



Integrating Employment Services with Substance Use Treatment and Recovery

The Experiences of Five Programs

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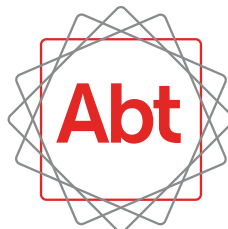
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Overview

INTRODUCTION

This report documents the experiences of five programs that integrate employment services into treatment and recovery programs for people with substance use disorder (SUD). (Treatment services treat SUD directly, and recovery services support success in the recovery process, during or after treatment.) It describes the experiences of programs in relation to three critical aspects of program design and implementation:

- Structuring programs to integrate employment services with treatment and recovery services
- Designing employment services to address the specific needs of people with SUD
- Providing support services and connecting people with SUD with jobs appropriate for them

Programs that combine employment services with SUD treatment and recovery services are being studied as part of the Building Evidence on Employment Strategies (BEES) Project, funded by the Office of Planning, Research, and Evaluation in the Administration for Children and Families within the U.S. Department of Health and Human Services. In addition to providing evidence on the impact of such programs, BEES is documenting the characteristics and operations of SUD employment programs through this descriptive study and other reports on program implementation.

PRIMARY RESEARCH QUESTIONS

The research questions guiding this report are:

- In what contexts have integrated employment and treatment/recovery programs been established? What are the goals of such programs in those contexts?
- How are the programs structured and operated? What organizational partnerships do they have? What groups do they target, and how did they recruit members of those groups? How do they provide SUD-related services, employment services, and other support services?
- What lessons can be learned from the implementation of the programs? What have been their successes and challenges?

PURPOSE

Recently, in large part due to the opioid crisis, the federal government has increased its focus on and funding for programs that address both treatment and employment outcomes for people with SUD. Programs that combine employment services with SUD treatment or recovery efforts aim to achieve the dual goals of sustaining recovery and improving economic well-being. This report documents five programs that combine SUD treatment and recovery services with employment services. The report also offers recommendations for those already implementing similar programs or interested in developing them.

KEY FINDINGS AND HIGHLIGHTS

- **Programs made different decisions regarding the nature and content of employment services and when in the treatment and recovery process those services were offered.** Some programs in this study began employment services early in the recovery process, while others began them after participants had been in recovery longer. Moreover, some programs offered participants more leeway in deciding which types of employment services to use and when, while others required participants to follow a specific timeline, participate in specific services, or both. Finally, for some programs, participation in employment services was a condition of program enrollment, while for others it was optional.
- **Organizational partnerships are important for providing the range of employment and treatment and recovery services participants need.** People in recovery from SUD navigate complex barriers to employment that often require services from multiple systems. Organizations can offer these services (treatment, occupational training, and support services) in different ways. Several types of organizations led the programs in this study, and those organizations had varying abilities to provide the array of services needed. All the programs relied to some extent on organizational partners for some program services.
- **Programs offering employment services—including job-placement services—must adapt them to accommodate people in recovery from SUD.** While the study found variation in the types of adaptations programs made to employment services, the programs did consistently design those services to reflect the needs of people in recovery from SUD: They adjusted the timing and intensity of employment services to align with treatment and recovery service needs, provided job-readiness services (to prepare people for workplace expectations of behavior and communication) to ease the transition to employment, identified occupational training programs of interest to and appropriate for this population, found appropriate work environments and provided continuing support once participants had jobs, and cultivated relationships with employers to support the hiring of people in recovery.

METHODS

The report is based on interviews with managers and direct service staff members at five programs integrating SUD treatment and recovery services with employment services, conducted virtually during the summer of 2020.

GLOSSARY

- **Substance use disorder:** Substance use disorder results from the prolonged, repeated use of alcohol or other substances at high doses or high frequencies. Disorders can range from mild and temporary to serious and chronic.
- **Opioid use disorder:** Opioid use disorder results from the prolonged, repeated use of opioids at high doses or chronic frequencies. Opioid use disorder has two characteristics that distinguish it from some other substance use disorders. First, opioids lead to physical dependence very quickly. Second, abrupt cessation of opioid use leads to severe withdrawal symptoms, which gives people an incentive to continue using opioids.

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The Authors

INTRODUCTION

As a result of both the opioid epidemic and the ongoing misuse of other drugs and alcohol, the United States is experiencing a crisis in addressing the wide-ranging and growing needs of people with substance use disorder (SUD). While the SUD-services field has developed and implemented a range of effective program models for the prevention and treatment of SUD, these programs typically have not included employment services. Recently, however, federal, state, and local policymakers have focused more on developing programs that provide employment services as part of SUD treatment and recovery services. (Treatment services treat SUD directly, and recovery services support success in the recovery process, during or after treatment.)

The purpose of this report is to inform policymakers and practitioners about such programs. It was developed as part of the Building Evidence on Employment Strategies (BEES) Project (see Box 1) and draws on interviews with managers and direct service staff members conducted virtually in the summer of 2020. It documents the experiences of five programs across the country that integrate employment services with SUD treatment or recovery services.

This report does not address the effects of program services on participants' outcomes. However, the report's focus on *how* these programs operate is of particular importance for practitioners and policymakers in the current context, given the extent to which the COVID-19 pandemic has affected substance use disorder rates, overdose rates, and the labor market.¹

The report begins with a brief overview of the policy, program, and research context informing this descriptive study, a discussion of the study design and data sources, and an overview of the five programs included in the study. It then documents the experiences of the five programs in relation to three critical aspects of program design and implementation:

- **STRUCTURING PROGRAMS TO INTEGRATE EMPLOYMENT SERVICES WITH TREATMENT AND RECOVERY SERVICES.** The programs described in this report offer examples of different ways to deliver both SUD treatment and recovery services and employment services, including examples of how organizations may arrange for participants to receive these services and the sequence in which they may offer SUD treatment and recovery services and employment services.
- **DESIGNING EMPLOYMENT SERVICES TO ADDRESS THE SPECIFIC NEEDS OF PEOPLE WITH SUD.** Regardless of how services were provided, the programs described offer a range of examples of how to tailor employment services to address the needs of people with SUD. Some programs provided employment services in-house, while others use partnerships to provide access to employment services.

1. American Medical Association (2021); Mason, Arukumar, and Feinglass (2021); Friedman and Akre (2021); Weiner (2020); Collins (2020); Kochhar and Bennett (2021).

Box 1. Building Evidence on Employment Strategies (BEES)

As part of OPRE’s [Innovative Strategies for Addressing Employment Barriers Portfolio](#), the BEES Project is actively coordinating with the Next Generation of Enhanced Employment Strategies (NextGen) Project. Through this portfolio, OPRE seeks to build on the lessons learned from and gaps in knowledge revealed through previous or current studies of interventions that connect individuals to the labor force, and identify and rigorously evaluate the “next generation” of employment strategies. As part of this portfolio, OPRE is partnering with the Social Security Administration (SSA) to incorporate a focus on employment-related early interventions for individuals with current or foreseeable disabilities who have limited work history and are potential applicants for Supplemental Security Income. SSA is providing financial and technical support for the evaluation, the provision of services, or both for selected interventions in the BEES and NextGen Projects.

- **PROVIDING SUPPORT SERVICES AND CONNECTING PEOPLE WITH SUD WITH JOBS APPROPRIATE FOR THEM.** To help participants find jobs and succeed in them, programs provided services to address a range of barriers to employment and to address SUD-specific employment placement needs.

The report concludes with recommendations to service providers who are designing and implementing SUD employment programs. These recommendations are based on the varied experiences of the five profiled programs. Finally, the report includes two appendixes with further information. Appendix A provides a greater overview of the study’s data-collection and analysis methods, and Appendix B provides a detailed individual profile of each of the five programs.

Policy, Program, and Research Context

Recent increases in SUD, including opioid use disorder, have led policymakers and program administrators focus more on developing and implementing programs that integrate employment and SUD treatment services.² The federal government’s role in this shift stems from the 2017 declaration that the opioid crisis was a national emergency.³ This declaration released multiple federal funding streams supporting employment services for people with SUD, including grant programs administered by the U.S. Department of Labor and the Substance Abuse and Mental Health Services Administration.⁴ In addition, in October 2018 Congress passed the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (Public Law 115-271), creating new federal grant programs across

2. Government Accountability Office (2020).

3. The emergency declaration is available at www.hhs.gov.

4. Department of Labor funds have been distributed in two forms—National Health Emergency Dislocated Worker Demonstration Grants and Disaster Recovery National Health Emergency Grants—both of which support workforce-system efforts to serve job seekers affected by SUD and train workers for occupations to address the SUD crisis. Substance Abuse and Mental Health Services Administration grants include State Targeted Response to the Opioid Crisis grants and State Opioid Response grants, which give states discretion to fund SUD programs that incorporate employment services.

multiple agencies specifically for SUD employment programs. These developments are important because people in recovery from SUD may not have access to interventions that receive funding for other populations with barriers to employment; such interventions may have entry requirements and outcomes expectations—often informed by their funding sources—that could screen out people with SUD.

SUD treatment approaches draw on an understanding of the condition as an independent, diagnosable disease that significantly impairs health and function. Treatment is not expected to result in a “cure.” Rather, it initiates a long period of disease management that may include both a treatment phase and a long—sometimes lifelong—recovery phase. As such, the objectives of SUD treatment are similar to those of treatments for other chronic conditions, such as diabetes—that is, to reduce symptoms, improve functioning, manage the disease, and prevent relapse or other incidents.⁵

SUD, and opioid use disorder in particular, have increased significantly over the past two decades. The recent increase in SUD has hit people with low incomes the hardest: SUD is more prevalent among people who are unemployed, have lower earnings, have lower educational levels, and live in communities with higher unemployment rates.⁶ Working can help those with SUD stay on the path to recovery, in part thanks to the stability that some jobs can provide: income, structure, and routine.⁷ Employment can also mitigate financial stress for people receiving SUD treatment. In addition, both employment and participation in employment services are associated with treatment compliance.⁸

Many people with SUD face challenges in finding and keeping jobs. Not only can relapses interrupt their employment, they may face challenges including discrimination based on having previous involvement with the criminal legal system, mental or physical health conditions, limited work histories or limited educational attainment, and license suspensions for driving while impaired (making it difficult for them to get to work).⁹ People with low incomes who are most affected by SUD also confront other structural and systemic barriers to work, such as underinvestment in public education and infrequent or limited public transit routes between the neighborhoods where they live and areas with more employment opportunities.¹⁰ Additionally, many employers are reluctant to hire people with a history of SUD, as doing so may increase or be perceived to increase the risk of incurring higher costs, including higher workers’ compensation claims, costlier medical expenses, higher job turnover, and fewer days worked.¹¹

Even though employment can be an important part of the recovery process, employment services have historically not been a primary element in SUD treatment and recovery programs. There are many reasons why, including limited funding for employment services as part of SUD

5. Koob and Volkow (2010); U.S. Department of Health and Human Services (2016).

6. Ghertner and Groves (2018); Henkel (2011).

7. Henkel (2011); Laudet and White (2010).

8. Wetzler (2018); Sherba, Coxé, Gersper, and Linley (2018); Gómez et al. (2014); Petry, Andrade, Rash, and Cherniack (2014).

9. Laudet (2012); Duffy and Baldwin (2013); Sherba, Coxé, Gersper, and Linley (2018).

10. Litman (2002); Leachman, Masterson, and Figueroa (2017).

11. Baldwin, Marcus, and De (2010); Kuhl (2015).

treatment and recovery (which are primarily funded as medical services), lack of SUD treatment staff with appropriate employment-related skills, and limited research on when employment-focused services can be included most effectively in the sequence of services treatment programs provide. Additionally, employment is often viewed as falling outside the scope of practice of treatment providers (who see sustained abstinence as the primary goal of treatment), and in the domain instead of other service providers. Moreover, people with SUD are often in treatment for limited periods, and many providers perceive that as insufficient time to address both substance use and employment needs.¹²

Perhaps as a result of these issues, syntheses of existing evidence do not yet support any approach for combining SUD treatment and employment services, nor do they indicate what employment services to provide or when to include them in a sequence of treatment services.¹³ Many kinds of employment services could be incorporated into treatment programs, and programs could take many different approaches to integrating them. Programs have in fact undertaken a range of strategies involving different target populations, service-delivery systems and partnerships, and service content. Some programs that combine SUD treatment and employment services have produced positive effects on employment outcomes. However, there are only a small number of rigorous studies of these programs, making it difficult to draw conclusions about which service components and combinations are effective.¹⁴

Some of the employment services programs can provide to help people train for, find, and keep jobs are described in Box 2. Box 3 describes some of the SUD treatment and recovery services available; these services vary depending on the nature and seriousness of the condition and the stage of treatment and recovery.

In this environment of policy change, program diversity, and evidence-building needs, the Department of Health and Human Services has sponsored the BEES Project to study interventions to improve employment outcomes for people with low incomes, particularly those affected by opioid use disorder, other substance use disorders, or mental health conditions. BEES is documenting the characteristics and operations of SUD employment programs through this and other reports on program implementation, and is also conducting rigorous tests of the effectiveness of SUD employment programs.¹⁵

Study Design and Data Sources

This report documents the approaches of five programs that integrate employment services with SUD treatment and recovery services. In 2018-2019, the BEES team sought to identify employment programs across the country that served people in recovery from SUD. In a *purposive sampling* approach, the team selected five of these programs that represent a range of employ-

12. Martinson, McDonald, Berninger, and Wasserman (2021); Sherba, Coxe, Gersper, and Linley (2018).

13. Vine, Staatz, Blyler, and Berk (2020); Magura and Marshall (2020); Martinson, McDonald, Berninger, and Wasserman (2021).

14. Vine, Staatz, Blyler, and Berk (2020); Magura and Marshall (2020); Martinson, McDonald, Berninger, and Wasserman (2021).

15. See Martinson and Scrivener (2021); Martinson, McDonald, Berninger, and Wasserman (2021).

Box 2. Employment Services

JOB SEARCH ASSISTANCE helps participants identify job opportunities, apply for jobs, and find employment.

JOB-READINESS SERVICES develop workplace behaviors and “soft skills,” to help people succeed in the workplace as well as in their job searches. (“Soft skills” refer to the general habits and competencies that make for an effective employee, such as such as how to show up to work on time and how to work cooperatively with others.)

OCCUPATIONAL TRAINING (generally classroom-based) is designed to develop technical skills that prepare participants for jobs in specific occupations.

INDIVIDUAL PLACEMENT AND SUPPORT (IPS) is a model that places individuals into jobs quickly and provides assistance to help them maintain those jobs. (See Box 8 for more details on the IPS model.)

EDUCATIONAL SERVICES may help people earn high school equivalency diplomas or teach them basic skills, or even in some cases college-level material.

ment, treatment, and recovery services, delivered in a variety of organizational and geographic contexts.¹⁶

Specifically, the five programs targeted a variety of populations, provided a range of SUD treatment and recovery services and employment services, and served a mix of urban and rural locations. The study only included programs that either provided (if appropriate, given their organizational structures) or strongly supported medication for opioid use disorder (MOUD), given its importance as an evidence-based approach for SUD treatment.¹⁷ Moreover, because policymakers are interested in learning from programs that have developed their services over time and have addressed the operational issues that emerge in doing so, the descriptive study included programs that had at least one year of operational experience.

This study was designed to address the following research questions:

- 1 In what contexts have integrated employment and treatment/recovery programs been established? What are the goals of such programs in those contexts?

16. For more on purposive sampling, see Palinkas et al. (2015).

17. MOUD has also been called “medication-assisted treatment,” or MAT. “Medication for opioid use disorder” more precisely describes this form of treatment. See National Institute on Drug Abuse (2021).

Box 3. Treatment and Recovery Services

TREATMENT SERVICES are those that directly treat substance use disorders. Treatment services can be delivered in inpatient or outpatient settings, at various levels of intensity. Major categories of treatment services, often used in combination, include:

- **BEHAVIORAL THERAPIES.** Individual, group, or family counseling; contingency-management approaches (which use rewards to encourage positive behavior change), cognitive behavioral therapy (which uses techniques to modify negative patterns of behavior and improve coping skills through self-monitoring), and motivational enhancement therapy (which uses motivational interviewing techniques to help resolve people's uncertainties about stopping substance use).*
- **MEDICATION FOR OPIOID USE DISORDER (MOUD).** Medications such as naltrexone, buprenorphine, and methadone curb the physical and chemical symptoms of opioid use disorder by regulating brain chemistry and function, blocking the effects of opioids, and reducing cravings for opioids.†

RECOVERY SERVICES are a complement to various treatment services and occur as part of treatment or during recovery after treatment. These services, which aim to help people remain in recovery, include peer support services, recovery coaching,‡ and recovery housing. They may be delivered separately from formal treatment, and they can be provided by SUD treatment programs or by other community organizations.

NOTES: *U.S. Department of Health and Human Services (2016).

†Substance Abuse and Mental Health Services Agency (2020).

‡Recovery coaching is provided by a certified peer recovery specialist. For more information about recovery coaching, see Bassuk et al. (2016) and Substance Abuse and Mental Health Services Agency (2017).

- 2 How are the programs structured and operated? What organizational partnerships do they have? What groups do they target, and how do they recruit members of those groups? How do they provide SUD-related services, employment services, and other support services?
- 3 What lessons can be learned from the implementation of the programs? What have been their successes and challenges?

The study team collected data for this study through interviews with program administrators and staff members at all five programs. Appendix A describes the interview topics, the interview process, and the method the study team used to review and analyze the interview data. In brief, interviews examined program structure and organizational partnerships, participant outreach

and enrollment, treatment and recovery services, employment services, and overall implementation experiences. The study team created a summary of the information collected from each of the five programs, and then synthesized those summaries.

This report presents the findings from that analysis, describing three aspects of program design and implementation:

- 1 Structuring programs to integrate employment services with treatment and recovery services
- 2 Designing employment services to address the specific needs of people with SUD
- 3 Providing support services and connecting people with SUD with jobs that are appropriate for them

The study and its data-collection methods were designed before the COVID-19 pandemic began. However, data collection occurred in the summer of 2020 and therefore required adaptations, including a shift to virtual data collection and the addition of interview questions on each program's COVID-19 response. While the study was not designed to focus on COVID-19 service delivery, it did uncover lessons about how the programs adapted during the start of the pandemic, described in more detail in a separate brief.¹⁸ Additionally, because data collection occurred early in the COVID-19 pandemic, the findings in this report reflect how program administrators and frontline staff members described their work at that time, and may not reflect programs' current operating procedures or local contexts.

Overview of the Five Programs

The five programs included in the descriptive study are:

- Avivo Treatment and Recovery (“Avivo”) in Minnesota
- Community Recovery Program in Virginia
- IKRON Corporation (“IKRON”) in Ohio
- Access to Recovery in Massachusetts (ATR)
- Women in Recovery in Oklahoma

Table 1 provides an overview of these programs' features. Appendix B contains individual profiles of the programs, each of which provides a more detailed description of a program and its services, as well as reflections from program administrators and staff members.

18. Martinson and Scrivener (2021).

Table 1. Features of the Five Programs

PROGRAM/LEAD ORGANIZATION	LOCATION AND SETTING	TREATMENT AND RECOVERY SERVICES	EMPLOYMENT SERVICES	FUNDING SOURCES
Access to Recovery in Massachusetts/ Advocates for Human Potential	Boston, New Bedford, Springfield/ Holyoke, and Worcester, MA Urban and suburban	Nonresidential program with care coordinators providing one-on-one support with a range of recovery services for six months after enrollment, including support for critical basic needs (for example, transportation, state identification cards and driver's licenses, clothing, utility payments), health and wellness services, and general support for recovery; also recovery coaching and rent in sober homes for some participants	Two primary activities: (1) a three-week job-readiness course and (2) short-term occupational training provided by a network of training partners in food service/culinary arts, commercial cleaning, construction, customer service, information technology, office support, and heating, ventilation, and air conditioning, among other areas	Federal funding through a Substance Abuse and Mental Health Administration State Opioid Response grant
Avivo Treatment and Recovery Programs	Minneapolis, MN Urban	Short-term residential treatment for pregnant and parenting women, and intensive outpatient treatment with transitional housing for women with children and other people; many other forms of support integrated with that treatment, including childcare, parenting education, child development programs, peer support, and MOUD	Individually tailored support through job-readiness activities, job search assistance, and referrals for education and training; access to short-term occupational skills training and employment services from an in-house training institute	Fee-for-service Medicaid funding for treatment, and public and private grants for employment services
Community Recovery Program/ Piedmont Community Services Board	Martinsville, VA Rural	Individual support from career service coordinators that includes recovery housing, peer support, transportation, and referrals to partners in the community	An eight-week janitorial occupational training program for residents of recovery housing; potential referrals to training and employment services through community colleges, the public workforce and vocational rehabilitation systems, and other local providers	Foundation grants and state general assembly funding

(continued)

Table 1 (continued)

PROGRAM/LEAD ORGANIZATION	LOCATION AND SETTING	TREATMENT AND RECOVERY SERVICES	EMPLOYMENT SERVICES	FUNDING SOURCES
IKRON Corporation	Cincinnati, OH Urban	Intensive outpatient services that use a 12- to 16-week curriculum; services tailored to individual needs, potentially including addiction-specific therapy and counseling services, group relapse-prevention meetings, peer-support hotlines, and access to MOUD	Individual employment services including referrals to education and training programs, job development and job placement using the IPS model, and retention coaching for a minimum of 90 days	Reimbursement through state vocational rehabilitation agency/ Medicaid
Women in Recovery/Family & Children's Services	Tulsa, OK Urban and suburban	Residential and outpatient recovery services lasting ~18 months and providing an alternative for eligible women facing long prison sentences for nonviolent drug offenses; collaboration with the criminal legal system and community partners to provide intensive outpatient treatment, mental health treatment, and family-reunification services	A 16-week employment readiness course covering issues such as time management, communication skills, and résumé development, followed by a more advanced course focused on identifying job openings, site visits to employers, mock interviews with partnering businesses, and job placement; full-time work required for program completion; also a culinary training program and a partnership with a community college system for occupational training	Primarily foundation funding

Consistent with the selection approach for the study, programs differed in the following ways:

- **TARGET POPULATIONS.** Programs' target populations and their specific barriers to employment shaped the services programs provided to help people reach their employment and recovery goals and maintain their progress. Some of the organizations that operated these programs only served people with SUD, while others targeted a broader population. Additionally, within programs themselves, participants with SUD started at different points in the treatment and recovery process and had different service needs as a result. Some programs also targeted specific groups within the broader SUD population, such as women facing long sentences for nonviolent drug offenses, families with children, and people with physical disabilities or with other mental health conditions in addition to SUD.
- **LOCATION AND SETTING.** Places' urban or rural characters—and resulting differences in their geographic and economic environments—affected their local labor markets, their substance use contexts, the employment services available there, and the types of transportation assistance participants needed to commute to work. Programs were implemented in urban areas, predominantly rural areas, and a combination of urban and suburban locations.
- **TREATMENT AND RECOVERY SERVICES.** A program's organizational setting and target population determined in part the treatment and recovery services it offered and when in the process it offered employment services. Some programs provided services at residential treatment facilities, and some provided them at outpatient or sober housing programs.¹⁹
- **EMPLOYMENT SERVICES.** Programs provided a range of employment services, including occupational training, job-readiness services and job search assistance, and IPS (see Boxes 2 and 8), and they provided different combinations of services. Services varied, in part, depending on when they were included in the treatment process and on the needs of the target population.
- **FUNDING SOURCES.** The programs drew on different sources of public, philanthropic, and other funding, and these sources affected the types of services that they can offer. Programs also had varying access to federal funding depending on the types of SUD their target populations experienced, as some funding streams are limited to the treatment of opioid use disorders.²⁰ While some programs primarily served people with opioid use disorders, the others served people in recovery from using a wide range of other substances such as alcohol, methamphetamines, or crack cocaine, or from a combination of these substances.

The remainder of this report is organized by the aspects of program design and implementation outlined above: (1) structuring programs to integrate employment services with treatment and recovery services, (2) designing employment services to address the needs of people with SUD, and (3) providing support services and connecting people with SUD with jobs appropriate for them.

19. Sober housing programs provide safe housing and supportive, structured living conditions for people in recovery from SUD.

20. These funding limitations may also reproduce inequities in the treatment system more broadly, as White people are more likely to seek and receive SUD treatment, particularly for opioid use disorder, than people of color. See Jordan et al. (2021).

STRUCTURING PROGRAMS TO INTEGRATE EMPLOYMENT SERVICES WITH TREATMENT AND RECOVERY SERVICES

This section details how programs in this study integrated employment services with treatment and recovery services. First, it reviews the ways they provided SUD treatment and recovery services and employment services. Then it turns to the order in which programs offered services and how they tailored them to the needs of individuals. Finally, it discusses differences between programs that did and did not require participation in employment services. Table 2 provides a summary of the approach each program used.

Table 2: Approaches to Integrating SUD Treatment and Recovery Services and Employment Services, by Program

PROGRAM	WHO PROVIDED SERVICES	SEQUENCE OF EMPLOYMENT SERVICES RELATIVE TO TREATMENT AND RECOVERY SERVICES
ATR	Partners provided treatment and recovery services. ATR provided employment and recovery services.	Participants had to be engaged in treatment for 30 days before beginning the ATR program. ATR provided recovery services and optional employment services.
Avivo	The program provided all services.	Participants first received treatment services for at least 22 hours/week. Once treatment services went down to about 15 hours/week (in whatever time frame was appropriate for participants), participants could begin employment services.
Community Recovery Program	The program provided recovery and employment services; its parent agency (the Piedmont Community Services Board) provided treatment services.	Participants engaged in both recovery services and employment services when they started the program.
IKRON	The program provided recovery and employment services; the Health Resources Center in IKRON's building provided treatment services.	Participants began recovery and employment services based on individual needs and preferences.
Women in Recovery	The program provided all services.	Participants engaged in both treatment and recovery services and employment services when they started the program.

SOURCE: Interviews conducted with program leaders and staff members between June and August of 2020.

Approaches to Providing SUD Treatment and Recovery Services and Employment Services

The five programs took different approaches to providing SUD treatment and recovery services and employment services. These services could be offered in a single program, in a single agency, or through partnerships with other agencies in their respective communities. Participants in all programs had access to SUD treatment and recovery services, although the types of SUD-related services provided varied. Some programs offered residential and outpatient SUD treatment services, recovery services, and employment services as part of the same program in the same physical location, while other programs provided recovery services in-house to participants who received treatment elsewhere.

- **SUD TREATMENT AND RECOVERY SERVICES AND EMPLOYMENT SERVICES ALL PROVIDED THROUGH A SINGLE PROGRAM.** Women in Recovery provided both residential and outpatient SUD treatment services and employment services.
- **SUD TREATMENT SERVICES PROVIDED BY THE BROADER AGENCY, BUT AS A SEPARATE SERVICE OUTSIDE THE EMPLOYMENT PROGRAM.** Three programs—Avivo, Community Recovery Program, and IKRON—offered SUD treatment services, but separately from their employment services. Avivo provided treatment services, and participants also had access to employment services through an in-house training institute. Community Recovery Program provided both employment services and recovery services, while other programs at its parent agency offered SUD treatment services. IKRON provided a range of services, including SUD treatment and recovery services, through its behavioral health group. If participants in employment services showed or expressed a need for treatment and recovery services, they could receive them from this behavioral health group. Similarly, participants in treatment and recovery services could receive employment services if they showed or expressed a need for those.
- **SUD TREATMENT SERVICES PROVIDED BY SEPARATE ORGANIZATIONS, WITH THE PROGRAM PROVIDING RECOVERY SERVICES AND EMPLOYMENT SERVICES.** ATR alone among the five programs required that SUD treatment services be provided by other agencies, before participants enrolled. ATR then focused exclusively on providing supportive services, recovery services (such as recovery coaching and a sober housing assistance program), and employment services.

Overall, because the five programs were selected to represent a range of service-delivery approaches, each had a different way of integrating employment services with its treatment and recovery services. Their approaches to this service integration were determined in part by whether they were primarily SUD treatment programs or served people in recovery who had already received treatment elsewhere, before they enrolled.

Approaches to the Sequence of Services and Employment-Service Requirements

As discussed, the existing evidence does not identify an ideal time to offer employment services for those in SUD treatment and recovery. Each program approached the timing of employment services within the treatment and recovery process differently, illustrating two different dimensions that can be considered in providing them.

- **SERVICE SEQUENCE:** whether participants met some SUD treatment milestone before moving on to employment services, or could begin with either or both types of services
- **EMPLOYMENT-SERVICE REQUIREMENTS:** whether participation in employment services was required as a condition of being in the program

Strategies for Setting the Sequence of Services

The sequences in which programs offered treatment services, recovery services, and employment services were informed by both their overall approaches to treatment and by practical concerns, particularly constraints due to SUD treatment requirements that determined when and how they could begin employment services (see Box 4).

Box 4. How SUD Treatment Requirements Can Affect Employment Services

- Residential treatment facilities sometimes require participants to attend meetings, complete chores, and otherwise be engaged in treatment for a substantial number of hours per week, leaving them limited time to focus on employment-related activities.
- Curfews might make it challenging or impossible for participants to attend evening training courses or work evening shifts.
- Environmental restrictions, such as avoiding settings with alcohol or neighborhoods that could trigger relapse, might make certain types of training or employment options infeasible.
- Restrictions on the use of technology (commonly applied in treatment settings to limit exposure to substance-use triggers through social media and web browsing) might make it difficult for participants to search for and apply for jobs and to attend virtual training.
- MOUD generally requires patients to adhere to a strict schedule of receiving doses daily or several days a week, which can interfere with attending employment training or work shifts.

Three of the programs (Avivo, Community Recovery Program, and Women in Recovery) offered services in the same sequence for everyone, but did so in different ways:

- **PROVIDE SUD TREATMENT SERVICES FIRST, THEN ADD EMPLOYMENT SERVICES.** At Avivo, participants first focused exclusively on treatment services, provided in an outpatient setting while participants were in supportive housing. Staff members explained that they did not begin employment services during this time because participants needed up to 22 hours per week for treatment activities. Once participants were spending fewer hours each week in treatment, those who were interested in employment started to establish employment goals, and then the staff referred them to occupational training and high school equivalency programs depending on their needs and interests.
- **IMMEDIATELY INTEGRATE EMPLOYMENT SERVICES INTO TREATMENT AND RECOVERY SERVICES.** Women in Recovery introduced employment services in the program's first of three phases (see Box 5), reflecting the program's focus on providing services to women who were involved in the legal system that might reduce their future involvement in the legal system. Community Recovery Program, which provided services to people already in recovery, also started employment services immediately, offering them in three phases: (1) occupational training, (2) job-readiness classes and on-the-job training, and (3) job search (see Box 6).

Box 5. Phased Employment and Recovery Services at Women in Recovery

At Women in Recovery, participants progressed through three phases, receiving employment and recovery services in each phase. During the program's first phase, all participants enrolled in a 16-week job-readiness course that focused on time management and appropriate workplace behavior, and also enrolled in culinary skills training. During this time, they also participated in daily group therapy and twice-weekly peer support meetings such as Narcotics Anonymous. Those who did not have a high school diploma or equivalent enrolled in mandatory, daily high school equivalency courses. Participants had to complete a job-readiness course and attend peer support meetings to be considered "employment eligible." Then they could begin part-time employment while continuing in treatment services (the program's second phase) and, when the staff deemed them ready, full-time employment in the program's third phase.

Box 6. Expanding Eligibility to Address Barriers to Employment Early in Recovery at Community Recovery Program

When it began, Community Recovery Program required participants to have three months of abstinence from substance use before they could enroll in its employment services, which consisted of either an in-house janitorial training program or referrals to occupational training at external providers. However, to address barriers to employment earlier along the road to recovery, the program subsequently removed the three-month abstinence requirement, making more participants eligible. Staff members reported that this approach allowed participants to gain job readiness and job skills while also securing recovery services. Previously, the program had focused more on early job placement, but shifted to its later approach with an initial focus on occupational training followed by job placement after seeing that many participants found jobs but then lost them quickly.

The two other programs (ATR and IKRON) offered treatment and employment services in different sequences depending on the individual, but put that principle into operation in different ways:

- **HIGHLY INDIVIDUAL SERVICE SEQUENCE.** At IKRON, all services were voluntary and their order was determined based on each participant's needs and preferences, as assessed at enrollment and recorded in an individual service plan. The plan could be revisited as often as needed.
- **INDIVIDUAL SERVICE SEQUENCE WITHIN A STRUCTURED SET OF SERVICES.** ATR allowed services to be offered in different sequences for different individuals, but with more structure. Participants were enrolled in treatment services provided by external agencies when they enrolled in ATR and had the option of enrolling in a three-week job-readiness course as part of the recovery services the program provided. After they completed that course, participants could either look for employment or proceed to a range of occupational training courses.

Requiring Employment Services

Another major difference in programs' approaches is whether participants had to enroll in employment services as a condition of being in the program.

- **EMPLOYMENT SERVICES REQUIRED.** Two programs, both of which emphasized employment as an outcome of recovery, required participation in employment services. As an alternative-to-incarceration program, Women in Recovery provided a structured set of services and requirements, with both participation in employment services and employment required for completion. Community Recovery Program was designed to help those with SUD find employment, so all participants received employment services.

- **EMPLOYMENT SERVICES OPTIONAL.** Three programs viewed employment as one element of recovery and did not require participation in employment services. IKRON explicitly made a priority of tailoring services to the needs of individuals, and participants could receive employment services based on their interests and needs (see Box 7). At ATR and Avivo, participants also chose whether to participate in employment services based on their needs and circumstances. ATR staff members reported that some participants had financial support from other sources and did not see employment as a part of their recovery, while others had their own connections to employment, sometimes through a previous job.

Box 7. Individually Tailored Services at IKRON

IKRON was founded by psychologists to provide support for people with serious mental illness. The program used “milieu therapy,” which places individuals in a structured environment to promote social interactions that increase positive behaviors.* At IKRON, that structured environment was the organization’s home-like setting, in which participants could receive individually tailored services to address their barriers to employment. IKRON staff members reported that they viewed each person as having unique needs and designed a combination of services to reflect those needs. As part of this approach, IKRON had no requirement to participate in specific program activities, no required order in which activities should be completed, and no concrete timeline for completing the program.

NOTE: *Abroms (1969).

In sum, the mission of the program or parent organization shaped whether programs required a specific sequence of services and whether they required participants to receive employment services. Specifically, whether programs saw employment as an important part of the recovery process influenced when employment services were introduced and whether participants were required to engage in them.

DESIGNING EMPLOYMENT SERVICES TO ADDRESS THE SPECIFIC NEEDS OF PEOPLE WITH SUD

This section discusses how the five programs designed or adapted employment services to serve people with SUD. It starts by reviewing the different arrangements programs used to provide employment services, including offering services in-house or using partnerships with outside organizations. It then describes the types of employment services that programs offered to address the specific needs of people with SUD.

Approaches to Providing Employment Services

The five programs provided employment services that included job-readiness training, occupational training, and IPS. Some programs offered these services entirely in-house, others used referrals to outside partners to deliver these services, and still others use a combination of the two approaches.

- **OFFERING ALL EMPLOYMENT SERVICES ENTIRELY IN-HOUSE.** IKRON offered services entirely in-house. It was the only program in this study to use this approach. Its program was based on the IPS model (see Box 8), with program staff members identifying job placements, placing participants, and continuing to provide assistance once participants were employed. If participants were interested in attending occupational training, they could select from a range of online certifications that could be completed on-site with the program's staff (for example, food-safety certification).

Box 8. The Individual Placement and Support (IPS) Model for SUD Employment Services

The IPS model was originally developed to provide services in community mental health centers to people with serious mental illness. The model has shown evidence of effectiveness in improving employment outcomes with that population in multiple randomized controlled trials.* Features of the model include a focus on searching for jobs right away with the goal of placing participants in competitive employment that meets their preferences, small caseloads, benefits counseling, and coordination between employment services staff members and mental health care providers. IPS is now being used in other community settings and with populations who have barriers to employment other than or in addition to serious mental illness, and is one of the interventions being tested in the BEES Project. IKRON is the only program described in this report that used this approach (see Appendix B).

NOTE: *Elkin and Freedman (2020).

- **OFFERING MOST EMPLOYMENT SERVICES IN-HOUSE AND REFERRING PARTICIPANTS TO EXTERNAL PROVIDERS IN THE COMMUNITY TO INCREASE OCCUPATIONAL TRAINING OPTIONS.** While Avivo, Community Recovery Program, and Women in Recovery all offered job-readiness assistance, some occupational training, and job search assistance services in-house, they made referrals to external training providers for additional occupational training.
- **USING FORMAL ORGANIZATIONAL PARTNERSHIPS TO OFFER EMPLOYMENT SERVICES.** ATR's job-readiness classes were offered through a contract with the local workforce system. ATR also had formal partnerships with over 30 occupational training providers. These providers were paid using vouchers for each participant in training, and providers also frequently offered job placement services. Particularly in the largest city it served (Boston), ATR had

access to numerous training providers that worked with participants who had barriers to employment, including SUD (see Box 9).

Box 9. How ATR Provided Occupational Training

ATR had partnerships with over 30 providers that offered occupational training to its participants. ATR provided vouchers to pay for training seats in those programs. It sought to provide training in fields amenable to those in SUD recovery, including culinary arts, commercial cleaning, and office support. To encourage attendance, participants also received a stipend of \$10 per hour spent in employment services, including occupational training. When ATR established a partnership with a new training provider, it often offered resources to cover the cost of the entire class (regardless of how many ATR participants enrolled). This practice allowed ATR staff members to provide additional support to trainers while they learned to train people in recovery.

Table 3 shows the five programs' approaches to providing employment services.

Table 3: How Employment Services Were Provided: In-House, Formal Partnerships, and Referrals to Outside Organizations

PROGRAM	EDUCATIONAL SERVICES	JOB-READINESS SERVICES	OCCUPATIONAL TRAINING	JOB PLACEMENT AND RETENTION
ATR	Referrals	Formal partnership	Formal partnership	Formal partnership
Avivo	Referrals	In-house	In-house and referrals	In-house
Community Recovery Program	Referrals	In-house	In-house and referrals	In-house
IKRON	In-house	In-house	In-house	In-house
Women in Recovery	Partners	In-house	In-house	In-house

SOURCE: Interviews conducted with program leaders and staff members between June and August of 2020.

Overall, each program offered a distinct mix of employment services, using in-house services, partnerships, or both, and drawing on its own organizational capabilities and the resources available in the community.

Approaches to Adapting Employment Services for People with SUD

The five programs in this study adapted employment services so that they were appropriate for people with SUD. These adaptations generally did not involve changes to the specific curricula

for occupational training or other courses or services (which were similar to those offered in employment training programs more broadly), but rather focused on complementary strategies that could benefit those with SUD. These strategies included:

- **ACCOMMODATING OTHER PROGRAM ACTIVITIES, PARTICULARLY RECOVERY SERVICES.** Some adaptations focused on accommodations to employment services to allow people to participate in treatment and recovery services at the same time. Avivo, for example, offered its occupational training on-site and in the evenings to make it easier for participants to receive those services and balance attendance with their treatment requirements. At ATR, staff members worked with training providers that were conveniently located for participants, and had targeted shorter training programs so participants had sufficient time for their treatment and recovery services.
- **CULTIVATING EMPLOYERS OPEN TO HIRING PEOPLE WITH PREVIOUS INVOLVEMENT IN THE CRIMINAL LEGAL SYSTEM.** Staff members at all five programs reported that previous involvement in the criminal legal system was common among their participants and could present a barrier to finding a job. While in some cases those barriers were due to occupational licensing restrictions that excluded people with previous involvement in the criminal legal system from certain fields, in others the main issue was employers' reluctance to hire people with those backgrounds. Staff members reported that they had developed strategies to identify employers who could "look at people for themselves and not their past." For example, Avivo helped employers change their hiring practices related to people with previous involvement in the legal system through group outreach and education (see Box 10). ATR developed relationships with employers that had shown a willingness to hire people with previous involvement in the criminal legal system. ATR also helped participants to review their public criminal records so they were aware of information available to employers.

Box 10. Encouraging "Second-Chance Hiring" at Avivo

To address employers' concerns about hiring people with past involvement in the criminal legal system, Avivo worked with employers as a group through meetings of its Business Partnerships Council. At those meetings Avivo advocated for "second-chance hiring," using three strategies: (1) inviting people who were formerly incarcerated to share their experiences in order to "humanize" the issue, (2) educating employers about hiring incentives such as tax credits and bonding programs (programs that provide insurance for crimes against the business committed by covered employees),* and (3) featuring stories of employers who had hired people with past involvement in the legal system.

NOTE: *For more information about bonding programs, see Douglas (2020).

- **WORKING DIRECTLY WITH EMPLOYERS TO PROMOTE JOB RETENTION.** Some of the programs in this study assisted participants after they found jobs, to help them maintain employment and address concerns that might arise from employers. For example, as part of the standard IPS approach, staff members at IKRON worked directly with employers to address issues with participants’ on-the-job performance. In several programs, staff members reported that they had negotiated leaves of absence for residential treatment or reduced hours to attend outpatient services. Women in Recovery created a network of employers interested in and experienced with hiring people in recovery, inviting these employers to speak at a range of events to share their perspectives with other businesses.

PROVIDING SUPPORT SERVICES AND CONNECTING PEOPLE WITH SUD WITH JOBS APPROPRIATE FOR THEM

All five programs reported that participants often faced significant barriers to employment other than their SUD, and needed services to address these barriers in addition to employment and recovery services. This section describes common barriers to employment, and how programs addressed these barriers and helped people make the transition to employment. It first describes programs’ approaches to providing services to address barriers to employment, drawing on both internal resources and community referrals. Then it describes how programs helped participants make the transition to employment by connecting them with jobs that were appropriate for people with SUD.

Approaches to Providing Support Services

Program staff members reported that people with SUD often faced a range of barriers to employment, in addition to their SUD. These barriers (for example, not having access to reliable transportation or childcare) are common among participants of employment programs. However, these common barriers to employment may be exacerbated by an individual’s SUD. For example, people with SUD may not be able to drive to work due to SUD-related license suspensions, and may have limited options for public transit if they are working in the evening to avoid conflicts with treatment and recovery services (as buses and trains often do not run as frequently in the evening—or at all—particularly to the less-affluent neighborhoods where participants often live). Programs used a range of approaches to provide support services, whether those barriers were SUD-related or not.

- **PROVIDING FUNDS TO ADDRESS NEEDS.** At ATR, staff members could purchase up to \$500 per participant in “basic-needs” items, such as work-appropriate clothes or bus passes. Other programs provided financial help earmarked for specific items, such as bus passes (Avivo, IKRON) and gas cards for participants with access to personal vehicles (Avivo).
- **PROVIDING IN-HOUSE SERVICES.** Programs provided their own internal assistance with addressing barriers to employment. This type of assistance included transportation to work and training in organization-owned vehicles (Avivo, Women in Recovery, Community Recovery Program), on-site childcare (Avivo), and guidance on finding appropriate and affordable childcare (Women in Recovery).

- **PROVIDING REFERRALS TO OTHER AGENCIES, ORGANIZATIONS, AND PROGRAMS.** Programs also referred participants to partner organizations in the community. Examples of referrals include direct connections to childcare providers with open spots (IKRON) and a partnership with Dress for Success for work-appropriate clothing (Women in Recovery).

For all these approaches, staff members noted that a common challenge was getting funding to provide support services. Programs had only a limited ability to provide subsidies and in-house services because their funding sources—whether private grants or public funding—often only paid for services that were specific to treatment needs. Staff members reported that these limitations also had implications for their ability to develop partnerships with outside entities:

- At IKRON, while the IPS program itself was covered by long-term and stable state funding streams, that funding could not cover all of participants’ service needs. Staff members noted that other organizations in the community had even less stable funding and staffing than IKRON did, and staff turnover and shifting priorities based on restricted grant funding could make it challenging to maintain partnerships for support services in any lasting way.
- Similarly, staff members at Avivo reported that while the program had secured stable funding from the state for occupational skills training, support services had generally been funded through time-limited grant programs, requiring ongoing effort to find new funding streams as existing ones expired. Partners who might have been able to provide these services also struggled with similar challenges.
- At Community Recovery Program, services in the surrounding rural community were limited and other organizations did not have either the funding or the staffing to provide supportive services consistently.

In summary, addressing support service needs was an important complement to the direct treatment and employment services components of these programs. Programs both provided such services directly and used strong partnerships to do so.

Approaches for Connecting People with SUD with Jobs Appropriate for Them

The programs in this study reported that participants needed help finding jobs that could accommodate the specific needs of people with SUD.

- **ACCOMMODATING MOUD SCHEDULES.** Program staff members noted that it was important to identify employment opportunities appropriate for people navigating the schedules and requirements of recovery services.²¹ In particular, they said that people with SUD might find

21. The American Society of Addiction Medicine (ASAM) provides criteria for categorizing SUD treatment on a continuum of four levels of care. ASAM level 1 (outpatient services) typically consists of fewer than 9 hours a week of service while ASAM level 2, also for outpatient delivery, typically requires 20 or more hours. Higher ASAM levels of care are more intensive and are used for inpatients. In general, most patients need more intensive treatment services at entry, more diversified services during sta-

it challenging to hold jobs that conflicted with their MOUD schedules, as they might need to wait for dosing in the mornings and could be late to work as a result. Programs responded to conflicts between SUD treatment and work in different ways. Approaches included placing participants in evening-shift jobs that allowed for daytime MOUD dosing (Community Recovery Program), having staff members speak with employers about accommodating dosing schedules (Women in Recovery, IKRON), and counseling participants on talking with their employers to schedule breaks for dosing (IKRON).

- **ASSISTANCE WITH FINDING WORK ENVIRONMENTS CONDUCIVE TO SUSTAINED RECOVERY.** Programs also reported that participants needed assistance to find work environments that did not encourage relapse. For example, participants might not want to be in specific areas of town based on their substance use histories or might not want to work in environments (such as restaurants) where alcohol was present. At IKRON, staff members helped identify jobs that would not press a participant's specific triggers. In addition, they worked with participants to discuss the pros and cons of disclosing their substance use histories to explain why they might not want to take on specific responsibilities that could result in relapse. If a participant relapsed, IKRON might negotiate with the employer for a leave of absence for inpatient treatment or reduced hours so the participant could attend outpatient services. At ATR, the job-readiness training explicitly touched on identifying appropriate jobs. For example, staff members reported that they emphasized that participants receiving MOUD would encounter challenges in jobs that required regular drug testing and that those with previous SUD-related criminal records might not be eligible for certain positions, such as those in direct health care.

While not all participants needed help identifying appropriate jobs, staff members in these programs consistently reported that considering the nature and requirements of any potential job was important for both sustained recovery and successful employment.

IMPLICATIONS FOR SERVICE DELIVERY

As noted previously, providing employment services as part of SUD treatment and recovery is an emerging approach with a promising but limited evidence base. Information on how to integrate these services is relevant in the context of the opioid crisis more broadly, and is particularly relevant in light of how the ongoing COVID-19 pandemic has resulted in unprecedented increases in substance use and overdose rates.²² While this report does not provide evidence about the effectiveness of any of the five programs, it offers lessons on the implementation of a variety of service approaches.

The programs' approaches to integrating treatment and recovery services and employment services highlight the range of operational choices program designers may need to make. These choices touch on the timing of employment services in the treatment and recovery process, the sequence of the services, the degree to which services are tailored to each individual, the nature

bilization, and fewer, less intensive services after benchmarks of recovery begin to be met. For more information on levels of care, see American Society of Addiction Medicine (2015).

22. American Medical Association (2021).

and content of the employment services, their required or optional character, and the types of supplementary support services to offer. In addition, these programs illustrate specific strategies that can be used when providing employment services to people with SUD, including identifying jobs that accommodate their circumstances and working with employers to promote their hiring and job retention.

The findings in this report lead to the following suggestions program practitioners should consider as they are designing and implementing services for individuals with substance use disorder:

- **DETERMINE THE SEQUENCE IN WHICH THE PROGRAM WILL OFFER TREATMENT AND RECOVERY AND EMPLOYMENT SERVICES, AND THE NATURE AND CONTENT OF EMPLOYMENT SERVICES.** The programs in this study made different choices about when to bring employment services into the treatment and recovery process. Some offered employment services as part of residential treatment programs and others offered them after participants had been in recovery for longer periods. Moreover, some of the programs provided flexibility in the types of employment services an individual could participate in, while others provided a structured set of services. Finally, for some programs employment services were a condition of program enrollment, while for others they were optional. A range of choices is possible and reviews of existing evidence do not identify one particularly effective approach. Decisions about these factors will guide program design and service delivery.
- **BUILD ORGANIZATIONAL PARTNERSHIPS TO PROVIDE THE RANGE OF EMPLOYMENT SERVICES AND TREATMENT AND RECOVERY SERVICES PARTICIPANTS NEED.** People in recovery from SUD face complex barriers to employment, and to overcome them they often require services from multiple systems. Of the various types of services involved (treatment, occupational training, and support services, among others), all the organizations covered in this report provided some in-house and relied to some extent on organizational partners for others. Overall, the experiences of these programs suggest that having treatment and recovery and employment services providers understand the role each can play in recovery is important in shaping the structure of these partnerships and getting all partners invested in them.
- **ADAPT EMPLOYMENT SERVICES TO ACCOMMODATE PEOPLE IN RECOVERY FROM SUD.** Though they did so in different ways, the programs described in this report all adapted employment services to reflect the needs of people with SUD. Accommodations included adjusting the timing and intensity of employment services to accommodate treatment- and recovery-service needs, providing job-readiness services as an initial activity to facilitate the transition to employment, identifying occupational training programs of interest to and appropriate for this population, finding appropriate work environments and continuing assistance once participants find jobs, and cultivating relationships with employers to promote the hiring of people in recovery, particularly those with previous involvement in the criminal legal system.
- **IDENTIFY THE FUNDING SOURCES NEEDED TO ADDRESS THE FULL RANGE OF PARTICIPANTS' NEEDS.** Because these programs had to coordinate services provided by different systems, they depended on funding sources with different goals, restrictions, and stability. As a result, securing consistent funding required constant attention and a knowledge of a range of fund-

ing sources. As discussed earlier in the report, new sources of federal funding for comprehensive employment services for people with SUD may give them better access to a wider range of program activities.

Absent a robust evidence base, programs developed their services based on their organizational philosophies and resources, relationships in their communities, and evolving understanding of the needs of their target populations. These five programs offer important and diverse examples of integrating SUD treatment and recovery services with employment services that may be useful to policymakers and program practitioners seeking to design and operate similar interventions.

While this study was not designed to assess the effectiveness of any particular program or approach, it provides examples of service-delivery approaches that may warrant future research to determine their effectiveness. Specifically, two of the approaches described in this report—using IPS to serve people with SUD and embedding employment services in recovery housing—will be tested at other agencies as part of the broader BEES evaluation.²³ For other approaches discussed in this report—such as occupational training tailored for people with SUD, or employment services offered at different points in the SUD treatment and recovery process—additional research is needed. Given the historic increases in substance use and overdose rates that have occurred during the COVID-19 pandemic, research on approaches to address both employment and SUD treatment and recovery are of particular importance for the field moving forward.²⁴

23. Shanshory (forthcoming); Ibok (forthcoming).

24. American Medical Association (2021).

Appendix A

Data Collection and Analysis Methods

This appendix describes the processes for data collection and analysis for this descriptive study, which was carried out as part of the Building Evidence on Employment Strategies (BEES) Project. Because the data-collection and analysis processes were designed before the COVID-19 pandemic but ultimately took place during the pandemic, the appendix also describes adaptations made to account for changes caused by the pandemic.

DATA COLLECTION

As described in the introduction to this report, the descriptive study focused on the following questions: (1) What is the context in which integrated employment and treatment/recovery programs have been established? What are the goals of such programs in those contexts? (2) How are the programs structured and operated? What organizational partnerships do they have? What groups do they target, and how do they recruit members of those groups? How do they provide SUD-related services, employment services, and other support services? (3) What lessons can be learned from the implementation of the programs? What have been their successes and challenges?

To conduct the study and address these overarching questions, the research team collected information on several dimensions of the programs:

- **PROGRAM CONTEXT AND ENVIRONMENT** covered the overall community demographics and services landscape, the labor market environment, and the history of opioid and other substance use in the service area (the types and amounts of opioids dispensed, the other substances commonly misused, rates of use, overdose rates, deaths, nonfatal hospitalizations, arrests, etc.).
- **PROGRAM GOALS AND STRUCTURE** concerned the types of institutions providing services (state and local government agencies, postsecondary institutions, and nonprofit organizations), funding and resources for operating the programs, and the management structures of the organizations.
- **PARTNERSHIPS** focused on the institutions to which programs refer participants or with which programs have contracts for training and support services. These institutions include agencies in the public workforce system, employers or industry associations, community health providers, criminal justice system or law enforcement agencies, faith- and community-based organizations, and educational institutions.
- **RECRUITMENT, TARGET POPULATIONS, AND PROGRAM ELIGIBILITY** covered the strategies and procedures programs used to screen potential applicants for eligibility and enrollment. It may have included programs' specific target population(s), the stage in the recovery process they serve (people contemplating treatment, those actively receiving treatment, those in recovery), their recruitment methods, their eligibility requirements (including income limits), and their application procedures.

- **PROGRAM SERVICES** captured the range of SUD-related employment and support services provided. These services include medication for opioid use disorder, outpatient treatment, drug testing, recovery counseling, job search assistance and job-readiness training, occupational training, connections to employers and jobs, and other forms of employment support (for transportation and work expenses).
- **PROMISING STRATEGIES, CHALLENGES, AND SUSTAINABILITY** detailed the successes and challenges programs encountered. This topic also captured changes made to programs over time as well as efforts to sustain programs.

To collect data in these dimensions, the study team developed a generic interview protocol with questions covering each of these domains. The study team then tailored that protocol for each program using any documents available on the program and using information gathered during initial BEES outreach telephone conversations with program staff members. Site teams participated in a team training session in February of 2020, before the anticipated start of site visits, to ensure that all team members understood the goals and processes of the visits and to ensure the teams shared a consistent data-collection approach.

The descriptive study initially intended to collect data through two-day, in-person visits to each of the selected programs, using teams of two researchers per site. These visits were originally scheduled for mid-March through April of 2020. In light of the COVID-19 pandemic and associated restrictions on nonessential travel, the study team redesigned the process for remote data collection, and adapted the generic interview protocol to add questions on the effects of the COVID-19 pandemic on the local community, on the target population, on the organization, and on service delivery.

Remote data collection occurred between June and August of 2020. For each program, two researchers—a senior interviewer and a note taker—interviewed program leaders and staff members in a series of video calls using WebEx or Zoom software. When possible, researchers and program staff members turned their webcams on; however, in some cases program staff members did not have webcams installed or did not have sufficient internet speed for video and used voice only.

DATA ANALYSIS

Site teams summarized all information gathered about a program—from initial phone calls, background materials such as websites and curricula, and remote interviews—using a standardized site-summary template based on the generic interview protocol topics. Using a standard template facilitated cross-site analysis. Each site summary was reviewed by senior members of the research team for consistency and completeness.

The research team then analyzed cross-site summaries using a hierarchical coding scheme with themes and subthemes mapped to the dimensions of the programs' service-delivery approaches described above. Codes were applied to relevant sections of cross-site summaries to generate evidence for patterns and characteristics as described in this report, with additional codes added to the scheme based on the results of the initial coding.

Appendix B

Site Profiles

PROGRAM PROFILE

Avivo, Minnesota

by Farhana Hossain

Avivo is a multiservice, nonprofit organization operating a range of programs that include substance use disorder (SUD) treatment and recovery services, mental health services, and employment services. This profile discusses Avivo's approach to integrating employment services with its treatment and recovery services for people with SUD, along with lessons and insights shared by leaders and practitioners. It draws on video and phone interviews with program administrators and selected staff members conducted during the summer of 2020. For quick facts on Avivo, see Appendix Box B.1.¹

PROGRAM OVERVIEW

Avivo operates three treatment and recovery programs each year for people who have been diagnosed with SUD:

- 1 A family residential program** for pregnant and parenting women with children
- 2 A family outpatient program** for pregnant and parenting women with children
- 3 An individual outpatient program** for both men and women

Both outpatient programs also provide sober housing to participants. About two-thirds of those who complete the family residential program continue their treatment and recovery in the family outpatient program. Participants in outpatient programs have access to job-readiness activities, job search assistance, and short-term occupational skills training programs.



LOCAL CONTEXT AND PARTICIPANTS

Avivo serves the city of Minneapolis and surrounding area. While there are no income limits on the programs, staff members report that nearly all participants have incomes at the federal poverty level or lower when they enroll. Most participants have a history of using multiple substances, which most commonly include methamphetamine, heroin, crack cocaine, marijuana, or alcohol.

Avivo provides SUD assessments at its Minneapolis location, at correctional facilities, and at homeless en-

campments in the community, referring those who may be eligible to its SUD treatment and recovery programs. Correctional facilities, probation officers, and child welfare agencies also serve as major referral sources.² For this reason, a large share of Avivo's participants have been involved with the criminal legal system, and a majority have experienced housing and employment instability. More than 90 percent of the women served in the family residential and outpatient programs are single parents, and many come to Avivo's treatment and recovery programs to get the help they need to retain or regain custody of their children.



SUD TREATMENT AND RECOVERY SERVICES

Avivo's SUD programs integrate behavioral therapies with mental health counseling, peer support, case management, and a range of support services to help participants transition from treatment to recovery to sustained well-being in the community (see Appendix Figure B.1). Avivo structures its services to take a holistic approach—focusing on the “whole person,” rather than on specific problems or just the person's substance use. Staff members also report that Avivo focuses on incorporating trauma-informed approaches and practices that are responsive to different cultures.³ (For example, Avivo uses a sobriety, recovery and wellness guide specifically designed for Native Americans to inform services to Native American participants.)

Avivo provides medication for opioid use disorder (MOUD) to family residential participants with opioid use disorder. The program has developed partnerships with community clinics that deliver MOUD doses; it also employs a nurse practitioner so it can store and administer medications at

Appendix Box B.1. Avivo: Quick Facts

PROGRAM:	Family residential program for pregnant and parenting women with children, family outpatient program for pregnant and parenting women with children, and individual outpatient program for both men and women
LOCATION:	Minneapolis, MN
IMPLEMENTING ORGANIZATION:	Avivo
PARTICIPANTS SERVED PER YEAR:	500 (roughly two-thirds of whom make use of employment services)
SERVICES:	SUD treatment along with childcare, parenting education, child-development programs, peer support, medication for opioid use disorder (MOUD), job-readiness activities, job search assistance, and access to short-term occupational skills training programs
STAFFING:	46 full-time equivalent staff members

the residential treatment facility. For participants in the outpatient program, Avivo provides transportation to clinics that provide MOUD and tracks their use of medications as part of their treatment plans.



EMPLOYMENT SERVICES

Avivo provides employment services to participants in the outpatient programs, but not in the family residential program, where participants spend most of their time on treatment and recovery services. Employment services, including referrals to training and education programs, are tailored to the needs and interests of individuals. Participation is not required.

Avivo uses a phased approach to providing employment services for outpatient participants, gradually shifting time and emphasis from treatment and recovery to community transition (see Appendix Figure B.2). During phase one, Avivo services primarily focus on treatment and recovery, helping participants navigate pressing challenges and gain more stability in their lives (for example, by dealing with requirements related to child custody). During phase two, participants begin formulating employment-related goals. At the end of phase two and in phase three, they focus on reaching these employment-related goals. The time spent

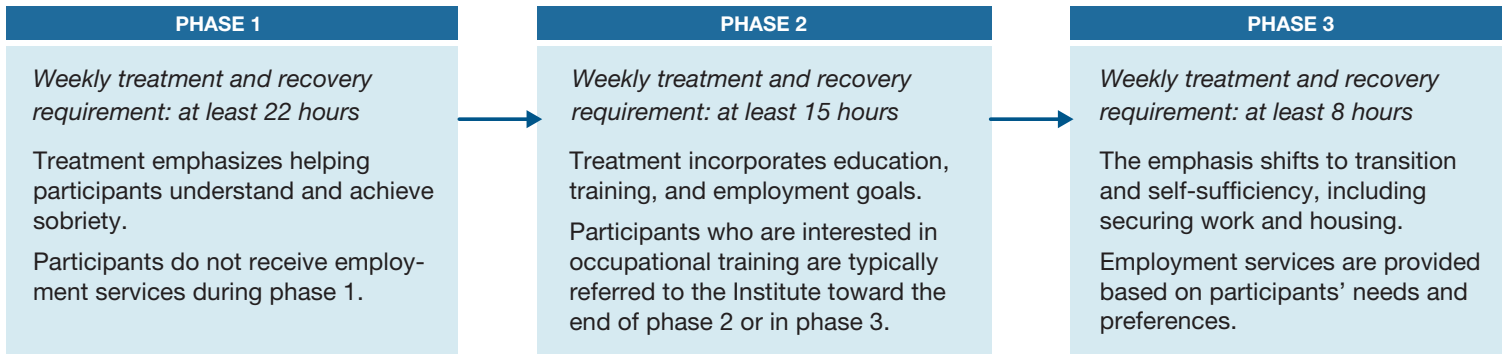
on each phase varies by participant and depends on the person’s progress in reaching milestones related to treatment and recovery.

Avivo provides a range of employment services that are tailored to participants’ needs:

- Job-readiness services and job search assistance.** Avivo provides job-readiness services that include coaching participants on workplace behavior and helping them with job applications, résumés, and interviews. Participants have access to a virtual career center that has job listings from employer partners and external job boards, interest assessments, and information about career pathways. Staff members reported that employers and other stakeholders in the community often reach out to them with opportunities (for example, a local carpenter’s union recruited some participants for an apprenticeship program in 2020). Staff members also said that many participants find work through their peers in the program. Many participants get jobs in restaurants, retail, and service industries.
- Occupational training.** Staff members reported that about a quarter of the outpatient participants receive occupational skills training and seek certifications offered internally through flexible state funding to provide employment and training to people who do not meet the

Appendix Figure B.2. Avivo Outpatient Program Phases

As participants progress through three phases, the focus of the program shifts from treatment to recovery to sustained well-being in the community, which includes employment. The time spent on each phase varies depending on the participants and their needs.



eligibility criteria for workforce-system funding. While the training changes from year to year to reflect local labor market demands, it includes a series of “first-step” training offerings designed for entry-level jobs with fewer educational requirements, such as custodial maintenance and warehouse occupations. Participants who engage in a training program receive job-readiness and job search services, and job-retention support for up to six months after placement.

- **High school equivalency programs.** If participants seek to advance their education or pursue training for specific occupations, Avivo helps them explore their options in the community and makes referrals to providers. Most of the participants in the family programs do not have their high school credentials, and many are referred to community providers who offer high school equivalency test preparation and adult basic education.

Avivo has an advisory council of local employers to inform its training menu and curricula and to aid in job-readiness activities (for example, employer representatives volunteer time to participate in mock interviews with participants of training programs). In addition, staff members actively engage local employers to identify opportunities and place participants in jobs.



SUPPORT SERVICES

Staff members connect participants to resources in the community (such as clothing and diapers for children), drive them to appointments or help them make use of other transportation options (such as medical transportation offered through Medicaid), provide coaching and guidance on life skills and parenting, and assist with their transition out of the program (by

helping with searches for housing and employment, for example).

Avivo provides meals in the family residential and individual outpatient programs. In the family outpatient program, participants buy their own groceries, and Avivo helps them apply for public benefits for food and cash assistance that they may be eligible for.

Since the family residential and outpatient programs serve single mothers, Avivo provides a range of services focused on parenting and child development, including on-site childcare when participants are attending treatment services. For most of these mothers, SUD has affected their relationships with their children, as well as the health and development of the children, and a large share of participants are working to regain custody of their children. Avivo coordinates with child welfare services to help mothers reach milestones toward reunification with their children. In addition, a family case manager works with mothers on parenting goals and skills, and a small child development team works with the children on their developmental and educational progress.

PARTNERS

Participants have access to a virtual career center that has job listings from employer partners and external job boards, interest assessments, and information about career pathways. Staff members reported that employers and other stakeholders in the community often reach out to Avivo with job opportunities for participants. The program has also developed partnerships with community clinics for MOUD provision.

FUNDING SOURCES

The residential and outpatient SUD treatment and recovery programs at Avivo are primarily funded through fee-for-service Medicaid; employment services and most of the supportive services for SUD participants are funded through public and private grants, and are adapted as funding availability changes.



STAFF REFLECTIONS

Avivo's leaders say that the limited availability of multiyear funding is the biggest challenge to bringing training and employment services to people in SUD programs. Staff members noted that the people Avivo serves—most of whom have multiple additional barriers to employment, such as criminal records, housing instability, limited education, and parenting challenges—need long-term support if they are to achieve sustained labor market success. Avivo has made some progress in this area, securing a grant in 2020 to launch a follow-up program for women in residential treatment who do not continue to the outpatient program. Avivo will follow up with the women for a year to provide different types of support, including employment-related services.

In reflecting on their efforts to integrate education and employment services into SUD programs, Avivo's leaders and staff members highlighted the importance of:

- **Getting everyone to agree on shared goals.** Staff members in different roles often have different goals for their work with participants (for example, treatment staff members tend to emphasize recovery before employment). Avivo is working to develop a set of shared goals that make employment-related outcomes an explicit priority for SUD program participants, and to get more of the staff in agreement about how employment services should be integrated with treatment and recovery services.
- **Creating organizational practices to strengthen collaboration and service integration.** Such practices include training events and forums for learning and communication among staff members in treatment and employment roles. They also involve setting expectations and processes for service coordination at important points in the process (such as intake or treatment-plan development).

- **Hiring dedicated staff members with experience in job development and employment services.**⁴ Treatment-focused staff members acknowledged their limitations in delivering employment services to participants. Avivo has employed a dedicated career counselor for its SUD programs in the past when funding was available. It did not have one at the time of the interview, but was planning to hire one again.
- **Meeting participants where they are.** Staff members at Avivo seek to empower participants to make choices that advance their recovery by providing them with skills, information, and guidance, as opposed to making choices for them. Staff members added that listening to what participants want increases their chances of success in treatment and recovery and in employment.




SNAPSHOT GRAPHIC

Appendix Figure B.1 summarizes Avivo's services.

ENDNOTES

- 1 Appendix Box B.1 and others in this appendix give staff sizes in full-time equivalents. Full-time equivalents indicate the number of full-time employees at an organization plus the number of part-time employees, standardized to a full-time basis. For example, an organization with 4 full-time and 3 half-time employees would have 5.5 full-time equivalents.
- 2 The child welfare system responds in cases of alleged child abuse and neglect.
- 3 Trauma-informed approaches train staff members to recognize the symptoms of trauma and to understand its effects on behavior.
- 4 Job developers focus on moving people into employment by working with employers to identify their needs.

Appendix Figure B.1. Snapshot of Services in Avivo’s Treatment and Recovery Programs

	Residential	Outpatient with supportive housing	
TARGET LENGTH OF STAY	90 days	Up to a year	90 to 120 days
TARGET POPULATION	Pregnant women/women with children under 18		Anyone
TREATMENT AND RECOVERY SERVICES 	At least 30 hours of services each week	Graduated amounts of services, starting with at least 22 hours/week and ending with about 10 hours/week	
	Individual and group counseling from licensed alcohol and drug counselors		
	Mental health counseling from licensed therapists		
	Customized support from peer recovery specialists		
	Medication for opioid use disorder		
EMPLOYMENT SERVICES 	<p><i>Not provided.</i></p> <p><i>About two-thirds of those who complete the residential program continue to the family outpatient program, where they can receive employment services.</i></p>	<p>Job-readiness support, job search assistance, and referrals for education and training services, based on participants’ needs and preferences</p> <p>Option to engage in short-term occupational training courses offered by the Avivo Institute of Career and Technical Education, which also provides job-readiness training and assistance with credential attainment, job development, and job retention</p>	
SUPPORTIVE SERVICES 	Case management and service coordination		
	Parenting support and coaching, on-site childcare		
	Child development program working with children on their developmental and educational progress		
	Meals		Meals
	Transportation for medical and court appointments, housing, and job search, etc.		
	Help navigating requirements of the criminal justice and child welfare systems		
	Assistance with acquiring public benefits and with housing after the program		
	External referrals for various needs, such as wellness checks for children		

SOURCE: Interviews with Avivo leaders and staff members conducted between June and August of 2020.

NOTE: Different participants may stay in the program different amounts of time.

PROGRAM PROFILE

IKRON, Ohio

by Hannah Betesh and Cara Sierks (Abt Associates)

IKRON is a community mental health agency that provides integrated substance use treatment and recovery services, Individual Placement and Support (IPS) and other employment services, and mental health services to individuals with substance use disorder (SUD), mental illness, or physical disabilities. This profile describes IKRON’s approach to integrating employment services in its treatment and recovery programs for people with SUD, along with lessons and insights shared by leaders and practitioners. It draws on interviews with program administrators and selected staff members conducted during the summer of 2020. For quick facts on IKRON, see Appendix Box B.2.

PROGRAM OVERVIEW

IKRON provides integrated recovery and employment services through an individual service plan developed for each person based on that person’s needs, recovery goals, and employment interests. Services are provided to all with a barrier to and interest in employment, regardless of income or diagnosis. Services can include:

- **Treatment and recovery services:** intensive outpatient treatment, individual therapy and recovery counseling sessions, group support meetings, and limited MOUD
- **Employment services:** IPS, as well as occupational training and educational support to earn a high school equivalency credential
- **Support services:** assistance in gaining access to public benefits and other services to address barriers to employment

Employment services staff members work with participants to determine the appropriate program activities, sequence, and timeline for completing them. Support from IKRON is available for at least 90 days beyond employment placement.



LOCAL CONTEXT AND PARTICIPANTS

According to program staff members, the demographics of IKRON participants resemble the demographics of the area IKRON serves in southwestern Ohio near the Kentucky border. Most people in the area have low incomes, and most have less than a

college-level education. About half have been involved with the criminal legal system; of that group, about 40 percent have a drug-related charge. Staff members report that more than 60 percent of IKRON participants have children; of those with children under 18, about 40 percent are involved with the child welfare system.

IKRON sees participants facing a range of substance use disorders, including those involving alcohol, marijuana, prescription opioids, heroin, and cocaine. Most participants in the IPS program have mental health conditions in addition to substance use disorder. Those participants have often been referred by the state vocational rehabilitation agency, which funds their care.¹



SUD TREATMENT AND RECOVERY SERVICES

IKRON provides an intensive, outpatient treatment group, individual therapy and recovery counseling sessions, and ongoing group and peer support meetings. IKRON and a partner organization also offer MOUD.

- **Intensive, outpatient treatment group.** IKRON offers this service on weekdays for three hours each day, and most people attend three days a week. The curriculum is designed to address a broad array of issues in addition to SUD, such as finding housing and employment. It lasts 12 to 16 weeks, but can be shortened as appropriate depending on the group’s composition and needs. Most who attend intensive, outpatient treatment also receive an additional service from IKRON, such as occupational training or group therapy.

Appendix Box B.2. IKRON: Quick Facts

PROGRAM:	IKRON
LOCATION:	Cincinnati, OH
IMPLEMENTING ORGANIZATION:	IKRON
PARTICIPANTS SERVED PER YEAR:	1,100 total, 840 in the IPS program
SERVICES:	Intensive outpatient services, individual therapy, group support meetings, Individual Placement and Support (IPS), educational support, support services
STAFFING:	31 full-time equivalent staff members for the supported employment program

- Individual therapy and recovery counseling sessions.** IKRON offers addiction-specific therapy and counseling services, which participants typically attend for one hour a week. The services are designed to be flexible; IKRON offers evening hours and lets participants attend more or less frequently, as necessary. There is also no set number of weeks for these services, so people who enroll in therapy can stay for as long as they choose.
- Ongoing group and peer support.** IKRON organizes weekly, hour-long group meetings to support participants in multiple stages of recovery: prerecovery groups, a women’s group, a men’s group, a cognitive behavioral group, and a relapse-prevention group, among others. There are also two peer-operated services at the IKRON facility: the Warmline, a support hotline; and the Mighty Vine Wellness Club, which offers affordable gym and fitness services by and for people with mental health issues.
- MOUD.** Participants typically come in already connected with MOUD providers. If someone needs a MOUD provider, however, IKRON has one nurse practitioner on staff who can provide dosing, or IKRON will refer the person to a separate walk-in clinic inside the building, run by a partner organization, that has more staffing available for MOUD services.

Staff members report that IKRON aims to help participants balance their schedules between treatment and recovery services and employment services. Participants can make use of IKRON’s services in any order, and IKRON does

not require someone to have successfully completed any element before beginning another.



EMPLOYMENT SERVICES

IKRON’s primary employment service is the IPS model (encompassing job-readiness, job placement, and job-retention services), although it also provides occupational training and education, primarily assistance in obtaining a high school equivalency credential.

IKRON’s IPS services begin with an initial meeting to fill out a detailed job-development plan that is used to create a profile of a participant’s desired career. The staff can then immediately start assisting the participant in finding employment, by offering the following services:

- Job-readiness services.** Staff members help participants create résumés and develop interview skills. They also work with participants on professional workplace behavior; email, phone, and voicemail etiquette; and networking skills.
- Job placement services.** Staff members find participants jobs through direct employer contacts, job boards, and email lists. IKRON also educates employers about the benefits of employing someone with a physical or mental health condition and helps them envision what it would take to do so.

- **Job-retention services.** The level and duration of the retention services IKRON provides are up to the participant. Typically, the job developer will be in contact with the participant at least weekly for the first 60 days and will try to transition to less frequent contact over the next 30 days. The job developer will stay in contact for a minimum of 90 days, to be extended for as long as necessary. Counseling sessions and the relapse-prevention group, which IKRON considers to be important job-retention services, can also continue indefinitely. If an issue arises with a participant's work performance, no matter how long the participant has been successfully employed, the job developer will make contact with the employer (as long as the participant has signed a release allowing this contact).
- **Training services.** Anyone enrolled in IKRON has the option to obtain professional certifications related to, for example, food handling or construction safety. Participants can start studying for these certification exams, with staff assistance, at any point; they do not have to wait to have a high school equivalency or hit any other milestone in their recovery or job search process. Some may need one-on-one instruction or to have questions read to them, while others are ready to take the exam the day they start at IKRON.
- **Educational services.** IKRON provides educational services to supported-employment participants who are interested in taking the GED or other high school equivalency exams. It periodically reassesses participants with different practice exams until the education team feels they are ready for the test. IKRON refers people who need more intensive and personalized support to Cincinnati Public Schools' adult education division.

For those with SUD, IKRON adapts employment services in several ways. It helps identify jobs or positions that are not triggering (for example, participants may not want to be in specific areas of town based on their substance use histories, or may not want to work in environments where alcohol is present) and for which participants have the best chance of securing employment. Staff members also talk with participants about the pros and cons of disclosing substance use history (including any associated criminal records) to employers. IKRON helps participants receiving MOUD understand they can still pass drug screens with proof of prescription, and helps them negotiate work schedules with breaks for treatment.

SUPPORT SERVICES

Like IKRON's other services, support services are tailored to individuals' needs. When a participant starts, IKRON



conducts a needs assessment. Staff members then work to connect the participant with other resources in the community and help the person navigate the eligibility-verification processes associated with those resources. Staff members continue meeting weekly with the participant as long as needed. Staff members report that most commonly, people need help securing housing, getting food, developing budgets, and developing a supportive community. They may help participants enroll in public benefits, connect them to housing, help them understand how working may affect their benefits, help them expunge their legal records, connect them with childcare assistance, or help them develop budgets to manage their income and expenses.

PARTNERS

IKRON provides a full spectrum of services and has stable funding, and therefore does not rely on partners for major service components or funding collaborations. It does have partnerships with Opportunities for Ohioans with Disabilities, the state vocational rehabilitation agency that oversees local IPS programs, and the Health Resources Center, which is located inside the IKRON building and provides substance use treatment.

FUNDING SOURCES

IKRON's main funding source is the state vocational rehabilitation agency, Opportunities for Ohioans with Disabilities. It also receives local funding for IPS services from the Hamilton County Mental Health Services Board, the Mental Health Addiction Board, the City of Cincinnati, and Hamilton County.

STAFF REFLECTIONS

IKRON's approach is to make a priority of individuals' needs and tailor services to meet those needs. Staff members shared two things that make that approach possible:



- **Emphasizing staff support and retention.** It takes expertise, time, and energy to tailor services to the needs of individuals, and IKRON staff members reported that they had all three because of the organization's high rate of staff retention and its staff members' commitment to the organization's mission. Staff members and managers said consistently that the organization felt like a family because of the longevity and dedication of the staff.

- **Giving staff members the time they need to coordinate tailored, cohesive services.** IKRON staff members reported that their weekly staff meetings provide an important forum for discussing the many, interconnected challenges participants face. The integration of recovery and employment services is part of IKRON’s approach: Anyone for whom those two goals are a priority gets an individually customized service mix.

The main challenge IKRON has faced is a lack of funding for some support services (such as housing, transportation, and childcare) and for job-retention support beyond 90 days of employment. The organization has secured long-term, stable funding for IPS, but has had more difficulty in developing relationships to get supportive services for participants and in allocating time so that staff members can provide follow-up services while still attending to a caseload of active participants.

SNAPSHOT GRAPHIC




Appendix Figure B.3 summarizes IKRON’s services.

ENDNOTE

- 1 The vocational rehabilitation system “provides services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, so that they may prepare for and engage in competitive integrated employment or supported employment and achieve economic self-sufficiency.” See Rehabilitation Services Administration (n.d.).

Appendix Figure B.3. Snapshot of Services in IKRON’s Treatment and Recovery Programs

Because IKRON’s services are tailored to the individual, participants can receive them in any order, on whatever timeline makes sense for their needs.

	Activity	Description
TREATMENT AND RECOVERY SERVICES 	Medication for opioid use disorder	Provided by IKRON or a partner
	Intensive outpatient treatment	Three hours a day, five days a week
	Individual therapy and recovery counseling sessions	Addiction-specific therapy and counseling services to individuals one hour a week
	Support meetings (group and peer)	Prerecovery group (1.5 hours/week) Cognitive behavioral therapy group (1 hour/week) Women’s/men’s group (1 hour/week) Relapse-prevention group (1 hour/week)
SUPPORTIVE SERVICES 	Individually tailored support	A needs assessment, followed by help securing housing, getting food, developing a budget, connecting with transportation, finding childcare, and developing a supportive recovery community
EMPLOYMENT SERVICES 	Education	Help preparing for the GED or other high school equivalency exams
	Training services	Certifications for food handling safety and construction safety
	Job-preparation services	Job-readiness assistance and help crafting a substance use communication plan (to discuss substance use history, medication for opioid use disorder, etc.)
	Job search help	Placements in competitive positions with local employers, including help identifying positions that will not induce relapse
	Job-retention support	Weekly check-ins during the first 60 days of employment, followed by less frequent contact over the next 30 days. Staff members may also speak to employers and provide on-site support if needed.

SOURCE: Interviews with IKRON leaders and staff members conducted between June and August of 2020.

PROGRAM PROFILE

Access to Recovery in Massachusetts

by Robin Koralek and Deena Schwartz (Abt Associates)

Access to Recovery in Massachusetts (ATR) provides a range of recovery services to people in treatment and recovery for substance use disorder (SUD). The goal is to help participants continue in their recovery and find stable employment when appropriate. This profile discusses ATR's approach to providing basic needs support, employment services, and recovery coaching for people with SUD, along with lessons and insights shared by leaders and practitioners. It draws on video and telephone interviews with program administrators and selected staff members conducted during the summer of 2020. For quick facts on ATR, see Appendix Box B.3.

PROGRAM OVERVIEW

ATR is a six-month recovery program that connects individuals who are currently in treatment or recovery for SUD to services in three main areas:

- 1 Subsidies for basic needs** (for example, assistance with transportation, clothing, phones, and health and wellness)
- 2 Employment services**, primarily a job-readiness class and access to a range of occupational training programs
- 3 Recovery coaching.**¹ In the spring of 2020, ATR added a Sober Homes Support Services program, in which it helps people locate sober housing and provides rental assistance.²



LOCAL CONTEXT AND PARTICIPANTS

ATR serves participants in four communities in Massachusetts: Boston, Springfield/Holyoke, Worcester, and New Bedford. About 40 percent of participants enroll in Boston, 30 percent in Worcester, and 15 percent each in New Bedford and Springfield/Holyoke. The program targets people who are in early recovery from opioid use disorder or other substance use disorders, or who are at risk of developing opioid use disorder. To enroll, people must:

- Have a substance use disorder and be motivated to work on their recovery

- Be in the early stages of recovery (two years or less)
- Be connected with providers in the recovery community who refer them to ATR
- Be from at least one of the following target groups: people recently released from incarceration; people currently participating in a Massachusetts Drug Court; current and former U.S. military servicemembers; pregnant, postpartum, and parenting women with children under 18 living in the home; or people currently receiving medication for addiction treatment

The ATR program serves over 3,000 participants per year. According to program data, about three-quarters of ATR participants are men, a majority (57 percent) are White, most (75 percent) have high school diplomas, and 70 percent are unemployed.³

All referrals to ATR come from one of over 70 authorized treatment and recovery organizations across the state, including residential homes, outpatient clinics, and centers offering medication for opioid use disorder. Participants retain their relationships with the referring organizations throughout their ATR participation.



SUD TREATMENT AND RECOVERY SERVICES

ATR does not provide treatment services, as participants enter the program already connected to treatment services elsewhere. ATR provides recovery coaching if participants are interested; participants may receive it either directly from program staff members or through referrals to other organizations. Recovery

Appendix Box B.3. Access to Recovery in Massachusetts: Quick Facts

PROGRAM:	Access to Recovery in Massachusetts
LOCATION:	Boston, Springfield/Holyoke, Worcester, and New Bedford, MA
IMPLEMENTING ORGANIZATION:	Advocates for Human Potential, a health and human services research and consulting company
PARTICIPANTS SERVED PER YEAR:	3,000 total, of whom about 20 percent receive employment services
SERVICES:	One-on-one assistance from staff members to identify and coordinate services and facilitate access to employment services; job-readiness services and occupational training (provided through partnership with the public workforce system and a network of training providers)
STAFFING:	26 full-time equivalent staff members

coaching is standardized in the Commonwealth of Massachusetts and requires the completion of a recovery coaching training program. Recovery coaches do not adhere to a specific model of recovery; rather, they help participants navigate their own approach to recovery. For example, recovery coaches may help participants find nearby recovery meetings or work toward the goal of obtaining their driver's licenses. Recovery coaching is often available through the referring treatment provider, and only a small proportion of ATR participants opt for recovery coaching through ATR.



EMPLOYMENT SERVICES

ATR provides employment services for interested participants through its Career Building Initiative. ATR participants receive \$10 per hour for each hour of class they attend. The Career Building Initiative consists of two main components:

- Paths to Empowerment.** Paths to Empowerment is a job-readiness program developed in coordination with the public workforce system. It is specifically designed for people with SUD. The three-week program meets for 20 hours each week. Typically, new classes start monthly, with a maximum of 14 participants per class, enrolling approximately 150 participants per year. The curriculum covers career exploration, financial literacy, and soft-skills development (for example, communication, conflict resolution, time management, and anger management).

During the first week, staff members conduct assessments and help participants build self-confidence and self-esteem while helping them get comfortable with being in a professional environment. The course also addresses communication and problem-solving skills. During the second week, participants learn computer skills, create résumés and cover letters, and complete online job applications. During the final week, participants work on making budgets, practice interviewing skills (including explaining gaps in their work histories) and apply for jobs.

The staff also ensures participants have appropriate clothes for job interviews and work and connects participants to employment services available from the public workforce system. They maintain a list of in-demand jobs in the service industry and manufacturing, among other areas, for which they rely heavily on Indeed.com. Staff members help participants review their recorded involvement with the criminal legal system, if relevant, so they know what potential employers may see. They also discuss MOUD and other SUD-specific challenges that may affect their work environment, helping participants identify appropriate employers. For example, individuals using medical marijuana are not well suited to operating heavy machinery or becoming certified nursing assistants. ATR generally requires that participants complete Paths to Empowerment or another job-readiness program before moving on to occupational training, but it makes exceptions for participants who have significant work experience.

- **Occupational training.** ATR provides access to dozens of local occupational training programs. The program has a wide range of partnerships with training providers in the four communities in which it operates, though most are in the Boston area. These partnerships allow it to offer a range of training options of different lengths, for different occupations, in different industries. The programs are typically short and must be completed within the six months participants are enrolled in ATR. Training programs range from 3 to 20 weeks, with the majority being between 6 and 12 weeks, and are for occupations such as food preparation; manufacturing; truck driving; heating, ventilation, and air conditioning; commercial cleaning; office support; and customer service. ATR covers the costs of training and has contracts with each training provider, although the programs are not limited to ATR participants.

During training, ATR staff members provide support to participants and work with the training providers to address any barriers that prevent participants from engaging in training or attending classes. For example, a training provider might reach out if a participant misses several classes in a row, and the staff would follow up to address any challenges the participant may be experiencing. Staff members also help navigate any conflicts between treatment or recovery partners and training providers—for example, if requirements to attend recovery meetings conflict with training attendance requirements. ATR usually pilot tests a training program before establishing a contract with a provider: It will enroll a group of participants at a new occupational training provider before the partnership is formalized, to allow the provider to gain experience in serving people in SUD recovery. Participants receive job placement and retention support from occupational training providers. The program follows up with most program graduates for at least 90 days, although some maintain contact for two years. In addition, anyone who participates in the Paths to Empowerment program is entered into the state job-bank system (and as a result has access to job placement services through the public workforce system for life).



SUPPORT SERVICES

Each participant receives one on-one assistance from the same staff member throughout the participant's tenure in the program. A central element of ATR is that each participant has access to a \$500 fund that can be used over the six months to cover basic needs such as clothing, transportation, utilities, and cell phone service. ATR works with participants to determine which of these uses will be most beneficial to their recovery and authorize uses of the stipend. The stipend must

cover expenses that aid in a participant's recovery, though there is no preapproved list of uses.

Staff members meet with participants at least monthly and sometimes talk with them more frequently by telephone. The nature of these meetings varies based on the services participants receive. Sometimes meetings focus on the allocation of the basic-needs funding and on helping participants identify providers to address unmet support-service needs. Sometimes staff members help participants enrolled in the Career Building Initiative navigate issues that come up during training. Participants also continue to receive additional case management and services from the organizations that originally referred them.

PARTNERS

All services are provided by partner agencies. Staff members who provide one-on-one assistance are employed by partner organizations. They help participants set goals, authorize uses of the stipend, and refer participants to the Career Building Initiative and other services. Employment services, primarily job-readiness services and occupational training, are provided through a partnership with the public workforce system and a network of over 30 subcontracted training providers in the four communities in which it operates. As noted earlier, ATR also partners with over 70 treatment and recovery organizations across the state for referrals to the program. Participants retain their relationships with the referring organizations while they are in ATR.

FUNDING SOURCES

ATR has been funded mainly through a series of grants from the Substance Abuse and Mental Health Services Administration (SAMHSA). The program was originally developed under a SAMHSA ATR grant, and was subsequently funded by two other, consecutive SAMHSA grants to the state: a State Targeted Response to the Opioid Crisis grant, and a State Opioid Response grant. In 2019-2020, ATR also received a grant awarded by the state to administer a sober home pilot program, in which the organization paid up to 20 weeks of participants' rent at certified sober housing facilities.



STAFF REFLECTIONS

ATR staff members reported several lessons related to providing recovery and employment services to people with SUD:

- Recovery and sober homes have requirements and restrictions that make it challenging for people to navigate

training schedules. Help from staff members in navigating these challenges makes it more feasible for participants to take part in training.

- Staff members noted that many participants say they do not need employment services because they already have connections to employment or have financial support from family, and thus do not make use of ATR's employment services. Staff members also reported that some ATR participants might not opt for employment services because they are involved in informal employment, or because the time commitment required for training makes it difficult for them to participate.
- Different regions had different amounts of training available. In Boston, many organizations offer accessible training, but in other areas, fewer potential training providers exist, or providers are in areas that are inaccessible to participants.




SNAPSHOT GRAPHIC

Appendix Figure B.4 summarizes ATR's services.

ENDNOTES

- 1 Recovery coaching is a service provided by a Certified Peer Recovery Coach. To become certified, coaches attend Recovery Coach Academy training offered by the Connecticut Community for Addiction Recovery. These five days of intensive training focus on providing individuals with the skills they need to guide, mentor, and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs.
- 2 Sober housing programs provide safe housing and supportive, structured living conditions for people in recovery from SUD.
- 3 These figures represent a snapshot of ATR's program in January 2020.

Appendix Figure B.4. Snapshot of Services in ATR’s Treatment and Recovery Programs

	Activity	Description
TREATMENT AND RECOVERY SERVICES 	Treatment services	Provided by partner organizations for at least 30 days leading up to enrollment at ATR
	Recovery services	Recovery coaching Sober housing rental assistance
SUPPORTIVE SERVICES 	Case management	One-on-one meetings (at least monthly)
	Basic-needs assistance	Basic-needs allotment (\$500) that can be used for: <ul style="list-style-type: none"> • Transportation • Health and medical bills • Clothes • State identification cards or driver’s licenses • Other essentials
EMPLOYMENT SERVICES 	Education	Connection to educational services such as high school equivalency courses through the public workforce system
	Job-readiness training	60-hour job-readiness course delivered by the public workforce system, customized for ATR participants
	Occupational training	Access to over 30 occupational training programs through a network of partners

SOURCE: Interviews with ATR leaders and staff members conducted between June and August of 2020.

PROGRAM PROFILE

Community Recovery Program, Virginia

by Hannah Engle and Robin Koralek (Abt Associates)

The Community Recovery Program, operated by the Piedmont Community Services Board, provides recovery services and employment services to help individuals with substance use disorder (SUD) gain employment. This profile describes Community Recovery Program's approach to integrating education and employment services into its treatment and recovery services for people with SUD, along with lessons and insights for practitioners based on their experiences. It draws on interviews with program administrators and selected staff members conducted during the summer of 2020. For quick facts on Community Recovery Program, see Appendix Box B.4.

PROGRAM OVERVIEW

The Community Recovery Program targets people in recovery from SUD. All Community Recovery Program participants receive one-on-one staff assistance, job-readiness and job placement services, referrals to occupational training and educational programs in the community, and peer support provided by peer support specialists in group and individual settings. A subset of participants can participate in an eight-week janitorial training program, available to residents in Community Recovery Program's recovery housing program.



LOCAL CONTEXT AND PARTICIPANTS

The Piedmont Community Services Board provides behavioral and mental health services in the City of Martinsville, Virginia and surrounding Henry, Franklin, and Patrick Counties, at three locations. This is a primarily rural and low-income area in southwest Virginia.

The Community Recovery Program serves anyone with SUD or a mental health disorder. Staff members report that most participants have been involved in the criminal legal system and have experienced housing and employment instability. The Community Recovery Program has also seen recent increases in enrollment among people with mental health disorders and among younger participants experiencing homelessness. Most Community Recovery Program participants have a history of using multiple substances. Opioid use is the most prevalent, followed by methamphetamine use.

Most participants are referred to the program from other organizations in the community, though the program also receives word-of-mouth referrals and accepts walk-ins. Many referrals are made internally from the Piedmont Community Services Board mental health and SUD clinical staff. Other referrals come from local shelters for people experiencing homelessness, the legal and child welfare systems, and other external agencies.



SUD TREATMENT AND RECOVERY SERVICES

The Community Recovery Program provides treatment and recovery services both in partnership with the Piedmont Community Services Board and directly, on its own. The following services are provided to Community Recovery Program participants:

- **Clinical SUD treatment services and MOUD** are provided through the Piedmont Community Services Board. The Community Recovery Program coordinates with Piedmont Community Services Board clinical staff members to provide treatment and recovery services, including individual and group counseling. MOUD is provided in all three Piedmont Community Services Board offices. Participants with opioid and methamphetamine use disorder receive outpatient treatment through the Piedmont Community Services Board.
- **Recovery housing.** The Community Recovery Program operates a six-bed men's house and a five-bed women's house, with single bedrooms for all residents. Residents of the houses are in early stages of recovery, typically less than a year into the process.

Appendix Box B.4. Community Recovery Program: Quick Facts

PROGRAM:	Community Recovery Program
LOCATION:	Martinsville, VA
IMPLEMENTING ORGANIZATION:	Piedmont Community Services Board
PARTICIPANTS SERVED PER YEAR:	80
SERVICES:	One-on-one staff assistance, job-readiness and job placement services, peer support, eight-week janitorial training program, recovery housing
STAFFING:	Five full-time equivalent staff members

- **Peer support.** In recovery themselves, peer support specialists use their training along with their own knowledge of issues and triggers associated with SUD to support participants. Peer support specialists accompany participants to Narcotics Anonymous or Alcoholics Anonymous meetings and host peer support meetings in the recovery houses. Peer support specialists coordinate with case managers about how to meet participants’ needs.

- **Janitorial training program.** The janitorial field has a strong demand for workers locally, so the Community Recovery Program operates an eight-week janitorial training program for recovery-housing residents. Training happens two days a week for a total of eight hours. The program includes a mix of classroom and on-the-job training in the Piedmont Community Services Board offices. Participants also receive ongoing, one-on-one staff assistance and peer support.



EMPLOYMENT SERVICES

Staff members work with participants one-on-one to assess their needs, identify their barriers to employment, and develop service plans for them. Based on the service plans, staff members make referrals to Community Recovery Program recovery housing, the janitorial occupational training program, and education and training providers in the community:

- **Occupational training.** The local community college offers short-term occupational training. In addition, the local vocational rehabilitation service provider can provide access to occupational training programs.
- **Job-readiness services.** The local public workforce system provides job-readiness workshops and hosts employment fairs to which Community Recovery Program participants have access. In addition, a local organization provides two-month, paid internships through a partnership with the local public workforce system.

Staff members work one-on-one with participants on job placement by assessing their skills and interests, working with them to develop résumés, helping them fill out applications, and practicing interviews with them. Staff members connect participants with employers and provide support after employment is obtained. Community Recovery Program staff members invest significant time building relationships with employers to overcome their reluctance to hire people with SUD or previous involvement with the criminal legal system.



SUPPORT SERVICES

Community Recovery Program’s primary support service is one-on-one assistance with both employment and recovery needs. Once referred, participants meet with the Community Recovery Program manager, who conducts a needs assessment and assigns participants to one of two case managers. One case manager works with participants at any stage of recovery and

the other works with those who have been in recovery for at least three months.

Staff assistance is tailored to individuals' needs. In addition to the employment services described above, the program makes referrals to other service providers in the community, such as those providing housing, childcare, and legal assistance. The Community Recovery Program also engages a local transportation provider to provide transportation to medical appointments, training, job interviews, and work until participants receive their first paychecks.

On average, participants meet one-on-one with case managers each week, but they may meet more or less often depending on a participant's needs. After a participant is employed, staff members continue providing support for as long as the participant remains in contact. They connect participants to peer support specialists and coordinate with assigned peer support specialists about how to meet participants' needs.

PARTNERS

The Community Recovery Program relies on partners in the community for various job-readiness services, educational services, and occupational training. Its main partners are the Virginia Department for Aging and Rehabilitative Services, Patrick Henry Community College, the Virginia Employment Commission, and the local American Job Center.

FUNDING SOURCES

The Community Recovery Program's two main funding sources are annual funding from a private local foundation and a portion of the yearly allotted state general assembly funds for the Piedmont Community Services Board.



STAFF REFLECTIONS

Community Recovery Program leaders and staff members shared the following reflections and insights regarding their efforts to integrate education, training, and employment services with SUD services.

- **Individually tailored assistance is a strength in a small community.** The Community Recovery Program is primarily a program that provides one-on-on assistance and referrals to a range of services, including employment services, for people with SUD or mental health disorders. Staff members report that this approach is

effective in a small, rural community that relies on strong partner and employer relationships. The small size of the program allows for personal staff assistance.

- **Employer engagement is important to finding employment for people with SUD, who can be stigmatized.** Employers are reluctant to hire people with SUD or previous involvement the criminal legal system. Community Recovery Program staff members invest significant time building relationships with employers to overcome this reluctance.
- **Services in a small community can be limited.** Smaller service providers can have limited capacity. The vocational rehabilitation system, for example, maintains a waiting list for services and other nonprofit partners have limited funding.
- **Job readiness is necessary for job retention.** Early on in Community Recovery Program's operations, staff members found participants were struggling to maintain employment due to limited soft skills.¹ In response, the program began to focus on job readiness in advance of job placement. It also developed the janitorial training program.




SNAPSHOT GRAPHIC

Appendix Figure B.5 summarizes the Community Recovery Program's services.

ENDNOTE

- 1 "Soft skills" refer to the general habits and competencies that make for an effective employee, such as how to show up to work on time and how to work cooperatively with others.

Appendix Figure B.5. Snapshot of Services in the Community Recovery Program’s Treatment and Recovery Programs

	Activity	Description
TREATMENT AND RECOVERY SERVICES 	Medication for opioid use disorder	Provided through Piedmont Community Services Board
	Individual and group SUD and mental health counseling	Provided through Piedmont Community Services Board
	Peer support	Provided by peer support specialists at Piedmont Community Services Board
	Recovery housing	Six-bed men’s house and five-bed women’s house
SUPPORTIVE SERVICES 	Case management	One-on-one, weekly case management meetings
	Transportation	Transportation provided to appointments, training, interviews, and work until first paycheck is received
EMPLOYMENT SERVICES 	Occupational training	<p>Eight-week janitorial training program (for recovery housing participants only)</p> <p>Referrals to community college and vocational rehabilitation providers for other short-term occupational training</p>
	Job-preparation services	<p>Skills assessment and résumé-development assistance from case managers</p> <p>Job-readiness workshops, employment fairs, and work-experience opportunities through the public workforce system.</p>
	Job search support	<p>Assistance from case managers with filling out applications and preparing for interviews</p> <p>Connection to employers through case managers</p>
	Job retention	Ongoing case management support after employment is obtained for participant and employer

SOURCE: Interviews with Community Recovery Program leaders and staff members conducted between June and August of 2020.

PROGRAM PROFILE

Women in Recovery, Oklahoma

by Shelley Rappaport (MDRC)

Women in Recovery is a program operated by a behavioral health agency, Family and Children’s Services, that serves women with substance use disorder (SUD) facing long jail or prison sentences for nonviolent, drug-related offenses. This profile discusses Women in Recovery’s approach to integrating employment services into its treatment and recovery programs, along with lessons and insights shared by program staff members. It draws on video and phone interviews with program administrators and staff members conducted during the summer of 2020. For quick facts on Women in Recovery, see Appendix Box B.5.

PROGRAM OVERVIEW

Women in Recovery is structured in three phases that gradually move from intensive support to employment and independent living:

- **Phase 1:** Participants live in housing provided by Women in Recovery and engage in a range of program activities for a minimum of five days a week for four months. Activities include job-readiness classes, daily therapy sessions, twice-weekly Narcotics Anonymous and Alcoholics Anonymous meetings, occupational skills training in culinary arts, and one-on-one meetings with staff members. In those one-on-one meetings participants explore their employment goals, learn soft skills such as time management and budgeting, coordinate child visitation, and manage their public benefits.
- **Phase 2:** Participants continue the services detailed above, and at this point can also begin working up to 20 hours a week. For those who are working, participation in program activities is required only three days per week.
- **Phase 3:** In this phase, participants can work full time. Participation in recovery meetings is still required, but some participants begin to live on their own. Women in Recovery staff members provide more limited one-on-one services as participants transition to living independently, although participants continue to be supervised by court services or probation officers.

Throughout participants’ tenure in the program, SUD treatment teams—which include case managers, employ-

ment staff members, and therapists—meet twice a month to coordinate and share information about participants’ progress and treatment needs.



LOCAL CONTEXT AND PARTICIPANTS

Women in Recovery serves participants in Tulsa, Oklahoma and surrounding areas.

Oklahoma has one of the highest rates of female incarceration in the country. As is the case in Oklahoma generally, methamphetamine is the most widely used substance among the women at Women in Recovery, followed by alcohol.

According to Women in Recovery, a vast majority of participants have incomes at or below the poverty level, and are affected by a history of abuse and poverty in addition to substance use. Staff members report that about two-thirds of participants are unemployed when they start the program and the rest have some type of part-time job, though most who have been employed have unstable employment histories. Nearly half of participants enter the program without a high school diploma or equivalent. About 80 percent are mothers, some with custody of their children and some without.

Women in Recovery receives referrals from the criminal legal system and other public agencies, and also has a staff member who visits local jails regularly both to recruit participants and to meet with women who have expressed interest in Women in Recovery after hearing about it through advertisements or word of mouth.

Appendix Box B.5. Women in Recovery: Quick Facts

PROGRAM:	Women in Recovery
LOCATION:	Tulsa, OK
IMPLEMENTING ORGANIZATION:	Family and Children's Services
PARTICIPANTS SERVED PER YEAR:	250
SERVICES:	Residential, supervised program as an alternative to incarceration, SUD treatment and recovery services, employment services (including occupational skills training), and support services to facilitate the transition to living and working independently
STAFFING:	32 full-time equivalent staff members



SUD TREATMENT AND RECOVERY SERVICES

Women in Recovery offers the following treatment and recovery services:

- **Individual and group therapy.** Participants are required to attend daily individual and group therapy sessions in the first phase of the program, and then attend three times a week in the second phase. Individual therapy sessions use a range of therapeutic models (depending on the participant and her specific issues). All participants in the program have access to the lead organization's clinic for psychiatric medications as well.
- **Peer support meetings.** Participants are required to attend group peer support meetings, either Alcoholics Anonymous or Narcotics Anonymous, on-site at Women in Recovery. How often they are required to attend depends on how long they have been in the program.
- **MOUD.** The psychiatric clinic on site administers MOUD to participants. Women in Recovery case managers help set up appointments, and make sure that participants are getting their medication and staying on it.



EMPLOYMENT SERVICES

Employment is a requirement for graduation from the program, and as participants progress through the three phases of the program as described above, the focus shifts from treatment, recovery, and training in basic skills, to balancing family and work. Women in Recovery offers the following employment services:

- **Job-readiness classes.** All program participants are required to take job-readiness classes. These classes cover talking to employers about gaps in employment and criminal records, creating a résumé, interviewing, asking for a raise, and advancing in a career.
- **Occupational training.** All women at Women in Recovery participate in a two-part course in culinary skills that begins in the first phase of the program. Through this training, participants receive food safety permits from the city health department, which are required for employment in local restaurants and kitchen settings. The training is offered on-site at Women in Recovery, led by a chef in a teaching kitchen with restaurant-grade equipment. The beginning culinary class covers dishwashing, food prep, equipment safety, and customer service. The advanced class teaches meal prep for a large number of people, proper knife techniques, how to read a recipe, and portion control. As part of their training, participants

prepare lunches for Women in Recovery’s cafeteria and cater events for the community.

- **Educational programs.** Participants work to obtain their high school diplomas or equivalents (if they do not already have them) by the time they graduate from the program, and can take high school equivalency exam classes taught by volunteers. For those who already have their high school diplomas or equivalents, Women in Recovery has a partnership with the local community college under which the college waives fees for participants working toward associate’s degrees.
- **Job placement and retention.** To help participants find potential job matches, Women in Recovery maintains a database of occupations of interest to participants, wages, and job requirements. Most participants find work in the restaurant and manufacturing industries.



SUPPORT SERVICES

Women in Recovery offers a range of support services to participants, during and after program participation. While participants are enrolled, case managers help participants acquire public benefits and understand how working affects those benefits, and also provide assistance with obtaining housing, receiving transit subsidies, opening a bank account, creating a budget, and developing a childcare plan to enable employment. Women in Recovery also helps participants get professional clothing through local nonprofit organizations and thrift stores. The program offers legal services support for issues such as child support and custody, driver’s licenses, divorce, eviction, and fines and fees. Finally, Women in Recovery works with volunteers to provide social activities such as Zumba, yoga, and a book club.

Women in Recovery also provides services to women after they complete the program. The program assigns soon-to-be graduates to a continuing-care therapist, who teaches a “shame-resiliency” class emphasizing that there is no shame in reaching out for help once women leave the program. The program also provides regular social activities for graduates, and a mentor program in which Women in Recovery alumnae are paired with new graduates for support. In addition, past participants have access to an app that warns them if they are nearing a hotspot/triggering environment. The app includes daily surveys to see if women are sleeping enough and attending meetings, and to see how they are doing generally. The app can also be used to reach out to the Women in Recovery staff.

PARTNERS

As discussed, Women in Recovery works closely with several employer partners to promote dialogue between employers and employees about being in an intensive substance use treatment program. Women in Recovery also has a partnership with the local community college under which the college waives fees for participants working toward associate’s degrees.

FUNDING SOURCES

Women in Recovery is mainly funded by private charitable foundations, which staff members report offers more flexibility than public funding. Some of Women in Recovery’s foundation funding uses a pay-for-success approach, in which Women in Recovery receives up-front funding for service delivery, and then additional payments for each participant who achieves specific outcomes (graduation and staying out of jail at three specific follow-up points). Women in Recovery can also receive public benefits funding for women who qualify for certain programs. For example, Women in Recovery can bill Medicaid for treatment and recovery services for women who are pregnant. For women eligible for Supplemental Nutrition Assistance Program Employment and Training, Women in Recovery can receive a match of 50 percent of any expenses for employment or education classes—including the culinary program—and any related supplies or incentives.



STAFF REFLECTIONS

Women in Recovery staff members emphasized that a major challenge for participants is the long-standing nature of their traumas. Women come to the program needing to address not just substance use but the trauma behind it and the range of support needs introduced by their life histories. The program’s approach to dealing with these challenges includes:

- **Early and intensive support.** Women in Recovery’s residential setting, coupled with daily, trauma-informed therapy sessions and a rigorous schedule of case management and employment services, provides participants with a structured and supportive environment in which to begin their recovery process and work on underlying issues.
- **Emphasis on developing self-sufficiency.** Women in Recovery helps participants plan for self-sufficiency before they transition to living independently. Women can transition to part-time work while still in Women in Recovery housing and attending regular therapy and peer




support meetings, and while they receive assistance with addressing legal issues, budgeting, childcare planning, and understanding benefit trade-offs.

- **Ongoing support.** Once participants graduate from the program, they maintain access and ties to Women in Recovery through a continuing-care therapist and through social activities. This continuing contact provides a long-term opportunity to maintain the skills developed in the program.

SNAPSHOT GRAPHIC

Appendix Figure B.6 summarizes Women in Recovery's services.

Appendix Figure B.6. Snapshot of Services in Women in Recovery’s Treatment and Recovery Programs

	Activity	Description
TREATMENT AND RECOVERY SERVICES 	Medication for opioid use disorder	On-site dosing Support from a case manager with appointment scheduling and treatment adherence
	Individual and group therapy	Group therapy (daily at first, then three times per week) Individual therapy using a range of therapeutic models (daily at first, then three times per week)
	Peer support	Twice-weekly Alcoholics Anonymous and Narcotics Anonymous meetings
SUPPORTIVE SERVICES 	Within-program support	Benefits counseling and planning for self-sufficiency needs (childcare, budgeting, housing, transportation, professional attire) Legal services assistance Social activities such as Zumba, yoga, and a book club
	Ongoing support	Shame-resiliency class Access to a continuing-care therapist Ongoing social activities Mentoring program Trigger-warning app
EMPLOYMENT SERVICES 	Educational services	Required high school equivalency classes for those without a high school diploma or equivalent Partnership with a community college for those with a high school diploma or equivalent
	Training services	On-site culinary skills training leading to a certificate Work-based learning opportunities preparing cafeteria lunches and catering events
	Job-preparation services	Group classes on job-readiness topics
	Job search support	Assistance identifying desired jobs
	Job retention	Staff advocacy with employer partners to ensure they understand participants’ needs and schedules

SOURCE: Interviews with Women in Recovery leaders and staff members conducted between June and August of 2020.

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