

# Project ECHO: Sunflower Health Plan Case Presentation

## Presentation Information

Series: Health Equity  
Session: Behavioral Health  
Name: Deb Rear  
Date: 8/24/2023



## Patient Information

Gender:  Male  Female

Age: 58

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 caring, tends to ask about how others are doing. She has been through a lot and sees herself as tough and is a fighter. She shares that she can give good advice.

Member is looking to find stable housing and establish all the mental health services she needs in the next 3 months. Member's mental health, feeling heard in a conversation, and speaking to a person face to face whenever possible is important to her along her grandson.

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

Member is technically currently homeless after have a psychiatric stay to stabilize. She is current residing in a motel that is only paid for through 8/31 and then member's SSDI will only be enough to pay 2 weeks after that before funds run out. Member is not employed and at this time is not medically stable enough to be employed. Member currently has an open case with Adult Protective Services and has made allegations against her daughter of financial abuse. Member is single and has one daughter and one grandson. She has a brother that is currently providing very limited natural supports and this is very strained relationship. Member's level of education is a high school diploma. Member has a long history of mental health and trauma with a diagnosis of post-traumatic stress disorder. Member has had an on and off relationship with her daughter for many years and currently is not having any relationship with her.

# Project ECHO: Sunflower Health Plan Case Presentation

Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
<p>Chronic Obstructive Pulmonary Disease            Chronic Respiratory Failure with hypoxia            Anxiety Disorder            Attention Deficit Hyperactivity Disorder            Asthma            Eosinophilia            GERD            Osteoarthritis            Seasonal nasal allergy            Fatigue</p>	<p>Albuterol Aer 90 mcg PRN            Bengay Vansh Gel PRN            Clonazepam .5 PRN            Ipratropium Sol Albuterol 4 times day            Motelukast 10mg QD            Ondansetron 4mg PRN            Prednisone 10mg QD            Quetiapine 300 mg QD            Tramadol 50 mg PRN            Vitamin D3 1000 QD            Vyvanse 30 mg 2 tabs daily</p>
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>Unknown</p>	<p>NA</p>
Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)	
<p>Member shared she is a smoker.            Upon review of medical records from psychiatric stays was some reports of past drug use.</p>	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>Has had various forms of mental health treatment since teenage years.</p> <p>Member reported many years back taking a bottle of lithium pills during an admission for treatment.</p> <p>Currently engaged with services with the local CMHC- history of refusing CMHC services in other communities. First time she's engaged in years.</p>	
Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	

# Project ECHO: Sunflower Health Plan Case Presentation

One acute psychiatric hospitalization this year for suicidal ideation.  
In the last 8 years, had 5 other acute psychiatric hospital stays for suicidal ideation, increased depression symptoms  
Member reported a previous state hospital stay.

## Barriers to Treatment

Currently no stable housing  
History of non-engagement with services, including medical and behavioral health  
Lack of own transportation- does not trust others to transport her (does not utilized non-emergency medical transportation)  
Difficulty following through with recommendations for treatment/services, although agreeable when discussing them  
More likely to follow through when someone is "holding her hand"