



Case Presentation Form

Presenting Provider Name: Honey Bee Community Services, & Jenian, Inc.

Presentation Date: 09/12/2019

Patient Biological Gender: Female

Patient Age:44

Race:

American Indian/Alaskan
Native Asian

Native Hawaiian/Pacific
Islander

Multi-racial Other
 Prefer not to say

Black/African American

White/Caucasian

Ethnicity:

Hispanic/Latino

Not Hispanic/Latino

Prefer not to say

Topics to discuss/areas of concern:

Barriers we have found:

1. Limited Section 8 Housing due to lack of landlords willing to take voucher and appropriate housing needs
2. Affordable housing in general in our urban/suburban part of the state.
3. Difficulties and stereotypes in the community re: dual diagnosis of IDD and mental health and acceptance

Pertinent Medical History:

Diagnosis:



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Psychiatric History: (Age of first mental health contact, Past Diagnoses, History of self-harming behaviors or suicide attempts, etc.)

Age of her first mental health contact was around 18-19 with the local county mental health department. History of self-harm includes cutting herself on her legs and arms. She has a risk assessment written in her behavior support plan to keep her knives and scissors locked up unless staff is there to help. She has been admitted to the behavioral health unit twice in the last 10 months, due to self-harm and threatening suicide. She also had one hospitalization for a physical health problem in the same time period

Details:

She has been living in her own apartment since graduating from the 18-21 program, so she has been living semi-independently for about 22 years. This was fairly successful for the first 20 years. She attended a day service through most of those years.

About 2 years ago, she began to refuse day service, and her home behaviors increased. She started being more physically aggressive toward staff and was evicted from a Section 8 apartment complex 15 months ago. She is currently in another apartment setting (also Section 8), but is demonstrating similar behaviors there. Her triggers seem to be – familial interactions which can cause extreme behaviors, being told “no”, perseveration on perceived slights by others in her past, a lot of negative self-thoughts. She is not comfortable with too many people around her, her current living quarters too close to others, and she doesn't like interacting with the other residents and it makes her anxious when they try to talk to her. Once she is agitated, she has trouble self-calming. She is on a second floor and when she gets really angry she will stomp and scream, which impacts her neighbors below and the office directly below her. There have also been some police interactions at the apartment due to her behaviors, although they were very understanding and responded in a positive way.

Medication summary:

7A Levothyroxine .075 mg for hypothyroidism
8A Alprazolam .5 mg for anxiety
Tolterodine ER 4 mg cap for incontinence
Propranolol 20 mg for mood/impulse disorder
Tiagabine 4 mg for bipolar
Vit B-12 1000 mcg tab
Metformin 1000 mg tab for polycystic ovary syndrome
Claritin 10 mg for allergies
Singulair 10 mg tab for allergies
Gabapentin 400 mg for mood disorder
2P Gabitril 4 mg for bipolar
Gabapentin 400 mg for mood disorder
3P Alprazolam .5 mg for anxiety
5P Metformin 1000 mg for polycystic ovary syndrome
8P Alprazolam .5 mg for anxiety
Propranolol 20 mg for mood/impulse disorder
Divalproex ER 500 mg for mood disorder
Gabitril 4 mg for bipolar
Crestor 10 mg for hyperlipidemia
Seroquel 100 mg for mood/sleep
Zetia 10 mg for hyperlipidemia
Gabapentin 400 mg for mood disorder

PRN Sumatriptan 100 mg for Severe migraine headaches



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Trauma History: (Age of significant traumas and brief summary)

Details: She had complications at birth, causing lack of oxygen to her brain. Her mother noticed at about the age of 1 that she had some cognitive delays when compared to a friend's baby about the same age. After the diagnosis, her family accessed all the infant/toddler services that were available at the time. She started Special Education classes at pre-k and completed the 18-21 program through the local high school setting.

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

Details:

She currently lives in a 1 bedroom apartment and the neighbors are mostly neurotypical seniors in a Section 8 complex. It's an enclosed facility and she cannot get to her front door without running into several friendly older people who want to talk to her, which makes her extremely anxious.

In the past she accessed day services and was successful for several years, but has not attended a day service for about 3 years. The options available do not fit her needs – too overwhelming, too loud, too many people, practicing the fire and tornado drills causes anxiety, not receiving 1:1 supports, anxiety about going out in the community, and not always understanding the expectations – the social anxiety was too much.

She has had several jobs in the community (worked at Holiday Inn folding towels for about 2 years) through local employment supports but not for several years. No competitive jobs since 2002, due to some extreme behaviors.

She is her own guardian, siblings may in the future look into being her guardian.

Residential supports – She has 2-3 hours of residential supports 7 days a week. Any longer than that, and we start to get some resistive behaviors and outbursts. This doesn't include all of the doctor appointments that she has (psychiatrist, mental health therapist who she sees 1x week, urologist, primary care and gynecologist and dentist).

She likes 1:1 attention, going out to eat, crafts, esp. her beads and coloring. She loves animals, she currently owns a hamster. Music is very important to her, her Alexa is always playing music. She enjoys cooking shows and Keeping up with the Kardashians.

She enjoys cooking with her staff, and accepts help with basic housekeeping. She has good hygiene skills, but needs some hands-on help with shaving her legs.

She is not a great reporter when it comes to her physical health. In the past 6-7 months, she had a serious UTI that went undiagnosed for several weeks and she ended up in the hospital for 7 days with sepsis. We suspect she has a very high pain threshold and doesn't share with staff when she doesn't feel well.



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Pertinent Lab Work:

No substance abuse history

Summary of recent Urine Toxicology (if applicable):

Substance Use History, if applicable: (For each relevant substance include age at first use, age where use became problematic/regular, longest period of sobriety (Including what how patient maintained sobriety) and most recent pattern of use.)