

Applied Harm Reduction Case Review - Lisa

1. What are the risks? What are potential consequences we want to mitigate? What is the end goal? What are the strategies we use to get there?
2. Which principle(s) of harm reduction were most relevant this case?
 - a. Health & Dignity; Participant-Centered Care; Participant Involvement; Participant Self Rule; Recognize Inequalities and Injustices; Practical and Realistic; Accountability without termination

Lisa

- Lisa is a 55 year-old woman with diagnoses of Bipolar I disorder and cocaine use disorder. She has been living independently off/on for approximately six years. During this time, she has been evicted from two different apartments due to excessive foot traffic and damages to the unit. She is currently housed in a large, multi-unit apartment building and is at risk of a third eviction for the same reasons.
- Lisa reports regular use of crack cocaine and alcohol. She expresses ambivalence about changing her relationship substances, but will engage in conversation about substance use openly with staff. Lisa has a good friend named Teddy, who is also in the program, and they frequently use together her apartment. Lisa has recently reported concerns for her safety and has requested to move, stating she owes money to drug dealers who live in her building. She has also reported previous sexual relationships with the maintenance staff who work for the apartment complex.
- Lisa has a daughter who works as her home health aide. Her daughter has four children and brings them with her to the unit. The team suspects they regularly stay at the apartment. We have also noticed that tasks typically completed by a home health aide do not seem to be occurring, as Lisa still requests significant assistance with shopping and cleaning.
- Lisa suffers from osteoarthritis and reports significant pain and impairment in mobility. She uses a walker and her doctor has recommended a bilateral hip replacement. She has been scheduled for surgery on her right hip for the last seven months, but the procedure keeps getting pushed back because Lisa repeatedly fails the urine drug screen she is required to submit before receiving anesthesia.

Applied Harm Reduction Case Review – Derrick

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Derrick

- Derrick is a 50 year-old male with a diagnosis of schizoaffective disorder, alcohol use disorder, & seizure disorder. He has been living independently for three years, but in the last year has begun regularly missing home visits and sometimes goes missing for long stretches of time (anywhere from 2 days to 3 months). When Derrick shows up after having been missing, he does not realize how long he has been gone. Sometimes we find him after he has been admitted to the hospital for a seizure. The team believes he may be in the early stages of dementia, but Derrick also drinks heavily when socializing with his friends.
- Derrick reports medication adherence, but his medication supply indicates that he only takes his meds intermittently. We're unsure if he is just saying what we want to hear, or if he believes he is taking his medication daily but losing track of time. We've talked to Derrick about our concerns regarding his drinking, seizure disorder, going missing, etc. but he doesn't seem to understand or relate to these problems.
- Derrick also appears to have trouble maintaining his apartment. His hot water was not working for weeks and he did not report this issue to anyone. He stores and cooks his food in unsafe ways. He often loses his keys and will sleep outside in the cold or the rain, as he doesn't have a cell phone or way to contact the team. When he visits the office, his clothes are frequently soiled and he smells strongly of urine.
- More recently, the team has noticed changes in Derrick's mood. While he has historically been very friendly and outgoing, he now sometimes seems agitated and angry, especially following a recent seizure. He appears to have lower impulse control and his behavior seems somewhat unpredictable. Derrick very much values his independence and loves having an apartment of his own. He has nearby family, but we are unsure of how regularly he is in contact with them.

Applied Harm Reduction Case Review – Robert

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Robert

- Robert is a 47 year-old male with a diagnoses of paranoid schizophrenia and cocaine dependence. He displays significant symptoms of psychiatric disability (responding to internal stimuli) that sometimes impair his ability to engage in conversation or complete ADLs. At times, it can take him up to 10 minutes just to cross the street, even if accompanied by staff. He is open to medication, but frequently forgets to take it.
- Robert recently moved into his first apartment after living on the streets and in shelters. He requested to a unit in a neighborhood far away from Kensington, the area where he typically purchased and used drugs. However, recently he has been traveling back to Kensington and getting lost, unable to find his way home. The team receives almost daily phone calls from Robert or an outreach worker requesting that the team pick him up to transport him back to his apartment. He also frequently loses the keys to his unit. If the team does not assist, he sleeps on the street.
- Robert appears to have sold most of the belongings provided to him upon moving in (television, couch, window A/C unit, even his groceries). He lives in a third floor walk-up and complains of the excessive heat. Robert is often very disheveled and malodorous.
- When Robert engages with the team, he is very friendly and talkative. He shares about feeling bored often and asks about ways to be helpful around the office, offering to sweep or mop the floors for “something to do.” He seems to enjoy the positive feedback and validation he receives for this and presents with childlike affect. The team worries that because he is so eager to please, Robert might be taken advantage of by people in the community. He has one brother who is peripherally involved in his life.

Applied Harm Reduction Case Review - Sturgill

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Sturgill

- Sturgill is a 71 year-old male with a diagnosis of schizophrenia and generalized anxiety disorder. Sturgill has been living independently for approximately five years. In the past year, he has become increasingly frail and has developed significant mobility issues. He does not like to use a cane or his walker, especially when in public, because he believes he appears weak. Instead, he asks to hang onto the arm of a staff member when walking. Sturgill has previously fallen in his apartment and also on the stairs inside the building. He does not have a phone in his unit and is unable to contact the team outside of scheduled home visits.
- Sturgill frequently runs out of food, money, and/or basic necessities between home visits, which occur biweekly. He has been known to give money to strangers on the street, requesting they bring him needed items (which he rarely receives). The team is also aware of some alcohol use. Sturgill's apartment is very messy and unsanitary due to his inability to clean related to his mobility.
- The team has expressed concerns about Sturgill's health and ability to live independently, but he denies any problems and is resistant to discussing possible solutions. He has repeatedly refused necessary medical treatment for high blood pressure and a cancerous growth under his eye. He is also inconsistent with medication adherence.
- Sturgill has no known supports outside of his case management team.

Applied Harm Reduction Case Review – Darla

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Darla

- Darla is a 58 year-old woman with diagnoses of severe alcohol use disorder and unspecified schizoaffective disorder. She has been living independently for approximately two years. She currently lives in a large multi-unit complex and has one previous eviction on her record from disrupting neighbors and causing damages to her unit. On multiple occasions, the team has received phone calls from building management stating that Darla was screaming at maintenance workers, throwing food in the hallway, and harassing individuals passing by on the street outside by yelling at them from her window.
- Darla has also run into trouble inviting individuals into her apartment who subsequently refuse to leave– some appear to be friends from her time living on the street and others are romantic partners. She has experienced interpersonal violence from several of these individuals, resulting in filing at least one PFA order.
- Darla has spoken with staff about being part of an experiment at a university where she and her son were both “cloned” by scientists. She reports there are 5,000 clones of her son and she is trying to find the real one. She often cries to staff about this and says how lonely she is without her family in her life. Darla also shares openly about her faith, and occasionally attends a nearby church for services or to access their food bank and clothing closet.
- Darla is typically very friendly, sweet, and welcoming to staff visiting in her home. She enjoys talking about tv shows, cooking, and listening to the radio. However, she occasionally becomes agitated, and has past behaviors of spitting on/at staff and breaking furniture. Darla expresses an awareness of her alcohol use causing problems in her life, and reports attempts to cut down or to drink only beer instead of liquor. Darla does engage with our staff psychiatrist and is intermittently med compliant.