Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information
Series: Behavioral Health
Session: Co-occurring SUD with Psychotic Features in Adolescents: A Parent's Perspective
Name: Angela Lightle
Date: 9/10/2026

Patient Information
Gender: ☒ Male ☐ Female
Age: 15
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 enjoys outdoor activities including bike riding, camping, fishing, and picnics. The member loves music. The member enjoys playing with video games as well as playing with toys with his younger brothers. The member has family support including his father, stepmom, mother, stepdad, and several siblings.

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

Member currently lives with his father, father's wife, and siblings. He has contact with his mother and mother's husband as well. Member is in the 10th grade and was attending high school prior to hospitalization. His father reports that they are transitioning the member to online school due to events leading up to hospitalization. Member reportedly reads at a 4th grade level and has an IEP. Father reports that there has been recent discussion about conducting testing (including MRI) related to learning/developmental concerns.

Per medical records, member has a history of being physically abused by his mother's ex-boyfriend when he was around 6 years old and was placed in foster care for two years.

Per medical records, member received speech therapy as a child and has a history of low BMI (less than 5th percentile for age). Father reports that there is currently no concern about the member's weight.

Relevant Medical History (Diagnosis, conditions, etc.)	**Medication Summary** (Name, dose, frequency, route)
ImpactPro claims from February 2026 indicate a diagnosis of Prediabetes.	Clonidine 0.1mg, 0.2mg = 2 tabs at bedtime Escitalopram 5mg = 1 tab daily
Lab Summary (Test, result, date, etc.)	**Toxicology Summary** (Test, result, date, etc.)
Per medical records 8/24/26, chest CT showed 6mm noncalcified nodule in left mid lung and 2mm noncalcified nodule in anterior right mid lung. Abominal/pelvic CT showed prominent mesenteric and RLQ LNS	8/24/26 UDS positive for cannabis; CMP within normal limits, CBC unremarkable

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

Member reports daily marijuana use (vaping) and states he has been cutting back, per hospital records. Father denied any knowledge of substance use. ImpactPro claims from the mental health provider in May 2026 indicate secondary/tertiary diagnoses of Cannabis Dependence, Other Stimulant Dependence, and Nicotine Dependence.

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

Member was admitted to in August 2026 due to altered mental status and abrupt behavioral changes, including physical aggression, which were believed upon admission to be related to THCP psychosis. Member later reported that he attempted suicide via overdose due to being bullied at school, and it is believed that the observed behavioral changes were related to overdose on prescribed topiramate and clonidine. Per inpatient psychiatric admission records, member has a prior history of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, and Disruptive Mood Dysregulation Disorder. Current hospital records include a diagnosis of Anxiety Disorder, Unspecified. ImpactPro claims indicate outpatient services and case management most recently in May 2026 with diagnoses of ADHD, Major Depressive Disorder, and Disruptive Mood Dysregulation Disorder; in February 2026, Schizoaffective Disorder was listed as primary.

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

Member received outpatient mental health services and case management from August 2024 through May 2026. He is reportedly scheduled for follow-up appointments this month. Father reports that they have a case manager assigned. Father states that the member is going to see a therapist who can get him in sooner.

Barriers to Treatment

Father reports he is unaware of substance use; unable to disclose this information due to HIPAA.