Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Aging

Session: Atypical Antipsychotics in the Elderly & Nursing Home Population

Name: Kristen Rangel Date: 8/27/2020



Patient Information

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Ge	Gender: ⊠ Male □ Female						
Ag	Age: 60						
Race:							
	American Indian/Alaskan Native Asian		Native Hawaiian/Pacific Islander		Multi-racial Other		
	Black/African American	\boxtimes	White/Caucasian		Prefer not to say		
Ethnicity:							
	Hispanic/ Latino	\boxtimes	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.)

- Needing accessible housing with limited income
- At risk for leaving NF AMA due to time it is taking to pinpoint affordable housing options and previously homeless
- Poor money management skills
- No natural supports

Currently living in NF, previously homeless and ended up in NF after losing leg from frost bite. Previously employed as a bicycle repairer and various odd jobs. Divorced, no natural supports since his mother recently passed away and relationship with brother is severed. Completed school through 11th grade but did not get diploma or GED.

Referred to TCS program December 2019 but has not been successful with transitioning due to not having needed documentation for section 8 housing, only receives SS income, and unable to afford accessible housing without it. COVID shut down State programs and prevented progression getting updated ID card (his expired in 2011) and had to schedule an appointment twice, after pleading with NF to get special permissions to leave and return, first time did not have correct 1099 form.

After finally getting needed documentation in the past month it was been quite difficult to find housing that is accessible in the area he wants to live in that is within his price range without having to be put on waitlist for section 8 housing and has continuously threatened to leave the NF and find his own house or live on the streets again. Understandably, the lengthy timeline with his case has resulted in his patience being worn thin and eager to leave the NF since lockdown is in place.

Has poor money management skills, which has led to him being homeless previously. Was at risk of being kicked out of NF due to overdrawing account and being behind two months on payments. Was able to pay this back to NF with stimulus check but there is a concern on money management when he successfully transitions and if he will need to have supports in place to ensure he keeps his housing and can eat. Stated all he needs is his cigarettes and Mt. Dew to get by.

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Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)					
Arthritis,	-					
Hypertension,	ROSUVASTATIN TAB 20MG OR					
Major Depressive Disorder,	LISINOPRIL TAB 20MG OR					
Memory Deficits,	GLUCOPHAGE TAB 500MG XR OR					
Migraines,	DULOXETINE CAP 60MG OR					
Mobility,	GERI-LANTA SUS SUPREME OR					
Presbyopia, and	ACETAMIN TAB 325MG OR					
	WELLBUTRIN TAB XL 150MG OR					
Type 2 Diabetes						
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)					
N/A						
Psychiatric History (Age of first montal health contact, past diagnosis self-ha	urming bahaviar suicida attampts atc.)					
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.) Major Depressive Disorder & Memory Deficits						
I Major Depressive Disorder & Memory Denots						
Treatment Summary (Form of treatment, date entered, voluntary, etc.)						
N/A						
Barriers to Treatment						
N/A						