

MOADD Case Presentation Form

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MOADD ECHO Case Presentation Form

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Complete this form to the best of your ability. This case form is individualized and should only be completed and submitted by the listed provider. The link cannot be forwarded to another individual.

Before beginning to complete this form, please review the following:

- **ISP**
- **Treatment Plan**
- **IEP Plan**
- **Reunification Plan**
- **Verify as needed with the current caregiver for accuracy**

Feel free to reach out to other team members in order to obtain the needed information.

Please do not use any Protected Health Information (PHI)

When completing this form and presenting your case, please refrain from providing information containing names, initials, living location, place of work, birth date, or any specific information about the patient that helps identify them as this is considered "protected health information." It is our responsibility to ensure the privacy of protected health information is not disclosed.

Email our ECHO coordinator **Sarah Towne** at sarahtowne@health.missouri.edu if

you have any questions or comments.

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any Expert Hub clinician and any patient whose case is being presented in a Project ECHO setting.

ECHO ID:

Presenting Provider:

Role of presenter:
* must provide value

Co-Presenter Name(s) and roles:

Brandy Wilson, M.S., BCBA, LBA - Summit ABA in home provider (Will be presenting most of the information as she has been working with this client the longest)
Terry Cunningham - Children's Enhancement Program
Jennifer Wilson - Family Support Provider with Beacon Mental Health

Presentation Date: Y-M-D

Please answer the following questions about your clinic or agency:

What type of Clinic/Facility/Care Provider are you?

Clinic/Facility Name:

Clinic/Facility City:

Clinic/Facility Zip Code:

Clinic/Facility Phone Number:

Clinic/Facility Fax Number:

Demographic Information

Gender:

Male Female Non-binary Other

Person Age:
(Yrs)

(Mos)

Funding Type for person's services:

Insurance Company:

Race:

Ethnicity:

Hispanic/Latino

What concerns would you like help with for this person?

Please list up to three concerns:

1)

RESOURCES for Safely transitioning to Adulthood

- Wants to move out of the family home at 18 but needs 24-hour support and supervision due to self-harm for hospital seeking behaviors, claims of overdosing or suicidal attempts, unable to take medications on own or have access to medications, unable to complete daily living tasks on own.

2)

Best course of action for guardianship

- Mom would prefer a partial guardianship where there is a plan in place if something happens to her.
- Current Safety Plan has helped to avoid multiple acute hospitalizations, how can Mom help keep that in place?

3)

How the treatment team can keep them safe when they turn 18. Mental Health, Physical Health, Safety, etc.

Case Intervention Details

Please list some strengths of this person:

Creative, Artistic, Caring, Helpful, Good with young children, has future goals for themself,

Please indicate if you use any of the following strategies with this person:

- 1. Use of visual aids
- 2. Incorporation of person's special interest onto the session
- 3. Increased involvement of family members
- 4. Accommodations for person's sensory sensitivities
- 5. Explicit didactics about emotions
- 6. Posted agenda of therapy session

- Communication Plan
- Treatment Action Plan
- Crisis Plan

The following plans are in place:

Communication Ability and Sensory Concerns

What is the developmental disability? (intellectual, autism, physical, cerebral palsy, etc)

-Recently found a Psych Eval from 2020 that shows a Provisional Autism Diagnosis. No one was aware of this diagnosis until a week ago when I found it in their chart. We are in the process of obtaining a physical copy and current evaluation.

-Intellectual is suspected due to school IEP testing but not received an official diagnosis. Academic functioning at a 5th grade level but in 10th grade. IQ scores have varied drastically: 80 in 2016, 73 in 2019, 65 in 2020, 70 in 2021 and 58 in 2022. School academic testing has been in the low/verylow/borderline ranges but the IEP was approved for Emotional Disturbance, so they did not complete further testing this year. Family is currently seeking an official evaluation.

What are the substantial functional limitations?

- Receptive and Expressive Language
- Self-Care
- Learning
- Mobility
- Self-direction
- Capacity for Independent Living
- Economic Self-Sufficiency
- Social/leisure skills
- Health and Safety skills

Communication Ability (Please indicate the patient's highest communication)

- Nonverbal (i.e., no functional words)
- Uses gestures (e.g., pointing, waving and/or leads other to wants/needs)
- Uses single words
- Uses 2-3 word phrases
- Uses sentences
- Chats with others (e.g., reciprocal conversation)
- Uses sign language
- Uses special communication device

Sensory Concerns

- Sensitive to noise
- Textures
- Smells non-food items
- Sensitivity to touch
- Sensitivity to crowds of people
- Sensitivity to lights
- High pain tolerance
- Low pain tolerance

Severity Level of Sensory Concerns:

- Minimal Moderate Severe

Additional Comments:

When escalated, pain tolerance is high. When not escalated, pain tolerance is low. Sensory and ability fluctuate depending on mood.

Behavior History

	Never	Rarely (1/week)	Sometimes (2 - 4/week)	Usually (5 +/week)
Anxious or worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Short attention span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Obsessive-Compulsive	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Aggressive toward others	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hurts animals or other people	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Unusual or excessive fears	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Defiant	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Self-Injury (head banging, head punching, biting, scratching, cutting, picking, etc)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Toileting issues or accidents	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Irritability/Moodiness	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Food seeking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Pica (eating non-food items)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public masturbation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexualized behavior concerns	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Property destruction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Fascination with water	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elopement	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Impulsivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Homicidal concerns	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicidal concerns	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Involuntary movements

Substance Use/Misuse (tobacco, alcohol, cannabis, etc.)

Severity Level of Behavior Concerns

Minimal Moderate Severe

You indicated that the person is aggressive. Who are they aggressive with? (Check all that apply)

- Mom
- Dad
- Other caregiver
- Sibling/s
- Peers
- School Staff
- Home Staff
- Strangers
- Outpatient Providers
- Other

You indicated that the person has self-injurious behaviors. Briefly detail the behavior(s):

Cutting skin with sharp objects; tying clothing, shoelaces or yarn around neck; trying to hang self; taking medications not prescribed to them; inserting objects into body orifices; eating/drinking chemicals; eloping to be hit by a car or jump off a bridge; banging head.

Please describe how the person is aggressive:

Punching, scratching, biting, kicking, choking, attempt to stab, pushing, throwing items, pulling hair.

You indicated that the person has self-injurious behaviors. Has there been a need for any medical intervention?

Yes No N/A

You indicated the person has homicidal or suicidal concerns. Please indicate the level the patient has thought through such plans.

- Homicidal/Suicidal Thoughts
- Homicidal/Suicidal Plans
- Homicidal/Suicidal Attempts

Has there been a functional behavior assessment done for behaviors the behaviors of concern?

Yes No

Date of functional behavior assessment:

2/2022

Name of provider who completed the functional behavior assessment:

Brandy Wilson Summit ABA

Please provide a brief summary of the functional behavior assessment report:

attention seeking, task avoidance, very limited sensory.

If there were successful interventions put in place following the functional behavior assessment, please briefly describe:

Full treatment Plan based on function of behavior. Family trained on restraint, safe room, proactive and preventative strategies. 2 Staff started out in the home all waking hours except school and is currently down to 1 staff for 2 evenings a week. School has a 1 on 1 staff all day.

Has there been a significant loss of skills? (e.g., daily living, self-help, academic)

Yes No

Explain significant loss:

-recently declined hygiene - not bathing properly when she had been for months and toileting skills have declined to the point of urinating and soiling self almost daily (all medical reasons have been ruled out)
-Used to do dishes well but now leaves food on the dishes
-Did well for months with eating correctly using utensils and not dropping food everywhere including themselves but has recently regressed back to very messy eating and using hands more than utensils.

Additional Comments:

Client has been more stable the last year compared to where they were the prior 5 years. Strict Safety Plan is in place in the home and school to prevent self harm/hospital seeking behaviors and avoid acute hospitalizations.

Mental Health Treatment History

**Please list current psychosocial treatments:
(Note: medications are not included in this section)**

Please list the current behavioral health diagnoses:

Primary Diagnosis: Major depressive disorder, recurrent, moderate (F33.1) (Major depressive disorder, recurrent episode, moderate)
Status: Active
Bill Order: 1
Rank: Primary
Diagnosing Clinician: MAHMOOD,ZAFAR (000042)
Diagnosis: Borderline personality disorder (F60.3) (Borderline personality disorder)
Status: Active
Bill Order: 2
Rank: Secondary
Diagnosing Clinician: MAHMOOD,ZAFAR (000042)
Diagnosis: History of post traumatic stress disorder (Z86.59)
Status: Active
Bill Order: 3
Rank: Tertiary
Diagnosing Clinician: MAHMOOD,ZAFAR (000042)

Treatment type (e.g., cognitive-behavioral therapy, play-based therapy, family therapy):

Dialectical Behavior Therapy- individual and group
Started 12/23

Frequency type (e.g, weekly, monthly)

weekly

Age when started:

17

(Yrs)

Reason for treatment:

To help with thinking and behaviors

Is it helping?

Yes ▾

How much is the treatment helping?

A little helpful Somewhat helpful Very helpful

Comments:

Has only been in treatment since 12/23 and has not fully engaged yet

Treatment type (e.g., cognitive-behavioral therapy, play-based therapy, family therapy):

Applied Behavior Analysis intensive in home

Frequency type (e.g, weekly, monthly)

Daily

Age when started:

15

(Yrs)

Reason for treatment:

follow up support after hospitalization 10/27/21

Is it helping?

Yes ▾

How much is the treatment helping?

A little helpful Somewhat helpful Very helpful

Comments:

Family trained on restraint, safe room, proactive and preventative strategies. Beginning staff was 2 people all waking hours except school. Alternative school has 1 on 1 para all school day. Current support is 1 staff 2 evenings a week.

Treatment type (e.g., cognitive-behavioral therapy, play-based therapy, family therapy):

Play therapy/Crisis Therapy
1/22-11/23

Frequency type (e.g, weekly, monthly)

weekly

Age when started:

15

Reason for treatment:

trauma, support after hospitalization, on Enhar

Is it helping?

Yes ▾

How much is the treatment helping?

A little helpful Somewhat helpful Very helpful

Comments:

Trauma therapy had just started in 4/23 when therapist resigned in 6/23 and client never really connected with new therapist when she resigned in 11/23.

Trauma Smart Therapy at KVC during a short residential placement.

Comments:

Most current acute hospitalization as of 1/12/23 was September at Research which is the longest stretch of being home.

Mother reported the ct has a history of mental health hospitalizations. Mother reported the ct was hospitalized about 20x

from 9/19 to 10/20. Client was then hospitalized in acute placement at Hawthorn from 10/27/20 to 12/20/21. Mother reports

that the ct's first hospitalization occurred at age 9, and all the hospitalizations have been for SI. Ct reports that she participated

in group and individual therapy while in the hospital, and reports that she learned some coping skills while hospitalized. Ct

reports that she has participated in individual therapy in the past, and that this occurred when she was living with her father. Ct

reports that she has participated in outpatient psychiatric services in the past.

Are there any psychosocial treatments that have been previously tried, but discontinued? If so, please list treatments here and explain why they were discontinued.

Medical/Psychiatric History

Please list all diagnoses or illnesses:

Diagnosis/Illness:

pre-diabetic

Age of diagnosis:

17

(Yrs)

Date - Year:

2023

Professional making diagnosis:

PCP

Is this person still a patient of this professional?

Yes No

Diagnosis/Illness:

Major depressive disorder, recurrent, moderat

Age of diagnosis:

15

(Yrs)

Date - Year:

1/22

Professional making diagnosis:

Zafar Mahmood

Diagnosis/Illness:

Borderline personality disorder (F60.3)

Age of diagnosis:

15

(Yrs)

Date - Year:

1/22

Professional making diagnosis:

Zafar Mahmood

Diagnosis/Illness:

History of post traumatic stress disorder (Z86.5)

Age of diagnosis:

15

(Yrs)

Date - Year:

1/22

Professional making diagnosis:

Zafar Mahmood

Diagnosis/Illness:

Provisional Autism Spectrum Disorder, Level 2,

Age of diagnosis:

13

(Yrs)

Date - Year:

5/2020

Professional making diagnosis:

Luke Bradley LCP

Diagnosis/Illness:

Please list current medications and supplements:

Medication:

Benzotropine Mesylate

Dosage/Frequency:

1 MG, Tablet, Oral (1)Tablet Twice a Day

Is it helping?

Yes No

Briefly list any adverse effect(s):

n/a

Medication:

Haloperidol

Dosage/Frequency:

1 MG, Tablet, Oral (1)Tablet Three Times a Day,

Is it helping?

Yes No

Briefly list any adverse effect(s):

n/a

Medication:

LaMICtal

Dosage/Frequency:

100 MG, Tablet, Oral (1)Tablet Every Morning - (

Is it helping?

Yes No

Briefly list any adverse effect(s):

n/a

Medication:

Paxil

Dosage/Frequency:

20 MG, Tablet, Oral (1.5 [One Point Five])Tablet

Is it helping?

Yes No

Briefly list any adverse effect(s):

n/a

Medication:

Prazosin HCl

Dosage/Frequency:

2 MG, Capsule, Oral (1)Capsule At Bedtime

Is it helping?

Yes No

Briefly list any adverse effect(s):

n/a

Medication:

cloZAPine

Dosage/Frequency:

50 MG, Tablet, Oral (1)Tablet Three Times a Day

Is it helping?

Yes No

Briefly list any adverse effect(s):

n/a

Medication:

traZODone hydrochloride

Dosage/Frequency:

100 MG, Tablet, Oral (2.5 [Two Point Five])Table

Is it helping?

Yes No

Briefly list any adverse effect(s):

n/a

Medication:

Additional medications:

Previous Psychotropic Med Trials:

CHECK ALL CLASSES THAT APPLY:

Please have available the name of the drug and the highest dose of any medication for which a box is checked.

- Stimulant: Dexedrine, Dextrostat, ProCentra, Vyvanse, Concerta, Daytrana, Methylin, Ritalin, Adderall, etc.
- Alpha agonist: Guanfacine (Tenex), Guanfacine ER (Intuniv), Clonidine, etc.
- SSRI/SNRI: Citalopram (Celexa), Escitalopram (Lexapro), Fluoxetine (Prozac), Paroxetine (Paxil, Pexeva), Sertraline (Zoloft), etc.
- Monoamine Oxidase Inhibitor: Isocarboxazid (Marplan), Phenelzine (Nardil), Selegiline (Emsam), Tranylcypromine (Parnate), etc.
- Other antidepressant
- Non-SSRI anxiolytic: Benzodiazepene or Buspirone
- Anticonvulsant mood stabilizer: Carbamazepine, Divalproex and Lamotrigine, Gabapentin, Topiramate, etc.
- Typical antipsychotic: Haldol (haloperidol), Loxitane (loxapine), Mellaril (thioridazine), Moban (molindone), Navane (thiothixene), Prolixin (fluphenazine), Serentil (mesoridazine), Stelazine (trifluoperazine), etc.
- Atypical antipsychotic (other than Clozapine)
- Clozapine
- Lithium
- Hypnotic: Zaleplon (Sonata), Eszopiclone (Lunesta), Triazolam (Halcion), Estazolam, Temazepam (Restoril), Ramelteon (Rozerem), Suvorexant (Belsomra), etc.
- Sleep Medication: Clonidine, Trazodone, Remeron, Doxepin, etc.
- Other

Please list any previous medications and the highest dose:

Current medications as of 12/21/23: Benstropine Mesylate, Haloperidol, lamictal, Paxil, prazosin HCL, Clazapine, Trazodone hydrochloride

Current medications as of 1/12/23: Lamictal, Clozapil, Cogentin, Prozosin, Paxil, Trazadone

Zyprexa PRN

Previous Known :Escitalopram, lamoTRigine Melatonin, QuanFacine, norgestimate-ethinyl, clonapine effexor xr, topirimate,ziprasidone, quetiapine, prazosine, Latuda

Over multiple hospitalizations client has been prescribed a multitude of medications

beginning of 2022 Most current medications were:

Cogentine, Thorazine, Lexaprio,and lamictal

Please check all of the following that apply:

- Seizures
- Heart Problems
- Constipation
- Nausea/Vomiting
- Vision Changes
- Insomnia/Sleep concerns
- Trouble Swallowing
- Stomach ache/pain/reflux
- Staring Spells
- Dental carries/pain
- Diarrhea
- Chronic Ear Infections
- Headaches
- Menstrual
- Environmental Allergies
- Skin Problems (e.g., rash, eczema)
- Urinary Tract Infection (UTI)

Testing

Have the following tests been performed?

Chromosomal Microarray

- Yes No Unknown

Fragile X DNA

- Yes No Unknown

MRI of the brain

- Yes No Unknown

EEG

- Yes No Unknown

Sleep study

- Yes No Unknown

Academic testing

- Yes No Unknown

Results:

Comprehensive Test of Nonverbal Intelligence 2 given on 9/7/22 by the school psychologist: Full scale score was 53 with Very poor, poor, low average
Cognitive Processing Speed: very poor range with a score of 61
Broad reading in very low/borderline range
Broad Mathematics in very low/borderline range
Language in low-average range.
Testing completed at Hawthorne while in patient from 10/20-12/21 showed adaptive functioning to be commensurate of an intellectual Disability with ABC=56 and Borderline Range for working memory and processing speed.

Intelligence testing

- Yes No Unknown

Results:

Most recent was completed by the school psychologist on 9/21/22: Full Scale IQ of 53 with ranges of very poor, poor, low-average.

2016 = 80

2019 = 73

2020 = 65

2021 = 70

2022 = 58

Any additional comments:

Adaptive skills were in the low range at home and school.

Sleep History

Rarely = never or 1 time/week; **Sometimes** = 2-4 times/week; **Usually** = 5 or more times/week

Does this person fall asleep within 20 minutes? If yes, how often?

No Rarely Sometimes Usually

Does this person co-sleep? If yes, how often?

No Rarely Sometimes Usually

Does this person awaken more than once during the night? If yes, how often?

No Rarely Sometimes Usually

Does this person snore loudly?

No Rarely Sometimes Usually

Is snoring a problem?

No Rarely Sometimes Usually

Does this person seem tired during the day? If so, how often?

No Rarely Sometimes Usually

Is this a problem?

No Rarely Sometimes Usually

Comments:

Trauma/Abuse History

Yes

Suspected

No

Trauma/Abuse History

Physical Abuse

Sexual Abuse

Intrauterine Exposure to Alcohol/Drugs

Comments:

Ct reported a history of emotional, physical,sexual abuse,and verbal abuses which occurred when she was under her father's care. Ct reported some degree of physical and educational neglect occurring at that time as well. Ct reported trauma-related symptoms such as intrusion symptoms, avoidance of trauma-related stimuli, hypervigilance, hyperarousal, persistent negative emotional state, and feelings of numbness or detachment; however, some of ct's symptomology with regard to trauma may be attributable to other mental health diagnoses, such as major depressive disorder, generalized anxiety disorder, or psychotic disorder NOS

Social History

This person resides with:

Mother



Is this person the legal guardian?

Yes

No

Does the legal guardian have limited or full custody?

Full Custody



How many people live in the home *not* including this person?

6



List any other significant relationships important to this person (e.g., family, friends, grandparents, neighbor)

Aunt and Uncle both live in the home and client is close to them. 3 younger siblings live in the home and are very important to client. Client has friends sometimes but the relationships don't last long and are usually younger in age. Client has trusted adults at school.

Additional Comments:

Client lives with mother, 3 siblings, aunt and uncle with 2 dogs and 4 cats. Ct is the is the oldest child in the home. Mother stated the ct lived with biological father from 2018-02/2019. Client stated while living with father, he was abusive and neglectful. Mother stated

that she has no extended family in this area. Mother reported a history of ADHD, anxiety disorder, down syndrome, and autism on her side of the family. Mother reported the ct's father's family has a history of schizophrenia, multiple personality disorder, and autism. The ct's father is currently incarcerated.

Family History

Condition/Disorder

Mom

Dad

Brother

Sister

Mat GM

Mat GF

Pat GM

Pat GF

Genetic Disorders

Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder (e.g., epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Concerns (e.g., Depression, Anxiety Disorder, Bipolar)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance misuse/addiction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Educational History

Grade in School: 10th ▼

Ever repeat a grade? Yes No

What best describes the child's current education program or setting?

- Full time in education regular class
- Time split between regular and special education classes
- Full time special education
- Aide/Paraprofessional or extra help
- Home School
- Virtual Learning
- Alternative School
- Homebound

Can this person read? Yes ▼

Are there learning problems? (Please check all that apply)

- Math Reading Writing

Explain:

Comprehensive Test of Nonverbal Intelligence 2 given on 9/7/22 by the school psychologist: Full scale score was 53 with Very poor, poor, low average
 Cognitive Processing Speed: very poor range with a score of 61
 Broad reading in very low/borderline range
 Broad Mathematics in very low/borderline range
 Language in low-average range.
 Testing completed at Hawthorne while in patient from 10/20-12/21 showed adaptive functioning to be commensurate of an intellectual Disability with ABC=56 and Borderline Range for working memory and processing speed.

Legal History

Does this child have a prior or current legal case?

No 

Resources

Resources (Check all that apply):

- Bureau of Special Health Care Needs
- Behavioral Therapy/ABA
- Easter Seals
- Speech Language Therapy (SLT),
- Physical Therapy (PT)
- Occupational Therapy (OT)
- Regional Office/SB40 Board (Dept. of Mental Health)
- Juvenile Office
- Children's Division
- Community Mental Health Services
- Community Psychiatric Rehab
- Community Psychiatrist
- Social Security Disability (SSI)
- Waiver Services
- None of the above
- Other

Other resources:

Children's Enhancement Program

How often do representatives/workers from these resources communicate?

- Annually
- Quarterly
- Monthly
- Weekly
- Do no communicate
- Other

How do resource representatives share care plans, progress notes, problems or concerns?

- Meetings
- Phone Calls
- Email
- Do not share information
- Other

What are the barriers to the resource representatives and family/caretakers meeting regularly and sharing strategies?

- Time/Scheduling
- Transportation
- Funding/Financial barriers
- Lack of rapport/therapeutic relationship
- Other

Additional Comments:

Main needs from the panel are resources to help the Treatment Team provide a successful transition to adulthood.

Form Status

Complete?

Complete ▼