



**JUVENILE JUSTICE –
PATHWAYS TO TREATMENT**

March 2005

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INTRODUCTION

The Juvenile Justice mission is to provide case managed services for statutory clients on juvenile justice community-based and custodial court orders, as well as young people on remand.

The Australian Community Support Organisation (ACSO), Community Offenders Advice and Treatment Service (COATS) are a not for profit organisation established in 1997 to provide assessments and make treatment recommendations for substance users sentenced in court. This service was established to ensure timely access to treatment services for mandated (forensic) clients.

During work on *The Juvenile Justice drug policy and strategy*¹, a number of barriers to collaborative, streamlined, consistent service delivery were identified. It was recommended that a joint project between Drug Treatment Services and Juvenile Justice commence to

- review and redesign the mechanisms for Juvenile Justice clients moving through drug treatment; and
- to define the role of ACSO COATS in the provision of alcohol and drug assessment and treatment.

The project and outcomes are provided in this document and outline a different approach to the provision of drug treatment to Juvenile Justice clients.

BACKGROUND

In January 1999 a 12-month pilot program was established that enabled the Community Offenders Advice and Treatment Service (COATS) to provide comprehensive Alcohol and Other Drug (AOD) assessment and recommendation for engagement in AOD treatment for young people being released from custody on parole and those on community orders, referred via Juvenile Justice.

Pilot Model:

A model for referral to AOD assessment and subsequent treatment was developed and implemented between COATS and Juvenile Justice. In this pilot model, Juvenile Justice were to contact the COATS Intake Unit and make an appointment for young people subject to Juvenile Justice orders to be assessed. An experienced and qualified AOD assessor outreached to young people to conduct the assessment and make recommendations for referral to treatment. All initial appointments for recommended treatment were arranged via COATS Brokerage Unit with the young person and Juvenile Justice being informed of details.

The pilot model of referral of Juvenile Justice clients resulted in referrals for assessment being significantly below the level envisaged. Comment from Juvenile Justice workers that the previous model, which involved assessment and referral to treatment by COATS, was long and at times confusing was also a factor in reviewing the prior model.

Review:

In December 2003 a number of representatives from Juvenile Justice, Drugs Policy and Services and AOD treatment providers were brought together to participate in a workshop aimed at reviewing and modifying the pilot model to facilitate timely access to treatment for young people in contact with Juvenile Justice. A number of scenarios were presented to small groups of attendees who were asked to design a model based on the information provided. The following parameters were taken into account:

1. Treatment recommended was to be community based
2. The model must be funded within the existing infrastructure
3. Focus on given client group (whether scenario for rural, metro or custodial)
4. AOD assessment must take place prior to commencement of treatment
5. AOD assessment must be conducted by an accredited clinician
6. There must be a mechanism for counting and reporting data to Drug Treatment Services at DHS

¹ *Juvenile Justice Drug Policy and Strategy*- Juvenile Justice Section- 2004

7. There must be a formal liaison between the agency and Juvenile Justice caseworker regarding progress and treatment completion
8. There must be a mechanism to facilitate a variation to treatment if necessary.

Arising from the workshop was the development of two models, one specifically for Juvenile Justice clients in a custodial setting and another for Juvenile Justice clients in a community setting.

Both models aim to simplify current processes as well as define the roles Juvenile Justice, Drug Treatment Services and COATS play in the treatment of substance use by young people.

PRINCIPLES UNDERPINNING THE MODEL FOR DRUG TREATMENT SERVICES FOR JUVENILE JUSTICE CLIENTS

The list of principles below have been derived from the *Juvenile Justice Drug Policy and Strategy* and underpin best practice in the delivery of drug and alcohol treatment for Juvenile Justice clients.

- The pathway from drug use to abstinence is not easy to navigate. A range of strategies to keep the young person safe and well on their journey towards abstinence need to apply beyond the Juvenile Justice order.
- Juvenile Justice works with young people for a limited period, as specified by their court order. A key role of Juvenile Justice staff is to assist the young person to foster connectedness in their community and locate longer-term supports.
- Timely linkages with the drug treatment service sector supports engagement with the young person
- Drug and alcohol services and interventions are most effectively delivered to young people in a holistic and individualised manner
- Drug and alcohol services should be targeted to those young people who have been assessed as having a high need
- Drug and alcohol intervention with young people should focus on the functionality of their behaviour and causal factors as well as treatment aimed at reducing or stopping the use of drugs
- Drug and alcohol use is often cyclical and relapsing. Intervention may need to be applied repeatedly before change is achieved
- Transition planning is crucial. Continuity of service provision should be via a through-care model to minimise the negative impact of key transition points, including leaving custody and beyond the intervention of Juvenile Justice.
- Koori young people have particular needs that require a specific response.
- Juvenile Justice must be aware of, and responsive to, issues relating to a young person's ethnicity.
- Services should be responsive to the young person's developmental stage and maturation level rather than chronological age.

GLOSSARY OF TERMS

ACSO	Australian Community Support Organisation
ADIS	Alcohol & Drug Information System
AOD	Alcohol and Other Drug
CCCC	Counselling, Consultancy and Continuing Care
Clinician	Alcohol & Drug Counsellor providing treatment
COATS	Community Offenders Advice & Treatment Service
Community-Based Orders	Juvenile Justice sentences served in the community
Custody	Juvenile Justice sentences served in secure facilities
DHS	Department of Human Services
ITP	Individual Treatment Plan
TCA	COATS Treatment Completion and Advice Form
Variation	COATS change to initial treatment plan
Youth Outreach	Treatment type outside of an agency/office

MODEL FOR CLIENTS IN CUSTODY

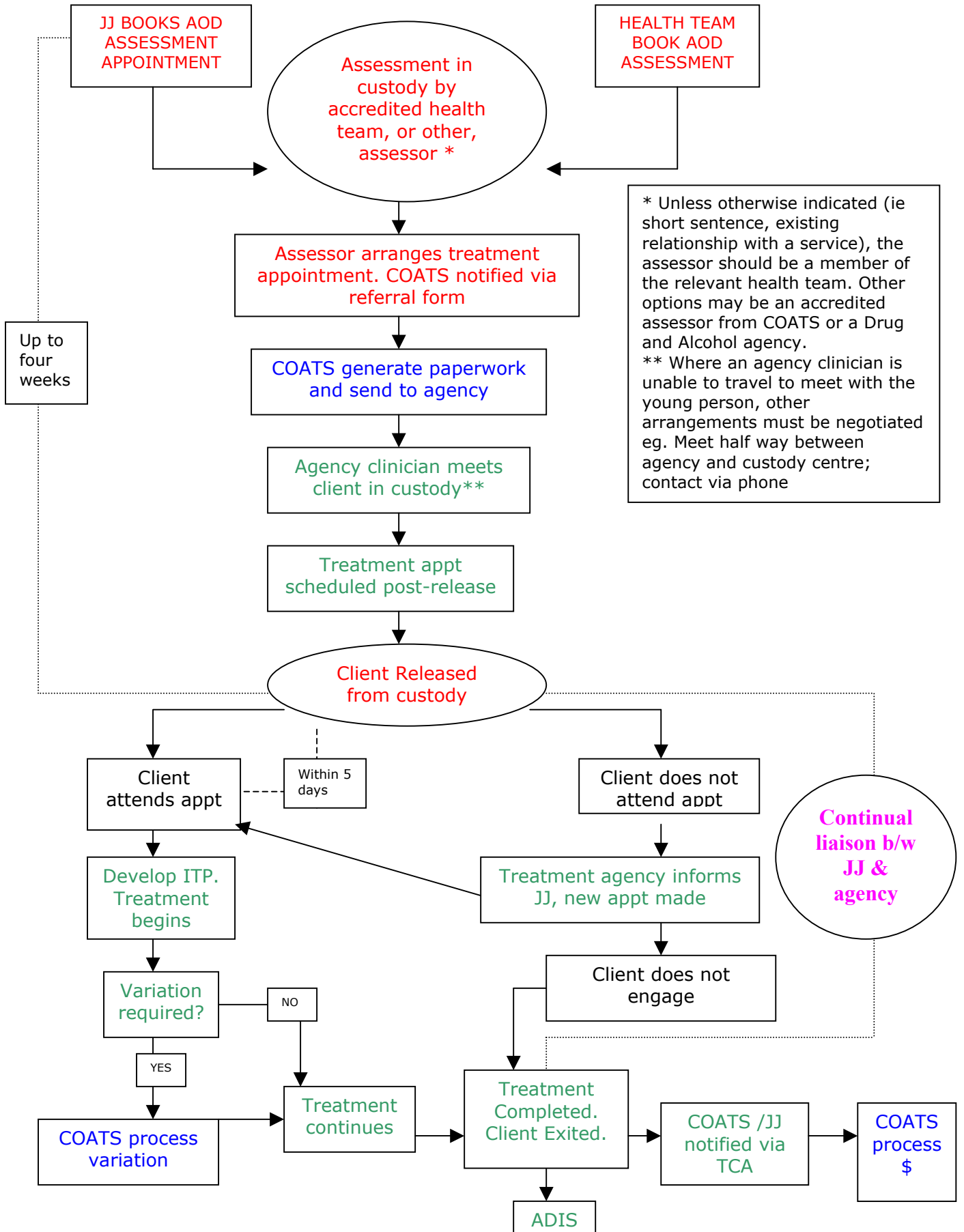
All clients entering a Juvenile Justice custodial facility are assessed on entry. If AOD issues are present, the client's history in treatment will drive the pathway:

- *If the client has an existing relationship with a treatment agency, the relationship should be continued as the primary treatment provider*
 - *If the client does not have an existing relationship with a treatment agency, the pathway below should be followed.*
1. Juvenile Justice organises an AOD assessment appointment for the young person. The assessment is conducted in the custodial setting by a drug and alcohol accredited assessor. Information obtained during assessment is used to negotiate an appropriate Individual Treatment Plan (ITP). Unless otherwise indicated (ie short sentence, existing relationship with a service), the assessor should be a member of the relevant health team.
 - *If it is not possible for a member of the relevant health team to conduct the assessment an accredited assessor from a Drug and Alcohol agency should be utilised. If this option is not viable, an accredited assessor from COATS may be used. Where a young person is being released from custody to a location not in proximity to the custody centre, it may be of more benefit to arrange assessment via COATS and not the treatment agency. It may be difficult for agency assessors to take time out to travel great distances for an assessment.*
 2. Juvenile Justice faxes COATS a referral notification form indicating the name and agency location of the assessor. Details of ITP, including treatment type and treatment agency must also be completed on the form in order for COATS to record and broker treatment. COATS generate all relevant paperwork and send to appropriate agency, and record referral on database.
 - *This process may take anywhere up to four weeks in the time prior to release, giving workers and agencies time to arrange appointments and 'meet' the young person before community treatment begins.*
 3. Juvenile Justice forwards all existing information relevant to client's treatment to the treatment agency. This may include details of any previous contact with treatment services and the current assessment form and aims to minimise duplication of assessment. The treatment agency will provide a copy of the ITP to Juvenile Justice.
 4. The treatment recommendation will, in almost all cases, be for Youth Outreach or Counselling initially. The treatment agency will then coordinate the client's journey through treatment.
 5. During treatment, the agency will liaise with Juvenile Justice via telephone and fax regarding progress and attendance, as well as drug use and offending behaviour. Any review or change to the ITP will also be forwarded. Both Juvenile Justice and treatment clinician to be present at Juvenile Justice Client Service Planning Meetings as needed.
 6. Where the treatment clinician believes a variation (eg into withdrawal, re-location to another area) is necessary, they must contact COATS to arrange this, and inform Juvenile Justice. Where Juvenile Justice is aware of the need for a variation, they must contact the clinician, who will then review their assessment and treatment plan. If a change in treatment modalities is required, the clinician will arrange the variation* through COATS.
 7. If the assessor or treatment agency requires information in relation to availability, location or appropriateness of treatment, contact may be made with the Forensic Monitor from COATS. The Forensic Monitor will be able to provide advice about waiting times bed vacancies and geographical information about all DHS funded Drug Treatment Services.
 8. When the treatment episode is complete, the treatment clinician will liaise with Juvenile Justice and notify COATS via TCA form. COATS then process the TCA and make/adjust payment to the treatment agency. The above process is to occur no matter the length of stay or duration of treatment.

*Variations to treatment plans are based on clinical information and must be determined by an alcohol and other drug counsellor/assessor. COATS will not accept variations from Juvenile Justice workers. If COATS receives requests from Juvenile Justice, they will liaise with treatment services before the variation is approved.

FLOWCHART FOR JUVENILE JUSTICE CLIENT IN CUSTODY

Blue = COATS, Red = JUVENILE JUSTICE, Green = A&D agency



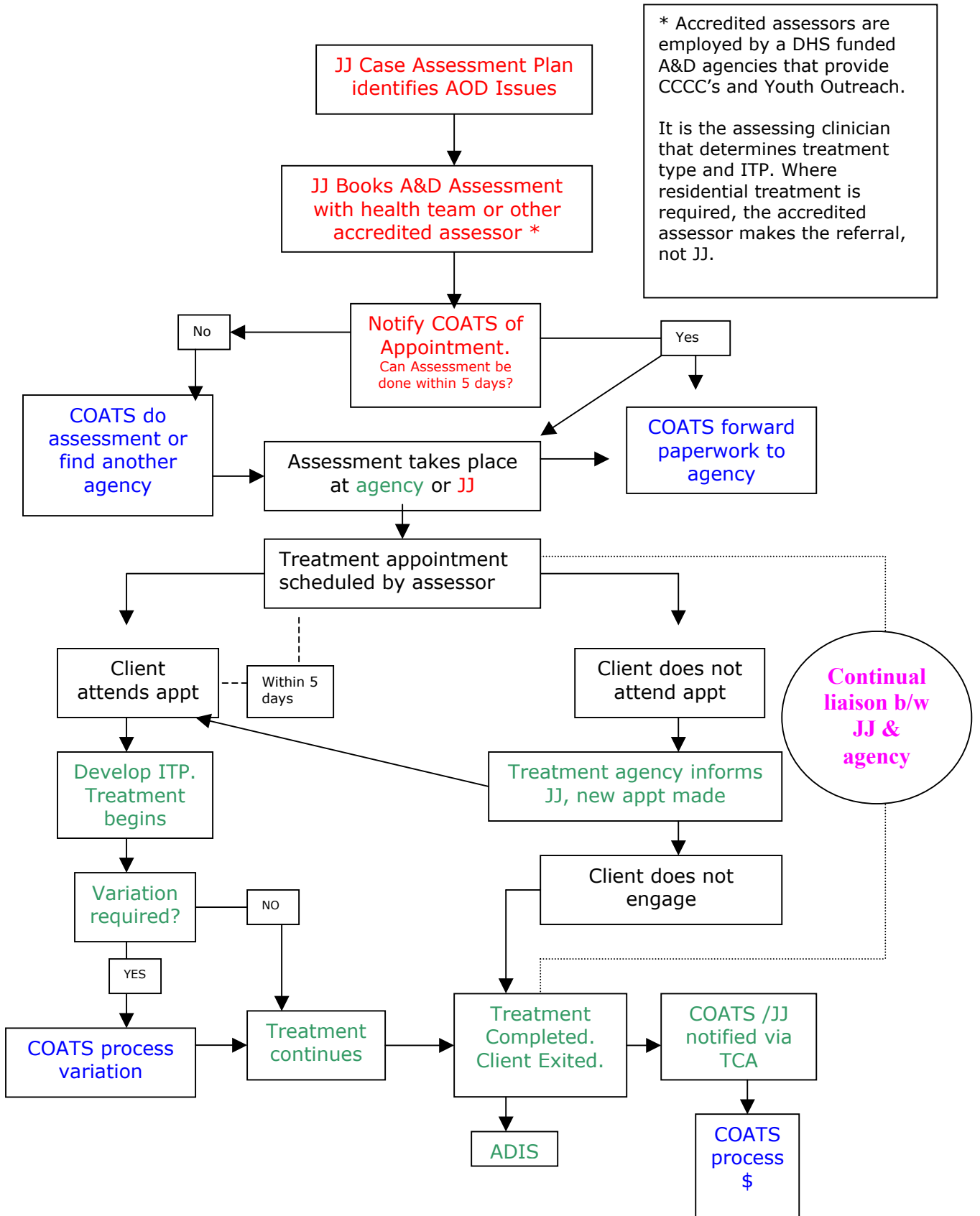
This model assumes that AOD issues are identified by Juvenile Justice assessment:

- *If the client has an existing relationship with a treatment agency, the relationship should be continued as the primary treatment provider*
 - *If the client does not have an existing relationship with a treatment agency, the pathway below should be followed.*
1. Juvenile Justice reserves an AOD assessment appointment with the Juvenile Justice Health Team or local treatment agency, for the young person. The assessment must be conducted by an accredited drug and alcohol assessor. Information obtained during assessment is used to negotiate an appropriate Individual Treatment Plan (ITP).
 - *If it is not possible for a member of the Health Team to conduct an assessment, eg. Unable to provide a timely appointment, an accredited assessor from a Drug and Alcohol agency should be utilised. If this option is not viable, an accredited assessor from COATS may be used.*
 - *Juvenile Justice/Health team assessor may contact COATS in relation to treatment or agency issues. This may include assessment for the purpose of speedy admission to residential treatment or advice on the most appropriate treatment agency or treatment type.*
 2. Juvenile Justice faxes COATS a referral notification form indicating the name and agency location of the assessor. Details of ITP including treatment type and treatment agency must also be completed on the form in order for COATS to record and broker treatment. COATS generate all relevant paperwork and send to appropriate agency, and record referral on database.
 3. Juvenile Justice to forward all existing information relevant to client's treatment to the treatment agency. This may include details of any previous contact with treatment services, any current assessment forms, as well as reporting requirements of the young person or any conditions of the community order that may affect treatment eg community work. This aims to minimise duplication of assessment. The treatment agency will provide a copy of the ITP to Juvenile Justice.
 4. The treatment recommendation will, in almost all cases, initially be for Youth Outreach or Counselling, with the treatment agency to coordinate the client's journey through treatment.
 5. During treatment, the agency will liaise with Juvenile Justice via telephone and fax regarding progress and attendance, as well as drug use and offending behaviour. Any review or change to the ITP will also be forwarded. Both Juvenile Justice and treatment clinician to be present at Juvenile Justice Client Service Planning Meetings as needed.
 6. Where the treatment clinician believes a variation (eg into withdrawal, re-location to another area) is necessary, they must contact COATS to arrange this, and inform Juvenile Justice. Where Juvenile Justice is aware of the need for a variation, they must contact the clinician, who will then review their assessment and treatment plan. If a change in treatment modalities is required, the clinician* will arrange the variation through COATS.
 7. If the assessor or treatment agency requires information in relation to availability, location or appropriateness of treatment, contact may be made with the Forensic Monitor from COATS. The Forensic Monitor will be able to provide advice about waiting times, bed vacancies and geographical information about all DHS funded Drug Treatment Services.
 8. When the treatment episode is complete, the treatment clinician will liaise with Juvenile Justice and notify COATS via Treatment Completion Advice (TCA) form. COATS then process TCA and make/adjust payment. The above process to occur no matter the length of stay or duration of treatment.

*Variations to treatment plans are based on clinical information and must be determined by an alcohol and other drug counsellor/assessor. COATS will not accept variations from Juvenile Justice workers. If COATS receives requests from Juvenile Justice, they will liaise with treatment services before the variation is approved.

FLOWCHART FOR JUVENILE JUSTICE CLIENTS ON COMMUNITY ORDERS

Blue = COATS, Red = JJ, Green = A&D agency



APPENDIX 1:

The following scenarios are provided as examples of ways in which the 2 models may be implemented. These are based on scenarios presented in the Modelling Workshop in December 2003. Processes for each scenario, including details of responsibilities are comprehensively outlined in four different cases. These scenarios are by no means the only ways that a young person may be assessed and referred to treatment, but represent some of the more common situations that may be encountered.

SCENARIO– Client currently in custody (Health team assessment)

Jane is a 19-year old female from Ringwood with a history of alcohol and cannabis use. She has been sentenced to a period of 8 months in custody at Parkville Youth Residential Centre (PYRC) and has had one previous custodial sentence and a number of community-based orders prior to this. Most of Jane's offending has been drug related. There has been speculation that Jane has been substance affected whilst in custody, however, this is unable to be substantiated and does not appear to be occurring currently. There is concern that Jane is at risk of returning to drug use upon release.

Juvenile Justice, when completing the Client Assessment Plan, has identified that Jane has substance use issues. Though she is not being released for some time, Juvenile Justice has contacted the Health Team and arranged for a comprehensive alcohol and other drug assessment to take place.

Jane participates in the assessment and an ITP is developed with the Health Team accredited assessor recommending that engagement in AOD counselling would be of benefit. The Health Team assessor contacts an agency close to where Jane will be residing upon release. Arrangements are made for a counsellor to visit Parkville PYRC to begin treatment with Jane.

The Health Team assessor completes a referral form detailing the clients name and release address, date and time of assessment and ITP information including treatment type, agency and expected date for commencement of treatment and sends this to the COATS program. COATS enter this information onto a database and send the treatment agency all relevant documentation.

Jane has two appointments with the drug counsellor before being released from custody. She appears to engage well with her counsellor and an appointment for a session several days after her release is scheduled. Jane is expected to attend this as part of her parole conditions and is supported to do this by the Juvenile Justice worker she reports in the community. Jane attends the scheduled treatment appointment and continues to engage with the counsellor until significant treatment goals are met. During this time, the counsellor continues to liaise with the Juvenile Justice unit in relation to Jane's attendance, progress and motivation in treatment as well as any variations to the ITP.

Once significant treatment goals are attained, Jane is exited from treatment. The counsellor informs Juvenile Justice and COATS of this and completes all relevant documentation. Juvenile Justice continues to monitor Jane's progress and refer back to treatment if substance use becomes an issue.

APPENDIX 1:**SCENARIO– Rural client on community order (Agency assessment)**

Sam is a 13-year-old male from Horsham who started drinking alcohol at 10 years of age and has escalated to cannabis use and chroming. While his alcohol and cannabis use has decreased over previous months, his chroming has increased to a point where he uses at least three times a week. Sam is transient in his accommodation and is known to child protection. He has been charged with assault and was last week sentenced to a Youth Supervision Order.

Juvenile Justice identifies these issues, telephones a youth specific service in the Grampians region and books an assessment appointment. Juvenile Justice contacts COATS via fax and informs them of the appointment. COATS send all relevant documentation to the agency.

Sam attends for assessment. The accredited assessor develops an ITP based on the information obtained during assessment and that provided by Juvenile Justice. It is recommended that Sam would benefit from engaging in AOD specific Youth Outreach. As there is no AOD Youth Outreach worker in the area an appointment with the local Rural Outreach Diversion Worker (RODW) is arranged. The RODW will provide treatment and attend Client Service Planning meetings if needed. The assessor liaises with Juvenile Justice, advising them of the ITP details and also contacts COATS in relation to ITP including treatment type and treatment appointment.

Sam engages with the RODW for the first session and then fails to present at the next scheduled appointment. The RODW contacts Juvenile Justice and reports that Sam has failed to attend. Juvenile Justice makes note of this and another appointment is scheduled. Juvenile Justice endeavours to contact Sam and inform him of the new appointment.

Sam presents at Juvenile Justice prior to the next scheduled treatment appointment and indicates that he wishes to undergo a withdrawal from cannabis. Juvenile Justice contacts the RODW and requests an urgent appointment to review Sam's initial assessment and ITP. Sam attends the re-scheduled appointment. The RODW identifies that Sam is suitable for, and motivated to complete, withdrawal. Sam's ITP is varied and the RODW contacts COATS to inform of the variation and to find the quickest admission time to a Youth Residential Withdrawal Unit. COATS provide the information and the RODW completes a referral forms and send these to the withdrawal unit. COATS send all relevant documentation to the withdrawal unit.

Sam attends for withdrawal and completes the treatment. He returns to the Grampians region and continues to engage with the RODW until significant treatment goals are met. During this time, the RODW continues to liaise with the Juvenile Justice unit and provides information relating to Sam's attendance, progress and motivation in treatment as well as any variations to the ITP.

Once significant treatment goals are attained, Sam is exited from treatment. The RODW informs Juvenile Justice and COATS of this and completes all relevant documentation. Juvenile Justice continues to monitor Sam's progress and refer back to treatment if substance use becomes an issue.

APPENDIX 1:

SCENARIO– Metro client on community order (Agency assessment)

Tran is a 17 year-old male from Footscray who has a chronic history of heroin abuse. For the past two years his use has increased to a point where he currently uses twice a day. Tran has a history of stop-start associations with AOD services and has burnt many accommodation bridges. He is on probation after having been convicted of burglary and trafficking, both committed to support his addiction.

Juvenile Justice identifies these issues and telephones a youth specific service in the western suburbs. The agency advises that the earliest possible appointment will be just under a week away. For Tran – a high-risk offender – this is not ideal. Juvenile Justice calls COATS and explains the dilemma. COATS are able to advise that another agency may provide a more timely appointment. Juvenile Justice calls the agency and arranges an assessment for the following day. Juvenile Justice contacts COATS via fax and informs them of the appointment. COATS send documentation the agency.

The accredited assessor develops an ITP based on the information obtained during assessment and that provided by Juvenile Justice. It is recommended that Tran be referred to Youth Outreach and residential withdrawal. The Youth Outreach worker will be required to support Tran before during and after the withdrawal and will attend Client Service Planning meetings if needed. The assessor liaises with Juvenile Justice, advising them of the ITP and the recommended treatment, and also contacts COATS providing information about ITP including treatment type and treatment appointment.

COATS are requested by the assessor to arrange soonest possible withdrawal and Youth Outreach appointments. This is completed and Juvenile Justice and agencies are notified of appointment times.

Tran engages with the Youth Outreach worker who prepares him for admission into withdrawal. Tran undergoes withdrawal, with the Youth Outreach worker maintaining contact and providing support. Following discharge, Tran re-engages with the Youth Outreach worker to provide further treatment and support. During this time, the Youth Outreach worker continues to liaise with Juvenile Justice to provide information relating to Tran’s attendance, progress and motivation in treatment as well as any variations to the ITP.

Once significant treatment goals are attained, Tran is exited from treatment. The Youth Outreach worker informs Juvenile Justice and COATS of this and completes all relevant documentation. Juvenile Justice continues to monitor Tran’s progress and refer back to treatment if substance use becomes an issue.

APPENDIX 1:**SCENARIO– Rural client on community order (COATS assessment)**

Fiona is a 16-year-old female from Wangaratta who has been injecting MS-Contin (prescription opiate) and using party drugs (ecstasy/GBH) for over a year. She is currently serving a community based order for trafficking ecstasy and has a treatment condition on her order. She has a previous relationship with a counsellor at a local agency who is not an accredited assessor. Fiona resides with her mother and step-father and attends school on an irregular basis.

Juvenile Justice contacts the local AOD service to arrange an appointment for assessment. The agency's accredited assessor is on leave for an extended period and there is no other agency in the area. Juvenile Justice contacts COATS to explain the situation and arranges for a COATS accredited assessor to travel to Wangaratta. An appointment is confirmed to coincide with Fiona's next scheduled time to meet with Juvenile Justice.

The COATS accredited assessor travels to Wangaratta and meets with Fiona. An ITP is developed based on the information obtained during assessment and that provided by Juvenile Justice. It is recommended that Fiona be referred to Counselling, Consultancy and Continuing Care and to re-engage with her previous counsellor. The COATS assessor arranges the treatment appointment with the agency and informs both Juvenile Justice and client of details. An assessment report is completed and provided to Juvenile Justice and treatment agency. COATS forward all other relevant documentation to the agency.

Fiona engages with the counsellor and after several sessions, requests assistance with independent living and help completing Centrelink forms. Counsellor reports this to Juvenile Justice and asks if Juvenile Justice can follow this up with support from the counsellor. Juvenile Justice supports Fiona to access housing services and refers her to the Centrelink Social Worker to apply for benefits. Juvenile Justice and the counsellor support Fiona during transition from living with her family to independent living. This includes focus on coping skills, relapse prevention, providing contacts for financial assistance and referral to employment agencies.

Fiona engages with the counsellor until significant treatment goals are attained. During this time, the counsellor and Juvenile Justice liaise on a regular basis in relation to Fiona's attendance, progress and motivation in treatment. The counsellor informs Juvenile Justice and COATS of the completion of treatment and completes all relevant documentation. Juvenile Justice continues to monitor and support Fiona's progress and refer back to treatment if substance use becomes an issue.

APPENDIX 2:

ROLE OF KEY STAKEHOLDERS

<p>D&A TREATMENT AGENCY (Assessment & Treatment)</p>	<p>JUVENILE JUSTICE WORKER (Case Management – Linkage from Custody into Community)</p>	<p>COATS (Brokerage and Reporting)</p>
<ul style="list-style-type: none"> • Conduct assessment (ensure COATS paperwork obtained) • Develop ITP – send to Juvenile Justice • Provide A&D Treatment • Attend Juvenile Justice Case management meetings • Report to/Liaise with Juvenile Justice re Progress, attendance, risk factors offending behaviour, drug use, etc • Produce court reports where necessary • Liaise with Juvenile Justice and COATS where Variation to A&D treatment is needed. • Liaise with Juvenile Justice re exit planning • Notify COATS via TCA when client exited 	<ul style="list-style-type: none"> • Screening client for indication of D&A issues • Matching client to appropriate point of assessment. • Refer to agency and notify COATS via fax of referral notification form. • Forward D&A agency relevant information re client history to minimise duplication of assessment. • Coordinate Client Service Plan meetings & liaise with D&A agency • Ensure plan is in place and D&A agency is reporting. • Liaise with agency re Variations and exit planning • Manage other health & welfare needs (collaborate with agency and other relevant bodies). 	<ul style="list-style-type: none"> • Accept notification of referral • Provide advice to Juvenile Justice re agencies, trouble shooting. • Conduct assessments where Juvenile Justice request it. • Forward paperwork to agency • Facilitate variation to treatment at any stage during EOC. • Monitor database and referral numbers • Receive and process TCA-payments. • Report to DTS-DHS and back to agencies.

APPENDIX 3:

Resolving differences

At times issues may arise as to the treatment of a juvenile justice client engaging with an alcohol and drug treatment service. The dispute resolution process should be undertaken in a manner that ensures:

- The young person’s safety and well being is paramount.
- Differences are resolved at the most immediate level possible within the system’s hierarchies. However, line management support and decision-making should be used if initial attempts to resolve the dispute are not possible.
- Differences are addressed as soon as possible after they arise.

In the first instance attempts should be made to resolve any differences of opinion by the practitioners involved. If the dispute is not able to be resolved at this level, then it should be referred to the appropriate line management within the respective services. A hierarchy for this process is outlined below:

Juvenile justice practitioner and Alcohol & Drug service clinician.

*Information to also be provided to COATS**



Juvenile justice unit Manager / Custodial Centre CEO and Alcohol & Drug Service Manager. *Information to also be provided to COATS**



Community Care Manager (or other appropriate regional line management) and Alcohol & Drug Regional Coordinator. *Information to also be provided to COATS**

At any time during this process, systemic issues and emerging trends should be brought to the attention of the JJ Section Manager and / or Director JJ Custodial Services and Manager Forensic Drug Treatment Operations

The overall aim of this process is to resolve the case specific issues and/or problems. All information should be clearly recorded with an outline of the process taken to resolve the issues, roles and responsibilities of each service and further action plans to address issues and maintain the safety and well being of the young person.

*COATS involvement at the various stages of this process is for monitoring purposes only. COATS are able to collate issues that are raised and identify any trends that may be emerging in regions, with individual agencies or clinicians or with the Pathways model. This information can then be forwarded to DP&S and JJ to be addressed. COATS may also be able to provide useful information or strategies to assist in the resolution of issues.

COATS operate a programmatic resolution process to ensure that issues arising with individual cases are addressed before treatment is completed and terminated. At the completion of treatment, a treatment agency must complete and forward a Treatment Completion Advice (TCA) Form to both COATS and Juvenile Justice. COATS retain the TCA for a 2-week period before terminating treatment. This allows the Juvenile Justice case manager to query any information provided on the TCA. COATS will act as a conduit to resolve any issues and only terminate treatment when the issue has been resolved.