

CASE RECOMMENDATION FORM

ECHO Session Date: 4/23/26

Presenter Credential: ADC

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: The client is a 32-year-old male with Medicaid insurance who was referred by his probation officer to level 1 outpatient treatment and is seeking guidance on how to effectively collaborate with the PO. He reports daily marijuana and alcohol use and has a psychiatric history significant for Dissociative Identity Disorder, anxiety, and PTSD. Current medications include sertraline 150 mg daily, Adderall 30 mg daily, and aripiprazole 10 mg daily, with good medication adherence. Although the client was already drug testing through probation at intake, the PO later required additional testing through the treatment center, resulting in the client testing at two locations multiple times per week and paying out of pocket for one of them. This dual-testing requirement has created increased stress related to scheduling, compliance, and financial burden, and despite communication from the treatment team raising these concerns, the PO has maintained the requirement, prompting the team to seek recommendations for continued advocacy on the client's behalf.

Recommendations:

- **Acknowledge PO priorities:** Probation often requires testing at their designated sites because results are received faster and more reliably; delayed or missing results from treatment centers make real-time supervision difficult.
- **Explore reduced testing frequency:** Advocate for maintaining PO testing locations while requesting a reduced testing frequency to lessen burden, especially given consistent negative results and demonstrated sobriety.
- **Highlight clinical value (if applicable):** If clinic testing continues, emphasize its added value (confirmation testing, synthetic detection, medication compliance monitoring) while aligning reporting timelines with PO needs.
- **Coordinate locations when possible:** Work with the PO to consolidate all mandated testing to the same geographic area as treatment to reduce travel and logistical stress.
- **Use sobriety data strategically:** Leverage sustained negative tests (with only one missed test) to support advocacy for streamlined testing or alternative monitoring approaches.
- **Consider alternative monitoring:** Ask about criteria for alcohol monitors or drug patches; note that probation may assist with payment if these are clinically appropriate and reduce overall burden.
- **Improve communication workflow:** Continue proactive communication with PO, providing full test reports promptly upon request, since immediate results are most valuable to them.
- **Support client-led advocacy:** Coach the client to participate in respectful negotiation with the PO, using this as a therapeutic opportunity for goal setting, self-advocacy, and empowerment.

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

Shannon McDowell, Program Manager, 208-364-9906, sfmcowell@uidaho.edu