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: MOADD075

Presenting Provider: Kamryn Staley

Role of presenter:
* must provide value

Case Worker

Co-Presenter Name(s) and roles:

Kristina Barker, my supervisor at Children's Division

Presentation Date: 2024-04-03 Y-M-D

Please answer the following questions about your clinic or agency:

What type of Clinic/Facility/Care Provider are you? IDD community service provider

Clinic/Facility Name: Children's Division

Clinic/Facility City: Marshall

Clinic/Facility Zip Code: 65340

Clinic/Facility Phone Number: 6608868194

Clinic/Facility Fax Number: 6608315387

Demographic Information

Gender:

○ Male ◉ Female ○ Non-binary ○ Other

Person Age: 13 (Yrs)

(Mos)

Funding Type for person's services: Medicaid

Insurance Company: Show Me Healthy Kids

Race: White/Caucasian

Ethnicity: Not Hispanic/Latino

What concerns would you like help with for this person?

Please list up to three concerns:

1)

Client recently had a second psychological evaluation with autism testing completed in February 2024. They diagnosed her with ODD and Intermittent Explosive Disorder. The psychologist throughout the evaluation wrote that he believed she has Fetal Alcohol Syndrome, but he himself cannot diagnose her that because it has to be her primary doctor. She was also given the IQ of 70, which fell into the very low range, but according to them she did not meet criteria to be diagnosed Borderline Intellectual Functioning. Back in April 2023, she had her first psychological evaluation and was given an IQ of 59 and a diagnosis of Developmental Disorder of Scholastic Skills.

2)

DMH has denied services for her because she doesn't meet criteria and doesn't have the right diagnosis. We are currently trying to work on getting a referral from her PCP for a neuro-psychological testing to be done. This was recommended by COE so we could possibly see if she actually does actually have fetal alcohol syndrome.

3)

She was diagnosed with ADHD years ago and has been on Adderall since. She has been in care since August 2020. I became her case worker in September 2022. Since the first time I met her, I knew something was different about her and I wondered if she was autistic. I got her set up with a psych eval at Midtown and asked for autism testing, but they for some reason did not do that. So in December I was finally able to get her scheduled into Compass Health in Raymore and they were willing to do another psychological test with ADOS testing. I thought that her ADHD could be a misdiagnosis for the Autism, because even though she gets distracted very easily and cannot pay attention to save her life, she is still hyper with the medication. I now believe that the ADHD could be a misdiagnosis for the fetal alcohol syndrome. She is 13 years old, but mentally she acts like a 8-9 year old.

Case Intervention Details

Please list some strengths of this person:

Client is a funny and strong young girl. She has her own sense of personality that is charming. She gets attached to people quickly and cares for those people. She loves playing sports and is good at them.

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
- [x] 3. Increased involvement of family members
- [ ] 4. Accommodations for person's sensory sensitivities
- [ ] 5. Explicit didactics about emotions
- [ ] 6. Posted agenda of therapy session

The following plans are in place:

- [ ] Communication Plan
- [x] Treatment Action Plan
- [ ] Crisis Plan

Communication Ability and Sensory Concerns

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

Low IQ and possibility of fetal alcohol syndrome.

What are the substantial functional limitations?

- [ ] Receptive and Expressive Language
- [x] Self-Care
- [x] Learning
- [ ] Mobility
- [ ] Self-direction
- [ ] Capacity for Independent Living
- [x] Economic Self-Sufficiency
- [x] 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
- [x] 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:

Behavior History

	Never	Rarely (1/week)	Sometimes (2 - 4/week)	Usually (5 +/week)

Anxious or worries	○	○	◉	○
Short attention span	○	○	○	◉
Hyperactivity	○	○	○	◉
Obsessive-Compulsive	◉	○	○	○
Aggressive toward others	○	◉	○	○
Hurts animals or other people	◉	○	○	○
Unusual or excessive fears	◉	○	○	○
Depression	○	◉	○	○
Defiant	○	○	◉	○
Self-Injury (head banging, head punching, biting, scratching, cutting, picking, etc)	◉	○	○	○
Toileting issues or accidents	◉	○	○	○
Irritability/Moodiness	○	◉	○	○
Hallucinations	◉	○	○	○
Food seeking	◉	○	○	○
Pica (eating non-food items)	◉	○	○	○
Public masturbation	◉	○	○	○
Sexualized behavior concerns	○	◉	○	○
Property destruction	◉	○	○	○
Fascination with water	◉	○	○	○
Elopement	◉	○	○	○
Impusivity	○	◉	○	○
Homicidal concerns	◉	○	○	○

Suicidal concerns	◉	○	○	○
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

Please describe how the person is aggressive:

Client can be aggressive when she is upset. This usually contains hitting and kicking, almost like a 4-year-old tantrum. This always results in staff having to use restraints on her, which she does not like. She will also yell and cuss.

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

○ Yes ◉ No

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

○ Yes ◉ No

Additional Comments:

Mental Health Treatment History

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

Please list the current behavioral health diagnoses:

ADHD, ODD, Intermittent Explosive Disorder, Anxiety, Depression, Adjustment Disorder, and PTSD.

These have been all given to her by different providers.

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

Individual therapy, medication management, and family therapy.

Frequency type (e.g, weekly, monthly)

Weekly

Age when started:

11 I think

(Yrs)

Reason for treatment:

Behaviors and mental health

Is it helping?

Yes

How much is the treatment helping?

(•) A little helpful ( ) Somewhat helpful ( ) Very helpful

Comments:

I do believe therapy is helpful, but her medications I don't think are working. She is still hyper all the time and has behaviors. She has family therapy with a cousin occasionally, but she doesn't really want it.

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

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

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:

Please list current medications and supplements:

Medication:

Adderall

Dosage/Frequency: 10mg 2x a day

Is it helping? ○ Yes ◉ No

Briefly list any adverse effect(s): She is still hyper all the time and cannot focus.

Medication: Lexapro

Dosage/Frequency: 20mg once daily

Is it helping? ◉ Yes ○ No

Briefly list any adverse effect(s):

Medication: Trazadone

Dosage/Frequency: 25mg once daily

Is it helping? ◉ Yes ○ No

Briefly list any adverse effect(s): This is for her insomnia. She claims it helps.

Medication: Lamical

Dosage/Frequency: 25mg

Is it helping? ◉ Yes ○ No

Briefly list any adverse effect(s): She started this on 3/15/24, so unsure if this is working or not.

Medication: Hydroxyzine

Dosage/Frequency: 25mg

Is it helping? ◉ Yes ○ No

Briefly list any adverse effect(s):

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.

- [x] Stimulant: Dexedrine, Dextrostat, ProCentra, Vyvanse, Concerta, Daytrana, Methylin, Ritalin, Adderall, etc.
- [ ] Alpha agonist: Guanfacine (Tenex), Guanfacine ER (Intuniv), Clonidine, etc.
- [x] 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.
- [x] Other

Please list any previous medications and the highest dose:

Propranolol 5mg 3x a day for anxiety

Please check all of the following that apply:

- [ ] Seizures
- [ ] Heart Problems
- [ ] Constipation
- [ ] Nausea/Vomiting
- [ ] Vision Changes
- [x] Insomnia/Sleep concerns
- [ ] Trouble Swallowing
- [ ] Stomach ache/pain/reflux
- [ ] Staring Spells
- [ ] Dental carries/pain
- [ ] Diarrhea

- [ ] Chronic Ear Infections
- [ ] Headaches
- [x] 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

Intelligence testing

◉ Yes ○ No ○ Unknown

Results:

In April 2023, IQ of 59. In February 2024, IQ of 70.

Any additional comments:

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

Is falling asleep a problem?

○ 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

Are nighttime awakenings a problem?

○ 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

Comments:

Trauma/Abuse History

	Yes	Suspected	No
Trauma/Abuse History	◉	○	○
Physical Abuse	◉	○	○
Sexual Abuse	◉	○	○
Intrauterine Exposure to Alcohol/Drugs	◉	○	○

Comments:

Social History

This person resides with: Residential Placement

Please indicate the relationship the legal guardian has with this individual. Client and I have a good relationship. I feel like

Does the legal guardian have limited or full custody? Full Custody

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

How many residents live with this person? Unknown, she does have a roommate.

How many staff work in the home? Unknown

How many staff work with this person at a time? Unknown

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

Client has a close bond to her brothers father. She also communicates with her siblings frequently.

Additional Comments:

Family History

Condition/Disorder

	Mom	Dad	Brother	Sister	Mat GM	Mat GF	Pat GM	Pat GF
Genetic Disorders	☐	☐	☐	☐	☐	☐	☐	☐
Autism Spectrum Disorder	☐	☐	☐	☐	☐	☐	☐	☐
Intellectual Disability	☐	☐	☐	☐	☐	☐	☐	☐
Learning Disability	☐	☐	☐	☐	☐	☐	☐	☐
Seizure Disorder (e.g., epilepsy)	☐	☐	☐	☐	☐	☐	☐	☐
Mental Health Concerns (e.g., Depression, Anxiety Disorder, Bipolar)	☑	☑	☑	☐	☐	☐	☐	☐
Substance misuse/addiction	☑	☑	☐	☐	☐	☐	☐	☐

Comments:

Educational History

Grade in School: 7th

Ever repeat a grade? ○ Yes ◉ No

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

- [x] 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)

- [x] Math
- [ ] Reading
- [ ] Writing

Explain:

Client struggles in Math and has the teacher help her out.

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
- [x] Children's Division

- [x] Community Mental Health Services
- [ ] Community Psychiatric Rehab
- [x] Community Psychiatrist
- [ ] Social Security Disability (SSI)
- [ ] Waiver Services
- [ ] None of the above
- [ ] Other

How often do representatives/workers from these resources communicate?

- [ ] Annually
- [ ] Quarterly
- [x] Monthly
- [x] Weekly
- [ ] Do no communicate
- [ ] Other

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

- [ ] Meetings
- [ ] Phone Calls
- [x] 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:

Form Status

Complete? Complete