Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information
Series: March Sunflower ECHO
Session: IDD/BH Behavior Supports
Name: Hailey Bartels
Date: 3/6/2025

Patient Information
Gender: ☒ Male ☐ Female
Age: 34
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)

- **Strengths:**
  - Communicates ideas, needs, wants, and thoughts
  - Good social skills
  - Vision / dream for how he wants to spend his good life
  - Kind and caring to others
  - Has choice in decisions
- **What's important to me:**
  - My family is very important to me and having them involved in my daily life is something that helps me be able to live my good life.
  - Having a good support system with natural and paid supports is also important to me so that people that know me the best can advocate for my best interests and helping make things that are important to me happen.
  - It is also important for me to have choice and voice for my day-to-day life and have input on bigger life decisions if appropriate.
  - Having a good day at residential provider is also very important to me. I have experienced not so good ones, and I never want to experience that again. Having good service providers and doctors is also important.
  - Staying healthy and having people in my circle that help me and encourage me to do is also very important.
- **How to best support me:**
  - The best way to support me is to gently guide/coach me & give me time to understand & complete the task or skill.
  - I need people to be patient with me and give me time as being put on a time limit stresses me out.
  - I need to be able to express my wants, needs, likes, and dislikes and have choice.
  - If my preferred choice is not available or allowed, I would like to have different options to pick from if possible.
  - I need to trust my staff / service providers and have a solid rapport built with them, I like doing this by spending 1:1 time or given appropriate attention.
- **Member's vision for his good life:**
  - Having voice and choice for my daily and overall decisions for my life
  - Being involved in the community by doing different things like going to the movies, shopping, the gym, etc.
  - Getting involved with church again -Having numerous opportunities for social interaction with others
  - Getting involved with volunteer opportunities or events
  - Following my healthy diet to promote my physical wellbeing
  - Having a good sense of mind
  - Having time for self-care
  - Having my family involved
  - Becoming a self-advocate

  - Having the appropriate supports and services I need that help me be the most independent I can be while keeping me safe and getting live my version of a good life
- **What member does NOT want:**
  - Being restricted
  - Not having access to the community
  - My family not being a part of my life
  - Not getting say or opinion in the choices that are made for me and my life

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

Member has 24/7 care and resides in an I/DD group home with 3-4 roommates and attends I/DD day services M-F. Member's mom is his guardian who extremely involved and a VERY strong advocate for member. Member has strained relationships with his siblings who he would like to be close with. Member tends to get jealous when mom spends time with his siblings, which has been observed to be a pattern of being a trigger. Members grandpa (mom 's dad) has recently passed away and member was unable to see him due to grandpa being in Texas and member being in a state psychiatric hospital.

Relevant Medical History **(Diagnosis, conditions, etc.)**

Medication Summary **(Name, dose, frequency, route)**

- **PRADER-WILLI SYNDROME (primary)**
- MILD INTELLECTUAL DISABILITIES
- MAJOR DEPRESSIVE D/O RECURRENT UNS
- UNSPECIFIED PSYCHOSIS
- MOOD D/O PHYSIO COND DPRSV FEATURE
- MORBID OBESITY
- TYPE 2 DIABETES MELLITUS
- PURE HYPERCHOLESTEROLEMIA UNSPEC
- CONGESTIVE HEART FAILURE
- Member is currently going through a med wash at the state psychiatric hospital. Attached a med list prior to med wash.

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)**

- NA

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

- Member has had a pattern of escalation in adverse behaviors for the last 2 years, specifically more so in the last year. Adverse behaviors include SI/HI, physical aggression, verbal aggression, SIB (biting into right arm deep enough to break skin and require stitches and frequently digging into reoccurring wounds on legs due to fluid retention caused by his congestive heart failure), refusing to take medications (member has the cognitive functional ability to know that his meds keep him healthy and if he doesn't take meds that will make him sick), sexually inappropriate behaviors as evident by stripping naked and running into busy streets (4 lane roads), and making threats to cause harm to staff, family, and other providers with intent to harm.
- Member has had numerous LEO contacts, crisis line calls, CRT / CIT officer outreaches, and emergency transports to local ERs, acute mental health treatment facilities, and state psychiatric hospitals.
- **12/4/24 →** admitted to local NON-PSYCH hospital and was very uncooperative with treatment.
- **12/15/24→** involuntarily admitted to state psychiatric hospital due to refusing treatments, meds, combativeness, and mental state he was in.
- **12/18/24 →** member became very escalated when prompted to put his seatbelt on. Member became verbally and physically aggressive with staff and peers. He was eventually able to exit the van. At this point, 911 and management was called for assistance. Member did not run far before he turned around and returned to the van. He began striking the van and made threats. When LEO arrived, member was handcuffed. It was determined that member should go to local ER to be screened for mental health treatment. Member injured staff and roommate in this incident and both parties have requested to press charges on member. Member was taken to a local NON-PSYCH hospital and was extremely combative and resistive.
- **1/24/25 →** admitted to state psychiatric hospital again and a LifeShare referral was made for discharge planning support and possible QOL assessment.

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

- Member worked with a Behavioral Health Specialist on the dual diagnosis team (I/DD / BH) with his local community mental health center. Due to changes in staff and inconsistent services, members guardian declined services to continue.
- CBT, DBT, ACT, and various types of positive reinforcement are interventions that have all been previously tried with member.
- Member also sees a psych at the same local community mental health center for psych medication management.

Barriers to Treatment

- Mental health treatment centers "not accepting" member due to I/DD dx and stating that members mental health symptoms and adverse bxs are due to I/DD dx.
- Despite strong advocacy for the critical need for cross training for mental health and I/DD professionals, community supports have been maxed to help member and his support team at their scope of identified practices.
- BSP not being data driven to address the social significant bx challenges member is currently having and interventions and safety plans not being effective for member's specific need.
- It is imperative for member to trust his providers due to having to be vulnerable. Due to this, member is very particular about who he works with and has "preferred" staff / providers and does not engage with new providers well.
- Despite multiple attempts for care coordination to occur, there has been a significant lack in coordinating members care and planning for next steps with members treatment team at state hospital.