

# Project ECHO: Sunflower Health Plan Case Presentation

## Presentation Information

**Series:** Foster Care  
**Session:** Crisis  
**Name:** Sarena Clubb, LSMW  
**Date:** 4/6/2023



## Patient Information

**Gender:**  Male  Female

**Age:** 17

**Race:**

- American Indian/Alaskan Native Asian  Native Hawaiian/Pacific Islander  Multi-racial Other  
 Black/African American  White/Caucasian  Prefer not to say

**Ethnicity:**

- Hispanic/ Latino  Not Hispanic/Latino  Prefer not to say

## **Strengths and Preferences** (goals, motivators, preferences, important to the individual)

- Member is able to identify positive coping skills.
- Member likes to be outside, go on nature trails, play basketball, being with his dog and listening to music.
- Member likes his hair and feels he is a good person.
- Member has several supportive family members.
- Member enjoys school and wants to graduate.

## **Relevant Social and Trauma History** (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

- Member is currently in DCF Custody and lives with a parent; however, is at risk of being removed from the home due to parental concern of being able to keep member safe due to member's mental health concerns.
- Member does not work.
- Per records, member has been in multiple mental health facilities.
- Family Problems-History of parental separation, household drug use, physical and emotional abuse, witness to domestic violence, household member incarcerated, community violence, emotional neglect.
- Member has witnessed violence between most of family members.
- Member reports not being allowed to show emotions or feelings.
- Parent regained custody of member in early 2023 after being in custody for approximately one year.
- Member has a history of being aggressive with others, fighting hospital staff, and has punched a police officer.
- Member is on probation and has pending charges.
- Member was in a situation where he possessed a firearm and fired it; however, police dropped charges.
- Member has reported that he has tried to stop using substances; however, continues to use.
- Member has ongoing issues with alcohol utilization in all community settings.
- Member has extensive history of eloping.
- Member was removed from a home due to substance use and concerns of children utilizing substances with adults in the home.
- Member continues to have acute hospitalizations and police contact due to eloping, self-harm and suicide attempts.

## **Relevant Medical History** (Diagnosis, conditions, etc.)

## **Medication Summary** (Name, dose, frequency, route)

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<ul style="list-style-type: none"> <li>• Adjustment Disorder w/ Depressed mood</li> <li>• Major Depressive Disorder recurrent episode mild</li> <li>• Trauma and Stressor Related DO</li> </ul>	<ul style="list-style-type: none"> <li>• QUETIAPINE FUMARATE 100 MG TAB</li> <li>• PRAZOSIN 1 MG CAPSULE</li> <li>• CLONIDINE HCL 0.1 MG TABLET</li> <li>• ALBUTEROL HFA 90 MCG INHALER</li> <li>• ESCITALOPRAM 10 MG TABLET</li> <li>• CETIRIZINE HCL 10 MG TABLET</li> </ul>
<b>Lab Summary</b> (Test, result, date, etc.)	<b>Toxicology Summary</b> (Test, result, date, etc.)
n/a	n/a
<b>Substance Use History</b> (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)	
Member has a history of using substances such as marijuana, prescription drugs, mushrooms, alcohol and nicotine.	
<b>Psychiatric History</b> (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
Member has history of SI/SA and has had approximately a dozen attempts in the last six months including one suicide attempt during an acute stay.	
<b>Treatment Summary</b> (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	

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CMHC-

- Individual Therapy-1x weekly scheduled
- Medication Management-trying to schedule first appt
- Behavioral Interventionist Specialist 1-2x weekly
- Referred for SED wavier
- After school program

## Barriers to Treatment

- Mental Health symptoms and acute stays have interfered with the consistency of services.
- Ongoing elopement and police contact
- Unaddressed substance use