## Project ECHO: Sunflower Health Plan Case Presentation

<b>Presentation Information</b> Series: Interagency Collaborations Session: Case Management Resou Name: Danielle LaBella Date: 3/7/2024	rces	Project <b>ECHO</b> <sup>®</sup> Sunflower Health Plan
Patient Information		Kansas
Gender: 🗌 Male 🛛 Female		
Age: 13 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
	ouzzles, funny, empathetic to others	cs, dancing, listening to music, makeup, when she knows something is wrong
Relevant Social and Trauma History (cu	rrent living situation, employment status, pertinent lega	al history, level of education, relationship status, children, support
<ul> <li>History of multiple psychiatric</li> <li>Medication Compliant most of</li> <li>Suicidal ideation, suicidal atten</li> <li>Homicidal ideation</li> <li>Property destruction</li> <li>Elopement in all settings</li> <li>Physical and verbal aggression</li> </ul>	nd living environments esidential Treatment Facility (PRTF) le hospitalizations, both long term and s the time	level of care short term – longest stay being 9 months

## Project ECHO: Sunflower Health Plan Case Presentation

Relevant Medical History (biagnosis, conditions, etc.)       Medication Summary (Name, dose, frequency, route)         • F34.81 – Disruptive mood dysregulation disorder       • Melatonin – 3mg – at bedtime         • F90.2 – Attention-deficit/hyperactivity disorder, combined presentation       • Clonidine HCL – 0.1mg – twice daily         • F43.10 – Posttraumatic stress disorder       • Depakote ER – 500mg – twice daily         • Fish oil – 1000mg – daily       • Fionase – 0.05mg/actuation – daily         • Zyprexa – 10mg – at bedtime       • Zyprexa – 10mg – at bedtime         • Zyprexa – 10mg – at bedtime       • Zyprexa – 10mg – at bedtime         • N/A       N/A         Substance Use History (substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)         • N/A – no regular substance use       • History of overdosing         Psychiatric History (age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)         • Suicidal ideation       • Property destruction         • elopement in all settings       • Physical and verbal aggression         • History of auditory hallucinations       • Law enforcement involvement         • Lack of education due to placement changes and hospitalizations		
<ul> <li>F43.10 – Posttraumatic stress disorder</li> <li>Fish oil – 1000mg – daily</li> <li>Flonase – 0.05mg/actuation – daily</li> <li>Miralax – 17gm/dose – daily</li> <li>Zyprexa – 10mg – at bedtime</li> <li>Zyprexa – 5mg – daily</li> </ul> Lab Summary (rest, result, date, etc.) N/A Substance Use History (substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use) N/A – no regular substance use History of overdosing Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.) Suicidal ideation, suicidal attempts, and self-harm Homicidal ideation Property destruction elopement in all settings Physical and verbal aggression History of auditory hallucinations Law enforcement involvement		
N/A       N/A         Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)         N/A - no regular substance use         History of overdosing         Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)         Suicidal ideation, suicidal attempts, and self-harm         Homicidal ideation         Property destruction         elopement in all settings         Physical and verbal aggression         History of auditory hallucinations         Law enforcement involvement		
Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)         • N/A - no regular substance use         • History of overdosing         Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)         • Suicidal ideation, suicidal attempts, and self-harm         • Homicidal ideation         • Property destruction         • elopement in all settings         • Physical and verbal aggression         • History of auditory hallucinations         • Law enforcement involvement		
<ul> <li>N/A – no regular substance use</li> <li>History of overdosing</li> <li>Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)</li> <li>Suicidal ideation, suicidal attempts, and self-harm</li> <li>Homicidal ideation</li> <li>Property destruction</li> <li>elopement in all settings</li> <li>Physical and verbal aggression</li> <li>History of auditory hallucinations</li> <li>Law enforcement involvement</li> </ul>		
<ul> <li>History of overdosing</li> <li>Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)</li> <li>Suicidal ideation, suicidal attempts, and self-harm</li> <li>Homicidal ideation</li> <li>Property destruction</li> <li>elopement in all settings</li> <li>Physical and verbal aggression</li> <li>History of auditory hallucinations</li> <li>Law enforcement involvement</li> </ul>		
<ul> <li>Suicidal ideation, suicidal attempts, and self-harm</li> <li>Homicidal ideation</li> <li>Property destruction</li> <li>elopement in all settings</li> <li>Physical and verbal aggression</li> <li>History of auditory hallucinations</li> <li>Law enforcement involvement</li> </ul>		
<ul> <li>Homicidal ideation</li> <li>Property destruction</li> <li>elopement in all settings</li> <li>Physical and verbal aggression</li> <li>History of auditory hallucinations</li> <li>Law enforcement involvement</li> </ul>		
<ul> <li>elopement in all settings</li> <li>Physical and verbal aggression</li> <li>History of auditory hallucinations</li> <li>Law enforcement involvement</li> </ul>		
<ul> <li>Physical and verbal aggression</li> <li>History of auditory hallucinations</li> <li>Law enforcement involvement</li> </ul>		
<ul> <li>History of auditory hallucinations</li> <li>Law enforcement involvement</li> </ul>		
Law enforcement involvement		
• Lack of concariou one to diacement changes and novinary appoint		
<ul> <li>History of multiple psychiatric hospitalizations, both long term and short term – longest stay being 9 mc</li> </ul>	onthe	
Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	///////	
<ul> <li>Individual therapy – beginning weekly but has not been consistent</li> </ul>		
<ul> <li>Medication management – every 1-3 months as needed</li> </ul>		
<ul> <li>Has had psychological evaluation in the last 3 years</li> </ul>		
Multiple psychiatric hospitalizations		
Biological parents are not involved; adoptive parents are not involved		
Coordination with internal and external partners		
<ul> <li>PRTF staffings bi-weekly with KDADS, DCF, and Sunflower</li> </ul>		
<ul> <li>Sunflower discharge planners after psychiatric hospitalizations</li> </ul>		
<ul> <li>Foster care agency – weekly/bi-weekly</li> </ul>		
CMHC updates every 60 days		
Barriers to Treatment		
Denied admission by all Psychiatric Residential Treatment Facilities		
<ul> <li>Requires 1:1 adult supervision</li> <li>Not always having a stable placement</li> </ul>		
<ul> <li>Not always having a stable placement</li> <li>Borderline low IQ – in the 70s</li> </ul>		
<ul> <li>Bordenine low IQ – In the 70s</li> <li>Lack of mental health services due to placement stability</li> </ul>		