## Project ECHO: Sunflower Health Plan Case Presentation

#### **Presentation Information**

Series: Foster Care

Session: CMHC Foster Care Services and SED

Name: Julie Clay Date: 4/20/2023



### **Patient Information**

rau	ient imormation						
Ger	nder: 🗵 Male 🗌 Female						
Age	:: 8						
Rac	e:						
	American Indian/Alaskan Native Asian	☐ Native Hawaiian/Pacific Islander	⊠ Mu	Ilti-racial Other			
	Black/African American	☐ White/Caucasian	□ Pre	fer not to say			
Eth	Ethnicity:						
$\boxtimes$	Hispanic/ Latino	☐ Not Hispanic/Latino	☐ Pre	efer not to say			

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

Placed with a large sibling group in the same foster home.

Likes things to go his way.

Participates in wrestling club, church, and youth group – athletic and enjoys being outdoors.

Has friends and is very social.

Enjoys school, is connected to his teachers, they are supportive of him and work to help with his behaviors. He attends an alternative behavioral school which allows for more individualized attention. The school follows an IEP that he has for behaviors only.

He is connected to his current foster family.

GOAL: Member will follow directions and interact positively with others, eliminating aggression and self-harm. Learn 2-3 coping skills to manage frustration prior to outbursts.

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

History of parental substance use, unknown if any substance use during pregnancy.

Bio parents have been incarcerated – monthly visits occurred at the jail. One parent has been released and those visits are occurring in an office setting. Of note, member's physical aggression has increased since this change has occurred. Removed from parental home due to allegations of physical abuse by parents

Previously living with extended family but removed from that living arrangement due to allegations of sexual abuse.

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Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
One of the challenges with children in foster care is	Clonidine .1mg BID
incomplete history.	Quillichew 20mg daily
*No known health conditions.	
*No history of serious illnesses, accidents,	Previous meds:
hospitalizations, or surgeries.	Sertraline 25mg
*Significant dental work needs.	
	Genesight testing is being scheduled.
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
NA	NA

Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)

Parental history of substance abuse, unknown if any use in utero

### Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)

Anger outbursts. Destruction of property, physical aggression toward others, elopement, vandalism, threatening to harm self and others.

Assessed for SED Waiver upon placement in current foster home this past fall.

Physical aggression decreased significantly after starting medications this past fall

\*Psychological evaluation has been scheduled.

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

- Referred to a community resource with focus on trauma due to physical and/or sexual abuse
- In home behavioral therapy weekly since the fall
- Individual therapy 2x/month
- SED Waiver Wraparound Facilitation quarterly/PRN, Parent Support 2x/month, Attendant care daily
- CBS services CPST weekly, TCM 2x/month, Psychosocial group daily
- Medication Management

#### **Barriers to Treatment**

Respite care is not provided through CMHC for children in care.

Foster home working with agency for respite options.

Waitlists for services, i.e., psych testing.

No current supportive family

Member lives in a rural community in KS that impacts ability to get regular services.