

3.1 ALCOHOL AND DRUG SERVICES

Diagnosis for alcohol and/or drug addiction is to be provided by a medical doctor skilled in the diagnosis and treatment of such disorders (i.e., addictionist or medical doctor employed by a state licensed/certified substance abuse treatment program), psychiatrist, licensed psychologist, or psychologist in the employ of a local, state, or federal governmental agency. Documentation of the disability must be current (within the 12 months prior to the date of application).

The counselor must determine if the individual's functional limitations are severe enough to constitute a substantial impediment to employment. The counselor must determine how alcohol and/or drug abuse impedes the individual's occupational performance by assessing how the individual is prevented from securing, retaining, or regaining employment in accordance with their abilities. The counselor must describe the specific impact these functional limitations have had on the individual's vocational functioning within the last 12 months.

In general, the diagnosis of substance abuse/dependence **does not** constitute a substantial impediment to employment if the individual has been "in remission" according to the American Psychiatric Association's *Diagnostic and Statistical Manual, Fourth Edition* (DSM-IV) criteria for one year or longer. If employment problems are still evident, it is suggested that other disabilities be explored. According to DSM-IV, 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).

Substance abuse/dependence can be a major disabling condition according to RSA disability codes. However, it is not automatically considered a severe disability. The counselor is to use the *OVR/OVRB Policy and Procedures Manual* and *Resource Guide* as reference when determining severity of disability.

The Agency **does not** provide assistance for primary alcohol and/or drug abuse treatment. These services are available through private treatment centers; public mental health-affiliated centers, and the two state hospitals. The public mental health-affiliated programs are mandated by law to serve all individuals who live within their region and need services regardless of ability to pay. There is no charge for the treatment at the two state hospitals.

On a case-by-case basis, clients who are eligible for vocational rehabilitation (VR) services may be assisted with the cost of residential secondary (three-quarter way) alcohol and/or drug treatment provided by those centers that have a written agreement on file with the Agency. The Agency contracts with both private and public, mental health affiliated programs. The counselor may **only** authorize for treatment to programs that are listed in the Agency Fee Schedule.

The Agency recognizes that for some individuals, detoxification* is the first step in the treatment process toward recovery from drug(s) of dependence. However, individuals who do not continue with primary treatment do not receive the benefit of education in the disease process; no teaching on the psycho/social affects of addiction; nor has the individual dealt with emotional and behavioral obstacles associated with life free from alcohol and/or drug abuse. Therefore, the Agency will not sponsor any client in three-quarter way treatment until that person has successfully completed a minimum of 28 days in a primary treatment program. Referral for residential secondary (three-quarter way) treatment should be made while the individual is in the latter stage of primary treatment. **The client's file must contain a report from the treatment center that primary treatment has been successfully completed and three-quarter way treatment is recommended.**

Individuals who are participating in primary alcohol/drug treatment and are being considered for VR sponsorship in secondary treatment need to be staffed by the counselor taking the application with the counselor to whom they plan to transfer the case. This should occur prior to the counselor accepting the case to ensure adequate funds are available in the district to which the case is being transferred.

It should not be the responsibility of the treatment center or individual to call the secondary treatment liaison counselor about this. It should be an internal VR process.

The Agency may pay for three-quarter way treatment a maximum of three times. After the third time the Agency has served (in an active status) an individual who has the disability of alcohol and/or drug dependence, service provision will be limited to counseling, guidance, placement, and follow-up ("no cost" services). To help track these clients there is a printout, which includes both alcohol, and drug cases served and closed from October 1987 through August 1995. Counselors may access this information through the appropriate District Manager's office. The counselor may access information from October 1993 through the present in the automated case management system. Any exception to these guidelines requires the approval of the District Manager.

For referrals received on individuals who have only completed detoxification and are already in secondary treatment, the Agency will not pay for secondary treatment. However, the Agency will provide other services, if the individual completes a minimum of 30 days of secondary treatment.

If an individual has completed primary treatment and declines the recommended secondary treatment, the counselor will decide whether to provide additional services. The counselor is to consider the individuals reason for not attending secondary treatment, the individual's plan for ongoing treatment, and the individual's past history of treatment (history of relapse indicates extended treatment is needed).

If an individual requests services for another disabling condition, the counselor may request the individual take a drug test under the following conditions:

- Medical evidence or other objective and factual evidence shows that the individual is using drugs or
- The individual's behavior suggests drug use

If the results of the drug test are positive, the individual will be given the option of submitting to primary treatment at his/her own expense. If the individual refuses treatment, the individual will not be served.

The Agency provides counseling, guidance, vocational evaluation, vocational adjustment, job placement, referral to Alcoholics or Narcotics Anonymous, and other VR services, as appropriate for the individual client. Alcoholics Anonymous and Narcotics Anonymous are recognized as valuable programs contributing to an individual's lifelong maintenance of sobriety and abstinence. The counselor should strongly encourage the client to participate in programs offered by these organizations.

*The Agency used 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.)

Role of the VR Alcohol & Drug Treatment Center liaison counselor:

There is an Agency liaison counselor designated for secondary alcohol and drug treatment programs throughout the state. A list of these counselors may be found in the Agency Fee Schedule. 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 liaison counselor for each primary treatment program located in his/her district.

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

VR Liaison Counselor to the Primary Treatment Center

- Serve as the initial contact point for the treatment center on issues such as the Agency policies, services, funding matters, referrals, criteria for eligibility, paperwork required, etc.
- Contact the counselor who serves the three-quarter way facility where the referred individual will be entering.
- Develop, with the referral, the IPE so that all parties involved (client, primary treatment staff, and three-quarter way administration) will know for sure before admission that VR will be sponsoring and authorizing the per diem.
- Transfer the case file to the counselor who serves the three-quarter way facility so that he/she can authorize prior to admission.

VR Liaison Counselor to the Secondary Treatment Center

- Be an active participant in the client's treatment program.
- Authorize for three-quarter way treatment prior to admission into the center.
- Serve as an intermediary between the treatment center and the local counselor for any client who is from another area of the state.
- Attend regularly scheduled staff meetings at the treatment center to share information, help plan, and coordinate appropriate client services.
- If the client has a job to go to directly upon completion of three-quarter way services, 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 three-quarter way services, and will need additional planned services, the case file should be transferred to the counselor serving his/her place of residence. The counselor who can best meet the VR needs of the client at the time should manage the case of any client whose circumstances fall outside those described above.

PHYSICIANS CERTIFIED IN ADDICTION MEDICINE

The following physicians are certified in addiction medicine. A physician may be added to this list of approved addictionists, by submitting proof of certification to the state office staff person responsible for the Alcohol and Drug Program.

Brandon

Dr. Calvin P. Poole

Jackson

Dr. Ken Cronin, St. Dominic's North

Dr. Loyd J. Gordon, III, COPAC

Dr. James J. Kramer, COPAC

Pascagoula

Dr. Harris G. Barrett

Tupelo

Dr. H. T. Palmer