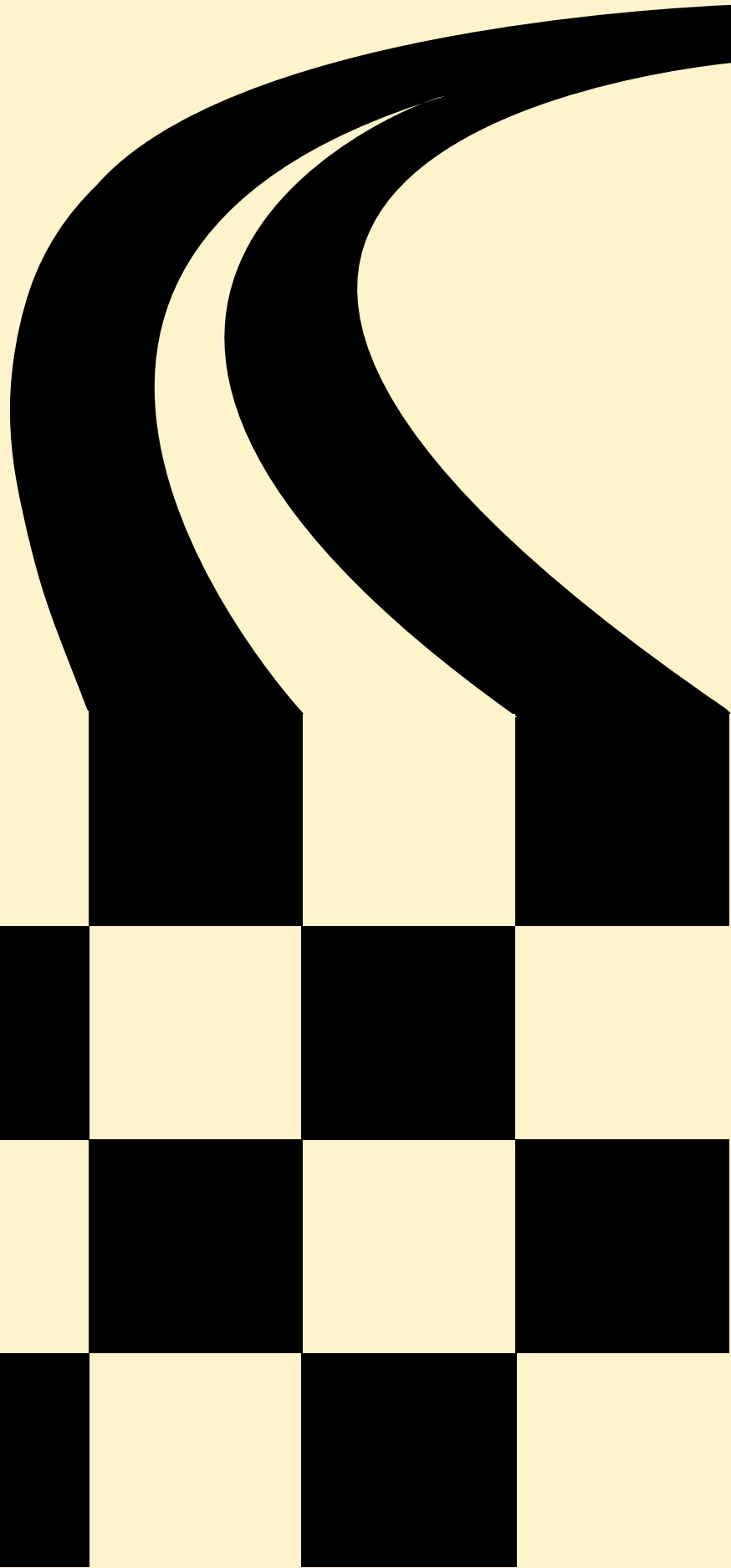




Providing Employment Services to Individuals in Recovery

**Lessons from Addiction
Recovery Care**

**OPRE REPORT
2024-089
MAY 2024**





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OPRE Report 2024-089

MAY 2024

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Overview

This report explores Addiction Recovery Care (ARC), a large-scale program in Kentucky combining residential clinical treatment for substance use disorders (SUDs) with employment services. ARC operates in several locations across the state, but is located primarily in rural, Appalachian areas hard-hit by the opioid crisis. ARC uses evidence-based approaches for treating SUDs, including both medications for opioid use disorder and procedures recommended by the American Society of Addiction Medicine for matching patients to levels of care. These SUD residential treatment and recovery services are combined with employment services including job readiness training, internships, and online courses leading to a range of short-term occupational certifications. Employment services are provided in the later phases of the residential program when participants are relatively stabilized in terms of their SUD recovery.

Studies of programs that combine employment services with SUD treatment and recovery services are 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, including ARC. The ARC program's impact study was discontinued due to challenges in recruiting a sufficient study sample. Instead, BEES conducted a descriptive study to document the ARC program's approach to providing employment services to individuals receiving SUD treatment and recovery supports. This brief presents those descriptive study findings; it does not address the effects of program services on participants' outcomes.

PRIMARY RESEARCH QUESTIONS

The research questions guiding this brief are:

- How is the program structured and operated, including organizational partnerships, population served, SUD treatment service provision, employment service provision, and other services?
- What are the participation patterns in the ARC program, including types of services received and length of participation?
- What are the lessons learned from program implementation, including successes and challenges?

PURPOSE

In recent years, 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 SUDs. Such programs combine employment services with SUD treatment or recovery efforts to achieve the dual goals of sustaining recovery and improving economic well-being. This brief documents one program that combines SUD treatment and recovery services with

employment services. It also offers recommendations for those implementing similar programs or that are interested in developing them.

KEY FINDINGS AND HIGHLIGHTS

- **The ARC program provides participants with a mix of treatment, sober housing, employment services, and supportive services in four distinct phases.** Phase 1: *Stabilization* includes medically supervised detoxification at a residential facility. Phase 2: *Recovery and Life Skills* provides continued treatment in supportive housing. Phase 3: *Taking Action* includes job-readiness services and treatment in supportive housing. Phase 4: *Job Skills and Education* includes occupational training, internships, and treatment in supportive housing. Most ARC participants admitted during the study period who started Phase 2 moved on to Phase 3, but only 9 percent of participants moved on to Phase 4 and received occupational training and internship experiences by the end of the study’s two-year follow-up period.
- **The majority of ARC participants were White, single men between the ages of 24 and 44 and were diagnosed with a variety of SUDs at the time of their admission.** About one-fourth of the participants were court-ordered to receive services at ARC, meaning that they were required to receive SUD treatment services at ARC as a condition of their sentencing. Among ARC participants, opioid-related diagnoses were the most prevalent type of SUD (more than three-fourths) followed by “other” stimulant disorders (that may include methamphetamines). The large number reported in each category indicates participants likely misused several types of drugs; two-thirds of participants received a polysubstance misuse diagnosis.
- **ARC tailors occupational training to meet the needs of those with SUDs.** Occupational training and short-term certificates are primarily offered through a college founded by ARC specifically to serve ARC participants. ARC’s training is tied to available employment opportunities in the community that are suitable for individuals with SUDs. Instructors are attuned to the needs and challenges of students in recovery and training is provided virtually to fit participants’ schedules and recovery-related activities.
- **ARC combines internships with occupational training.** ARC provides internships that are closely linked to participants’ occupational training. This approach allows participants to gain both the technical skills needed for specific positions, as well as experience applying those skills in paid, on-the-job settings. Participants who complete occupational training and internships obtain both short-term certificates and relevant work experience, potentially enhancing their longer-term employment prospects.
- **ARC’s experiences combining residential clinical treatment for SUDs with employment services suggest lessons for policymakers and practitioners considering similar initiatives.** Programs should include a “recovery transition” period during which participants are gradually prepared for employment. Occupational training should be tailored to meet the needs of individuals with SUDs. Programs should identify strategies to develop internship opportunities and those internships should be combined with occupational training to build participants’ skills and work experience. Finally, programs should consider strategies to minimize attrition and to help participants find jobs when they leave treatment programs or residential settings.

METHODS

The brief is based on two data sources: (1) interviews with program staff members, partners, and program participants conducted during site visits to ARC headquarters and three of its largest residential facilities in the fall of 2022; and (2) ARC administrative data that documents participants' characteristics and participation patterns in the program.

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, the abrupt cessation of opioid use leads to severe withdrawal symptoms, which give people an incentive to continue using opioids.

Treatment and recovery services: Treatment services treat substance use disorders directly, and recovery services support success in the recovery process, during or after treatment.

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The Authors

INTRODUCTION

Substance use disorders have been on the rise in the United States for more than a decade, with deaths due to overdoses increasing significantly after the onset of the COVID-19 pandemic. (See Figure 1.) Opioid use, driven primarily by the prevalence of fentanyl, is an important contributor to the overall rise in these rates, accounting for more than 76 percent of overdose deaths nationally in 2021.¹ Some states, such as Kentucky, have been particularly hard hit by the opioid crisis. Overall overdose rates in Kentucky more than doubled between 2011 and 2021, primarily due to the misuse of opioids.²

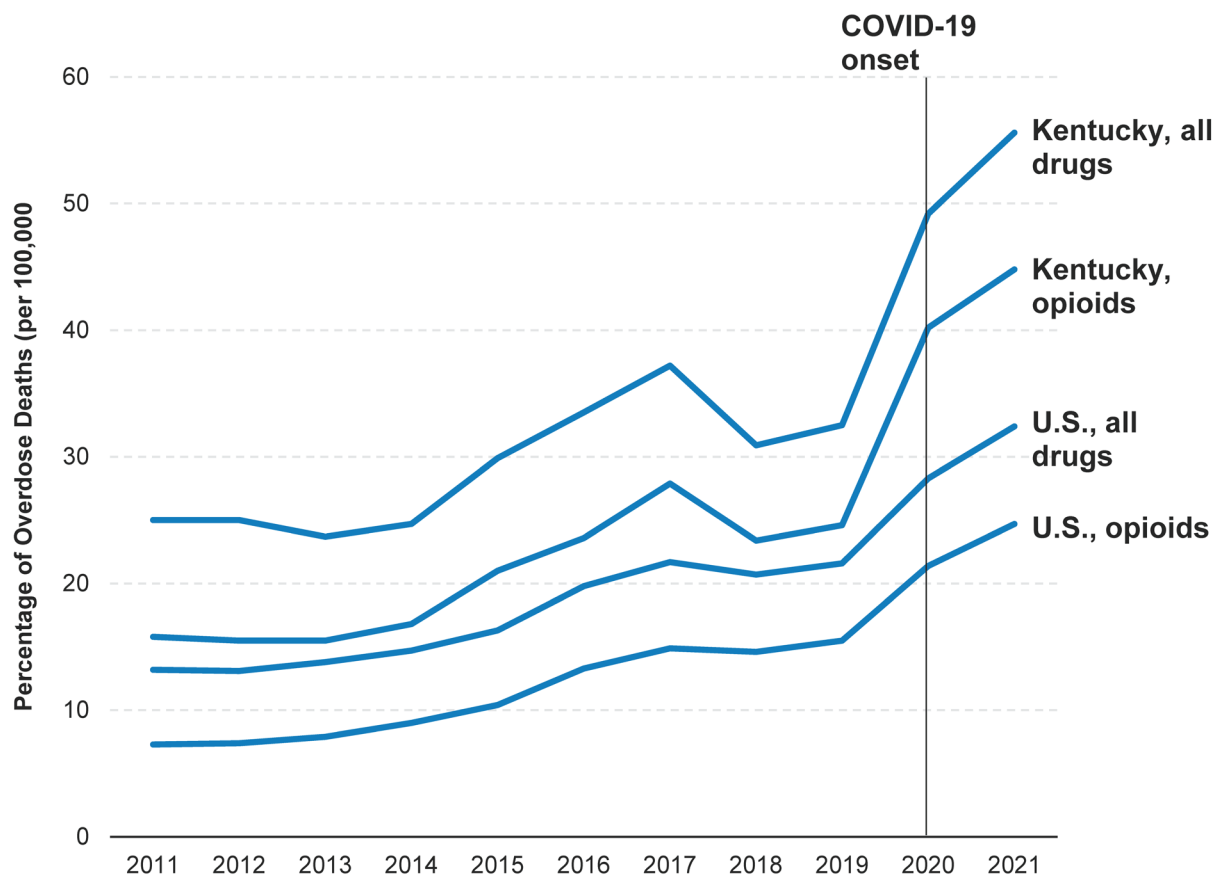
Nationwide, communities are working to address the needs of individuals with substance use disorders (SUDs). While the SUD-services field has developed and implemented a range of effective programs for the prevention and treatment of SUDs, these programs typically have not included employment services. Recently, however, federal, state, and local policymakers have focused on developing programs that provide employment services as part of SUD treatment and recovery services.³ (Treatment services treat SUDs directly, and recovery services support success in the recovery process, during or after treatment.) One example of this approach is run by Addiction Recovery Care (ARC), a provider of treatment and recovery services located primarily in the Appalachian region in Eastern Kentucky.

With the goal of informing policymakers and practitioners about this approach, this brief describes the ARC program, which operates in 29 facilities across Kentucky (18 residential and inpatient facilities and 11 outpatient centers), and its approach to combining treatment and recovery services with employment services. It draws on interviews with program staff members and participants, and program administrative data. This brief does not address the effects of program services on participants' outcomes. Rather, it focuses on how this program operates. This study of ARC is part of the larger Building Evidence on Employment Strategies (BEES) Project. (See Box 1.)

The brief begins with an overview of the study design including a description of the research methods. It then provides an overview of the ARC program, including the characteristics of its participants and a description of the program's structure and services, particularly its employment services. Next, the brief explores the local context in which the program operates and concludes with reflections on how the ARC program can inform efforts to provide employment services to support the needs of individuals in recovery.

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1. KFF, "Opioid Overdose Deaths and Opioid Overdose Deaths as a Percent of All Drug Overdose Deaths" (website: <https://www.kff.org/other/state-indicator/opioid-overdose-deaths/?currentTime-frame=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D>, 2023).
 2. Centers for Disease Control and Prevention, "U.S. Overdose Deaths in 2021 Increased Half as Much as in 2020—But Are Still Up 15%," press release (May 11), https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm; Morgan Hall, "Increased Use of Fentanyl Largest Contributor to Rise in Death Toll" (website: <https://www.kentucky.gov/Pages/Activity-stream.aspx?n=Justice&prId=112>, 2022).
 3. Karin Martinson, Doug McDonald, Amy Berninger, and Kyla Wasserman, Building Evidence-Based Strategies to Improve Employment Outcomes for Individuals With Substance Use Disorders, OPRE Report 2020-171 (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021).

Figure 1. Overdose Death Rates (per 100,000), 2011–2021



SOURCE: Kaiser Family Foundation analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, 1999-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. .

THE ARC STUDY

The overall study design for the BEES Project focuses on developing randomized controlled trials of promising employment strategies.⁴ Following this approach, in early 2020, BEES launched an impact study of ARC’s employment program using random assignment to measure the program’s effect on participants’ employment, earnings, and SUD treatment outcomes. However, due to challenges in recruiting a sufficient study sample, which was exacerbated by the COVID-19 pandemic and the associated shift to remote services, the impact study was not viable and was discontinued. Instead, BEES conducted a descriptive study to document the ARC program’s approach to providing employment services to individuals receiving SUD treatment and recovery supports.

4. In a randomized controlled trial, study enrollees are randomly assigned either to a program group that is eligible to participate in the intervention, or to a control group that is not eligible to participate in the intervention. By comparing the outcomes of the two groups, a study can estimate the impact of the intervention.

Box 1. The BEES Study

MDRC, in partnership with Abt Global and MEF Associates, conducted an evaluation of Addiction Recovery Care as one study in the Building Evidence on Employment Strategies (BEES) Project. As part of the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families' [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. 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 histories and are potential applicants for Supplemental Security Income. SSA is providing financial and technical support for the evaluation and service provision of select interventions within the BEES and NextGen Projects.

In the fall of 2022, the study team conducted interviews with staff members from ARC and its partner agencies as well as with ARC participants. The team visited ARC headquarters in Louisa, Kentucky, and three of ARC's largest residential inpatient facilities—Crown, White Oak Hill, and RiverPlace—located in St. Catharine, Inez, and Pikeville, Kentucky, respectively. The study team interviewed more than two dozen staff members from ARC and Millard College (the primary provider of the occupational training, as described below). As part of the site visits, the study team interviewed seven participants engaged in ARC's employment services in the three residential facilities. Following the visit, the team conducted additional virtual interviews with community partners from the Kentucky Career Center, Eastern Kentucky Concentrated Employment Program, and the Ashland Branch of the Office of Vocational Rehabilitation.

The staff member and partner interviews covered a range of topics, including the program's structure and design, the sequencing and content of the services provided, staff members' perspectives on participants' needs and employment barriers, and changes in the program over time. Participants were asked about their backgrounds and personal histories, including their SUD and employment histories, and their experiences in the ARC program. The study team coded the interview responses to align with the topics included in the interview protocols, and then identified common themes. The small number of participants interviewed means their experiences are not necessarily representative of all ARC participants but participant interviews offer important perspectives related to program implementation and service delivery.⁵

5. Interview quotes presented throughout this brief are edited for clarity.

ARC aims to guide participants from “crisis to career” by phasing in job readiness and training activities while continuing to provide treatment and recovery services to program participants within its residential facilities.

The study also examined ARC administrative data to document participants’ characteristics and participation patterns in the program. These data included a follow-up period of approximately two years for those who were admitted to ARC in the first four months of 2021 (January to April) through February 2023.⁶

THE ARC PROGRAM

ARC is a faith-based addiction treatment organization founded in 2010, operating residential and outpatient facilities for individuals experiencing a range of SUDs, including those resulting from the misuse of opioids, crystal methamphetamine, and alcohol. ARC uses evidence-based treatment approaches that are recommended by the American Society of Addiction Medicine (ASAM), including medications for opioid use disorder.

ARC expanded rapidly in recent years in response to the SUD crisis, from one residential recovery center in Louisa in 2010 to over 30 licensed treatment facilities—both residential and outpatient—in 22 mainly rural counties in 2022.⁷ In 2021, over 7,800 participants received residential care and 2,355 participants received outpatient care.⁸ ARC is made up of three divisions— health care, enterprises, and education:

- **ARC health care** includes residential detox and treatment centers, outpatient SUD and behavioral health treatment services, physician and lab services, and pharmaceutical services.⁹ In addition, ARC operates a health clinic and a pharmacy that offer medications for opioid use disorder. ARC’s treatment and residential services are funded primarily through reimbursements from participants’ Medicaid coverage, as well as through small

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6. Although ARC’s maximum length of stay is one year, this timeframe was selected to allow adequate time for participants to progress through the four-stage ARC program, including exits and returns, which are typical in the SUD recovery process.
 7. ARC facilities are accredited by the Commission on Accreditation of Rehabilitation Facilities and have certification from the American Society of Addiction Medicine.
 8. Addiction Recovery Care, “ARC 2021 Year in Review” (website: <https://www.arccenters.com/about-us/year-in-review/>, 2021).
 9. Addiction Recovery Care, “ARC Centers” (website: <https://www.arccenters.com/>, 2023).

grants from two regional nonprofit organizations: the Federation of Appalachian Housing Enterprises and Operation UNITE.¹⁰

- **ARC enterprises** include an art gallery and café, an automotive repair shop, a catering company, a fitness center, a lawn and property maintenance company, a radio station, a theater, and a welding company, among others. Most of ARC’s business enterprises are in Louisa, Kentucky, where ARC is headquartered. These enterprises provide internships and job opportunities for ARC participants.
- **ARC education services** include a range of occupational training programs that are primarily provided through Millard College, a small, two-year, faith-based college located in Louisa that has eight adjunct instructors. As described below, Millard College is owned by ARC and offers training courses to ARC participants at no cost through a combination of funding sources. Millard College is not currently accredited but is pursuing accreditation through the Council for Higher Education Accreditation.

ARC’s rapid growth in recent years has resulted in more opportunities for SUD treatment, employment services, and job placement. However, some staff members and participants have reported growing pains. For example, some ARC staff members reported that the rapid addition of facilities has led to communication challenges regarding day-to-day operations, such as policies, procedures, and schedules.

The remainder of this section describes the characteristics of ARC participants, the context in which the ARC program operates, the four phases of the ARC program, and participation patterns.

Characteristics of ARC Participants

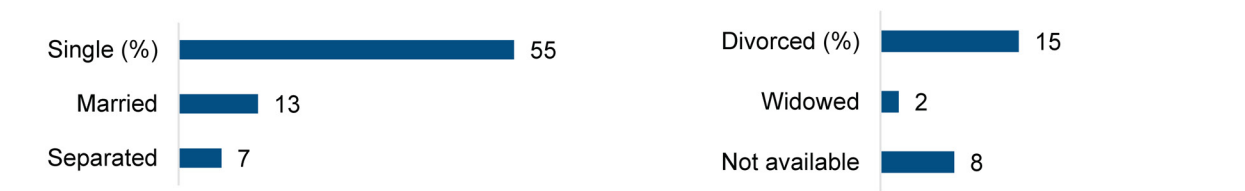
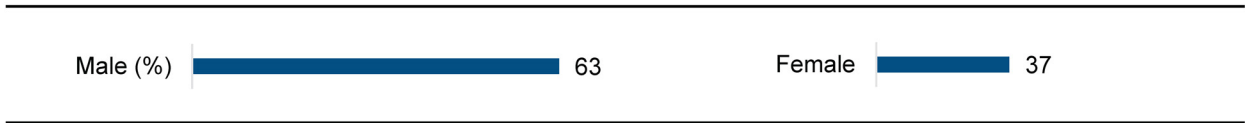
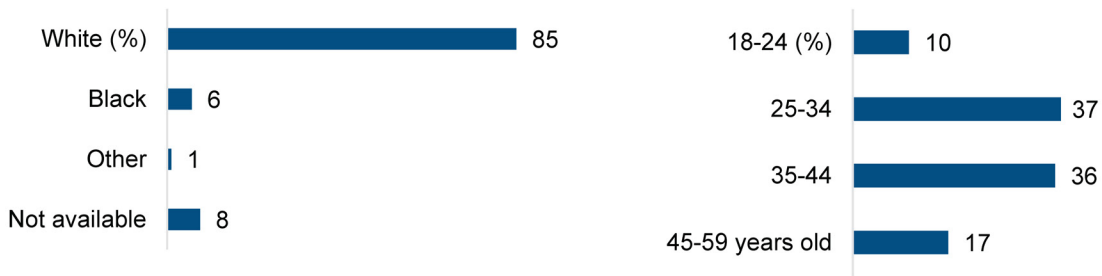
Figure 2 provides the key characteristics of ARC participants based on program administrative data. Nearly three-fourths of participants were between the ages of 25 and 44 and nearly two-thirds were men. Almost all were White, and more than half were single. About one-fourth of the participants were court-ordered to receive services at ARC, meaning that they were required to receive SUD treatment services at ARC as a condition of their sentencing. According to ARC staff members, participants enroll in ARC through voluntary referrals from justice system partners, family referrals, or self-referrals; most ARC participants have limited education and employment histories.

Among ARC participants, opioid-related diagnoses were the most prevalent type of SUD (more than three-fourths) followed by “other” stimulant disorders (that may include methamphetamines). The large number reported in each category indicates participants likely misused several types of drugs; two-thirds of participants received a polysubstance misuse diagnosis. ARC staff members noted that in recent years they have seen an increase

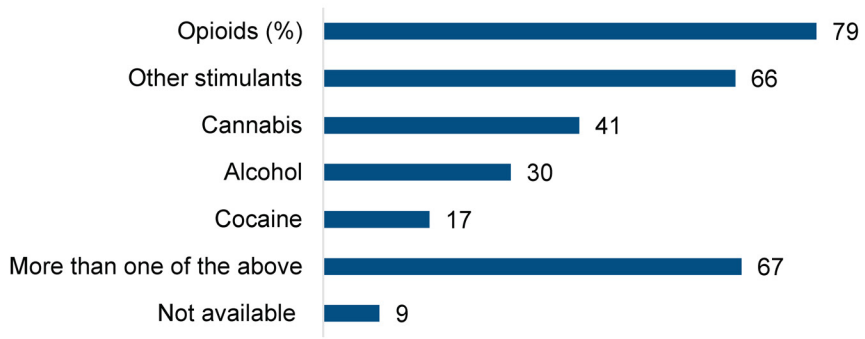
10. Operation Unlawful Narcotics Investigations, Treatment and Education, “Operation UNITE Home Page” (website: <https://operationunite.org/>, 2023); Federation for Appalachian Housing Enterprises, “FAHE Home Page” (website: <https://fahe.org/>, 2023).

Figure 2. Characteristics of ARC Participants

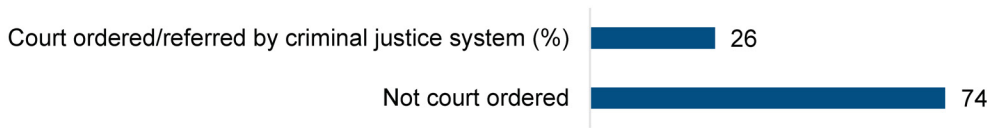
The majority of ARC participants were White, single men, 25–44 years old.



Participants were diagnosed with a variety of substance use disorders at the time of their admission.



Just over one-fourth of participants were referred to ARC from the criminal justice system.



SOURCE: Program data from ARC's management information system. Data reflect individual-level demographics on 2,224 individuals who were admitted to ARC for the first time between January and April 2021.

NOTE: Distributions may not add to 100 percent because of rounding.

in fentanyl use among new participants, and that methamphetamine use was also prevalent.¹¹ Reflecting a national trend, ARC staff members reported that they saw a rise in overdose rates among their participants particularly during the early part of the COVID-19 pandemic that started in March 2020. Studies have attributed this to the lack of peer support meetings and social networks across the country during this time period that typically help those in recovery.¹²

The Local Context of the ARC Program

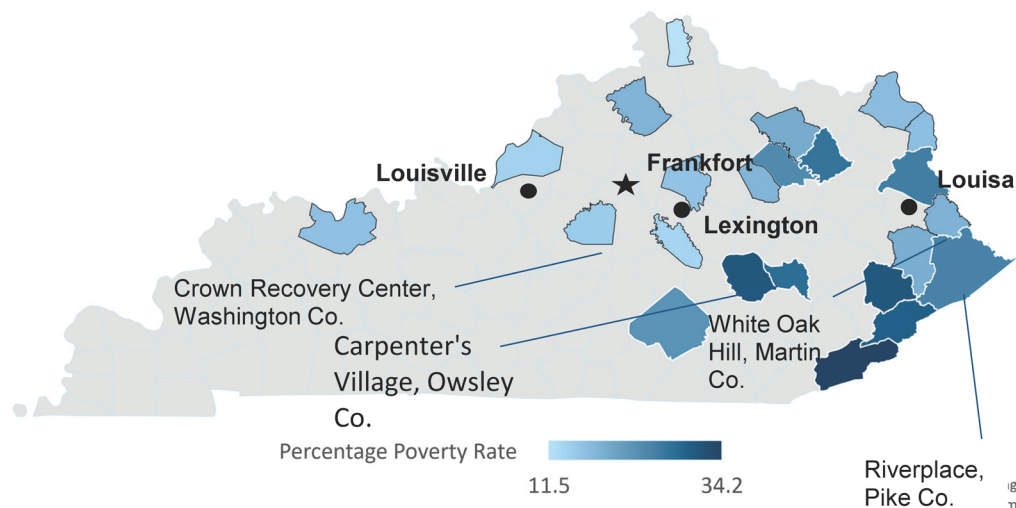
ARC is mainly located in eastern Kentucky, a rural region in the Appalachian Mountains with high rates of poverty and limited employment opportunities. Figure 3 shows the percentage of the population with incomes below the poverty line in each of the counties with an ARC residential facility.¹³ For example, in Lawrence County, where Louisa is located and ARC is headquartered, 26 percent of the population had incomes below the poverty line—more than double the national average of 11 percent.¹⁴ ARC and its affiliated businesses are the primary employers in Louisa.

The eastern counties where ARC has residential facilities also have high unemployment rates.¹⁵ Close to the West Virginia border, these counties' unemployment rates may be linked to a decline in coal mining opportunities.¹⁶ Farther west, counties including Fayette, Owen, and Washington have lower unemployment rates because of the manufacturing, commercial driving, and health care industries located near Lexington, Kentucky.¹⁷ During site visits in fall 2022, ARC staff members noted that many of these industries were experiencing employee shortages, and employers were eager to fill open positions.

ARC staff members reported a stigma among some employers regarding hiring individuals with SUDs, and that many employers require applicants to submit negative drug tests before hiring. In addition, staff members noted that most employers avoid hiring job applicants with

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11. In the U.S., synthetic opioids like fentanyl accounted for 82 percent of opioid-related overdose deaths in 2020. Centers for Disease Control and Prevention, “Synthetic Opioid Overdose Data” (website: <https://www.cdc.gov/drugoverdose/deaths/>, 2022).
 12. Ashley Abramson, “Substance Use During the Pandemic,” *Monitor on Psychology* 52, 2 (2021): 22.
 13. United States Census Bureau, “Poverty Status in the Past 12 Months in Kentucky” (website: <https://data.census.gov/table?q=poverty%2Bin%2Bkentucky%2Bin%2B20202023>, 2023).
 14. Emily A. Shrider, Melissa Kollar, Frances Chen, and Jessica Semega, *Current Population Reports, P60-273, Income and Poverty in the United States: 2020* (Washington, DC: United States Census Bureau, 2021).
 15. Kentucky Center for Statistics, “Annual 2022 Unemployment Rates* by County Local Area Unemployment Statistics” (website: https://kystats.ky.gov/content/Reports/2022_Annual_CountyLAUSMaps.pdf, 2023).
 16. Julian Kaplan, Hillary Hoffower, and Madison Hoff, “Inside the Epicenter of America’s Great Resignation: Kentuckians Lay Out the 4 Forces Driving the State’s Labor Shortage—and Explain Why It’s Here to Stay,” *Business Insider* (December 21, 2021).
 17. Jacqueline Pitts, “The Bottom Line: Workforce Shortage Still a Concern for Kentucky Businesses,” *The Lane Report* (June 20, 2021); Melissa Patrick, “Report Shows Major Workforce Shortages in Kentucky Hospitals, Which They Describe as The Most Critical Shortage in Recent History” *Kentucky Health News* (website: <http://kyhealthnews.blogspot.com/2022/10/report-shows-major-workforce-shortages.htm>, 2022).

Figure 3. ARC Locations: Poverty Rate by County



SOURCE: U.S. Census, 2020; American Community Survey 2020: Poverty Status in the last 12 months.

NOTES: Figure 3 provides poverty rates for counties in which ARC facilities are located. Only facilities included in the site visit are named in the figure. The black dots denote major cities, and the star denotes the state capital.

criminal records, especially those with felony convictions, which presents another challenge for many ARC participants.¹⁸ To address this issue, ARC is working with the Kentucky Chamber Foundation's Workforce Recovery Program's Fair Chance Academy, where employers can receive training to become "Fair Chance" employers.¹⁹ This program is designed to revitalize the economy and address employee shortages by making it easier for those in recovery or exiting the criminal justice system to become employed.²⁰

The Four Phases of the ARC Program

The ARC program provides participants with a mix of treatment, sober housing, employment services, and supportive services that are described below. ARC provides these services in four distinct phases. (See Figure 4.) Participants typically enter ARC in Phase 1 or Phase 2 and may repeat or extend phases based on their recovery experiences and medical recommendations.²¹

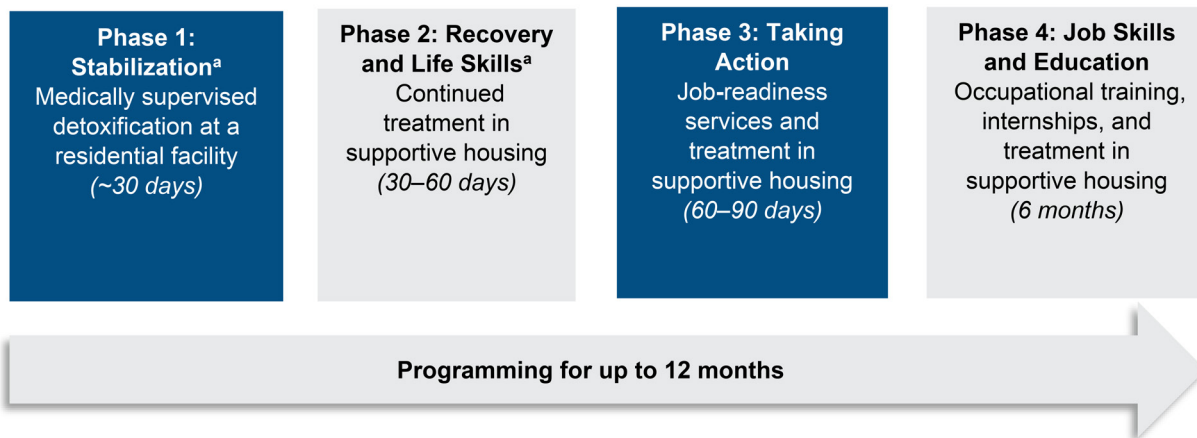
18. Twenty-six percent of ARC participants admitted during the study period were court-ordered to receive treatment. Other participants may also have histories of criminal offenses.

19. Kentucky Comeback, "Fair Chance Academy" (website: <https://kentuckycomeback.com/fairchance-academy/>, 2023).

20. Kentucky Comeback, "Criminal Justice and Substance Use Disorder Policy Priorities" (website: <https://kentuckycomeback.com/policy/>, 2023).

21. Individuals' recovery from SUDs is often nonlinear and may include periods of relapse.

Figure 4. ARC Program Phases



NOTE: ^aParticipants may enter ARC in Phases 1 or 2 based on medical recommendations.

ARC developed a treatment and recovery curriculum called Recovery, Opportunity, Physical Health, Emotional Health, and Spiritual Life (R.O.P.E.S.), which guides all four phases of its recovery programming. This curriculum includes materials and activities related to recovery (for example, a 12-step program); education and work supports (including occupational training, career assessments, and soft-skills development); physical health services (such as medication management, medical referrals, and physical activities); mental health services (including ASAM assessments for placement in ARC’s treatment program, coping skills, and individual counseling); and spiritual life (for example, daily devotions and pastoral counseling).²² Participants are supported by a treatment team composed of case managers, peer support specialists, therapists, and medical doctors or nurses throughout all four phases, as described below.

PHASE 1: STABILIZATION. This phase is designed for those participants experiencing significant addiction issues. Based on their ASAM score, a clinical assessment that indicates their level of recovery, participants in Phase 1 complete about one month of medically supervised detoxification (detox) while living in an ARC residential treatment facility. Participants also receive a treatment plan and begin participation in recovery and spiritual activities. Participants are assigned a buddy and are assessed for educational and physical and emotional health needs.

PHASE 2: RECOVERY AND LIFE SKILLS. Once participants complete Phase 1 (typically after about 30 days), they begin Phase 2 and continue residential treatment for an additional 30 to 60 days. In addition to the services provided in Phase 1, participants complete a plan to prevent relapse, and continue working on recovery and their emotional and spiritual life. Participants in this phase are also introduced to the “community model” (described below),

22. Soft skills are behavioral and interpersonal skills such as conflict resolution, communication, work ethics, and time management.

learn soft skills, and receive assistance in obtaining their GED, if needed. (Depending on their ASAM score, participants may also begin ARC in Phase 2, instead of starting in Phase 1.) Near the end of Phase 2, those interested in continuing to receive ARC services apply to Phase 3 and must achieve a minimum ASAM score to progress to the next level.²³ Based on the score or recommendations of treatment staff members, participants either move to Phase 3 or continue receiving Phase 2 services as needed.

PHASE 3: TAKING ACTION. ARC refers to Phase 3 as a “recovery transition period,” during which participants gain important job readiness skills and assume more responsibility and independence as they prepare for an internship at an ARC facility or business enterprise and eventually future employment and leaving ARC residential treatment. During Phase 3, ARC participants continue residential treatment for an additional 60 to 90 days. Recovery (including ASAM assessments, recovery support groups, and relapse prevention), physical health, mental health, and spiritual services continue. Participants also work with staff members to establish employment-related goals and receive individualized assistance with a range of job-readiness skills including interviewing, resume writing, professionalism, ethics, and stress and money management.

As part of R.O.P.E.S., participants take part in the “community model” in which peers assign each other chores, such as housekeeping or cooking, to assume responsibility and build community. This approach gives participants opportunities to mentor others, practice relapse prevention, develop healthy routines, and continue spiritual services. For example, ARC staff members explained how participants gain more responsibility,

We’ve added more responsibilities for clients in Phases 3 and 4 ... because it gives them a better sense of self, rather than “I’m just a participant in a program.” Now they’re responsible for handling their own medication, they have lockers in their room, and we’re not escorting them to their classes.

Participants also learn about the occupational training and internship opportunities available in Phase 4 and may apply for an internship at this time. At the recommendation of the treatment team and if they progress through the program without significant issues, participants move to Phase 4.

PHASE 4: JOB SKILLS AND EDUCATION. During this phase, participants engage in employment services and continue to reside in ARC facilities for up to an additional six months. The primary employment services are paid internships and occupational training programs, with the two activities generally taking place at the same time. (See below for more details.) Participants also continue their R.O.P.E.S activities while practicing self-care activities (for example, physical fitness training). They may also volunteer at community events.

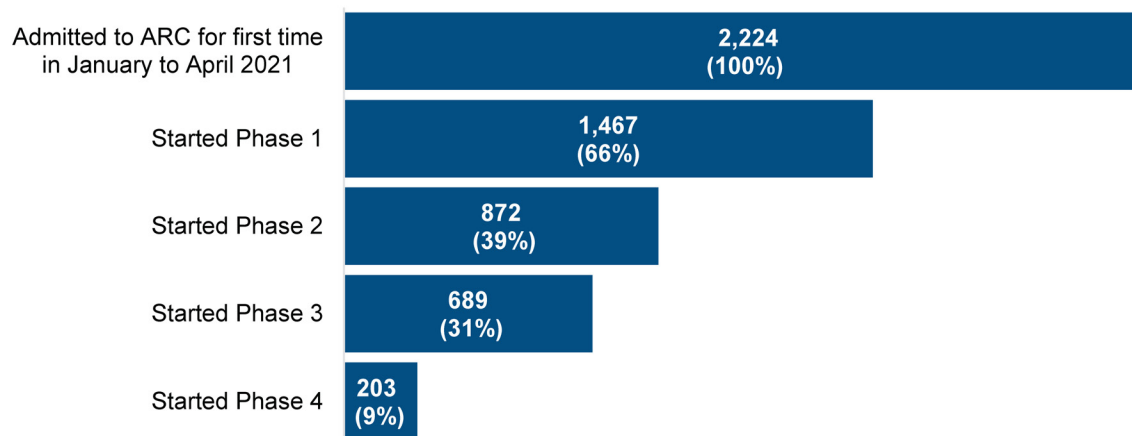
23. American Society of Addiction Medicine, “Criteria” (website: <https://www.asam.org/asam-criteria/about-the-asam-criteria>, 2023).

Participation Patterns in ARC Services

While ARC’s four-phase treatment and recovery program is designed to be completed sequentially over the course of about a year, participants can take different paths through the program depending on their circumstances. For example, as discussed, not all admitted participants will start with Phase 1. Participants’ entry phase is determined by their clinical assessments, and participants may be placed directly in Phase 2. In addition, participants may leave ARC before progressing through all phases, although some participants who leave early do return and continue through the program.

Figure 5 shows participation in the ARC program for those admitted to ARC for the first time during the study period (January–April 2021) over an approximately two-year follow-up period (through February 2023). As shown, 66 percent of those admitted participated in Phase 1, and 39 percent participated in Phase 2 (including those who moved from Phase 1 as well as those who started in Phase 2). Overall, most of these participants moved to Phase 3, with 31 percent of those admitted during the study period participating in this phase within the follow-up period. However, only 9 percent participated in Phase 4 by the end of the follow-up period. Men were more likely to have participated in Phase 4 than women (not shown): 74 percent of Phase 4 participants were men, and 26 percent were women. (Nineteen percent did not participate in any phase during the follow-up period, indicating that they did not go to residential treatment after completing the initial clinical assessment.)

Figure 5. Participation Levels in ARC Services



SOURCE: MDRC calculations based on Management Information System data from ARC.

NOTES: The starting phase was determined by a clinical assessment, resulting in some individuals entering in Phase 2 or 3, rather than in Phase 1. In addition, some individuals left ARC and returned, or relapsed and moved back to a previous phase. This figure shows participation in each of the phases among individuals admitted to ARC for the first time in January–April 2021 through February 2023. Nineteen percent did not participate in any phases.

This analysis indicates that many participants leave the program before reaching Phase 4, when employment becomes a primary focus. Staff members report a variety of reasons for their departure, including participants' desire to return to their home communities or reunite with their families. For example, ARC staff members explained how this impacts women's continuation in the program,

Women are much less likely to continue through an internship program, especially if it's farther from home ... They feel like they can't leave their kids, or maybe, they really don't have a safe space for their kids to stay while they're exploring these options. Men are more willing to continue through with the program and move a little bit farther from home.

Participants may also feel the need to enter the workforce quickly to provide financial support for their families. In addition, some participants leave Phase 4 before they complete it: 29 percent of participants who progressed to and started Phase 4 left before completing the phase, with 11 percent leaving against medical advice and 8 percent leaving due to noncompliance with program rules (not shown).²⁴

ARC'S EMPLOYMENT SERVICES: INTERNSHIPS, OCCUPATIONAL TRAINING, AND EMPLOYMENT OPPORTUNITIES

This section describes the internships, occupational training, and employment opportunities provided during Phase 4 of the ARC program. Participants who are deemed ready for Phase 4 may apply for internships and attend the corresponding occupational training.

Internships

ARC offers paid, six-month internships to participants in Phase 4. These internships allow participants to develop work experience while still receiving support, a unique opportunity for those in recovery, particularly in areas with limited job options. Prior to starting Phase 4, participants must receive approval from their treatment team verifying that they are ready to work up to 29 hours a week based on their recovery experiences, and apply for an internship. Internships are provided primarily within ARC's residential or administrative facilities or ARC's business enterprises. These internships can prepare participants to work for ARC and ARC's affiliated companies, and some participants do go on to work at ARC after they leave the program. For example, an ARC administrator explained how the internship program prepares participants,

If you are going through the residential intern [peer support] program, you can serve in any of the locations. And that's on-the-job training because you're there, you're helping residential staff monitor clients, you're driving clients to doctors' appointments. You're giving back to clients in a lot of the same ways that [were] given to you as you came through the program.

24. ARC administrative data was not available to report on Phase 4 completion.

Additionally, an ARC employee and former client shared his thoughts on the internship program,

[The program] got me working with computers, because you know, I didn't work with computers out there, I sold drugs. Computers were the last thing I was worried about. But it got me into ... some of the educational avenues of it, and I've always been kind of a nerd anyway. I always liked school. So, it came easy to me ... I liked the work part of the program ... I knew that I could do the work that they wanted. I could see myself doing that, and then even by this time, by the time I was an intern, I had confidence that I would be able to take the next step.

In some cases, internships are available at Toyotomi, a local manufacturing company. Toyotomi is the first employer to become certified as a Fair Chance Employer through the Kentucky Chamber of Commerce's Fair Chance Academy. At the time of the site visit in fall 2022, Toyotomi was the only employer outside of ARC enterprises offering internship opportunities to ARC participants.

Participants are placed in internships in one of eight areas (as shown in Box 2) based on their expressed interest and proximity to residential facilities with available beds for Phase 4 participants. In alignment with Kentucky's minimum wage, interns at ARC are paid \$7.25 per

Box 2. ARC Internship Programs

- Peer Support Specialist Program: Interns gain work experience in the addiction treatment field and may qualify for Kentucky's peer support certification upon successful completion of the internship program and occupational training at Millard College.
- ARC Creative Arts: Participants receive training in visual and performing arts through ARC business enterprises, including the ARC theater located in Louisa, Kentucky.
- Culinary Program: Participants receive training in food management and food services at ARC business enterprises, including Masterpiece Café and Three Sisters Catering.
- Automotive Service Excellence (ASE) Training Program: Participants receive ASE mechanic training at ARC's Second Chance Automotive.
- General Maintenance Training Program: Participants receive training in plumbing, electrical services, basic carpentry, heating and cooling repair, and other building systems, working with ARC trainers.
- Lawncare and Property Services Training Program: Participants receive training in lawncare through ARC's Second Chance Lawncare and Property Services.
- Carpentry Training Program: Participants receive training at Carpenter's Village in Owsley County, Kentucky. Participants may then enter a carpentry apprenticeship program.
- Welding Training Program: Participants receive hands-on welding training at an ARC site in Louisa.
- Certified Business Office Manager Training Program: Participants gain skills in office management at ARC facilities.

hour, for up to 29 hours per week. Once they receive their wages, interns pay \$100 every two weeks toward their housing costs at ARC.²⁵

Limited spots are available in the internship programs, particularly in welding and carpentry, and participants may need to relocate to a different residential facility depending on the location of their assigned internship. Internships in welding, culinary services, creative arts, automotive repair, lawn and property services, and office management are in Louisa. Carpenter’s Village in Owsley County hosts carpentry internships. Peer support internships can be completed at any of ARC’s residential locations.

Occupational Training

To accompany the internship program, ARC developed occupational training courses tailored specifically to those in SUD recovery. ARC previously partnered with a local college to provide such training, but in 2021 ARC opened its own two-year college, Millard College, to provide these services to ARC participants. Millard’s occupational training courses, which are provided virtually, include four ARC-developed short-term “work ready” certificates—peer support, carpentry, welding, and general studies. They range from 15 to 16 credit hours and are connected to specific internships. (See Table 1.)

Training courses are intended to provide participants with the introductory skills and knowledge needed to obtain employment upon completion of the program.²⁶ The programs include an orientation, an introduction to computers class, a work skills class, a capstone class, and classes specific to each work-ready certificate program.²⁷ The courses use a combination of online instruction, assignments, and discussion boards to deliver content for the occupational training courses. Participants must attend, complete, and pass these classes to earn a certificate. Tuition for the occupational training courses is typically covered through a range of sources. (See Box 3.)

ARC staff members explained how training accompanies the internships,

The combination of what they learn in the internship, coupled with what they learn in the certificate programs about being a good employee and being able to handle the basic things in the workplace sets them at the top of the resume stack, if you will. They have work experience in the area, plus they have an actual licensed certificate, college-level program that an employer would no doubt see as even more favorable compared to other potential employees.

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25. Kentucky Education and Labor Cabinet, “Workplace Standards: Wages and Hours” (website: <https://elc.ky.gov/workplace-standards/Pages/Wages-and-Hours.aspx>, 2023).
 26. The Millard College, “The Millard College Course Catalog” (website: <http://millardcollege.org/wp-content/uploads/2023/02/The-Millard-College-Catalog-2023-1.pdf>, 2023).
 27. Capstone classes are week-long, in-person classes. For peer support, the capstone class covers ethics, advocacy, client engagement, and includes the Kentucky Peer Support Specialist Certification exam. For welding and carpentry courses, the capstone class includes a hands-on project. The welding capstone prepares students for the welding certification exam.

Table 1. ARC Occupational Training Programs

	PEER SUPPORT SPECIALIST	CARPENTRY	WELDING	GENERAL STUDIES
Description	Coursework preparing participants for employment in a recovery setting. Upon completion, participants may take the exam to become a state-certified Peer Support Specialist. This is the most common course of study and may lead to employment at an ARC residential treatment facility.	Coursework and hands-on experience preparing participants for carpentry work. Participants may articulate to a state apprenticeship program.	Online coursework and hands-on welding training at an ARC site in Louisa. Participants prepare for a certification exam.	Coursework preparing participants for employment in a variety of settings.
Courses	<ul style="list-style-type: none"> • Recovery Principles • Professional Engagement Practices • Professional Ethics • The Peer Support Specialist Capstone 	<ul style="list-style-type: none"> • Beginning Carpentry • Intermediate Carpentry • Advanced Carpentry • The Carpentry Capstone 	<ul style="list-style-type: none"> • Beginning Welding • Intermediate Welding • Advanced Welding • The Welding Capstone 	<ul style="list-style-type: none"> • Introduction to English • Introduction to Mathematics • Leadership for the Workplace
Corresponding Internships	Peer Support Specialist Program	Carpentry	Welding	Culinary Automotive Service Excellence Training Lawncare and Property Services Office Management ARC Creative

Box 3. ARC Tuition Funding at Millard College

Millard College is pursuing accreditation through the Council for Higher Education Accreditation. If the college is accredited, students will be able to apply for federal financial aid, including Pell Grants. Currently, tuition for ARC participants is covered through a combination of supports.

- The Appalachian Regional Commission provides tuition support in the form of a grant to ARC that supports students receiving services in the eastern part of the state.
- For students not supported by the grant (mostly in the western part of the state), the Kentucky Office of Vocational Rehabilitation may provide tuition assistance. College staff members work with students to ensure that their applications are completed correctly, and they have the necessary documentation (including medical documentation) to help the Office of Vocational Rehabilitation process applications quickly.
- ARC pays any tuition not covered by the Office of Vocational Rehabilitation or the grant.

Millard College also offers an Addiction Recovery Studies Certificate. (See Box 4.) Some participants reported that they hesitated to enroll because the offerings were not aligned with their interests and, for some, because the college was still in the process of becoming an accredited higher education institution.

Box 4. Advanced Studies: Addiction Recovery Studies Certificate

Through Millard College, Addiction Recovery Care offers a 24-credit certificate program called Addiction Recovery Studies for individuals who want to become Certified Alcohol and Drug Counselors. The program requires 6,000 work hours (about one year) in addition to the coursework to receive certification, which is beyond the length of an internship. Addiction Recovery Care employees can complete these hours while working as Peer Support Specialists. The program consists of the following classes: Orientation, Recovery Principles, Introduction to Computers, General Psychology, Family Addictions, Introduction to Counseling, Clinical Services Management, Introduction to Group Counseling, and Professional Ethics.

Identifying Employment Opportunities

Following completion of Phase 4, participants must seek employment and housing arrangements outside of ARC. Staff members report that this is a challenging point in the program, particularly because many ARC residential centers are located in rural areas with limited employment opportunities and housing and transportation options. However, there are more employment opportunities near Lexington and ARC's largest facility, the Crown Recovery Center.

Staff members report that some participants are hired by ARC in full-time, competitive jobs at their residential treatment facilities, headquarters, or business enterprises. ARC staff members explained,

They can and do go to other places, but most of them are looking to stay at ARC because that's the place that helped them. And they're familiar with it, their friends are there and all of that. But there are some that will come in and get their feet on the ground and get some work experience and then they will go somewhere else and work, because now they're qualified, they're competent, they're confident, and now they can move on.

In addition, at the time of the interviews, ARC staff members noted that Toyotomi, a private employer in the region, employed 20 ARC participants since the partnership began in 2022. Eight of these employees had completed Phase 4 at ARC.

While the majority of job search assistance is provided through the ARC program, ARC also refers some participants to the Eastern Kentucky Concentrated Employment Program (EKCEP) and the Kentucky Office of Vocational Rehabilitation for assistance in finding employment. EKCEP, the local American Job Center operating under the Workforce Innovation and Opportunity Act, offers a range of job search services, including soft-skills training, career coaching, and supplies (such as work clothes and safety glasses) that may be needed for employment.

Beyond ARC's internal hiring and the Toyotomi partnership, staff members reported that it is challenging to find new employers that are willing to hire individuals in recovery due to the stigma associated with SUDs. ARC staff members stated that developing more employment opportunities outside of ARC is an area for further development. Specifically, ARC plans to continue developing relationships with other Kentucky Fair Chance Employers. In addition, ARC created a new Community Engagement Specialist position to meet with employers and promote participation in the Fair Chance Academy. This staff member will serve as a liaison between ARC participants and employers—for example, to work with employers on accommodating workers' SUD appointment schedules. Finally, ARC is creating a staffing agency that offers soft-skills development and work-readiness training to current and former ARC participants, and then matches them with employers who provide training and apprenticeship opportunities in occupations of interest.²⁸

IMPLICATIONS FOR SERVICE DELIVERY

ARC operates a large-scale program combining residential clinical treatment for SUDs with employment services, primarily in rural areas hard-hit by the opioid crisis. ARC uses evidence-based approaches for treating SUDs, including both medications for opioid use disorders and procedures recommended by ASAM for matching patients to levels of care. These SUD residential treatment and recovery services are combined with employment services that include job-readiness training, work-based learning provided through internships, and online courses leading to a range of short-term occupational certifications. Employment services are provided in the later phases of the program when participants are relatively stabilized in terms of their SUD recovery.

While this descriptive study does not provide evidence about the effectiveness of the ARC program, it does suggest lessons for policymakers and practitioners to consider as they design and implement services for individuals with SUDs.

- **Develop a “recovery transition” period during which participants are gradually prepared for employment.** ARC uses a recovery transition period (that is, Phase 3) to prepare participants in residential treatment facilities to work. ARC staff members reported that this was a critical element in participants' transition from SUD treatment to employment. During the initial phases, program participants focus almost exclusively on the

28. Destiny Workforce Solutions, “Home Page” (website: <http://destinyworkforce.com/>, 2023).

clinical aspect of their SUD recovery. Starting in Phase 3, when recovery is more stabilized, participants take on additional responsibilities, including developing employment-related goals, job-readiness skills (such as stress and time management), and independent living skills (such as housekeeping).

- **Tailor occupational training to meet the needs of those with SUDs.** Occupational training and short-term certificates are primarily offered through a college founded by ARC, specifically to serve ARC participants. ARC's training is closely aligned with internships that it sponsors, which are tied to available employment opportunities in the community that are suitable for individuals with SUDs. Moreover, instructors are attuned to the needs and challenges of students in recovery and training is provided virtually to fit participants' schedules and recovery-related activities (for example, medication schedules and peer support sessions).
- **Combine internships with occupational training to build both skills and work experience.** ARC's employment services include two key components that are closely linked, with participants enrolled in occupational training that is aligned with their internships, as described above. This approach allows participants to gain both the technical skills needed for specific positions, as well as experience applying those skills in paid, on-the-job settings. Participants who complete occupational training and internships obtain both short-term certificates and relevant work experience, potentially enhancing their longer-term employment prospects.
- **Identify strategies to develop internship opportunities.** ARC staff members reported that the internship program helps participants gain paid employment experience, particularly given the limited employment opportunities in the area. The internship program provides a unique opportunity for ARC participants to gain on-the-job training in a supportive environment. ARC offers a range of internships in part because it has created business enterprises specifically to serve the local community, including welding and carpentry businesses. In addition, ARC hosts internships, particularly in peer support counseling, in its large network of residential treatment facilities. Though ARC's internship program is robust, staff members report that additional growth is still needed. For example, a disproportionate number of internships are in traditionally male-dominated fields, such as automotive repair, and many internships are positions within ARC's residential treatment facilities, which may not interest participants who do not want to work in the SUD treatment field. To develop internships outside of its businesses, ARC is working to expand employer partnerships (as described below).
- **Consider strategies for minimizing attrition from program activities.** ARC is a relatively long-term program—lasting one year—that is designed to give participants the time they need to complete activities to support sustained recovery and employment. However, the proportion of those initially admitted to the program who reach the final stage when employment services are provided is low (9 percent). Low completion rates and general attrition are common for employment and training programs, particularly those that are longer-term, for adults with barriers to employment. The reasons for this can include difficulty balancing program activities and family responsibilities and the need to find a

job quickly, among others. Moreover, during the time period of this study, early departure may have been exacerbated by the COVID-19 pandemic, which presented unforeseen challenges for programs in residential settings. Still, this pattern indicates a need to create incentives to promote longer-term participation, perhaps through more opportunities to maintain contact with families or through strengthening connections to employment in participants' areas of interest. Obtaining feedback from participants on their reasons for non-completion could help to develop strategies to address this issue.

- **Develop specific strategies to help participants find jobs when they leave treatment programs or residential settings.** ARC is able to provide jobs to some participants through its own enterprises or residential facilities. However, although challenging given the economic environment, ARC is also working to expand job development to a broader network of jobs and employers. Specifically, ARC created a new staff member position and temporary staffing agency that focuses on developing job opportunities for ARC participants and fostering relationships with employers to enhance their understanding of and willingness to hire individuals in recovery. Combined with efforts to partner with Fair Chance employers who are more likely to hire those in recovery, ARC has the potential to increase job placements in the community.

While ARC's employment services are promising, many are new and a result of rapid growth, which some staff members indicated was not without growing pains. Additional research is needed to understand the extent to which the approach supports long-term SUD recovery and leads to sustained employment for those in recovery. As other programs design and implement similar services, policymakers should prioritize building evidence around the effective delivery of employment services for individuals with SUDs.