Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Behavioral Health and Addiction

Session: 2

Name: Madison Manzanares

Date: 3/17/2021



| Patient Information | | Kullsus |
|--|---|----------------------|
| Gender: \square Male \boxtimes Female | | |
| Age: 25 | | |
| Race: | | |
| ☐ American Indian/Alaskan Native Asian | ☐ Native Hawaiian/Pacific Islander | ☐ Multi-racial Other |
| ☐ Black/African American | White/Caucasian ■ Material Representation ■ | ☐ Prefer not to say |
| Ethnicity: | | |
| ☐ Hispanic/ Latino | Not Hispanic/Latino | ☐ Prefer not to say |

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

Based on a 2013 Psychological report, member grew up living at home with biological parents, three siblings, and her niece. There is no report of trauma in her past and she has an 11th grade education. Member's mother indicated that she began noticing mental health symptoms around the age of 5 and that symptoms and behaviors increased following the death of her grandmother and great-grandmother around the age of 10. It has also been reported that around the age of 7, member attempted to stab her older sister multiple times as well as set her on fire. Member is currently living in a residential placement due to getting kicked out of the homeless shelter. She has a history of homelessness throughout her adult life. Member has not worked and she receives SSI. Member reports that she gave birth to twin girls at the age of 18. Both children were taken into custody. She has a history of legal issues including domestic battery, probation violation, assault, identity theft, and aggravated battery. It is unclear if she still has any family supports in her life, and she has been on the IDD waiver twice, both ending due to member leaving the residential placement to use heroin.

Medical History (Diagnosis, conditions, etc.)

Medication Summary (Name, dose, frequency, route)

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| Mild intellectual disorder | Medications April 2019 | |
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| Substance abuse or dependence | ' | |
| Anti-social personality disorder | Buspar 15 mg 1 tab twice a day | |
| Substance induced psychotic disorder | Prozosin HCL 5mg 1 tab at Bedtime | |
| Bipolar | Triamcinolon 0.1% Oin twice a day | |
| ADHD | Levothyroxin 50MCG 1 tab daily | |
| | Naproxen 500 MG | |
| | Cyclobenzapr 10MG 1 tab three times per day | |
| | Topiramate 25MG 1 tab daily | |
| | Trazodone 100 MG 2 tabs at bedtime | |
| | Ondansetron 4MG ODT PRN | |
| | Proair HFA AER 2 puffs PRN | |
| | Sumatriptan 25MG 1 tab PRN | |
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| Lab Company | Tavianlana Cummana | |
| Lab Summary (Test, result, date, etc.) | Toxicology Summary (Test, result, date, etc.) | |
| Click here to insert summary | Click here to insert summary | |
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| Substance Use History (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 substance use and abuse starting | | |
| problematic. The longest period of sobriety is during income | | |
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| Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.) | | |
| Member has been in and out of therapy beginning around age 5 and continuing until she was 16 years of age. She has | | |
| had multiple psychological evaluations in the past. Mem | | |
| behaviors and has been inpatient at several acute facilities. She has a history of self-harm as well and suicidal ideation. | | |
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| benaviors and has been impatient at several acute facilities | so. She has a history of sen harm as wen and salchaar accusion. | |
| benaviors and has been impatient at several acute facilities | as she has a history of self harm as well and salchaar accusion. | |
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| Most recently, member has been getting services through a local CMHC, but has not followed through with treatment recommendations. | | |
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| Barriers to Treatment | | |
| Substance use and criminal activities. | | |
| IDD Diagnosis poses a challenge with her being accepted to inpatient treatment. | | |
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