Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Closing the Gap - Care Coordination with Community Providers

Session: Foster Care Case Management Overview

Name: Hailey Bartels and Kassidy Young

Date: 7/17/2025

Patient Information Gender: Male □ Female Age: 21 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)

Strengths:

- Member is very friendly and likes to joke around with others. He has a sense of humor and is outgoing.
- He is good at remembering things and is helpful around the house.
- He is genuine, cares a lot about other people, and is good at giving hugs.
- He is always willing to learn new things.
- He is an articulate individual and expresses himself well.

What's Important to Member:

- Family and foster family supports and spending quality time with them.
- Gaining independence skills to one day have a job and live on his own.
- Having the opportunity to go out and do fun things.
- Being treated like and spoken to like an adult.
- Having daily choices in his life to live as he pleases.

How to Best Support Member:

- Being patient and allowing him enough time to complete tasks on his own without doing it for him or hurrying him along (putting him on a time limit)
- Give him advance notice of any changes in schedule or routine, when possible.
- Support and encourage him to stick to his routine, as he does a lot better with a consistent routine.
- It is best for those supporting him to have patience and help explain things to him in a way he understands.
- It is important to provide a lot of praise and reinforcement to member when completing tasks or accomplishing something, as earning rewards is very reinforcing to him.
- Give him daily choices in his life to do as he pleases. He wants to be treated like an adult and not as a child.
- It is best to remind him of the importance of being safe in the community and to inform other adults of when he will be leaving to go on a walk to the nearby stores.

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Relevant Social and Trauma History (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support				
- Previously in DCF custody				
- I/DD waiver waitlist member – just became active member as of last week (7/2/25)				
- Very recently an adult guardian was appointed				
- Currently living in an I/DD group home and attending I/DD day services				
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Relevant Medical History (Diagnosis, conditions, etc.)				
NA				
		7	Medication	
	>		METFORMIN TAB 500MG OR	
	>	7	Vitamin D2	
	>		TRAZODONE TAB 50MG OR	
	>		OXCARBAZEPIN TAB 300MG OR	
	>		CITALOPRAM TAB 20MG OR	
	>		HYDROXYZ HCL TAB 25MG OR	
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)			
NA	NA			
Substance Use History (Substance, age of first use, age where use became p	problematic longe	est nerion	d of cohriety, how sohriety was achieved, method of use)	
NA	problematic, longe	est periot	a of sources, now sources was achieved, method of use,	

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Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)

May 2017: Initial psych referral was made due to concerns of physical neglect and lack of parental supervision. Those concerns resulted in member being removed from biological parents residence. From 2017 to 2024, member has been in and out of multiple placements, ranging from foster homes to PRTF placements, on a short-term and long-term basis.

Current: Member has experienced multiple adverse bx incidents including property damage, physical aggression, verbal aggression, and threats with intent to cause harm to himself or others.

Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)

Member has received numerous different types of MH tx varying from both inpatient and outpatient programming. Member currently is engaged with his local CMHC working with a MH CM who he sees weekly as well as a psychiatrist who manages his medications. The level of engagement to tx member exhibits is dependent on situational events and their mood that day.

Barriers to Treatment

- Dual dx member with I/DD and MH dx
- Foster care
- Lengthy trauma history
- Multiple environment changes, transitions, and moves happening short-term