The following are two scenarios for recent cases in the State of Nevada's service delivery system. Although you may have been involved or know of the case, it is for learning together and not to pick on or get any one agency in trouble. If you know the real case, please refrain from identifying yourself or others involved. After reading the following scenarios please answer the questions at the bottom for group discussion and reflection.

Scenario 1:

A highly dedicated local police department diversion program is working with community agencies to help triage services for diversion clients as needed. Upon initial screening, the dual licensed clinician determined that the client has a history of IV heroin use with the last injection taking place within the last 8 hours. The clinician indicated that the middle aged homeless female client was in need of detox services. A referral was made to agency A and agency A was made aware that the client is a block grant priority population as a female person who injects drugs (PWID). Referral agency A is not credentialed with the primary insurance of the client and denied to take the client. The diversion program staff made a referral to agency B after the first referral was unsuccessful. Agency B gave the diversion team the runaround and were very difficult to work with. Agency B staff members struggled to provide answers to questions and after over an hour of back and forth interactions call backs and waiting were told that the services they could provide were limited and that there were not appointments available until late the next day. Please note agency B is funded by the State and County to provide detox services to people in need of services. The referral team then contacted agency C, another block grant recipient with the hope to place the client into a higher level of care of residential services. Again after determining that the client had the wrong insurance agency C asked that a grant funding application be submitted, with an approval process that would take several days which resulted in the referral being declined. Finally the diversion team was able to find an agency that would accept the client. Agency D asked the diversion team for help in the process of getting the client to their clinic. After transporting and working with agency the client was left with agency D. The work to get the client into services took one diversion team staff member from 8 am until 4 pm. Within 4 hours of the placement the diversion team's after hour's answering service received a call from the client stating that she was in the emergency room. Before the team could respond that client had been discharged. The hospital was not provided with a release of information because they were not a part of the original referral team and the diversion team did not expect to need a referral for the hospital. As a result the hospital could not provide information to the diversion team with details about who made the referral and when and why the client was discharged. The client was released back into the community without a cell phone to contact the diversion team and was lost. The diversion team members went looking all over town for the client but within 2 days were not able to locate her to get her back into services. It was later determined by the diversion team that Agency D provided transportation to the hospital as a diversion tactic because the clients insurance was a barrier and that there have been over 5 clients in the past month that have been diverted due to insurance barriers.

Questions:

- 1. List the Facts.
- 2. Please sum up the problem within on sentence using concrete, specific, and neutral terms.
- 3. What are some of the code of ethics issues to consider in this case?
- 4. What are some of the values the different agencies have that affect their decision making in this case?
- 5. What are some of the ways this scenario affects the client and their recovery journey?
- 6. How were others affected in this scenario?
- 7. List some potential solutions to this problem.

Scenario 2:

A 25 year old female client was recently incarcerated for drug related charges was supposed to be released in March for treatment to a block grant funded treatment facility. The client's parents contacted the State in July for help in finding their daughter as they had not heard from her and expected her to be in treatment but were not sure which one. The State could not provide answers but agreed to look for the client and ask her to contact her family. Upon investigation The State was able to identify the referral agency and worked extensively with the State to determine what happened. The team learned that the client was never released for transport to the referral facility and remained in jail. The Inmate Assistance Program (IAP) never took action to facilitate client transfer. This client had a scheduled court date with the expectation of a progress report to her treatment coming up in a few days but never received treatment. Staff reached out multiple times to jail personnel to converse about the situation and arrange for release and transport of the client but received no response. Due to inability to reach jail personnel from the Inmate Assistance Program (IAP), the referral agency staff went directly to the facility to converse about the client. The IAP staff reported that due to understaffing, illness and regularly scheduled days off, there were no staff members available to set up and transport the client and that caseloads were high with not enough people to handle each case. State staff were able to arrange a non-traditional alternative method of transportation and IAP staff agreed to the method and facilitated the released for client to be transported to treatment. Because of team efforts, the client received services and client's court date was postponed allowing for the client to meet court recommended treatment.

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