

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Foster Care

Session: Care Coordination

Name: Abby Wilson, LMSW, CCM, Behavioral Case Manager

Date: 3/30/2023



Patient Information

Gender: Male Female

Age: 13

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)

Member enjoys and feels that she is good at coloring, dancing, doing hair, playing basketball, shuffling cards, writing, and playing around with siblings.

Member is a strong advocate for herself and will verbalize needs and wants. Member is able to vocalize and recognize feeling better emotionally when she takes her medications as prescribed and consistently.

Member has identified wanting to work on financial management skills and saving money. When emotionally grounded, member can be very thoughtful, loving, sweet, and helpful. Member is smart and likes Math.

Member is motivated by food, specifically snacks and going out to eat, and getting new hygiene products (lotions and perfumes).

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

Member has an extensive trauma history, including alleged sexual abuse on more than one occasion, physical and emotional neglect, parental separation, sibling separation, childhood exposure to drug use, bullying, physical assault by another, exposure to a gang, and frequent placement changes.

Member was removed from the family home and placed in state custody, parental rights have since been relinquished/terminated. Member still has some contact with siblings through sibling visits. Member is in foster care and currently placed in night-to-night emergency placements.

Member is currently in public school and is enrolled for in-person schooling. Member struggles with school attendance, engagement, and ability to maintain in the school setting, due to emotional dysregulation/outbursts.

Member has a history of multiple law enforcement contacts, due to emotional outbursts, aggression towards others, elopement, property destruction, and need for secure transport. Member has multiple pending assault charges, due to aggressive behaviors causing physical harm to others.

Current ongoing investigation, due to alleged sexual abuse towards member.

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Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
<p>Primary Diagnosis:</p> <ul style="list-style-type: none"> Disruptive Mood Dysregulation Disorder F34.81 <p>Secondary Diagnoses:</p> <ul style="list-style-type: none"> Other Specified Depressive Disorder F32.89 Post-Traumatic Stress Disorder F43.10 Generalized Anxiety Disorder F41.1 Reactive Attachment Disorder F94.1 <p>Physical Health Diagnosis:</p> <ul style="list-style-type: none"> Primary Nocturnal Enuresis N39.44 <p>Member struggles with incontinence that can happen during the nighttime and daytime, incontinent episodes sometimes occur when member is emotionally dysregulated.</p> <p>Reported history of struggles with trauma nightmares.</p>	<p>Current medications:</p> <ul style="list-style-type: none"> Zyrtec 10 MG, Oral, 1 tab QAM Desmopressin Acetate 0.2 MG, Oral, 1 tab @HS Focalin XR 10 MG, Oral, 1 Cap QAM Fluoxetine 10 MG, Oral, 1 Cap QAM Geodon 20 MG, Oral, 1 Cap BID Geodon 40 MG, Oral, 1 Cap @HS <p>Member struggles with medication compliance and has a history of “cheeking” medications.</p>
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>Hx of UTI’s, ongoing follow-up to determine if medications attributed to the UTI symptoms. Symptoms could also be due to poor personal hygiene and grooming.</p>	<p>Not applicable for this member.</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>No current concerns of SUD issues, hx: Identified history of smoking cigarettes, using vape products, and wanting/craving Marijuana. Zero confirmed history of marijuana use, confirmed cocaine use on one occasion.</p>	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>Behaviors:</p> <ul style="list-style-type: none"> Self-harm: cutting, biting, picking at scabs/skin, verbal threats to harm self Suicidal ideations/attempts walking into traffic, attempts to strangle self with clothing and other objects Threats to harm others: threats to blow up buildings, posturing, verbal threats to inflict harm Physical aggression: pulling out hair, tackling, punching, hitting, kicking, biting, scratching, head butting, choking Verbal aggression: occurs daily, cussing, name calling, yelling, verbally threatening Property destruction: breaking personal items of others, damage to transportation vehicles, damage to office property, throwing objects Elopement: running from staff, running from placement Sexually inappropriate: placement disruption due to alleged inappropriate touching of a younger child in the placement Defiance: struggles with redirections, transitions, being asked to do something, being told “no,” medication compliance, and completing personal hygiene tasks Visual and auditory hallucinations: endorses both visual and auditory <p>Hospitalizations:</p> <ul style="list-style-type: none"> previous PRTF stay, is currently on the PRTF waitlist multiple in-patient hospitalizations (both acute and SIA bed) <p>Identified triggers: perceived abandonment; perceived environmental threats; reminders of trauma history/events; feeling hungry, angry, tired, or bored; being around groups of people; being redirected or asked to do something she does not want to; and being told “no”</p>	

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

Current Services:

- Individual Therapy- biweekly
- CPST- twice a week
- CMHC discharge specialist- twice a week
- Education Advocate
- Medication Management
- SED Waiver- on the waitlist for Attendant Care, Psychosocial Rehabilitation Individual/Group
- Respite- through the foster care agency, with limited to no availability, due to aggression
- Genesight testing completed

Pending Services:

- Scheduled for a psychological evaluation
- Psychiatric Residential Treatment Facility

Member refuses to engage consistently in all offered services. If member does attend sessions, she is avoidant and can become escalated if prompted to engage.

Barriers to Treatment

Members refusal to engage in services, frequent placement changes, aggressive and threatening behaviors towards staff, need for 1:1 level of care, frequent acute hospitalizations, and current age limiting residential placement options.