

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Care Coordination

Session: Transitions to Employment

Name: Natalie Gorman LMSW

Date: 11/11/2021



Patient Information

Gender: Male Female

Age: 24

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 lives with his girlfriend and 18 month old female child.

They live in a one bedroom apartment. He receives residential services and job support services by HCBS/IDD waiver through a provider. His current job support is available for member to ensure he handles conflict appropriately and work on scheduling both his work schedule and transportation.

Member did graduate high school and there is no known legal charges or criminal history. He is currently employed at a local lawn and garden business where he has been mowing lawns and landscaping. He has had this job approximately two years. Last year he only worked through the summer, but has reported this year, he will work through the winter doing snow removal. Prior to this job member was employed at a local pizza restaurant and a retail store overnight. He was terminated from two jobs due to physical altercations. Both incidents were similar in presentation with member having a quick temper responding by both verbal insults and "throwing punches." No criminal charges were filed in either incident.

The relationship between himself and his girlfriend is strained. Several meetings with member and his girlfriend have been tense. Member also reports there have been incidents where both he and his girlfriend have yelled at one another and other apartment tenants have called law enforcement and DCF out of concern because they are loud and his girlfriend has threatened him. She presents as controlling while using their daughter as a tool to get what she wants.

Member does not have a strong support system, outside of paid supports such as Sunflower, residential provider and his TCM. His girlfriend's family is also not a positive informal support system, per report. Member does talk to one of his biological siblings on occasion. The last conversation member had with his sibling ended with him getting angry and punching the door causing property damage. As a child, member was placed in the custody of the State of Kansas and was released at the age of 21. Prior to member being released from custody, the court listened to opposing views on whether appointing a guardian for the member would be in his best interest. In the end, the judge released custody and member was not appointed a guardian. Member does have a payee who assists him with his financial needs. Prior to having his girlfriend, member viewed his payee as a positive support in his life. His girlfriend feels otherwise. She reports having a payee is "controlling" and has great influence over member with regard to reporting his full paycheck and working with the payee to help better manage his money. The girlfriend does not work outside the home.

Medical History (Diagnosis, conditions, etc.)

Medication Summary (Name, dose, frequency, route)

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<p>Overall member is in good physical health. His last health assessment puts him with a BMI of 27. He does not present with any physical limitations. He has had some skin issues with minor sensitivity. Member is allergic to Depakote. Member presents with GERD (gastroesophageal reflux disease), but is managed with diet and medication. Member is not always med/diet compliant. Member has seasonal allergies. He has reported some back pain throughout the last few years, believed to be from overexertion and improper lifting. His current diagnosis are as follows: ADHD (Attention Deficit Hyperactivity Disorder, Conduct Disorder, ODD (Oppositional Defiant Disorder, Bi-Polar and IDD (intellectual or developmental disability). He sees a psychiatrist regularly for his medication check ups, and he sees his PCP, dentist, and eye doctor as scheduled through his residential provider.</p>	<p>Daily: Methylphenidate ER 27 mg Guanfacine ER 2mg Zoloft 25 mg Prilosec 40 mg Flonase 50 mcg Naproxen 500 mg PRN Zyrtec 10mg PRN</p>
<p>Lab Summary (Test, result, date, etc.)</p>	<p>Toxicology Summary (Test, result, date, etc.)</p>
<p>None</p>	<p>None</p>
<p>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>	
<p>No substance use for member, either reported or noted in any documentation.</p>	
<p>Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)</p>	
<p>It is unknown of the age of member first mental health contact; however, member was placed in out of home placement and in the custody of the State of Kansas in 2006 at the age of 9. Member was removed from his birth home due to neglect; however, he reports his birth parents abused alcohol and drugs and were physically abusive. Member lived in several foster homes and in a PRTF (Psychiatric Residential Treatment Facility) where he attended school at the age of 12. After he left the facility, he was placed in a SFC (Specialized Foster Care) home for 6 years, which was his longest placement. This placement was disrupted after allegations of sexual abuse were made against the member and a younger female child in the home. Nothing was substantiated. Records indicated member presented with aggression, quick temper, physical/verbal outbursts, self harm behaviors (picking), teasing others and overall non compliance in the home. Despite these behaviors, member did maintain in the home up until the allegation, and felt supported and "one of the family." There has been no reports or no documentation of any suicidal thoughts or attempts. Member remained in the custody of the State of Kansas until the age of 21.</p>	
<p>Treatment Summary (Form of treatment, date entered, voluntary, etc.)</p>	

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As mentioned, member did receive psychiatric care in a PRTF for a few years where he received both mental health and educational services. Member was served on an IEP throughout all of his educational years. Member had a psychiatric evaluation in 2017 showing a full scale IQ of 67. Member has received individual therapy, as well as group therapy, throughout his early years to address trauma he suffered. Currently, member only receives medication management through the CMHC (Community Mental Health Center).

Barriers to Treatment

Barriers to treatment include:

Lack of positive informal support system

Low income and poor social skills - receives disability payment/job paycheck

Poor money management - late on rent, bills, saving for future

Problematic relationship with girlfriend - concerns of domestic violence

Transportation issues - no car, does not have a drivers license, and must depend on others to schedule his transportation needs, as well as his child's needs

Noncompliance with taking medication and attending medical appointments consistently

Poor time management skills - leads to missed appointments, missing work, etc.