

# Project ECHO: Sunflower Health Plan Case Presentation

## Presentation Information

Series: Care Access  
Session: Social Isolation  
Name: Deb Rear  
Date: 10/30/2025



## Patient Information

Gender:  Male  Female

Age: 51

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)

**Goal is to live to at least his 90s**  
**While at the facility enjoyed "socials," Bingo, karaoke and smoking outside**  
**Advocates for himself- knows his rights**  
**Knows how to seek help/assistance when he needs it, and will do it**  
**Prefers small towns/communities**  
**Enjoys listening to favorite music (heavy metal), going outside for a walk, playing basketball, drawing, food related activities (parties)**  
**Strong religious beliefs (which he can get overly verbal about at times, tends to change beliefs often)**  
**Enjoys talking to peers about world events- loves to talk and tell stories**  
**Great memory- remembers events, people, his finances (how much he spent on things)**  
**Manages his money well- has an ATM card now to continue working on doing this more independently**  
**Very resourceful**  
**Likes to play guitar and work on cars**  
**Others would say he is a determined person, the one to get things done**

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

Member was referred to Sunflower for assistance with a transition to the community from a Nursing Facility for Mental Health (NFMH). He had been in an institutional setting for the past seven years. He transitioned to the community with wraparound supports from the local community mental health center, including peer support, case management and twice a week group therapy. Member's preference was to live in a small town, this became a barrier for the member to receive services through the CMHC. Member struggled with social isolation due to these barriers. This led to the member moving to a group home, then back to the NFMH. He is again wanting to move back to the community.

Not very forthcoming with historical information, so much that is known is from current. He has voiced in the past experiencing sexual abuse as a child.

Still in touch with his mother and he will call her occasionally, she lives in a long term care facility. Dad is reported to be deceased.

In the community, reported working at the mall. At the facility, has worked as a dietary aid.

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Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
<p>Schizophrenia            Major Depressive disorder            COPD            Schizoaffective disorder- bipolar type            other specified anxiety disorders            Acute pain related to muscle spasms (history of hip fracture), pain in thoracic spine and leg            Constipation            Extrapryamidal and movement disorder            Hypothyroidism</p>	<p>Buspirone 15mg 3x/day            Fluphenazine 25mg PM, 15mg in the AM            Gabapentin 300mg 3x/day            Lamotrigine 50 mg            Levothyroxine 25MCG            Pantoprazole            Trazodone 50mg PM            Ziprasidone 60mg 2x/day</p> <p>Acetaminophen PRN            Ibuprofen PRN            Advair PRN            Albuterol PRN            Lorazepam PRN</p>
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
None available	None available
Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)	
<p>No history reported of drug or alcohol use            Smokes, states this is something he wants to continue doing            Facility reports excessive use of coffee and energy drinks</p>	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
History of onset unknown	
Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	
<p>Resident in the NFMH for 7 years- receiving mental health treatment            Shortly after moving to the community, went to crisis then acute hospitalization, then admission back to NFMH</p>	

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## Barriers to Treatment

Challenges with behavioral issues due to his mental health diagnoses- disorganized thinking, making frequent allegations towards staff and peers, escalated verbally and cusses at people when he doesn't get what he wants, may become aggressive when agitated and believes that others have provoked him, difficulty accepting responsibility.

Wants to be responsible with his items (ie, his wallet), but tends to lose things

Desires to be independent, but still needing support from others- ie. Helping him to de-escalate, following his safety plan and coping strategies, with navigating social norms in the community setting, resistive to ADL interventions (ie assistance with toileting)

Rural communities- difficulty accessing staff as easily