



## 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:** MSN, RN

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:** 25-year-old male with a history of severe, recurrent major depressive disorder (MDD) without psychotic features, PTSD/trauma-related disorder, possible mixed personality disorder traits, past alcohol use disorder, gender dysphoria, and a history of multiple suicide attempts and self-harm. He experienced prolonged sexual abuse in childhood and comes from a large, estranged religious family with negative views on mental health. He is currently housing insecure, unemployed, and lacks community support, though he has Medicaid coverage with access to a PCP, psychiatric medication management, and counseling. Lab work is unremarkable, including CBC and thyroid studies. The patient was recently removed from a DE hold on 3/6/2026 and has goals of securing employment and housing, returning to school, and writing a book. Treatment questions focus on managing repeated suicidal admissions, appropriate use of antidepressants, alternative discharge strategies, and community resource support.

### Recommendations:

- Social determinants & stability first: He needs housing, employment, and reliable support before meaningful treatment can occur; life context is likely driving much of his symptom presentation.
- Treatment readiness & engagement: Motivational interviewing may help identify what he's willing to do.
- Intensive case management: Coordinated services (counseling, med management, case management) through a single agency like Access Behavioral Health are ideal to reduce fragmentation.
- Structured environment: Halfway house or residential program could provide space and structure to process trauma and stabilize before active treatment; consider Medicaid-accepted facilities like Icarus Wellness and Recovery.
- Community supports & enrichment: CBRS/community support work via Medicaid, Interfaith Sanctuary involvement, and activities like [The Cabin](#) writing workshops could foster connection and meaning.
- Practical support: Apply for SSDI and explore local resources such as [Our Path Home](#)
- Faith-based support: Potential opportunity to engage a faith-based mentor or community member who may be able to take him under their wing.
- Other considerations: Screen for neurodivergence and/or gender dysphoria to get the full picture once he is in a more stable living environment. Consider Job Corps or Life's Kitchen may be good options if he hasn't aged out.
- Medication Management: If concerns about overdose attempts continue, consider Esketamine (nasal) hydrochloride Spravato or Selegiline Emsam Transdermal 24 Hour Patch.

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

Shannon McDowell, Program Manager. Office: 208-364-9905, [sfmcowell@uidaho.edu](mailto:sfmcowell@uidaho.edu)