

# Quick Guide

## *For Administrators*

### **Based on TIP 38**

### ***Integrating Substance Abuse Treatment and Vocational Services***



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

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# Quick Guide

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*For Administrators*

## **Based on TIP 38**

*Integrating Substance  
Abuse Treatment and  
Vocational Services*

This Quick Guide is based almost entirely on information contained in TIP 38, published in 2000 and based on information updated through June 1998. No additional research has been conducted to update this topic since publication of the original TIP.

## WHY A QUICK GUIDE?

This Quick Guide was developed to accompany *Integrating Substance Abuse Treatment and Vocational Services*, Number 38 in the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. This Quick Guide is based entirely on TIP 38 and is designed to meet the needs of busy administrators and their staffs for concise, easily accessed "how-to" information.

The Guide is divided into seven sections (see ***Contents***) to help readers quickly locate relevant material.

For more information on the topics in this Quick Guide, readers are referred to TIP 38.

## WHAT IS A TIP?

The TIP series has been in production since 1991. This series provides the substance abuse treatment and related fields with consensus-based, field-reviewed guidelines on substance abuse treatment topics.

### *TIP 38, Integrating Substance Abuse Treatment and Vocational Services*

- Addresses the concerns of a broad range of readers including administrators, clinicians, counselors, social workers, medical personnel, mental health workers, program administrators, and policymakers
- Provides a reference on the integration of substance abuse treatment and vocational services

*See the inside back cover for information on how to order TIPs and other related products.*

### INTRODUCTION

One of the best predictors of successful substance abuse treatment is gainful employment. Due to this, and the fact that substance abuse disorders can be a barrier to employment, it is imperative that vocational services be incorporated into substance abuse treatment.

Treatment programs must be ready to help the unemployed with serious alcohol- and substance-related problems find and maintain employment within a very short time frame.

**ATTENTION:** Even though the average educational level of individuals with substance abuse disorders is comparable to that of the general U.S. population, people who abuse substances are far more likely to be unemployed or underemployed than people who do not use substances.

The goal of substance abuse treatment that is cost-effective and shows verifiable positive outcomes cannot be achieved unless all the client's needs are met. This will occur only through the integration of treatment and other wraparound services, including vocational counseling and employment services.

Remember:

- Vocational counseling is an effective way to refocus substance users toward work.
- Employment subsequently serves as a means of (re)socialization and integration into the non-substance-using world.
- Programs must reflect that it often is not feasible or effective to provide everything the client needs "under one roof." A more fruitful approach is to collaborate with other agencies on the basis of client needs and overlapping client caseloads.

**ATTENTION:** Research clearly indicates the need for interventions to improve employment rates among drug users in treatment and recovery.

*For more detailed information see TIP 38, pp. xv–xxii.*

## THE NEED FOR VOCATIONAL SERVICES

### *Why are vocational services needed during substance abuse treatment?*

Because substance abuse disorders can be a barrier to employment, it is imperative that vocational services be incorporated into substance abuse treatment. Treatment programs must be ready to serve the many welfare recipients with serious alcohol- and substance-abuse related problems who must find and maintain employment in a very short time period.

### *How skilled must clinicians be in vocational services?*

While alcohol and drug counselors may not be able to achieve complete mastery of multiple disciplines, they must acquire at least rudimentary skills in the area of vocational services provisions through various kinds of training. Clinicians should also be prepared to function as a case manager who advocates for the needs of clients and calls on other expert professionals as needed to provide services that support the treatment process.

**ATTENTION:** Research studies showed that employment before or during substance abuse treatment predicts longer retention in treatment and the likelihood of a successful outcome.



***Why are employers less likely to hire someone with a substance abuse problem?***

People who have substance abuse problems tend to

- Have twice as many lengthy absences as others
- Use more sick days and benefits
- Come to work tardy three times more frequently
- File more workers' compensation claims
- Be involved in more accidents
- Work at approximately 75 percent of their productive capability

***What laws regarding welfare reform should alcohol and drug counselors be familiar with?***

- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996
- The Contract With America Advancement Act
- The Adoption and Safe Families Act of 1997
- The Workforce Investment Act of 1998
- The Americans with Disabilities Act

Some of these laws signal time periods when financial support will be terminated for clients.

***Do many substance abuse treatment programs have vocational services available for clients?***

Research from the Drug Abuse Treatment and Outcome Study reported there was a widening gap between clients' need for support services beyond substance abuse treatment and the availability of those services. The study participants reported that substance abuse counseling alone did not address their wide-ranging service needs.

*For more detailed information see TIP 38, pp. 1–15.*

## **VOCATIONAL PROGRAMMING AND RESOURCES**

### ***What is vocational rehabilitation counseling?***

Vocational rehabilitation (VR) counseling focuses on the process of improving an individual's functioning in primary life areas based on the person's values, interests, and goals. A VR counselor is trained to provide a wide range of vocational, educational, supportive, and follow-up services.

### ***What does a vocational rehabilitation counselor do?***

The VR counselor has five essential functions:

1. Providing information to clients about the job market, the skills and experience necessary to obtain and work successfully at a particular job, and the types of stressors associated with different jobs
2. Assisting clients to develop a realistic view of their skills, abilities, and limitations
3. Teaching clients basic problem solving and coping skills
4. Helping clients develop or maintain motivation for vocational services and employment

5. Aiding clients in obtaining educational services, skills training, or the necessary entitlements to obtain education and training (case management)

### ***What does vocational screening and assessment determine?***

- *Vocational screening* is intended to provide a rough picture of a client's vocational history and potential. It includes a brief vocational and educational history, touching on employment experiences of the individual, including employment, military history, and special skills possessed by the individual.
- *Vocational assessment* is a longer, more intensive process aimed at identifying optimal vocational outcomes for the individual. It examines the complex social, emotional, physiological, and vocational factors contributing to the individual's vocational potential.

### ***What happens after vocational assessment?***

The next step after assessment is to counsel clients about setting vocational goals and creating short- and long-term plans for achieving those goals. To develop a plan with a client, factors to consider include the result of assessments, employment opportunities in the local area, existing training resources, the feasibility of alternative

goals when full-time employment is not an option, and client empowerment to make the necessary decisions.

**ATTENTION:** Client empowerment is a fundamental premise of rehabilitation; it implies an ability to shift away from dependence to independence, a notion consistent with recovery.

### ***Do VR counselors have a treatment plan?***

VR counselors are required to develop an individual plan for employment with each client. Formerly called the individualized written rehabilitation program, this plan specifies the goals and objectives agreed to by the client and the agency and spells out the services the State agency will provide. It is a formal document within the VR system and essentially represents the contract between the agency and the client.

### ***What are some commonly used employment and vocational services?***

The most common vocational services used are exercises that focus on job-seeking skills and training, job development and placement approaches, supported work programs, and job retention and advancement counseling.

### ***Why should substance abuse treatment programs be aware of local vocational resources?***

For referral purposes, it is important for programs to be familiar with the local resources available. Some clients will need only education and training to help them prepare for a career or enhance existing qualifications. Others will require a variety of rehabilitation services. Knowing the services in the area makes it easier to refer clients to an appropriate program for their needs.

### ***How can a treatment center get funding for vocational services?***

Two laws influence how treatment programs seek and secure funds: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the Balanced Budget Act of 1997. The Balanced Budget statute authorizes the U.S. Department of Labor to provide welfare-to-work grants to State and local communities in order to meet the requirements of the 1996 welfare reform legislation. The funds can be used by substance abuse treatment providers for various services. However, the statute is implemented differently in each State, and there is a complex web of political and financial forces that must be understood to access this funding effectively. Scanning the environment to determine relationships among all the

agencies involved in and eligible for these funds is crucial.

## **Basic Materials for a Vocational Reference Library**

Vocational Rehabilitation counselors use a variety of resources to help clients find jobs. The following is a list of basic materials that a counselor should have available. Although not all programs can afford an Internet hookup to access online employment-related information, they should identify locations where clients can obtain Internet access, such as schools and public libraries.

- **U.S. Department of Labor Documents**

- Guide for Occupational Exploration
- Dictionary of Occupational Titles
- Occupational Outlook Handbook

- **Local Resources**

- Local newspaper classified ads
- Local telephone directories
- Catalog of employer profiles
- Contact information (address and phone number) of
  - The largest employers in the area
  - The employers who hire the largest number of local workers

- The fastest growing local employers
- Employee Assistance Programs
- Mentor lists by employer
- Public transportation routes and schedules
- Course catalog describing majors and programs in local and technical schools, community colleges, and universities
- **Employment related publications**
  - *College Placement Annual*
  - *National Business Employment Weekly*
  - *The Professional and Trade Association Job Finder*
  - *The National Job Market*
  - *The National and Regional Job Bank*
  - *Career Guide to Professional Associations*
  - *What Color is Your Parachute: A Practical Guide for Job-Hunters and Career-Changers*
- **Other Resources**
  - Materials from the local Chamber of Commerce
  - Materials from the local Job Service
  - Access to Web sites such as America's Job Bank ([www.ajb.dni.us](http://www.ajb.dni.us))



- State economic development Web site access to State and national job bank databases

*For more detailed information see TIP 38, pp. 17-45.*

## **CLINICAL ISSUES RELATED TO INTEGRATING VOCATIONAL SERVICES**

### ***What are some things to keep in mind when considering vocational aspects of a client's treatment?***

- Clinicians often play a mediating role between clients and employers and should take advantage of opportunities to educate the employer on substance abuse issues and how to address them in appropriate policies.
- In defining the client's educational needs and exploring resources available to meet them, it is important to recognize that the client's past experience with the educational system may strongly influence work-related decisions.
- Clinicians should be alert to clinical and legal issues surrounding clients' past histories and recognize their implications for employment.
- The counselor should be alert for the presence of relapse triggers that have affected the client in the past and help the client recognize and cope with them. The treatment plan should provide for effective management of all relapse triggers that are relevant to the individual.
- To achieve therapeutic goals in the domain of employment, the clinician should develop a

treatment plan that addresses clients' vocational training, rehabilitation, and employment needs.

## **Referral**

Before referring clients to State VR agencies, the alcohol and drug counselor should develop a relationship with the assigned VR officer. The following are situations when a clinician should refer a client for vocational services:

- The client is asking questions about vocational goals that the clinician cannot answer.
- The counselor and client cannot develop a clear and concise set of goals concerning vocational issues because of lack of information.
- The client needs special vocational testing or training beyond the expertise of the counselor or has a disability that requires special accommodations to obtain employment.
- The client's vocational history is either nonexistent or has been so seriously affected that another person with expertise in the area should be introduced to assist the client.
- The client clearly wants to accomplish something meaningful through work but needs help, for whatever reason, to make such a major life change.

*For more detailed information, see TIP 38, pp. 47–73.*

## **INTEGRATING ONSITE VOCATIONAL SERVICES**

### ***How can substance abuse treatment programs make sure their clients get vocational services?***

One way to ensure that clients receive the necessary vocational services is to provide them in-house rather than by referral to an outside agency. Substance abuse treatment programs could add at least one VR counselor to their staffs. No matter the treatment modality or level of service, including a vocational specialist cross-trained in or at least sensitized to substance abuse disorder issues will create a new, dynamic program.

### ***What if a program is too small or has other fiscal shortcomings preventing it from hiring a VR counselor?***

If the size of the program or other fiscal shortcomings prevent programs from hiring a VR counselor, arrangements should be made to have a counselor easily accessible. For instance a consortium or network of programs may sometimes be able to share a specialist as a consultant who provides training and other staff development activities on an occasional basis and guides work with particular clients.

**ATTENTION:** Every treatment program should consider itself part of a collaborative interagency effort to help clients achieve productive work.

***What are some steps in planning an integrated treatment program?***

- Modify mission statements to incorporate vocational goals.
- Encourage all administrative, support, and treatment staff to embrace vocational programming as an essential component for all clients—on an equivalent level as abstinence.
- Perform a needs assessment of current and past clients to identify what vocational services are most needed.
- Use needs assessment results to identify, develop, and deliver VR services that make sense for agencies, clients, and community.
- Hire a vocational specialist or retool/upgrade existing staff to handle vocational counseling responsibilities.
- Develop vocational counseling competencies in all treatment staff.
- Develop and provide necessary vocational support materials.

- Integrate vocational outcomes into accountability studies when following up with former clients.

### ***How do substance abuse treatment centers choose a program model for vocational counseling?***

First, the treatment program must determine the parameters of what it can offer clients in terms of vocational services. To begin the decisionmaking process, the program must address several questions:

- What type of substance abuse treatment does the program provide?
- Who are the program's clients and what are their vocational needs?
- What are the staff members' skills, experience, and backgrounds that can influence how they learn and incorporate new ideas and approaches?
- What vocational training and employment programs are available in the local community, as well as funding sources for vocational services?
- What are the program's capabilities for providing vocational services?

The degree to which the program can structure the client's daily life and the length of time spent in the program significantly dictate the range of

onsite vocational services that can feasibly be offered.

**ATTENTION:** Whether an agency is large and multi-programmed or smaller, appointing someone as case manager can help ensure efficient collaboration both intra- and interagency.

### ***What kinds of vocational treatment models are there to choose from?***

The following section describes three levels of treatment programs and a brief overview of the types of vocational services that can be incorporated into each setting.

- **High-Structure Treatment Programs:** Clients in therapeutic communities both live and work in these facilities, and their daily lives are highly structured by the ground rules and operations of the program. Length of stay can range from 10 days to 1 year or more. Therapeutic communities and day treatment programs are ideal sites in which to establish vocational services based on a classic rehabilitation model that includes
  - Prevocational stage testing and work skills evaluations
  - Work adjustment training

- Attention to activities of daily living
- Formal vocational training and services
- Goal setting and developing a personal plan
- Postplacement job retention strategies
- **Medium- and Low-Structure Treatment Programs:** Time devoted to VR counseling in outpatient treatment can be used
  - To educate clients about work and job seeking
  - To carry out a vocational assessment
  - To incorporate vocational issues into group counseling
- **Short-Term Residential Treatment:** Because of their limited timeframe, these programs are the most difficult in which to integrate VR services, and they probably do not have a VR counselor on staff. Staff members can do a vocation-oriented interview after program entry and/or refer the client to outpatient VR services. With a minimal level of consultation from a VR counselor, it should be simple for programs to build in a module about vocational issues and what vocational rehabilitation involves.



***How can you tell if vocational counseling has been successful?***

Some measures for the success of vocational counseling include

- Number of hours worked per week
- Entry into and/or completion of an educational or training program
- Temporary or permanent job
- Earning level and/or level of benefits
- Employment evaluations, promotions, raises
- Duration of employment
- Job satisfaction
- Return to school for long-term vocational goals

*For more detailed information, see TIP 38, pp. 75– 89.*

## EFFECTIVE REFERRALS AND COLLABORATIONS

### *Why is collaboration important for treatment programs?*

Collaboration is crucial for preventing clients from "falling through the cracks" among independent agencies providing different services. Effective collaboration is also the key to seeing the client in the broadest possible context, beyond the boundaries of the substance abuse treatment agency and provider.

### *How should the agencies involved view each other in regards to the client?*

All collaborators, including those providing treatment for substance abuse, should be aware that their efforts are likely to be ineffective unless all the client's life areas are addressed. To that end, each agency must recognize the existence, roles, and importance of the other agencies in achieving goals.

**ATTENTION:** Programs must reflect the fact that it is not feasible or effective to provide everything that clients need "under one roof." A more fruitful approach is to collaborate with other agencies on the basis of client needs and overlapping client caseloads.

***How can a program go about setting up an authentically connected network of services?***

The following are steps to create a network of services:

1. Determine the services that are available in the local area by developing an updated inventory and by resource mapping.
2. Hold discussions with agencies identified as potential collaborators. Discussions can include topics such as the following:
  - Emphasis on the benefits of collaboration
  - Cross-training of staff
  - How the other agency conducts business (e.g., "turf" issues)
3. Develop a working agreement or memoranda of understanding between collaborators to organize information sharing and communicate respective roles.
4. Determine the agency's criteria for accepting clients (e.g., what types of clients and levels of severity do they accept).
5. If warranted, establish a partnership with the agency, as well as agreements regarding the flow of information and feedback between the agencies to ensure provider accountability.

### ***What are characteristics of Authentically Connected Referral Networks?***

- Multiple agencies work as equal partners with each other and with the client; referring agencies make the initial contact to the referral source and keep updated on client progress.
- Clients and agencies have mutual responsibility and trust; accountability and data sharing exist between agencies.
- Communication mechanisms for timely information sharing are accessible to all agencies and stakeholders.
- The full range of stakeholders is identified.
- Relationships among providers are collaborative and flexible in the assumption of multiple tasks related to client needs.
- Changes and growth of the referring organizations are demonstrated as a result of the referral process—dynamic network.
- The network is open to new ways of doing things, approaches, use of technology on behalf of clients, and individualization of client treatment plans and services.
- There is ongoing provider training and involvement in continuing education and staff development.

- Shared assessment of the network is ongoing.
- Cross-training of staff is ongoing.

*For more detailed information, see TIP 38, pp. 91–100.*

## FUNDING AND POLICY ISSUES

### Impact of Policy and Funding Shifts

Like the process of recovery from substance abuse disorders, the process of change by providers in response to the imperatives of a new policy and funding climate can be broken into a series of steps:

1. **Learn to be flexible:** Providers must accept the need to change in response to an altered environment, as well as the need to continually adapt.
2. **Understand the local implications of the new environment:** Given the extent of local variability, providers have no choice but to find out which agencies in their State and locality are making important policy and funding decisions that affect the delivery of substance abuse treatment.
3. **Orient the program's mission to clients' needs:** With information about the characteristics of their clients' population, programs will be able to clarify their mission—what they need to do to meet their clients' needs, who they need as partners, etc.
4. **Assess the program's resources and those of the community:** A realistic appraisal of the pro-

gram's strengths and limitations is a crucial part of this process.

5. **Embrace collaboration as a strategy for meeting the needs of clients:** Once a program has adopted an approach that is centered on meeting clients' needs and has realistically assessed its own strengths and limitations, collaboration becomes a strategy that enables it to meet its clients' needs more effectively than it otherwise could.
6. **Adopt a sustainable funding strategy:** Adopting a sustainable funding strategy means identifying and pursuing institutional funding sources, private health insurance reimbursements, and contracts to provide substance abuse disorder services to managed care companies, welfare and public housing agencies, and so on.
7. **Accept accountability for outcomes:** Providers have a responsibility to make resources available for the collection of outcomes data, whether or not such resources are earmarked by funders.
8. **Promote substance abuse treatment services:** It is more important than ever for providers to become aware of the policymaking process, and have the ability to provide concrete data to doc-

ument the effectiveness of substance abuse treatment services.

### ***What other kinds of Federal and State funding are available?***

While the major source of public funding for substance abuse treatment comes through the SSAs, a variety of funds useful to substance abuse treatment are available from other sources. Different sources will pay for different types of treatment services and many stipulate the specific population for which the funds can be used. Some of these funding sources are

- **Medicaid:** Title XIX of the Social Security Act provides funding for substance abuse treatment of Medicaid-eligible individuals as an optional benefit at the State's discretion.
- **Welfare-To-Work Initiatives:** There are several different types of funding that come from these initiatives. While their purposes are not specifically for substance abuse treatment, some may be used for services beneficial for treatment programs.
- **Treatment and Prevention in Public Housing:** Services available through HUD are available for funding substance abuse prevention, intervention, referral, and treatment as well as job train-



ing and securing improvements in public housing complexes.

- **Vocational Rehabilitation:** These funds are administered by the U.S. Department of Transportation and are available for substance abuse disorders assessment and treatment, prescription medications, equipment that enables disabled individuals to have access to and function in the workplace, and transportation.
- **Child Protective Services:** The Social Security Act provides funding for foster care and services to prevent child abuse and neglect. Eligible services include substance abuse treatment for parents who are ordered by the court to obtain treatment and are at risk of losing custody of their children, and child care while a parent is in residential treatment.

Other funds are also available for

- Treatment in the criminal justice system
- Education
- Transportation

*For more detailed information, see TIP 38, pp. 101–113.*

### LEGAL ISSUES

**WARNING:** Neither this Quick Guide nor TIP 38 should be used as a substitute for competent legal counsel.

Alcohol and drug counselors providing vocational rehabilitation services directly or through referral need to be aware of legal and ethical issues in three areas: discrimination against recovering individuals, welfare reform, and confidentiality.

#### **Discrimination in Employment and Employment-Related Services**

##### ***What are the Americans With Disabilities Act and the Rehabilitation Act?***

They are two Federal laws that provide a limited amount of protection against discrimination for people with substance abuse disorders. Together, these laws prohibit discrimination based on disability by private and public entities that provide most of the benefits, programs and services an individual in substance abuse treatment is likely to need to enter or reenter the world of work.

### ***To whom do the regulations of the Rehabilitation Act and the ADA apply?***

There are a wealth of services, programs, activities, and employers to which these laws apply. They include

- State and local governments and their departments, agencies, and other instrumentalists
- Most public accommodations
- Employers with Federal contracts worth more than \$10,000
- Employers with 15 or more employees
- Corporations and other private organizations and individuals receiving Federal financial assistance
- Corporations and other private organizations and individuals providing education, health care, housing, social services, or parks and recreations
- Labor organizations and employment committees

### ***What do these laws say?***

The Rehabilitation Act and the ADA prevent employees, individuals, organizations, and corporations from discriminating against people with disabilities in any way, even if accommodating them requires making reasonable accommoda-

tions in their rules, practices, and/or procedures. The regulations contained in these laws apply to many situations, ranging from hiring practices to the offering of services.

### ***Are there any limitations to these laws?***

Yes, there are two main limitations to these laws:

- They protect only individuals with disabilities who are qualified for what they want to take part in. "Qualified" is essentially defined as someone who has a disability and who meets the essential eligibility requirements for receipt of services or can perform the essential functions of the desired position.
- Employers are not required to hire nor are services forced to accommodate an individual with a disability who poses a direct threat to the health or safety of others.

### ***Who is protected by these laws?***

Both laws offer protection to individuals

- Who have a physical or mental impairment that substantially limits any major life activity
- Who have a record of having an impairment that substantially limits major life activities, including a history of such impairment or who is perceived as having such impairment

- Who are regarded as having such an impairment: those with an impairment that does not substantially limit major life activities but is treated by others as such, those whose impairment results solely from the attitudes of others toward the condition or disease, and those who have no impairments but are treated as though they have a disability

**WARNING:** Individuals with a substance abuse disorder are included in the definition of "individuals with a disability" in many, but not all, instances.

***Do these laws differentiate between alcohol and illicit drug users?***

Yes. In general the Rehabilitation Act and ADA protect alcohol-dependent persons if they are qualified for what they applying for and do not pose a threat to others. They also cover individuals who are no longer engaged in the use of illegal drugs and have completed or are participating in a drug rehabilitation program. However, individuals currently engaging in illegal use of drugs are offered full protection only in connection with health and drug rehabilitation services. The laws explicitly withdraw protection with regard to other services, programs, or activities.

### **The Workforce Investment Act of 1998**

In 1998 Congress passed the Workforce Investment Act. The Act requires that local "one-stop delivery systems" be established for those looking for work. It establishes three tiers of services:

1. Core services (assessment, information, and job search help) are available to everyone.
2. Intensive services (specialized assessments, counseling, skills training) are available to those who fail to find employment after core services.
3. Training services (including occupational and on-the-job training) are available to those who have been unable to obtain or retain employment after receiving core and intensive services.

### ***How does this law affect individuals in substance abuse treatment?***

This system will mean that clients in substance abuse treatment who lack job skills will have to go through the process of assessment and job search before they receive individualized services such as testing, counseling, development of an individualized treatment plan, or prevocational services.

**ATTENTION:** Counselors should keep in mind that programs funded by private enterprise exist and offer more individualized and flexible services.

## **The Revolution in Rules Governing Public Assistance**

### ***What is the Temporary Assistance for Needy Families (TANF) program?***

A section of "The Personal Responsibility and Work Opportunity Reconciliation Act," TANF provides assistance to individuals with dependent children. However, unlike the Aid to Families With Dependent Children program which it replaced, TANF imposes work requirements on aid recipients, limits the amount of time an adult can receive benefits, and can bar benefits to certain categories of persons, including individuals with felony drug convictions.

### ***What other laws passed recently relate to the vocational advancement of individuals in substance abuse treatment?***

In 1996, as part of the Contract With America Advancement Act, Congress amended the Social Security disability laws to eliminate benefits for any individual whose substance abuse disorders would be a contributing factor to an award of Supplemental Security Income or Disability Insurance Income. The loss of these benefits carries with it the possible loss of eligibility for food stamps, Medicaid, and support for substance abuse treatment.

### ***What is the Adoption and Safe Families Act of 1997?***

Through this Act, Congress has required the States to shift the focus of child abuse prevention and intervention services from family reunification to children's health, safety, and permanent placement. There is now a 15-month limit on "family reunification services," which are provided when children have been removed from the home and placed in foster care. States must begin proceedings to terminate parental rights when children have been in foster care for 15 of the most recent 22 months.

**ATTENTION:** These three statutes promise to put great pressure on clients in substance abuse treatment to regain and retain sobriety, find work, and assume responsible parenting, all within a relatively short period of time.

### **Confidentiality of Information About Clients**

- Communication with a vocational or training program about a client must always comply with Federal confidentiality rules set for substance abuse treatment programs.
- How a program communicates with a vocational or training program depends in part on whether



its services are provided by the substance abuse treatment program or offered by a separate program.

- Staff members who have access to information about clients because they work for or administratively direct the program may consult among themselves or share information.
- In order for a substance abuse treatment program to communicate with a vocational/training program operated by an outside agency, it must have a valid consent form signed by the client.
- When a substance abuse treatment program invites an outside agency to provide vocational or training services on program premises, it may communicate information about a client to that agency and its staff only after the client signs a valid consent form.
- When a substance abuse treatment program invites an outside agency to provide vocational or training services, nonparticipating clients should receive notice about when such "outsiders" will be at the program and where they will be.
- Even if an employer refers a client to treatment and knows he is in treatment, a consent form is necessary for the program to communicate with the employer.

- If the employer is not aware that an employee is in treatment and the program needs information from the employer, the client should gather preliminary information—what is the employer's policy, will the employer learn about treatment through the insurance plan, can the client ask for time off, etc.—before giving consent for such information to be gathered.
- It is critical for the counselor and the program to listen to a client's concerns about an employer's attitude.
- Any counselor or program considering "warning" someone of a client's relapse without the client's consent should carefully analyze whether there is in fact a duty to warn. Legally, these duties are covered under State law.

**WARNING:** If a program communicates with an employer without a client's consent, and in doing so directly or indirectly reveals that the client has a substance abuse disorder, the program may find itself facing an unpleasant lawsuit.

### **Summation**

The legal and ethical issues that affect clients and staff of programs providing vocational rehabilitation services are complex and interrelated. As programs help clients deal with the new welfare rules

and find training and employment, they must keep in mind the Federal confidentiality rules, which affect every communication programs make about clients to welfare agencies, vocational training programs, employer, and others.

*For more detailed information, see TIP 38, pp. 119–151.*

# Ordering Information

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## **TIP 38** *Integrating Substance Abuse Treatment and Vocational Services*

### **TIP 38-Related Products**

**KAP Keys for Clinicians  
based on TIP 38**

**Quick Guide for Clinicians  
based on TIP 38**



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2. Visit CSAT's Web site at **[www.csat.samhsa.gov](http://www.csat.samhsa.gov)**



## **Other Treatment Improvement Protocols (TIPs) that are relevant to this Quick Guide:**

**TIP 7**, *Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System (1994)* **BKD138**

**TIP 12**, *Combining Substance Abuse Treatment With Intermediate Sanctions for Adults in the Criminal Justice System (1994)* **BKD144**

**TIP 17**, *Treatment Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System (1995)* **BKD165**

**TIP 35**, *Enhancing Motivation for Change in Substance Abuse Treatment (1999)* **BKD342**

**TAP 18**, *Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance (1996)* **BKD722**

**TAP 24**, *Welfare Reform and Substance Abuse Treatment Confidentiality: General Guidance For Reconciling Need to Know and Privacy (1997)* **BKD336**

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