Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: ______________

Session: ______________

Name: Lauren Anderson

Date: 10/28/2021

Patient Information

Gender: ☒ Male ☐ Female

Age: 18

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

Social and Trauma History (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)	
Member is an 18 year old male who currently lives with both parents in an urban setting. He is currently employed as a pizza delivery driver and the family is still waiting to hear back regarding a disability determination. He was unable to finish high school due to mental health symptoms. Prior to his decline, he was an honors student and got very good grades. He does not have a history of legal involvement. There is a history of depression on both maternal and paternal sides of the family and both parents are recovering alcoholics. Family identifies religion as Catholic. Member enjoys skateboarding. He has a girlfriend of 3 years who is reported to be a good support for him. Parents are very supportive and involved in his care.	
Medical History (Diagnosis, conditions, etc.)	**Medication Summary** (Name, dose, frequency, route)
Vocal Cord Disorder Malnutrition at times due to inability to eat	Current medications include: (300 mg a.m. and p.m.) of Lyrica; Trazadone 100 mg p.m. and Pristiq 100 mg p.m. Previous medications tried include: Clonidine, Haldol, Valium, Abilify, Naltrexone, Remeron, Focalin, Luvox, Zoloft, Prozac, Droperidol, THC, Oxycodone, Klonopin, Vistaril, Geodon

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Lab Summary (Test, result, date, etc.)	**Toxicology Summary** (Test, result, date, etc.)
None reported	None reported

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

History of cannabis use which has reported to have decreased

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

Member was diagnosed with Tourette's Disorder around age 5. He was diagnosed with Obsessive Compulsive Disorder (OCD) in late 2019/early 2020. He experiences verbal and physical tics which can last for hours and lead to significant distress. He has been diagnosed with Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD) and Attention Deficit Hyperactivity Disorder (ADHD) as well.

He was hospitalized in January 2020 for OCD symptoms leading to self-harm in the form of biting his lips and tongue. Due to the severity, he had his jaw wired shut for a brief period of time to prevent further injury to self. During a hospitalization last year for severe biting and damage to his mouth, member was placed in medically induced coma and on a ventilator due to the sedatives they had put him on making it difficult from him to breathe. He has had mouth guards made to try to prevent further damage to his lips, tongue, and teeth. He also had his wisdom teeth removed a few months ago as he had an increase in biting and self-harm when they started coming in.

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

Member has had 8 inpatient stays since January 2020 and also a PHP (Partial Hospitalization Stay). He has had two stays at a speciality residential center out of state in the past year and a half. A single case agreement was conducted with an outpatient speciality provider while waiting for the first residential stay.

He has been seeing a private therapist at a neurological center, a psychiatrist (same provider since age 8 but moving to an adult provider), and a neurologist. He has also had case management through a CMHC in past (refused additional services although recommended several times).

He has been approved for DTMS (Deep Transcranial Magnetic Stimulation). He also began EMDR recently but it has been put on hold and he is currently only receiving hypnotherapy for therapy services.

IOP has been suggested as well- was told he would not qualify at the time due to not being depressed enough and them not specializing in OCD. We have also suggested a young adult program with CMHC to help with transition to adult services/independent life skills

Barriers to Treatment
Member's level of participation Declining CMHC services COVID-19 Pandemic impacting services- delayed residential stays and specialized OCD treatment only over telehealth- made exposures more difficult Lack of providers with specialized services Poor discharge planning coordination from residential facility Hospitals feeling unable to help him apart from pain management