Client Advocacy, Needs, & Resources

Client Advocacy

Client advocacy is usually performed by administrative staff but may differ according to agency and state regulations. Client advocates are put in place to assist clients in a variety of issues. They are there to promote client welfare and ensure they get the best care possible. Depending on the agency, client’s rights and advocacy may take the form of education to representation in legal matters concerning issues within the agency. For example, this could mean a breach in confidentiality by staff or other clients within a group therapy environment. It could also mean something as simple as the client wanting to change therapists but has been discouraged by a treatment team.

Referrals and Community Resources

Referrals can take place within the agency or be directed to outside resources within the community. Referrals within the agency might take the form of a therapist referring a client to the psychiatrist for a medication evaluation. Or, a case manager may want to refer his or her client to a psychoeducational group or to a therapist for a specific need. Psychiatrists may want a client referred to an intensive outpatient program or residential treatment. Whatever the client needs, the referrals need to be filled out and documented in the client’s chart as well as placed in the interoffice mail to the appropriate service within the agency. The receiving or provided party needs to sign off on the client’s treatment plan once it is reviewed and accepted.

Referrals for outside sources always require written approval from the client to maintain confidentiality. There are forms for the client to sign that are specific to this purpose. Usually, there is a designated time frame, a list of information the client agrees to send to the providing agency, and a place for the name of the receiving agency, address, and phone number. The progress notes in the client’s file need to reflect the date, time, and reason for the referral as well as the documents that were sent. It is important to record every meeting with the client and what transpires. In the case of sending information to another agency, confidentiality issues need special care. Documentation is a majority of the work in mental health and substance-abuse treatment centers. Oftentimes, an agency will specialize in one or the other, and clients might need to access services in both. Paperwork is critical to continuity of care and providing the appropriate services as well as legal protections and anonymity for the client. Further, this will maintain the agency’s reputation for professionalism and limit lawsuits.
Managed Care, Insurance, and Self-Pay

Managed care became prevalent in the latter part of the 20th century. The purpose of managed care is to streamline costs and move therapeutic interventions into evidenced-based outcomes. This is a results-oriented system. The effects of managed care are positive and negative. It is more difficult to limit a person with severe emotional, mental health and/or substance-abuse issues into the same box with those experiencing minor difficulties. Abuse of services through overzealous agencies wishing to increase their bottom line and expand their agencies as well as a minority of client’s overuse of the system has had detrimental effects on those truly in need of long-term care. Payers also need to secure their bottom line and at the same time offer enough services to stabilize clients. To get reimbursement from government and private sources, agencies need to apply for status with each one. For example, there are insurance boards that have one set of rules and Medicaid that has another. The paperwork for each may differ. The agency needs to train staff to correctly coordinate services using the appropriate language for each to be satisfied. In some cases, it is like learning a new language or at least a way of phrasing that can make or break a contract. Measureable outcomes are critical to all types of reimbursement. The payer wants to know that the client is progressing and that services will not be indefinite. This is problematic for those with long-term needs for care. This may limit a client to a particular amount of monies the provider will spend either yearly or as an aggregate amount or lifetime limit. These all need to be taken into consideration when referring a client for services. The finance department of the agency may play a critical player in outlining what can and will be paid for.

Self-pay is usually done on a sliding scale, especially in community treatment and mental health centers. In more established agencies that are geared toward a specific clientele, there may be a flat fee. In some of the newer style treatment centers, for example, they may gear themselves to providing substance-abuse programming for medical professionals for them to retain their licensure. Again, each agency provides a specific amount of services for particular populations. It is important to know up front what the costs are whether you are starting an agency, working in an agency, or are looking to be a client in an agency.

Addressing Other Needs

Social

Many social workers, counselors, and therapists whether in mental health or
Client Advocacy, Needs, & Resources

substance-abuse centers may use a sociogram to illustrate to a client the needs the client may have in these areas. The client’s name is placed in the circle in the middle, and the social supports are in circles in the outlying areas on the paper with a line connecting each of them to the client. Each support system names the people the client feels are supportive for him or her attached by lines to each supportive circle. A discussion then ensues to see where the client might need to build further support.

This is an example:

Legal

Legal issues for substance abusers can mean anything from dealing with probation, parole, or pending incarceration. Therapeutic interventions as well as referrals to local legal services such as legal aid can be helpful. There could be problems with housing included here such as problems with landlords or gaining a place to stay due to previous charges. There also might be a need to work in conjunction with the court to make sure the client is complying with services. Reports may need to be sent, referrals to appropriate services, and the correct paperwork especially regarding confidentiality must be professionally taken care of.
Client Advocacy, Needs, & Resources

**Nutritional**

Whether a person is mentally ill, substance dependent, or a combination of these, nutritional needs are a core issue. These populations tend to put nutritional needs on the back burner and in some cases, are extremely deficient. They not only need education on nutritional issues but also on putting it together at home. If families and children are involved, this can become even more critical due to problems with neglect and adding to legal difficulties.

**Educational**

Many times, educational needs are unmet due to difficulties staying on task at school either because of substance-abuse, mental-health problems, or both. GED programs are free except for the fee for the test in most states. Some agencies may have a fund or special donors to help defray the cost of the test. Many community colleges will accept students without a GED but require a GED upon graduation from their program before transcripts can be released. Colleges in general have special tutors for those who fall under disabilities, mental or physical.

**Employment**

Job training is an important element in procuring gainful employment. The job scene is changing, and many who have had steady employment for years have oftentimes found themselves downsized out of a job. If a person is a substance abuser or mentally handicapped, he or she may not be able to hold down a job for very long. Fitting that person with the right type of job is essential in helping him or her succeed and build self-worth. SSDI is also an option for many who suffer from chronic illness, especially the dually diagnosed.

**Medical**

Medical needs can often be met within the agency by medical staff, which may include but is not limited to nurses, nurse practitioners, medical doctors, and psychiatrists. However, referrals for medical treatment, especially clearing a client medically before treatment commences, is important in determining what services are necessary. Since clients are not taking care of themselves in the most optimal manner, it is good to get a medical baseline ruling out any potential problems that may be part of an underlying physical or medical cause of an illness, whether it is substance or mental-health related.
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