

SCENARIO 1 > Daniel

Profile

- 32 year old chronically homeless man suffering from substance use disorder and schizophrenia with paranoia.
- Significant and persistent behavior problems.
 - He has frequently been picked up for petty crime and shoplifting, especially when things get out of control.
 - His sister has a restraining order against him, and there are no other known relatives.
- Lives in a tent at the edge of the community park and panhandles in downtown.
- When on medication, his symptoms are well controlled and he can address his basic needs.
 - Doesn't like taking medications but knows he needs them. Usually tries to comply with his medication regimen after discharge, but his life always proves too chaotic.
 - Self-medicates with intoxicants, mostly alcohol, but will use whatever other drug is available and cheap. He can't remember if he stops taking his medication and then begins using drugs or if it's vice-versa.
- Can't find the kind of support he needs.
 - Doesn't qualify for housing assistance from the Housing Authority because of his criminal record.
 - Detox and rehab are unavailable because of his dual diagnoses (substance use disorder and schizophrenia).
 - He has had at least 3 in-patient psychiatric hospitalizations, each for 2-4 weeks, but his substance use disorder has not been addressed in any meaningful way during these admissions.
 - Often forgets about appointments, mixes up the times, or can't find transportation. The same challenges often lead him to miss prescriptions or run out of medication.
- Well-known by police, hospital ED staff and community.
 - He is frequently taken to the ED at local hospitals.
 - Once there, they keep him for a few hours until he comes down from what he is using and then they send him back to the street.
 - It is common for law enforcement to receive five or more calls about Daniel's behavior in a single day.
 - He has incurred numerous court fines that he cannot pay.
 - The hospital refuses to take him back after the first evaluation.
 - Lacking any other options, the police will sometimes take him to jail for the night, and he is usually released and out back on the street by 10 am the next day.

Institutions, Systems and Services They Interact With

- Emergency Department*
- Law enforcement*
- Court system*
- EMS/911*
- Outreach programs and case managers*

** Indicates that the item applies to multiple scenarios*

- Inpatient Care and Psychiatric Hospital Care
- County Outpatient Psychiatric Clinic
- Adult Protective Services and Developmental Disabilities Administration

Gaps

- Reliance on the Emergency department for BH/medical services and intervention*
- Lack of safe, reliable, and cost-effective transportation*
- Difficulty accessing timely medical, psychiatric, or behavioral health services*
- Complications of technology and logistics make it difficult to take advantage of telehealth*
- Difficulty acquiring prescribed psychiatric medication*
- Uncoordinated, patchwork case management that fails to facilitate comprehensive care*
- Workforce shortages severely limit the availability of services*
- Conflicting and hard-to-navigate program requirements prevent or complicate access to potentially helpful services*
- Limited cross-system understanding*
- Inadequate and inconsistent support for effective, sustained SUD treatment designed for individuals with co-occurring disorders.*
- Shelters often require surrendering freedoms, possessions, pets, etc.*
- Lack of peer support and/or culturally appropriate support*
- Lack of available psychiatric bed space for hospitalization
- No safe discharge planning
- Lack of outpatient treatment capacity
- Lack of recovery support center and services
- Lack of system/program coordination
- Lack of permanent supportive housing that can assist in compliance with medication regimen

Community Consequences

- ED visits and hospital stays that are frequent, extended, and expensive
- Frequent psychiatric hospitalizations with high-level of recidivism due to out-patient lack of compliance
- Without appropriate follow-up, medical and psychiatric problems worsen
- Interferes with traffic, makes dangerous fires, and commits thefts
- High level of frustration among community members and business owners over his dirtiness, antisocial behavior, and constant flouting of the law
- Chronic drain on first responder resources as they deal with an endless cycle of difficult interactions and inadequate solutions
- Steals from other homeless people and sometimes threatens them with violence

Personal Consequences (also impact the community)

- Social isolation worsens mental health and destroys sense of belonging*
- Difficulty of “living normally” feeds a vicious cycle of alienation from civic life, the legal system, and the economy*
- Unreliable access to good, nutritious food harms health and dignity*

** Indicates that the item applies to multiple scenarios*

- Unhealthy living conditions increase exposure to toxins and disease*
- Financial desperation, insecure housing, and mental illness greatly increase vulnerability to crime and violence*
- Difficulty maintaining personal hygiene contributes to poor health and social/economic marginalization*
- Lives with constant fear and agitation, leading to aggressive and antisocial behavior
- Sustains injuries that aren't properly cared for, leading to pain, poor healing, and infection

** Indicates that the item applies to multiple scenarios*

SCENARIO 2 > The Herrera Family

Profile

- Farmworker family, originally from Central Mexico. They have two sons (8 and 10) and a daughter (7).
- Mr. and Mrs. Herrera work seasonally for multiple growers, but they live in Skagit County year-round.
- Mr. Herrera grew up speaking Spanish and Mixteco but is more comfortable with Mixteco. The children speak both. Like Mr. Herrera, they know some English. Mrs. Herrera speaks only Mixteco.
- Mr. Herrera also does construction work. He is hoping to increase income and stability by transitioning away from farmwork.
- The Herreras have no legal status and are fearful of deportation.
- For the last year, they have been living in farmworker housing (limited rights and limited time - May-Oct). Previously they rented garages, basements, and RVs, sometimes doubled up with other families.
- Their current and past housing has been substandard, with mold and poor ventilation.
- Mrs. Herrera and their youngest son have asthma that is made worse by their living conditions.
- The children attend school but struggle with instability and find it hard to do their homework in the crowded housing.
- Transportation is a constant difficulty. They don't have driver's licenses and often drive in borrowed vehicles that are badly maintained and uninsured.

Institutions, Systems and Services They Interact With

- Emergency Department* – when SeaMar isn't an option or the problem is urgent
- FQHC (SeaMar) – when limited hours allow it
- Catholic Community Services – including regular inquiries about CCS housing
- Public schools*
- Catholic Church
- Food banks
- Community Action / Coordinated Entry
- Year-round farmworker housing
- Mobile home park (RV trailer)

System Gaps

- Extremely limited supply of affordable housing
- Difficulty of accessing medical services (cost of medicine, lack of education, lack of insurance, inability to leave work to go to the FQHC, language barrier, need for navigation help)
- Complications of technology, logistics, and language make it difficult to take advantage of telehealth*
- Technical and logistical obstacles to navigating the housing wait list*
- Workforce shortages severely limit the availability of services*

** Indicates that the item applies to multiple scenarios*

- Language barriers for people who don't speak English or Spanish
- With no credit history or identification, standard private-market rentals are not a viable option
- Lack of reliable, cost effective transportation
- Lack of visibility into needs and living situations of immigrants because they avoid contact with government agencies and thus official data sources do not count them.
- Lack of affordable, high-quality childcare services
- Legal system offers few protections to undocumented immigrants
- Lack of affordable recreational activities
- Lack of belonging
- Lack of education support/understanding in school system

Community Consequence

- Strain on the ED to provide urgent care that results from delayed treatment and avoidable crises
- Overcrowded conditions have prevented isolation after COVID exposure, contributing to community spread
- Strain on public schools to provide transportation and continuity when the family is forced to relocate
- Poor transportation options leads to driving in uninsured and unsafe vehicles

Personal Consequences (also impact the community)

- Social isolation imperils mental health and destroys sense of belonging*
- Difficulty of "living normally" feeds a vicious cycle of alienation from civic life, the legal system, and the economy*
- Unreliable access to good, nutritious food harms health and dignity*
- Unhealthy living conditions increase exposure to toxins and disease*
- Very high cost of living exhausts financial resources, limiting resilience and driving intergenerational poverty*
- Lack of reliable transportation poses constant complications for work, education, and health care*
- Children suffer academically due to unstable housing, challenges getting to and from school, and difficulty doing homework
- The housing conditions exacerbate Mrs. Herrera and Miguel's asthma, placing them at risk
- Unpaid medical bills and car repairs cause debt and financial pressures to mount

** Indicates that the item applies to multiple scenarios*

SCENARIO 3 > Keri and Samantha

Profile

- Keri, a 23-year old single parent of 5-year old Samantha, lost housing after getting laid off from her waitress job at the start of the pandemic
- Was in foster care in Burlington and Mt. Vernon before aging out and moving in with her boyfriend
- Diagnosed with anxiety disorder in high school
- Self-medicates with alcohol and drugs because she does not have consistent care or medication
- Could stay with Samantha's father Dmitri but it's an unsafe environment for Samantha because he has an untreated addiction that he supports with criminal activity
- Samantha has oppositional defiant disorder
- Criminal record for shoplifting and a DUI in her late teens
- Limited earning potential because of low skills, no high school diploma
- Her car is unreliable and frequently breaks down
- Lived with Samantha in a friend's basement, in a relative's dilapidated RV, and in her car
- Hopes to be referred to a family shelter

Institutions, Systems and Services They Interact With

- Emergency Department*
- Housing Authority wait lists*
- Public schools*
- Community Action*
- Private market rentals*
- Court system (Circuit courts/drug courts)*
- Family shelter and its information and referral, programming
- Housing Resource Center and Coordinated Entry program / Housing Interest Pool
- Community College
- Counseling
- Child Protective Services
- Food bank
- Public library (computer access)

System Gaps

- Extremely limited supply of affordable housing
- Shelter stay is time-limited
- Rent vouchers are difficult to use
- Complications of technology and logistics make it difficult to take advantage of telehealth*
- Workforce shortages severely limit the availability of services*
- Limited access to pediatric psychiatric services
- Poor supports for children aging out of foster care
- Lack of affordable, high-quality childcare services

** Indicates that the item applies to multiple scenarios*

- Connection to community
- Service jobs only offer low-wage employment
- Few economic opportunities for unskilled workers
- Shelters often require surrendering freedoms, possessions, pets, etc.*
- Difficulty acquiring prescribed psychiatric medication*
- Technical and logistical obstacles to navigating the housing wait list*

Community Consequences

- Strain on public school to cope with Samantha's behavior problems and academic struggles
- Drug use and petty crime lead to interactions with law enforcement and the court system
- Concerns for Samantha place demands on law enforcement, ED workers, and Child Protective Services
- Strain on the ED to compensate for the lack of routine BH/medical care

Personal Consequences (also impact the community)

- Social isolation imperils mental health and destroys sense of belonging*
- Difficulty of "living normally" feeds a vicious cycle of alienation from civic life, the legal system, and the economy*
- Unreliable access to good, nutritious food harms health and dignity*
- Unhealthy living conditions increase exposure to toxins and disease*
- Lack of reliable transportation poses constant complications for work, education, and health care*
- Financial desperation and insecure housing greatly increase vulnerability to crime and violence*
- Difficulty maintaining personal hygiene contributes to poor health and social/economic marginalization*
- Very high cost of living exhausts financial resources, limiting resilience and driving intergenerational poverty*
- Even with rent support, family can't find an affordable, family-appropriate place to live
- Samantha is in danger of falling permanently behind academically
- Chronic stress and her anxiety disorder put Keri at risk for substance use/abuse

** Indicates that the item applies to multiple scenarios*

SCENARIO 4 > Darlene

Profile

- Sixty-eight year old woman, former nurse
- Two adult children with whom she has occasional contact
- Never recovered financially after leaving abusive husband ten years ago
- Living in her car with a beloved dog
- Lost her driver's license and other forms of ID two years ago
- Thinks she might have a pension and other benefits but doesn't know how to find out
- Suffers from diabetes, and has chronic pain from a back injury, osteoporosis, and arthritis
- Briefly served in the military and may be eligible for veterans benefits but doesn't know how to access them
- Was sexually assaulted in a Seattle homeless shelter and is dead set against going back to one
- Relies on local church to receive mail and hold onto documents
- Technical and logistical obstacles to navigating the housing wait list
- Uses the ED for medical care and sometimes needs assistance from EMS
- Has frequent tense interactions with residents and law enforcement related to illicit parking, trying to find a bathroom, illegal dumping
- Relies on the food bank, churches, charities, and the senior center to meet basic needs
- Uses the local church as a place to receive mail and store documents
- Lives in constant fear that her possessions or small amounts of money will be stolen
- Feels humiliated panhandling but sometimes has no choice

Institutions, Systems and Services She Interacts With

- Emergency Department*
- Law enforcement*
- Community Action*
- Housing Authority wait lists*
- Private market rentals*
- VA
- Senior center
- Church (services, place to receive mail and store documents)

System Gaps

- Workforce shortages severely limit the availability of services*
- Endless catch-22s from not having an ID
- Complications of technology and logistics make it difficult to take advantage of telehealth*
- Shelters often require surrendering freedoms, possessions, pets, etc.*
- Lack of peer support and/or culturally appropriate support*
- Extremely limited supply of affordable housing

** Indicates that the item applies to multiple scenarios*

- Difficulty in accessing benefits to which she is entitled, including VA and emergency rent assistance
- Lack of multidisciplinary team to assist with navigating health and social services

Community Consequences

- Regularly has to park illegally in her car, which is often seen as an eyesore
- Illegal dumping and waste disposal
- Panhandling
- Strains EMS and ED resources
- Breaking the law every time she drives because her license is gone
- Reliance on the senior center and food bank for basic necessities
- Using found materials to make fires that are dangerous and create toxic smoke

Personal Consequences (also impact the community)

- Social isolation imperils mental health and destroys sense of belonging*
- Difficulty of “living normally” feeds a vicious cycle of alienation from civic life, the legal system, and the economy*
- Unreliable access to good, nutritious food harms health and dignity*
- Unhealthy living conditions increase exposure to toxins and disease*
- Financial desperation and insecure housing greatly increase vulnerability to crime and violence*
- Difficulty maintaining personal hygiene contributes to poor health and social/economic marginalization*
- Very high cost of living exhausts financial resources, limiting resilience and driving intergenerational poverty*
- Lack of reliable transportation poses constant complications for work, education, and health care*
- Lives in near constant pain that is made worse by her living conditions
- Lack of an ID and inability to use a computer has prevented her from accessing resources (retirement benefits, veterans benefits, social security, COVID stimulus, unclaimed child support)

** Indicates that the item applies to multiple scenarios*

SCENARIO 5 > Marcus

Profile

- Marcus is a 16 year old gay male who has experienced domestic abuse. When Marcus was younger, his dad repeatedly goaded the boy to “man up” by getting involved in one of his school’s sports teams. Marcus had no interest or aptitude, which was a source of continual friction.
- Marcus has an 11 year old sister and 8 year old brother.
- Between ages 8-10, Marcus was molested by an uncle when he came to visit. Marcus has never told his parents what happened to him.
- His parents’ worst suspicions about his sexuality were confirmed 2 years ago when they walked into his room while he was making out with his best friend. His parents forbade him to see “that boy,” banning him from the house. It hasn’t been discussed since.
- At age 15, Marcus started running away. He began smoking pot and stealing alcohol from his parents. One day, he was picked up for shoplifting. A police officer brought him home and talked to his parents, which led to Marcus’s father hitting him. Since then, abuse has become more regular.
- Marcus spends more and more time on the streets, regularly misses school to hang out with his friends. His parents have been notified multiple times of his truancy. Though he is a smart kid, he is failing most of his classes.
- He sometimes goes to the *Oasis Teen Shelter* when he can’t crash with friends.
- Marcus’ parents don’t know what to do anymore. His mother has spent hours calling his friends to track him down but is also worried about the example he’s setting for his younger siblings.
- Recently a teacher noticed bruises on Marcus. Not believing his explanation about what happened, she called Child Protective Services. A case worker was assigned and an investigation initiated. A court-appointed social worker began working with Marcus and his family.

Institutions, Systems and Services She Interacts With

- School System
- Law enforcement*
- Oasis
- Child Protective Services

System Gaps

* Indicates that the item applies to multiple scenarios

- Lack of peer support and/or culturally appropriate support*
- Extremely limited supply of youth housing
- Workforce shortages severely limit the availability of services*
- Complications of technology and logistics make it difficult to take advantage of telehealth*
- Lack of multidisciplinary team to assist with navigating health and social services*

Community Consequences

- Strain on public school to cope with Marcus' absences and academic struggles
- Ongoing truancy leads to interactions with law enforcement and the court system
- Increased demands on law enforcement and Child Protective Services

Personal Consequences (also impact the community)

- Social isolation imperils mental health and destroys sense of belonging*
- Difficulty of "living normally" feeds a vicious cycle of alienation from civic life, the legal system, and the economy*
- Unreliable access to good, nutritious food harms health and dignity*
- Unhealthy living conditions increase exposure to toxins and disease*
- Financial desperation and insecure housing greatly increase vulnerability to crime and violence*
- Difficulty maintaining personal hygiene contributes to poor health and social/economic marginalization*
- In danger of falling permanently behind academically*

** Indicates that the item applies to multiple scenarios*