

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Care Access

Session: Homelessness

Name: Lisa Bellamy

Date: 11/6/2025



Patient Information

Gender: ☒ Male ☐ Female

Age: 27

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)

The member demonstrates strengths in being engaging, respectful, and appreciative when he chooses to be. He also shows perseverance and determination, particularly when he has a specific goal in mind. He identifies drawing as one of his talents and takes pride in his past ability to handle money accurately during a previous job. His stated goals include obtaining a high-paying job, purchasing a car and a house, and getting married. He shared that the desire to have a wife is a key motivator driving these ambitions.

The member expressed that it is important for others to recognize that he no longer identifies as having Autism. He stated that he believes he has “cured” his Autism, attributing this change to having “sold his soul to the devil.”

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

The member is a high school graduate who is currently unemployed and not in a relationship. He does not have children and reports no ongoing contact with family members. He receives public assistance through EBT and Supplemental Security Income (SSI) and has a designated payee to manage his finances.

Following high school, the member held a job for approximately five months but was terminated due to multiple incidents involving theft. He has not demonstrated insight into how his actions contributed to his dismissal.

The member has a documented history of verbal and physical aggression, including property destruction and threats of violence toward individuals and property. In July 2024, he was charged with felony destruction of property related to an incident involving his parents. More recently, in September 2025, he may face additional charges stemming from property damage at a residential placement. Subsequently, he chose to leave the residential setting and is currently experiencing homelessness. He has been banned from both the local emergency shelter and the community center, further complicating efforts to secure stable housing.

At present, his only identified support is an employee at the community center.

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Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
The member is currently diagnosed with Schizophrenia, Autism Spectrum Disorder, and Oppositional Defiant Disorder. At this time, he has declined to engage with a physician for further evaluation or treatment.	Member refuses medication support.
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
N/A	Member does not abuse drugs or alcohol
Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)	
None	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>None known at this time. Member reports being diagnosed with Autism as a child by his school.</p> <p>The member has reported ongoing beliefs that others are attempting to poison him and that, when housed, individuals are entering his home and “messaging with stuff” to make him sick. These accusations have been consistent across multiple living environments.</p>	
Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	

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The member has demonstrated significant resistance to receiving assistance or support, expressing a belief that he does not require treatment. In 2024, he was court-ordered to participate in Assisted Outpatient Treatment (AOT) through the local community mental health center. However, he did not engage with the program and was eventually released due to noncompliance.

In the same year, he utilized the Crisis Stabilization Unit as a temporary housing option until boundaries were established that limited his continued stay. In the last year, he was screened by both the Mobile Crisis Unit and a state hospital. In each instance, he was able to present himself as competent, and as a result, was not admitted for further care.

Barriers to Treatment

The member's lack of cooperation, rooted in his belief that he does not have a mental illness, presents a significant barrier to treatment. Additionally, episodes of verbal and physical aggression have further hindered efforts to engage him in services and maintain consistent support.