

# Project ECHO: Sunflower Health Plan Case Presentation

## Presentation Information

Series: Behavioral Health

Session: CCBHC

Name: Mary Casey on behalf of Angie Kookan

Date: 9/11/2025



## Patient Information

Gender: ☐ Male ☒ Female

Age: 14

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 struggles with recognizing and managing her emotions. She has substantial anxiety around school and needs support during her school day. Her mother is her advocate and she makes sure member has all she needs to be successful. It is important for the member to have a case manager who understands and supports her.

### 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 her mother, father and younger siblings (one brother, one sister). She does work part time after school and the weekends. She has no legal history. She is in the 9<sup>th</sup> grade. Member's biggest support is her mother. She will do anything to make sure member has the support she needs. Member worked very hard over the summer to learn how to manage her emotions and saw her private therapist weekly. She made substantial progress over the summer. School, specifically Math, is a huge stressor for her. It has become problematic enough that her mother offered to pull her out of school and let her complete online schooling again. Member wants to wait until semester but mom is concerned about her not having CCBHC support at school.

Member witnessed DV between parents around 6-7 years of age. Mother reported Member was sexually molested by a male peer in 2021.

# Project ECHO: Sunflower Health Plan Case Presentation

<b>Relevant Medical History</b> (Diagnosis, conditions, etc.)	<b>Medication Summary</b> (Name, dose, frequency, route)
Dx: F90.2 ADHD Combined Type F41.1 Generalized Anxiety Disorder F34.84 Disruptive Mood Dysregulation Disorder  Also has asthma Possible IBS	Trazodone 150mg at bedtime, oral Sertraline 150mg daily, oral Albuterol inhaler 90mcg PRN Medroxyprogesterone injection 150mg/mL IM every 3 mos Zantac 75mg at bedtime, oral Hydroxyzine 25mg at bedtime, up to 3 times daily, oral Trileptal 600mg at bedtime, oral
<b>Lab Summary</b> (Test, result, date, etc.)	<b>Toxicology Summary</b> (Test, result, date, etc.)
N/A	NA
<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)	
N/A	
<b>Psychiatric History</b> (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>Diagnosed with anxiety in 2019, DMDD in 2023 and ADHD several years ago (mom was not certain of the exact time frame). No self-harming behaviors or suicidal ideation reported currently. Does isolate when struggling with depressive symptoms but her mother will check on her every 10-15 mins when she is in her room.</p> <p>Admitted to BH IP due to paranoia, physical aggression, aggression toward animals and threatening siblings 1/16/2024-1/19/2024</p> <p>Admitted to BH IP due to suicidal ideation with a plan to overdose 10/15/2024-10/21/2024</p>	
<b>Treatment Summary</b> (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	
Member goes to therapy weekly with a private therapist and has medication management every 30 days.	
<b>Barriers to Treatment</b>	
<p>Newly assigned case manager who is new to their role. Prior to this, member did not have a consistent case manager seeing her at the school setting. The former CM was reportedly not allowed to see her at the school. The new case manager will be meeting with the member at school at least 3 x weekly. Member does not easily trust others so rapport building will be the primary focus at this time. Member will be introduced to her new CM by her former CM who does not work in the school. Her current services with the CCBHC are CPST and TCM. They might add an IPERS worker later if needed. Member is triggered when she does not know the material in her classes, commonly math, and she will shut down or have a panic attack. Member wants to go back to completing online school, but mom is concerned about losing her social connections that she has worked diligently on building. Mom said she would consider this if the member cannot get support in school, but it was around this time last year when member spiraled and ended up hospitalized for thoughts of self-harm and suicide. Mom wants to do what she can to keep member from having to experience that again.</p>	