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3.1 SUBSTANCE USE DISORDERS

Substance Use Disorders are classified as mental disorders that are chronic, relapsing conditions. This disorder is a complex brain disease characterized by compulsive, at times uncontrollable substance craving, seeking, and use despite the consequences or behaviors that stem from substance induced changes in the brain structure and function. These changes occur in some of the same brain areas that are disrupted in various other mental disorders.

According to the DSM-V, substance use disorders combine DSM-IV categories of substance abuse and substance dependence into a single disorder. The substance use disorder diagnosis is based on a pathological pattern of behaviors related to the use of a substance. This disorder is a cluster of cognitive, behavioral and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems.

The severity of the disorder can range from mild to severe based upon the symptoms exhibited by an individual. To be diagnosed with a substance use disorder, an individual must have two of the 11 criteria listed below:

*(2-3 from the list below indicates mild substance use disorder, 4-5 criteria indicates moderate, and 6-7 indicates severe substance use disorder.)*

- **Criteria 1-4 involves impaired control**
  - Criteria 1: The individual may take the substance in larger amounts or over a longer period than originally intended.
  - Criteria 2: The individual may express a persistent desire to cut down or regulate substance use and may report multiple unsuccessful efforts to decrease or discontinue use.
  - Criteria 3: The individual may spend a great deal of time obtaining the substance, using the substance, or recovering from its effects.
  - Criteria 4: Craving is manifested by an intense desire or urge for the drug that may occur at any time but is more likely when in an environment where the drug previously was obtained or used.

- **Criteria 5-7 involves social impairment**
  - Recurrent substance use may result in a failure to fulfill major role obligations at work, school, or home.
  - Criteria 6: The individual may continue substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
  - Criteria 7: Important social, occupational, or recreational activities
may be given up or reduced because of substance use.

- **Criteria 8-9 involves risky use of the substance**
  - Criteria 8: The individual has recurrent substance use in situations which are physically hazardous.
  - Criteria 9: The individual may continue substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

- **Criteria 10-11 involves pharmacological**
  - Criteria 10: Tolerance is signaled by requiring a markedly increased dose of the substance to achieve the desired effect or a markedly reduced effect when the usual dose is consumed.
  - Criteria 11: Withdrawal is a syndrome that occurs when blood or tissue concentrations of a substance decline in an individual who has maintained prolonged heavy use of the substance.

Please refer to the Diagnostic and Statistical Manual of Mental Disorders (DSM–V) for detailed information for the 11 criteria mentioned above.

### 3.1.1 PRIMARY TREATMENT FOR SUBSTANCE USE DISORDERS

The VR Agency does not provide assistance for primary substance abuse treatment, nor outpatient treatment. These services are available through private treatment centers, public mental health-affiliated centers. The public mental health-affiliated programs charge on a sliding fee scale and have a limited indigent fund. However, individuals must meet certain qualifications to receive these funds for primary treatment. The Agency recognizes that for some individuals withdrawal management (also known as detoxification**) is the first step in the treatment process toward recovery from substance use.

**The Agency uses the Department of Mental Health’s definition of detoxification which states that detoxification is the process through which a person who is physically and/or psychologically dependent on alcohol, illegal drugs, prescription medications, or a combination of these drugs is withdrawn from the drug(s) of dependence. Methods of detoxification include medical detoxification (detoxification in a hospital setting) and social detoxification (detoxification in a non-hospital supportive environment).**
Primary treatment teaches the etiology of addiction and the effects behavioral obstacles have on maintaining a life of sobriety. Therefore, the agency will not sponsor any referral in secondary treatment until the individual has completed a minimum of 28 days in a primary treatment program.

3.1.2 SECONDARY TREATMENT FOR SUBSTANCE USE DISORDERS

Secondary treatment is the second step in the recovery process and is characterized by an extended phase of residential alcohol and drug treatment. After a client has successfully completed a primary program, he/she can be transferred to a Secondary Treatment Program. During this phase of treatment, residents continue individual and group therapy. Residents can also begin to seek and secure employment while in the secondary treatment program. This phase can last between 60 and 120 days depending on the treatment program. However, VR will only pay for 60 days of secondary treatment.

Cooperative Agreements with Secondary Treatment Programs

The Office of Vocational Rehabilitation (OVR) has agreements with some of the state’s alcohol & drug treatment programs to provide secondary services to clients for a period of 60 days for an amount not to exceed the per diem rate. The treatment facility will provide the VR liaison counselor with copies of all medical, psychiatric, and other appropriate information when referring an individual to VR for services. Under the terms of the agreement, the VR liaison counselor will provide vocational rehabilitation counseling and guidance to the client and help coordinate and determine other appropriate VR services.

3.1.3 REFERRAL

A referral for secondary treatment should be made while the individual is in the latter stage of primary treatment. Therefore, the VR liaison counselor should act quickly to determine if the referral is appropriate for VR services. The individual signs a medical release with the treatment center and the information is then faxed, delivered, or mailed to the VR liaison counselor. The VR counselor will review the information; ascertain if additional information is needed; and then, meet with the individual to determine the appropriateness for VR services.

The referral information must include documentation that the individual has successfully completed primary treatment and that secondary treatment is recommended. MDRS will NOT sponsor any client in a secondary treatment
program until that person has successfully completed a minimum of 28 days in a primary treatment program. There cannot be a lapse in time between primary and secondary treatment.

The VR counselor will get referrals on individuals that will decline the recommended secondary treatment program. The counselor can consider the individual's reasons for declining treatment and look at an alternative plan for ongoing treatment. It is important to consider the individual's past history of treatment and if there is a history of relapse when determining whether to serve this individual.

The VR counselor will also review any prior sponsorship from OVR by reviewing a report that lists clients with substance use disorder by his/her participant ID who have been served two or more times within the past three Federal fiscal years plus the present year-to-date. The District Manager will pull this report monthly and forward to the A&D Counselor(s).

**Printing the report:**

* Go to the AACE Report Module
* Type in report title: Alcohol and Drug Treatment Center
* Enter district, start date, and end date
* Go to Actions and print report

The Agency may pay for secondary treatment a maximum of three times within the past three Federal fiscal years plus the present year-to-date. After the third time the Agency has served (authorized and paid for services) an individual who has the disability of a Substance Use Disorder, service provision will be limited to counseling and guidance, job search, job placement, and follow-up ("no cost" services). Any exception to these guidelines requires justification by the counselor and a request submitted through the District Manager to the Regional Manager to the VR Program Coordinator for Alcohol and Drug Services.

Clients with substance use disorders are expected to be abstinent at the time of referral and application. VR should be an integral component of all substance abuse treatment programs. If work is to be sustained and enduring lifestyle changes made, the VR services provided to clients must focus on pathways into careers, on job satisfaction, and on overcoming a variety of barriers to employment as well as on the needed skills for maintaining employment.
3.1.3.1 Referral of Individuals with a Criminal Record

Some individuals with Substance Use Disorder may have current or previous involvement with the criminal justice system. The VR counselor and the individual must address the impact any such involvement may have on the provision of VR services.

If a referral has pending legal charges with treatment mandated, then his/her sobriety is involuntary. The counselor should meet with the individual and discuss the charges to gain understanding of the situation. The counselor should clearly explain that, in order to receive services, the client must be available to participate in services planned on the Individualized Plan of Employment (IPE). Unless the client’s charges can be remanded or dropped, the counselor will not proceed with the application. Information relating to the client’s legal standing should be obtained from the primary treatment counselor and included in the client’s referral information. Legal problems cannot be a determination of ineligibility, but consideration should be made as to the reasonable expectation that the referral will be able to work. Most minor legal problems may keep the referral from obtaining employment.

The counselor should inquire if the individual has:

- Any record of criminal history, misdemeanor, or felony convictions.
- Ascertain if the individual completed sentencing requirements (i.e. parole, probation, or diversion program prior to entering treatment).
- Verify whether the individual is mandated to the treatment program.
- Obtain authorized release of information to establish ongoing communication with the Department of Probation and Parole as warranted, if necessary.

3.1.3.2 Referral of Individuals of Indian Descent

The Choctaw Vocational Rehabilitation Program only serves individuals that are enrolled as a tribal member. This means they must have at least one half degree Choctaw Indian blood and have an enrollment number from the Indian reservation.

Choctaw VR does NOT pay for secondary treatment. However, OVR can have a dual case on the individual. OVR can assist with secondary treatment and Choctaw VR can assist with job training/placement of the individual. Most individuals of Choctaw descent that seek treatment are sent to treatment through
Behavioral Health Center in Choctaw, MS. The Behavioral Health Center pays for primary treatment for ANY Native American. Behavioral health has contracts with certain facilities for primary treatment.

- Upon receiving a referral on an individual that is of Choctaw descent with an enrollment number, the VR counselor will proceed with casework and make a referral to Choctaw VR, which can result in the individual having a dual case.
- The referral should include the name, social security number, Choctaw enrollment number, address, and phone number/phone contact at the treatment facility.

3.1.3.3 Entering Referrals in AACE

The referral module in AACE is very important. Documentation in the referral module is the best way to keep up with the number of referrals from each facility; the name of the A&D counselor initiating the referral; documentation of the initial contact; dates of appointments; location of the referral; and, discussions about the need to refer the individual to a counselor in his/her home town area. The referral module also helps the VR counselor document any information needed to discuss with the referral and if the referral is appropriate for VR services.

3.1.4 APPLICATION/INITIAL INTERVIEW

Many substance users are able to maintain adequate employment regardless of their disability. The substance user who is employed is not eligible for VR services unless his/her job is in jeopardy due to functional limitations in functional capacity areas. The counselor should consider each case on an individualized basis and indicate specific functional limitations caused by the disability that interfere with the individual finding and holding a job. The VR counselor should begin to assess the client’s commitment to recovery, sobriety, and pursuit of employment at the time of application.

The application process will occur before the individual leaves the primary treatment facility. Each primary facility works with VR counselors differently in scheduling the initial interview. The VR liaison counselor may go to the facility or the A&D counselor may bring the referral to the VR office. Refer to the A&D Drug Manual for the Addendum to Initial Interview

During the application process there are very important issues that need to be discussed with the referral. The counselor’s initial interview and assessment are especially important because substance use disorders significantly impact an
individual’s social, emotional, and vocational functioning as well as other aspects of their lives. It is common among individuals with a long history of alcohol and drug abuse to develop physical problems which may also be disabling and functionally limiting. Therefore, other specialists’ examinations may be needed. Counselors also need to be aware that “hidden” alcoholism is common among individuals referred to VR for various physical impairments. A thorough initial interview covering the history of the client’s drinking pattern and drug use is necessary to differentiate between personality pathology, drinking problems, related physical problems and inter-relationships. The VR counselor will need specific information about any pending legal issues, number of times in treatment, anger management issues, family support, transportation needs, educational background, physical limitations, depression or mental illness issues, medications, etc. to effectively work with the applicant.

3.1.4.1 Assessment

The client’s case file must contain a report from the treatment center documenting that primary treatment was successfully completed and secondary treatment is being recommended.

In order to justify VR sponsoring a client in secondary treatment, the counselor must document how the alcohol/drug dependency is impeding the client’s job performance and that the client’s employment is considered to be in jeopardy in terms of securing, retaining, or regaining employment. The case file will require the following items:

- Copy of the treatment plan from the primary treatment facility
- Copy of the certificate of completion for primary treatment
- Discharge Summary from the primary treatment facility
- Any additional information from the A&D counselor in regards to the applicant’s addiction and behavioral issues
- A documented assessment of the client’s work history, any periods of unemployment, vocational interests and needs in regard to obtaining employment
- If applicable, any information in regards to a secondary diagnosis
- Information about pending legal issues or court ordered responsibilities for any felony charges
- VR application packet
3.1.4.2 Role of the VR Liaison Counselor from Primary Treatment to Secondary Treatment

Although the Agency does not sponsor individuals in primary treatment programs, a good working relationship must be maintained with these programs as they will be making referrals to the Agency for other services. Each District Manager should assign a VR liaison counselor for each primary treatment program located in his/her district. The VR liaison counselor's responsibilities include, but are not limited to, the following:

- Serve as the initial contact point for the treatment center on issues such as Agency policies, services, funding matters, referrals, criteria for eligibility, required paperwork, etc.

- Complete routine required VR paperwork along with the A&D referral packet. See forms MDRS-AD-01, MDRS-AD-02 and MDRS-AD-03. Forms can be found in A&D Manual, Application section and on MDRS Connect.

- Staff the referral information with the counselor that will receive the transferred case. The liaison counselor must complete the A&D referral packet prior to transferring the case and ensure adequate funds are available in the district to which the case is being transferred.

- Discuss with the applicant and treatment staff who the case will be transferred to at VR; and who will be sponsoring and authorizing the per diem rate for secondary treatment.

- Transfer the case file (in application status) to the counselor who serves the secondary treatment facility.

3.1.4.3 Role of the VR Liaison Counselor While the Client is in Secondary Substance Abuse Treatment

There is a VR liaison counselor designated for secondary treatment services in each district throughout the state. A list of these counselors may be found in the OVR/OVRB Fee Schedule.

Examples of the liaison counselor's responsibilities include, but are not limited to, the following:

- Participate in the client's treatment program.
- Authorize secondary treatment prior to, or day of, admission into the
program. However, when evaluation services are required, the VR liaison counselor can issue an authorization for up to five days. After meeting with the client and A&D counselor at the treatment facility, the VR counselor will determine if there is further need for evaluation; if so, they may choose to proceed with completing the eligibility determination and developing the IPE.

- Serve as an intermediary between the treatment center and the local VR counselor for any client who is from another area of the state.

- Attend regularly scheduled staff meetings at the treatment center.

- Document all counseling and guidance provided to help plan and coordinate appropriate client services in AACE case notes.

- Obtain bi-weekly progress reports on client’s progress from the treatment facility.

- If the client has a job to go to directly upon completion of secondary treatment, the counselor should retain the case file for closure regardless of where the client is working. If the client does not have a job upon completion of secondary treatment and will need additional planned services, the case file should be transferred to the VR counselor serving his/her place of residence.

*The VR counselor who can best meet the VR needs of the client at the time a service is needed should manage the case of any client whose circumstances fall outside those described above.*

### 3.1.5 Eligibility/Significance of Disability

Substance Use Disorder is not automatically considered a severe disability. A diagnosis alone is not enough to determine eligibility for VR services. According to the American Psychiatric Association’s *Diagnostic and Statistical Manual, Fifth Edition* (DSM-V):

- The diagnosis of a substance use disorder *does not* constitute a substantial impediment to employment if the individual has been "in remission" for one (1) year or longer. If employment problems are still evident, it is suggested that other disabilities be explored.
Individuals cannot be considered "in remission" while on prescribed medication for substance abuse (e.g., anabuse, methadone) or in a controlled environment (e.g., treatment facility, halfway house, prison).

Diagnosis of a substance use disorder is to be made by a medical doctor skilled in the diagnosis and treatment of such disorders. This doctor can be a physician associated with an alcohol and drug treatment center, a licensed psychologist, a psychiatrist (private or state agency) or an addictionologist.

The counselor must document the rationale for the disability priority by determining how the alcohol or drug addiction caused an impediment to employment (example: difficulty sustaining attention, impaired work speed, difficulty following instructions, etc.). The counselor must be able to identify the impediments to employment that are a direct result of the abuse/dependency and document how they have impacted the individual in terms of employment for the last 12 months. The individual must require services for a minimum of six months and must require multiple VR services.

It must be determined that there is a likelihood that, through the provision of VR services, the client will be able to engage in competitive integrated employment. Therefore, for alcohol and drug abuse clients, even when a physician recommends treatment, the counselor must take into consideration how services will reduce, limit, or correct impediments to employment, improve functional capacities, and provide a greater opportunity for employment.

The counselor must exercise caution to ensure that the client has not come to VR for reasons other than to get better and go to work. Some clients have no other desire than to stay out of jail or find a place to rest before resuming their previous lifestyle. The counselor must be cautious of enabling the client to continue their drinking pattern by interfering with natural consequences of destructive behavior. The counselor should carefully evaluate the client’s reasons for seeking services in determining that VR services can be reasonably expected to benefit the client in terms of employment. Factors to be considered include, but not limited to, the following:

1. Is the client willing to attend treatment?
2. Has the client demonstrated a willingness to remain alcohol/drug free?
3. If a previous client, has the client’s lifestyle changed in regard to alcohol and drug involvement? Have periods of abstinence gotten longer?
4. Has the client kept scheduled appointments to date and maintained regular attendance in a primary program and at Alcoholics Anonymous (AA)/Narcotics Anonymous (NA)?

5. Are there unresolved conflicts (example: pending divorce, legal charges, etc.) which need to be resolved before the client can be expected to benefit from a VR program?

6. Does the client want to enter into a program with vocational rehabilitation or re-enter gainful employment?

7. Does the client have family support and will the support be helpful? Many drug-dependent individuals have alienated their families and have no emotional or financial support system.

8. Are there signs of denial by the client?

9. If related physical problems are present, what functional limitations do they impose and what is the prognosis for their remediation?

10. If severe underlying emotional or psychiatric problems are present, is this individual ready for a VR program or is additional treatment necessary?

These questions can be used in addition to the questions listed on the Alcohol/Drug Initial Interview Addendum which can be found in A&D Manual, Application section or on MDRS Connect.

The counselor is to use the OVR/OVRB Policy and Procedure Manual and the OVR/OVRB Resource Guide as references when determining the significance of a disability. To assist in gathering information to determine eligibility, the diagnostic information and/or initial interview should include the following (not all inclusive):

1. What specific functional limitations are associated with the individual’s substance use?

2. At what age did the client begin using the substance? When did use become compulsive? What particular stressful events were associated with use becoming compulsive?

3. What is the applicant’s drug of choice?
4. How has he/she supported the drug habit? Have legal difficulties been involved? How have these difficulties been resolved?

5. When did the individual recognize that drug use created a problem? What attempts have been made to deal with the problem?

6. When was dysfunction at school or on the job first evident as a result of the alcohol/drug? How has it progressed?

These questions can be used in addition to the questions listed on the Alcohol/Drug Initial Interview Addendum which can be found in A&D Manual, Application section or on MDRS Connect

3.1.5.1 Identifying Impediments to Employment

The VR counselor must determine if the individual's functional limitations are severe enough to constitute a substantial impediment to employment. Substantial impediment to employment means that a physical or mental impairment (considering the individual’s medical, psychological, vocational, educational, functional capacities and other related factors) hinders the individual from preparing for, entering into, engaging in, or retaining employment consistent with the individual's abilities and capabilities.

The limitations resulting from a substance use disorder must be assessed by considering a variety of related factors that affect the achievement of a successful employment outcome. Individuals with a substance use disorder may experience impediments to employment and related factors due to the following:

- Inadequate education and/or work history
- Limited work or reduced stress tolerance
- Poor self-esteem which may be observed as fear of success, failure, or the unknown in the work setting
- Impaired self-direction and/or self-care
- Impaired coping and/or interpersonal skills
- Inadequate job skills
- Impairment of cognitive and motivational processes that are critical to self-control and decision making
- Difficulty following the usual sequential steps in planning for or pursuing employment
- Tendency to make poor choices due either to an inability to accurately assess the risk or by minimizing potential negative consequences
• Impaired working memory when compared to individuals who do not abuse substances
• Lack of marketable skills

The VR counselor must determine how a substance use disorder impedes the individual's occupational performance by assessing how the individual is prevented from securing, retaining, or regaining employment in accordance with his/her abilities. The VR counselor must describe in a case note the specific impact these impediments to employment have had on the individual's vocational functioning within the last 12 months.

To assist in further clarifying a client's impediments to employment that affect the functional capacity area(s), the VR counselor may wish to refer the client to the MDRS psychometrist for testing (i.e. the WAIS-R, MMPI and/or Alcohol Questionnaire).

Impediments to employment will vary from client to client depending on the individual's psychological and physiological responses to substance use, the length of time involved with the substance, the age at onset, and resultant medical complications. The VR counselor should be aware that some individuals who use alcohol/drugs heavily are not substantially affected functionally. The actual amount a person consumes or whether he/she has been diagnosed with a substance use disorder is less significant than how it affects him/her.

The VR counselor should consider other employment related issues and explore the following with the client:

1. Is the client able to work under supervision?
2. Is the client easily angered? Has he/she ever walked off a job or out of school?
3. Is the individual sleeping late? Is he/she consistently late for work or school?
4. Has the client engaged in illicit activities to obtain drugs? Has he/she been a public offender, thus further limiting the occupational options because of employer prejudice and/or licensing requirements?
5. Has the applicant had difficulties with coordination and/or concentration because of being under the influence of drugs at work or school?
6. Has the individual been able to obtain work skills, seek employment, conduct interviews, and hold jobs or has his/her preoccupation with drugs precluded this?

7. Has the applicant been fired from jobs? If so, why?

8. Have periods of employment been sporadic and of short duration because of drug use?

These questions can be used in addition to the questions listed on the Alcohol/Drug Initial Interview Addendum which can be found in A&D Manual, Application section or on MDRS Connect

Any substance-related limitation might have an impact on the vocational adjustment of the individual, resulting in impediments to employment such as chronic absenteeism, tardiness, job hopping, and inability to relate effectively with co-workers and supervisors. Each of these limitations manifests somewhat differently in any given individual. Sometimes, for example, through fear of being rejected, an individual with Substance Use Disorder may leave a job prior to being fired rather than deal actively with a problem. In other cases, loud altercations with employers might be the cause of termination. The more accurately these behaviors can be identified, the more effectively the VR counselor will be able to plan the IPE in such a way as to minimize them or work around them.

Individuals who are eligible for VR services may be assisted with the cost of secondary treatment provided by an alcohol and/or drug treatment center that has a written agreement with the Agency (Refer to the Agency Fee Schedule). This assistance is determined on a case-by-case basis.

3.1.5.2 Secondary Treatment Evaluation

In determining whether there is a reasonable expectation that VR services will benefit the client in terms of employment, the VR counselor must rely heavily on the reports and consultations from the primary treatment program personnel. Therefore, it may be necessary to place the client in a period of evaluation to observe the progress and performance of the individual in the secondary treatment program to make this determination.

Individuals entering secondary treatment can have a secondary treatment evaluation period of up to five days. This evaluation will allow VR counselors to evaluate an individual’s recognition of the nature and severity of his/her
Substance Use Disorder and commitment and motivation to ongoing services to deal with his/her disorder. The VR counselor should describe and evaluate the specific reasons for the use of these services in a case note titled "Secondary Treatment Evaluation". The case note should reflect the VR counselor’s justification and the need for secondary treatment. The five day evaluation period will be considered part of the total number of approved treatment days (minimum of 30/maximum of 60). If the counselor’s assessment determines that secondary treatment is needed to assist the client in obtaining and maintaining employment, then the IPE will be completed within the five day evaluation period. If the secondary treatment evaluation period determines that VR services will not benefit the client in terms of obtaining an employment outcome, then the case will be closed as “Other Than Rehabilitated” at the conclusion of the five day evaluation period.

3.1.5.3 Clients with Other Primary Disabling Conditions and Substance Use

Substance use disorders can have significant impact on all aspects of physical and mental health. Individuals who have substance use disorders as well as mental health disorders are diagnosed as having co-occurring disorders. The VR counselor should screen all individuals with substance use disorder for co-occurring disabilities as part of the eligibility determination and when developing the IPE.

If an individual requests services based on another primary condition and substance use, the VR counselor should determine if the individual has received treatment for substance use. If the applicant has completed a treatment program, the VR counselor should obtain medical records from the primary treatment facility. If there is no medical evidence or other objective and/or factual proof of treatment, but the applicant’s behavior suggests the individual is a substance user, then the VR counselor should refer the applicant for a drug test at the Agency’s expense. If the test determines that the client is a substance user, the client will be given the option of submitting to primary treatment at his/her own expense. Because there are some mental health programs that provide limited indigent funds to cover the cost of primary treatment or charge on a sliding scale, the VR counselor should refer the client to mental health for further evaluation. The VR counselor will counsel with the client and explain that refusal of treatment can cause significant limitations to his/her health and overall vocational functioning. If the client refuses treatment, then services will be suspended and the client will be given 30 days to follow through on recommendations. If the client continues to refuse treatment during the 30-day time period, VR will not proceed with the case.
3.1.6 Services / Individualized Plan for Employment (IPE)

The timely provision of services is quite significant with substance use clients. Assessing the person’s readiness to meet the demands of work is important for the prevention of relapse. Too many changes at one time (treatment, sobriety, work) or changes that are too dramatic (from unemployed to a full-time, responsible job) might be more than the person can manage emotionally. The pressure associated with change can precipitate relapse. Therefore, services should be planned and provided as soon as possible to allow for a smooth transition back into the world of work.

The IPE is a development process between the VR counselor and the client. The IPE is built on information the VR counselor has collected from the assessment and evaluation of the primary treatment records, medical records, psychological evaluations, education and work history, vocational interests, and other related information that has been gathered. Specifically, the IPE is the client’s informed choice regarding the selection of VR services, a vocational goal, and vendors (i.e. a specific secondary treatment facility) any other agreed upon services that are needed to reduce the chance of relapse and help the client reach a successful employment outcome. The client must participate in the development of the IPE and take responsibility for his/her own rehabilitation. The VR counselor will provide the necessary information to assist in developing the IPE and help the client to be accountable for the commitments that are made in the services planned on the IPE.

The VR services provided by the treatment facility should be planned on the IPE and authorized to the treatment facility in AACE as Physical/Mental Rest: Secondary Substance Abuse Treatment.

The client receives the following bundled VR services, referred to as secondary treatment, by the treatment team at the facility:

- Individual and/or Group Counseling
- Alcohols Anonymous (AA)/Narcotics Anonymous (NA) Meetings
- Maintenance (room/board and meals)
- Counseling services to family members, as appropriate

Services that should be listed on the IPE include, but are not limited to the following:

1. Physical/ Mental Rest: Secondary Substance Abuse Treatment
2. Planned VR Counseling and Guidance
   - Listed as VR Counseling and Guidance on the IPE

3. Job Search Services
   - Job Search services is a core service that should be listed on the IPE if the individual requires assistance in searching for an appropriate job, which includes resume building, interviewing skills, identifying possible jobs.

4. Job Placement Services
   - Job Placement Services is a core service that should be listed on the IPE if the individual is not working and referred for a specific job that results in an interview, whether or not the individual obtains the job.

The receipt of above listed services is documented by receipt of signed progress reports from the treatment center counselor every two weeks that include, but are not limited to the following:

1. Details of the client’s progress in treatment
2. Client’s level of participation in the program
3. Report of client’s work or other activities, goals, or steps completed.

The treatment facility is responsible for notifying the VR counselor of the date and time of staffing. The staffing will include the client, VR counselor, and treatment center counselor.

In planning services the VR counselor should be aware of the following:

1. The IPE should be used as a behavioral contract in which both the VR counselor and client play an active role. In planning services it is necessary to work with the client in agreeing upon firm but achievable objectives. Responsibilities and independence should be encouraged by making sure that the client does as much as possible for himself/herself. The VR counselor might also want to provide some services contingent upon specified demonstrated behaviors such as documented participation in AA/NA meetings. Strong, consistent, positive reinforcement is vital in recovery. **See AA/NA Verification Form in A&D Manual under Service Tab.**
2. The client frequently experiences anxiety and feels a need to make up for lost time. As a result the client may engage in many things too soon and may return to alcohol/drugs because of stress. The VR counselor must also refrain from demanding too much too soon, or run the risk of setting the client up for another failure.

3. The VR counselor should assist the client in taking increased responsibility. The substance dependency that often appears may be all the client knows and has fulfilled many needs. There is a need for self-determined, positive alternatives. Beyond counseling and guidance as a primary service, many substance users need to earn their high school General Education Development (GED) and enroll in some type of job training. Though the client may be able to survive on the streets, he/she may not know the rules regulating the world of work. This individual is more likely to lose his/her job due to inability to function adequately in a particular work environment than from the lack of job skills. Therefore, the development of coping skills through personal/social adjustment and/or work adjustment training is very important.

4. The VR counselor should keep in mind that his/her value system and that of the client are not the same, nor do they need to be. Efforts should be made to be nonjudgmental about this disability. The client has used substance abuse as a means of social acceptance but is typically is very mistrustful of others. Helping the client develop a trusting relationship can be an important first step towards rehabilitation.

5. Structured use of leisure time is also very important. Substance users can often function well in training or on-the-job training after they have been through treatment. Problems frequently develop after hours and on weekends. Before treatment the client’s lifestyle was often orientated towards the use of alcohol and/or drugs. The VR counselor should encourage the client to develop hobbies, interests, and activities to prevent boredom, depression, and relapse by productively filling his/her leisure time.

6. Many clients, especially those with a substance dependency, become “con artists,” out of necessity to survive on the streets. The VR counselor should be well aware that he/she probably can and will be “conned,” by the client.

7. The VR counselor should address the following when meeting with clients:
   - The importance of abstinence for alcohol and other drugs
Productive methods of handling stress
Lifestyle management such as handling finances, healthcare maintenance, appropriate dress, etc.
The importance of staying involved in a therapeutic program such as AA/NA
Means of improving interpersonal relationships
Methods of coping effectively with responsibilities
The importance of establishing good work habits and job stability

8. If services planned are long in duration and/or very intense, the stress produced could be counterproductive to the client’s overall recovery program.

9. It is also important for the VR counselor to assist with the client’s reintegration into the community and ongoing treatment after the client completes his/her treatment program.

10. Reasonable expectations that VR’s services will benefit a client can be affected by a client’s relapse to alcohol/drug use. The behaviors below may prove useful in identifying relapse:

   - Changes in school or work attendance, behavior and grades
   - Inability to keep appointments and poor excuses for missing them
   - Unusual flare-ups or outbreaks of temper
   - Poor physical appearance
   - Secretive behavior regarding drugs, possessions, residence, daily activities
   - Wearing sunglasses at inappropriate times to hide dilated or constricted pupils
   - Long sleeved shirts worn constantly to hide needle marks.

3.1.6.1 Vocational Rehabilitation (VR) Counseling and Guidance

VR counseling and guidance is provided throughout the rehabilitation process. Counseling documentation in the case file is needed to demonstrate the progress of the client throughout his/her recovery. The VR counselor should attend the client’s scheduled staffing at the facility, which is a good way to document the client’s progress and cooperation with the planned program. Counseling and guidance issues should be focused on relapse prevention and employment. Relapse prevention is an ongoing assessment throughout the VR process and includes discussing and verifying an individual’s action in maintaining recovery.
Some examples of issues discussed during VR counseling and guidance includes, but are not limited to:

- Attending AA/NA meetings
- Progress in the 12 steps of the AA program
- Denial and rationalization
- Dealing with conflict
- Guilt and shame
- Manipulating others
- Family issues
- Low self-esteem
- Financial issues
- Legal problems
- Relapse prevention strategies
- Recognizing stressors and emotions
- Life skills and coping skills
- Vocational counseling
- Problems obtaining and maintaining a job
- Issues discussed in the Initial Interview
- Anger management
- Self-esteem and confidence
- Healthy boundaries with friends and family
- Support group

3.1.6.2 Authorizing Payment for Secondary Substance Abuse Treatment

The VR counselor may only authorize for treatment to programs that are listed in the OVR/OVRB Fee Schedule. VR will pay a per diem rate for facilities that are accredited by the Mississippi Department of Mental Health and have a contract with OVR/OVRB for this service. Refer to OVR/OVRB Fee Schedule for a list of Secondary Treatment Programs for which VR has a cooperative agreement and the VR liaison counselor who is assigned to each program.

The authorization for services must be issued before the first day of admission into the secondary treatment facility (if the evaluation for secondary treatment is utilized, the SN code of SN00052- Alcohol & Drug 5 Day Assessment should be used). The counselor can sponsor a client in secondary treatment for a maximum of 60 days. The authorization must be issued utilizing a per diem rate based upon the contract with the facility and the number of days secondary treatment will be provided.
Upon completion of the program, the treatment facility will submit a copy of the client’s discharge summary to the VR counselor within one week of discharge. The discharge summary includes, but is not limited to:

1. Reason for discharge
2. Functioning at discharge
3. Aftercare recommendations
4. Client’s forwarding address and telephone number
5. Place of employment, hire date, job title, and salary, if client is employed.

3.1.7 **JOB SEARCH /JOB PLACEMENT**

Job search and placement are very important parts of the rehabilitation process for A&D clients in helping them reach independence. The effectiveness of job search and job placement for individuals with substance use disorder consists of counseling and guidance to enable him/her to realize that he/she may need to perform, at least temporarily, at a lower level of employment than that to which he/she is accustomed. Clients should have a vested interest in getting his/her own job. Most A&D clients have more difficulty in keeping a job than obtaining one. However, increased interest and commitment results when the client finds a job after having been provided VR counseling and guidance. When substance abuse begins early in life, many clients end up with little or no work history and, therefore, do not have basic knowledge of the job-seeking process. The VR counselor will need to provide or arrange for instruction in completing job applications, conducting mock interviews, following up on interviews as well as instructing clients on how to address an unstable employment history, frequent hospitalizations for treatment, and/or legal problems with employers.

There are several approaches to the job placement process for A&D clients. The VR counselor should assume responsibility for coordinating the provision of job search and placement services. If clients have previous work experience and know what type of jobs they are looking for, then they will be able to find a job on their own. The clients that have very little work experience or vocational skills can be referred to a Community Rehabilitation Program such as AbilityWorks to promote integration into a competitive work environment.

Effective job search and placement generally requires the VR counselor, with the assistance of the Business Relations Specialist, to provide multiple services such as networking, establishing relationships with employers, and assembling information about employment opportunities for clients. The VR counselor locates jobs and provides information to the employer about the client (within the
confines of confidentiality), addressing potential barriers to employment that result from biases and discrimination. Business Relations Specialists also conduct outreach to area employers to publicize the availability of individuals with the requisite skills for the job.

Job search and placement also require the VR counselor and Business Relations Specialist become familiar with the local labor market to better guide clients about the types of employment that are available locally. In developing and placing clients in jobs, the VR counselor should cautiously approach jobs in which the client has easy access to alcohol and/or drugs; or jobs where alcohol/drugs are an important part of the social environment. If past substance abuse problems have been associated with job-related stress, stressful occupations should be avoided. Some of the physical problems associated with a long history of drug and alcohol abuse can cause limitations in employment and the VR counselor must be aware of these limitations. Particularly with clients whose substance abuse developed later in life, previous levels of employment success may not be realistic.

3.1.7.1 Employment

It is very important to keep a close check on A&D clients during the transition stage from secondary treatment into independent living. Maintaining employment is very critical during this stage. The client may relocate or change jobs during this transition period. When the client is moved into employment status, it is very important to make frequent contacts to support the client in maintaining his/her job and sobriety. Employment is considered satisfactory after a period of 90 days.

If the VR counselor is unable to locate the client or unable to find out if the client is employed, then a request can be made to verify employment by contacting the state office staff member that handles employment verification. In order to verify employment, the client’s name and social security number will be submitted to the Mississippi Department of Employment Security to determine if the client has any reported employment. The information given in the report will include the name of the employer and wages earned of the most recent employment.

3.1.7.2 Job Retention

Once a client has a job, a different set of issues arise. The client will need assistance in identifying relapse triggers that exist on the new job and in resisting the impulse to celebrate by drinking or using drugs for having secured employment. If the client has another disability in addition to a substance use
disorder, the VR counselor may need to help the client identify any reasonable accommodations and assistive devices needed to perform the required functions of the job. Clients sometimes find they need additional education to help them manage their paycheck and household budget, or to address other life changes and responsibilities that occur as a result of employment. VR counselors should encourage clients to take advantage of their employer's Employee Assistance Program as needed.

3.1.7.3 Closed Rehabilitated

The client’s case can be closed when the VR counselor has made an assessment that services received from the VR program made a significant impact on the employment outcome. The counselor must justify that no other services are required or anticipated. The client should have completed all services listed on the IPE and maintained satisfactory employment for at least 90 days. The client and VR counselor must agree that the vocational goal on the IPE has been met and the client is satisfied with his/her employment outcome.

The VR counselor should also discuss the client’s ongoing needs that have been addressed in the case file. These needs will include supportive counseling through AA programs or other support groups. The VR counselor should provide any resources that the client may need in regards to housing, transportation, financial advisors, etc. to ensure continued success in recovery and sobriety.