

# Project ECHO: Sunflower Health Plan Case Presentation

## Presentation Information

Series: Supports for I/DD

Session: Community Support Waiver

Name: Elizabeth Lee

Date: 3/19/2026



## Patient Information

Gender:  Male  Female

Age: 20

### 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 a personable and social young adult who places high value on his family, faith community, and opportunities for connection and inclusion. He enjoys participating in Special Olympics, dancing, playing video games (particularly Wii), learning and discussing history, and spending time with others. Member is strongly motivated by praise, positive recognition, and preferred activities such as food treats and community outings. He communicates verbally and benefits from clear, calm communication, reassurance, and extra time to process information. Member responds best to structured, supportive, and non-confrontational interactions and prefers positive reinforcement over criticism. His goals include increasing community inclusion, improving emotional regulation and safe communication, and working toward greater independence over time, including future employment and more independent living, while continuing to require supervision to ensure safety due to significant behavioral health needs.

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

Member lives with his parents, who are his legal guardians, due to significant safety concerns related to impulsivity, elopement, and self-harm behaviors. He is not currently employed, though he has worked in the past and has expressed interest in obtaining future employment. Member has an extensive legal history associated with psychiatric crises, including multiple open cases across a couple counties. Crisis-driven behaviors have resulted in repeated law enforcement involvement, jail transports, and ongoing court proceedings, some of which may impact diversion plans. He currently has an Individual Justice Plan in place with local law enforcement.

His primary support system consists of his parents, who provide daily supervision, transportation, medication management, financial management, and legal advocacy. Additional supports include targeted case management, psychiatric care and therapy services. Despite these supports, his caregiver reports the home environment has become increasingly unsafe during crises, contributing to high caregiver stress and the need for more intensive services.

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<b>Relevant Medical History</b> (Diagnosis, conditions, etc.)	<b>Medication Summary</b> (Name, dose, frequency, route)
<p>The member has been diagnosed with Autism, ODD, ADHD, Mental disorders NOS, and PTSD. He sustained a severe humerus fracture during a restraint at a state hospital, which required escalation to trauma services and surgical repair involving a plate and four screws. Post-surgical complications include ongoing pain, suspected nerve damage, wrist drop, and difficulty or unwillingness to consistently wear a prescribed brace. He requires physical and occupational therapy, though participation and compliance have been variable. These medical complications continue to contribute to functional limitations and overall care complexity.</p>	<p>Member’s psychiatric medications have included mood stabilizers and antipsychotic medications such as Trileptal, Guanfacine, and Aripiprazole, prescribed for mood stabilization, impulsivity, and behavioral regulation. Medication changes have occurred over time, and some abrupt transitions (e.g., discontinuation of Seroquel with initiation of Trileptal) have coincided with worsening behavioral instability. Medications are administered and monitored by caregivers.</p> <p>Trileptal 600mg am and pm          Depakote 1000mg ER pm          Guanfacine 2 mg ER pm</p>
<b>Lab Summary</b> (Test, result, date, etc.)	<b>Toxicology Summary</b> (Test, result, date, etc.)
<a href="#">Click here to insert summary</a>	<a href="#">Click here to insert summary</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)	
<p>There is no reported history of substance use, abuse, or dependence. No alcohol, illicit drug, or misuse concerns have been identified.</p>	
<b>Psychiatric History</b> (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>Member has a longstanding history of serious behavioral and psychiatric concerns, including recurrent suicidal ideation and self-harm behaviors. Documented behaviors include running toward traffic, attempting to flee moving vehicles, climbing elevated structures, and engaging in head-banging during periods of emotional dysregulation. He has experienced numerous emergency department visits and psychiatric hospitalizations, frequently involving law enforcement and EMS. He demonstrates aggression during crises, including hitting staff and throwing objects. Emotional triggers include loud or chaotic environments, interpersonal conflict, and reminders of previous placements. The frequency, severity, and unpredictability of these behaviors place him at persistently high risk for self-harm.</p>	
<b>Treatment Summary</b> (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	
<p>Member has received ongoing psychiatric care, medication management, and outpatient therapy services. He has experienced multiple inpatient psychiatric admissions and emergency evaluations, often initiated during crisis events. Engagement in treatment is inconsistent and frequently impacted by behavioral escalation, medical issues, and legal involvement. His caregiver remains actively engaged and transparent in coordinating care, though treatment effectiveness has been limited by the intensity of symptoms and lack of sustained, structured residential support.</p>	
<b>Barriers to Treatment</b>	
<p>Significant barriers exist to securing appropriate residential placement, including limited bed availability, missed or postponed assessments due to illness or crisis, and concerns that Member may refuse voluntary admission. These barriers have left current home-based supports insufficient to maintain safety. Legal uncertainty, ongoing medical needs, and frequent crises further complicate treatment planning and continuity of care.</p>	