

RESOLUTION NO. _____

A RESOLUTION OF THE BAKERSFIELD CITY COUNCIL TO UPHOLD THE DECISION OF THE BOARD OF ZONING ADJUSTMENT AND DENY THE APPEAL FOR A TEMPORARY CONDITIONAL USE PERMIT FOR "PROJECT ROOMKEY" THAT PROVIDES TEMPORARY HOUSING OF PERSONS EXPERIENCING HOMELESSNESS WHO ARE DEEMED HIGH-RISK OF COVID-19 TO SHELTER-IN-PLACE AT AN EXISTING MOTEL (ROSEDALE INN) IN THE C-2 (REGIONAL COMMERCIAL ZONE) DISTRICT, LOCATED AT 2604 BUCK OWENS BOULEVARD (CUP NO. 20-0170).

WHEREAS, Bakersfield-Kern Regional Homeless Collaborative filed an application with the City of Bakersfield Development Services Department for a temporary conditional use permit for Project Roomkey that provides temporary housing of persons experiencing homelessness who are deemed high-risk of covid-19 to shelter-in-place at an existing motel (Rosedale Inn) in the C-2 (Regional Commercial Zone) district, located at 2604 Buck Owens Boulevard (the "Project"); and

WHEREAS, the Board of Zoning Adjustment held a public hearing on August 11, 2020 approving the Project (Resolution No. 20-11); and

WHEREAS, Sparks Law First representing Heart Hospital of BK, LLC filed an appeal with the City Clerk on August 14, 2020 of the Board of Zoning Adjustment's decision to approve the Project; and

WHEREAS, the Clerk of the City Council set Wednesday, September 9, 2020, at 5:15 p.m. in the Council Chambers of City Hall, 1501 Truxtun Avenue, Bakersfield, California, as the time and place for a public hearing before the City Council to consider the appeal to the Board of Zoning Adjustment decision of August 11, 2020; and

WHEREAS, the City Council considered all facts, testimony, and evidence concerning the Project, including the staff report and the Board of Zoning Adjustment's deliberation and action.

NOW, THEREFORE, BE IT RESOLVED by the Bakersfield City Council as follows:

1. The above recitals, incorporated herein, are true and correct.
2. The City Council has considered and concurs with the findings made by the Board of Zoning Adjustment set for in Resolution No. 20-11, approved on August 11, 2020.
3. The appeal is denied and Conditional Use Permit No. 20-0170 is hereby approved subject to the conditions of approval in Exhibit A and as shown in Exhibits B and C, which are incorporated herein.
4. The Project is exempt from the requirements of California Environmental Quality Act.

I **HEREBY CERTIFY** that the foregoing Resolution was passed and adopted, by the Council of the City of Bakersfield at a regular meeting thereof held on _____ by the following vote:

AYES:	COUNCILMEMBER: RIVERA, GONZALES, WEIR, SMITH, FREEMAN, SULLIVAN, PARLIER
NOES:	COUNCILMEMBER: _____
ABSTAIN:	COUNCILMEMBER: _____
ABSENT:	COUNCILMEMBER: _____

JULIE DRIMAKIS, CMC
CITY CLERK and Ex Officio Clerk
of the Council of the City of Bakersfield

APPROVED:

KAREN GOH
MAYOR of the City of Bakersfield

APPROVED as to form:
VIRGINIA GENNARO
City Attorney

By: _____
JOSHUA H. RUDNICK
Deputy City Attorney

- Exhibits:
- A. Conditions of Approval
 - B. Location Map
 - C. Site Plan

Exhibit A
(Conditions of Approval)

EXHIBIT A

CONDITIONS OF APPROVAL Conditional Use Permit No. 20-0170

I. The applicant's rights granted by this approval are subject to the following provisions:

- The project shall be in accordance with all approved plans, conditions of approval, and other required permits and approvals. All construction shall comply with applicable building codes.
- All conditions imposed shall be diligently complied with at all times and all construction authorized or required shall be diligently prosecuted to completion before the premises shall be used for the purposes applied for under this approval.
- This approval will not be effective until ten (10) days after the date upon which it is granted by the BZA to allow for appeal to the City Council. Any permit or license for any approval granted shall not be issued until that effective date.
- The BZA may initiate revocation of the rights granted if there is good cause, including but not limited to, failure to comply with conditions of approval, complete construction or exercise the rights granted, or violation by the owner or tenant of any provision of the Bakersfield Municipal Code pertaining to the premises for which the approval was granted. The BZA may also consider adding or modifying conditions to ensure the use complies with the intent of City ordinances.
- Unless otherwise conditioned, this approval runs with the land and may continue under successive owners provided all the above mentioned provisions are satisfied.

II. The following conditions shall be satisfied as part of the approval of this project:

1. In consideration by the City of Bakersfield for land use entitlements, including but not limited to related environmental approvals related to or arising from this project, the applicant, and/or property owner and/or subdivider ("Applicant" herein) agrees to indemnify, defend, and hold harmless the City of Bakersfield, its officers, agents, employees, departments, commissioners and boards ("City" herein) against any and all liability, claims, actions, causes of action or demands whatsoever against them, or any of them, before administrative or judicial tribunals of any kind whatsoever, in any way arising from, the terms and provisions of this application, including without limitation any CEQA approval or any related development approvals or conditions whether imposed by the City, or not, except for CITY's sole active negligence or willful misconduct.

This indemnification condition does not prevent the Applicant from challenging any decision by the City related to this project and the obligations of this condition apply regardless of whether any other permits or entitlements are issued.

The City will promptly notify Applicant of any such claim, action or proceeding, falling under this condition within thirty (30) days of actually receiving such claim. The City, in its sole discretion, shall be allowed to choose the attorney or outside law firm to defend the City at the sole cost and expense of the Applicant and the City is not obligated to use any law firm or attorney chosen by another entity or party.

2. This conditional use permit allows for temporary housing for persons experiencing homelessness at high risk for COVID-19 at an existing hotel in the C-2 (Regional Commercial Zone) district located at 2604 Buck Owens Blvd as depicted on attached Exhibits B and C.
3. This approval shall automatically be null and void five (5) months after the effective date. Any modification to the conditions or extensions of time may be requested by submitting a new application according to the same procedure as required in the initial review and approval of the permit (Bakersfield Municipal Code Chapter 17.64).
4. The approval shall allow for the use of a maximum 21 rooms by project participants at the existing hotel at 2604 Buck Owens Blvd.
5. The operator shall ensure that transportation services are provided to the program participants as follows:
 - a. During the course of the program, staff shall implement a check-in/out process and provide participants with transportation to routine off-site appointments, as needed.
 - b. Upon discharge from the program, the program shall provide direct transportation to the participant's new permanent housing location. If a participant decides to leave the program or is discharged due to non-compliance, the program shall provide direct transportation to an alternative shelter facility. If direct transportation is refused, the participant shall be given a bus pass for transportation to an alternative shelter facility.
6. Prior to commencement of operations as allowed by this conditional use permit, the permit holder shall:
 - a. Contact the City of Bakersfield Development Services Department/Building Division for any necessary inspections and/or permits.
 - b. Contact the City of Bakersfield Fire Department/Prevention Services for any necessary inspections and/or permits.
7. The portion of premises operating under the conditions as allowed by this permit, shall continuously adhere to the following during operations:
 - a. Compliance with the Kern Project Roomkey Operations Manual (Exhibit D of Resolution).
 - b. Program staff shall be available and on-site 24 hours a day, seven days per week.
 - c. Loitering is prohibited on the premises or area under the control of the permit holder.
 - d. Additional trash refuse containers shall be provided throughout the perimeter of the building as needed. The subject property shall be monitored for litter and collected on a daily basis.
 - e. If hazardous materials or hazardous waste is handled on the site, the Fire Department/Prevention Services Division may require a hazardous material management and/or risk management plan before operations begin. Contact the Fire Department at 661-326-3979 for further information.

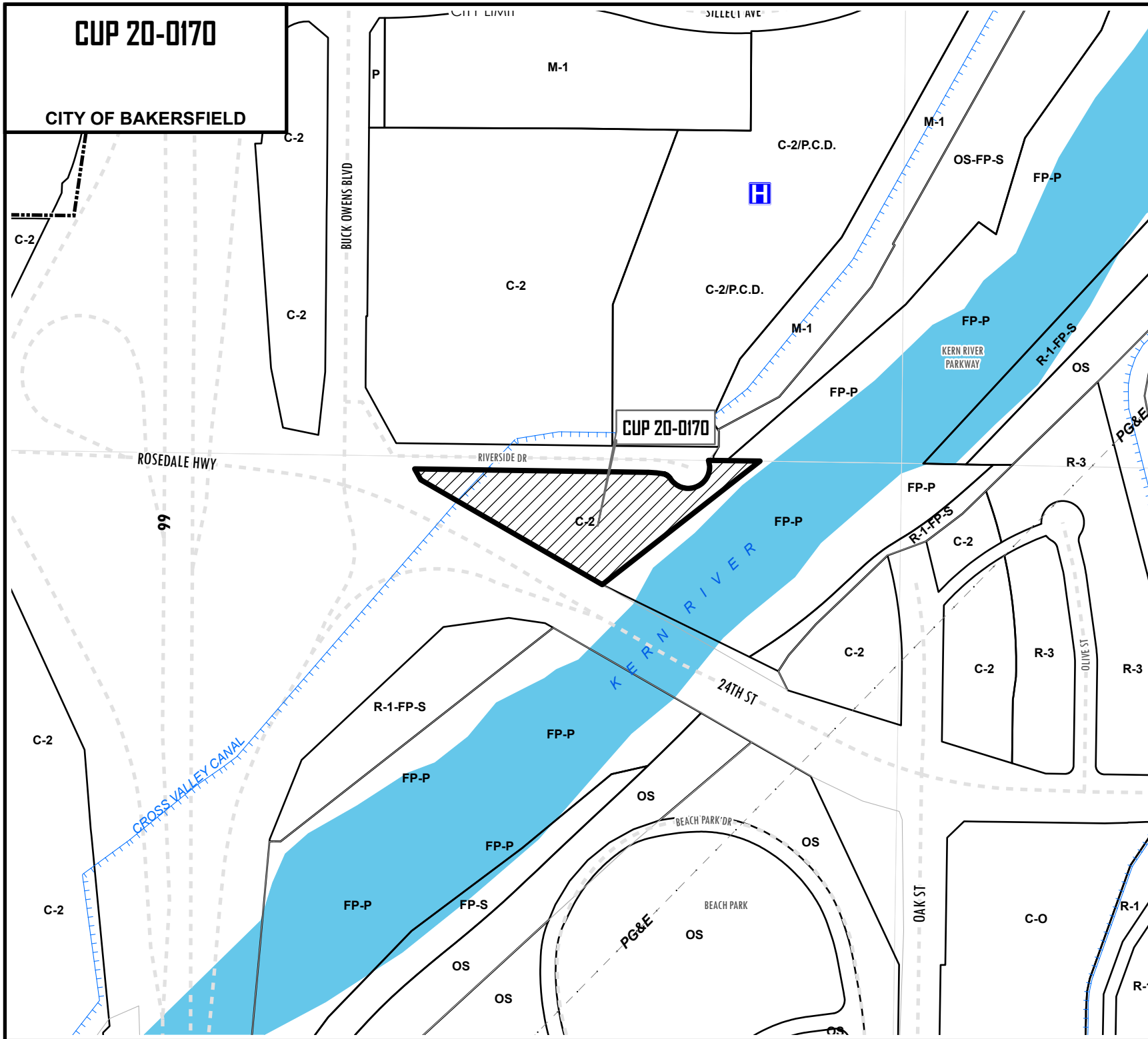
- f. The permit holder shall not allow the number of occupants inside the premise building to exceed the establishment's maximum occupant load, as determined by the Building Director or their designee and/or the Fire Chief or their designee.
- 8. Participants are subject to the following conditions while enrolled in the voluntary Kern Project Roomkey program:
 - a. Participants shall be unsheltered and homeless.
 - b. Participants shall be pre-screened for eligibility and referred to the program.
 - c. Participants shall agree to all program policies to shelter-in-place and not leave the facility except for essential services.
 - d. Participants shall have no known or suspected COVID exposure, but be considered "high" risk. High risk is defined by the California Department of Health's definition and includes, but is not limited to the following:
 - i. Over the age of 65; or
 - ii. Have a chronic health condition (e.g. lung disease, heart disease, or a compromised immune system); or
 - iii. Pregnant
 - e. Participants shall be able to provide self-care and self-manage daily needs.
 - f. The maximum stay for any one participant is 90 days.
 - g. There shall be a maximum one participant per room.
 - h. Use of alcohol and/or drugs by participants is prohibited on the property.
 - i. Weapons (including concealed weapons) are not permitted on the property.
 - j. Participants are not permitted in the pool area.
 - k. Individuals meeting any of the following criteria shall not be permitted to participate in the program:
 - i. Does not abide by program agreements to protect the health and safety of the community;
 - ii. Demonstrates significant behavioral health conditions and/or concerns that would present a barrier to shelter or safety risk to self or others;
 - iii. Has an active restraining order, protective order, or other court order preventing the referred participant from being within a certain distance of a person or population currently sheltered on the premises (including registered sex offenders);

- iv. Has been banned from congregate shelters for violence; and/or
- v. Unaccompanied youth (under age 18).

Exhibit B
(Location Map)

CUP 20-0170

CITY OF BAKERSFIELD



**LEGEND
(ZONE DISTRICTS)**

- R-1 One Family Dwelling
6,000 sq.ft. min lot size
- R-1-4.5 One Family Dwelling
4,500 sq.ft. min lot size
- E Estate
10,000 sq.ft. min lot size
- R-S Residential Suburban
24,000 sq.ft./dwelling unit
- R-S() Residential Suburban
1, 2.5, 5 or 10 min lot size
- R-2 Limited Multiple Family Dwelling
4,500 sq.ft. min lot size (single family)
6,000 sq.ft. min lot size (multifamily)
2,500 sq.ft. lot area/dwelling unit
- R-3 Multiple Family Dwelling
6,000 sq.ft. min lot size
1,250 sq.ft. lot area/dwelling unit
- R-4 High Density Multiple Family Dwelling
6,000 sq.ft. min lot size
600 sq.ft. lot area/dwelling unit
- R-H Residential Holding
20 acre min lot size
- A Agriculture
6,000 sq.ft. min lot size
- A-20A Agriculture
20 acre min lot size
- PUD Planned Unit Development
- TT Travel Trailer Park
- MH Mobilehome
- C-O Professional and Administrative Office
- C-1 Neighborhood Commercial
- C-2 Regional Commercial
- C-C Commercial Center
- C-B Central Business
- PCD Planned Commercial Development
- M-1 Light Manufacturing
- M-2 General Manufacturing
- M-3 Heavy Industrial
- P Automobile Parking
- RE Recreation
- Ch Church Overlay
- OS Open Space
- HOSP Hospital Overlay
- AD Architectural Design Overlay
- FP-P Floodplain Primary
- FP-S Floodplain Secondary
- AA Airport Approach
- DI Drilling Island
- PE Petroleum Extraction Combining
- SC Senior Citizen Overlay
- HD Hillside Development Combining
- WM- West Ming Specific Plan



BAKERSFIELD



Feet

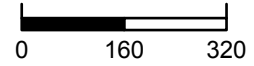


Exhibit C
(Site Development Plan)

CUP 20-0170

2604 Buck Owens Blvd

Legend

2604 Buck Owens Blvd

Riverside Drive

2604 Buck Owens Blvd

Parking: Not expected to exceed normal use.

Building Usage: The temporary isolation project will use up to 21 rooms on the first floor beginning with the back of the second building.

Trash Enclosure

Google Earth

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100 ft



Exhibit D

(Project Roomkey Operations Manual)

Kern Project Roomkey Operations Manual

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[KERN PROJECT ROOMKEY PROTOCOL FOR PEOPLE EXPERIENCING HOMELESSNESS DURING SHELTER](#)
[IN PLACE FLOWCHART \(APPENDIX A\)](#)
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- HMIS
- Clinica Sierra Vista
- Good Samaritan
- Kern Behavioral Health and Recovery Services
- US Department of Veterans Affairs

[PARTICIPANT AGREEMENT \(APPENDIX D\)](#)
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Kern Project Roomkey Operations Manual

Section 1: Introduction

Persons experiencing homelessness, as with all community members, are at risk for becoming infected and sharing infection during an outbreak of COVID-19. This document is intended to coordinate response planning on a county wide level for our unsheltered neighbors. It has been drafted in collaboration with Bakersfield-Kern Regional Homeless Collaborative and partner agencies, Housing Authority of the County of Kern, Kern Behavioral Health and Recovery Services, medical providers, city and county leaders and homeless advocates. The process was guided by State and Federal Protocols.

Kern Project Roomkey (KPR) in particular, has been developed for persons who are experiencing homelessness, are asymptomatic for COVID-19, and are identified as “high risk”. The program provides individuals meeting the criteria with a temporary motel stay to mitigate the spread of COVID-19. The health and safety of participants and staff at the motels comes first. All participants must agree to the Kern County Shelter-in-Place order and practice rigid social distancing. Failure to do will result in dismissal from the program.

Criteria for Motel Placement for At-Risk Persons Experiencing Homelessness

Unsheltered individuals who meet the criteria for “high risk” are eligible for motel placement through the COVID-19 Shelter-in-Place order. The at-risk population is defined by the California Department of Health’s definition as those with [“high risk” of medical complications](#). This criterion includes but is not limited to the following:

- People aged 65 years and older
- People with other high-risk conditions:
 - chronic lung disease or moderate to severe asthma
 - heart disease
- People who are immunocompromised including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease
- Pregnant women

Additionally, to be eligible for the KPR, candidates must be:

- Able to ambulate (can be assisted by walker, cane, or wheelchair) – please confirm need for and availability of ground floor placement
- Continent of bladder and bowel
- Able to manage independently activities of daily living
- Able to self-manage medications with minimal support (refrigerators on-site for storage of insulin - diabetic participants must have their glucometers to check their blood sugars if they are on insulin)
- No home health needs such as wound care, IV antibiotics, physical or occupational therapy, respiratory care or supplemental oxygen needs beyond baseline daily use

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- No significant behavioral health conditions/concerns that would present a barrier to shelter or safety risk to self or others

Referral Exclusionary Criteria

There are circumstances where persons experiencing homelessness should not be placed in motels. Individuals meeting any of the following criteria should NOT be referred to KPR:

- Does not abide by program agreements to protect the health and safety of community
- Demonstrates active suicidal ideation
- Has an active restraining order, protective order, or other court order preventing the referred participant from being within a certain distance of a person or population currently sheltered at the motel
- Has been banned from congregate shelters for violence
- Exceptions can be made on a case-by-case basis by the Service Provider Organization
- Unaccompanied youth (under age 18)

Partner Roles & Responsibilities

Below is a brief description of roles and responsibilities of each partner.

Bakersfield-Kern Regional Homeless Collaborative (BKRHC)

- Establish funding pathways for project
- Track all expenses
- Manage communications, including internal & centralized document storage for all manuals, contracts and external communications
- Create forms and documents in collaboration with partners
- Daily Reporting (Public Health, State Project Roomkey)

Housing Authority of the County of Kern (HA)

- Implement motel contracts
- Point-of-contact for motel related issues and management
- Coordination of those providing daily services to motels

Medical Providers (Clinica Sierra Vista, Good Samaritan)

- Prescreen referrals for participants within their systems, refer only eligible participants from Monday – Friday, 9 am – 3 pm
- Arrange for medical health service for participants within their systems
- Participants will be given contact information for their provider
- If initially symptomatic individual sustains fever of 100.4 degrees overnight or has possible COVID-19 contact, staff will provide COVID-19 screening and call
Clinica Sierra Vista: (661) 336-5300 Hours: 8 am – 3 pm
Good Samaritan: (661) 215-7725 Hours: 8 am – 3 pm
Dept of Public Health: (661) 321-3000 Hours: 8 am – 3 pm

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Kern Behavioral Health and Recovery Services

- Arrange/screen for behavioral health service through Kern Linkage

Service Provider Organization (SPO)

- Implement the intake process
- Establish regular meeting schedule, check-in, agendas, and action items
- Facilitate virtual meetings
- Collaborate on communications, both internal and external
- Coordinate workflows, scope of services, and policies and procedures in collaboration with partners
- Coordinate with street outreach and congregate shelters to identify individuals who should be moved to KPR, refer only eligible participants
- HMIS compliance – COVID program
- Monitor motel site (24/7 staff rotation may include staff from other partners)
- Coordinate initial entry into motels
- Transport participants to motel or other essential tasks, facilitate laundry trips, assist entry and exit into all motel spaces
- Procure needed supplies including meals and incidentals
- Coordinate exits for placement to Permanent Supportive Housing (PSH)

Motel Info

Rosedale Inn
2604 Buck Owens Blvd
Bakersfield, CA 93308

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Section 2: Procedures

Referral Process

To Refer an Individual to KPR

The contracted Service Provider Organization (SPO) shall prescreen potential participants for KPR using the flow chart tool for “Kern Project Roomkey Protocol for People Experiencing Homelessness During Shelter-in-Place (SIP)” (Appendix A). If participant appears to meet criteria for the KPR they may proceed.

The SPO shall give participant an overview of program emphasizing the requirement to Shelter-in-Place for the duration of motel stay. Participants may leave the motel for essential purposes only, as outlined in the Kern County Shelter-in-Place Order. Referring provider must complete the following forms BEFORE calling the SPO to make referral:

- Flow Chart (Appendix A)
- KPR Referral Form (Appendix B)
- Release of Information (Appendix C)
- Participant Agreement (Appendix D)
- Copy of ID (if available)

In addition to completing the above forms, provider should give the following documents to the participant:

- Shelter-in-Place Instructions & Contact Information (Appendix E)

Upon verification that participant is eligible for the program and after provider has gone over the Participant Agreement (Appendix D), the provider shall email completed documentation to the SPO at: kpr@cavaf.org accepted only between the hours of 9 am and 3 pm to allow for transportation and intake procedures. After emailing referral, provider shall call (661) 342-5586 to arrange for transportation of participant. The referring provider should:

- a. Remind the participant that they will need to remain isolated at motel and must agree to Shelter-in-Place.
- b. Confirm that individual understands and agrees to general isolation instructions and motel agreements.
- c. Inform the participant to bring with them medication, durable medical equipment, clothing, and essential items. **Participants are limited to one (1) small tote (backpack, purse, etc.) and one 64-gallon bag with personal belongings. No furniture or other large items will be allowed.** If a participant has more belongings, the SPO will work with them to get it secured, keeping safety and security protocols in mind.

Kern Project Roomkey Operations Manual

Workflows During Motel Stay

On-site STAFF – Three (3) staff in eight (8) hour shifts

One staff member will be assigned to call all motel participants for daily check-ins per day, please see schedule for your assignment.

Arranging Motel Check-in/Prior to Arrival

1. The referring provider will inform KPR on-site motel team that the participant is ready for check in
 - a. On-site motel team will check room availability
 - b. Referring provider will collect information for initial participant intake
 - i. Name (ensure matching spelling)
 - ii. DOB
 - iii. Phone
 - iv. Referring provider
 - v. Any immediate needs
 - c. Fill out **Referral Form (Appendix B)**, and email with the completed **Participant Agreement (Appendix D)** and **Release of Information (Appendix C)** to:
kpr@cavaf.org.
2. The on-site team will call back with expected arrival time of transportation. If referring provider cannot provide transportation, SPO will assist with coordination from other service providers.
3. The SPO, with feedback from the referring provider, will determine which room the person will be moving into (re: accessibility) and instruct the motel staff to prepare the room. The SPO will make room reservation and inform the referring provider of the participant's room number.

Intake and Orientation

Upon arrival at the motel, SPO staff will complete the intake for the participant, which consists of:

1. Reviewing Referral Form and Participant Agreement
2. Inform participant of key and entry/admissions protocols, and how to access unit. (Participants will not have keys. If they leave their room, they will need to go to the on-site provider, who will connect them to a staff person with their respective room key).
3. Orient the participant to the facilities, explaining how meals are provided, how to ask for help, etc.
4. Escort the participant to their assigned room and remind them of how they can access assistance if they need it. Give Appendix E – Shelter-in-Place Instructions and Contact Information form.

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Identifying Participants Needing Testing (During Meal Deliveries)

Participant should be referred to Public Health if they answer “yes” to any of the below questions:

- Have you had contact with a confirmed COVID-19 positive participant?
- Do you have a fever? (100.4 degrees or higher; check temperature)
- Do you have a new cough or a cough that is getting worse?
- Do you have new or worsening shortness of breath or difficulty breathing?
- Do you have new onset of diarrhea?

Note: Staff should call 911 immediately if participant has extreme difficulty breathing (not being able to speak without gasping for air), bluish lips or face, persistent pain or pressure in chest, severe persistent dizziness or light headedness, new confusion, inability to arouse, or new seizures or seizures that will not stop. Inform 911 of possible COVID-19 exposure.

If participant answers “yes” to any of the above questions, staff should:

- Retrieve two masks, one for them self and one for the participant and put them on.
- Participant calls own provider
 - After 24 hours of symptoms, contact on-site staff if no appointment has been made with the participant’s own medical provider.
- Call Clinica Sierra Vista for screening, M-F (661) 336-5300. After hours, call 911.
- Staff will provide mask to participant.
- Participant should avoid congregate space and should be kept in a room apart from other participants. If no space is available, they should remain outside.
- Kern County Public Health Department will be in touch with the participant and PRK staff.

Daily Population Reporting

- A Daily Population Report (Appendix F) must be completed for each motel site that is participating in KPR as well as data submission in HMIS. **Reports must be completed daily by noon even if no changes in daily population have occurred.**
- The form should be emailed to BKRHC staff at anna.laven.bkrhc@gmail.com.

Participant Check-out/Discharge

1. Motel policy requires participants must check out of their room every fourteen (14) days. They will be immediately checked back in as long as they are program compliant.
2. If leaving due to noncompliance, transportation is not provided but participant will be given a bus pass.
3. Discharge date is updated in HMIS.

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Section 3: Motel Rules & Information

Motel Rules

In order to maintain the health and safety of all participants, on-site providers, and motel staff, violation of rules/agreements below may result in immediate cancellation in the participation in KPR.

- **The health and safety of clients and staff comes first.** All participants must always agree to Kern County's Shelter-in-Place directive and practice social distancing of 6 feet or more. Participants are not permitted to congregate in groups on or around motel property to ensure the health and safety of all participants of KPR program.
- **Limit leaving your room or the motel property for essential needs only.** Participants are welcome to take walks off property but must do so independently and/or maintain appropriate social distancing. Otherwise all participants are asked to remain in your hotel/ motel room to decrease the chance of infection and spread of COVID-19.
- **Each unit is designed to hold ONE participant.** Each room is assigned and cannot be changed without permission. Please respect the privacy of other building occupants. Be aware of how your behavior impacts others.
- **Outside visitors are NOT permitted on-site and/or in your room.** Do not invite family, friends or ANY other participants to the property. Only IHSS providers are allowed on-site and must be approved by the on-site team.
- **Your stay here is temporary, and space is limited.** Access to walls, windows, and power outlets must be clear. Excessive clutter may jeopardize your stay. **Participants are limited to bringing one (1) small tote (backpack, purse, etc.) and one 64-gallon bag with personal belongings.**
- **Garbage cans are placed throughout the perimeter of the building.** If you need help disposing of anything, please ask the on-site staff to assist. There is NO LITTERING on the motel property. All trash must be properly thrown away in motel garbage cans in hallways or in your room. Each day put your trash outside of your door for disposal.
- **The motel has program staff operating 24 hours a day, seven days per week.** Please comply with any requests from the on-site staff and call the on-site service provider if you are not feeling well (physically and/or emotionally).
- **Participants must keep their rooms clean and orderly.** Participants must allow housekeeping staff to clean the room on a regular basis when the motel staff requests to clean the property. Participants are required to allow on-site staff to perform daily visual inspections of the motel room.
- **The on-site provider and/or motel has the right to cancel your stay if you damage the room.** This includes, but is not limited to, food/carpet stains, destroyed or damaged linens/ towels, broken electronics (TV, phone, microwave or refrigerator). Food must be

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kept in the refrigerator or in sealed packages.

- **Laundry.** Participants will place their laundry in bags for collection on Saturday morning. All articles of clothing will have an identification number for each participant. Laundry will be delivered back to the participant on Sunday evening.
- **Participants are not to block or erect any barriers in the unit.** ALL areas of the unit must remain visible for inspection. You are not to move any furniture within the motel room. Management has the right to enter the motel room at any time. Staff will give participant prior notice whenever possible and will always knock before entering.
- **Do not prop the building entry doors open.** For the safety and security of all program participants, participants should lock the door to their unit when they leave and ensure the outside door of the building closes completely behind them.
- **Pets are allowed on property or in your room in accordance to motel policy.** If allowed, animals must be preapproved by the on-site provider. See page 14 for additional guidelines.
- **Stay focused on yourself, not others.** Participants should focus on their own needs while practicing tolerance and distance with others in the program. Interpersonal conflict will not be tolerated. Every person in the motel is evaluated separately for continuing in the program. If you need support contact the on-site provider.
- **NO VIOLENCE.** Disorderly and/or unsafe conduct is not permitted on property. Such behaviors/actions will jeopardize your continued participation in the program and may result in immediate cancellation of your motel room. This includes but is not limited to:
 - Threats, acts of violence that compromises your safety or the safety of others.
 - NO VIOLENCE of any kind allowed in the program, including verbal and or physical threats, posturing or physical abuse.
- There is **NO THEFT** of any kind allowed in this building.
- There is **no engaging in ANY illegal activity** on or around the motel property.
- There is **NO SMOKING** or open flame of any kind allowed in this building. We ask that smokers leave the building and conform to County Code by smoking at least 25 feet from any doorway. No candles, incense or open flames are allowed.
- Burning of items in the building/your room and/or dismantling of security systems or fire alarms is strictly prohibited.
- There are to be **NO WEAPONS** or weapon like items allowed on the property or in your room.
- **Use of alcohol and/or drugs is prohibited on the motel property or in your room.** Substance use that results in disruptive and/or dangerous behavior will result in an immediate cancellation of your program participation.
- **Participants are responsible for storing and managing their prescribed medications.** If you have questions regarding your medications and/or need support with a refill please contact your health provider directly.
- **All participants must dress appropriately when on the motel property** (includes wearing shoes when outside of room, be fully dressed in appropriate clothing, etc.). If you have clothing needs, please discuss with the on-site provider.
- **Pools.** If the motel has a pool, participants are not permitted in the pool area. The

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gates to the pool will be locked at all times. Violation of this rule will result in an immediate cancellation of your stay.

- **This is a voluntary program.** If your needs are not being met, or you no longer want to participate in the project you may choose to leave at any time. Participants who leave will not be allowed to return.

Meals

Meals and snacks shall be delivered to motel participants in their rooms. Staff providing meals will practice safety procedures as necessary. Meals will be delivered to participant rooms by staff on the schedule below. Staff will knock on the participant door and leave food at door. Upon initial determination of any specific dietary needs or food allergies during intake, the specific details will be provided to any respective nutritional support services, carefully ensuring any necessary HIPAA requirements are adhered to.

Breakfast: 7 – 8 am

Lunch: 11:30 – 12: 30 pm

Dinner: 5:30 – 7:00 pm

Storage

Participants are limited to one (1) small tote (backpack, purse, etc.) and one 64-gallon bag with personal belongings. Items should be limited to personal belongings - e.g., clothing, medications, religious items, legal identification, vital papers, and other small personal items. These limits do not apply to or include necessary medical equipment, such as walkers, wheelchairs, oxygen tanks, external medical devices, or other similar equipment. The motel operator and the service provider organization does not assume responsibility for participant's personal belongings.

Participants cannot bring furniture or large items into the rooms.

To maintain a safe and welcoming environment for everyone, weapons (including concealed weapons), except for sharps/knives two (2) inches or shorter, are not allowed. Security personnel will screen all participants and conduct an inspection of personal belongings at intake and any time a participant returns to the motel after leaving the premises. This will include the use of a metal detecting scanner.

KPR staff will conduct weekly room checks for all participants, to ensure that rooms are clean, habitable, and not cluttered. These checks are scheduled in advance, in consultation with participants, during normal business hours. All room checks must be conducted in a reasonable manner with due regard for the safety, health, wellbeing and privacy of the participant and his/ her belongings.

If a room is found to be in unacceptable conditions (e.g. evidence of hoarding, garbage,

Kern Project Roomkey Operations Manual

food, or other belongings that may lead to unsafe or unhealthy conditions), staff will work with the participant to address the situation and the participant will receive a verbal warning of being out of compliance with the Participant Agreement.

If a participant is found to be in possession of prohibited items (e.g. weapon greater than two (2) inches, extra furniture, etc.), staff will work with the participant to remove the item(s) and the participant will receive a verbal warning of being out of compliance with the Participant Agreement. Depending upon the item, staff may make arrangements to dispose of the item(s) or have them stored until the participant exits.

Any items left after a Participant's discharge will be bagged, labeled and stored securely for at least 14 days. If items are not claimed within this time-frame, they may be disposed of and are no longer the responsibility of the program.

Pets/Companion Animals

Pets and/or service animals are permitted **in accordance to motel policy** – and should be identified upon intake. Participants are allowed an animal which must be under the owner's verbal control and must be non-threatening. Participants will be asked to restrain their service animal with a leash or kennel during the intake process and when taking the pet out for a walk. Participants will be asked to use designated areas for walking and allowing pets/service animals to go to the bathroom, and to pick up any waste afterwards using doggie bags provided by staff.

During intake, the participant should inform staff of food and/or supplies needed for their animal. Any pet/service animal that is not current on vaccinations or requires veterinary attention will receive support from staff to ensure that the animal receives the vaccinations or other veterinary care needed.

Partners/In Home Support Services (IHSS) or Other Home Care Worker

No general visitors are allowed on the property at any time. A partner or caregiver who has already been in contact with the eligible participant and who provides on-going support with their daily living activities is able to come on-site to provide support services if approved by the on-site service provider. Such services must be coordinated with, and authorized by, on-site support staff during admission.

Behavioral Health

Social Support

Staff will provide social support to participants and will develop and implement a phone- and videoconferencing (if technology is available)-centered engagement plan to keep all motel participants socially engaged and supported throughout their stay at the motel. On-site staff will introduce themselves to all participants during or shortly after the intake process, and review the forms of social support available to them.

If the participant has personal relationships within their own social network or personal

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safety net with whom they wish to maintain communication during their motel stay, staff will work with the participant and their identified support network to establish avenues for regular communication via phone and videoconferencing. Staff should collect contact information for selected safety net contacts in addition to emergency contacts during intake.

Participant welcoming and relationship building

KPR staff will develop and implement a protocol for all intake staff to welcome new participants to the motel, including by-name introductions of all staff involved in the intake process, overview of forms of mental health and social support available, and points of contact to access this support. On-site staff will develop strategies to build positive, trusting and caring relationships with participants.

Behavioral health support and crisis management/de-escalation

- If the participant is communicating or acting in a way that indicated that they are experiencing a mental health crisis, a behavioral health professional will work with staff to attempt to engage the participant and de-escalate the situation before law enforcement engages the participant.
- If the participant is still in crisis after the intervention, the MET team will be called for further assistance.
- If the participant is violent or out of control the local police/sheriff's department will be called to intervene.
- Please use the number listed between the hours of 8 am to 5 pm and/or reach out to on-site staff at (661)342-5586.

Mental health counseling and support

Participants will be asked if they would like a referral to the mental health services program. If the participant would like to pursue treatment services, they will be referred for a brief intake screening with the Crisis Team. Kern Project Roomkey staff working at the motel are not clinically trained and therefore will not provide direct services to those participants needing treatment. The peer support/participant support assistants will provide peer support, referrals to local resources, and monitor participants while at the shelter. The staff will refer participants to agencies that are trained to support the needs of the participants that is beyond their scope of work. The staff will also check-in with participants at least once a day to ensure that they are feeling well both physically and mentally. They will also provide information about mental health resources available to them, including a handout listing the Kern Behavioral Health Care Services.

Substance use monitoring

Screening—A process for evaluating someone for the possible presence of a particular problem. The screening process does not necessarily identify what kind of problem the person might have or how serious it might be but determines whether or not further assessment is warranted

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Assessment—A process for defining the nature of a problem and developing specific treatment recommendations for addressing the problem. A basic *assessment* consists of gathering key information and engaging in a process with the client that enables the counselor to understand the client's readiness for change, problem areas, any diagnosis(es), disabilities, and strengths. The assessment process typically requires trained professionals to administer and interpret results, based on their experience and training. Call (661) 336-5300 to schedule assessment.

One of the major objectives of this project is to empower clients and have them commit to services in order to improve their daily living and functioning along with maintaining their housing. Because the project aims to provide comprehensive services, a formal screening process should be included during the intake process, and services should be rendered on a voluntary basis.

Clinica aims to provide SA education, outreach, and possible testing on a voluntary basis. Clinica staff will provide check in's during their on-site medical visits, and if a participant is suspected of substance use, services will be offered and given on a voluntary basis. By checking in with individuals, assessing need, offering voluntary service, and supplying access to services we hope to contribute to the "No Wrong Door" model.

During the check in process, Intake staff will complete screening tool and monitor the following:

Signs of Alcohol or Drug Use

- Smell of alcohol
- Signs of IV drug use (tracks)
- Unusual or extreme behavior nodding off overly alert
- Slurred or rapid speech
- Staggering
- Tremors
- Glassy-eyed/pupils dilated or constricted
- Unable to sit still
- Disoriented or confused for no apparent reason
- Argumentative, defensive, or angry at questions about substance use

If for any reasons, Clinica staff discover that a participant is positive either during check in or during testing, the participant will be given intervention information and offered a referral for service.

Intake clients that need services will be provided with assessment substance abuse. Clinica will collaborate with Kern BHRS to address the participants that enroll that have co-occurring disorders regarding mental health and substance abuse. Clinica understands that treatment should address long term and short-term needs for housing, health care, and behavioral health, and skill acquisition.

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Medical Monitoring

1. Providers are expected to follow up with participants on a weekly basis, or as needed.
2. Medications required for pre-existing conditions of COVID-19 symptom treatment will be kept with the participants who will self-administer as directed by their prescriber.

Project Exit

It is vital to the success of Kern County Project Room Key to have succinct and coordinated exit strategies for each Participant in the program. This will be accomplished by implementing the following steps for each person.

1. Ensure that each participant has been assessed through the Coordinated Entry System (CES) within 24 hours of project entry. Verify that the participant is properly prioritized on the CES list with the COVID-19 prioritization standards.
2. Each participant shall be matched to a rental assistance resource within 14 days of project entry. These resources include but are not limited to; Housing Voucher or Rapid Re-Housing.
3. Once matched the participant will have two persons assigned to help them through the housing search and retention process. These two positions will be in place to ensure successful placement in permanent housing
 - a. Kern Project Room Key Housing Locator
 - i. Recruit landlords to rent to participants
 - ii. Participate in BKRHC landlord database (Padmission)
 - iii. Assist participant with applications
 - iv. Assist participants in viewing properties
 - b. Rental Assistance Case Manager
 - i. Keep participant motivated in housing search process
 - ii. Work with Housing Locator to overcome identified housing barriers
 - iii. Provide intensive wrap around services once participant has been placed in permanent housing
4. The Housing Locator and Rental Assistance Case Managers will hold weekly case conference meetings to identify housing barriers and set target housing dates to ensure high success in moving from Kern Project Room Key to permanent housing.
5. It is important to acknowledge that each participant is in control of their housing plan and has the ability to choose what intervention and approach is right for them. Staff will work with the participant to assist them in making informed decisions and to the best of their ability will remove all barriers in executing that decision.

Kern Project Roomkey Operations Manual

Section 4: Glossary & Appendixes

- Glossary
- Flow Chart - Kern County COVID Response for Persons Experiencing Homelessness (Appendix A)
- Kern County Motel Project Intake Form (Appendix B)
- Release of Information (Appendix C)
- Participant Agreement (Appendix D)
- Shelter-in-Place Instructions & Contact Information (Appendix E)
- Daily Population Report (Appendix F)

Glossary

KPR - Kern Project Roomkey

BKRHC – Bakersfield-Kern Regional Homeless Collaborative

HA – Housing Authority

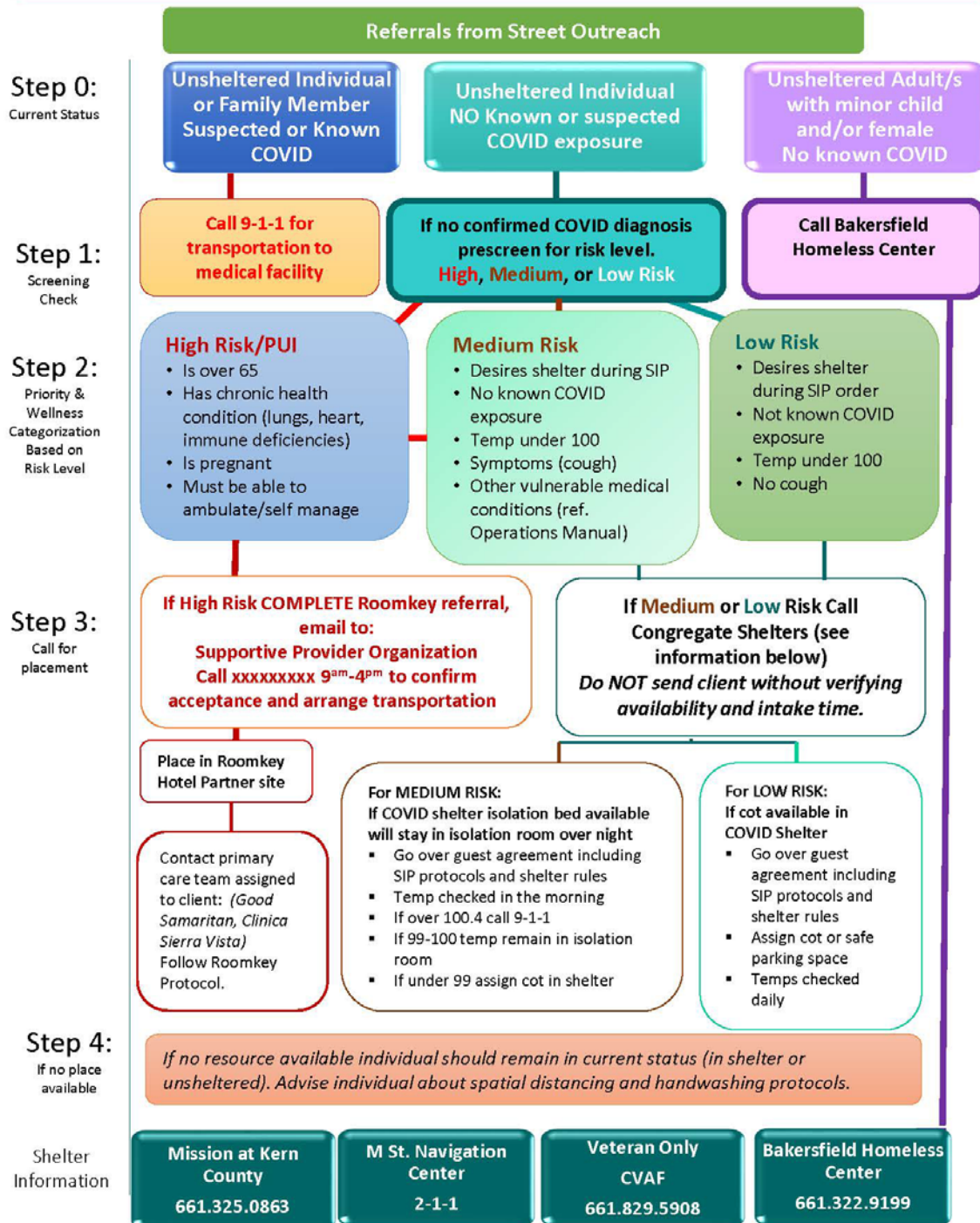
KBHRS – Kern Behavioral Health & Recovery Services

CSV – Clinica Sierra Vista

IHSS - In Home Supportive Services

SPO - **Service** Provider Organization

Kern Project Roomkey Protocol for People Experiencing Homelessness During Shelter In Place (SIP)



Kern Project Roomkey

Referral Form

STAFF NAME: _____ STAFF PHONE/CONTACT INFO: _____

participant LOCATION PRIOR TO TRANSPORT: _____ DATE: : _____

As a person who is at “high risk” of complications from COVID-19, Kern County is providing temporary housing for you to be isolated from others, reducing the chance of transmission of the virus among high-risk populations. Referrals will be accepted on a space available basis if they meet the CDC criteria for risk of severe illness during the COVID-19 pandemic and local health emergency. We want to ensure that this temporary housing arrangement meets your needs during this isolation period. Your answers to the following questions will help us understand your current living situation; any on-site support you would require if awarded a motel room; other medical conditions you may have and any medications you require; and any documentation you may need us to share with work, school, or others.

DEMOGRAPHIC & CONTACT INFORMATION

First Name	Last Name	DOB	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TM <input type="checkbox"/> TF <input type="checkbox"/> Other	
Home/Cell Phone: <input type="checkbox"/> Text Msg Ok	Work/Other Phone	Social Security #	Email Address	
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown			
Ethnicity	<input type="checkbox"/> Non-Hispanic / Non-Latino <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Unknown			
Veteran Status	Have you ever been on active duty in the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Mailing Address	City	State	Zip	
Emergency Contact Name	Emergency Contact Phone			
Primary Care Provider or Usual Source of Medical Care				
<input type="checkbox"/> Has no provider				

Preferred Language: _____

What city do you consider home?: _____

**Kern Project Roomkey
Referral Form**

Name:
DOB:

Current living situation: _____
(Must be experiencing homelessness.)
How long have you been experiencing homelessness at this time: _____

COVID testing

Have you been tested for COVID-19? ☐ Y ☐ N
If yes, what was your result? ☐ Pos ☐ Neg ☐ Unk
When were you tested? _____

In-Home Support

Do you currently qualify for In Home Support Services (IHSS) or any other in-home health provider? ☐ Y ☐ N
If yes, what is the name and contact information of your service provider:
Service Provider: _____ Phone: _____

Daily, are you able to do the following without assistance?

<input type="checkbox"/> Eating	<input type="checkbox"/> Bathing
<input type="checkbox"/> Getting dressed	<input type="checkbox"/> Using the toilet
<input type="checkbox"/> Walking	<input type="checkbox"/> Transferring from one position to another
<input type="checkbox"/> Maintaining bowel and bladder continence	<input type="checkbox"/> Taking Medicine

If no to any, explain: _____

Do you have any dietary requirements (e.g. allergies, vegetarian, gluten free, etc.) ☐ Y ☐ N

If yes, please describe: _____

Medical and other Support

In the next 14 days, do you have any routine or scheduled medical appointments? ☐ Y ☐ N

If yes, when is the appointment and what is it for? _____

Do you have a 2-week supply of all of your medications? ☐ Y ☐ N
(if no, please list medications in **Supplemental Table 1**)

Name:

DOB:

Which high-risk category do you fall under:

<input type="checkbox"/> Aged 65 years and older	<input type="checkbox"/> Receiving cancer treatment
<input type="checkbox"/> Chronic lung disease / Moderate to severe asthma	<input type="checkbox"/> Diabetes / Renal failure / Liver disease
<input type="checkbox"/> Immunocompromised	<input type="checkbox"/> Bone marrow or organ transplant
<input type="checkbox"/> Poorly controlled HIV or AIDS	<input type="checkbox"/> Pregnant women
<input type="checkbox"/> Other:	

Behavioral Health

Do you use substances such as opiates, meth, alcohol, or other drugs? ☐ Y ☐ N

 If yes, do you receive medication assisted treatment? ☐ Y ☐ N

 If yes, do you have withdrawal symptoms when you stop? ☐ Y ☐ N

Do you have, or think you have a mental health diagnosis like depression or anxiety? ☐ Y ☐ N

 If yes, do you receive treatment for it? ☐ Y ☐ N

Do you smoke tobacco or marijuana? ☐ Y ☐ N

Do you live with a partner? ☐ Y ☐ N

 If yes, do you feel safe in your relationship with that partner? ☐ Y ☐ N

Pets

Do you have a pet that needs fostering for you to participate in this program? ☐ Y ☐ N

If so, what needs does your pet have? (e.g. walks, litter boxes, food, water, medications, etc):

Do you have a designated service animal? ☐ Y ☐ N

What is your service animal trained to do for you (please note therapy animals are not service animals)?

Other Needs

Do you use a walker? ☐ Y ☐ N

Do you use a wheelchair? ☐ Y ☐ N

Do you have a car or other vehicle that needs to be sheltered? ☐ Y ☐ N

Do you have someone to pick up your mail? ☐ Y ☐ N

Do you have a way to pay your bills? ☐ Y ☐ N

Is there someone you trust who can pick up your benefit or entitlement check? ☐ Y ☐ N

**Kern Project Roomkey
Referral Form**

Name:

DOB:

Do you need documentation about your isolation for work/school?

☐ Y ☐ N

Do you have any concerns about staying inside or being in isolation?

☐ Y ☐ N

If yes, please describe:

Supplemental Table 1: Medications

Medication name	Dose	Frequency (e.g, daily, 2x per day)

I understand that in order to participate in Kern Project Roomkey, I am required to remain in isolation until cleared by a medical provider. I understand that I am not to have visitors nor am I to leave the room to visit others. I understand that I must practice social distancing at all times. Participation in Kern Project Roomkey is a privilege, not a right. I may be asked to leave the program at any time.

Signature	Date
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Please attach verification of qualifying medical diagnosis and a photo of participant to file for final submission (may be a photo you take or a copy of an id card). Email with all completed forms, including Participant Agreement and ROI to: kpr@cavaf.org

For Intake Coordinator:

Notes: _____

Kern Project Roomkey (KPR) Participant Agreement

Directions to Referring Provider: Please use the “Kern Project Roomkey Protocol for People Experiencing Homelessness During SIP” flow chart to determine eligibility before making referral. If you believe your participant may be eligible you will need to complete the INTAKE form as well as this agreement. Please go over this agreement with the “high risk” participant you would like to refer BEFORE sending the INTAKE to California Veterans Assistance Foundation at: kpr@cavaf.org.

Both the referring provider and the participant must sign this form to be considered for placement.

In order to maintain the health and safety of all participants, on-site providers, and motel staff, violation of rules/agreements below may result in immediate cancellation the Participant’s participation in KPR.

- **The health and safety of clients and staff comes first.** All participants must agree to Kern County’s Shelter-in-Place directive and practice social distancing of 6 feet or more at all times. Participants are not permitted to congregate in groups on or around motel property to ensure the health and safety of all participants of the KPR program.
- **Limit leaving your room or the motel property for essential needs only.** Participants are welcome to take walks off property but must do so independently and/or maintain appropriate social distancing. Otherwise all participants are asked to remain in your motel room to decrease the chance of infection and spread of COVID19.
- **Each unit is designed to hold ONE occupant.** Each room is assigned and cannot be changed without permission. Please respect the privacy of other building occupants. Be aware of how your behavior impacts others.
- **Outside persons are NOT permitted on-site and/or in your room.** Do not invite family, friends or ANY other persons to the property. Only IHSS is allowed on-site and must be approved by the on-site team.
- **Your stay here is temporary, and space is limited.** Access to walls, windows, and power outlets must be clear. Excessive clutter may jeopardize your stay. Participants are **limited to bringing one (1) small tote (backpack, purse, etc.) and one 64 gallon bag with personal belongings.**
- **Garbage cans are placed throughout the perimeter of the building.** If you need help disposing of anything, please ask the on-site staff to assist. There is NO LITTERING on the motel property. All trash must be properly thrown away in motel garbage cans in hallways or in your room. Each day put your trash outside of your door for disposal.
- **The building has program staff operating 24 hours a day, seven days per week.** Please comply with any requests from the on-site staff and call the on-site service provider if you are not feeling well (physically and/or emotionally).

- **Participants must keep their rooms clean and orderly.** Participants must allow housekeeping staff to clean the room on a regular basis when the motel staff requests to clean the property. Participants are required to allow on-site staff to perform daily visual inspections of the motel room.
- **The on-site provider and/or motel has the right to cancel your stay if you damage the room.** This includes, but is not limited to, food/carpet stains, destroyed or damaged linens/towels, broken electronics (TV, phone, microwave or refrigerator). Food must be kept in the refrigerator or in sealed packages.
- **Occupants are not to block or erect any barriers in the unit.** ALL areas of the unit must remain visible for inspection. You are not to move any furniture within the motel room. Management has the right to enter the motel room at any time. Staff will give notice whenever possible and will always knock before entering.
- **Do not prop the building entry doors open.** For the safety and security of all program participants, occupants should lock the door to their unit when they leave and ensure the outside door of the building closes completely behind them.
- **Pets/Service Animals (according to motel policy) are allowed on property or in your room.** Pets/service animals are allowed (in accordance to motel policy) and must be preapproved by the on-site provider.
- **Stay focused on yourself, not others.** We recommend focusing on your needs while practicing tolerance and distance with others in the program. Interpersonal conflict will not be tolerated. Every person in the motel is evaluated separately for continuing in the program.
- **Disorderly and/or unsafe conduct is not permitted on property.** Such behaviors/actions will jeopardize your continued participation in the program and may result in immediate cancellation of your motel. This includes but is not limited to:
 - Threats, acts of violence that compromises your safety or the safety of others.
 - NO VIOLENCE of any kind allowed in the program.
 - This includes verbal and or physical threats, posturing or physical abuse.
- There is NO THEFT of any kind allowed in this building.
- There is no engaging in ANY illegal activity on or around the motel property.
- There is NO SMOKING or open flame of any kind allowed in this building. We ask that smokers leave the building and conform to County Code by smoking at least 25 feet from any doorway. No candles, incense or open flames are allowed.
- Burning of items in the building/your room and/or dismantling of security systems or fire alarms is strictly prohibited.
- There are to be NO WEAPONS or weapon like items allowed on the property or in your room.
- **Use of alcohol and/or drugs is prohibited on the motel property or in your room.** Substance use that results in disruptive and/or dangerous behavior will result in an immediate cancellation of your KPR program participation.
- **Participants are responsible for storing and managing their prescribed medications.** If you have questions regarding your medications and/or need support with a refill please contact your health provider directly.

- **All participants must dress appropriately when on the motel property** (includes wearing shoes when outside of room, be fully dressed in appropriate clothing, etc.). If you have clothing needs, please discuss with the on-site provider.
- **Participants are not permitted in the pool area.** The gates to the pool will be locked at all times. Violation of this rule will result in an immediate cancellation of your stay.
- **This is a voluntary program.** If your needs are not being met, or you no longer want to participate in Kern Project Roomkey you may choose to leave at any time. Participants who leave will not be allowed to return.

Provider Making Referral: I have explained all of the above rules to my client and they have expressed a desire to be in the program and an understanding of all rules.

Provider Name & Date: _____

Provider Contact Number: _____

Participant: I understand I am being offered a placement in KPR because I am over 65 or have a “high risk” medical condition that requires I self-isolate for my own health and safety. I understand this program is voluntary and I am requesting a motel placement. I understand I will lose my place in the program if I fail to follow the rules of the Shelter-in-Place Order or this Agreement.

Participant Name

Participant Signature

Date

Kern Project Roomkey

W E L C O M E

Welcome to Kern Project Roomkey:

You have been invited to this temporary program because your medical provider has identified you as being particularly at risk for complications from COVID-19 should you become exposed or infected. The intent of the program is to provide you a safe place to self-isolate.

Every effort to remain isolated must be maintained.

If you need to go to the store for an essential need, please remember to check in and out with the Roomkey Staff. At the time of your check in you were shown where their office is on site. **When you leave your room or meet with staff please wear a mask for all encounters including checking in or out, daily meal delivery and room checks.**

M E A L S

Meals will be provided to you at the following times:

Breakfast
Lunch
Dinner

When meals are delivered please be prepared to answer the following questions:

Do you have a fever? (100.4 degrees or higher; check temperature)
Do you have a new cough or a cough that is getting worse?
Do you have new or worsening shortness of breath or difficulty breathing?
Do you have new onset of diarrhea?

H E A L T H

If you have any health concerns please call your primary provider. These numbers have been made available to you to expedite contact.

- **Clinica Sierra Vista:**
- **Good Samaritan:**
- **Kern Behavioral Health:**
- **VA Clinic:**

If you have a concern or grievance about this program please discuss it with the on-site staff person. If you feel they were unable to address your concern you may contact BKRHC at xxxxxxxxxxxx where a staff person will direct your concern to the correct person. We hope your temporary stay with the program will be safe and healthful for you and other participants.

Kern Project Roomkey

Daily Population Report

A population report must be completed for each motel site that is participating in the project.
Reports must be completed daily by noon even if no changes in daily population have occurred.

This form can be emailed to anna.laven.bkrhc@gmail.com

If texting information include total rooms occupied and reporting staff member name.

MOTEL INFORMATION

DATE:

MOTEL NAME:

ADDRESS:

CITY:

ZIP:

POPULATION HOUSED:

☐ CO I + ☐ CO I Exposed ☐ Asymptomatic "high risk" ☐ Other

TOTAL ROOMS CONTRACTED:

TOTAL ROOMS OCCUPIED:

COMMENTS:

REPORTING STAFF MEMBER:

MOTEL INFORMATION

DATE:

MOTEL NAME:

ADDRESS:

CITY:

ZIP:

POPULATION HOUSED:

☐ CO I + ☐ CO I Exposed ☐ Asymptomatic "high risk" ☐ Other

TOTAL ROOMS CONTRACTED:

TOTAL ROOMS OCCUPIED:

COMMENTS:

REPORTING STAFF MEMBER: