ECHO Idaho: Behavioral Health in Primary Care
CASE RECOMMENDATION

Project ECHO Idaho (ECHO) case presenters are responsible for ensuring that no personally identifiable information (PII) nor protected health information (PHI) is shared during an ECHO session, in compliance with HIPAA privacy laws, to ensure patient privacy and confidentiality. Panelists and participants involved in reviewing the case may provide recommendations, suggestions, or considerations based on the information presented during an ECHO session. The professional practitioner presenting the case is free to accept or reject the advice and remains in control of the patient's care. ECHO case presentations are informal consultations that do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in an ECHO session.

Presenter Credential: LMSW

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Summary: 39-year-old incarcerated male with Medicaid coverage and diagnoses of borderline personality disorder, schizoaffective disorder (unspecified), and intellectual disability. He has minimal community support due to the death of his parents and strained relationships with his adult siblings. Social determinants impacting his care include incarceration, lack of financial stability, and limited support systems. He participates in group therapy and weekly check-ins, with a treatment plan centered on boundary setting and reducing manipulative behaviors toward staff. The client's goals include gaining independence and improving relationships, while providers aim to support his understanding of boundaries, consent, and risk factors for community re-entry.

Question: Key questions include identifying community resources for individuals with sex offenses, low functional levels, and mental health issues, as well as strategies to better prepare high-risk individuals for transition back into the community.

Recommendations:

- Neuropsychological Evaluation
  - Arrange for a full neuropsych evaluation while the client is still incarcerated, as community waitlists can exceed 18 months.
- Complete a Sex Offender Risk Assessment (SORA)
  - Ensure a SORA is completed and that is addresses risk factors such as poor boundary awareness and lack of social support. Use the assessment to advocate for structured supports post-release.
  - Consider recommending establishing a legal guardian and financial payee to help manage daily living and financial responsibilities. This should be documented and included in the SORA.
- Parole & Continuity of Care
  - Given that parole may be unlikely, emphasize the importance of continuity of care within IDOC and advocate for coordination of services prior to release.
  - Connect with a community health center (such as Terry Reilly or Full Circle Health) for integrated primary and behavioral health care. Make warm handoffs and communicate directly with the receiving provider about the client's plan.
  - Terry Reilly has a program called SANE Solutions for sex offenders that may be beneficial for this client.
- Social and Peer Supports
  - Encourage development of social structure and purposeful activity post-release. Consider peer support services to help with community reintegration, given the client's limited family support.
- Rehab and Re-Entry Resources
  - Look into programs like Reshab or Core Dynamics for placement after release. Communicate early to get information on spots opening up or to reserve placement for the client.

Consider presenting follow-up for this patient case or any other patient cases at a future ECHO Clinic session.

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