic relationships to resources.
 - Suggest patients seek help to assist them in positive coping with the stress of the pandemic.

- + For patients having a common stress reaction (symptoms lasting fewer than 4 weeks or began at the onset of the epidemic; have no significant functional impairments; and report no history of behavioral health conditions or symptoms prior to the onset of the epidemic):
 - Normalize patients' experiences of worry, agitation, low mood, disturbances in sleep and appetite.
 - Encourage patients to communicate their ongoing experiences to health care professionals and/or their social support networks.
 - Encourage patients to identify their strengths and what has worked for them in the past when dealing with extreme stress.
 - Offer to help them to speak to someone during this high-stress period. See [section on Connecting to Resources](#).

ACTION STEPS FOR FRONTLINE CARE TEAM

- + For patients with active behavioral health conditions:
 - Work with the patient on plans to reduce stress and maintain healthy behaviors and positive coping skills.
 - Recommend regular clinical contact when possible with the provider of record.
 - Encourage participation in virtual and online forums (see [section on Connecting to Resources](#)).
 - Ensure adequate medication supply for the patient.
 - Discuss/reinforce the importance of medication adherence and adequate access to services.

- Encourage the patient to adopt a schedule or routine (e.g., getting out of bed at the same time of day, scheduling virtual or telephone social contact, exercise) to prevent worsening of symptoms.
- + For patients newly presenting with behavioral health concerns:
 - Assess to determine if they are at risk for suicidality or harming themselves.
 - More in-depth screening tools commonly used in clinical practice (e.g. PHQ-2/9, GAD-2/7, PTSD screening tools) may be of limited usefulness because patients are likely to be highly agitated due to the elevated psychological distress that most people experience during a disaster.
 - Assess patients' daily functioning and ability to seek help.
 - Review with patients their strengths and what has worked well for them in the past when dealing with extreme stress.
 - Normalize their experiences by emphasizing that distress in the face of this pandemic is common and experienced by the majority. Potential questions to ask include:
 - *Because of COVID-19 and the national emergency are you experiencing anxiety, stress, depression, and/or general mental distress?*
 - *Because of COVID-19 and the national emergency, do you feel unsafe in your daily life or are you concerned about the safety of one of your children or a child you live with?*
 - *Would it be helpful to talk to someone about your concerns with COVID-19?*
 - If a patient answers yes to any of the above 3 questions, handoff to a behavioral health professional or care coordination team member as is appropriate and consistent with local policies.
- + For patients assessed to have a functional impairment or suicidality risk, follow standard workflow for follow up:
 - Ensure a warm-handoff whenever possible to a care team member responsible for following up after screenings. This role may include a behavioral health consultant, behavioral health care coordinator, nurse care manager, or social worker.
 - Document conversations with patients and their responses in their health records.
- + As appropriate, provide patients information about using digital resources and tools to connect with others during social distancing. ([See section on Connecting to Resources.](#))

Connect to Resources

Public resources, including virtual support groups or a staffed hotline.

REFERRALS TO SPECIALTY SERVICES

To connect eligible patients to specialty services for behavioral health concerns, please refer to established referral protocols.

NATIONAL AND LOCAL RESOURCES

National hot lines:

- + Disaster Distress Helpline (24/7)
1-800-985-5990 TTY 1-800-846-8517
- + Suicide Prevention Lifeline (24/7)
1-800-273-8255 TTY 800-799-4889
- + Spanish Suicide Prevention Line (24/7)
1-888-628-9454
- + Eldercare Locator 1-800-677-1116 -
services for older adults and their families
- + Substance Abuse and Mental Health Services
Administration's (SAMHSA) National Helpline
(24/7) 1-800-662-4357
- + National Domestic Violence Hotline
1-800-799-7233

Local hot lines:

	Region/Market	Local Resource Help or Hotline	Resource/ Website
1	California	Organized at the County-Level, Each County Has Crisis Line	Resources
2	Colorado	Crisis Hotline at 884-493-TALK or Text TALK to 38255	Resources
3	Georgia	Crisis Hotline at 800-715-4225	Resources
4	Hawaii	Crisis Hotline for Oahu 808-832-3100 and Other Islands 800-753-6879	Resources
5	Maryland	Maryland 211 Option 1	Resources
6	Oregon	Organized at the County-Level, Each County Has Crisis Line	Resources
7	Virginia	National Crisis Hotline at 800-273-8255	Resources
8	Washington	Crisis Hotline at 866-789-1511	Resources
9	Washington DC	Crisis Hotline at 888-793-4357	Resources

PUBLIC, FREE VIRTUAL RESOURCES

An important aspect of coping with epidemic-related stress and managing a behavioral health condition is receiving ongoing social support. Frequently, peer support and having support groups play a pivotal role in managing not only stress, but symptoms that come about from having a behavioral health condition. Readily available, public, free support resources are on the internet through different platforms, such as Zoom, Facebook, and the like. Below are a few resources available to patients with the most common behavioral health conditions:

- + AA meetings: https://www.aa.org/pages/en_US/options-for-meeting-online
- + Anxiety and depression support groups: <https://adaa.org/adaa-online-support-group>
- + Support groups for varied concerns: <https://www.supportgroupscentral.com/index.cfm#anc1>
- + Mental Health America Support Groups: <https://www.inspire.com/groups/mental-health-america/>
- + National Alliance for Mental Illness (NAMI) family support: <https://www.nami.org/Find-Support>

Follow up

Given the rapidly changing medical and social context of the COVID-19 epidemic and the intense demand on community services, conducting follow up helps to support patients in resolving their needs and identifying new concerns.

OVERALL GUIDANCE

Reach out to patients who are known to have ongoing behavioral health concerns to confirm that their needs have been met and to identify any new concerns.

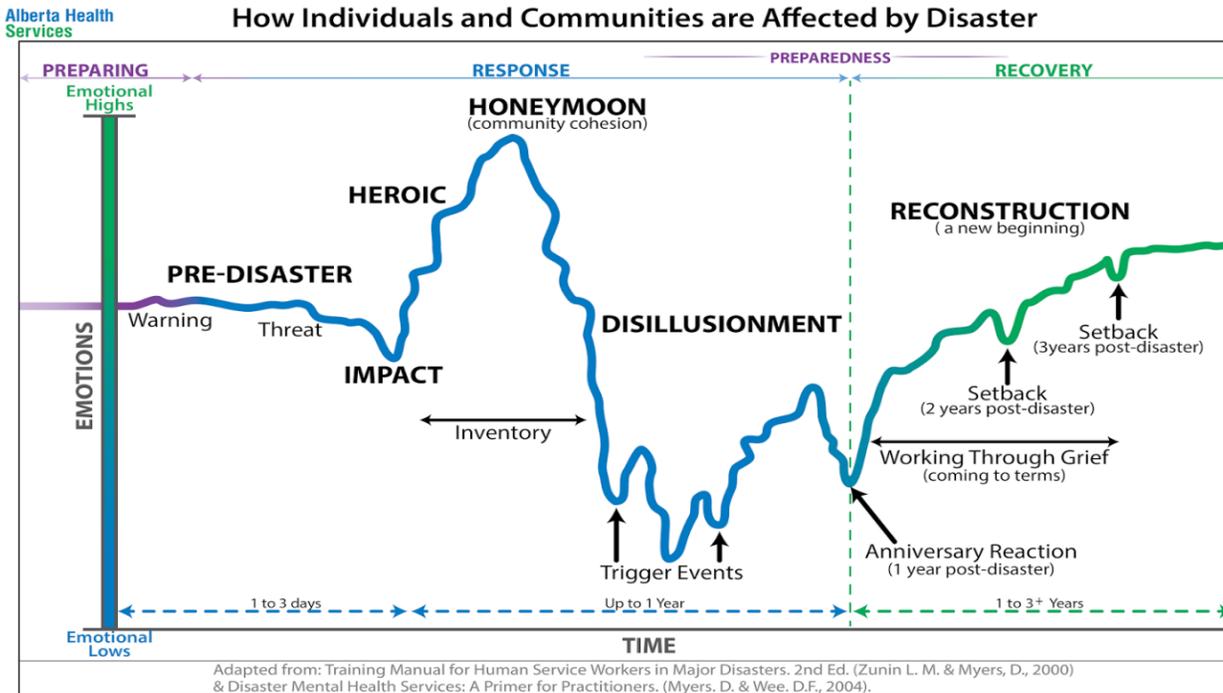
- + Identify appropriate individuals to do outreach/follow-up.
- + The frequency of follow-up will be determined by the nature of the need, the patient's motivation and problem-solving capacity, the extent of his or her social network, and the availability of community resources.

ACTION STEPS FOR FRONTLINE CARE TEAM

Conduct outreach:

- + Ask if previously offered resources were used and helpful.
- + Ask if patient has new or additional needs. If possible, conduct a full screening ([see Screen/Assess section](#)).
- + Connect to new/additional resources as needed ([see Connect to Resources section](#)).
- + Document status/outcome of follow up.

The phases of disasters and emotional responses



Whenever a sudden event occurs, the resulting psychological distress is perceived by many as a trauma. Responses vary depending on coping skills, familial and social supports, financial resources, and level of safety or security experienced. The initial impact of a disaster, especially when sudden, can lead to cognitive dissonance of what is seen and what is happening. It is not uncommon for this initial reaction to be viewed as being in denial of the situation. As the event unfolds, people mobilize and enter the heroic phase. This is a time of optimism and emotional highs. Immediately after, the honeymoon phase appears, while communities come together, and the full extent of the disaster is not yet known. This is the apex of emotional highs. As the consequences of the disaster unfold and losses are fully seen, disillusionment sets in. This is where emotional lows, a sense of hopelessness, or despair are common. It is when the loss is worked through during reconstruction that highs and lows are fully processed.

The phase of the disaster that patients are experiencing will directly reflect their emotional responses. Many people, particularly during this pandemic, might go from sudden impact to disillusionment within hours or days. For patients with behavioral health conditions, rapid changes are likely to exacerbate their symptoms and undermine the stability gained over time with their provider of record. Patients with no history of a behavioral health condition might begin to experience signs and symptoms of a variety of conditions. Additionally, this type of stress might trigger adverse coping approaches, such as substance use and even domestic violence. These types of traumatic stress responses are typical in disaster situations.

Chapter 06

Appendices



Screen/Assess

General Social Needs Screening Tools

TWO ITEM “COVID BRIEF SOCIAL NEEDS” SCREENER

1 Because of COVID-19, would you like help with any of the following needs?

- | | |
|--|---|
| <input type="radio"/> Food | <input type="radio"/> Transportation |
| <input type="radio"/> Housing | <input type="radio"/> Loneliness |
| <input type="radio"/> Medicine or medical supplies | <input type="radio"/> I don't want help with any of these |
| <input type="radio"/> Employment | |

2 Are any of your needs urgent?

- Yes No

Social Isolation: Considerations for assessment ⁵

Social isolation is an objective state measured by the number and/or frequency of social contacts and nature of the contacts.¹ During this current "stay at home" period, people who live alone and are having little or no regular, in-person, video chat, or phone (voice) contact with family, friends, or caregivers would be considered severely socially isolated, especially if they are not an active user of digital technology. A socially isolated person also might feel his or her social isolation – being cut off from others – during the current period more than someone who lives alone but routinely conducts social contacts using digital information technology. In other words, social isolation has both a structural dimension and an emotional dimension. A person in clinical isolation or quarantine for COVID-19 symptoms might feel the impact of social isolation even more acutely.

⁵ <https://www.ncbi.nlm.nih.gov/pubmed/29903652> and <https://pdfs.semanticscholar.org/52b8/89ecaeccab4de5f9aaff4a6d53129895aa7d.pdf>

Social Isolation: Definitions and risk factors

Loneliness is an unpleasant subjective state of sensing a discrepancy between the desired amount of companionship or emotional support and that which is available in the person's environment. Loneliness has both an emotional and social dimension.

- + **Emotional loneliness** is the feeling that results when someone feels the lack of a reciprocated intimate relationship with someone they care about or want to feel cares about them.
- + **Social loneliness** is a feeling that results when someone is missing engagement with a wider social network, akin to the emotional dimension of social isolation. This feeling is particularly likely to arise during this COVID-19 crisis because people cannot engage in their usual social activities like meeting someone for coffee or food, attending a class or gym, or participating in other activities that are difficult to achieve while maintaining social distancing or staying at home.

People can feel socially isolated or lonely even if they are surrounded by or are in frequent contact with other people, depending on how they are psychologically framing their situations. If they don't feel socially connected to these people or that these people care about them, they can feel isolated in place. If they miss contact with friends or family, they can feel lonely. On the other hand, distancing can lead to sustained crowding and social tension within households, leading to other concerns such as intimate partner violence and child abuse.

Risk factors for social isolation include:

- + Living alone, especially if not in a committed relationship
- + Currently in an institutional setting that is not allowing visits from family members/friends
- + In clinical isolation or quarantine for COVID-19 symptoms
- + Dependency on others for transportation
- + No internet access at home

Social Isolation: Assessment

For patients who screen positive for social isolation and loneliness, use 1 or more of the below sample conversational "check in" questions for an initial assessment of whether they are having difficulties related to social isolation/loneliness. These questions are not necessarily stand-alone and can be incorporated in a broader social health check-in.

- + Are you worried about being socially isolated from your family, friends, and community because of the COVID-19 stay-at-home and social distancing situation?
- + Do you have concerns about the health of family or loved ones?
- + Because of the current situation, are you experiencing feelings of anxiety, stress, low spirits, or loneliness that are affecting your ability to cope with the current situation? (Use local protocols for assessing/managing routine anxiety and depressive disorders.)
- + How frequently are you engaging with other people outside your home by phone, letter writing, chatting with a neighbor, or video chat services like FaceTime or Zoom?
- + Have you been able to get the food and other necessities or help you need?
- + Do you have someone living with you or nearby who you would feel comfortable asking for help with shopping or other necessities or for advice and emotional support if you need it?
- + When you are feeling really low, can you find someone you trust to talk to? Who is that person in your life?
- + Do you have Wi-Fi or other internet access where you live and the ability to go online?
- + Are you going outside at least once a day, even onto a balcony or porch, to get some fresh air?

ACTION STEPS FOR FRONTLINE CARE TEAM

- + Conduct conversations with patients using 1 or more of the above questions to pinpoint areas for additional probing. Use interpreter services where appropriate.
- + If patients indicate they want to talk with a mental health professional, conduct appropriate follow-up.
- + If a patient sounds or appears particularly withdrawn, down or abnormally somber, refer to the Behavioral Health section of this playbook on screening and assessment. Isolation and loss (particularly among older adults) put individuals at higher risk for suicide.
- + As appropriate, make one or more of the following suggestions to people who do not seem to require referral to a mental health professional:
 - People having difficulty coping with the current situation and are not going outside their living quarters can be encouraged to do so.
 - People who are feeling lonely or cut off from others can be encouraged to set up routine voice (phone) and video chat sessions with family and friends.
 - People who are constantly watching the news should be encouraged to engage in other activities.

Connect to Resources

General resources

BY-STATE LISTINGS OF RESOURCES FOR COMMON COVID-19 RELATED NEEDS

These lists were compiled in April 2020 for use by Kaiser Permanente staff. These can be adapted for other geographies and provided as handouts to patients.

Resources in Times of Need CALIFORNIA

Resources in California that can help you get connected to tangible supports:

Food Assistance

CalFresh

<https://www.getcalfresh.org/>
(866) 613-3777

California Association of Food Banks

<https://cafoodbanks.org/find-food-bank>

Women, Children & Infants Program

<https://www.phfewic.org/how-wic-works/apply-for-wic/>
(800) 852-5770

Financial Resources

Apply for Unemployment

<https://www.edd.ca.gov/unemployment/>
1-866-333-4606

Cash Assistance: CalWorks

<https://www.cdss.ca.gov/calworks>

Apply for Public Assistance

<https://www.cdss.ca.gov/benefits-services>

Housing

US Dept. Housing and Urban Development (HUD)

<https://www.hud.gov/states/california/renting>
1-800-CALL-FHA

Utilities and Mobile Resources

Low-Cost Internet/Computer Access

<http://broadband.unitedwaysca.org/>

Interpersonal Violence

National Domestic Violence Hotline

1-800-799-7233 or 1-800-799-SAFE

CA Partnership to End Domestic Violence

[Find Local Programs Here](#)

Childcare

National database of resources in local communities

<https://www.childcareaware.org/resources/ccrr-search-form/>

School-age programs at local YMCAs / YWCAs

[Find your YMCA](#) and [Find Your YWCA](#)

CA Child Care Resource & Referral Network

<https://rrnetwork.org/family-services/find-child-care>

Other Resources

Resource Covid-19 CA Response

[Covid-19 CA Response](#)
<https://covid19.ca.gov/>

How to apply for coverage

www.kp.org/medi-cal
www.CoveredCA.com
<https://continuecoverage.kaiserpermanente.org/losing-job-coverage/>

Mental Health

<https://findyourwords.org/>

California 211

<https://www.211ca.org/> or Dial 211

American Job Centers

<https://www.dol.gov/general/topic/training/onestop>

Resource for Californians impacted by job loss

<https://onwardca.org/>

Resources in Times of Need

COLORADO

Resources in Colorado that can help you get connected to tangible supports:

Food

Hunger Free Colorado

<https://www.hungerfreecolorado.org/>

PEAK (Online SNAP Enrollment)

<https://coloradopeak.secure.force.com/>

CO Dept of Human Services

<https://www.colorado.gov/pacific/cdhs/supplemental-nutrition-assistance-program-snap>

Feeding America Foodbank locator

<https://www.feedingamerica.org/find-your-local-foodbank>

Women, Infant, and Children (WIC)

<https://www.coloradowic.gov/>
WIC toll free 1-800-688-7777
(se habla español)

Financial Resources

Apply for Unemployment

<https://www.colorado.gov/pacific/cdle/unemployment>

Apply for Public Assistance

<https://www.colorado.gov/pacific/cdhs/benefits-assistance>

Housing

Housing Help

<https://cdola.colorado.gov/housing-covid19>

Utilities Resources

CO Low Income Home Energy Assistance Program

<https://www.benefits.gov/benefit/1541>

Interpersonal Violence

National Domestic Violence Hotline

1-800-799-7233 or 1-800-799-SAFE

Violence Free Colorado

<https://www.violencefreecolorado.org/>

Childcare

National database of resources in local communities

<https://www.childcareaware.org/resources/ccrr-search-form/>

School-age programs at local YMCAs & YWCAs

[Find your YMCA](#) and [Find Your YWCA](#)

Colorado Shines

<https://www.coloradoshines.com/>

Other Resources

How to apply for coverage

www.kp.org/medicaid/co
www.ConnectforHealthCO.com
<https://continuecoverage.kaiserpermanente.org/losing-job-coverage/>

Mental Health

<https://findyourwords.org/>

211 Resource Locator

<https://www.211colorado.org/>
or Dial 211

American Job Centers

<https://www.dol.gov/general/topic/training/onestop>

Resources in Times of Need

GEORGIA

Resources in Georgia that can help you get connected to tangible supports:

Food

Georgia Food Bank Association

<https://georgiafoodbankassociation.org/find-your-food-bank/>
or 404.419.1738

Atlanta Community Food Bank

<https://acfb.org/> or
404.892.9822 text "FINDFOOD"
or "COMIDA" to 888-976-2232

GA Dept of Human Services

<https://dfcs.georgia.gov/food-stamps>
877.423.4746

Women, Infant, and Children (WIC)

<https://dph.georgia.gov/WIC>
800-228-9173

Financial Resources

GA Dept of Labor & Unemployment Compensation

<https://dol.georgia.gov/file-unemployment-insurance-claim>

Apply for Public Assistance

<https://dhs.georgia.gov/public-assistance>

Housing

HUD.gov/ Georgia

<https://www.hud.gov/states/georgia/renting>

Atlanta Housing Authority

<https://www.atlantahousing.org/covid19/>

HOPE Atlanta

<https://hopeatlanta.org/>

Utilities Resources

Georgia Power

<https://www.georgiapower.com/covid-19.html>

Georgia Public Service Commission

http://www.psc.state.ga.us/consumer_corner/cc_advisory/payassist.asp

Interpersonal Violence

National Domestic Violence Hotline

1-800-799-7233 or 1-800-799-SAFE

Georgia Coalition Against Domestic Violence

<https://gcadv.org/>

Childcare

National database of resources in local communities

<https://www.childcareaware.org/resources/ccrr-search-form/>

School-age programs at local YMCAs & YWCAs

[Find your YMCA](#) and [Find Your YWCA](#)

Georgia Dept of Early Care and Learning

<http://www.qualityrated.org/>

Other Resources

How to apply for coverage

www.kp.org/medicaid/ga
www.HealthCare.gov
<https://continuecoverage.kaiserpermanente.org/losing-job-coverage/>

Mental Health

Website: <https://findyourwords.org/>
Website: <https://chris180.org/>

211 Resource Locator

<http://211.org/> or Dial 211

American Job Centers

<https://www.dol.gov/general/topic/training/onestop>

Resources in Times of Need

HAWAII

Resources in Hawaii that can help you get connected to tangible supports:

Food

Hawaii Food Bank

<http://www.hawaiifoodbank.org/covid-19>

800-836-3600

Supplemental Nutritional Assistance Program (SNAP)

<https://humanservices.hawaii.gov/bes/sd/snap/>

855-643-1643

Women, Infant, and Children (WIC)

<https://health.hawaii.gov/wic/>

(808) 622-6458

Financial Resources

Apply for Unemployment

<https://labor.hawaii.gov/ui/>

Temporary Assistance for Needy Families (TANF)

<https://humanservices.hawaii.gov/bes/sd/tanf/>

Apply for Public Assistance

<https://humanservices.hawaii.gov/>

Housing

Office of Housing & Community Development

<https://www.hawaiicounty.gov/departments/office-of-housing>

808-961-8379

Utilities and Mobile Resources

Low-Income Home Energy Assistance Program (LIHEAP)

<https://humanservices.hawaii.gov/wp-content/uploads/2019/09/LIHEAP-Flyer-2020.pdf>

Dept of Consumer Affairs - Consumer Advocacy – Public Utilities

<https://cca.hawaii.gov/dca/telecommunications/lifeline/>

Interpersonal Violence

National Domestic Violence Hotline

1-800-799-7233 or 1-800-799-SAFE

HI Domestic Violence Action Center

<https://domesticviolenceactioncenter.org/>

Childcare

National database of resources in local communities

<https://www.childcareaware.org/resources/ccrr-search-form/>

School-age programs at local YMCAs & YWCAs

[Find your YMCA and Find Your YWCA](#)

PATCH Hawaii

<https://www.patchhawaii.org/find-child-care/>

Other Resources

How to apply for coverage

www.kp.org/medicaid/hi

<https://continuecoverage.kaiserpermanente.org/losing-job-coverage/>

State of Hawaii, Department of Health Updates

<https://health.hawaii.gov/news/covid-19-updates/>

Mental Health

<https://findyourwords.org/>

Hawaii 211

<https://www.auw211.org/>

Phone: Dial 211

American Job Centers

<https://www.dol.gov/general/topic/training/onestop>

Resources in Times of Need

MARYLAND

Resources in Maryland that can help you get connected to tangible supports:

Food

Maryland Food Bank

<https://mdfoodbank.org/>

Food Supplement Program (FSP)

<http://dhs.maryland.gov/food-supplement-program/>

800-332-6347

Women, Infant, and Children (WIC)

<https://phpa.health.maryland.gov/wic/Pages/Home.aspx>

1-800-242-4942

Financial Resources

Apply for Unemployment

<https://dbm.maryland.gov/employees/Pages/DisApplyforUnemploymentBenefits.aspx>

Temporary Assistance for Needy Families (TANF)

<http://dhs.maryland.gov/weathering-tough-times/temporary-cash-assistance/>

800-332-6347

Apply for Public Assistance

<https://www.maryland.gov/pages/residents.aspx?view=Assistance%20Programs>

Housing

Maryland Department of Housing

<https://www.hud.gov/states/maryland/renting>

Utilities Resources

Office of Home Energy Programs

<http://dhs.maryland.gov/office-of-home-energy-programs/>

Maryland Energy Administration

<https://news.maryland.gov/mea/2020/03/23/maryland-power-utilities-respond-to-covid-19/>

Interpersonal Violence

National Domestic Violence Hotline

1-800-799-7233 or 1-800-799-SAFE

Maryland Network Against Domestic Violence

<https://mnadv.org/find-help/>

Childcare

National database of resources in local communities

<https://www.childcareaware.org/resources/ccrr-search-form/>

School-age programs at local YMCAs & YWCAs

Find your YMCA and Find Your YWCA

MD Child Care and Referral Network

<http://www.marylandfamilynetwork.org/MCCRN>

Other Resources

How to apply for coverage

www.kp.org/medicaid/md
www.MarylandHealthConnection.gov
<https://continuecoverage.kaiserpermanente.org/losing-job-coverage/>

State of Maryland, Department of Health Updates

<https://coronavirus.maryland.gov/>

Mental Health

<https://findyourwords.org/>

Maryland 211

<https://211md.org/> or Dial 211

American Job Centers

<https://www.dol.gov/general/topic/training/onestop>

Resources in Times of Need

OREGON

Resources in Oregon that can help you get connected to tangible supports:

Food Assistance

Oregon SNAP Program

<https://www.oregon.gov/DHS/ASSISTANCE/FOOD-BENEFITS/pages/index.aspx>

Oregon Food Bank

<https://www.oregonfoodbank.org/>

Women, Infants, and Children (WIC)

<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/Index.aspx>

Financial Resources

Apply for Unemployment

<https://www.oregon.gov/employ/unemployment/>

Apply for Public Assistance

<https://www.oregon.gov/DHS/assistance/>

Housing

Oregon Housing and Community Services

<https://www.oregon.gov/ohcs/Pages/housing-assistance-in-oregon.aspx>

Utilities Resources

Oregon Low Income Home Energy Assistance Program (LIHEAP)

<https://www.benefits.gov/benefit/1571>

Oregon Energy Fund

<https://www.oregonenergyfund.org/energy-assistance/>

Interpersonal Violence

National Domestic Violence Hotline

1-800-799-7233 or 1-800-799-SAFE

Oregon Coalition Against Domestic and Sexual Violence

<https://www.ocadsv.org/find-help>

Childcare

National database of resources in local communities

<https://www.childcareaware.org/resources/ccrr-search-form/>

School-age programs at local YMCAs & YWCAs

[Find your YMCA](#) and [Find Your YWCA](#)

Find Childcare Oregon

<http://triwou.org/projects/fcco>

Other Resources

How to apply for coverage

www.kp.org/medicaid/or
www.OregonHealthCare.gov
<https://continuecoverage.kaiserpermanente.org/losing-job-coverage/>

Mental Health

<https://findyourwords.org/>

Oregon 211

<http://211.org/>

Phone: Dial 211

American Job Centers

<https://www.dol.gov/general/topic/training/onestop>

Resources in Times of Need

VIRGINIA

Resources in Virginia that can help you get connected to tangible supports:

Food

Virginia Dept of Social Services

<https://www.dss.virginia.gov/benefit/nap.cgi>

800-552-3431 (SNAP Hotline)

Virginia Food Bank Locator

www.vafoodbanks.org/covid-19-response/

Women, Infants, and Children (WIC)

<http://www.vdh.virginia.gov/wic/about/>

1-888-942-3663

Financial Resources

Virginia Employment Commission

www.vec.virginia.gov

866-832-2363

Virginia Dept of Social Services Temporary Assistance for Needy Families

<https://www.dss.virginia.gov/benefit/tanf/>

804-726-7000

Apply for Public Assistance at Common Help

commonhelp.virginia.gov

Housing

Virginia Housing Development Authority

<https://www.vhda.com/about/Pages/VH-COVID19.aspx> or 877-843-2123

Utilities Resources

Virginia Department of Social Services

<https://www.dss.virginia.gov/benefit/ea/>

Interpersonal Violence

National Domestic Violence Hotline

1-800-799-7233 or 1-800-799-SAFE

Virginia Sexual and Domestic Violence Action Alliance

<http://www.vsdvalliance.org/#/resources-helpayuda>

Childcare

National database of resources in local communities

<https://www.childcareaware.org/resources/ccrr-search-form/>

School-age programs at local YMCAs & YWCAs

[Find your YMCA](#) and

[Find Your YWCA](#)

Childcare Aware of Virginia

<https://vachildcare.com/>

Other Resources

Additional Resources Virginia

<https://www.virginia.gov/coronavirus-updates/>

How to apply for coverage

www.kp.org/medicaid/va

www.HealthCare.gov

<https://continuecoverage.kaiserpermanente.org/losing-job-coverage/>

Mental Health

<https://findyourwords.org/>

Virginia Easy Access

Special resources for seniors and people with disabilities.

Website: easyaccess.virginia.gov

Virginia 211

<https://www.211virginia.org/>

or Dial 211

American Job Centers

<https://www.dol.gov/general/topic/training/onestop>

Resources in Times of Need WASHINGTON

Resources in Washington that can help you get connected to tangible supports:

Food Assistance

Basic Food Benefits

<https://www.dshs.wa.gov/esa/community-services-offices/basic-food>

Pregnant Women and Other Services

<https://www.washingtonconnection.org/home/>

Washington Food Pantries

<https://foodlifeline.org/need-food/>

Financial Resources

Apply for Unemployment

<https://esd.wa.gov/unemployment>

Apply for Public Assistance

<https://www.dshs.wa.gov/food-cash-medical>

Housing

Washington State Department of Social and Health Services

<https://www.dshs.wa.gov/housing-assistance>

Utilities and Mobile Resources

Washington State Low Income Home Energy Assistance Program (LIHEAP)

<https://www.commerce.wa.gov/growing-the-economy/energy/low-income-home-energy-assistance/>

Interpersonal Violence

National Domestic Violence Hotline

1-800-799-7233 or 1-800-799-SAFE

WA State Coalition against Domestic Violence

<https://wscadv.org/get-help-now/>

Childcare

National database of resources in local communities

<https://www.childcareaware.org/resources/ccrr-search-form/>

School-age programs at local YMCAs / YWCAs

[Find your YMCA](#) and

[Find Your YWCA](#)

Child Care Aware of Washington

<https://childcareawarewa.org/>

Other Resources

How to apply for coverage

www.kp.org/Medicaid/wa

www.wahbexchange.org

<https://continuecoverage.kaiserpermanente.org/losing-job-coverage/>

Mental Health

Website: <https://findyourwords.org/>

Washington State 211

<https://wa211.org/>

Phone: Dial 211

American Job Centers

<https://www.dol.gov/general/topic/training/onestop>

General WA resource for COVID-19

https://covid19helpwa.org/?fbclid=IwAR3GWfgzhXYmZWPEG8sDRX1oY YdqPUk7i40dO9Edj3DmcS5lrBJ8Wp q5Es&mc_cid=dc60011e0a&mc_eid=44d2f8bd89

Resources in Times of Need

WASHINGTON DC

Resources in Washington DC that can help you get connected to tangible supports:

Food

Capital Area Food Bank

<https://www.capitalareafoodbank.org/ind-food-assistance/>
(202) 644-9807

Commodity Supplemental Food Program (CSFP)

<https://www.capitalareafoodbank.org/what-we-do/direct-food-distribution-programs/commodity-supplemental-food-program/>
(202) 644-9880

Women, Infant and Children (WIC)

<https://dchealth.dc.gov/node/125192>
(202) 442-9397

Financial Resources

Apply for Unemployment Compensation

<https://does.dc.gov/service/start-your-unemployment-compensation-process>
(202) 724-7000

Housing

Washington DC Housing Authority

https://webserver1.dchousing.org/?page_id=284

Utilities and Mobile Resources

District of Columbia Public Service Commission

<https://dcpsc.org/Coronavirus.aspx>
202-626-5120

Combined Application

Apply for one or more programs

- + Temporary Assistance for Needy Families (TANF, financial assistance)
- + Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps)
- + Medical Assistance (Medicaid, Alliance and other medical assistance programs)

<https://dhs.dc.gov/service/apply-benefits>
(202) 727-5355

Interpersonal Violence

National Domestic Violence Hotline

1-800-799-7233 or 1-800-799-SAFE

DC Coalition Against Domestic Violence

<https://dccadv.org/resources/get-help/>

Childcare

National database of resources in local communities

<https://www.childcareaware.org/resources/ccrr-search-form/>

School-age programs at local YMCAs and YWCAs

[Find your YMCA and Find Your YWCA](#)

My Child Care DC

<http://childcareconnections.osse.dc.gov/>

Pepco

Low-Income Discount Programs & Seniors and Disabled

<https://dcpsc.org/Consumers-Corner/Programs/Low-Income-Discount-Program.aspx> or 202-496-5830

Other Resources

Mayor Bowser of the District of Columbia

<https://coronavirus.dc.gov/>

Mental Health

<https://findyourwords.org/>

211 Resource Line

<http://211.org/> or Dial 211

American Job Centers

<https://www.dol.gov/general/topic/training/onestop>

Housing instability resources

Due to COVID-19, many people have suddenly lost jobs and income during this crisis and will likely impact their housing related needs. In many communities, there are programs that provide emergency financial assistance and address basic housing needs such as paying for rent and utilities. These programs may be offered by a wide variety of local non-profit or faith-based organizations and government agencies.

KEY RESOURCES INCLUDE:

- + **Legal Services and Housing Assistance:** Local organizations in each state that offer support with legal services, housing assistance, tenant rights, and education and advocacy.
- + National Low Income Housing Coalition has a [searchable database and map](#) of multifamily properties that are covered under federal moratoriums on evictions. Renters and their allies can use these tools to know if they are protected.
- + **Community Action Agencies:** Local Community Action Agencies may offer assistance with housing costs and other social needs support.
- + **United Way:** Local United Ways are a useful resource for identifying local organizations providing assistance to households in need during the pandemic.
- + **Long-term Affordable Housing:** [Local public housing authorities \(PHAs\)](#) and other public agencies provide subsidized apartment and rent subsidy programs for qualifying individuals. Note that many programs have long waiting lists, and housing agencies may have limited staff available during this time. The U.S. Department of Housing and Urban Development (HUD) Rental Assistance resource directory can be found [here](#).
- + **HUD State Rental Resource Directory:** On each of the state pages, there is a heading titled “I WANT TO”, which contains additional resources and information related to housing insecurity and homelessness.
 - [California](#)
 - [Colorado](#)
 - [Georgia](#)
 - [Hawaii](#)
 - [Maryland](#)
 - [Oregon](#)
 - [Virginia](#)
 - [Washington](#)
 - [Washington D.C.](#)
- + **National Health Care for the Homeless Council:** Local Homeless for the Health Care programs provide a starting point for finding health care resources for people experiencing homelessness. The Council is often involved in the implementation of programs for patients experiencing homelessness. Local programs will have information related to what community resources are available and how to make referrals for patients to access these resources. The local program directory can be found [here](#).

Food insecurity resources

KEY RESOURCES INCLUDE:

- + **Supplemental Nutrition Assistance Program (SNAP)**: SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move toward self-sufficiency. To get SNAP benefits, people must apply in the state where they currently live and must meet certain requirements, including resource and income limits. Note that there might be a substantial wait for benefits to be approved, so additional short-term measures to address food insecurity might be necessary. Programs by state are available in the [appendix](#).
- + **Food banks**: [Feeding America food bank](#) network makes food available to anyone who needs it without obligation, regardless of circumstances, and is free and confidential.
- + **The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**: WIC provides food, health care referrals and nutrition education for eligible pregnant, breastfeeding and non-breastfeeding postpartum women, and for as well as infants and children up to age five. Note, there might be a substantial wait for benefits to be approved, so additional short-term measures to address food insecurity might be necessary.
- + **School Meals for Kids with School Closures**: Parents, guardians and caretakers are able to pick-up nutritious meals for children ages 0-18 at no cost while schools are closed due to COVID-19 [USDA Meals for Kids Site Finder](#) offers directions to nearby sites, hours of operations and contact information across states. Currently 23 states have provided information.

Resources by State

Region	SNAP	Food Banks	Other
California	<p>CalFresh https://www.getcalfresh.org/ Centauri (Formerly Human Arc) Phone: 877-282-8335</p>	<p>California Association of Food Banks http://cafoodbanks.org/find-food-bank</p>	<p>Women, Children & Infants Program https://www.phfewic.org/how-wic-works/apply-for-wic/ Phone: 800-852-5770</p>
Colorado	<p>PEAK (Online SNAP Enrollment) https://coloradopeak.secure.force.com/</p> <p>CO Dept of Human Services https://www.colorado.gov/pacific/cdhs/supplemental-nutrition-assistance-program-snap</p>	<p>Feeding America Foodbank locator https://www.feedingamerica.org/find-your-local-foodbank</p>	<p>Hunger Free Colorado https://www.hungerfreecolorado.org/</p> <p><i>Note: Hunger Free Colorado can help with SNAP enrollment and locating food banks</i></p> <p>CO Women, Children & Infants Program https://www.coloradowic.gov/ Phone: 800-688-7777</p>
Georgia	<p>GA Dept of Human Services https://dfcs.georgia.gov/food-stamps Phone: 877-423-4746</p>	<p>Georgia Food Bank Association https://georgiafoodbankassociation.org/find-your-food-bank/ Phone: 404-419-1738</p>	<p>GA Women, Children & Infants Program https://dph.georgia.gov/WIC Phone: 800-228-9173</p>
Hawaii	<p>SNAP https://humanservices.hawaii.gov/bessd/snap/ Phone: 855-643-1643</p>	<p>Hawaii Food Bank http://www.hawaiifoodbank.org/covid-19 Phone: 800-836-3600</p>	<p>HI Women, Children & Infants Program https://health.hawaii.gov/wic/ Phone: 808-622-6458</p>
Maryland	<p>Food Supplement Program (FSP) http://dhs.maryland.gov/food-supplement-program/ Phone: 800-332-6347</p>	<p>Maryland Food Bank https://mdfoodbank.org/</p>	<p>MD Women, Children & Infants Program https://phpa.health.maryland.gov/wic/Pages/Home.aspx Phone: 800-242-4942</p>
Oregon	<p>Oregon SNAP Program https://www.oregon.gov/DHS/ASSISTANCE/FOOD-BENEFITS/pages/index.aspx</p>	<p>Oregon Food Bank https://www.oregonfoodbank.org/</p>	<p>OR Women, Children & Infants Program https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/index.aspx Phone: 211</p>

<p>Virginia</p>	<p>Virginia Dept of Social Services https://www.dss.virginia.gov/benefit/snap.cgi Phone: 800-552-3431 (SNAP Hotline)</p>	<p>Virginia Food Bank Locator www.vafoodbanks.org/covid-19-response/</p>	<p>VA Women, Children & Infants Program http://www.vdh.virginia.gov/wic/about/ Phone: 888-942-3663</p>
<p>Washington</p>	<p>Basic Food Benefits https://www.dshs.wa.gov/esa/community-services-offices/basic-food</p>	<p>Washington Food Pantries https://foodlifeline.org/need-food/</p>	<p>Pregnant Women and Other Services https://www.washingtonconnection.org/home/</p>
<p>Washington DC</p>	<p>Commodity Supplemental Food Program (CSFP) https://www.capitalareafoodbank.org/what-we-do/direct-food-distribution-programs/commodity-supplemental-food-program/ Phone: 202-644-9880</p>	<p>Capital Area Food Bank https://www.capitalareafoodbank.org/find-food-assistance/ Phone: 202-644-9807</p>	<p>Women, Infant and Children (WIC) https://dchealth.dc.gov/node/125192 Phone: 202-442-9397</p>

Social isolation resources

SUMMARY OF KEY RESOURCES:

- + Curated list of digital resources as listed below. Resources are divided up into:
 - Supporting existing relationships with family and friends
 - Building new relationships with people in their neighborhoods and communities (online and offline), which includes opportunities for virtual volunteering and group exercise classes.
 - Reframing relationships by restructuring one's cognitions
 - Additional resources, which include links to community, mood, mental health, and technology help resources.

Resources for patients who are socially isolated

SUPPORTING AND MAINTAINING EXISTING RELATIONSHIPS

- + Chat
 - Google Duo (video calls only) <https://duo.google.com/about/> or Google Hangouts (also allows messaging) <https://hangouts.google.com/>
 - Marco Polo <https://www.marcopolo.me/>
 - Whats App <https://www.whatsapp.com/>
 - Zoom <https://zoom.us/>
 - Pyx Health <https://www.pyxhealth.com/>
 - Skype <https://www.skype.com/en/>
 - FaceTime (Apple products only)
 - House Party App <https://app.houseparty.com>
 - Tech services for healthcare to connect with seniors
 - Oscar Senior <https://www.oscarsenior.com/how-it-works>
- + Shared games
 - GamePigeon (play games with friends) <https://apps.apple.com/us/app/gamepigeon/id1124197642?app=messages>
 - Words with Friends 2 <https://apps.apple.com/us/app/words-with-friends-2-word-game/id1196764367>
 - Draw Something https://play.google.com/store/apps/details?id=com.omgpop.dstfree&hl=en_US
 - Desktop/laptop accessible
 - Netflix Party <https://www.netflixparty.com/>
 - Savo (AARP) (organize help for everyday tasks for oneself or others from family and friends) <https://app.joinssavo.com/wizard/whose-loss>

BUILDING NEW RELATIONSHIPS

- + Meet Up (for things you can find that meet online) <https://www.meetup.com/>
- + Girlfriend Social (website that connects women with new female friendships) <https://www.girlfriendsocial.com/>
- + Bumble BFF <https://bumble.com/>
- + Community-centered
 - AARP Community Connections (find mutual aid or start your own mutual aid group) <https://aarpcommunityconnections.org/>
 - The Mighty Online Discussion (The Mighty's staff and community for a series of events designed to put the SOCIAL in social distancing. We've got writing workshops, fun events for kids, interactive Facebook Lives, and more) <https://themighty.com/>

- Village Network (become a member to volunteer or receive help) <https://www.vtvnetwork.org/>
- Friendship Line (800) 971-0016 for 24/7 access for emotional support and connection for senior 60+ <https://www.ioaging.org/services/all-inclusive-health-care/friendship-line>
- Nextdoor (connect with your neighborhood) <https://nextdoor.com/>
- Healing Well (online chronic illness support community) <https://www.healingwell.com/>
- Daily Strength (online support groups by category) <https://www.dailystrength.org/groups?all=true>
- + Virtual volunteering
 - United Nations <https://www.onlinevolunteering.org/en>
 - Smithsonian Digital Volunteers <https://www.si.edu/volunteer/DigitalVolunteers>
 - Volunteer Match <https://www.volunteermatch.org/search/?l=United%20States#k=&v=true&s=1&o=recency&l=United+States&r=country&sk=&specialGroupsData.groupSize=&na=&partner=>
 - Become a Crisis Counselor <https://www.crisistextline.org/become-a-volunteer/>
 - Village Network <https://www.vtvnetwork.org/> (Actively outreaching to members to check on them during COVID)
- + Virtual group exercise classes
 - List of 25+ Fitness Studios and Gyms Offering Free Workouts During COVID19 <https://www.goodhousekeeping.com/health/fitness/a31792038/coronavirus-live-stream-workout-classes/>
 - Flex Together for Village to Village Network members https://www.vtvnetwork.org/content.aspx?page_id=4001&club_id=691012
 - Silver and Fit programs <https://www.silverandfit.com/>
 - Silver Sneakers <https://tools.silversneakers.com/>

RESOURCES

- + Support services for seniors (See Seniors section)
 - Stay Home. Save Lives. Check In. Campaign for seniors (NCAL, SCAL) <https://abc30.com/health/gov-newsom-launches-campaign-to-keep-seniors-connected/6066284/>
 - 1-833-544-2374 (state-wide hotline for seniors)
 - 2-1-1 or www.211.org (helps get groceries and medication)
 - See the Vulnerable Populations section for Senior Members more senior-specific resources
- + Loneliness-specific resources
 - AARP Loneliness self-assessment <https://connect2affect.org/>
 - Here to Help's Wellness Module 3: Social Support <https://www.heretohelp.bc.ca/wellness-module/wellness-module-3-social-support#survey>
- + Technology help resources
 - OATS: Older Adults Technology Services <https://oats.org/approach/>
 - Oscar Senior (for healthcare to connect with seniors) <https://www.oscarsenior.com/how-it-works>
- + Resources on Medicare.org <https://www.medicare.org/articles/senior-computer-classes-to-try-online-for-free/MoodResources>
 - Relational savoring exercise (prompt can be modified for any type of relationship) https://drive.google.com/file/d/1XXC8EkpsqM1umIQE_TFAetxTeiSZip21/view?usp=sharing
- Gratitude letter exercise https://ggia.berkeley.edu/practice/gratitude_letter
- Free online yoga classes <https://www.youtube.com/playlist?list=PLZkDZKOcvYTh4dRDXQ71m7gQUmWkDmLAI>
- Mobile/tablet applications
 - Calm App (free resources available during this time without needing to make an account) <https://www.calm.com/blog/take-a-deep-breath#meditations>
 - Android
 - Yale Emotional Intelligence Center Mood Meter <http://moodmeterapp.com/>
 - Super Better <https://www.superbetter.com/about>
 - Apple
 - The Gratitude App <https://gratitude.plus/>
 - Real Life Change: Life Journaling <http://www.realifex.com/journaling/>
 - Happify <https://happify.com/>
 - Super Better <https://www.superbetter.com/about>
 - Desktop
 - Greater Good Science Center Practices <https://ggia.berkeley.edu/>

+ Mental health resources

- KP Wellness Resources kp.org/selfcare
 - Stress Management: <https://healthy.kaiserpermanente.org/health-wellness/mental-health/tools-resources/stress-management>
 - Self-Compassion: <https://healthy.kaiserpermanente.org/health-wellness/mental-health/tools-resources/self-compassion>
 - Sleeping Better: <https://healthy.kaiserpermanente.org/health-wellness/mental-health/tools-resources/insomnia>
 - Parenting: <https://healthy.kaiserpermanente.org/health-wellness/mental-health/tools-resources/parenting>
- KP Find Your Words <https://findyourwords.org/>
- MindWise Innovations (free mental health screening) <https://www.helpyourselfhelpothers.org/>
- Your Life Your Voice (Call/Text/Email) <https://www.yourlifeyourvoice.org/Pages/home.aspx>
- NAMI Discussion Groups https://nami.force.com/namiuserportal/s/login/?ec=302&inst=1Q&startURL=%2Fnamiuserportal%2Fidp%2Flogin%3Fapp%3D0sp1Q000000blPw%26binding%3DHttpPost%26inresponseto%3D_1bddf880-6809-4733-b201-ce91ab4dcc63
- General information
 - Mental Health America: <https://mhanational.org/covid19>
 - Child Mind Institute: <https://childmind.org/coping-during-covid-19-resources-for-parents/>
 - American Foundation for Suicide Prevention: <https://afsp.org/campaigns/covid-19/>
 - The Jed Foundation: <https://www.jedfoundation.org/covid19-tips-and-resources/>
 - NAMI: <https://nami.org/covid-19>
 - Active Minds: <https://www.activeminds.org/about-mental-health/be-there/coronavirus/>

Resources to alleviate financial strain

OVERVIEW

- + For patients at risk of losing health coverage or uninsured: Suggest reviewing eligibility for health coverage through the health insurance exchange, Medicaid, and other locally available health programs.
- + For patients experiencing loss of employment or income:
 - Suggest connecting to resources for accessing federal/state unemployment benefits, income support through cash-assistance programs like Temporary Assistance for Needy Families (TANF), employment assistance, payment for utilities, etc.
 - Suggest use of a community-based Certified Financial Counselor to support them in establishing a personalized financial action plan (<https://www.nfcc.org/agency-locator/>).

Key resources include:

- + **Medicaid:** state coverage program for eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Need to meet income and other eligibility requirements, which vary by state.
- + **Children’s Health Insurance Program (CHIP):** coverage for low-income children, sometimes combined with a state’s Medicaid program, with generally higher income limits than Medicaid. A child may qualify for Medicaid or CHIP even if the parent does not qualify.
- + **Health Benefits Exchange:** Exchange programs vary by state but generally provide premium assistance to eligible individuals and families on a sliding scale based on income, between 100 percent and 400 percent of the federal poverty level. To qualify for an exchange plan, a person must either have experienced a qualifying event or qualify for a special enrollment period.
- + **Unemployment benefits/CARES Act:** Unemployment benefits are available through the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) for persons who self-certify they are available and able to work but are unemployed or partially unemployed due to COVID-19. (See below for more details.)

CARES ACT UNEMPLOYMENT BENEFITS

Overview

Due to the closure of businesses and shelter-in-place requirements, many individuals have lost their employment in the last few weeks. The Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) temporarily expands unemployment benefits to certain “covered individuals” through the creation of the Pandemic Unemployment Assistance Program, which is in effect through December 31, 2020.

Covered individuals are those persons who self-certify they are available and able to work, but are unemployed or partially unemployed due to any of the following:

- + The individual has been diagnosed with COVID-19 or is experiencing symptoms and seeking a medical diagnosis.
- + A member of the individual’s household has been diagnosed with COVID-19.
- + The individual is providing care for a family member or household member who has been diagnosed with COVID-19.
- + The individual is the primary caregiver for a child or other person in the household who is unable to attend school or another facility as a direct result of COVID-19.
- + The individual is unable to reach the place of employment because of a quarantine imposed as a direct result of COVID-19.
- + The individual is unable to work because a health care provider has advised the individual to self-quarantine due to COVID-19 concerns.
- + The individual was scheduled to commence employment and does not have a job or is unable to reach the job as a direct result of COVID-19.
- + The individual has become the breadwinner or major support for a household because the head of household has died as a direct result of COVID-19.
- + The individual has to quit his or her job as a direct result of COVID-19.
- + The individual’s place of employment is closed as a direct result of COVID-19.

Through July 31, 2020, the amount of unemployment benefits for covered individuals includes the amount that would be calculated under state law plus an additional \$600 per week. The CARES Act also expands these benefits to individuals who, under normal circumstances, are not traditionally eligible for unemployment, including independent contractors and individuals with limited work history. Importantly, however, individuals are not eligible for unemployment benefits if they have the ability to telework or are receiving paid sick leave or other paid leave benefits. Individuals who exhaust their maximum unemployment insurance benefits under their state programs will be allotted an additional 13 weeks of benefits. In most states, this will extend unemployment benefits for a total of 39 weeks.

Accessing CARES Act unemployment benefits by state

	Region	 Local Resource	 Resource/ Website
1	California	California Employment Development Department (EDD)	Resources for California
2	Colorado	Colorado Department of Labor and Employment	Resources for Colorado
3	Georgia	Georgia Department of Labor	Resources for Georgia
4	Hawaii	Hawaii Department of Labor	Resources for Hawaii
5	Washington, DC, Maryland, Virginia & Washington DC (MAS)	DC Department of Employment Services Maryland Department of Labor Virginia Employment Commission	Resources for DC Resources for Maryland Resources for Virginia
6	Oregon	Oregon Employment Department	Resources for Oregon
7	Washington	Washington Employment Security Department	Resources for Washington

Resources for seniors

FAMILY CAREGIVER SUPPORT AND RESPITE

Family caregivers living with and caring for at-risk seniors have particular needs, including information about respite options while sheltering in place, advice on how to maintain their own mental and physical health while providing care, options for managing when senior centers, adult day centers and other resources are unavailable, and how to access health care for themselves and their loved ones.

- + **Family Caregiver Alliance, (800) 445-8106,** (www.caregiver.org) online and telephone support available to family caregivers of those persons living with dementia or other cognitive conditions. Virtual support groups, family counseling, assistance managing variety of condition-related behaviors, caregiver how-to videos and variety of disease-specific and other fact sheets available.
- + **Caregiver Action Network (855) 227-3640,** (www.caregiveraction.org) free online and telephone support for COVID-19-related family caregiving issues.
- + **COVID-19 Caregiving** (<https://covid19caregiving.com>) free online blog posts specific to caregiving issues during COVID-19 pandemic.

FOOD INSECURITY

Including trouble obtaining groceries, closure of meal sites like adult day health centers and/or PACE sites, affording food. Senior-specific resources include the below. ([See Food Insecurity section for more information.](#))

- + **Eldercare Locator:** enter zip code and will list senior-specific food resources (<https://eldercare.acl.gov/Public/Index.aspx>)
- + **Meals on Wheels** (<https://www.mealsonwheelsamerica.org/>) is committed to continuing delivery of food to homebound older adults, enter zip code to find out what is offered in nearly every community.
- + **Moms Meals (877) 508-6667** (<https://www.momsmeals.com/>) provides tailored meals.

HOUSING

For senior-specific housing needs contact the below number: ([See Housing Insecurity section for more information.](#))

- + **Eldercare Locator, (800) 677-1116,** will list senior-specific housing resources (<https://eldercare.acl.gov/Public/Index.aspx>)

PLANNING AHEAD/ADVANCE CARE PLANNING

It is especially important for patients to think about and identify who they would want to speak for them should they become unable to do so for themselves due to a medical condition or situation (e.g., severe COVID-19). They should also decide what types of care are desired or not. Issues for patients to consider:

- + Do you have an identified health care agent or proxy?
- + Do you have an advance directive? Does your physician have a copy?
- + If you have not yet thought about or documented your wishes, there are a variety of easy-to-follow tools to assist you:
 - Videos, step-by-step instructions and state-specific advance directives available for download: <https://prepareforyourcare.org/>

SAFETY

For senior-specific, safety-related topics, including elder abuse and fraud:

- + **Eldercare Locator, (800) 677-1116,** will list senior-specific safety resources (<https://eldercare.acl.gov/Public/Index.aspx>)

SOCIAL ISOLATION

As with anyone, older adults benefit from connections with family, friends, work colleagues, neighbors and people calling to check in. Consider having someone help senior patients set up and explain how to use FaceTime, Zoom or other video-enabled tools, so they can see and interact with friends and family while sheltering in place. Neighborhood volunteer programs can bring (and wipe down as they hand over) books, puzzles or DVDs. Listening to favorite stations on the TV or radio can help with loneliness. (Suggest limiting time watching or scrolling through news sites, especially before bedtime.) Below are senior-specific resources to share with patients: ([See Social Isolation section for more information.](#))

- + **Friendship Line, (800) 971-0016**, <https://www.ioaging.org/services/all-inclusive-health-care/friendship-line>) – Provides 24/7 phone access for emotional support and connection.
- + **Village to Village Network, (617) 299-9NET** (<https://www.vtvnetwork.org/>) – Hyper-local member/volunteer villages organized to help reduce isolation and increase independence. Villages are actively reaching out to people to check in on them during COVID-19 event.

STAYING ACTIVE

Exercise is especially beneficial to older adults. It can help improve and maintain muscle strength, balance, mood and overall quality of life. Encourage daily activity geared toward the person's capabilities and interests. Encourage patients to look around their homes to find ways to do strength-based exercises like lifting or curling hand weights or soup cans, using elastic-resistance bands, and dancing. Yoga and stretching exercises can be done at home with poses adapted for all ages and abilities. Many yoga and Pilates studios and gyms, like the YMCA, are offering free, guided sessions online through Zoom, YouTube and Facebook, which can be streamed to a laptop, iPad or TV. Gardening and light housework are likewise sources of exercise when tailored to one's abilities.

Examples include:

- + National Institute on Aging free 15 min. online exercises (YouTube) <https://www.youtube.com/watch?v=Ev6yE55kYGw>
- + SilverSneakers OnDemand <https://www.silversneakers.com/learn/ondemand/>
- + YMCA of San Francisco virtual classes including meditation (415) 777-9622 <https://www.ymcasf.org/virtual-classes>
- + Activities that older adults can do to stay connected and active <https://paltc.org/sites/default/files/Activities%20that%20older%20adults%20can%20do%20from%20home.pdf>

TECHNOLOGY AND COMMUNICATION

Some seniors (especially low-income) might not have access to smartphones, computers, or the internet, so creative options and local resources might be needed:

- + **Eldercare Locator, (800) 677-1116**, will list technology resources (<https://eldercare.acl.gov/Public/Index.aspx>).
- + **Internet Essentials from Comcast** – Short-term internet options for people and families experiencing low income are available in response to COVID-19 (<https://www.internetessentials.com>).

TRANSPORTATION

Use available resources to facilitate transportation for essential medical visits (i.e., for issues not able to be resolved virtually by phone or computer). Additional community-based resource:

- + **Eldercare Locator, (800) 677-1116**, will list senior-specific transportation resources (<https://eldercare.acl.gov/Public/Index.aspx>).

GENERAL

- + 2-1-1 programs (call 2-1-1, or www.211.org) Local community resource specialists available to assist in locating food, transportation, housing, legal, family support resources and more.
- + CA Statewide COVID-19 Hotline for Seniors, 1-833-544-2374 (being coordinated by 2-1-1 and other agencies)
- + Elder Care Locator (www.eldercarelocator.org) (US Administration on Aging public site) - Find local support services for older adults including food, housing, transportation, respite and family caregiver support.
- + AARP Tips for Older Adults During COVID-19 (<https://www.aarp.org/health/conditions-treatments/info-2020/coronavirus-facts.html#Q1>)
- + Centers for Disease Control and Prevention (CDC) – COVID-specific tools and links while sheltering-in-place (www.cdc.gov/coronavirus)

Coping with Sheltering in Place During COVID-19

Sheltering in place means people are asked by local officials to stay where they are for a period. During this time of COVID-19 outbreak, this is also referred to by many as quarantine. The following information is provided at the guidance of the Substance Abuse and Mental Health Services (SAMHSA).

What to expect: typical reactions

Sheltering in place can be stressful. Everyone reacts differently to stressful situations. Typical reactions to sheltering in place because of an immediate problem include:

- + Anxiety about the situation
- + Concern about being able to effectively care for children or others in their care
- + Fear and worry about safety and that of their loved ones from whom they might be separated.

Encourage patients to make a plan

- + Develop an emergency plan with loved ones that includes having each other's contact information and checking in with one another as soon as possible if not sheltering in place together.
- + Collect fun activities, books, games, and toys that can keep children entertained, and books, movies, and games that will keep them occupied.
- + If people need ongoing medical care for a chronic health, mental health, or substance use condition, suggest that they learn in advance what to do from their health care providers. Many are offering alternative visit types, either by phone or video (telehealth).

Stay connected

Staying connected with family, friends, and others is one of the most helpful ways to cope with any stressful situation. Because of advances in technology, it's possible to connect with others during a shelter-in-place situation. Patients can:

- + Use technology such as FaceTime, Skype, or Zoom to talk "face to face" with loved ones.
- + Check in with people regularly using text messaging.
- + Call SAMHSA's free 24-hour Disaster Distress Helpline at 1-800-985-5990 for support.

Use practical ways to cope and relax

There are many things people can do to keep calm while sheltering in place. This is particularly helpful for children and teens, whose daily routines might be significantly disrupted. Encourage patients to:

- + Pace themselves between stressful activities and do something fun after a hard task.
- + Maintain a sense of hope and positive thinking. Consider keeping a journal where they write down things, they are grateful for or that are going well.
- + Relax their bodies often by doing things that work for them: take deep breaths, stretch, meditate or pray, or engage in pleasurable, simple activities that bring joy (read, listen to music, etc.).

Make use of telehealth resources

Many health care providers can now interact with patients virtually. During the COVID-19 outbreak, patients can do the following to connect with providers:

- + Ask their providers whether it would be possible to schedule remote appointments for mental health, substance use, or physical health needs.
- + If they are unable to easily connect with their providers during shelter-in-place and are feeling stressed or are in crisis, patients can make use of hotline numbers to connect with someone who can help:
 - SAMHSA's Disaster Distress Helpline
 - Toll-Free: 1-800-985-5990 (English and Español)
 - SMS: Text TalkWithUs to 66746 SMS (Español): "Hablanos" al 66746
 - TTY: 1-800-846-8517
 - National Suicide Prevention Lifeline
 - Toll-Free (English): 1-800-273-TALK (8255)
 - Toll-Free (Español): 1-888-628-9454
 - TTY: 1-800-799-4TTY (4889)