



ADDRESSING APPALACHIA'S

**SUBSTANCE
USE DISORDER
CRISIS THROUGH
RECOVERY-TO-WORK**

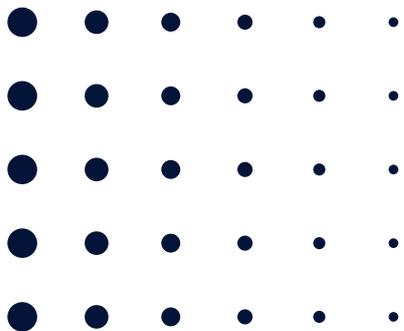


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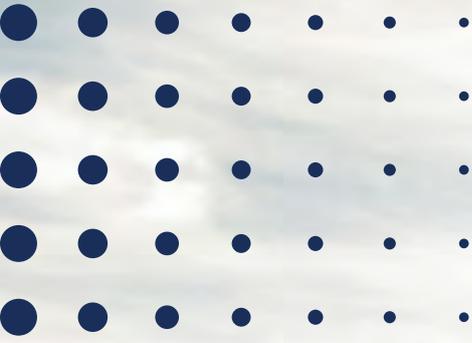
DDAA is grateful for the commitment and engagement of the teams participating in the Cohort Learning Academy, led by five local development districts in Appalachia: The Ohio Valley Regional Development Commission (Waverly, OH); Southern Tier 8 Regional Board (Binghamton, NY); Upper Cumberland Development District (Cookeville, TN); and a joint team that included Mid-Ohio Valley Regional Council (Parkersburg, WV) and Buckeye Hills Regional Council (Marietta, OH).

About ARC

Established in 1965, the Appalachian Regional Commission (ARC) is a regional economic development agency that represents a partnership of federal, state and local government. ARC’s mission is to innovate, partner and invest to build community capacity and strengthen economic growth in Appalachia to help the region achieve socioeconomic parity with the nation.

About DDAA

The Development District Association of Appalachia (DDAA) is a membership organization of the 73 Local Development Districts (LDD’s) serving the 420 counties of the Appalachia Region. The DDAA works to strengthen LDDs and their member governments and to provide leadership to support the Appalachian Regional Commission (ARC) federal-state-local partnership.



EXECUTIVE SUMMARY

Background

The United States has seen a dramatic increase in substance use disorder (SUD) during the 21st century, and especially in Appalachia. The Appalachian Regional Commission (ARC) increasingly recognized the importance of developing a regional response to the SUD crisis that fits their mission of furthering economic and workforce development in Appalachia. As a result, ARC unveiled the Recovery Ecosystem Model, which reflects the need for the regional coordination of recovery services, workforce training, and employment to help those in recovery from SUD achieve lasting employment. To develop that model further, ARC provided funding to the Development District Association of Appalachia (DDAA) to facilitate four regions as they developed their own “recovery-to-work ecosystems.”

Best practices in designing a recovery-to-work ecosystem model are still in development as regions translate theory into practice. DDAA views the role of a recovery-to-work ecosystem as supporting the employment of people in recovery by coordinating regional stakeholders to encourage on-going treatment while also hiring and retaining workers that have a history of SUD. Local leaders must consider a broad collection of regional stakeholders and activities to fulfill the needs of the community, workers, and employers.

Over the course of a year-long peer exchange, or “Cohort Learning Academy,” DDAA sought to define the recovery-to-work ecosystem model and identify its key components. The result is the “Recovery-to-Work Ecosystem Framework,” an evaluation of the goals an ecosystem effort seeks to accomplish, a summary of the challenges in achieving those goals, and suggestions for potential strategic solutions with specific actionable activities. These goals and activities rely on success in building regional collaboration, engaging and supporting employers, and providing wrap-around services to workers in recovery.

Building a Recovery-to-Work Ecosystem Framework

The Framework will help leaders structure future regional recovery-to-work efforts, both by providing insight into how peer communities are developing their ecosystems and by offering a framework for thinking about potential activities to build an ecosystem. The Framework in this report identifies key challenges and their broader solutions. Organized into three broad goals, the Framework focuses on organizing the ecosystem, engaging the private sector, and ensuring that wrap-around services are available. Each goal includes several potential action items that could help build a recovery-to-work ecosystem. These proposed action items might also be understood as a menu of options that any given region might explore or implement to accomplish their goals. The Framework assumes no one-size-fits-all approach. Each region will have different local challenges, priorities, and gaps to address.

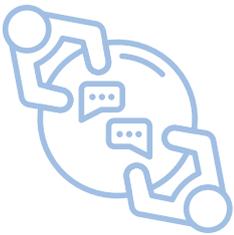


GOAL 1

Organizing regional stakeholders to create a continuum of care by engaging businesses, community leaders, and policymakers.

Potential Solutions

- Map local assets to understand the full landscape of available services and to identify gaps.
- Conduct outreach and analysis to gain insights into stakeholder priorities and regional capacity.
- Help social service organizations coordinate as they engage with employers.
- Ensure service providers in key areas have access to a consistent set of resources to serve both employers and workers.
- Reduce the stigma among community leaders to gain greater attention and focus.
- Build grassroots coalitions to advocate for SUD as a priority.
- Provide community-wide education and awareness about SUD as a chronic health condition with social consequences for workers in recovery (i.e., help people understand the science of addiction).



GOAL 2

Engaging and supporting businesses as recovery-to-work partners so they hire and support workers in recovery.

Potential Solutions

- Help employers to articulate and communicate their concerns and challenges associated with hiring and retaining individuals in recovery.
- Make the business case for hiring and retaining workers in recovery.
- Provide best practice guidance for employers in hiring workers in recovery to reduce potential risks.
- Provide best practice guidance for employers in supporting workers in recovery to encourage job retention.



GOAL 3

Facilitating wrap-around support for jobseekers and workers with SUD to ensure lasting recovery and employment.

Potential Solutions

- Provide worker-friendly access to treatment and recovery services.
- Provide opportunities for jobseekers and workers to improve their skills or develop their careers.
- Offer people in recovery access to essential wrap-around support services that will improve their chance of success.

Key Insights

Beyond the lessons found in the Recovery-to-Work Ecosystem Framework, DDAA identified several key insights that are important to understand and develop a regional recovery-to-work ecosystem. While the Framework offers ideas for activities that regions could prioritize in their recovery-to-work ecosystem building efforts, these findings and recommendations offer ideas about ways to reconsider how organizations understand their missions and their relationships with other regional stakeholders.

Leverage the Key Strengths of LDDs as Regional Conveners and Economic Developers

Local development districts have an invaluable role to play in supporting recovery-to-work ecosystems. Their economic development capacities are well-suited for engaging and educating employers about SUD as a chronic health condition by connecting them to successful regional recovery models and providing training, tools, and resources. LDDs are also well established among regional stakeholders as regional conveners, possessing broad relationships in a variety of fields in the public and private sectors.

Support Recovery by Building Regional Collaboration to Improve Quality of Life

When considering the key components of a recovery-to-work ecosystem, it quickly becomes clear workers need holistic treatment from a broad swath of service providers: a continuum of care that integrates customized wrap-around services with employment. The fragmentation and lack of coordination in wrap-around services (such as transportation, housing, and childcare) across counties can become a serious obstacle to developing this continuum of care. While local governance is important from the standpoint of effectively administering the core components of a recovery-to-work ecosystem, even more vital is the ability of governments to provide good governance in a general sense.

Engage Stakeholders by Re-Framing SUD Treatment as a Talent Solution

The recovery-to-work ecosystem model encourages participants to broaden their conceptions about what types of SUD-related activities may be relevant to their missions. In the process of reviewing and refining their missions, organizations have the tendency to develop a narrow definition of their scope. Conversely, the Cohort Learning Academy sought to demonstrate how work in economic development or the judicial system impact other fields such as public health. Re-framing SUD treatment as direct benefit to the business community through recovery-to-work makes it easier to identify and coordinate participants. Many fields that comprise ecosystems are siloed, and service providers have a limited understanding about other fields. A newly framed recovery-to-work model can provide the rationale for bringing new organizations to the table and building knowledge about potential partnerships.

Recruit Committed Business and Political Leaders to Build Sustainability

Recovery-to-work efforts face challenges in identifying long-term funding for programs. Developing a clear action plan informs the direction of potential future funding and can help attract resources. However, chasing one-off grants can sometimes be counterproductive. A reliance on grant funding can be both administratively taxing and dependent on outside forces. Therefore, securing the support of the business and political communities is essential to sustainability.

BACKGROUND



The Substance Use Disorder Crisis in Appalachia

Substance use disorder (SUD) represents one of the most significant and highest profile challenges facing communities of the Appalachian region, first as a public health crisis and second as an economic challenge. The public health crisis is widely documented in the form of drug and alcohol abuse and overdose statistics that are well above the national norm.¹ The economic challenge (or, the impact of SUD on the workforce) is not as widely recognized, but connecting people recovering from SUD to long-term employment opportunities is increasingly seen as both essential to their sustained recovery and as going hand-in-hand with employer efforts to address workforce shortages and high turnover rates.

The Appalachian Regional Commission (ARC) has been monitoring this issue for well over a decade. In 2008, ARC commissioned studies finding that opiate treatment rates in Appalachia were both greater than the rest of the country and growing at a faster rate.² Elevated rates of SUD contributed to what health economists Anne Case and Angus Deaton call “deaths (or diseases) of despair” resulting in declining life expectancy for certain demographics, with speculation that these outcomes could be traced back to economic causes.³ In 2017, ARC funded a study by The Walsh Center for Rural Health

¹ Meit, M., Hefferman, M., Tanenbaum, E., Cherney, M., & Hallman, V. (2020, November 21). *Appalachian Diseases of Despair*. Retrieved November 30, 2020, from <https://www.arc.gov/report/appalachian-diseases-of-despair/>

² Zhang, Z., Meit, M., Infante, A., English, N., Dunn, M., & Bowers, K. H. (2008). *An Analysis of Mental Health and Substance Abuse Disparities & Access to Treatment Services in the Appalachian Region*. Retrieved from <https://www.norc.org/PDFs/Walsh%20Center/AnalysisofMentalHealthandSubstanceAbuseDisparitiesFinalReport.pdf>

³ Case, A., & Deaton, A. (2015). *Rising Morbidity and Mortality in Midlife among White Non-Hispanic Americans in the 21st Century*. *Proceedings of the National Academy of Sciences*, 112(49), 15078-15083.

⁴ Meit, M., Hefferman, M., Tanenbaum, E., Cherney, M., & Hallman, V. (2020, November 21). *Appalachian Diseases of Despair*. Retrieved November 30, 2020, from <https://www.arc.gov/report/appalachian-diseases-of-despair/>

⁵ *Appalachian Overdose Mapping Tool*, Appalachian Regional Commission and NORC at the University of Chicago <https://overdosemappingtool.norc.org/>

⁶ *Appalachian Overdose Mapping Tool*, Appalachian Regional Commission and NORC at the University of Chicago <https://overdosemappingtool.norc.org/>

⁷ *Local development districts are multi-jurisdictional planning and economic development organizations that provide administrative, professional, and technical assistance to local governments and citizens throughout Appalachia.*

Analysis at NORC at the University of Chicago (later updated in 2020)⁴ on Appalachian Diseases of Despair.⁵ In 2018, ARC partnered with The Walsh Center again to create the Appalachian Overdose Mapping Tool, reflecting the increasing focus the Commission began placing on SUD.⁶

Incorporating long-term SUD recovery assistance into broader efforts to address worker productivity and turnover challenges will enable regional businesses to be active partners in the success of individuals suffering from SUD and regional economic growth. In a region like Appalachia where skilled labor is in short-supply and social service resources are limited, strategies that support individuals from the initial stages of treatment for substance use disorder through employment, or “recovery-to-work”, make both economic and fiscal sense.

Because the opioid epidemic and a broader substance abuse crisis have been endemic throughout Appalachia during the past decade or more, the issue has taken on a special emphasis at the Appalachian Regional Commission. ARC has emphasized the importance of the Commission and its constituent local development districts (LDD)⁷ in addressing the substance abuse crisis through its key mission of promoting economic development in Appalachia, ultimately recognizing the role ARC and LDDs can play in connecting treatment providers to the workforce development system and employers.

Building Momentum for Regional Action

In December 2018, the Appalachian Regional Commission hosted the first of six listening sessions held in Big Stone Gap, VA; Wilkesboro, NC; Muscle Shoals, AL; Pineville, KY; Portsmouth, OH; and Beckley, WV.⁸ In these sessions, ARC leadership sought community insight on the state of the SUD crisis in Appalachia and met with representatives from state and local government,

treatment and recovery service providers, workforce development entities, employers, law enforcement, and individuals currently in recovery.

At these sessions, ARC briefed attendees on their Recovery Ecosystem Model, beginning the process of defining a “recovery ecosystem” and designing a process map for individuals in recovery. ARC describes the substance abuse recovery-to-work ecosystem as a linkage of multiple sectors designed to provide treatment, training, and employment opportunities for individuals in recovery. These stages require the support of an entire intermediary-support ecosystem, such as recovery communities, peer support, health, human services, faith communities, criminal justice, public safety, housing, transportation, education, and employers, designed to help individuals in recovery access the support services and training they need to maintain recovery and successfully obtain sustainable employment.

ARC then formed the Substance Abuse Advisory Council (SAAC) in April 2019 to examine the challenges substance use disorder present to the region and offer a plan for building and strengthening the recovery ecosystem. The 23-member cross-disciplinary advisory group hosted two multi-day meetings for the region in May and July 2019, formed working groups on key issues, conducted a series of virtual meetings, and announced a series of 14 recommendations for action in August 2019.⁹

The first recommendation of the 14 issued by the SAAC focuses on the need for a more coherent recovery ecosystem model that defines stakeholder roles and responsibilities and promotes collaboration across a variety of regional organizations. That recommendation also suggested that ARC fund local planning and implementation models - a key rationale for the Recovery-to-Work Cohort Learning Academy. The SAAC further identified several key challenges

⁸ Behringer, B., *Final Report Recovery-to-Work Listening Sessions, Appalachian Regional Commission, December 2018-April 2019* <https://www.arc.gov/wp-content/uploads/2019/07/FINAL-REPORT-ARC-Recovery-to-Work-Listening-Sessions-July2019-1.pdf>

⁹ *Appalachian Regional Commission Substance Abuse Advisory Council. (2019, August 30) Report of Recommendations: ARC's Substance Abuse Advisory Council. Retrieved November 30, 2020 from* <https://www.arc.gov/report/report-of-recommendations-arcs-substance-abuse-advisory-council/>

“ Long-term recovery is tied to sustainable employment. ”

to the proper functioning of this ecosystem, including low availability of resources to pay for treatment and support, the prevalence of stigma about substance abuse in the local culture, a lack of economic opportunities for those seeking long-term recovery, as well as the difficulties communities have had in dealing with the substance abuse crisis.

At its heart, members of the SAAC felt that a well-developed recovery ecosystem is fundamental to community efforts to solve the regional substance abuse epidemic and address the need for improving workforce participation rates in the region. The Council noted the importance of dedicating both private and public resources to long-term recovery, with an emphasis on creating value that will attract direct employer investments in related services.

Addressing Substance Use Disorder Regionally

Recovery-to-work efforts focus on coordinating stakeholders in their efforts to deliver long-term treatment, training, and employment. For most communities and regions, there is a well-developed network of providers addressing the treatment needs of individuals who are active users seeking to enter recovery. These programs tend to be focused on individuals as clients and are provided through county and municipal-level programs that receive federal and state support. Likewise, most transitional training and employment programs also focus on meeting

the individual where they are, often supported by local service providers.

However, long-term recovery is tied to sustainable employment, and willing employers are not always located in the communities most impacted by SUD. Services essential to recovery are frequently employer-based and need to be delivered consistently across the entire labor market – a geography that does not necessarily respect county or municipal boundaries. Therefore, regional solutions are essential.

Regional coordination often requires the leadership of a public or nonprofit intermediary agency committed to convening and coordinating stakeholders, engaging employers, and streamlining the process for workers from treatment through employment. At present, broad collaboration is unusual, if it exists at all. Sustained help for long-term recovery is rarely present in most Appalachian communities.

Further, there are no regional entities coordinating long-term recovery care services for employed workers living in multiple jurisdictions. Although fragmented solutions can encourage innovation, they are leaving gaping holes in local recovery-to-work ecosystems. This situation provides an important opportunity for ARC-supported LDDs to step forward and facilitate collaboration where it may not have previously existed.



RECOVERY-TO-WORK ECOSYSTEM FRAMEWORK

Background

Over the course of a year-long Recovery-to-Work Cohort Learning Academy, DDAA and the participating teams learned a great deal about the recovery-to-work model and the ecosystem needed to sustain long-term recovery. At the outset, DDAA and the LDDs were still in the process of defining the role of LDDs and economic development agencies such as ARC in addressing the SUD crisis in Appalachia. Through its preliminary research into ecosystem models, DDAA learned that few comprehensive models for this type of work existed.

DDAA facilitators began to build upon key insights gleaned from ARC's listening sessions and the Substance Abuse Advisory Council while delivering targeted support to the four participating regions. Through that work, DDAA developed a better understanding of the treatment process, employer and worker needs and challenges, regional stakeholder collaboration, and other aspects of a recovery-to-work ecosystem. DDAA identified the key components of a recovery-to-work ecosystem and facilitated regional stakeholders as they developed action plans to expand their respective region's ecosystems.

Recovery-to-work ecosystems are a relatively new model. This approach to integrating treatment, recovery, and employment requires practitioners to consider a broad collection of regional stakeholders and activities to fulfill the needs of the community, workers, and employers. DDAA views the role of a recovery-to-work ecosystem as supporting employed workers in recovery by coordinating regional stakeholders to encourage on-going treatment while also providing opportunities for both jobseekers and employees with a history of SUD.

Ensuring that people in recovery from substance use disorder are fully employed and productive has both economic and social benefits. People in recovery can potentially provide employers with much-needed skilled workers. Employed workers in recovery help reduce the social costs associated with chronic health conditions by providing a source of paid health insurance and a source of funds to pay for more housing.

DDAA developed an approach, the "Recovery-to-Work Ecosystem Framework," to illustrate the ecosystem and the relationships of key partners. This report outlines that Framework. In reviewing it, regional leaders should consider the strategies and tactics suggested as a menu of components and options that regional leaders may explore as they build their own unique ecosystem. The Framework offers a systematic process to help identify how different organizations supporting recovery contribute to the overall ecosystem's goals, the challenges encountered in achieving those goals, possible solutions to challenges, and specific action items to carry out solutions.

The goals offered reflect the recognition that developing a recovery-to-work ecosystem requires building capacity among three key constituencies: the community, employers, and workers in recovery. However, these three groups face challenges in accomplishing a broader vision of supporting the employment of workers in recovery by coordinating regional stakeholders to encourage treatment, hiring, and retention. This Framework identifies those challenges and their broader solutions, with suggested action items serving as discrete tasks that could be implemented to build a recovery-to-work ecosystem. Each region will have different local challenges, priorities, and gaps to address – there is no one-size-fits-all approach available. Appendix A provides more details about the Framework.



GOAL 1

Organizing regional stakeholders to create a continuum of care by engaging businesses, community leaders, and policymakers.

Recovery-to-work ecosystems require efficient regional stakeholder collaboration to achieve their goals. Individuals are especially vulnerable as they transition between different recovery steps while moving through treatment to employment. Even modest obstacles during those transitions could trigger a relapse. Behind the scenes, stakeholders must coordinate efficiently, generally with a regional champion to offer leadership and management. Regional collaborations need to engage businesses, service providers, community leaders, and policymakers to effectively integrate the local recovery-to-work ecosystem. In many regions this level of ecosystem coordination can be daunting, and there may not be a clearly designated organization to initiate or lead as the ecosystem matures.

In May 2020, an interim evaluation of ARC Partnerships for Opportunity and Workforce and Economic Revitalization (POWER) grantees with projects related to substance use disorder found that the most common gaps in recovery ecosystems are “employers, housing-related organizations (and recovery-friendly, affordable housing options), and law enforcement and criminal justice agencies”.¹⁰ Further, the study found that building employer buy-in was more difficult than expected.¹¹ The Learning Academy regions also encountered this challenge; LDDs often serve as the most suitable regional convener and ecosystem builder when addressing SUD as both a public health and economic challenge.

“ LDDs often serve as the most suitable regional convener and ecosystem builder when addressing SUD as both a public health and economic challenge. ”

¹⁰ Chamberlin, Molly and Nicole Dunn, “Power Projects with Substance Use Disorder (SUD) Components: Early Implementation Findings,” May 2020.

¹¹ Ibid



Challenge

Practitioners and policymakers lack an understanding of regional ecosystem needs, interests, and capabilities.



Solution

Map local assets to understand the full landscape of available services and to identify gaps.

- Assess gaps in services that are available and accessible to recovering jobseekers and workers who need access to ongoing treatment and recovery-to-work services such as transportation and housing.
- Document services and gaps in the regional ecosystem that support employers in hiring and retaining workers in recovery.



Challenge

There are a variety of service providers in each region with complementary, duplicative, or competing priorities and capabilities that mean limited resources are deployed inefficiently.



Solution

Conduct outreach and analysis to gain insights into stakeholder priorities and regional capacity.

- Survey stakeholders and employers to better understand their needs, priorities, and capabilities.
- Review the availability and capacity of treatment providers to ensure their adequacy and accessibility.
- Examine the capacity of recovery-related workforce development services (including career counseling, job training, and job placement) to meet the needs of individuals in recovery.

Solution

Help social service organizations coordinate as they engage with employers.

- Establish a venue for service providers to communicate and coordinate.
- Develop consensus among stakeholders about various service provider roles and responsibilities.
- Identify data and metrics to understand scale and scope of community challenges, determine value of services and programs, and measure progress toward achieving goals.
- Develop protocols to help social service providers ensure clean hand-offs for clients.
- Identify funding opportunities to enhance services provided in the community.
- Better align existing services to the needs of employers and high-risk individuals.



Solution

Ensure service providers in key areas have access to a consistent set of resources to serve both employers and workers.

- Design a clear mechanism for potential jobseekers and workers to learn about treatment and employment options.
- Identify an initial point of contact (for workers and jobseekers) to intake individuals and connect them to treatment and recovery resources.
- Build the capacity of treatment providers to provide adequate and accessible services.
- Build the capacity of recovery-related workforce development services to meet the needs of individuals in recovery.
- Expand access to licensed peer counselors for recovery at places of work and job centers.

Challenge

SUD treatment competes with other community priorities and receives fewer resources than the need requires.



Solution

Reduce the stigma among community leaders to gain greater attention and focus.

- Promote understanding of the science of addiction, i.e., workers in recovery have a chronic health condition.
- Support earned media delivering positive messages about those in recovery, treatment options, hiring employers, etc.

Solution

Help social service organizations coordinate as they engage with employers.

- Identify and pursue avenues for continued funding support.
- Develop programs in the justice system to recognize SUD as a health issue with services associated with those in need.
- Develop advocacy efforts dedicated to making the case for investing in public services focused on supporting workers in their recovery journey as a preferred alternative to the social costs tied to untreated SUD (e.g., social services, health care, and justice system).

“ Each region will have different local challenges, priorities, and gaps to address – there is no one-size-fits-all approach available. ”

Challenge

Workers and jobseekers may be hesitant to seek treatment because of the perceived stigma and misconceptions that they, their family members, co-workers, and employers have about SUD.



Solution

Provide community-wide education and awareness about SUD as a chronic health condition with social consequences for workers in recovery.

- Develop a campaign designed to reduce the stigma associated with SUD and encourage those with SUD to seek treatment.
- Design an educational campaign focused on helping employers better understand SUD and encourage them to hire jobseekers or support existing workers in recovery: treatment options, hiring employers, etc.



“ Ensuring that people in recovery from substance use disorder are fully employed and productive has both economic and social benefits. ”

Understanding Regional Needs

The first key challenge that practitioners and policymakers encounter in developing their recovery-to-work ecosystems is a lack of a full understanding of the capabilities of the organizations that participate in that ecosystem. To build this understanding, it is helpful to map the full landscape of available services and to identify service gaps. For example, regions can assess gaps in services for recovering jobseekers and workers who need access to ongoing treatment and recovery-to-work services such as transportation and housing. Another option would be to document services and gaps in the regional ecosystem that support employers in hiring and retaining workers in recovery.

Mid-Ohio Valley Regional Council and Buckeye Hills Regional Council brought together local partners to document available resources and service gaps across a region on the Ohio-West Virginia border. Through multiple meetings, they inventoried available services and identified recovery friendly employers. They hosted discussions with local employers and employment service providers to explore the challenges faced by both jobseekers and employers. As a result, they identified a regional need for qualified behavioral health and treatment providers.

Because the region includes communities from two states, they also found state-funded services were not always well aligned or coordinated across the region. In response, the LDDs sought to synchronize those services and expand availability of exemplary efforts, such as West

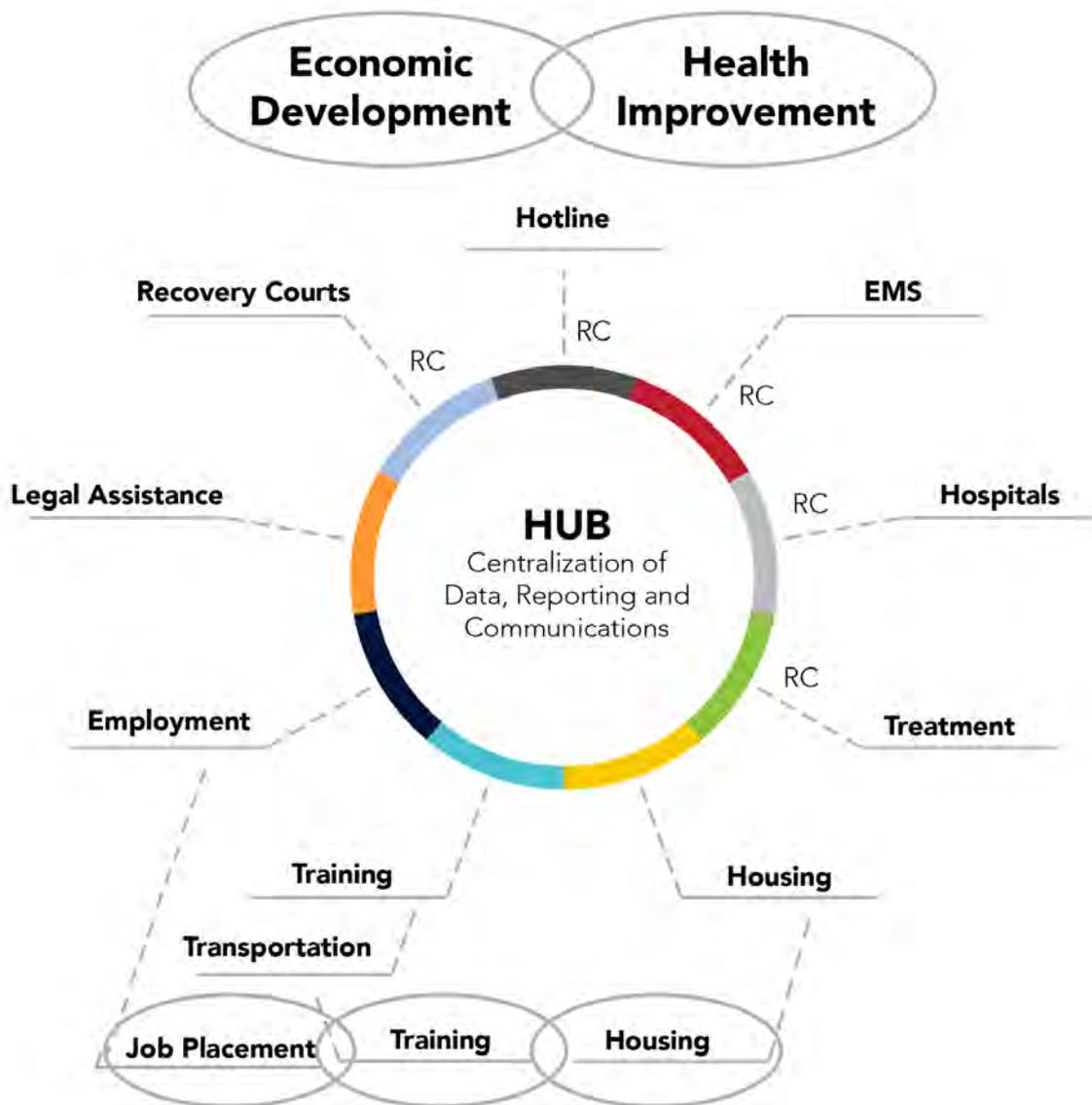
Virginia's Jobs and Hope program, across the entire two-state region.

Streamlining and Coordinating Services

Where service providers have complementary, duplicative, or competing priorities and capabilities, the inefficiently deployed resources threaten effectiveness and sustainability. To assess the extent of this issue, stakeholder outreach and gap analyses can offer insights into regional priorities and capacity. For example, LDDs or workforce boards can identify data and metrics to understand the scale and scope of community challenges, determine value of services and programs, and measure progress toward achieving goals. Surveying stakeholders and employers helps regional leaders to better understand their needs, priorities, and capabilities. They could also review the availability and capacity of treatment providers to ensure their adequacy and accessibility.

It is also important to help social service organizations coordinate as they engage with employers. A key strength of LDDs is their expertise in convening community stakeholders, and a natural LDD role in developing the recovery-to-work ecosystem is to establish a venue for stakeholders to communicate and coordinate consensus-building dialogue about their respective roles and responsibilities. Working with social service providers, LDDs and other regional leaders could help develop protocols to ensure a clean client hand-off between those providers. Further, LDDs have the

Figure 1: UCHRA Substance Abuse Solutions Hub-and-Spoke Model



capacity to help identify funding opportunities to enhance services provided in the community and encourage sustainability.

The sheer scale of work required to coordinate the recovery-to-work ecosystem is apparent in the efforts in one Tennessee region. The fourteen-county Upper Cumberland Development District (UCDD) and its sister organization, the Upper Cumberland Human Resources Agency (UCHRA), identified 172 local agencies, organizations, groups, and churches that were helping to address some aspect of substance use disorder. The challenge was creating a system to coordinate and manage access to these services.

The region created an entity to facilitate these wraparound services, the Substance Abuse Solutions (SAS) department within the UCHRA. SAS created a “Hub-and-Spoke” model to manage resources, data, and communication across organizations and to guide clients who have been identified and placed on a pathway to recovery (see Figure 1). The Hub receives referrals from local courts, hospitals, emergency services, support groups, or any other source. The referred individual is matched with a treatment center and a peer-caseworker who guides that person through the recovery treatment program. Upon completion of treatment, they continue to guide the individual through the complex range

of services (housing, education, employment, transportation) available to help sustain their recovery for up to two years.

The US Department of Justice’s Bureau of Judicial Assistance provided funding to establish SAS in January 2020. SAS began operation in July 2020. By early 2021, SAS identified more than 350 individuals with substance use challenges and helped assess and refer them to more than 600 different treatment or other recovery services. The City of Cookeville and its police department recently recognized the program for its positive impact on the community. As a result, the city has also contracted with SAS to provide casework management for individuals identified as having a substance abuse issue.

Coordinating Consistent Resources Among

To mitigate duplication of services and present a coherent message, regions can work to ensure service providers in key areas have access to a consistent set of resources to serve both employers and workers. For example, workforce boards and treatment providers can collaborate to design a clear mechanism for potential jobseekers and workers to learn about treatment and employment options. Behavioral health boards can identify an initial point of contact to assist individuals with intake and connect them to treatment and recovery resources. Similarly, these same organizations can expand access to

licensed peer counselors for recovery at places of work and job centers.

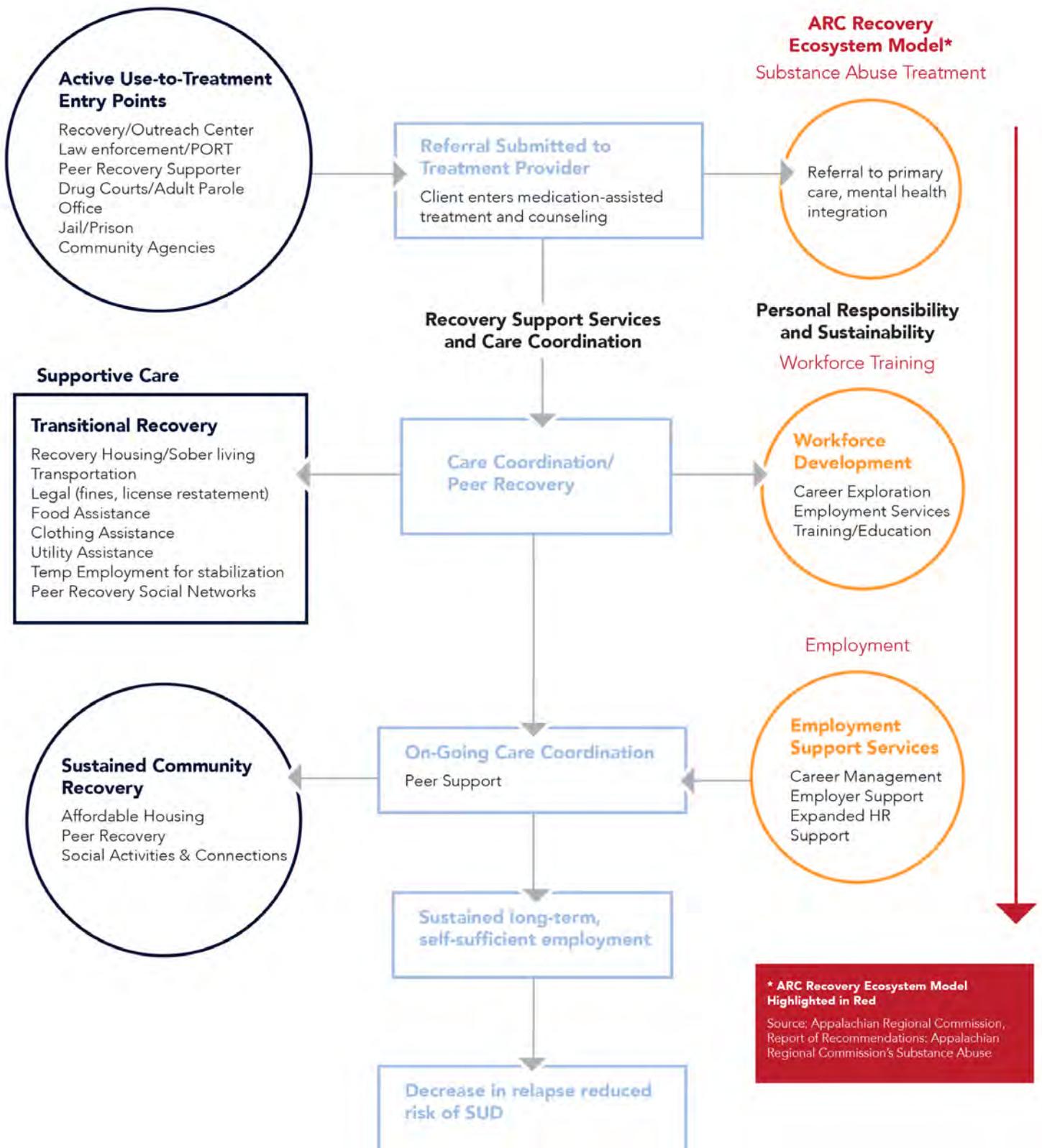
The intensity of care and peer support differs by individual and by their respective stage in the recovery process. Therefore, coordinating services across organizations and throughout the different stages is crucial. Early-stage treatment is vital, but longer-term recovery inevitably involves the workforce and economic development system as links to employers that are seeking access to a skilled labor pool. In its effort, the OVRDC team tried to develop an inventory of local programs. As they generalized each organization’s roles, they worked in concert with DDAA to develop a general guide to regional stakeholders for understanding how recovery-to-work contributes to the full continuum of care, help reduce the risk of individual relapse, and ensure that this talent pool contributes productively to local employers (see Figure 2).

Conquering Stigma

Misperceptions about substance use disorder can create a discouraging stigma among SUD-affected individuals in seeking treatment, among business owners and co-workers in hiring, among policymakers in devoting resources to addressing SUD, and so on throughout the community. Community-wide education and awareness about SUD helps to reduce stigma and galvanize action.

“Community-wide education and awareness about SUD helps to reduce stigma and galvanize action.”

Figure 2: Recovery-to-Work Ecosystem



Regions can reduce stigma by building awareness of the science of addiction among the community, including jobseekers, workers, family members, business leaders, recruiters, hiring managers, and employee supervisors. Research shows that addiction is a chronic, but treatable disorder like heart disease or asthma, but many employers hold negative perceptions because they believe that addiction is a personal choice rather than a disease. While there is not a cure for drug addiction, it can be successfully managed. Research shows that when treating addiction to opioids (such as prescription pain relievers or drugs like heroin or fentanyl), medication should be the first line of treatment, usually combined with behavioral therapy or counseling.¹² Detoxification alone without subsequent treatment generally leads to resumption of drug use. Most importantly, treatment should be tailored to address each patient's drug use patterns and drug-related medical, mental, and social problems.

Many national and local efforts seek to combat stigma surrounding substance use disorder within a variety of audiences. For example, the Harm Reduction Coalition (HRC) created the Understanding Drug Related Stigma training program in partnership with the New York State Department of Health's AIDS Institute.¹³ Another national organization, Shatterproof, is working to develop a national movement focused on ending stigma.¹⁴

Making SUD a Regional Priority

Another regional challenge is that SUD treatment competes with funding for other community priorities, and oftentimes needs more resources to meet local needs effectively. To gain greater attention to and funding for the issue, local development districts can work with treatment providers, educators, media, and behavioral health boards can support efforts to educate community leaders, employers, and workers alike

about the science associated with addiction. Similarly, LDDs can coordinate regional stakeholders to support earned media delivering positive messages about successes achieved by those in recovery, the success of treatment options, and the positive contributions that SUD-affected workers make to their employers.

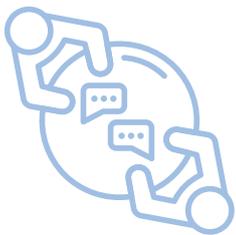
LDDs can also build grassroots coalitions to advocate for SUD as a local priority, with the goal of increasing funding and legislative support. As key players in grant management within their communities, LDDs can identify and pursue avenues for continued funding support. They can also develop advocacy efforts for public investment in SUD support services, including describing these services as a preferred alternative to the social costs associated with untreated SUD (e.g., social services, health care, and justice system). Alternatively, local courts can develop programs to recognize SUD as a health issue with services associated with those in need. Likewise, local foundations can play a vital leadership role by collaborating to identify key priorities and fund programs or new positions such as the SUD Coordinator position.

The Upper Cumberland Development District's focus on SUD was driven at the highest level by the mayors of the fourteen-county region. As members of UCDD's board, the mayors and county executives identified substance abuse as a priority for UCDD due to the wide-ranging effects of SUD in their communities and the need for a coordinated response across counties. In 2017, the mayors gave UCDD the charge of leading a regional effort to respond to substance abuse and related issues. UCDD's unique organizational structure, through its merger with the Upper Cumberland Human Resources Agency, positioned the LDD not only to take a leadership role and provide on-the-ground staffing and broader organizational resources to address the region's SUD crisis.

¹² National Institute on Drug Abuse, see <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery>

¹³ https://www.opioidlibrary.org/featured_collection/reducing-stigma-surrounding-substance-use-disorders-research-and-training/

¹⁴ <https://www.shatterproof.org/our-work/ending-addiction-stigma/plan-to-end-addiction-stigma>



GOAL 2

Engaging and supporting businesses as recovery-to-work partners so they hire and support workers in recovery.

A recovery-to-work ecosystem cannot succeed without the active engagement of the employer community. Employment is not only an outcome of recovery, but it is also a contributor to long-term, successful recovery.¹⁵ In Appalachia, the issue of engaging employers in recovery-to-work hiring takes on added importance due to critical workforce shortages throughout the region. With low unemployment and a long-term trend of young adults leaving Appalachia for opportunities elsewhere, area businesses need a broader labor pool. In tight labor markets, having access to skilled SUD-recovering workers could be an important contribution to the region's economic resilience and long-term prosperity.

¹⁵ <https://www.usda.gov/sites/default/files/documents/rural-community-action-guide.pdf>

Challenge

Employers are hesitant to hire jobseekers or workers in recovery due to perceived or unknown risks.



Solution

Help employers to articulate and communicate their concerns and challenges associated with hiring and retaining individuals in recovery.

- Gather information first from economic developers and other intermediaries, then focus on staffing agencies or a few larger employers.
- Educate employers about the capabilities and risk profile of workers in recovery to enable fully informed risk assessments and solidify buy-in.

Solution

Identify and recruit early adopting employers to serve as champions and engage in outreach effort.

- Work with existing network to leverage their experience and contacts.
- Provide opportunities for peers to interact and share experiences.

Solution

Make the business case for hiring and retaining workers in recovery.

- Support a thriving economy that offers job opportunities with a living wage.
- Document success stories from companies that have employed workers in recovery.
- Provide opportunities for peer employers to share their experiences.
- Provide incentives to employers for hiring people in recovery.
- Market to employers any available resources (e.g., federal bonding) that support hiring people in recovery.

Challenge

Employers lack standard human resources and related operating procedures to guide their decision making about how to support current workers in recovery, resulting in higher employee retention rates.



Solution

Provide best practice guidance for employers in hiring workers in recovery to reduce potential risks.

- Identify and share employer-created risk assessment tools and techniques used in recruiting and hiring decisions.
- Identify and profile employer support resources, including relevant counseling, treatment, and social services.
- Organize hiring and recruiting initiatives designed to identify workers in recovery with in-demand skills.
- Educate employers on strategies for mitigating the risks associated with hiring and recruiting including potential liability and insurance.
- After successful completion of a “work-ready” program, certify that individuals in recovery are prepared for and more likely to succeed in the work setting.

Solution

Provide best practice guidance for employers in supporting workers in recovery to encourage job retention.

- Provide employers with guidance on how to ensure worker accountability and celebrate their successes.
- Train or educate employers in the characteristics of a recovery-friendly workplace (e.g., “recovery ready workplace” certification).
- Provide on-site counseling support models that can help supplement human resources capabilities and address issues unique to workers in recovery (e.g., employer resource network).
- Provide employers with guidance on how to develop an early warning system to spot when workers in recovery may have relapsed or at risk of doing so.
- Assist the development of peer support systems within companies for workers in recovery as well as their supervisors.
- Develop tools to guide managers and supervisors start a conversation with employees who might need assistance, including guidance on using supportive language in interacting with workers in recovery.
- Offer naloxone training to staff (e.g., <https://www.getnaloxonenow.org>).

Helping Employers Articulate and Communicate Concerns

Regions involved in the Learning Academy identified several challenges in engaging and supporting employers. An important lesson from the Learning Academy regions is that a comprehensive approach to supporting second-chance employers starts with identifying and responding to employer needs. Negative perceptions about substance use disorder, often called stigma, make it more difficult to build empathy and broad buy-in from employers. This stigma reflects misunderstandings and a lack of information about the science of addiction.

At the same time, work schedules and work-related commitments may conflict with existing legal, health care, and human resources practices. For instance, day-time work schedules mean that workers in recovery must take time from work to respond to court dates or medical appointments. Communities can start by helping employers better articulate and communicate their concerns and challenges about hiring or retaining SUD-affected workers. For example, LDDs can gather insights from economic developers or other business-serving intermediaries and then focus on gathering information from staffing agencies and a few larger employers.

Developing Employer Champions

There is no more powerful advocate for hiring individuals with SUD than a business leader with a positive experience. These “champions” offer legitimacy to peer employers in the community when making the case for hiring individuals with SUD. Communities can work through existing networks to provide opportunities for identified champions to interact with their peers and share relevant experiences. Creating videos or facilitating employer conversations (e.g., through Industry Summits) can help. One of the most

important things regions can do is highlight success stories and connect employers with support organizations that understand addiction and the recovery-to-work model.

Through this process, workforce boards and economic development organizations can identify and recruit early adopter employers to serve as champions. For example, in the Ohio Valley region, the LIGHTS-INC initiative recently launched a business survey to inform their recovery-based initiatives. Workforce development and career services agencies, chambers of commerce, and job placement organizations designed the survey with the goal of improving outcomes for employers who hire individuals in recovery.

Making the Business Case for Hiring Workers in Recovery

While communities may start the conversation around risk awareness and mitigation, they must also be able to make an effective business case for the positive benefits that result when hiring and retaining workers in recovery. Becoming a recovery-friendly workplace is not just driven by civic or community spirit, it must also make good business sense. Worker shortages, absenteeism, and decreased productivity result from substance abuse. These negative impacts on business are well documented. But research shows that employees who are in recovery “have equal or lower healthcare costs, absenteeism, and job turnover compared to employees who never report an SUD”.¹⁶

There are several ways to effectively speak to employers about the journey faced by workers in recovery. First, employers need to understand that employees in recovery are good bets. Then, employers want to know that those current or prospective employees will have the support necessary to maintain their recovery. That means

¹⁶ Implications of Drug Use for Employers, National Safety Council <https://www.nsc.org/work-safety/safety-topics/drugs-at-work/substances>

they want to hear about applicants making progress and currently enrolled in treatment and recovery programs. Further, they want to see services that are coordinated and streamlined in ways that reflect not only the worker’s needs but also the employer’s needs.

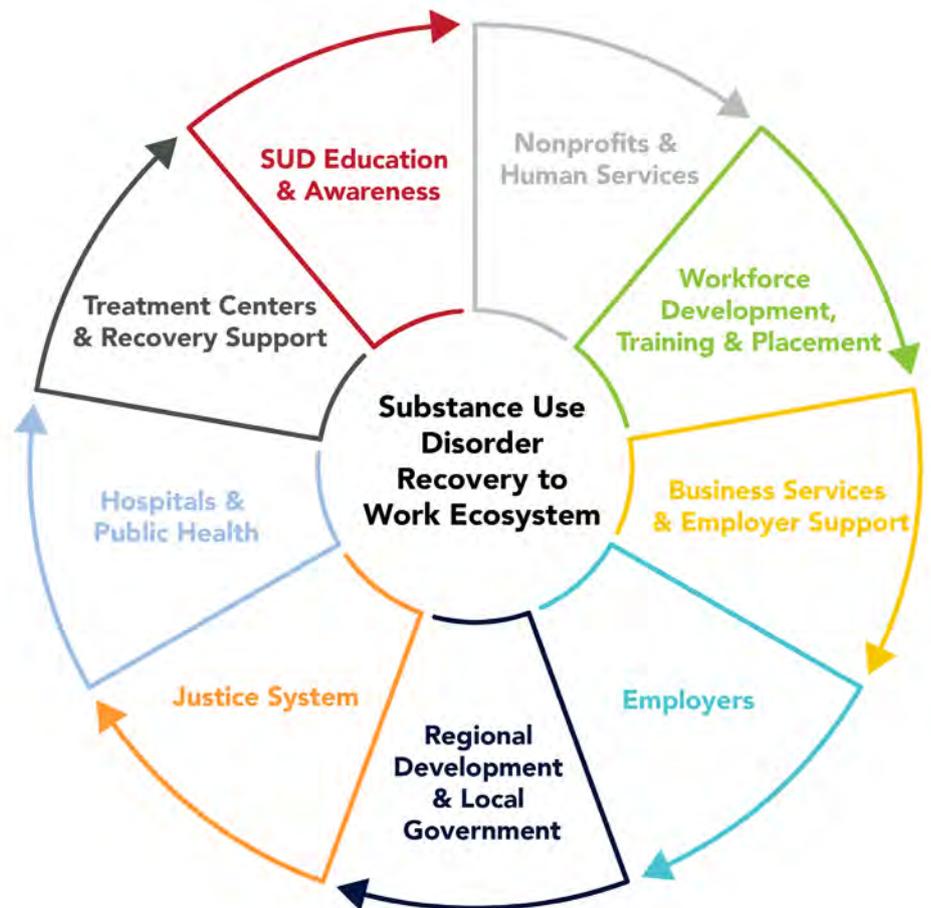
In the Mid-Ohio Valley, local businesses and chambers expressed concern about the region’s high turnover and low workforce participation rates. Employers did not make the connection to the SUD crisis, misunderstanding the root causes of these economic consequences. The local development district and a local chamber of commerce worked together to help make the connection between SUD and well-articulated hiring and retention issues impacting area businesses.

In some cases, skeptical businesses will only engage with an inducement. So, state or local governments may choose to offer incentives to employers for hiring people in recovery. For

instance, New York State’s Recovery Tax Credit incentivizes employers to hire workers with SUD to reduce the perceived risk associated with addiction. Eligible employers can apply to receive up to \$2,000 of tax credit per eligible employee.¹⁷ In addition, the US Department of Labor provides companies up to \$5,000 worth of fidelity bonding that is designed to reimburse employers for any loss due to employee theft of money or property.¹⁸ It can be accessed for a select group of employees, including those with SUD, through the state and local workforce system.

The Southern Tier 8 Industry Summit Series, conducted in a virtual format during the summer of 2020, served as a regional platform for businesses to learn about different industries and issues, share best practices, and spearhead collaboration on potential projects. The series of panel and roundtable sessions introduced the supportive recovery-to-work ecosystem (see Figure 3) in New York State’s Southern Tier to

Figure 3: Substance Use Disorder Recovery-to-Work Ecosystem Model Developed for the Southern Tier Industry Summit



¹⁷ Recovery Tax Credit Program, New York State <https://oasas.ny.gov/recovery-tax-credit-program>

¹⁸ Federal Bonding Program, U.S. Department of Labor <https://bonds4jobs.com/about-us>

employers. The goal was to provide employers with insights about how best to work with a group of highly qualified workers who happen to be experiencing SUD. Each session addressed critical aspects of employment and SUD, such as incentives and programs available to assist Southern Tier employers, legal issues of hiring workers in recovery, and support services required to overcome transportation and other barriers to employment.

Providing Guidance to Employers to Reducing Risk Hiring Workers with SUD

Once communities have identified employers comfortable with hiring workers in recovery, it is important to provide tools and services that will help those businesses accommodate workers who may be in recovery. Employers often need clarity on their roles and responsibilities for providing a recovery supportive workplace. Many want to help workers encountering SUD issues but have limited or no knowledge about how best to do so.

For example, employers may continuously seek out best-practices in human resources policies, peer support, and risk mitigation. Regions have an opportunity to help businesses understand how to weigh the risks involved with hiring someone in recovery, the role a supportive workplace can play on the road to recovery, and the return on investment leveraged for the business when an SUD-affected individual has an appropriate support system in place.

Recovery-friendly businesses may need special assistance in finding qualified workers from among this group, interviewing, and making appropriate hiring decisions, and supporting the transition of these SUD-affected workers to sustained employment. One way to assist SUD-supportive businesses may involve LDDs or workforce boards providing help to organize

hiring and recruiting initiatives focused on those workers in recovery who are ready for work and already have in-demand skills. LDDs or their partners can also offer work-ready programs to help individuals succeed and certify that individuals in recovery are prepared for work and have the counseling, medication, and social services they need to be successful.

Several state chambers of commerce, including Tennessee¹⁹ and Ohio, have developed toolkits for employers to provide access to a full range of tools that help employers facilitate managerial buy-in, reduce stigma, and create and implement SUD-friendly HR policies. The Ohio Chamber of Commerce, for example, created an online toolkit: A Dose of Reality for Employers - A toolkit to help mitigate the risks associated with Ohio's Opioid crisis.²⁰ The course gives an overview of the legal and operational issues an employer must consider in dealing with an employee's use of opioids and other substances. The modules include best practices that employers can use in their workplace such as implementing a drug-free workplace program, crafting solid workplace policies, or offering an employee assistance program.

Several employer-focused resources exist at the national level as well. The Grayken Center for Addiction at Boston Medical Center has a free, online employer resource library that provides information and templates to support companies in understanding and addressing SUD.²¹ The national nonprofit Shatterproof offers businesses a self-paced web-based tool, Just Five, that increases awareness and reduces stigma among employees.²² LDDs can play an important role in customizing and adapting these national and state-wide resources for local use. For example, the Upper Cumberland Development District plans to adopt and customize the Tennessee Chamber of Commerce opioid toolkit for employers in their region.

¹⁹ Opioid Toolkit, Tennessee Chamber of Commerce & Industry <https://tnchamber.org/opioid-toolkit>

²⁰ Opioid Toolkit, Ohio Chamber of Commerce <https://ohiochamber.com/opioid-toolkit/>

²¹ Employer Resource Library, Grayken Center for Addiction <https://www.bmc.org/addiction/employer-resource-library>

²² Just Five, Shatterproof justfive.org

Employers are often hesitant to hire jobseekers or workers in recovery due to perceived or unknown risks to their business. The risks involved with hiring someone affected by SUD include risk of relapse which could, in turn, involve increased health care costs, increased absenteeism, reduced productivity, as well as safety concerns for other employees. These risks are real, and it is important to acknowledge them. The annual cost of drug and alcohol addiction to American businesses is estimated to be \$81 billion, with an estimated \$25.5 billion lost due to decreased productivity.²³ The National Safety Council's Substance Use Employer Calculator is one tool that can help employers understand the real cost of substance use to their business.²⁴

Risk aversion in hiring can be dictated not only by the perceived value of the worker to the company, but also by liability and insurance concerns. If employers hire someone with SUD who exhibits low productivity or causes problems on the job, it could be viewed as negligent hiring and can potentially have severe impacts on productivity of workers around the affected employee. Company health insurance policies may not provide for confidential employee assistance programs or treatment supports. Regions may want to provide technical advice to small employers on risk mitigation strategies including potential liability and insurance requirements for hiring workers with a history of SUD.

Existing human resource practices may pose barriers to hiring workers with SUD. This includes practices for screening candidates in the hiring process and flexibility on the job for counseling and other treatment services. To help businesses in their regions hire more people in recovery, regions will need to help businesses both understand and mitigate the risk of hiring individuals in recovery. Since individuals in recovery may require ongoing treatment to combat their addictions, they may

be eligible for ADA protection. ADA protection prohibits employers from discriminating against employees and prospective employees because of their disabilities.

In the Southern Tier 8 region of New York, the local chamber of commerce partners with the LEAF Council on Alcoholism and Addictions to hold a three-hour workshop for high level management teams from around the area to address addiction in the workplace. These workshops offer employers an opportunity to speak with a lawyer specializing in ADA compliance and working with individuals with disabilities. This lawyer helps identify what accessibility measures are and are not required to help people in recovery, clarifying that while employers do need to accommodate recovery, they do not need to accommodate active addiction. The rest of the workshop included an overview of the science of addiction to demystify the process of long-term recovery, a discussion on what a recovery coach or peer specialist is and the role they can play to get people back to work, and a talk from someone who has experience in hiring people in recovery who can testify to the benefits of the recovery to work hiring process.

Helping Employers Support Workers in Recovery to Encourage Job Retention

To support workers in recovery, regions can provide employers with guidance on how to ensure worker accountability and celebrate their successes. For example, they could train or educate on the characteristics of a recovery-friendly workplace and help employers obtain a "recovery ready workplace" certification. Employers stand to benefit from guidance on how to develop an early warning system to spot when workers in recovery may have relapsed or be at risk of doing so. A comprehensive approach to recovery-to-work can also include providing customized solutions that respond to the

²³ *Job Problems Caused by Addiction*, Addiction Center <https://www.addictioncenter.com/addiction/job-problems/>

²⁴ *Substance Use Employer Calculator*, National Safety Council <https://www.nsc.org/forms/substance-use-employer-calculator>



employer's needs. Many of these solutions involve a model that connects an employee in recovery to a qualified counselor (also referred to as recovery coach, peer specialist, or peer advocate).

Employer champions who participated in the Learning Academy shared several lessons learned for other employers who want to hire or retain workers with SUD, including:

- Maintain a thoughtful employee selection process that includes evidenced-based interviewing, such as scores to reduce bias.
- Cultivate short term, casual, and regular employee reviews to check in and manage early stresses.
- Detect and realign employee problems and problem behavior early in their development, assuming that problems will not go away unless treated and that problems can be opportunities to strengthen the team.
- Manage preferred behaviors by enforcing simple rules (e.g., timeliness, honesty, reliability, etc.) rather than simply maintaining a list of things that employers do not want to see.
- Develop an on-site confidential employee assistance program.

Ohio Valley identified employee retention as a primary challenge faced by employers and chose the Employer Resource Network national model to address the issue. The newly formed Southern Ohio Employer Resource Network plans to employ success coaches to provide services at workplaces throughout the work week. These coaches' time can be purchased by employers (at a highly subsidized rate through this program) for a site visit and consultation services. The recovery coaches can connect resources to clients

to help people stay on the job without needing to take time off work to address their treatment or other life-related barriers. HR departments in these companies typically do not have the time or knowledge to connect struggling employees with available resources. A worker missing a shift can cost an employer \$500 or more, so employers paying for the coach can often be an effective cost saving measure.

New Hampshire started a statewide "Recovery Friendly Workplace" (RFW) designation with funding from a state allocation. Nonprofits provide relevant programming paid for by US Department of Labor funds. The program includes Recovery Friendly Advisors, technical assistance, and marketing activities. The most recent report shows 279 workplaces from across New Hampshire have joined the RFW initiative with 2,875 employees trained in one or more RFW training modules.²⁵ Elements of the RFW designation include:

- Making a declaration to employees of the workplace's commitment to the effort.
- Communicating to employees on workplace policies and access to resources and supports.
- Offering trainings to supervisors and employees.
- Getting connected to community-based public health and recovery organizations.²⁶

²⁵ Community Development Finance Authority, *New Hampshire's Recovery Friendly Workplace Initiative 2018 – 2020 RFW-Report-9.30.2020-CDFA-FINAL.pdf* (nhcdfa.org)



GOAL 3

Facilitating wrap-around support for jobseekers and workers with SUD to ensure lasting recovery and employment.

Recovery from a substance use disorder requires support, guidance, and assistance addressing an individual's physical, emotional, and financial needs. First and foremost, people need quality health care, including access to medication-assisted treatments and counseling to support both physical and mental well-being, comprising the foundation for SUD treatment. Case management services and coordination of care across multiple providers and organizations streamline the recovery process and minimize frustrations that might lead to relapse.

While services specific to treatment of SUD are, of course, essential to recovery, basic life needs such as affordable childcare and housing or reliable transportation for both occasional health care appointments and consistent employment are important for reasons beyond simply keeping a job. Living in a community with a high quality of life (including quality employment) improves overall well-being and life satisfaction and in turn reduces the likelihood of substance use disorder.²⁷ Relatedly, individuals need jobs that provide meaningful opportunities (including a clear career path), develop skills, pay a living wage, and provide work incentives greater than the resources available through public assistance.

The experience of the four regions participating in the Learning Academy demonstrates the importance of addressing those needs through comprehensive wrap-around services reflecting the full continuum of care as needs change. During recovery, individuals can encounter a variety of barriers that threaten relapse or poverty, and the support services must adapt to overcome those barriers. For example, a poor handoff to a treatment center during re-entry following a jail sentence might result in returning to a social network or housing situation with all the negative influences that initially led to substance abuse. It is important to minimize these barriers through comprehensive, readily available services delivered by community service providers that are coordinated efficiently.

²⁶ *The Recovery Friendly Workplace Initiative, State of New Hampshire* <https://www.recoveryfriendlyworkplace.com/>

²⁷ *Laudet, Alexandre B. "The case for considering quality of life in addiction research and clinical practice." *Addiction science & clinical practice* vol. 6,1 (2011): 44-55.*



Challenge

Recovering jobseekers and workers need access to on-going treatment to address their chronic SUD-related health condition.



Solution

Provide worker-friendly access to treatment and recovery services.

- Offer free or low-cost outpatient recovery services near jobs or via telehealth opportunities provided at place of employment.
- Provide access to free or low-cost inpatient recovery centers near where workers live.
- Provide legal services to address social justice consequences of SUD (e.g., access to drug courts, parole options, re-entry programs, assistance to restoring drivers' licenses, etc.).
- Simplify application and reporting process for recovery services.
- Expand organizations' capacity to reach more individuals (e.g., wrap around support for job seekers).



Challenge

People in recovery need a source of income and sense of hope for the future to support themselves and their family through recovery.



Solution

Provide opportunities for jobseekers and workers to improve their skills or develop their careers.

- Provide access to career counseling for existing workers and jobseekers in recovery.
- Increase awareness among jobseekers about skill requirements at recovery-friendly employers.
- Provide technical skills training near their home or their place of employment.
- Provide placement services to jobseekers in recovery (including resume services, job opportunity information, and job application assistance).
- Support opportunities for new business development (i.e., entrepreneurship) that focuses on high-risk individuals.



Challenge

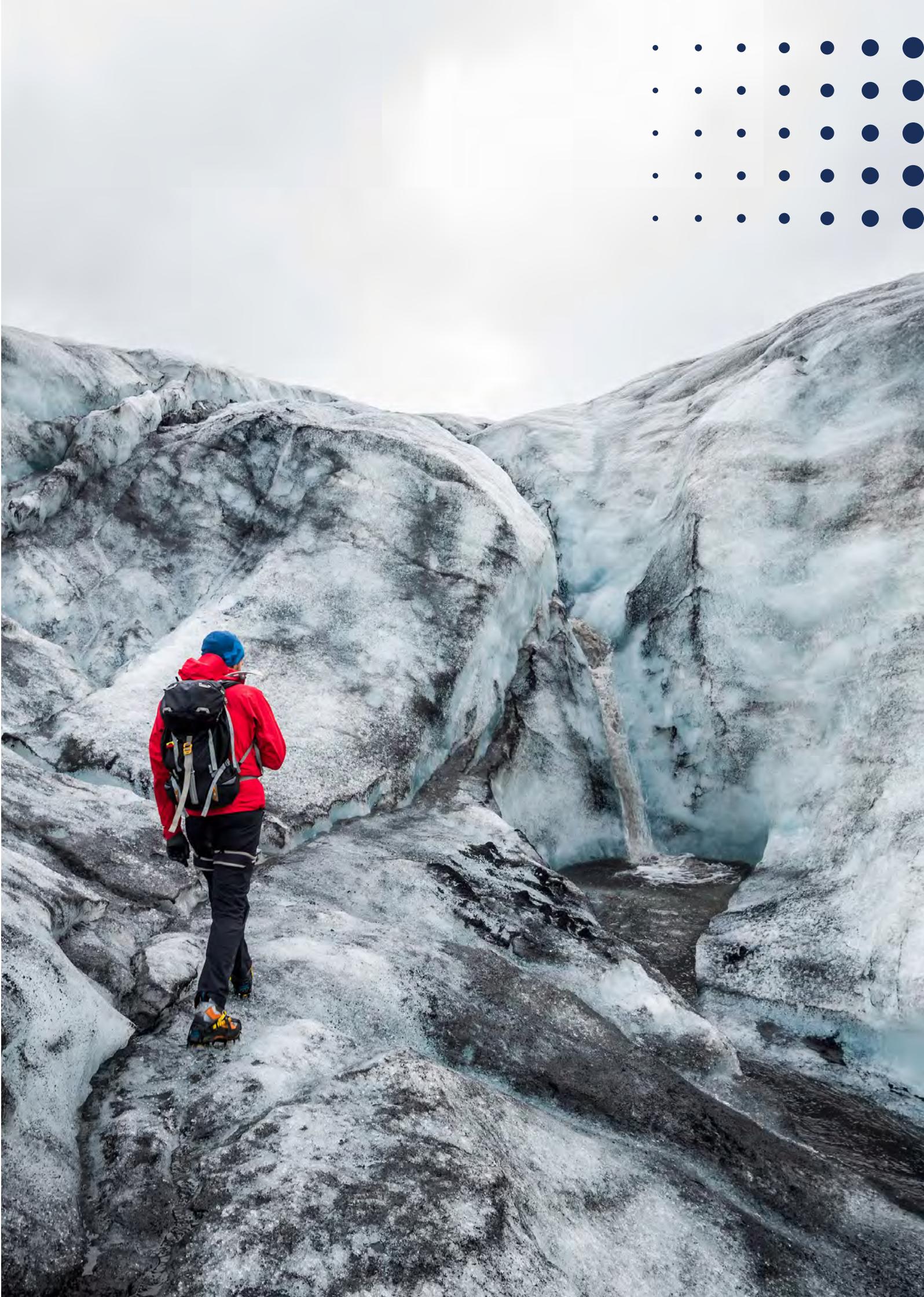
Jobseekers and workers with SUD may lack essential life skills or may encounter barriers that impede sustained recovery and employment.



Solution

Offer people in recovery access to essential wrap-around support services that will improve their chance of success.

- Identify reliable transportation options for people in recovery as they transition to permanent employment.
- Offer access to transition housing for sober living.
- Provide access to affordable housing for recovering individuals who are rebuilding their personal wealth.
- Provide quality, reliable childcare assistance to recovering jobseekers and workers.
- Provide training on essential soft skills for workplace success such as timeliness or hygiene.
- Help workers in recovery access low or no-cost healthcare and/or health insurance to ensure reliable access to care.
- Provide training and support in long-term medication management for workers and jobseekers in recovery.
- Support workers in their search for meaning and community by connecting them to religious services, social groups, peers in recovery, and other sources of meaningful relationships.



Access to On-Going Treatment

Often, treatment options in a region focus on recovery programs in the acute phase, such as intensive inpatient treatment. While this is certainly crucial to recovery for many, the focus of a recovery-to-work ecosystem should also be on supporting jobseekers and incumbent workers who need access to on-going treatment for their chronic SUD-related health condition. Regions can work to provide worker-friendly access to treatment and recovery services to support their employment.

For example, treatment centers can offer free or low-cost outpatient recovery services near jobs or via telehealth opportunities provided at a place of employment. Offices in the court system might provide legal services to address social justice consequences of SUD, such as access to drug courts or re-entry programs. Regional stakeholders of various disciplines can coordinate to simplify application and reporting process for recovery services.

Supporting Jobs and a Sense of Hope

Another challenge in facilitating wrap-around support to workers in recovery is that getting basic needs met (e.g., quality treatment and housing) is necessary but not enough. These individuals also need a source of income and sense of hope that they will be able to financially support themselves and their family. Therefore, paid work opportunities can help SUD-affected individuals improve their skills and develop their careers. Workforce boards are particularly important in this regard as they can provide access to career counseling for existing SUD-affected workers and jobseekers. By collaborating with economic developers and businesses, workforce service providers can increase awareness among jobseekers about skill requirements at recovery-friendly employers.

Local community colleges might also help by supporting high-risk individuals as they explore entrepreneurial opportunities in which they create their own jobs through new business development.

Some Learning Academy participants sought to expand existing job training programs in their regions, sometimes deploying public funding to create new programs. The Mid-Ohio Valley and Buckeye Hills LDDs jointly identified one such program from southwestern West Virginia, Creating Opportunities for Recovery Employment (CORE), that they plan to introduce in their own region. Launched with ARC POWER funding, CORE provides training and employment help to individuals in recovery. The program offers recovery-friendly workforce development services and recruiting local businesses to hire individuals in recovery. CORE employment specialists take a comprehensive, individualized approach to assess, prepare, and support individuals in recovery as they seek and attain employment or education. They connect individuals with a career readiness assessment, advice on job search and interviews, job training and placement assistance, and financial aid opportunities.²⁸

The Mid-Ohio Valley and Buckeye Hills region is also working to expand West Virginia's statewide Jobs and Hope program which places qualified coordinators called "transition agents" in communities to help ensure clients connect with critical services. This program identifies individuals in need of services and employment as they undergo treatment/recovery and connects them to services that position them for success in long-term employment. An example is West Virginia's Empowered Employment program, a state subsidized work readiness program. Individuals in recovery can participate in a 13-week program that provides on-the-job training and subsidizes 50 to 75 percent of the individual's wages.

In the Ohio Valley region, the Transitions Program launched in March 2019 to assist community members who have been impacted by substance use disorders, whether by personal history, family history or community influence. The program operates under the Community Action Committee of Pike County's Workforce and Business Development Program and includes a work experience program that connects individuals in recovery to worksites where they can gain on-the-job training. Case managers meet with an individual client in recovery several times before matching them with an employer to ensure the client is work-ready. A peer support case manager continues to counsel the client on the job. Employers benefit because the program covers half of the client's wages. The Work Experience component of the program launched in October 2019 with one worksite and has grown to twelve worksites that employ fifteen individuals. Twelve clients have gained full-time employment. Enrollment numbers continuously exceed performance expectations.

In Upper Cumberland, Tennessee, ARC INvestments Supporting Partnerships In Recovery Ecosystems (INSPIRE) Initiative funding is supporting an innovative pilot focused on partnering with and supporting individuals in recovery who have owned a business in the past or show strong aptitude to own a business. First, this approach will create a "Business Hub" that includes local entrepreneurial support partners, such as the Upper Cumberland Development District offices of accounting and media, the Tennessee Tech University Office of Innovation and Entrepreneurship, the Upper Cumberland Biz Foundry, the Small Business Development Center (SBDC), and the Franklin Fixtures R3 Mentorship program. The program will select qualified and passionate candidates and work with them to open a new business and manage it into profitability.

“ A common and significant challenge for jobseekers and workers with SUD is a deficit in essential life skills. ”

²⁸ <https://www.marshallhealth.org/services/addiction-medicine/core/>



Building Life Skills for Employment and Quality of Life

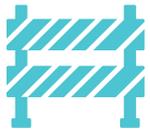
A common and significant challenge for jobseekers and workers with SUD is a deficit in essential life skills or the presence of other fundamental barriers that impede sustained recovery and employment. These individuals may be dealing with a variety of impediments such as poverty or abuse during childhood. To compound those challenges, many have sporadic work histories and may have lost their homes, vehicles, and any other personal assets. They may have also estranged themselves from supportive family members. Service providers seek to address these challenges, but their resources are limited and coordination across organizations can run into practical barriers.

Local development districts can take a leadership role in the community by coordinating regional stakeholders to offer access to essential wrap-around support services that will improve the odds of a successful recovery. For example, LDDs can work with transportation agencies to identify reliable transportation options for people in recovery as they transition to permanent employment. LDDs can also work with housing authorities to support transition or affordable housing. They can work with social services agencies to arrange reliable childcare or training on essential life skills. Finally, they can also work with community cornerstones like churches to support workers in their search for meaning and community by connecting them to religious services, social groups, peers in recovery, and other sources of meaningful relationships to supplement or repair estranged relationships.

Overcoming Barriers to Work and Recovery

In assessing their regional support services, Learning Academy regions consistently identified several key barriers to sustained employment for those in long-term recovery. The most commonly cited concerns were affordable housing and reliable transportation. Having a safe and welcoming home and a dependable way to get to work or treatment appointments are crucial to sustained recovery. The following section reviews these issues in depth and examines regional best practices.

“ Local development districts can take a leadership role in the community by coordinating regional stakeholders. ”



Work and Recovery Barriers: Inadequate Transition and Affordable Long-term Recovery Housing

Affordable housing is a nationwide issue, and it is particularly problematic for small communities and rural areas. Landlords and developers seek those with enough income to pay rents, but market rents can be beyond the means of most lower income workers, especially those with spotty work histories or limited savings. Housing is considered affordable if it accounts for 30 percent or less of monthly income. For an individual earning \$11 per hour at a full-time job (i.e., the typical pay for a low-skill entry level job), that would mean rent would need to be \$570 per month or less. However, according to the US Census Bureau’s American Community Survey, U.S. median rent is about \$1,100 per month. According to Harvard’s Joint Center for Housing Studies, 40 percent of rural renters are ‘cost-burdened’ households, and much of the available rental housing stock is substandard and in need of rehabilitation.²⁹

This challenge is particularly acute for those in recovery because few find jobs earning even \$11 per hour, many are not yet ready for full-time employment. They oftentimes have poor or no

credit histories nor do they have savings to use as a rental deposit. Frequently, they have records of past criminal convictions or evictions that, when reported to landlords makes them less desirable as a potential tenant. Quite simply, market-rate housing is out of the question.

Besides homelessness, the only option for many in recovery is to share accommodations, often on the couch of a friend or family member. This situation puts their recovery at risk because they are often exposed to unsupportive people when the individual may be most vulnerable to potential relapse. It also can put additional pressure on the very support network they need to maintain sobriety.

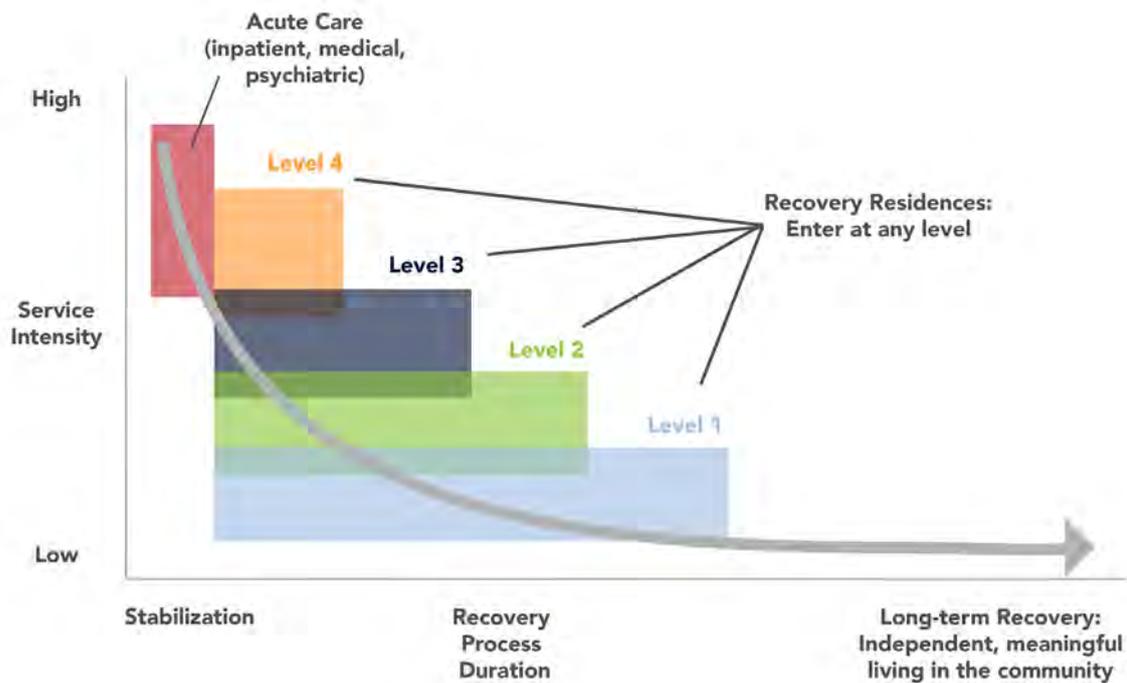
A stable housing situation is critical for people in SUD recovery. The strain associated with not being able to pay rent is a significant stressor that can trigger substance misuse and relapse to cope.^{30 31} Noting that housing and personal safety are basic human needs, affordable and “recovery-safe” housing is vital to ensuring the success of an individual’s recovery and contribution as a stable member of the workforce.

²⁹ Joint Center for Housing Studies of Harvard University, *America’s Rental Housing 2017*, December 2017, <https://www.jchs.harvard.edu/research-areas/reports/americas-rental-housing-2017>.

³⁰ Timothy Johnson, “Homelessness and Drug Use,” *American Journal of Preventive Medicine*, Vol. 32, Issue 6, June 2007, [https://www.ajpmonline.org/article/S0749-3797\(07\)00104-3/pdf](https://www.ajpmonline.org/article/S0749-3797(07)00104-3/pdf).

³¹ Rajita Sinha, “Chronic Stress, Drug Use, and Vulnerability to Addiction,” *Annals of the New York Academy of Sciences*, July 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2732004/>.

Figure 4: Recovery Residences in the Continuum of Recovery



What exactly is ‘recovery-safe’ housing? The National Alliance for Recovery Residences (NARR) suggests that recovery residences are places in which individuals can receive the continuum of care required for successful recovery. Qualified recovery housing provides a standardized approach to living arrangements that are appropriate to the intensity of care required. NARR categorizes recovery housing into four types or “levels” that reflect the intensity of treatment and independence that residents have.³²

Figure 4 illustrates that higher-level housing (i.e., Level 3 and 4) offer the most intensive medical treatment within the residential environment. Level 2 housing tends to offer a structured arrangement that includes a house manager and limited on-site access to professional treatment. Level 1 housing is the least intensive. It typically represents a sober-living group housing arrangement that is democratically run with established rules and with limited or no on-site treatment.

From a community perspective, Level 3 and 4 housing often consists of multi-family institutional dwellings that require higher density zoning and much higher subsidies for operation. Many Level 1 homes utilize traditional homes with multiple bedrooms and may be nestled in neighborhoods as what appears to be a traditional group home and with no one in the community any wiser about the status of the home as a sober living home. Residents of Level 2 housing are likely to be employed, but those in Level 1 almost always need to be employed so they can pay rent to help offset costs associated with operating the home.

Challenges and Gaps

During the pandemic, local service providers encountered rising challenges with placing residents in affordable recovery-safe homes. First, group quarters living during the pandemic was particularly problematic, and many communities

³² National Association of Recovery Residences Advocacy PowerPoint, May 2010, <http://narronline.org/wp-content/uploads/2013/09/May-2010-Advocacy-Presentation.pptx>.

were moved to higher cost facilities in hotels and motels to allow for greater social distancing. However, even without that complication, recovery housing is limited by the overall lack of affordable housing and the related barriers specific to locating recovery housing in a community, such as the stigma associated with the residents and the lack of resources available to expand the recovery housing stock.

Recovery housing proposals often suffer from the stigma that residents will create an unsafe neighborhood or bring unwanted drug-related or criminal activity to the surrounding community. Consequently, prospective neighbors often oppose proposed treatment or residential recovery proposals. This ‘not-in-my-back-yard’ (NIMBY) resistance to the development can drive up costs or make it difficult to gain needed approvals. In fact, most Level 1 sober living homes prefer to remain low key and do not widely advertise their role in the recovery process to avoid just such neighborhood resistance.

Many SUD-impacted workers may live in Level 1 or 2 housing, so this type of housing stock is particularly important for the recovery-to-work process. But the stock is limited because available properties are few and costly to develop or rehabilitate. Many Level 1 and 2 homes are typically older homes in need of extensive renovation. The upfront costs require a significant investment (often through a subsidy) to ensure that the home meets both city codes and rigorous residential standards for continuum of care. This upfront cost is a key barrier, especially since a preferred location for sober living quarters is in in-town neighborhoods well served by public transportation.

Communities and local stakeholders may support the idea of recovery housing, but they may not feel strongly enough to challenge the voices of concerned neighbors (and voters) who do

not understand the importance of sober living arrangements and overestimate the risks to the community of these homes. Likewise, the subsidies required for sober living homes must compete with other social service priorities, including a broader lack of affordable housing, the need for social services to a larger community, and other issues.

Furthermore, affordable housing issues are often tackled at the local level, but workforce housing is generally a regional problem. This is true for recovery-safe housing as well. Typically, there is very limited knowledge about the true demand for recovery housing because there is rarely a full inventory of all levels of housing and no organization is responsible to monitor demand or supply. This knowledge gap means that investors cannot be certain about needs, and it often results in limited options for those seeking housing at the critical time in which they need a safe place to recover and build a more stable life.

Employers rely on workers, many of whom are severely impacted by these housing shortages. Rarely do they ask their workers about their housing situation, and individuals in recovery may be more reticent than most to explain the instability of their living arrangements. Increasing awareness among employers about the extent of the problem for their employees, especially those in recovery, could be an important approach to building momentum to address the recovery-housing shortage.

Best Practices for Providing Recovery Housing

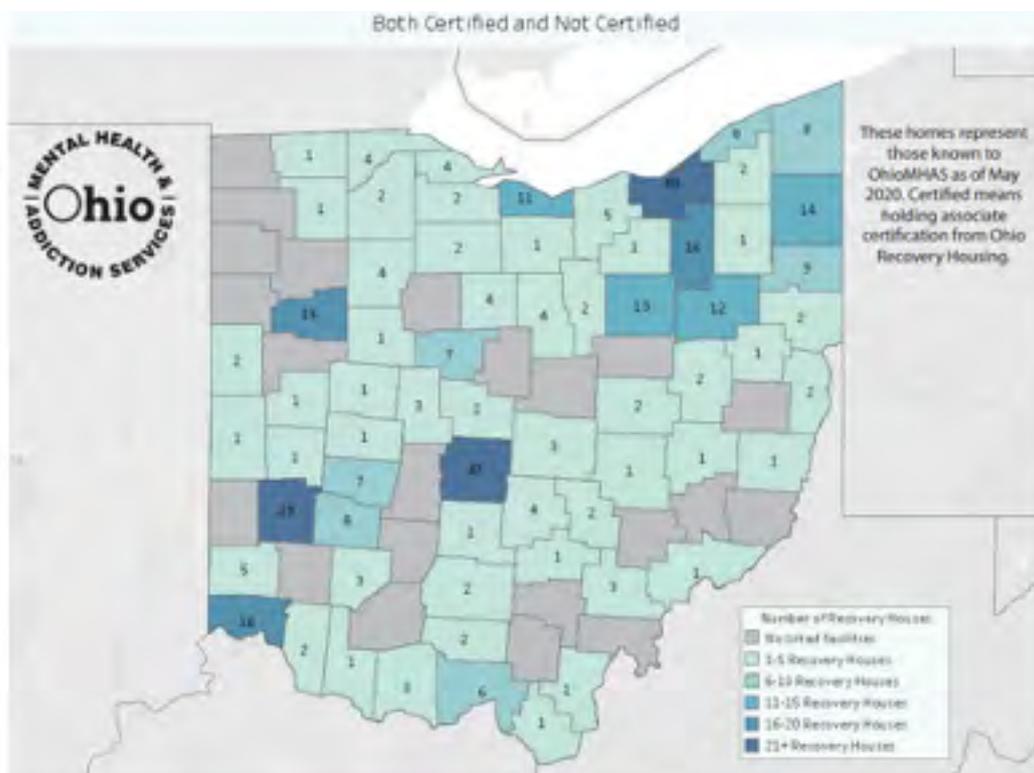
The level of care required in a recovery house strongly influences the best approach for facilitating the construction (or rehabilitation) and operation of a recovery house. Tracking the inventory of these facilities can be an important first step for understanding the supply (and demand) for transitional housing. Recovery homes at all levels, especially those offering on-site care, are frequently registered with a certifying body.

The need for recovery housing in rural communities is severe. Ohio provides an example of the challenge. The Ohio Mental Health and Addiction Services Department tracks the number of recovery homes available in that state. Of the registered recovery homes in Ohio,

309 organizations operate 615 properties with a capacity for 5,800 residents. Like many other states, the greatest need appears to be Level 1 residences which currently make up only one percent of those in operation. With bed space for 548 individuals, the 12-county southern Ohio region has three counties with no known recovery residences.³³ Figure 5 illustrates that most recovery homes are in the state's largest metropolitan centers.

Of course, many self-organized Level 1 homes may not be registered, but that also means finding them can be a challenge for individuals in recovery. The most common type of Level 1 home is the Oxford House. The archetype for Level 1 residences, these are democratically run, self-sustaining single-family homes with the ability to accommodate a range of individuals depending on the size of the residence. Providing a built-in

Figure 5: Total State of Ohio Recovery Homes, Source: Ohio Mental Health & Addiction Services



³³ Danielle Gray, Ohio Valley Housing Summit, March 2020, <https://crecstorage.blob.core.windows.net/ddaa/sites/6/2021/03/Ohio-Recovery-Housing-OVRDC-Summit-Feb-March-2021.pdf>.



peer-support system, residents may live in the home for as little as a few months or for many years; there is no time limit. This model helps those in recovery relearn responsible behavior and is often sustained in part by requiring residents to contribute to shared household expenses and monthly rent.³⁴ Because the residents pay rent, it is vital for most to have jobs as an integral part not only of their recovery but also of their livelihood.

In the Ohio Valley Region, Ross County Community Action in Chillicothe, Ohio leads the way with plans to open two Level 1 recovery residences in 2021. By purchasing the properties from the local land bank, these older homes need rehabilitation. The Community Action housing projects are implemented in partnership with the local vocational training program that offers apprenticeship opportunities to program participants learning to build construction skills. This community teamwork is symbiotic as it helps keep construction costs low for the renovation and provides necessary volunteer and skill building hours for program participants.

Technical Assistance and Resources

As most recovery homes are older renovated houses, the initial start-up and construction costs can be significant and overwhelming for most non-profit community groups that sponsor Level 1 housing. This is a similar barrier for most affordable housing. Grant funding to reduce the construction or rehabilitation costs (for older, existing properties) can be vital to help reduce the overall operational costs likely to fall on the individual residents.

The biggest challenge is often to first identify the property available to convert into a recovery home. Local landbanks and housing authorities are excellent first stops to find homes that may be ready for rehabilitation or low (or no-cost) land is available on which to build a new home. Otherwise, low-cost, often dilapidated houses with multiple bedrooms and baths are a frequent first option for potential recovery housing developers.

Once a property is identified, community stakeholders often need to collaborate with a local developer. The low-income housing tax credit (LIHTC), a tax incentive offered to developers to offset construction costs to ensure that a percentage of the housing constructed will be reserved for low-income housing, is an ideal way to make the project beneficial to the developer and ensure there is an incentive for the project. Starting with this model is often considered a key to debt-free construction.

There are various government grants and resources that can be leveraged to provide gap funding in addition to the low-income housing tax credit. These blended funding models include support from the Department of Housing and Urban Development that offers grants specifically to recovery homes and Community Development Blocks Grant (CDBG) funds.³⁶ Also, both the U.S. Department of Agriculture and Health and Human Services provide grants provide support in rural communities.^{37 38} Recovery home projects have also used other sources to fill funding gaps, including Federal Home Loan Bank funds, Federal housing trust funds, social impacts bonds, new market tax credits, and Opportunity Zone funding.³⁹

³⁴ Oxford House 2020 Annual Report, Oxford House, Inc., January 2021, <https://www.oxfordhouse.org/userfiles/file/doc/ar2020.pdf>.

³⁵ An Introduction to the Low-income Housing Tax Credit, Congressional Research Service, January 2021, <https://fas.org/sgp/crs/misc/RS22389.pdf>.

³⁶ Recovery Housing Program, U.S. Department of Housing and Urban Development, https://www.hud.gov/program_offices/comm_plannin.

³⁷ USDA and HHS Partner to Create Recovery Housing in Rural Communities, U.S. Department of Agriculture, February 2019, <https://www.usda.gov/media/press-releases/2019/02/15/usda-and-hhs-partner-create-recovery-housing-rural-communities>.

³⁸ Multi-Family Housing Programs, U.S. Department of Agriculture Rural Development, <https://www.rd.usda.gov/programs-services/all-programs/multi-family-housing-programs>.

³⁹ Ernie Fletcher, Ohio Valley Recovery Housing Summit, March 2020, <https://crecstorage.blob.core.windows.net/ddaa/sites/6/2021/03/Fletcher-Group-Ohio-Valley-Recovery-Housing-Summit-Feb-March-2021.pdf>.

“ Affordable, reliable transportation in rural communities is a challenge extending well beyond the needs of the SUD population. ”

Once the construction costs are identified, partners to help offset the operation costs for residents or routine maintenance can include state Section 8 Housing voucher programs, Medicaid, federal grants (including Department of Labor and Department of Justice), and local alcohol, drug, and mental health programs to supplement the self-payments from the residents.⁴⁰



Work and Recovery Barrier: Reliable Transportation for Regular Work and Recovery Commitments

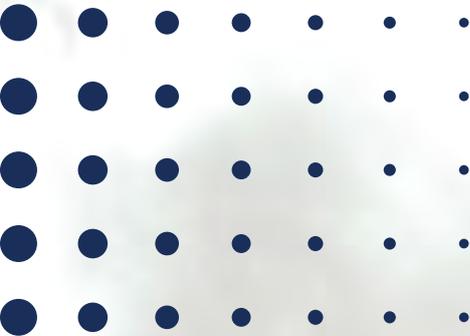
Affordable, reliable transportation in rural communities is a challenge extending well beyond the needs of the SUD population. The problem is so big, overwhelming, and expensive to address, it is hard for community leaders and SUD recovery advocates to know where to start and how to identify actionable steps to make a dent in the problem. Access to a personal vehicle is central to the transportation landscape in the rural communities that make up Appalachia. Public transit may be less expensive, but it is extremely limited in rural communities: 4% of rural households use public transit compared to 31% of urban households.⁴¹ Second, people prefer the freedom and flexibility associated with owning and having access to a personal

vehicle, and over 90% of passenger trips in rural areas occur in automobiles, compared to 84% of trips in urban areas. However, the cost of vehicle ownership (estimated at \$700-\$800 per month) represents a significant barrier for those with limited means. People who are “transportation disadvantaged” all the time or situationally (e.g., no access to a valid driver’s license or cannot afford a car breakdown) encounter significant challenges in getting to work reliably.

Public transit rarely serves residents of rural communities effectively. Fixed-route regional transportation services are challenged by long distances between population centers, low population density, often difficult terrain, large time lags between transportation planning and execution (with resulting changes in needs), irregular work schedules of shift workers, and other related factors. While home-to-work commutes may cross county boundaries, rural public transit systems rarely do. Regular transit also rarely addresses the “last mile” problem of going from the door of a specific home to door of the workplace because each may be quite distant from a regular transit route or even a main road. Regular route transit rarely accounts for the special needs of those in recovery from SUD in part because the input process rarely engages them. Mitigating these issues is essential to helping those recovering from SUDs to find and sustain work.

⁴⁰ Recovery Housing in the State of Ohio: Findings and Recommendations from an Environmental Scan, Center for Social Innovation, June 2013, <https://narronline.org/wp-content/uploads/2014/09/Ohio-Recovery-Housing-Enviromental-Scan.pdf>.

⁴¹ Mattson J., Rural Transit Fact Book 2016, Upper Great Plains Transportation Institute, October 2017. <https://www.surtc.org/transitfactbook/downloads/2017-rural-transit-fact-book.pdf>



Challenges and Gaps

For people with SUD, two distinct transportation issues often arise: (1) getting to and from irregularly occurring commitments (e.g., medical, counseling, or court appointments) and (2) finding a reliable way to commute to and from work. While traditional fixed-route public transit does not seem to work well in rural places, emerging transportation options may offer more flexible and demand-driven solutions. They require a high level of effort to research, launch, support and sustain over time. The need to customize and piece together approaches to address the unique regional issues of employers, communities, and stakeholders is labor-intensive and competes for resources with other worthy causes in the efforts to combat SUDs and aid recovery.

It is difficult to understand the nature and extent of the problem in a way that is actionable. Staff who work in case management and support recovery-to-work initiatives do not have regular opportunities to communicate the transportation needs of those in recovery with regional planners or employers. A major gap in addressing these challenges is coordination across stakeholders. Service providers (such as transportation planners and health care professionals), employers, individuals in recovery, community leaders, and other stakeholders do not typically interact on a regular basis so there are no pre-established communication networks to share information and coordinate their efforts. Several regions noted that it took hiring a dedicated coordinator to focus on transportation needs, identify opportunities to collaborate on customized transport solutions, and resolve problems that spanned many communities and organizations.

The demand for creative transportation solutions greatly exceeds the funding available to test different regional models. In most cases, local officials, employers, and recovery advocates do not have the knowledge or bandwidth to figure out how to pilot test or develop, fund, and manage alternative solutions. Taking advantage of federal and other public investments to

subsidize transportation is a logical place to start, but there is a gap between the great need and relatively low level of investment to address those needs. In addition, providing incentives (for example, matching funds for employers or reimbursement for mileage driven) are helpful but awareness and access are limited.

Best Practices

The research suggests a range of models and strategies that can improve transportation in rural communities. These ideas must be customized to meet the unique circumstances of an individual community or region. Examples of these ideas are tied to fixed-route systems (predetermined route and schedule); demand-response transportation or DRT (e.g., “dial-a-ride”); flex-route transportation systems; volunteer driver models; coordinated services model (among agencies and programs for targeted populations); mobility on demand (includes transportation network companies like Uber/Lyft); ridesharing (includes vehicle sharing, vanpools or carpools); regional service model connecting feeder or regional services; mobility management model (helping people connect to transportation options); and mobility as a service (comprehensive person-centered travel options combining public and private transport services).⁴²

An effective approach must involve working with regional transportation officials and understanding and informing the regional transportation planning process, ensuring that the needs of the SUD population are taken into consideration. These authorities have access to the most significant public funds available for investing in transportation, and they already convene stakeholders and seek community input regarding transportation strategies. Influencing

their priorities to reflect the needs of those with SUD is important.

In many communities, public transit agencies and health providers operate programs to address the transportation needs of clients. For instance, the Rural Health Network of South Central New York operates a transportation-to-employment program called Get There Mobility Management.^{43,44} Staff work with clients to determine available transportation options, provide initial financial assistance, and develop a sustainable transportation strategy. Case managers also identify other barriers to employment and make appropriate referrals.

The Ohio Department of Transportation (ODOT) administers and oversees a statewide Mobility Management program to better serve the transportation needs of senior citizens, disabled persons, veterans, persons in substance abuse recovery, and other at-risk populations. The Mobility Managers in each participating county provide a number of benefits: they increase the understanding and awareness of transportation needs, identify gaps in transportation service, seek feedback and ideas for improvement, gather information about riders using public transportation services, and develop and update the County Coordinated Transit Plan. For instance, the rural 8-county Buckeye Hills region currently has six active Mobility Management programs. Program funding originates from the USDOT/Federal Transit Authority, and ODOT administers and manages the program. Each participating county implements the program and provides a 20 percent local funding match.

⁴² USDA Rural Community Action Guide, undated, <https://www.usda.gov/sites/default/files/documents/rural-community-action-guide.pdf>, p. 36.

⁴³ Rural Health Network <https://rhnsncny.org/>

⁴⁴ Get There Mobility Management Program presentation, Rural Health Network https://www.dropbox.com/sh/q5da89y5sxuyk7s/AAAU8yPFQ0NK5VgsWK5JdBq0a/Presentation%20Recordings?dl=0&preview=RHN_Bill_Wagner_Take2.mp4&subfolder_nav_tracking=1



Upper Cumberland also responds to transportation issues using the Mobility Manager program to help seniors, differently abled persons, and low-income individuals from accessing physical and mental health services. Its fleet of 82 ADA-accessible vehicles provide daily transportation to and from work and supportive services. Mobility Managers help customers find the transportation solution to fit their specific needs and offer referral and information services to clients. They communicate directly with both physical and mental healthcare facilities to identify and reduce transportation barriers that hinder clients from accessing the care they need to maintain their health and wellbeing. The program is housed within UCHRA/UC Transportation, corresponding directly with transportation funding agencies to potentially access and best utilize designated transit funds.

Voucher programs and/or volunteer driver programs provide viable examples of ride sharing, an approach in which the employer

and employee share the cost. These programs work well for smaller employers. There are many variations, including some that reimburse drivers for miles driven or provide employees with vouchers for transportation. For example, the ITNAmerica program in Maine allows rural communities to design a system that can use paid, volunteer, or a combination of drivers to support transportation needs for their community.⁴⁵ The Living Independence Network Corporation's voucher program helps residents in rural Idaho overcome financial barriers to accessing transportation.⁴⁶ Enterprise Rental Car offers Commute with Enterprise that connects coworkers who live near each other.⁴⁷ Enterprise supplies and maintains the vehicle and includes well-established program support that is available in many regions.⁴⁸

There are examples of larger companies investing in carpools and vanpools, but the responsibilities are significant. Willow Run in Broome County, New York is a large transportation and logistics

⁴⁵ ITNAmerica <https://www.ruralhealthinfo.org/toolkits/transportation/3/itnamerica>

⁴⁶ Living Independence Network Corporation <https://www.ruralhealthinfo.org/toolkits/transportation/3/living-independence>

⁴⁷ Commute with Enterprise <https://www.enterprise.com/en/commute.html>

⁴⁸ Commute with Enterprise https://crecstorage.blob.core.windows.net/ddaa/sites/6/2021/05/Employer-Benefits_Rural.pdf



company, a fast-food systems distributor whose employees would not opt for the public bus because of the time required to travel short distances. The company traced part of their turnover problem to transportation barriers, so they purchased a van and provided transportation to and from work for a few people initially, which grew into over fifty individuals using rideshare. Employee retention was 30 to 40 percent greater for riders than people who drove themselves to work. The program lasted about a year, with numerous employees leaving the program after a few months once they had saved enough money to buy a car.

Other transportation options seem less viable for the region in the Learning Academy. Even when communities had access to transportation network companies (TNCs) like Lyft or Uber, the cost for commuting long distances and unavailability early in the day proved impractical. Bike sharing also faced obstacles related to

poor infrastructure and impracticality during bad weather, except in more densely populated small cities.

Partners

The Learning Academy regions demonstrated that transportation solutions involve multiple layers of public and private non-profit stakeholders. These include state officials, County and regional transportation authorities, local development districts and other economic development organizations, health care providers and other organizations that support SUD recovery, philanthropy such as community foundations, and others. Most agreed that regional leadership is needed to take full advantage of federal and state resources and assets. Relevant transportation programs currently are typically managed in Community Action Programs, Area Agencies on Aging, cities, counties, and other entities.⁴⁹

⁴⁹ USDA Rural Community Action Guide, undated <https://www.usda.gov/sites/default/files/documents/rural-community-action-guide.pdf>, p. 34.

Technical Assistance and Resources

Regions are looking to explore a variety of options to meet their unique transportation needs. They are seeking to model successful examples, identify how those initiatives were funded, and how other regions decided to allocate their limited resources to the solutions they ultimately selected.

For employer-supported programs such as van sharing, regions could use more information to educate employers about several aspects of the costs and benefits. Employers are interested in the return-on-investment (ROI) resulting from company-provided transportation solutions and seek out ways to quantify cost savings from reduced absenteeism or turnover. Employers are also concerned about how to mitigate risk and limit liability from these transportation services, including options for the transportation program's structure, fee policies, and required insurance.

Several funders can help provide resources for transportation solutions. The Federal Transit Administration provides capital, planning, and operating grants for rural transit in the Formula Grants for Rural Areas program, which is allocated to rural areas across the nation. State and regional planning authorities seek input from community members about transportation needs, and SUD recovery is specifically identified as an important perspective that concerns policymakers.

The Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) funds rural communities as part of the Section 330A Outreach Authority grant program to address unique health care challenges and increase access to health care services. The Section 330A grant program focuses on outreach and service delivery; network

planning and development; clinical training, recruitment, and retention; emergency services; community and health care services outreach; and benefits counseling, among other services. Many grantees also address social determinants of health, including access to transportation, as a secondary focus area of their projects.⁵⁰

Successful transitions often involve a holistic approach to helping people in recovery that involves providing access to good jobs, stable housing, and reliable transportation. Providing guidance, technical assistance, and incentives to regions interested in addressing all three pillars would help break down silos and encourage the collaboration essential to making progress.

⁵⁰ *Promising Practices for Increasing Access to Transportation in Rural Communities*, NORC at the University of Chicago, The Walsh Center for Rural Health Analysis, April 2018, https://www.norc.org/PDFs/Walsh%20Center/Rural%20Evaluation%20Briefs/Rural%20Evaluation%20Brief_April2018.pdf, p. 1.



CONCLUSIONS AND NEXT STEPS

Key Insights and Lessons Learned

The success of individuals in recovery is vital not only to themselves and their families, but also to the community because they represent an important underutilized labor force cohort. Many vulnerable individuals have skills and may already be in the labor force, but their employment prospects are at risk due to the impacts of SUD on their reliability and productivity. This is not only problematic for the SUD-affected individual but also to employers seeking reliable, talented individuals to do the work needed to generate revenue for the company and income for the community. Successful recovery-to-work ecosystems are therefore important to a region's continued economic prosperity. As communities seek out talent to meet growing business needs, LDDs have a strong motivation to step forward to help coordinate local efforts from rehabilitation to recovery to work.

Leverage the Key Strengths of LDDs as Regional Conveners and Economic Developers

Local development districts have an invaluable role to play in supporting recovery-to-work ecosystems. First, their economic development capacities are well-suited for engaging and educating employers by connecting them to successful regional recovery models and providing training, tools, and resources. This capacity of LDDs completes the Appalachian Regional Commission's model of a recovery-to-work ecosystem of treatment, training, and employment. Many programs focus on treatment and training when addressing substance use disorder, but there are fewer that focus on relating treatment and training to employment.

Local development districts are also well established among regional stakeholders as regional conveners, possessing broad relationships in public and private sector fields. LDDs have the capacity to operate entrepreneurially and are well positioned to help identify new ways to leverage their relationships and capabilities in grant management, economic and workforce development, public health, infrastructure, transportation, and other policy areas to develop new programs.

Recovery-to-work ecosystems consist of networks of organizations and people who serve key roles in their communities, and strong leadership is necessary to focus attention among stakeholders and build needed collaboration. In their role as regional conveners, local development districts are in a strong position to lead recovery-to-work ecosystem building efforts. The commitment of resources and attention by

“ In their role as regional conveners, local development districts are in a strong position to lead recovery-to-work ecosystem building efforts. ”

leaders of LDDs and other regional organizations sends a signal to participants in ecosystem efforts that this a priority, galvanizing action and hinting at the availability of resources to support recovery-to-work activities. Further, ecosystem collaboration requires leadership among the contributing participants. In this case, leadership holds their collaborators accountable in fulfilling promises to engage and deliver on program goals – oftentimes in an environment where unfunded collaborative efforts are voluntary while more formal arrangements are in development.

However, LDDs can only be successful with strong partners. Local Workforce Investment Boards represent an important potential partner in this effort. Chambers of commerce can be good partners for employer engagement, with their connections to specific businesses and the broader business community. Chambers are also important as advocates for legislative initiatives that make it easier for employers to hire and retain individuals with SUD.

Support Recovery by Building Regional Collaboration to Improve Quality of Life

When considering the key components of a recovery-to-work ecosystem, it quickly becomes clear workers need holistic treatment from a broad swath of service providers: a continuum of care that integrates customized wrap-around services with employment. Substance use disorder is an illness of the spirit as much as of the body, and the debilitating nature of SUD is often accompanied by poverty, meaning that workers need more than just treatment in the

acute recovery phase and traditional job training. They also require affordable housing, reliable long-term transportation to employment and treatment, faith, friendship, and more.

The fragmentation and lack of coordination in wrap-around services (such as transportation, housing, and childcare) across counties can become a serious obstacle to developing the continuum of care that employed individuals need for long-term recovery, especially those crossing political boundaries to travel from home to work. A critical early step for regions in assessing the strength of their recovery-to-work ecosystem is developing a stronger awareness of regional assets by “mapping” the regional recovery-to-work ecosystem. The challenge is that the ecosystem model is so new, and there are relatively few examples to model.

Therefore, while local governance is important from the standpoint of effectively administering the core components of a recovery-to-work ecosystem, even more vital is the ability of governments to provide good governance in a general sense. The workforce system is particularly important in delivering these services in a comprehensive recovery-to-work ecosystem model. The wrap-around services are also adjusted as part of the pathway from treatment through stable employment.

Regions without robust resources may need technical assistance in identifying gaps, translating existing materials to serve their local context, and building relationships with local chambers or other employer-facing partners. Technical assistance to employers might include

holding industry summits, launching online toolkits, helping businesses implement recovery-friendly workplace policies, offering one-on-one consultations, training companies to meet the unique needs of workplaces, and rewarding good corporate behavior with formal recognition through highly visible awards or Recovery Friendly Workplace designations.

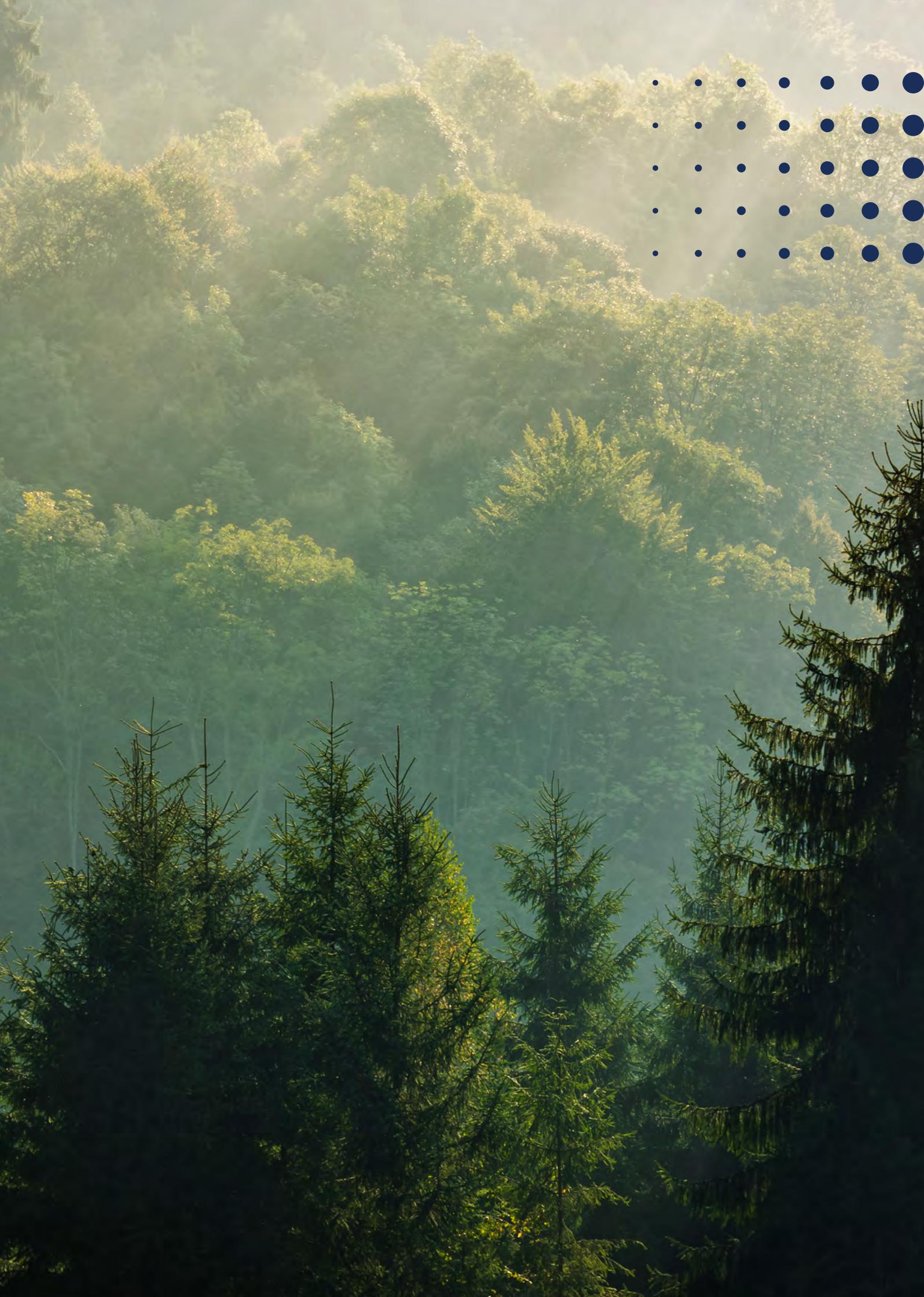
Employers, especially those in rural areas, draw workers from large multi-county commuting sheds. This means that solving their workforce challenge and the needs of SUD-affected workers demands a regional approach to long-term recovery. When they find work, those affected individuals may be employed far from home in a different community than where their near-home wrap-around services may be readily available. Many of these wrap-around service programs are funded locally and serve community residents. Local employers may need help with jobseekers or workers who are traveling far from home.

Engage Stakeholders by Re-Framing SUD Treatment as a Talent Solution

The recovery-to-work ecosystem model encourages participants to broaden their conceptions about what types of SUD-related activities may be relevant to their missions. In the process of reviewing and refining their missions, organizations have the tendency to develop a narrow definition of their scope. Conversely, the Cohort Learning Academy sought to demonstrate how work in economic development or the judicial system impact other fields such as public health. Re-framing SUD treatment as direct benefit to the business community through recovery-to-work makes it easier to identify and coordinate participants. Many fields that comprise ecosystems are siloed, and service providers have a limited understanding about other fields. A newly framed recovery-to-work model can provide the rationale for bringing new organizations to the table and building knowledge about potential partnerships.

ARC's recovery-to-work model is comprehensive, but there is a focus on treatment and training





relative to employment. Much of the treatment and training efforts targeted assistance to recovering individuals during their acute phase of recovery. Because these efforts tend to respond to acute crises, more programs proliferated to address those needs. Fewer efforts address the long-term needs associated with employment. This is where there is greatest need for coordination and the greatest opportunity for innovative policymaking with ARC's support.

Stigma and risk aversion prevent needed action at several junctures in the recovery-to-work ecosystem, from making people averse to seeking treatment, to employer misperceptions of the risk profile, and relative value associated with hiring workers in recovery. As such, it is not enough to simply describe the need for companies to be good corporate citizens and to consider hiring people in recovery as an act of charity or community-mindedness. Instead, it is also vital to make a clear business and economic case for hiring workers in recovery. This will help galvanize not only employers but also intermediary organizations such as Chambers of Commerce or EDOs to use these activities as an opportunity to address broader business workforce shortage issues.

One of the biggest challenges across regions was the “employer gap” in the recovery to work ecosystem—each region aimed to increase the involvement of both individual employer champions and business-serving organizations such as economic development organizations, workforce boards, or staffing agencies. It can be difficult to build broad buy-in within communities to support individuals in recovery, particularly among employers concerned about so many other issues that impact their bottom line. Employers need a compelling story about the value of SUD-impacted workers and evidence that companies are realizing that value from these workers. Employer champions can chart the way and serve as models to their peers in how hiring

individuals in recovery can contribute to improved productivity and bottom-line benefits.

The Learning Academy process helped to strengthen regional teams that could serve as the nucleus for emerging new recovery-to-work ecosystems. These regions benefitted immensely when employers participated because it served to deepen business engagement, supported, and encouraged businesses to consider hiring workers in recovery. Regions also need to consider more general barriers that prevent workers in recovery from getting to work and being productive. Examples include lack of transportation, housing, childcare, and similar barriers to success. This insight emerged from peer exchanges and was further identified through the ongoing action planning process. These root challenges inhibit not only workers in recovery, but also many other employees from being productive and successful. Addressing them will pay dividends well beyond helping SUD-affected workers or jobseekers.

Recruit Committed Business and Political Leaders to Build Sustainability

Recovery-to-work efforts face challenges in identifying long-term funding for programs. While the Learning Cohort Academy regions continue to search for reliable, long-term funding, they did learn that having a good plan in place informs the direction of potential future funding and can help attract resources. The process of action planning naturally organizes key stakeholders, outlines specific programmatic activities, and develops a timeframe for action. This planning process then positions the region to quickly respond to potential funding opportunities; pre-existing collaboration and planning can make a region an especially attractive funding recipient. The engagement conducted during planning can help raise the visibility of the issue for potential funders and direct their attention to the strategies that comprise the action plans.

Recovery-to-Work Resources, Development District Association of Appalachia <https://www.appalachiandevelopment.org/recovery-to-work-resources/>

It is notable, however, that pursuing one-off grants can sometimes be counterproductive. A reliance on grant funding can be administratively taxing and overly reliant on outside forces. Therefore, securing the support of the business and political communities is essential to sustainability. Ultimately, the businesses themselves need to see the on-going value to their enterprise from hiring workers in recovery. Thus, it is important not only to find businesses that have success stories, but also to help tell the story of that success. These stories can convince local political and business leaders of not only the moral case, but also the business case for engaging in recovery-to-work efforts.

Value of the Cohort Learning Academy Process

The Recovery-to-Work Cohort Learning Academy conducted in from early 2020 to early 2021 catalyzed the four regions to organize key stakeholders, develop a consensus on key strategies, explore grant funding and other resource options, and share best practices with other like-minded regions. Through the Learning Academy, DDAA facilitated these interactions in a way that deepened our collective understanding of how components of a recovery-to-work ecosystem can come together and develop long-term relationships to support action. This insight will help the individual communities, the regions, and ARC better understand how to leverage limited resources and integrate an array of initiatives that do not necessarily work in concert.

During the Learning Academy process, DDAA helped each of the regions broaden their respective set of engaged stakeholders and encouraged collaboration that otherwise may not have happened. DDAA identified the key components of a recovery-to-work ecosystem and guided a facilitated process in which regional

stakeholders developed action plans and implemented efforts to expand their ecosystems. DDAA has also reviewed many reports and resources, the results of which are shared on the DDAA website.⁵¹

The Learning Academy work has already shown that the LDDs are uniquely positioned as regional conveners that bring together municipalities and counties to solve public challenges collaboratively. Substance abuse and addiction have significant impacts across political boundaries, and the answers require resources that few individual communities can muster. Today, many solutions implemented by regional governments, nonprofits, and foundations are local in nature, and information sharing across community and county boundaries is limited. Furthermore, most of the efforts focused on addressing issues associated with active substance use and initial treatment. Previously, only limited policy emphasis has focused on long-term recovery strategies. These strategies reflect an expectation that individuals need jobs for a successful recovery, requiring employers to understand the value and appreciate the unique needs of workers in recovery.

Employers draw their workers from a large geographic area that does not respect political boundaries, so local recovery-to-work ecosystem building must be multi-jurisdictional to respond to employer needs. The Academy process revealed the importance of providing LDDs with guidance in identifying and fulfilling an appropriate role as regional leaders in facilitating collaboration. LDDs are vital in identifying, recruiting, and convening key local employers, SUD treatment providers, workforce and economic developers, and other partners. LDD executive director engagement in the Learning Academy process is invaluable by signaling the effort's importance to stakeholders, providing leadership to planning and implementation, and helping to attract resources to recovery-to-work efforts.

⁵¹ *Recovery-to-Work Resources, Development District Association of Appalachia* <https://www.appalachiandevelopment.org/recovery-to-work-resources/>

Finally, the Learning Academy was an opportunity to expand the scope of ARC's pioneering construct of a regional recovery-to-work ecosystem. The Academy provided a laboratory for structured collaboration that led each of the regions to develop coherent action strategies. This collaboration led to successful INSPIRE grant proposals, reflecting strategic responses to the funding opportunity. Informed, structured dialogue among the regions benefited from earlier ARC Substance Abuse Advisory Council contributions and dialogue among local partners and peers, resulting in a more intensive focus on understanding the local recovery-to-work ecosystem. As a result, each of the participating regions was successful in securing INSPIRE funding to implement their respective regional priorities developed during the Learning Academy.

The Catalytic Value of INSPIRE

With the release of the request for proposals tied to the INSPIRE Initiative, ARC provided up to \$10 million in federal resources to help Appalachian communities and regions affected by the substance abuse crisis. The RFP sought to invest in projects that would further workforce entry or re-entry for individuals in SUD recovery, healthcare networks that support substance abuse recovery professionals, recovery-focused job training programs, and initiatives linking recovery services and training. Through INSPIRE, ARC's role in supporting the full continuum of care through employment became clearer. The initiative sought to further ARC's Substance Abuse Advisory Council recommendations to support employment as a critical element of long-term recovery.

The launch of the INSPIRE Initiative also proved to be an important catalyst to help focus Recovery-to-Work Regional Cohort Learning Academy participants on the task at hand because it provided potential flexible resources to implement actions in the strategies each of the regions were developing. When the RFP was

released, the Academy participants had already been in the process of developing action plans for improving their regional recovery-to-work ecosystems. The four regional teams had also engaged in months of regular peer exchanges discussing their regional project activities, challenges faced, and best practices. The opportunity for ARC funding was met with great enthusiasm to fund and administer regional plans, effectively turning their best ideas into more immediate actions.

The INSPIRE funds could potentially "seed" the growth of regional recovery ecosystems at a time of high need, considering the significantly increased demand for services as well as the related budget constraints many regions face. Cohort Learning Academy participants were also in a better position to submit grant proposals for their planning activities because they also benefited from focused DDAA-provided facilitator support, targeted assistance in building grant writing skills, and help with additional information about other grant opportunities that might also be leveraged.

Research Opportunities

The Learning Academy process offered a structured approach to assessing the value and importance of a clearly defined Recovery-to-Work Ecosystem. For the Learning Academy participants, a key first step of the process has involved taking stock of the services that are already available. They did not previously know who provided what services nor had the regions assessed just how significant the SUD crisis was beyond vague and anecdotal descriptions. DDAA's work with the region found that further research was frequently needed to fully appreciate the scale of the SUD crisis, how the COVID-19 pandemic impacted the prevalence of SUD relapses, and what proportion of labor force participants had experience with SUD. Local leaders determined that it would also be helpful to have more localized data about



how many people receive medically assisted treatment, how many people relapse each year, and how many self-identified SUD-impacted individuals could participate in the workforce if their medical condition were stabilized and in long-term recovery.

Additional research on employers is also needed. How many employers are willing to employ individuals in long-term recovery, and what are the conditions under which they might offer employment? An important aspect of this research is to better understand which occupations and industries are most conducive to employing individuals in recovery, including examining which jobs pay family-sustaining wages. Understanding these industries, occupations, and the skills that are required would help better align training and career services for individuals in recovery to the needs of employers willing to hire those individuals. Better matchmaking will do much to increase the likelihood of long-term success.

Furthermore, it is also important to research the compelling messages that influence employers to consider SUD-affected individuals as potential employees. Anecdotally, the most committed employers often had personal experiences with substance abuse themselves, through family members, or through valued employees. Were the economic messages truly compelling to change attitudes and hiring behaviors in employers? Were companies with recovery-related experiences more likely to be recovery-friendly employers? Were companies in certain industries or hiring workers for certain occupations more willing to take the risk of hiring workers recovering from SUD? These kinds of insights could help service providers focus their efforts in targeting outreach to potential champion employers.

Additionally, further research is needed on the extent to which basic quality of life issues, such as housing, transportation, and childcare, inhibit the ability of individuals in recovery to maintain long-term employment. Sobriety is an individual journey that can have tremendous impacts on family members, especially spouses and dependents. For instance, research is needed

on the volume of sober living housing that is required for individuals new to recovery as well as affordable (or even subsidized) housing for those that have found employment but have not yet saved or earned enough to support market-rate rents. Likewise, it is unclear how many people in long-term recovery are not able to overcome transportation, health care, or childcare issues and deciding to drop out of the labor force. Solving these issues demand greater insights for leaders about the size of the problem to influence SUD recovery efforts.

Beyond the data required to understand the scale of challenge facing communities, there is also a data gap in terms of understanding how well various solutions are working for individuals in recovery. There is a need for systematic performance monitoring and evaluation systems that can help regions benchmark how well their preferred solutions are doing in reducing the size and scale of the SUD problem or individuals in recovery and how well these solutions are doing in helping employers retain and recruit skilled workers with SUD. Research design expertise is needed to identify appropriate metrics and develop benchmarks that can be used to monitor performance and process improvements.

Finally, DDAA has identified numerous ideas for potential best practices, but only a few of these have been rigorously studied to validate their claims of success. There is a need not only for more evaluation research examining the impact of various long-term recovery-to-work efforts on labor force participation among those in recovery, but there is also a need for aggregating the results of quantitative and qualitative analyses in a format that is useful to practitioners as they design recovery-to-work program solutions. Research that provides practical insights and that is widely disseminated will help to advance the state of the practice as regions design more mature recovery-to-work service delivery ecosystems.



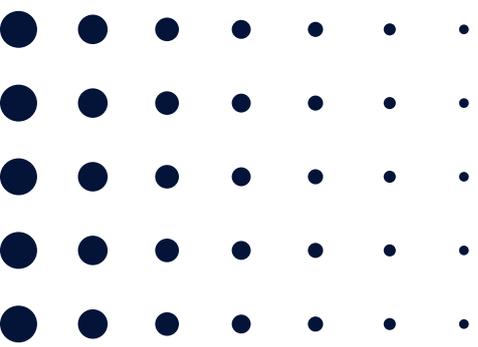
P.O. Box 12546
Arlington, VA 22209



Telephone
(703) 522-4985



E-mail:
bbuff@crec.net



Development District
Association of Appalachia