



Desiree

Post-911 Vet
Suffers from depression and schizophrenia. Intermittent substance abuse, currently clean. Divorced, was married for a year at 18 when first joined Air Force. Lives in small city in the Pacific Northwest.

Scenario

Lost housing during early 2020 economic downturn, lived on the street for a few months and began experiencing dissociative fugue states again.

Expectations

Just going where they send me, when I feel like it. It would be nice to get myself back, get normal.

Turning Point

Brought into ER – found in a motel with a broken wrist and in a confused state/dissociative fugue. Has no ID and can't state her name, but just says "take me to the VA". After the fracture is treated, she remembers her identity but not much else about the past few days. Staff retrieve her VA medical and benefits records, and upon checking with municipal authorities learn of her unhoused status.

I don't know how I got here. Sometimes I seriously forget who I am. I don't know if I'm in big trouble or what. What a dumpster fire it's all become.

Disturbed

Insight: Efficient and complete electronic records system enables retrieval of all relevant health information and assists with triage.

Intake/ Initial consult

Desiree will be fine physically. Record shows her history of drug use, dissociative amnesia and BPD, and participation in a civilian partial-hospitalization day program which she abruptly stopped coming to a few weeks before being evicted from her home. Clinicians deem she is not ready for release mentally, and she is admitted to the psychiatric ward for several days. A consult is put in for BHIP. She is assigned a VA social worker to manage her case holistically.

I'll just do whatever they say. I have nothing to lose. I've had to talk to a few different people and now that I'm recalling all my troubles and past traumas, I hate having to tell them over and over to each new person.

Indifferent,
Annoyed

Insight: social worker or other centralized point of case management is very helpful for complex cases.

Ongoing Sessions

Social worker coordinates multiple services. Gets transitional housing using voucher. Gets a nearby MH provider through the MISSION Act. Weekly therapy and two prescriptions. Sometimes walks to appts., but when the weather is bad, gets a ride via VA's transport program. Is given homework to have targeted conversations with estranged family members, but often forgets.

It didn't feel good to be told about it, but she was right. I'm going to try to do the homework from now on and I can get more help that way.

Condescended To

Pain Point: Sometimes lack motivation to do the homework, or forget. Technology (Can't use the suggested Calm app on my TracPhone.)
Insight: Consider diversity of Veteran infrastructure access.

Change to Telehealth

Appointments soon go to virtual only due to pandemic. Running out of medication, and has lost/forgotten the number to call. Has no internet in her housing, and no minutes left on phone. Tries one telehealth appointment from library.

I don't even mind having my sessions when other people are watching, but when the weather is bad or I'm tired, I just don't want to bother.

Unmotivated

Pain Point: Ran out of minutes on phone, and only have access to computer at public library.
Insight: Ensure sufficient infrastructure.

Step Down (Intermittent)

Follow-up calls and visits to the housing facility to encourage her to return to tx. VA Community Resource Center provides a Netbook that allows doing telehealth appts. from her housing and lets her run the apps the therapist has provided. But can't remember e-mail address and can't get on My HealtheVet. Attends some of the scheduled appointments and gradually gets more regular at showing up for them and doing the homework.

Much easier to do this at home, and actually I'm more motivated to do things to help myself like look for a job. I'm taking charge and am grateful for the help from VA and others.

Grateful,
Optimistic,
Empowered

Pain Point: Infrastructure to remember and attend appointments and maintain communications with VA providers.
Insight: Follow up with patients who opt to step down, especially those in the most dire situations.