

ESTABLISHING AND MAINTAINING THE CONTINUITY OF CARE

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Years ago addicts and alcoholics were seen as morally deficient criminals and a nuisance to society. We have come a long way over the last couple decades in educating the public and the government to comprehend that addiction is a disease and those inflicted should be treated as such. We now have specialized Courts such as Drug Court and Mental Health Court to try to address the needs of these clients in a separate realm and focus more on treatment and less on punitive measures and retribution. We are blessed to have an abundance of excellent treatment facilities, both private and not-for-profits.

That being said, we are still losing many addicts that are falling through the cracks in the system. Of course there is the lack of funding issue, which is a travesty. Many addicts simply cannot afford access to treatment. This needs to be addressed with our Legislators. However, I would like to focus this article on other factors that are often overlooked. I attribute the deficit in part to a lack of proper assessment and sufficient Case-Management of clients entering into treatment.

You see, every client has unique and individual needs, thus we cannot treat all addicts the same. Any client entering treatment, (whether through the system or not), should be evaluated with a Bio-psycho-social assessment by an Addictions Professional to better understand the totality of their case. There are certain treatment facilities which specialize in specific modalities which address these factors. Clients with Co-occurring disorders for example need to be dealt with differently than those with only an Axis I addiction. Chemical disorders need to be dealt with first and foremost. In many cases, these underlying disorders are at the root of the substance abuse, which is in essence self-medication. Not every treatment center is going to be the appropriate place for every client. Certain treatment centers specialize in adolescent care, while others specialize in relapse prevention or holistic methods of treatment. Other treatment centers are equipped to deal with sexual abuse issues or eating disorders. Some treatment centers use the 12 step approach, while others use behavioral modification and bible-based treatment. It is important to know which treatment center will meet the specific needs of the individual being assessed. It is also crucial to know the licensure status of a treatment center being considered. I take precautions to ensure that every Treatment Center I refer a client to is at least DCF licensed and either JACHO or CARF accredited (or at least be in the process of accreditation). I also insist on knowing the qualifications of the counselors, the program curriculum, and the client-counselor ratio.

The continuum of care needs to start even before intake. A proper screening and assessment must be performed to determine the proper course of treatment for each individual client, including which facility is going to best meet his or her needs. If this is done correctly, I believe we can greatly reduce relapse and recidivism rates. I have seen many patients discharged from detox only to be referred by a case manager to a mode of treatment which is insufficient or unequipped to address their issues. I have seen cases where a client is referred to out-patient treatment from detox, when they are seriously in need of residential treatment. Or even worse, they are referred to a ¾ way house, which is by no means a substitute for treatment.

We need to emphasize hands on Case-Management which continues even after the client is discharged. We need to emphasize follow-ups and aftercare. That is why I advocate for every client before, during and after treatment is concluded. A 30 or 60-day stay in a residential treatment center is by no means a cure, but hopefully it gives the client a good foundation from which to build. From the point of discharge, the client needs to be linked to the appropriate community resources including medical needs, counseling needs, housing needs, employment needs, public benefits, transportation, and of course support meetings. Contact should be maintained with the client by a Case-Manager on at least a weekly basis. For example, I usually make the rounds and meet with my clients on Fridays. I want to make sure they are getting the proper treatment as well as taking care of the myriad of issues which so often co-exist with the addiction. These would include legal issues, driver's license issues, living situations, employment, and health issues. Too often, the client leaves treatment only to return to the same dilemmas which contributed to them being in the state of incarceration or need for treatment in the first place.

In sum, there needs to be more communication between staff in the various treatment facilities, the families of the clients, the Courts and the Criminal Justice System. We need accountability and not just a shuffling of clients from one facility to another without keeping adequate documentation and communication. Everyone needs to be on the same page—working together in the best interest of the Person Served. Someone needs to coordinate everything and facilitate the process, making it as easy and stress-free as possible. We as Addiction Professionals need to be proactive and innovative. We must be vigilant and tenacious in our advocacy of clients. Consultation with an Independent Treatment Coordinator from the onset can be very beneficial for not only the client, but for the Courts and Treatment Facilities as well. 🌄

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