

HOUSED BEDS Case Sample

George is a 54-year-old person who identifies as a white man. He is generally a man of few words who can typically be found under an overpass or walking around a nearby shopping center. He is very concerned about his health. He has a history of cirrhosis, likely due to a 30+ year history of drinking a case of beer each day and COPD, likely related to a 40-year history of smoking at least 1 pack per day. His only other health concerns is a diagnosis of schizoid personality disorder.

HOUSED BEDS:

H (homeless history): homeless for 15 years, was housed for a few years when he was in his 30s and working in a printing factory.

O(outreach): A church group stops by about 1-2 times per week and drops off food or goodie bags. He isn't sure what else they want. Does not have a case manager and has not seen anyone for housing, mental health or physical health on the street.

U (utilization): Does not have a primary care provider outside of street medicine. 3 ER visits for a change in mental status that he says was due to his liver disease. No other ER/hospital visits. Was arrested for public intoxication 4 months ago, stayed for a few days then released with a fine which he cannot pay because "you can't get blood from a stone".

S (salary): Gets General Relief funds, not sure how much a month "couple hundred dollars". Recycles plastic bottles. Gets about \$20 a week with this. No other income.

E (eat): No food stamps. Primarily buys food or it is donated by people passing by. Eats 1 meal every 2 days, otherwise it is donated snacks.

D (drink): No access to clean drinking water unless he buys it or it is donated to him. Prefers cranberry juice but will drink water if donated.

B (bathroom): Does not have 24-hour access to the bathroom. Primary location for the bathroom is street but tries to go behind bushes or the back of a building for privacy and out of respect for the other people around.

E (encampment): Sleeps in a sleeping bag on the ground/sidewalk. Has a shopping cart for storage. Says people "mess with him" while he is sleeping but he isn't scared. His belongings are frequently stolen while he is sleeping since they are all stored in his shopping cart.

D (daily routine): Leaves around 10am to do recycling and will be out all day. Returns to the same camp spot when the sun goes down.

S (Substances): ETOH - 24 beers per day. Vodka if he can't get beer. No other drug use. Smokes 1 ppd x 40 years.

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Case Sample Facilitator Guide:

1. What assets do you hear from George's HOUSED BEDS?

- a. Chronically homeless so experienced in homelessness. May be better prepared than those who are newly homeless.
- b. Church group stops by.
- c. Near shopping center- some bathrooms, lifeguards
- d. Walks a lot during the day pushing a cart which has health benefits.

2. What challenges do you hear from George's HOUSED BEDS?

- a. Chronically homeless
- b. Don't know who the church group is
- c. Public intoxication frequency may be a concern, compounding fines
- d. Limited income, no food stamps so limited food choice
- e. Lack of access to bathroom
- f. Lack of safety due to being exposed when sleeping, items stolen in shopping cart (instead of hidden in tent)

3. He does get confused at times from his liver disease and is short of breath from his lung disease. What challenges might we have if we treat him with lactulose, with a goal of 2-3 loose stools per day, for his confusion? Inhalers for SOB?

- a. Losing medications- solution- small backpack that he keeps on him when he sleeps, don't give it all at once
- b. Diarrhea on the street is no one's friend, especially given his lack of access to a bathroom- alternative treatments? (Rifaximin 550mg Q12, with or without food)
- c. SOB is limiting his recycling and therefore his income- which may be motivation for treatment adherence.