

# Project ECHO: Sunflower Health Plan Case Presentation

## Presentation Information

Series: Youth Behavioral Health Services

Session: Mental Health Codes

Name: Susan Cross

Date: 9/12/2024



## Patient Information

Gender:  Male  Female

Age: 58

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)

### Obtaining housing

Prefers to do things such as finances independently

Likes to be in charge

Likes to help homeless when he is housed

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

1973-1993 ward of state, had seizures as a child. Possible TBI at age 5, was in group home (file states MR – IDD?) and at least 2 state hospitals as a minor, 2013 hx of homelessness, currently homeless, not seeking employment, felony hx due to attacking a healthcare worker, high school diploma, single, no family support, hx of evictions due to payment or failed interactions with staff. Member states he was sexually abused by a male as child, often refuses male cares/interactions. Hx of domestic violence w/girlfriend and failure to follow PFA. History of disruptive behaviors in the community, aggression, is on probation and has been banned from local shelters and group homes in the community. When he had a guardian, he was banned from his guardian's place of work due to disruptive behaviors.

## Relevant Medical History (Diagnosis, conditions, etc.)

## Medication Summary (Name, dose, frequency, route)

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<p>COPD, OSA, DM II, CHF Afib, HTN, hx TBI, arthritis, bipolar anxiety disorder, borderline personality disorder, depression</p> <p>Schizoaffective d/o, SI, CKD, Chronic CHF EF 30-35%</p> <p>Excessive ER visits</p>	<p>Lisinopril 20 mg QD          Amiodarone 200 mg QD          Metoprolol 50 mg TID          Ocuville 1 tab daily          Metformin 500 mg BID          Amlodipine 5 mg QD          Lasix 20 mg BID          Tylenol 8 hr tab 650 mg TID          Atorvastatin 40 mg QD          Eliquis 5 mg BID</p> <p>Albuterol HFA 90mcg 1-2 puff q 6hrs PRN          Jardiance 10 mg daily          Meclizine 12.5 mg BID PRN</p> <p>Uses Bipap at HS</p> <p>8/23/24 – member states he started Zoloft 25 mg again</p>
<p><b>Lab Summary</b> (Test, result, date, etc.)</p>	<p><b>Toxicology Summary</b> (Test, result, date, etc.)</p>
<p>Laboratory Tests: 08/15 1344</p> <p>Chemistry Sodium (135 - 148 mmol/L) 140          Potassium (3.5 - 5.3 mmol/L) 4.1          Chloride (98-110 mmol/L) 105          Carbon Dioxide (21 - 32 mmol/L) 28          Anion Gap (10-20 mmol/L) 7 L          BUN (7-20 mg/dL) 25 H          Creatinine (0.70 - 1.30 mg/dL) 2.19 H          Estimated Creat Clear (&gt; 59 mL/min) 21 L          eGFR (&gt;59 mL/min) 34.1 L          Glucose (70 - 99 mg/dL) 85          Calcium (8.5 - 10.1 mg/dL) 9.2          Total Bilirubin (0.0 -1.0 mg/dL) 0.7          AST (10-37 Units/L) 11          ALT (&lt; 66 Units/L) 24          Total Alk Phosphatase (45-117 IU/L) 64          Serum Total Protein (6.4 - 8.2 gm/dL) 8.9 H          Albumin (3.4 - 5.0 gm/dL) 3.8          TSH (0.34-4.82 uIU/mL) 1.31</p> <p>Hematology          WBC (5.0 - 10.0 k/cumm) 6.3          RBC (4.00 - 6.00 m/cumm) 5.03          Hgb (14.0 - 18.0 gm/dL) 12.7 L          Hct (40.0-54.0 %) 41.6          MCV (80.0- 100.0 fl) 82.7          MCH (27.0-33.0 pg) 25.2 L</p>	<p>Laboratory Tests: 08/15 1344</p> <p>Toxicology          Salicylates (2.8 - 29.0 mg/dL) &lt; 2.8 L          Urine Opiates Screen (NEGATIVE) NEG (&lt; 300 ng/mL)          Urine Methadone Screen (NEGATIVE) NEG (&lt; 3          Acetaminophen (10-30 mcg/mL) &lt; 2 L          Ur Barbiturates Screen (NEGATIVE) NEG (&lt; 200 ng/mL)          Ur Phencyclidine Scrn (NEGATIVE) NEG (&lt; 25 ng/mL)          Ur Amphetamines Screen (NEGATIVE) NEG (&lt; 200 ng/mL)          U Benzodiazepines Scrn (NEGATIVE) NEG (&lt; 200 ng/mL)          U Cocaine Metab Screen (NEGATIVE) NEG (&lt; 300 ng/mL)          U Cannabinoids Screen (NEGATIVE) NEG (&lt; 50 ng/mL)          Ur Drug Screen Comment *****          Plasma/Serum Ethyl Ale (&lt; 10 mg/dL) &lt; 10</p>

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MCHC (32.0-37.0 g/dL) 30.5 L  
 RDW (11.0-15.6%) 17.9  
 Plt Count (150 - 400 k/cumm) 207  
 MPV (8.5 - 10.9 fl) 10.1  
 Immature Gran % (Auto) (0.0 - 0.6 %) 0.2  
 Abs Immat Gran (auto) (0.00 - 0.09 k/cumm) 0.01  
 Lymphocytes % (20-30 %) 16.0 L  
 Monocytes % (4 - 6 %) 5.3  
 Eosinophils % (2 -4 %) 0.6 L  
 Basophils % (0 - 1 %) 0.3  
 Nucleated RBC % (0.0 - 0.0 /100 WBC) 0.0  
 Absolute Granulocytes (2.0 - 9.0 k/cumm) 4.9  
 Segmented Neutrophils (50 - 75 %) 77.6 H  
 Absolute Lymphocytes (1.0 - 4.0 k/cumm) 1.0  
 Absolute Monocytes (0.1 -1.0 k/cumm) 0.3  
 Absolute Eosinophils (0.1 -0.5 k/cumm) 0.0 L  
 Absolute Basophils (0.0 - 0.2 k/cumm) 0.0

**Urines**

Urine pH (5.0-7.0) 6.0  
 Ur Specific Gravity (1.015 - 1.025) 1.015  
 Urine Protein (NEGATIVE) 1+ \*  
 Urine Ketones (NEGATIVE) NEGATIVE  
 Urine Blood (NEGATIVE) NEGATIVE  
 Urine Nitrite (NEGATIVE) NEGATIVE  
 Urine Bilirubin (NEGATIVE) NEGATIVE  
 Urine Urobilinogen (NORMAL) NORMAL  
 Ur Leukocyte Esterase (NEGATIVE) NEGATIVE  
 Urine RBC (0 - 3 rbc/hpt) 0  
 Urine WBC (0 - 5 wbc/hpt) 0-1  
 Urine Bacteria (NEGATIVE) NEGATIVE  
 Vol Urine Centrifuged ((8 - 12mL STD) mL) 12.0  
 Urine Glucose (NEGATIVE) 3+ \*

**Substance Use History** (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)

None known – denies alcohol, smoking, drug use

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

Denies mental illness – Foster care, age 6, hx of bipolar disorder, borderline IDD, suicidal ideation/attempts, PTSD, TBI

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

State hospitals and county health resources used, county health engagement termed by member due to aggressive, requires 2 to 1, refuses to participate.

## **Barriers to Treatment**

Member refuses to accept payee. Chronic homelessness due to insufficient management of income, banned from local shelters due to aggressive interactions. Member has hx of aggression, incarceration, unsuccessful interaction in the community. Member was sexually abused as child, refuses male cares. Member has hx of Zoloft, loxapine, and fluphenazine medications. State he has no dx and does not use these meds any longer. Fixation on past negative issues with staff of various providers. Refuses ALF living because he wants to have the majority of his funds and manage them.