

# CFP TECHNICAL ASSISTANCE BULLETIN

## CLIENT ADVOCACY

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### **Background**

Advocacy is an important means of ensuring client receipt of services in the Community Follow-Up Program (CFP). However, only under certain circumstances is direct, in-person advocacy an appropriate and justifiable case management service. The purpose of this Technical Assistance Bulletin is to provide guidance for appropriate direct, in-person advocacy to assist clients in accessing services.

### **Program Guidance**

A central goal of case management is to assist clients in navigating the service delivery system. Various barriers contribute to a client's inability to gain the information or resources needed for positive outcomes. While the ultimate goal of case management is independence and self-sufficiency, it may be necessary for a Community Follow-Up Program (CFP) team member to directly advocate for a client with a service provider, in order to help them negotiate and obtain the services specified in the client's service plan.

Particularly during times of client crisis, in-person advocacy may be necessary to support and educate a client as well as communicate in person with a client and providers in order to help resolve the crisis situation. In-person advocacy may also be necessary during routine delivery of case management services. Client assessment and later reassessments should guide the team in identifying situations where in-person advocacy may be warranted. Assessments and reassessments that recognize each client's fluctuating ability to deal with barriers will contribute to the decision when a team member must be present with a client to advocate for services.

The following situations are examples when direct, in-person advocacy may be appropriate:

- Inconsistent appointment attendance with medical and mental health providers.
- Assistance in communicating with medical professional regarding medications, side effects, difficulty in taking medication and understanding treatment plans.
- Advocacy to help clients access and maintain housing and benefits (i.e., Public Assistance, Medicaid, SSI)
- Assistance for clients who are exhibiting signs of decompensation due to mental illness; who have a low tolerance of external stimuli that contributes to their inability to wait to see a medical/benefits professional; have a history of inappropriate behavior; or have severe anxiety in approaching a medical or other service provider and need advocacy on their behalf.
- Assistance for clients who are in crisis.
- Reluctance to attend appointments based on client's fear of how they will be treated due to their literacy, mental health, drug use, or socioeconomic status.

In addition, it may be appropriate for a CFP team member to directly advocate for a client during an initial visit to ensure a smooth transition, and acceptance and understanding of service.

In all cases, the need for direct in-person advocacy should be well documented in the case record. It should be re-evaluated at the time of reassessment, and a corresponding service plan should be developed and updated, as the situation warrants, to address a continued need.