Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information
Series: Behavioral Health
Session: Session #4- Trauma
Name: Victoria Raigosa, LMSW
Date: 9/24/2026

Patient Information
Gender: ☐ Male ☒ Female
Age: 17
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 likes to run, draw, write, journal, play sudoku, go on walks and talk with others. Member is described as creative, intelligent, funny, caring, and have a strong love for animals & nature. When the member is in a positive mood, she is described as engaging and playful. Member is close with her family.

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

Overview

This member is a 17-year-old female with a history of multiple hospitalizations related to an eating disorder and self-harming behaviors. According to her mother, the member has struggled with both her physical and mental health for many years; however, her symptoms significantly escalated at the end of 2025 after her father, who sexually abused her and is currently incarcerated, attempted to contact her. Since December 2025, the member has experienced recurring psychiatric and medical crises resulting in numerous hospitalizations. On 12/31/25, she was admitted to an out-of-state hospital for eating disorder treatment but was discharged against medical advice at her mother's request on 1/7/26.

The member's most significant hospitalization occurred from 2/6/26 through 4/27/26. During this admission, she required constant one-to-one supervision, placement of an NG tube due to inadequate nutritional intake, and repeated medical interventions after removing the tube herself. She also demonstrated physical aggression toward staff during the admission. Due to concerns regarding her wellbeing, the court determined the member to be a Child in Need of Care, resulting in placement into foster care. Throughout this hospitalization, the medical team and Sunflower Health Plan worked extensively to locate an out-of-state inpatient eating disorder treatment facility; however, placement efforts were unsuccessful due to the complexity of her co-occurring physical and behavioral health needs and providers' reluctance to enter into a Single Case Agreement.

The member was approved for Psychiatric Residential Treatment Facility level of care and admitted to a PRTF on 4/27/26. On 5/10/26, member was unsuccessfully discharged due to a physical assault on a staff member that resulted in a brain bleed. The incident led to a Level 3 felony assault charge, and the member was placed at a Juvenile Detention Center from 5/10/26 through 6/23/26.

Since her release from JDC, the member has continued to experience significant placement instability, including two unsuccessful kinship placements. Between acute hospital stays, she has returned to an

Independent Living placement. However, this setting does not appear to provide the level of supervision and structure necessary to adequately support her needs. While her disordered eating behaviors have improved and her primary care provider reports that her condition has stabilized, her most significant challenges continue to be related to her mental health and maintaining stability long enough to engage in consistent treatment and community-based services. The member was approved for the Serious Emotional Disturbance Waiver on 9/10/26, and the foster care guardian is currently appealing the most recent PRTF denial.

Family History:
Prior to coming into foster care in February 2026, member lived with her biological mother, stepfather, and her two brothers. Member also has a sister who is 21 years old and still lives near the family. Member described an unhealthy relationship with her mother and FC Guardian has gone back and forth on if they should allow contact between member and her mom.

Reported Family Mental History:
Bipolar
Depression
Anxiety
ADHD
Substance Use

Education:
Member has not been in a formal school setting since approximately age fourteen and officially withdrew from school at age sixteen. However, member has been approved to attend the school day program through a BH provider.

Legal History:
2 pending aggravated assault felony charges in 1 County, 1 pending aggravated assault felony in another County

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Relevant Medical History (Diagnosis, conditions, etc.)	**Medication Summary** (Name, dose, frequency, route)
Diagnosis: • F43.12 – Post-Traumatic Stress Disorder, with dissociative features (depersonalization & derealization) • F32.1 – Major Depressive Disorder, current, moderate, with anxious distress • F50.02 – Anorexia Nervosa, binge-eating/purging type, moderate • F45.22 – Body Dysmorphic Disorder Other Clinical Considerations / Differential Diagnoses Noted in Medical Records: • F34.81 – Disruptive Mood Dysregulation Disorder (provisional) • F84.0 – Autism Spectrum Disorder, Level 1, requiring support (provisional) • F90.2 – Attention-Deficit/Hyperactivity Disorder, Combined Presentation (provisional) *Full Scale IQ (FSIQ = 91; 27th percentile; Average range)*	• Hydroxyzine 25 mg (Atarax) Before eating 3 times a day. *10 mg PRN to help with anxiety- reportedly takes 2-3 a day when anxious • Olanzapine (Zyprexa) 5 mg at HS, 5-10mg dissolvable tablet for agitation, as needed • Clonidine .2 at night (Catapres) • Lexapro- 20 mg at HS night
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)

In July 2026, while placed in a kinship placement with her sister, the member experienced an overdose after gaining unsupervised access to prescribed medications. The incident resulted in hospitalization. The kinship placement subsequently ended.

In August 2026 while in placement, the member obtained a bottle of her prescribed Hydroxyzine and ingested multiple pills. She was hospitalized for acute psychiatric treatment.

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

Hospitalizations in 2026:
9/2/26-9/16/26: Acute Stay
8/25/26-8/31/26: Acute Stay
8/17/26-8/21/26: Acute Stay
7/7/26-7/17/26: Acute Stay
4/9/26-4/27/26: Hospital Stay
2/25/26-4/9/26: Hospital Stay
2/6/26-2/25/26: Hospital Stay
2/2/26-2/4/26: Acute Stay
12/31/25-1/7/26: Member was approved to go to an eating disorder treatment, but mom signed the member out

PRTF stays:
PRTF Appeal currently pending
PRTF Denial on 8/2/2026

4/27/26- 5/10/26: PRTF
9/27/21-3/25/22: PRTF

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

Current Services:
SED waiver approved on 9/10/2026 with CCBHC
Weekly therapy with specialized eating disorder therapist
Accepted to a day program
Medication Management by her PCP
PRTF denial is currently being appealed

Barriers to Treatment

- Member's relationship with her mother
- Intermittent medication refusal may affect symptom stabilization and treatment progress.
- Current placement instability
- The complexity of the member's psychiatric and eating disorder needs
- Inability to follow the established safety plans in place