Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Quality of Life & Nursing Facilities

Session: Transitions to Home and Community Based Services (HCBS)

Name: Mary Jo Montague

Date: 9/1/2022

Sunflower Health Plan Kansas

Gender:	oxtimes Male $oxtimes$ Female			
Age: 72				
Race:				
☐ Americ	can Indian/Alaskan Native Asian		Native Hawaiian/Pacific Islander	Multi-racial Other
☐ Black/A	African American	\boxtimes	White/Caucasian	Prefer not to say
Ethnicity:				
☐ Hispan	ic/ 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.)

Member discharged from Correctional Facility in May of this year where he lived in the infirmary due to his health conditions. He was taken by KS Department of Corrections (KDOC) to a homeless shelter in a different town. He was asked to leave the shelter after a short time due to an altercation with other residents. KDOC paid for a motel stay for 1 week and member is now homeless after leaving the motel.

The town in which member is located has limited resources for homeless individuals and member requested to be taken by KDOC to a larger city however this has not happened. Member has been incarcerated or in a mental health facility most of his life. We are currently working with the parole officer on exploring living options, such as nursing facilities, assisted living facilities and Homes Plus facilities. A referral was also completed for a Housing Crisis Counselor through the Statewide Homeless Coalition.

KDOC reports that member keeps changing his mind about where he wants to live and has stated he would like to move out of state to live with his girlfriend. His parole officer states they are waiting for approval/denial of request for the move out of state. In the mean time, PO states they are working on applications for mental health group homes and understand there may be a wait list. Suggested they seek additional housing options to include at an extended stay hotel and options/prices provided to PO. This was intended to be in place until he moves out of state or until NF placement or other housing can be identified. It was also suggested they contact the State Housing and Homeless Project Coordinator for additional support/resources.

KDOC reports he has in the past walked away from placements and often prefers to stay on the streets. Suggested they explore guardian/payee options for member due to his inability to access services and care for his needs independently.

Member is currently unemployed and has very limited employment history due to his incarcerations and mental health stays and has no education beyond middle school.

He has no know children or support system.

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Asthma Inspecified Psychosis COPD Major Depressive Disorder Dementia/Sundowners PO reports that he has little insight in to his conditions and functions at a low level cognitively. Lab Summary (Test, result, date, etc.) None at this time-Last physical 6.20.22-walk in-no labs	INJ METHYLPRONISOLONE SODIUM SUCCNAT TO 125 MG INJECTION METOCLOPRAMIDE HCL UP TO 10 MG ALBUTEROL TO 2.5 MG & IPRATROPIUM BROM TO 0.5 MG PREDNISONE 20 MG TABLET DOXYCYCLINE MONO 100 MG CAP INJECTION CEFTRIAXONE SODIUM PER 250 MG
COPD Major Depressive Disorder Dementia/Sundowners PO reports that he has little insight in to his conditions and functions at a low level cognitively. Lab Summary (Test, result, date, etc.)	ALBUTEROL TO 2.5 MG & IPRATROPIUM BROM TO 0.5 MG PREDNISONE 20 MG TABLET DOXYCYCLINE MONO 100 MG CAP INJECTION CEFTRIAXONE SODIUM PER 250 MG
Dementia/Sundowners PO reports that he has little insight in to his conditions and functions at a low level cognitively. Lab Summary (Test, result, date, etc.)	PREDNISONE 20 MG TABLET DOXYCYCLINE MONO 100 MG CAP INJECTION CEFTRIAXONE SODIUM PER 250 MG
PO reports that he has little insight in to his conditions and functions at a low level cognitively. Lab Summary (Test, result, date, etc.)	DOXYCYCLINE MONO 100 MG CAP INJECTION CEFTRIAXONE SODIUM PER 250 MG
Lab Summary (Test, result, date, etc.)	INJECTION CEFTRIAXONE SODIUM PER 250 MG
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None at this time-Last physical 6.20.22-walk in-no labs	Toxicology Summary (Test, result, date, etc.)
Substance Use History (Substance, age of first use, age where use became	e problematic, longest period of sobriety, how sobriety was achieved, method of use)
Denies Alcohol or Substance abuse. Is a smoker. Parole	Officer indicates he may drink from time to time.
Psychiatric History (Age of first mental health contact, past diagnosis, self-h	narming behavior, suicide attempts, etc.)
None on file. Requested documentation from KDOC.	

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

ER-Unspecified Abdominal Pain ER-Chest Pain-xrays/treated asthma ER COPD ER Shortness of breath PCP-Asthma Laceration of scalp

Barriers to Treatment

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-Homelessness
-No formal or informal supports
-Having trouble navigating services/supports
-Mental Health, cognitive and physical conditions