

Chittenden County Covid-19 Isolation & Recovery Center (CRC)

Step by Step Referral Process

Referrals are accepted from 9am – 5pm, 7 days a week

1. Call 802-241-0457

- a. Ideally, a referring organization will be a sitting with their client
- b. A referring organization must have permission from the client to make the referral
- c. This phone will be answered by staff from the Chittenden Recovery Center
- d. If the initial call is only from the referring organization, Chittenden Recovery Center staff will call the client back

2. Staff will screen and assess whether the client is appropriate for the Chittenden Recovery Center and identify other service needs and issues to support placement on site.

Completing these initial screening and assessment calls does NOT mean a client is admitted.

- 3. Referring providers and potential guests of the Chittenden Recovery Center will receive a return phone call confirming the guest has been accepted at the Chittenden Recovery Center, and to ensure the guest and staff are both prepared for arrival.**

Please do not send guests to the Chittenden Recovery Center until you have received this call confirming placement.

4. Once it is confirmed the guest will be arriving at the Chittenden Recovery Center, the referring organization and the CRC staff will work together to coordinate transportation and arrival.
5. Staff at the Chittenden Recovery Center will also work to arrange health care for individuals on site. If someone does not have a health care provider, telehealth services will be provided by the Community Health Center of Burlington. For those individuals with a health care provider established, Chittenden Recovery Center staff will be working with their existing provider to maintain provider connection via telehealth during this time.
6. Upon arrival, guests will be asked to sign a document outlining Rights and Responsibilities while at the Chittenden Recovery Center location. This includes expectations around behaviors and substance use.

See checklist for Referring Organizations on the next page.

Checklist for Referring Organizations

Any referring organization will be asked to provide the following information (as available) from the potential guest during the initial phone call to support staff in assessing appropriate placement.

- Guest Name

- Date of Birth

- Do you have a Release of Information? Verbal and/or written

- Are they on Medication Assisted Therapy? (this is not a barrier, just important)

- Living situation – why can't they self-isolate there, and can they return there?

- Date of test – place and verification of positive result

- Date of onset of symptoms, if known

- Current symptoms

- Ability to care for self – ambulating, driving, taking medications, managing any chronic conditions

- Supply of medications – they should have at least 14 days with them when they arrive.

- Any safety plans in place