

HOUSED BEDS: A History Taking (Listening) Tool

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NATIONAL
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for the
HOMELESS
COUNCIL

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HOUSED BEDS: **A Clinical (Listening) Tool for Taking a History on an Unsheltered Homeless Patient**

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Meet Miss R



CHRIS VOSS

LIVE



MasterClass



More on Miss R



HOUSED BEDS

- Can be asked in **any order**
- Can be used by **any team member or learner**
- Can be collected **across multiple encounters**
- **Coffee** and a **chat**
- **Be** the checklist





HOUSED BEDS

Taking a history on a person experiencing unsheltered homelessness

- H** Homelessness history
- O** Outreach engagement
- U** Utilization
- S** Salary/income
- E** Eat
- D** Drink
- B** Bathroom
- E** Encampment
- D** Daily routine
- S** Substance use



HOUSED BEDS: A Clinical Tool for Taking a History on an Unsheltered Homeless Patient

Make Private Public 0 ...

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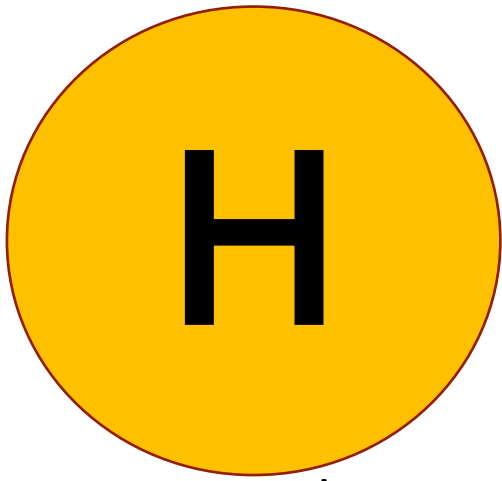
Identifier: DOI 10.17605/OSF.IO/UCVE9

Category: Project

Description:

The unsheltered homeless population requires a specific set of history questions to better understand their reality and how any treatment plan will fit into the context of their lives. In order to reach a higher level of understanding, population-specific history questions are necessary to accurately assess their history, access to resources, and priorities. A specific set of history questions to address this need in a concise manner has not been published. An acronym, HOUSED BEDS, is proposed to assist any clinical provider or clinical student in taking a history of an unsheltered patient. This acronym is designed to ask high yield questions that will help all members of the patient's health care team adapt treatment plans, from housing applications to medication prescriptions, for patients who are currently unsheltered.

Feldman CT, Feldman BJ, Hunt JJ.
HOUSED BEDS: A Clinical Tool for Taking
a History on an Unsheltered Homeless
Patient. Doi: 10.17605/OSF.IO/UCVE9
<https://osf.io/ucve9>



HOMELESSNESS HISTORY

- Establish **timeline** of stability (or instability): regression questioning

Chronically Homeless vs
Transitional Homelessness



Continuous homelessness x 1
year

OR

At least 4 episodes in last 3 years
while being “disabled”

Other important
designations



Transitional Age Youth (TAY)-
18-24

Veteran?

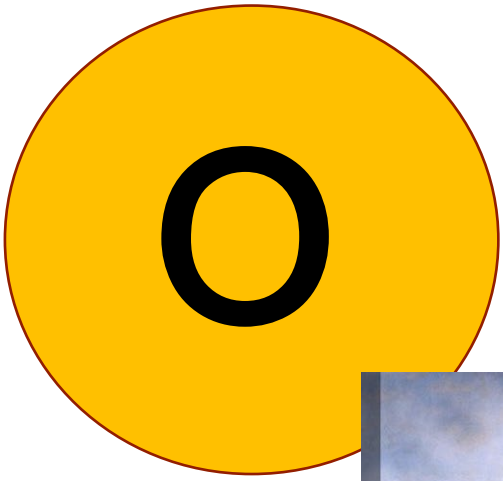
Prior foster care system
involvement

“ How long have you been in this spot?”

“ Where were you staying before that?”

“ How long do you think you have been staying outside?”

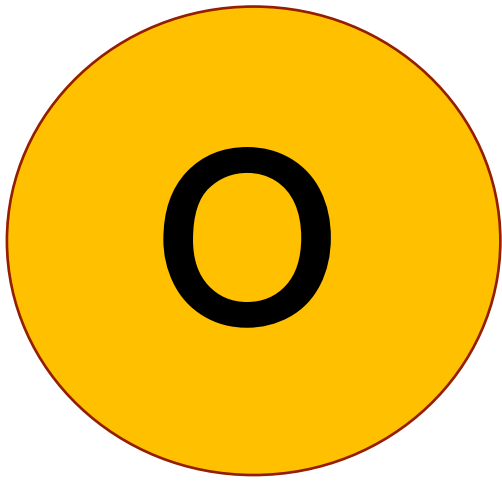
“ When is that last time you were staying in a house or apartment, paying rent for at least 2-3 months?”



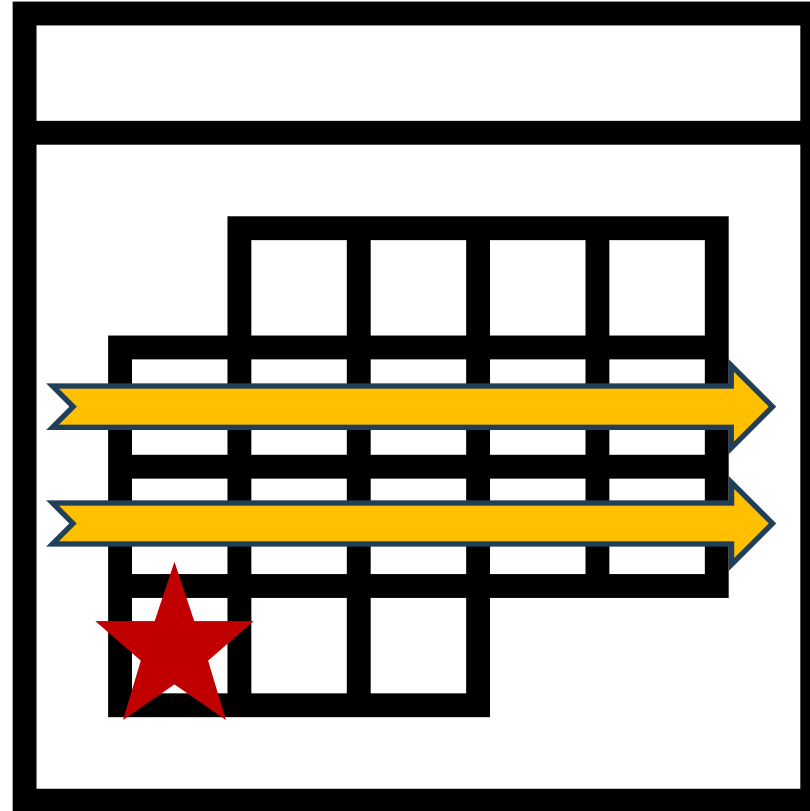
OUTREACH ENGAGEMENT



**Get the specifics- who, what (physical health, mental health, housing etc), when, where!
Do they like them?**



OUTREACH ENGAGEMENT



1. outreach in the two weeks prior to meeting street medicine

2. Last recalled outreach

84% no outreach in the 2 weeks prior to meeting street medicine (USC Street Medicine data)



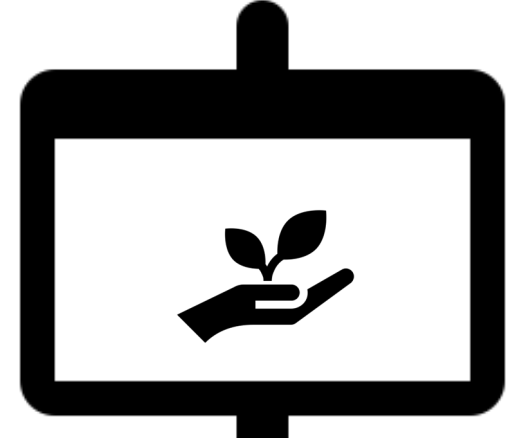
UTILIZATION



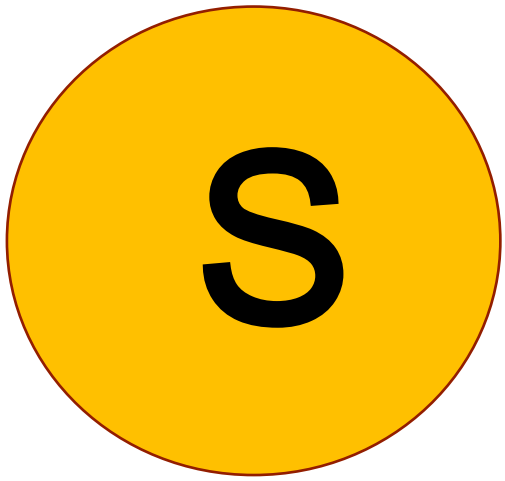
PCP- who, last visit,
access/acceptable?
ER- when, where, why,
?admitted



Legal issues? Warrants?
Tickets? Parole officer?

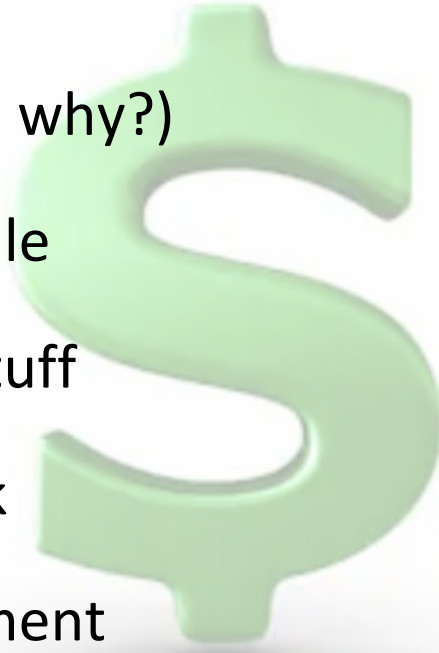


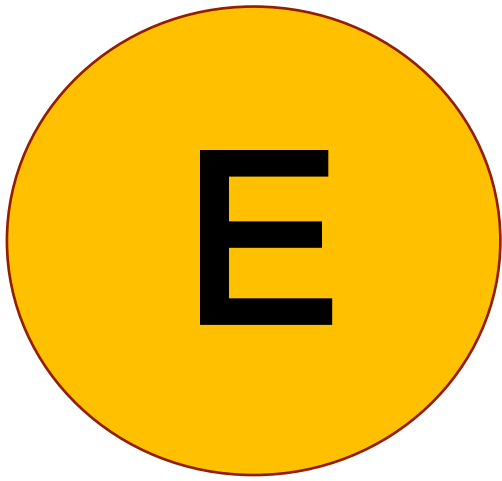
Who are they willing to
leave their camp to go
see?



SALARY/INCOME

- SSI
- SSD (and why?)
- Panhandle
- Selling stuff
- Sex work
- Employment
- Insurance





EAT

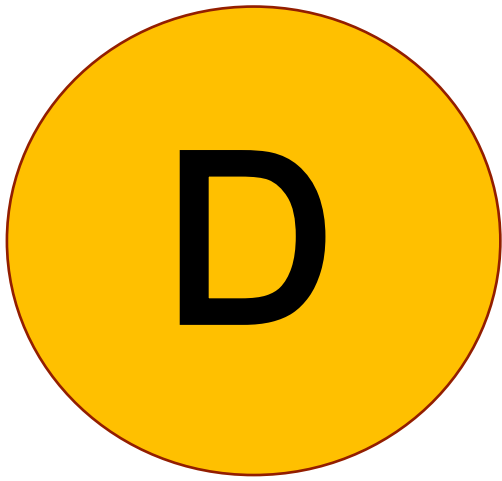
- **#** meals/day or week
 - **Meals** vs **snacks**
- **Where** do they get their food
 - donated, buy, soup/shelter, trash, other

60% eat at least 1 meal per day

Many eat on average 3-4 per week

Majority BUY their food

Least common source: food banks and soup kitchens



DRINK

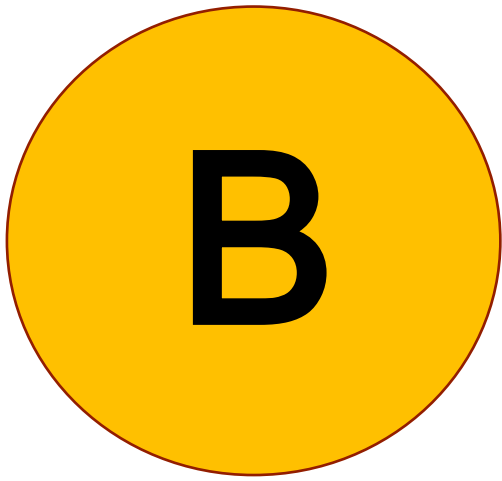
- Access to clean water
- Source of water- fire hydrant?
- How much water per day
- Worry about water safety?

75% have clean water access

Majority BUY their water

20% drink from hydrant (highest SoLA- 35%)

28% worry about water safety (most worried in SoLA and HW)



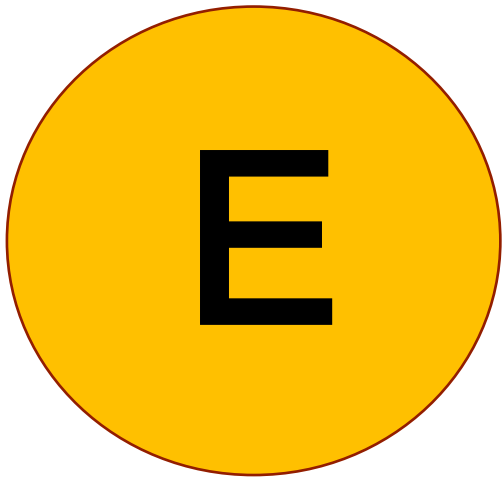
BATHROOM

- **24-hour access** to bathroom
- **Showers**
- **Barriers** to access
- Need for **open defecation/urination**

20% have 24 hour access

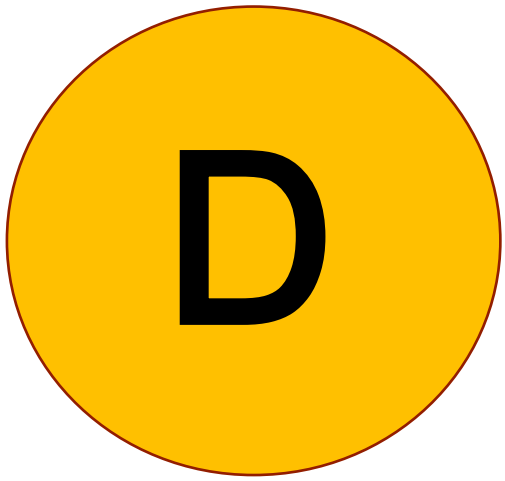
Primary source: outside

85% open urination/defecation (lowest rates SoLA; highest porta potty rates: SoLA)

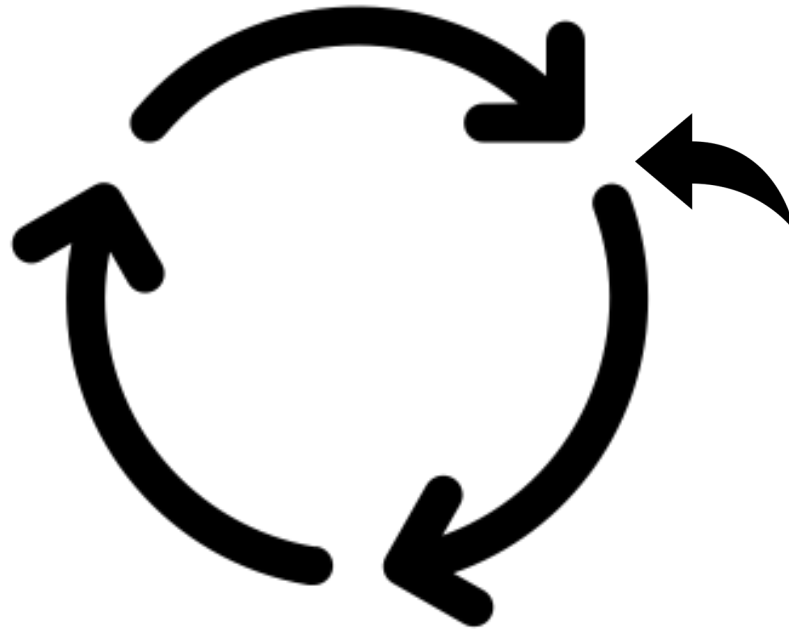


ENCAMPMENT

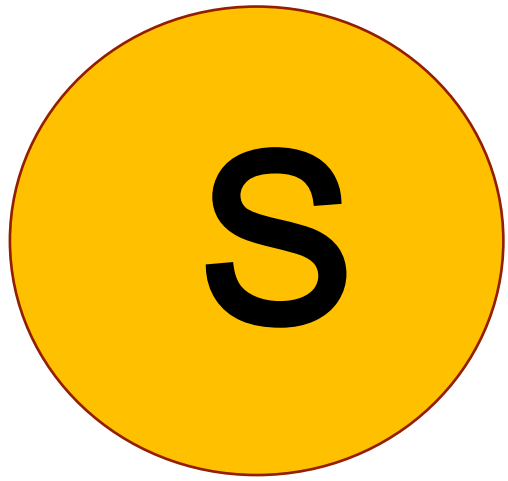
- Location
- Type of shelter
- Sleeping position
- Time of day sleeping
- Safety concerns



DAILY ROUTINE



You fit here!



SUBSTANCE USE

- Current use (frequency, type, amount, route)
- Daily or weekly cost
- w/d symptoms, hx of OD?
- Prior use
- Prior rehab
- Interest in quitting
- Motivators for use **and** for quitting
- Harm reduction opportunities