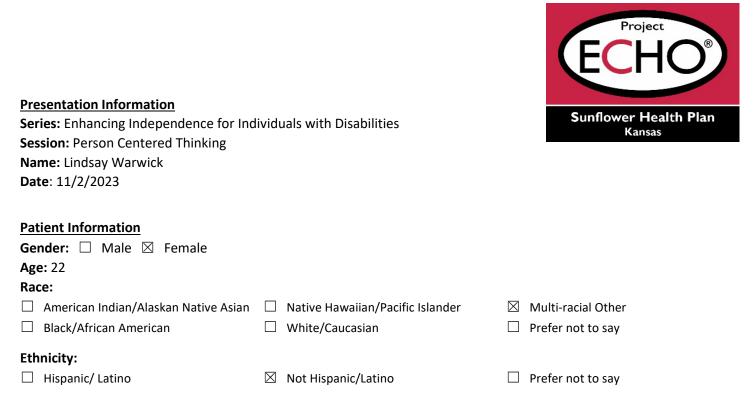
Project ECHO: Sunflower Health Plan Case Presentation



Strengths and Preferences (goals, motivators, preferences, Important to the individual)

Member is a 22 year old, single female residing in her own apartment with a local provider. Prior to the IDD waiver, member was engaging in threats towards others and cyberstalking. Member has an extensive history with psychosis and spent many years with psychosis untreated leading to an increase in behaviors. Since receiving supports through the IDD waiver and engaging in person centered thinking consistently with her team, member has been able to identify her wants and needs and the way that she perceives she would like her life to go. Member has advocated for her own apartment within the residential sector and has successfully been able to reside on her own with supports. Member has an extensive history of eating disorder and has been able to identify that she enjoys a vegan diet and has worked with IDD provider and natural supports to ensure a weekly meal prep and check-ins for food consumption. Member continues to advocate for her mental health needs and will notify IDD team when she feels as though she is unsafe. Member continues to engage in community mental health consistently and is medication compliant at this time. Since reducing her psychosis symptoms with consistent involvement in community mental health member continues to maintain successfully in the community and has made new friends through her apartment complex. Member continues to attend routine appointments and will voice her anxieties around certain providers in order to ensure she identifies a provider who is a good fit. By utilizing person centered thinking, member's team has been able to ensure member is heard and validated in her experiences to better create an individualized plan for member's ongoing care and needs. Member continues to allow her team to learn who she is and ask questions to ensure she is appropriately cared for. Member's team continues to evolve in a respectful, compassionate, helpful way to ensure member continues to receive individualized care to live the life she sees for herself. This member is a strong advocate for herself and what she wants and needs. Member is motivated by having the freedom to engage in the community. Member's previous foster placement is important to her and this assists with member feeling safe in her choices and steps she chooses for herself.

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

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Member has an extensive sexual trauma history and was in foster care for most of her life. Member does not have current support from her biological family, however, her last foster placement continues to care for her as their daughter as needed. Member has a history of psychosis which has lead member to engage in threatening physical harm to others as well as to people she perceives as betraying her. Member's involvement with local PD has occurred prior to the IDD waiver due to cyberstalking and threats. Member also continues to combat an eating disorder.

Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
PTSD	Abilify Injection - Monthly
Eating Disorder	
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
N/A	N/A
Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)	
Routine use of Delta 8 and Marijuana	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
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Untreated psychosis leading member to believe that she was reptilian and pregnant with a reptilian baby. Member's psychosis also led her to believe that her food was poisoned by an individual in the community leading to an eating disorder and withholding nutrients. Member has since attended short stays at local psychiatric inpatient, however, remains stable and returns to baseline with each stay.

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

Inpatient psychiatric stays as needed.

Barriers to Treatment

Member can be impulsive and quick to change her mind. Member can utilize harsh language and threats towards others to get what she wants which has historically turned people off from working with her.