1 2	Vocational Rehabilitation Substance Use Disorders Services  Discussion Paper
3	Background  The state of the st
4	Texas Workforce Commission Vocational Rehabilitation (TWC-VR) policy currently requires
5	that substance use disorder services are provided for individuals who are eligible for VR services
6	and who have been clinically diagnosed with a substance use disorder. Substance use disorder
7 8	services are only provided when comparable benefits are not available, when prescribed by a licensed psychologist or psychiatrist, when clinically necessary to achieve a planned employment
9	outcome, and to individuals whose psychological disorders are stable or slowly progressive and
10	can be corrected or stabilized within a reasonable time.
11	Customers must maintain and document a minimum of 30 days of sobriety before eligibility
12	determination for VR services and be actively participating in treatment and/or supports to
13	maintain sobriety. In addition, customers must continue to meet the required eligibility criteria in
14	order to receive substance use disorders services funded by VR. Currently, if a customer fails to
15	maintain sobriety and active participation in treatment and/or supports to maintain sobriety,
16	services are put on hold until such time that the customer meets the requirements for
17	continuation of VR services. This long-standing policy was carried forward from the legacy
18	Texas Department of Assistive and Rehabilitative Services.
19	Issue
20	34 CFR §361.50(a) requires the state VR programs to develop and maintain written policies that
21	cover the nature and scope of each of the VR services specified in §361.48 and the criteria under
22	which each service is provided. The policies must ensure that services are provided based on the
23	rehabilitation needs of each individual, as identified in that individual's individualized plan for
24	employment (IPE), and are consistent with the individual's informed choice.
25	Revisions to the current sobriety policy, using an evidence-based approach, could help to better
26	meet the needs of the substance use population. The Substance Abuse and Mental Health
27	Services Administration (SAMHSA), within the US Department of Health and Human Services,
28	leads public health efforts to advance substance use treatment and promote the behavioral health
29	of the nation. SAMHSA has embraced the evidence-based Individual Placement and Support
30	model, which allows for temporary relapse. SAMHSA evidence-based programs support
31	developing an infrastructure that incorporates the behavioral health system, which includes
32	substance use treatment and its expanding practice transformation and mapping out the financial
33 34	costs and revenue sources for behavioral health integration.
35	In addition, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)
36	and the National Institute on Drug Abuse (NIDA) allow for relapse; furthermore, relapse is,

- 1 generally, an expected feature of the path to sobriety. NIDA states that relapse is common and
- 2 normal, and customers recovering from drug addiction often experience one or more relapses.
- 3 The current TWC-VR sobriety policy—requiring that a customer maintain and document a
- 4 minimum of 30 days of sobriety before eligibility determination for VR services and be actively
- 5 participating in treatment and/or supports to maintain sobriety—has prevented TWC-VR from
- 6 taking advantage of opportunities to fully engage with both potential and existing customers with
- 7 substance use disorders. Removing the 30-day sobriety requirement prior to eligibility
- 8 determination could open opportunities to assist additional customers with substance use
- 9 disorders. Revising the sobriety policy to account for relapses would allow for the continuation
- of services that customers need in order to address their substance use disorder and reach their
- employment goals in accordance with their IPE.

## 12 **Decision Points**

- 13 Staff seeks direction on the following items:
- Retaining the criteria that substance use disorder services are provided for individuals who are eligible for VR services and who have been clinically diagnosed with a substance use
- 16 disorder:
- Retaining the criteria that substance use disorder services are only provided when
- comparable benefits are not available, when prescribed by a licensed psychologist or
- 19 psychiatrist, when clinically necessary to achieve a planned employment outcome, and to
- individuals whose psychological disorders are stable or slowly progressive and can be
- corrected or stabilized within a reasonable time;
- Removing the requirement that a customer maintain and document a minimum of 30 days of sobriety before eligibility determination for VR services;
- Removing the requirement that VR services be placed on hold if a customer fails to maintain sobriety due to a relapse while receiving VR services; and
- Requiring customers with substance use disorders to:
- > recognize that substance use disorder is a disability and participate responsibly in a treatment program, under medical supervision if appropriate;
- 29 > maintaining consistent and regular attendance, and demonstrating progress in completing their treatment program;
- demonstrate a commitment to recovery, as evidenced by making progress in completing
   their treatment program;
- make satisfactory progress toward achieving the goals established in the IPE, which includes the cessation of substance use not prescribed and monitored by a physician;
- make satisfactory progress toward addressing treatment issues related to the individual's overall functioning;

- demonstrate an understanding of the need for VR services, the goals of which are achieving sobriety and obtaining employment; and
- be available to participate in the VR process for the purposes of obtaining or maintaining employment.

## 5 The Rehabilitation Council of Texas

- 6 The Rehabilitation Council of Texas (RCT) received and reviewed the proposed Substance Use
- 7 Disorders Vocational Rehabilitation Services Manual (VRSM) updates. Staff responded to RCT
- 8 comments on proposed revisions to the substance abuse policy and identified several changes to
- 9 the VRSM as a result of feedback received.