

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Youth Behavioral Health Services

Session: 988 Crisis Line

Name: Nicole Goodwin

Date: 9/26/2024



Patient Information

Gender: Male Female

Age: 28

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 very bright, empathetic, kind, and loves to learn. She is incredibly skilled at completing rubix cubes and writing. She wants to continue to have her own housing, but is considering getting a roommate. She would like to live in a different apartment due to the neighbors next door constantly fighting. She wants to maintain employment with her current employer for the part time hours she currently is working. Member's family, particularly her niece are very important to her. Member's cat is very important to her and she takes very good care of her. Member is motivated by the work she does advocating and training around issues related to mental health and supporting individuals with disabilities.

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

28-year-old single, biracial female that has lived independently in her own apartment for the last year for the first time. She lives alone with her cat. Member does not have any children and is working 18-20 hours per week for an agency that does advocacy work for individuals with disabilities. Member's job responsibilities include training other social service agencies and law enforcement to educate them on interacting and providing services to individuals on the autism spectrum. Member has been with this employer for two months, but has done consulting work for them since February. She has traveled to Washington DC and met with legislators regarding the importance of funding for mental health and IDD programs. Member drives independently and has her own personal vehicle that was given to her by a previous step-mother that she is still close to. Member graduated high school and attended two years of college focusing on psychology classes. Member has completed an 18-week training program, Leadership Education in Neurodevelopmental and related Disabilities (LEND) and served as a board member for an agency focused on suicide prevention. Member has also completed the Face of Change leadership program with Kansas Youth Empowerment Academies and has helped lead autism support groups in the past.

Member's mother lives in the same apartment complex and can serve as an informal support but has limitations related to her own behavioral health diagnosis and needs. Member reports a positive relationship with a previous step-mother and her various siblings. Member provides childcare as needed to a niece that is very important to her. Member reports a positive relationship with her siblings but that helping them at times can be overwhelming and she has to remember to take care of herself first. Member is a part of the STEPS program which provides 56 hours per month of supported employment services, 23.5 hours per week of personal care services, and independent living skills training.





Relevant Medical History (Diagnosis, conditions, etc.)

Medication Summary (Name, dose, frequency, route)

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<p>Diabetes Hypertension Autism Hyperlipidemia Insomnia Polycystic Ovarian Syndrome Major Depressive Disorder Generalized Anxiety Disorder Obesity GERD Social Phobia</p>	<p>Benzotropin .5 mg Q AM Clonazepam .5 mg PRN up to two times per day Trulicity Injection 3/.05 Weekly Farxiga 10 mg QD Metformin 500 mg BID Olanzapine 5mg PRN up to two times per day Pantoprazole 40 mg QD Mirena Valsartan 320 mg QD Abilify 400 mg every 21 days Viibryd 40 mg QD Rosuvastatin 40 mg @ HS Mirtazapine 15 mg @ HS Zolpidem 5mg @ HS</p>																																																			
<p>Lab Summary (Test, result, date, etc.)</p>	<p>Toxicology Summary (Test, result, date, etc.)</p>																																																			
<p>11/7/23- A1C 5.9 Met w/ PCP on 5/5/24 for A1C and reports that her A1C was normal. Labs collected 09/02/24 Comprehensive metabolic panel [230613263] Blood</p> <table border="1"> <thead> <tr> <th>Component</th> <th>Value</th> <th>Units</th> </tr> </thead> <tbody> <tr> <td>Sodium</td> <td>139</td> <td>mmol/L</td> </tr> <tr> <td>Potassium</td> <td>4.1</td> <td>mmol/L</td> </tr> <tr> <td>Chloride</td> <td>107</td> <td>mmol/L</td> </tr> <tr> <td>CO2</td> <td>26</td> <td>mmol/L</td> </tr> <tr> <td>Anion Gap</td> <td>10.1</td> <td></td> </tr> <tr> <td>Glucose</td> <td>88</td> <td>mg/dL</td> </tr> <tr> <td>Total Protein</td> <td>6.2</td> <td>g/dL</td> </tr> <tr> <td>Albumin</td> <td>3.9</td> <td>g/dL</td> </tr> <tr> <td>Calcium</td> <td>8.7</td> <td>mg/dL</td> </tr> <tr> <td>BUN, Bid</td> <td>12</td> <td>mg/dL</td> </tr> <tr> <td>Creatinine</td> <td>0.65</td> <td>mg/dL</td> </tr> <tr> <td>eGFR</td> <td>>59</td> <td>mL/min/1.73mE2</td> </tr> <tr> <td>Total Bilirubin</td> <td>0.8</td> <td>mg/dL</td> </tr> <tr> <td>Alkaline Phosphate</td> <td>81</td> <td>U/L</td> </tr> <tr> <td>ALT</td> <td>27</td> <td>U/L</td> </tr> <tr> <td>AST</td> <td>23</td> <td>U/L</td> </tr> </tbody> </table>	Component	Value	Units	Sodium	139	mmol/L	Potassium	4.1	mmol/L	Chloride	107	mmol/L	CO2	26	mmol/L	Anion Gap	10.1		Glucose	88	mg/dL	Total Protein	6.2	g/dL	Albumin	3.9	g/dL	Calcium	8.7	mg/dL	BUN, Bid	12	mg/dL	Creatinine	0.65	mg/dL	eGFR	>59	mL/min/1.73mE2	Total Bilirubin	0.8	mg/dL	Alkaline Phosphate	81	U/L	ALT	27	U/L	AST	23	U/L	<p>None, member reports no history of substance abuse.</p>
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CBC and differential [230613264]  (Abnormal) Blood		Component Value No component results	
TSH (Reflex Free T4 if abnormal) [230613265] (Abnormal) Blood		Component Value Units TSH 4.106 ^ uIU/mL	
Lipid panel [230613266]  (Abnormal) Blood		Component Value Units Cholesterol 202 ^ mg/dL Triglycerides 191 ^ mg/dL HDL 27 v mg/dL LDL 137 mg/dL Cholesterol Non-HDL 175 ^ mg/dL	
T4, free [230613272] Blood		Component Value Units Free T4 0.96 ng/dL	
Chloride	107	mmol/L	
CO2	26	mmol/L	
Anion Gap	10.1 		
Glucose	88	mg/dL	
Total Protein	6.2	g/dL	
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Component	9/2/24 0541
Ref Range & Units	
WBC	13.4
3.5 - 10.5 10E9/L	(H) ^
RBC	5.20
3.90 - 5.03 10E12/L	(H) ^
Hemoglobin	13.5
12.0 - 15.5 g/dL	
Hematocrit	42.7
34.9 - 44.5 %	
MCV	82.1
81.6 - 98.3 fL	
MCH	26.0
26.0 - 34.0 pg	
MCHC	31.6
31.0 - 37.0 g/dL	
RDW	14.6
11.9 - 15.5 %	
RDW-SD	43.4
40.0 - 55.0 fL	
Platelets	346
150 - 450 10E9/L	
nRBC	0.00
<=0.00 10E9/L	
Neutrophils %	61.2
40.0 - 75.0 %	
Lymphocytes %	31.2
22.0 - 49.0 %	
Monocytes %	5.5
2.0 - 10.0 %	
Eosinophils %	1.6
<=5.0 %	
Basophils %	0.5
0.0 - 2.5 %	
Neutrophils Absolute	8.18
1.70 - 7.00 10E9/L	(H) ^
Lymphocytes Absolute	4.16
0.90 - 2.90 10E9/L	(H) ^
Monocytes Absolute	0.73
0.30 - 0.90 10E9/L	
Eosinophils Absolute	0.21
0.05 - 0.50 10E9/L	
Basophils Absolute	0.07
0.00 - 0.30 10E9/L	
% nRBC	0
<=0 %	

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

No substance abuse history

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

Member has had numerous inpatient hospitalizations due to suicidal ideations and attempts over the last 10+ years. Member has a history of physical/sexual abuse and a pattern of unstable housing and tenuous/conflictual family support. Most recent suicide attempt occurred in the spring of 2023. Member was most recently hospitalized for three days due to suicidal ideations in early September 2024. Member did engage in self-harm behaviors by cutting the top of her forearm. In the two weeks preceding the hospitalization, member discontinued her medications and flushed them down the toilet. She then began cancelling her personal care attendants shifts and called in sick to work. Member reports that she then became concerned that she had made a mistake that would result in the loss of her employment and this further exacerbated her depression, anxiety, and suicidal ideations. Member indicates that she discontinued her medications because she does not like to take any medication and that they make her feel nauseous. Member reports that she had not been taking her nighttime medications for many months.

Prior to the September 2024 hospitalization, member had not experienced suicidal ideations in about a year. Securing independent housing and employment seems to have brought a great deal of stability. Member verbalizes current

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commitment to taking her medications and eating something with each administration to see if it reduces feelings of nausea. Medications are being kept at her mother's apartment and staff are bringing over the medications that are to be taken that day and assuring each dose is taken. Member was working from home but is now going into the office each Monday and Friday with her supported employment staff to reduce isolation and assist her in organizing her work tasks. Staff are to alert member's case manager if member begins to cancel their shifts and isolate. Member has developed a safety plan with her therapist and has it posted on her bedroom wall. It reminds her of the reasons why it is important that she is alive, activities she can do, and people she can call. Member has developed a weekly schedule with her supported employment provider and has it posted in her kitchen and reports this is helpful.

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

Individual therapy 1x per week
Psychiatry every three months

Barriers to Treatment

Member reports that she does not like or want to have to take any medications.