

The Four Regions of Cohort I

Development District Association of Appalachia, August 2021

The four teams involved in the first cohort of the Recovery-to-Work Cohort Learning Academy sought to develop a clearer framework for how to address long-term SUD recovery and to identify clear roles for LDDs. The four teams, representing (1) Mid-Ohio Valley Regional Council (WV)/Buckeye Hills Regional Council (OH), (2) Upper Cumberland Development District (TN), (3) Ohio Valley Regional Development Commission (OH), and (4) Southern Tier 8 Regional Board (NY), developed plans that built on their existing capacity and sought to enhance regional collaboration.

At the outset of the Learning Academy, each region identified its priorities in developing their recovery-to-work ecosystems:

Mid-Ohio Valley Regional Council/Buckeye Hills Regional Council

- (1) Align programs and initiatives to make the best use of limited resources and provide an easily accessible roadmap for individuals in recovery to seek and retain employment.
- (2) Improve the referral and recruitment process to connect people in recovery to existing employment services.
- (3) Grow the network of employers in the region who are engaged in hiring individuals in recovery and providing these employers with needed support.
- (4) Develop innovative solutions to remove transportation barriers for individuals in recovery.

Upper Cumberland Development District

- (1) Develop a way to identify and recruit Recovery-Friendly employers.
- (2) Dedicate a new position of Employment Liaison to support the connection between employers and individuals in recovery.
- (3) Provide for management and co-workers an on-going training and support program about how to support success in the workplace for individuals in recovery.

- (4) Develop a system to help employers effectively manage one or more workers with SUD.

Ohio Valley Regional Development Commission

- (1) Educate employers and other stakeholders on considerations to employing workers in recovery.
- (2) Develop detailed roles and responsibilities for regional stakeholders in the Recovery-to-Work Ecosystem.
- (3) Better coordinate programs for workers that promote recovery.

Southern Tier 8 Regional Board

- (1) Showcase measurable engagement and success in the region.
- (2) Prepare a directory or inventory of the current processes to reach workforce and employers.
- (3) Define the region's unique gaps, barriers, and additional needs for a successful ecosystem.
- (4) Present successful policies and statistical resources that demonstrate that SUD recovery can be compatible with successful employer-driven talent recruitment and retention strategies.

The following project profiles review each of the regional team efforts in more detail, summarize how these goals are evolving, and describe strategies and tactics each region seeks to emphasize as they address their unique SUD recovery-to-work issues.

[Project Profile: Mid-Ohio Valley Regional Council \(WV\)/Buckeye Hills Regional Council \(OH\)](#)

Regional Overview

Straddling the Ohio River, the Parkersburg-Marietta metro area includes a sizable part of Wood County (WV) and Washington County (OH). These two counties are primarily rural with poverty and unemployment rates higher than the national averages. Per capita income, educational attainment, and workforce participation rates are lower than the national average. The low labor force participation rate impacts employee recruitment throughout the region, feeding employer concerns about an inadequate pool of qualified candidates for jobs. The region suffers from a shortage of mental health providers and

lower socio-economic status, leading to diseases of despair – overdose, suicide, and alcohol liver disease. The overdose mortality rate across both counties is higher than the US and Appalachian region levels.

However, this high level of need has led to numerous collaborative efforts across both counties involving multiple funders, non-profit organizations, and governmental entities to expand services and build a recovery-to-work ecosystem. This provides a good foundation upon which to build during the Learning Academy.

Core team members in the Learning Academy included leadership from two LDDs - the Mid-Ohio Valley and Buckeye Hills Regional Councils - and key leaders from stakeholder and partner organizations representing behavioral health, legal, and philanthropic communities. These team members are in leadership positions for key organizations that can coordinate resources and activities across multiple service delivery and support organizations and jurisdictions.

This two-county region faces an additional set of challenges and opportunities because of their unique geographic positioning in two states with a river dividing the jurisdictions. The legal, cultural, and other issues that arise from working with organizations and people from the “other side of the river” can make more apparent any relative strengths, gaps in service, funding and legal disparities, and other factors that the two counties in this region seek to build on and learn about from each other.

Members of the region’s Learning Academy core team included:

- John Leite, SUD Coordinator, Parkersburg Area Community Foundation (team lead)
- Carol Jackson, Executive Director, Mid-Ohio Valley Regional Council
- Rick Hindman, Assistant Executive Director, Buckeye Hills Regional Council
- Hilles Hughes, Deputy Director, Washington County Behavioral Health Board
- Shaeleigh Sprigg, Compliance Director, Washington County Behavioral Health Board
- Megan Riddlebarger, Executive Director, Corporation for Ohio Appalachian Development at COAD

Gaps and Challenges

The gaps identified for the region correlated with the priorities cited in the region's proposal for the Learning Academy. These gaps related to challenges in:

- Building awareness about different services available and eligibility differences, and having a coherent process for moving individuals on both sides of the river from treatment to recovery to employment support and jobs,
- Deepening the engagement of and support from businesses willing to consider hiring workers in recovery, and
- Identifying how to navigate solutions that would remove transportation barriers related to regular commitments (such as going from home to treatment to work to home multiple days each week).

Generally, the core and home team members expected that – somewhere in the targeted region – there are examples of good programs that address most services needed and gaps identified. Broadly speaking, these would include 1) service providers to deliver a broad spectrum of increased support to those in recovery to prepare them to enter and succeed in the workplace and 2) organizations to reach out to educate and engage businesses about the value of and processes for hiring those workers in recovery. The primary challenge was that those services are limited in their ability to serve more clients, or they serve clients in only one county or on one side of the river. Strong interest exists in building on the success of those programs to leverage those models and the local expertise to serve more people across the region.

Action Plan Overview

Despite collaborating regularly prior to joining the Learning Academy, the Mid-Ohio Valley Regional Council and Buckeye Hills Regional Council went through an extensive period of discovery in the first several months of the Learning Academy process to identify relevant organizations that could support implementation of the core team's action plan. Both LDDs were surprised to find programs and complementary organizations that they could engage in the broader agenda being pursued through the Academy process. Often, they had not been aware of the full nature and extent of these existing efforts.

For example, the core team sought to expand employer support and broaden home team membership. Buckeye Hills identified a workforce committee established in 2019 of service providers and stakeholders that had achieved its goals and gone dormant before COVID-19 affected the region. Members of the core team engaged leadership of the workforce committee, discussing the complementary and mutually reinforcing missions of the Learning Academy team and the committee. The core team and workforce committee joined forces, re-energized the committee, and engaged more than 20 community organizations in the shared mission and goals for the Learning Academy. These relationships enabled the core team to tap into existing programs and expertise that could inform implementation strategies and leverage existing activities.

The facilitators provided support and guidance in planning for biweekly core team meetings, home team meetings, and regular sessions to discuss strategies for applying for the INSPIRE Initiative grant. The SUD Coordinator played a strong leadership role from the outset of the Learning Academy process. The role of the DDAA facilitators focused initially on helping the core team develop and vet its action plan based on the original proposal submitted, ensuring that home team members and other stakeholders were engaged appropriately.

After extensive outreach and consultation with the home team and other stakeholders, the core team agreed to the following goals for the Learning Academy and their regional action plan:

1. Improve the referral, recruitment, and retention process to connect individuals in recovery to education, training, and employment services.
2. Grow the regional network of engaged employers and education/training programs.
3. Develop innovative solutions to reduce transportation barriers for high-risk individuals when seeking and/or maintaining employment.

The core team conducted numerous surveys of stakeholders to formulate the strategies and actions that would effectively address challenges and make progress against goals. In addition, they held virtual convenings to further discuss and refine their approaches. After gathering input, the team decided to establish two committees to support implementation.

The first committee focuses on the first two goals, concluding that it did not make sense to separate them since they are so closely related (i.e., seamless services that integrate education and training need to be linked to engaged employers for successful outcomes). This committee, building on the former workforce committee work, planned to employ strategies such as (1) aligning services to the needs of employers and high-risk individuals; (2) simplifying application and reporting processes; (3) improving screening and assessment processes; (4) conducting outreach and education to grow the network of employers; (5) supporting opportunities for new business development that focus on high-risk individuals; and (6) developing regional resources for supporting career and technical education and transition to virtual business models. The second committee focused on a different goal, reducing transportation barriers by aligning and expanding successful local programs.

Funding and Implementation

As noted above, the core and home teams received broad agreement on the action plan around the time that ARC released the INSPIRE RFP. As the team turned toward implementation, the INSPIRE opportunity took center stage. Once those proposals were submitted, the core team and facilitators began aggressively focusing on implementing the various components of the action plan. The region appreciated the opportunity to incorporate some of the planned actions into their strategies for the proposal. As a result of the Learning Academy process, the region was ahead of the curve in formulating their proposal, as the team had already identified gaps, priorities, and actions to address challenges. The Learning Academy structure also facilitated coordination between the two LDDs as team members engaged stakeholders and partners and facilitators worked with the team to help clarify roles of the various grant writers, service providers, sub-recipients, and other partners.

After considerable additions to the action plan and to stakeholders involved on the home team, the region began implementing the action plan. The region and LDDs spent most of their time learning more about existing expertise, services, and resources available and how to leverage them across the two counties and states.

Early Insights

The MOVRC regional team identified several key insights during the Learning Academy process. The region discovered resources and expertise that they did not previously know existed (especially on “the other side of the river”) that stakeholders could access and leverage for wider benefit. Core team members catalogued and integrated these resources and stakeholders into their regional ecosystem collaboration. The team also found opportunities to engage with and leverage existing activities. These helped build momentum and accelerate progress. For example, the core team tapped into a previously established (but dormant) workforce committee to participate in the Academy action planning and implementation.

Leadership from a key coordinator who supports the effort full-time is invaluable. The region’s core team included an SUD Coordinator, an independent role funded by five outside organizations including local foundations. This coordinator can serve as an impartial voice who could dedicate time and energy to the cause and work objectively for the region’s best interests. Further, the constructive and collaborative role played by the two LDDs involved in this region (Buckeye Hills and Mid-Ohio Valley Regional Councils) was critical to making progress on action planning and implementation; providing leadership, staffing, and gate keeping among other non-profits in the region; and serving as a fiduciary agent when pursuing outside funding.

Project Profile: Upper Cumberland Development District (TN)

Regional Overview

The Upper Cumberland Development District (UCDD) started the Recovery-to-Work Cohort Learning Academy in early 2020 with a strong foundation of local partners and a promising model for centralizing the data, reporting, and communications for all treatment and recovery services within the region.

The UCDD is composed of 14 predominately rural counties. ARC designates four of the counties as “distressed”; three as “at-risk” and the other seven as “transitional.”¹ Clay County has the highest opioid prescription rate per capita in the country. In 2017, in response to rising opioid addiction and overdose rates, the UCDD and Upper Cumberland Human Resource Agency (UCHRA) formed the Upper Cumberland Opioid Response Consortium (UCORC). The early work of the Consortium led to UCDD developing a “Hub-and-Spoke” system that connects the initial treatment request for an individual with substance use disorder to a treatment center and a peer caseworker who tracks, facilitates, and evaluates the progress of the individual toward sustained recovery.

Sustained recovery depends on rewarding and well-paid work opportunities. However, connecting individuals in recovery to employment has been a significant challenge in the Upper Cumberland region, and has been a top priority for UCDD’s participation in the Learning Academy from the start. Other priorities for the region on the project’s outset were improving access to affordable housing and creating a framework for program sustainability.

The Learning Academy core team includes:

- Mark Farley, Executive Director, UCDD (co-team lead)
- Glen Sayes, Director of the Substance Abuse Solutions department, UCHRA (co-team lead)
- Denny Wayne Robinson, County Executive, White County
- Kim England, Recovery Coordinator, UCDD
- Jennifer Rigsby, Human Resources Director, White County
- Bill Gibson, Executive Director, Power of Putnam

The home team drew from a broader set of stakeholders, including the Cannon County Anti-Drug Coalition, Community Corrections Department of UCHRA, Cookeville Police Department, Tennessee Tech, Clay County Coalition, Division of Rehabilitation Services in the Tennessee Department of Human Services.

¹ *Appalachian Regional Commission, Distressed Designation and County Economic Status Classification System*
<https://www.arc.gov/distressed-designation-and-county-economic-status-classification-system/>

Gaps and Challenges

The Upper Cumberland team faced a few significant challenges at the beginning of the Learning Academy. In addition to the pandemic that slowed work across regions, Middle Tennessee experienced a devastating tornado in early March 2020. Members of the core team pivoted to respond to both crises, with significant demands on their time and resources. Another early challenge was identifying a member of the core team who could represent the employer perspective. Core team members identified several new members that joined the team that then had to drop off due to personal or professional reasons.

This lack of a strong employer voice on the core team was representative of a larger challenge in the region – the lack of employer champions for the effort and an economic development organization that could lead outreach to businesses. At this point in the process, UCDD has not only strengthened the core team with an employer perspective; the region’s team also has a strong employment working group with an active business champion (Franklin Fixtures) and business organization (Highlands Economic Partnership).

Action Plan Overview

In April 2020, UCHRA sent a survey to 210 community partners across the 14-county region to gather input on the opioid crisis response and identify individuals who were interested in actively participating in an action planning process. Of the 83 responses received, half agreed to contribute to a working team - this list was then invited to the first home team meeting on July 27, 2020. Following the home team meeting, members joined two working groups: one focused on fostering a complete continuum of care, the other on connecting people to employment. Home team members joined these working groups, and the core team identified additional members and invited them to join the employment working group.

New members included:

- Kaitlin Salyer, Director of Workforce Development and Education at Highlands Economic Partnership, who provides access to a network of local businesses;

- Anthony Fox, President/CEO of the Tennessee Mental Health Consumers Association, who introduced the group to the Individual Placement Services (IPS) model, which is a model of supported employment for people with serious mental illness or substance use disorder; and
- Lisa Uhrig, President of a manufacturing company, Franklin Fixtures, who has access to a group of civic-minded business leaders and a vision for a mentoring program that matches businesspeople with individuals in recovery who are entering the workforce.

The recovery-to-work facilitators supported biweekly core team meetings, the July 27 home team meeting, and regular working group calls. As the working groups gained momentum, the working group leads (Mark Farley and Glen Sayes) took a more active role in meeting facilitation, which benefits the long-term sustainability of these groups and this effort.

The core team developed three goals to address the SUD crisis in their region:

1. Guide individuals through a complex range of services available to navigate the pathway to sustained recovery.
2. Connect individuals in recovery to employment.
3. Create a flow of funding model that significantly moves the UCDD's Substance Abuse Solutions department towards being self-sustaining.

The home team meeting focused on identifying strategies for the first two goals, and the core team took responsibility for the third goal. Following the home team meeting, working groups were formed for the first two goals with members of the core and home teams. Both working groups met regularly to refine the strategies, identify opportunities, and work on goal implementation plans that include detailed action steps and partner commitments.

The continuum of care working group identified access to affordable housing as a critical issue to address. The most commonly available form of affordable housing accessible to individuals in recovery are sober living homes. A common challenge of sober living homes is the cost burden of living in the facility on top of all the associated fees and basic cost of living requirements that burden a recovering individual. The costs associated with this type of housing are not affordable for clients who are often already in a

financially vulnerable position, often have a poor employment history, and no savings to fall back on. In addition, the continuum of care working group also identified a potential early win in working with local area jails on better release of individuals with SUD. Local jails release people in the middle of the night, interrupting the warm handoff of individuals into treatment facilities and increasing the likelihood of relapse immediately following release.

The employment working group identified four strategies to better connect individuals in recovery to employment. Their strategies center on the actions needed to support both the employees in recovery from substance use disorder and their employers, as well as a need for a better interface between employers and treatment or recovery services. These strategies focus on: (1) identifying and recruiting recovery-friendly employers; (2) creating or promoting outreach and training programs (including mentorships and peer-based coaching programs) for supporting individuals in recovery; (3) creating a system for interface between employers and treatment and recovery services, such as a full-time employment manager who interfaces with the employer community; and (4) offering entrepreneurship training to individuals in recovery.

Funding and Implementation

The INSPIRE grant solicitation leveraged and built on the planning work that Upper Cumberland started through the Learning Academy process while also spurring them to develop new strategies. The Upper Cumberland team's INSPIRE grant application drew heavily from the employment working group's implementation plan. At the same time, the INSPIRE grant application spurred an additional innovative approach that has been added to the action plan: connecting individuals in recovery to entrepreneurship training and business support. The Upper Cumberland working groups developed implementation plans for each of the three goals as part of their action planning process.

Employment Implementation Plan: After productive working group sessions focused on refining and prioritizing strategies and action steps, Upper Cumberland received an INSPIRE grant targeted to implement the strategies developed during the Learning Academy. The plan will focus on connecting individuals in recovery with training and employment and offering clients who owned businesses in the past (or may wish to own one) with the resources to open and operate a business.

Early opportunities include:

- Developing a memorandum of understanding between UCHRA and the Tennessee Mental Health Consumers Association to share client referrals,
- Sharing success stories of employers hiring individuals with SUD, provide information about existing tools that lower risks for employers, and promote the Tennessee Chamber of Commerce’s Opioid Toolkit, and
- Identifying five to ten local employers that want to be early adopters and part of the path of recovery.

Continuum of Care Implementation Plan: Getting input from a broader range of stakeholders through the working group helped the core team better identify local housing gaps, develop strategies, and ultimately, to secure funding to implement the strategies. UCDD applied for and received over \$900,000 in funding through a Housing and Urban Development (HUD) Emergency Solutions grant. The funding will allow UCDD to establish emergency housing and to provide transitional housing to individuals for a period of four to five months. The team has made some progress in improving the release process for individuals serving time for substance abuse. Working group member Ken Sircy contacted the jail administrator to explore the possibility of changing the release time for the population with SUD.

Sustainability Implementation Plan: The core team mapped out several approaches or strategies to create a funding model that makes the Substance Abuse Solutions department more self-sufficient and less reliant on grant funding. The core team secured INSPIRE grant funding that will support the work of implementation.

Early Insights

A strong foundation of stakeholder engagement and a culture of collaboration are major advantages for this region. In the past, a leadership vacuum left regional stakeholders without a mission or path forward. The UCDD Substance Abuse Solutions department emerged as the leader and magnet needed to move forward the projects identified by core team members. Mobilizing this committed and knowledgeable group of stakeholders helped UCDD in two ways. First, the group helped to refine and prioritize strategies

by focusing on strategies that would coordinate and strengthen existing work, rather than duplicate it. In addition, the group helped UCDD accurately identify major gaps that warrant a new approach.

The stakeholder input, planning, and workgroups positioned the Substance Use Solutions department to find funding opportunities. Because housing emerged as a top priority for the continuum of care working group, the team sought out opportunities and community resources that prepared the region to respond quickly to the HUD funding opportunity.

This group of committed stakeholders will also be critical to the region's action plan implementation. However, even in a region with a strong foundation of stakeholder engagement, the Learning Academy process has led to new partnerships and new ways of working together. For example, the UCDD started the Learning Academy without employer champions or a focal point for communicating with businesses, and there is now progress on both fronts.

Project Profile: Ohio Valley Regional Development Commission (OH)

Regional Overview

Ohio has the nation's second highest opioid-related drug overdose death rate, and southern Ohio has been at "ground zero" of the opioid crisis. The region encountered record dosage and death rates 72 percent higher than the rest of the nation. Because the substance abuse crisis has been an issue in southern Ohio for so long, regional communities have worked for several years to build coalitions that focus on early intervention, increased treatment access, and some limited prevention programs. The region has lacked funding to build the type of ecosystem that supports long-term recovery, but that is an important gap that an employer-driven work-based initiative would seek to address. Thus, the region's leadership team turned to addressing these gaps in the long-term recovery ecosystem.

The Ohio Valley Regional Development Commission (OVRDC) stepped forward to identify and implement solutions by seeking ways to help individuals in recovery overcome barriers and to educate employers

about how these individuals can be valuable assets to area businesses. Local partners focus on helping individuals in recovery overcome long-term recovery barriers by providing:

- Access to job options that pay enough to meet basic needs,
- Reliable transportation options,
- Aid in regaining a driver's license,
- Employment and housing options despite criminal records,
- Childcare access and subsidies,
- Transitional housing access,
- Case management services, and
- On-going care coordination.

OVRDC collaborated with multiple local partners to address the region's substance abuse crisis. Through that work, the OVRDC-led Learning Academy sought to develop an action plan for leveraging public support and engaging employers in creating an environment that provides opportunities for individual in recovery. The core leadership team included:

- Julie Bolen-Kellough, Executive Director, Ross County Community Action Commission (team lead)
- Michelle Scaggs, Employee Relations and Development Manager, Bellisio Foods
- Jamie Colley, LSW, Licensed Social Worker, Hopeworks Treatment Center
- Kim Reynolds, Planning & Development Director, Ohio Valley Regional Development Commission

Gaps and Challenges

A review of the programs available to address the substance use disorder crisis revealed that many local efforts were already underway to help people with treatment and the initial stages of recovery. However, very little programming exists to support long-term recovery. A key issue is that individuals in early stages of treatment and recovery are seldom ready to enter the job market immediately because they need to concentrate full-time on their recovery. Even so, part-time jobs may be a healthy part of that early process.

Long-term recovery also requires job opportunities that offer flexibility to enable workers to actively participate in their recovery, including access to health services that may not easily accessed from the job site. Meanwhile, many people in recovery have legal issues, including criminal convictions associated with their addiction. This criminal past can also be a limiting factor in finding jobs that pay family-sustaining wages, leading to feelings of hopelessness that can in turn result in relapse.

The OVRDC core team began meeting to identify these gaps and challenges in mid-February 2020. As the group began to gel in March, the coronavirus pandemic crisis impacted the project schedule, with a three-month halt in activity as core and home team members shifted their focus to providing emergency support to local constituents. Like many others during the pandemic, the region faced increased overdoses and relapses as individuals in recovery faced isolation and job loss. Local treatment programs were experiencing significant upticks in demand, making it difficult to find the time to engage in long-term recovery-to-work planning. While several leaders participated in discussions designed to develop an action plan, full engagement of the core and home teams was not possible until June when the first wave of the pandemic seemed to crest.

As the team discussed what action items to prioritize for implementation, they realized that there was only a limited understanding among the stakeholders about the network of service providers in each of the participating counties or of the distinctions between treatment for active abuse, transitional recovery, and long-term recovery. Most services on offer in the region focus on meeting individual needs. That means they are provided by local partners, typically helping those in need where they live. The types of services offered differed from county to county because the resources dedicated through local government and foundation support varied widely by county.

Furthermore, the group recognized that employers often draw workers from across multiple counties, and a regional approach to long-term recovery is necessary. This fragmentation and lack of coordination in services across counties appeared to be an important challenge for developing a coherent set of wrap-around services for employed individuals in long-term recovery.

Action Plan Overview

In mid-June 2020, the OVRDC core team re-convened with a larger group of stakeholders from around the region. That group included leaders from local and regional economic development organizations, local community action agencies, and the local workforce boards. This effort to jumpstart the Learning Academy process recognized the importance of gaining an employer perspective in developing an action plan. Through those discussions as well as complementary one-on-one conversations with private businesses and other partners, the group identified several opportunities for leveraging employers interested in helping to address the SUD crisis amid the COVID pandemic.

After in-person events were cancelled, the OVRDC team pivoted to conduct bi-weekly virtual meetings that included key OVRDC core team members and the DDAA facilitators. These meetings reviewed local and national resources and featured discussions about existing and potential programs that could benefit OVRDC's recovery-to-work ecosystem development. During the summer months, the core team also hosted two roundtable discussions with local and regional economic development directors to explore ideas about how best to engage employers in the recovery-to-work process.

In response to feedback during these and related discussions, the core team inventoried available services offered to individuals in treatment and recovery. Insights from this effort helped the team identify gaps in services, especially in supporting long-term recovery. Through further input from stakeholders, discussions among the core team leaders, and several working sessions with the facilitation team, OVRDC leadership developed a regional action plan focused on three key goals and key strategies associated with each:

1. *Engage employers to recognize the value that SUD-impacted workers can be a source of talent.*
 - Help employers articulate and communicate their concerns and challenges associated with hiring and retaining individuals in long-term recovery.
 - Provide tools and assistance to employers willing to hire and retain individuals in recovery (e.g., developing an employer resource network to provide support).
2. *Fill identified gaps in the region's recovery-to-work ecosystem in ways that foster collaboration.*

- Spotlight counties and organizations that have implemented successful programs to ensure they are well recognized.
 - Engage new stakeholders and partners through site visits and listening sessions about how they are successfully addressing the long-term recovery of individuals with SUD.
3. *Streamline financial support for individuals in long-term recovery.*
- Develop transition housing solutions to encourage 'sober living' that can lead to long-term affordable housing options for individuals in recovery.
 - Provide more transportation options for recovering individuals so they can access jobs and long-term recovery support services.

Funding and Implementation

The group initially decided to focus on three initiatives related to these goals: increasing employer engagement, developing a transitional housing program, and creating a targeted transportation support program. Each of these efforts were designed to complement one another. As the project evolved, the group spent most of its time on two of those goals: employer engagement and raising the visibility of the transitional housing issue.

For the first goal, the team developed its INSPIRE application focused on addressing employer engagement by supporting the creation of an Employer Resource Network (ERN) program. Aimed at helping individuals in long-term recovery who have found employment, ERN provides specialized on-site counseling for workers, especially those with SUD. Through this proposed approach, employers pay a portion of the cost of an on-site counselor available to their workers in recovery. The counselor works on both the employer's and employee's behalf and can provide more intensive support than one that might be available for occasional appointments through other social service programs. Based on a national model with supportive counselor training and collateral materials, the ERN counselor works for the employer on a contract basis for a portion of their total weekly hours. Multiple employers may share the cost and time associated with an ERN counselor who is otherwise employed by a local nonprofit (such as a local community action group, workforce board, or economic development agency).

During an interview with Stephen MacDonald, an Impact Manager at Lucas County Family and Children First Council, the team learned that Ohio ERNs typically utilize local community action agencies as the administrative home for their success coaches. While these success coaches protect worker confidentiality, they also can serve as an extension of the employer's human resources function to proactively help address issues before they become significant.

The ERN model involves conducting a feasibility assessment to determine interest by area companies in participating and to help a nucleus of companies to understand the value of an ERN counselor to the company's employee retention efforts, especially for workers with special needs such as those in recovery. Four OVRDC counties expressed an interest in the ERN program, but Ross County has been most active to date. The county's community action agency had already begun reaching out to several companies to contact about helping to implement the ERN program, including regional-core team member Bellisio Foods.

In discussions with potential partners, potential partners identified a key concern about the ERN model: it is not always well distinguished from other available services. For instance, workforce service agency staff were unclear how the ERN model differs from their efforts to link companies with social service partners through their business services program. A key difference between these programs is that the employer is helping to pay for the success coach, and those additional resources ensure that a company's workers are receiving more intensive help and the company is kept abreast as issues may arise that need Human Resource's attention before they become a disciplinary problem.

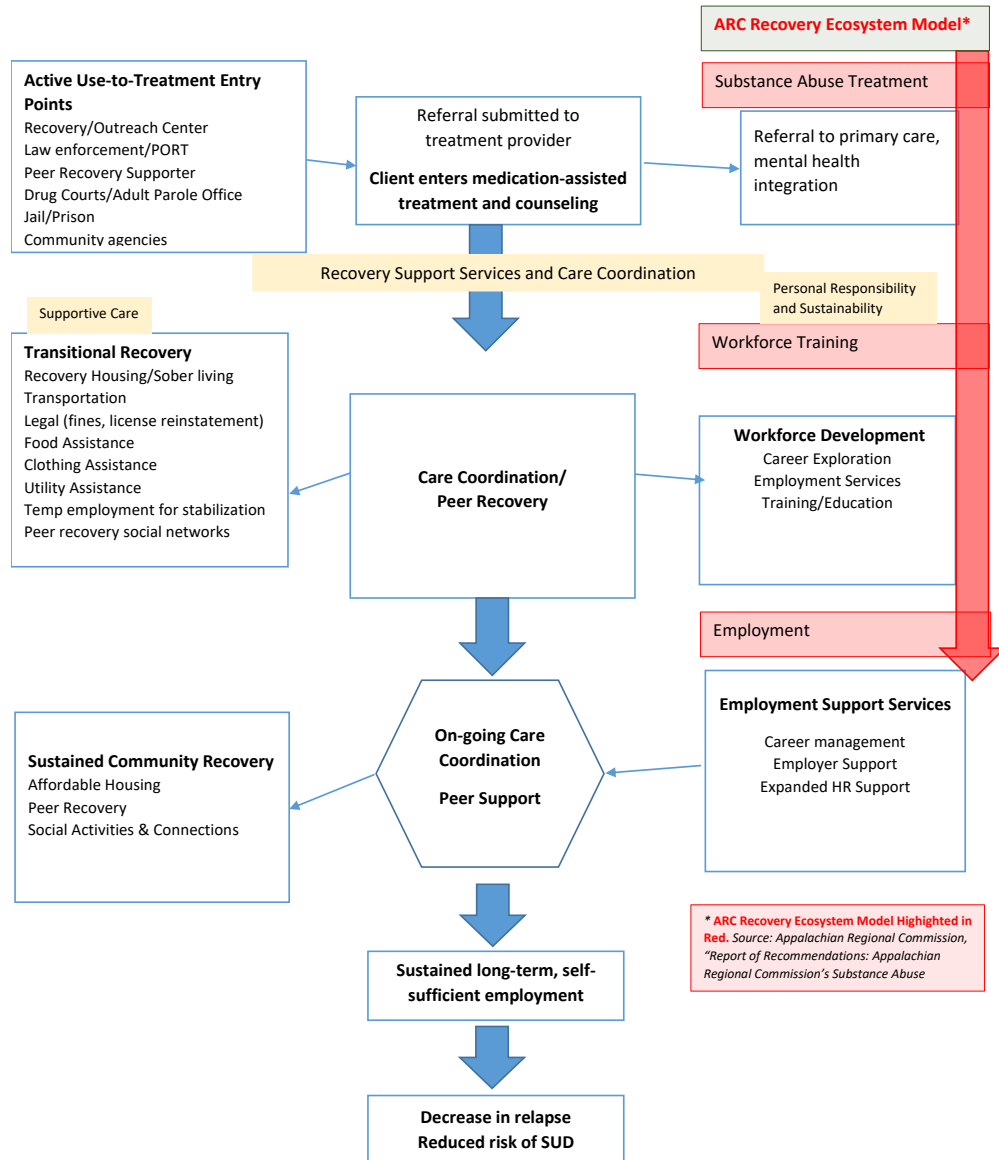
Likewise, several Ohio regions are also engaged in Ohio's Business Resource Network (BRN) program, and stakeholders expressed concern that the ERN service might be considered duplicative of BRN services. Consequently, there has been some reluctance among some in the OVRDC region in moving forward on the ERN approach to providing recovery support services. However, a closer look at both revealed important differences between the ERN and BRN. The BRN focuses on conducting in-depth analyses of area businesses and identifying customized solutions that include linking companies to dedicated resources (such as workforce training and related services) while ERN seeks to provide on-going, on-site

support that expands the company’s human resources capacity for special needs employees. The similarity in name between BRN and ERN seems to be partially at the root of this confusion.

In support of this work, four counties developed illustrations of how their ecosystem currently operates. This research highlighted aspects of the SUD services that both individuals and employers need to support long-term sustained recovery of SUD-impacted workers. In Figure 1, a stylized version of individual county-level ecosystem graphics illustrates that the process often focuses on addressing issues associated with active substance use and its immediate treatment. Once individuals enter medication-assisted treatment (MAT), individuals with SUD also need behavioral and financial support, provided through care coordination and peer recovery.

The intensity of care and peer support required differs by individual and by their respective stage in the recovery process. A critical component of recovery, work is typically subordinated in early stages of the treatment to addressing root-cause health issues and is often intentionally transitional in nature. As individuals enter longer term recovery, those in treatment need permanent employment to support themselves. However, addressing a wide array of health and addiction-related barriers may require more flexible work schedules as well as more affordable housing and access to new social networks that support their sustained recovery. The OVRDC team working in concert with DDAA developed Figure 1 to guide stakeholders in understanding that the Cohort Academy’s recovery-to-work focus was on certain aspects of the continuum of care. The third set of activities, most relevant to community and economic development, focuses on achieving sustained long-term employment that helps reduce the risk of individual relapse.

Figure 1: Recovery-to-Work Ecosystem



After much deliberation, the southern Ohio core team decided to focus on employer engagement as its highest priority as an important challenge for sustaining long-term employment. The group sought and was awarded funding from the ARC INSPIRE Initiative to support the creation of a Southern Ohio Employer Resource Network (SOERN) in collaboration with several key regional employers. An employer-based program model that reduces employee absenteeism, increases employee retention, and provides

program sustainability, SOERN was organized to facilitate collaboration among employers and community social service providers to support successful employment for people in recovery and hire “success coaches” to work on-site at participating employer locations to actively engage and connect employees to resources. Success coaches will help employees overcome barriers by facilitating access to SUD treatment, peer support, mental/physical healthcare, transportation, housing, childcare, financial management, job readiness skills, education, training, and more. Success Coaches will also bridge communication and understanding between employers and their employees about SUD to support recovery and sustained employment.

At the same time, the Ohio Valley Core team sought to move their second goal (increasing to affordable transition housing) forward. The first step was to bring attention to the issues through a regional recovery housing virtual summit held on February 25 and March 11, 2021 with over 150 people attending. The summit revealed that the problem has no clear regional champion or leaders. However, there were several local initiatives worthy of emulation, and those were highlighted during the housing summit as a way to increase interest and awareness about how to move solutions forward.

Speakers at the summit included Ernie Fletcher, former Kentucky governor and founder of the Fletcher Group, a nonprofit focuses specifically on helping communities develop Level 3 and 4 recovery housing (defined as housing with on-site medically assisted treatment for those in need of greatest care); Danielle Gray, Director of the Ohio Recovery Housing program; and John Carey, Director of Ohio Governor’s Office of Appalachia. Several attendees shared their interest and intention to move forward on Level I recovery housing (i.e., self-directed, democratically run sober group living) projects, several groups with common interests connected about these projects. For instance, the Ross County Community Action Program’s current recovery housing project inspired at least on another local group to move forward with a similar plan of their own.

Early Insights

The Learning Academy process in the Ohio Valley helped to frame a plan for the region going forward, but this effort has encountered its share of challenges. Gaining the attention of key partners requires sustained effort. As the COVID public health crisis unfolded, key partners – both those operating in the

support services field as well as those in addressing the region’s economic and workforce challenges – were distracted by myriad crises related to public health, social needs, job loss, and economic woes. The pandemic generated a sudden increase in opioid relapses. Companies that were once struggling to find talent were placed in the position of furloughing or permanently laying off workers. Shorter-term priorities displaced efforts to create longer-term solutions related to sustained recovery.

However, this situation simply exacerbated an already well-ingrained set of incentives. The priorities of most ecosystem partners involved in public health and social services focus on addressing the most imminent crises associated with abuse and overdose by focusing on treatment. Once the crisis passes, then there are often temporary support services that are designed to prevent immediate relapse, but very limited support is ever made available for long-term recovery because the need is so focused on immediate health and welfare needs rather than longer term social and economic concerns. This leads to a continuous cycle for some of short-term recovery and relapse when longer term solutions could lead to reducing the likelihood of relapse and increasing the likelihood that the individual could contribute as a productive participant in the workforce. Furthermore, recovery efforts engaging workforce and economic development priorities require much more flexibility and patience than might be expected for typical career assistance and job placement programs. Individuals in recovery (even long-term recovery) often require wrap-around services tied to their addiction that are not always available. Thus, the ecosystem support for long-term recovery, if it exists at all, is typically lackluster and woefully underfunded.

Where long-term recovery needs are identified, service providers often express concern about potential duplication that may take away from limited resources available to address short-term needs. This is understandable given how underfunded crisis support services are. Intensive long-term support is often much too costly and much more difficult to rationalize to public policy makers seeking short-term solutions to immediate problems.

In leveraging new funding sources, approaches to sustained long-term recovery must seek first to distinguish their importance and value to the community as well as individuals. Employers that see individuals in long-term recovery as a talent asset to be retained may be willing to make an investment of their own if they are convinced that they will realize a return associated with lower labor turnover or

greater productivity from their employees. Public sector partners may also be willing to invest if they can be convinced of the reduced social welfare costs associated with reducing relapse and joblessness.

The scale of the problem suggests that investments may need to be sizable, and there are concerns that pilot efforts may not be sustainable unless the private sector can contribute. The OVRDC approach aims to engage firms, not only as potential employers of people in recovery but also as investors in talented individuals who, with the right kind of support, can create value for their respective firms.

Project Profile: Southern Tier 8 Regional Board (NY)

Regional Overview

Rural Upstate New York has felt the impact of substance use disorder amid significant employment and population declines. Southern Tier 8 (ST8) Regional Board is the local development district based in Binghamton, NY covering eight counties (Broome, Chenango, Cortland, Delaware, Otsego, Schoharie, Tioga, and Tompkins) five cities, 206 rural towns and villages with nearly 580,000 residents. Several counties in the region have opioid overdose rates higher than the state average. The region is also combating excessive alcohol use, which is ingrained in the region's culture. The Appalachian region of New York State has the highest rate of excessive drinking in the ARC region.

Given the region's SUD challenges, ST8 sought to better define and connect the SUD treatment and workforce support ecosystems, expand employer relationships, and define realistic opportunities for the recovery workforce. The initial priorities laid out in its proposal for the Recovery-to-Work Cohort Learning Academy included:

- Hosting an educational series for employers to introduce the supportive Recovery-to-Work ecosystem in New York State's Southern Tier,
- Conducting outreach with partner agencies to expand awareness and assistance to private sector employers,
- Engaging new stakeholders and partners through outreach and networking,

- Developing an inventory of key stakeholders and successful initiatives in the region, and
- Developing a web-based resource guide of available Recovery-to-Work ecosystem resources.

ST8 also sought to play a more prominent role in the SUD arena by capitalizing on the LDD's strong community and industry partnerships and by increasing funding opportunities with a systematic plan to improve the SUD Recovery-to-Work ecosystem in the eight-county region.

ST8 Learning Academy core team members included:

- Jen Gregory, Executive Director, Southern Tier 8 Regional Board (team lead)
- Robert Murphy, Executive Director, Broome-Tioga Workforce Development Board
- Lisa Hoeschele, Executive Director, Family Counseling Services of Cortland County, Inc.
- Dr. Anna Kelles, Legislator, New York State Assembly 125th District

Gaps and Challenges

Like other regions, COVID-19 created challenges for New York's participation in the Learning Academy process. Most directly, the region's home team wanted to work with DDAA facilitators to host an Industry Summit event on Recruiting and Retaining Workers in Recovery. The Industry Summit traditionally was an in-person event, but COVID-19 prevented a traditional gathering. In response, the home team worked with DDAA to reprogram the summit into three virtual Zoom meetings held in June with DDAA technical support (See Figure 2).

Figure 2: Southern Tier Industry Summit Series



However, as the pandemic persisted the challenges to the region mounted. NY Home Team members reported a surge in SUD relapses and overdoses, citing the loss of recovery supports, job loss, and increased financial and family stressors as contributing factors. Financial stress affected home team

organizations, with some reporting looming or realized budget cuts of 15 to 30 percent, reducing funds for services at a time of extremely high need.

Action Plan Overview

Southern Tier 8 has been actively involved in the Recovery-to-Work Cohort Learning Academy from the outset and maintained focus despite disruptions from COVID-19. After being selected for the Learning Academy, the DDAA facilitators supported regional planning efforts with regular check-in calls, technical assistance, event planning and virtual meeting support, action planning, and grant writing facilitation. The DDAA facilitators set up bi-weekly calls with project leaders from the Southern Tier 8 Regional Board beginning in March 2020. Facilitators subsequently provided support on several technical assistance questions: reviewing data sources on USDA Rural/Urban Classification and Center on Rural Innovation (CORI) methodology; creating a SUD ecosystem visualization; producing videos of regional SUD services for a regional Industry Summit; and researching the diseconomies of scale in rural services provision.

The Southern Tier Industry Summit Series was created to serve as a regional platform to learn about different industries and issues, share best practices, and spearhead collaboration on potential projects. Sponsored by the Southern Tier 8 Regional Board, the Industry Summit was designed to introduce the supportive recovery-to-work ecosystem in New York State's Southern Tier to employers and to assist those employers as they expand job opportunities for highly qualified workers experiencing SUD. ST8 also developed and presented a

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



regional ecosystem model (See Figure 3).

In May and June 2020, DDAA facilitators worked with the ST8 Home Team to plan a three-part educational series to introduce the region's employers to available resources in the SUD Recovery-to-Work ecosystem. Action planning followed with three virtual sessions held with NY Home Team on July 29, August 25, and September 28, 2020. Each session addressed different, yet 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 such as transportation and other barriers to employment. ST8 and DDAA produced and hosted the series, including supplementing the three live sessions with recorded videos of SUD services provided by home team members and those involved in the series. This first "virtual version" of the Industry Summit Series had 80 participants. The DDAA facilitators organized two (2) additional INSPIRE grant discussions with ST8 Learning Academy members on September 29 and October 6, 2020.

In the action planning sessions, an emphasis was placed on identifying goals, strategies, actions, champions, milestones, and metrics for the region. The New York Home Team's action plan focused on three goals:

1. Engaging employers on the importance of working with recovering SUD individuals to sustain long-term jobs.
2. Building an ecosystem of service providers supporting individuals in recovery and employers across the region.
3. Developing a web-based resource guide of available services and supports within the Recovery-to-Work ecosystem.

A key strategy identified for Goal 1 was to conduct outreach with partner agencies to expand awareness and assistance to private sector employers. The NY home team discussed several action alternatives and prioritized working on three:

- a) Partner with local chambers of commerce and workforce investment boards to hold training and information sessions with employers.

- b) Replicate the successful “Team Awareness” model, and other promising approaches, to reach employers in multiple communities throughout the region.
- c) Call human resources departments in businesses and seek to explain and expand peer counselor programs.

A priority strategy for Goal 2 was to engage new stakeholders, partners, and peer counselors through outreach and networking. High priority action items included:

- a) Develop lunch-and-learn opportunities with Continuing Education (CE) credits.
- b) Develop a visual map for the region displaying level of services available in each county.
- c) Engage more individuals in recovery.

The work continued even after the strategy was adopted as the group identified new champions, milestones, and metrics for each action item.

Funding and Implementation

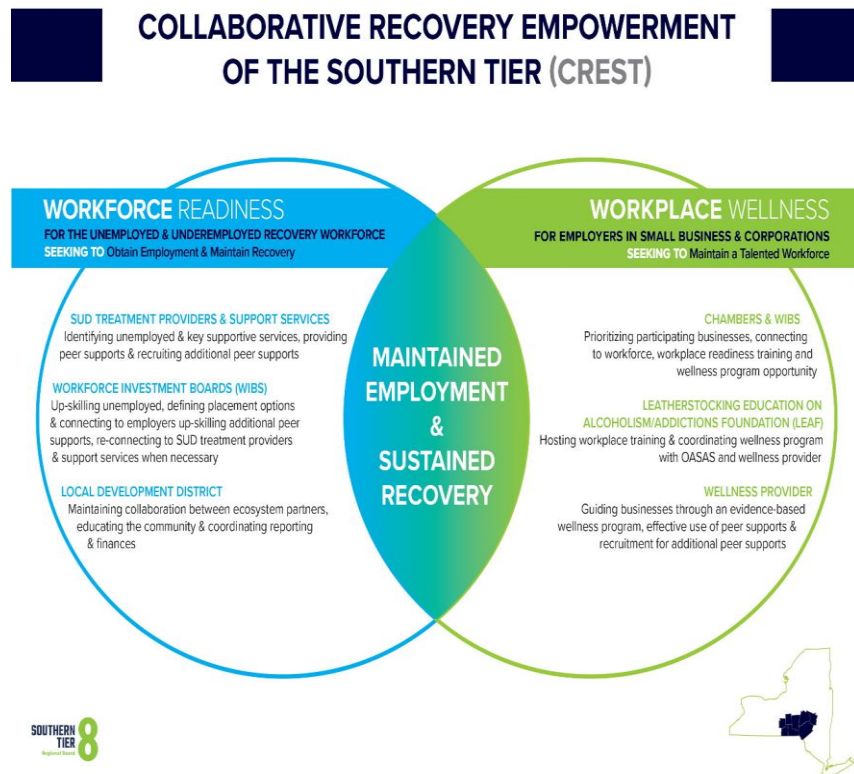
The INSPIRE grant opportunity from the ARC proved to be particularly helpful to the NY Team in refining priorities on Goal 1. The team submitted a grant application to help expand its established “Team Awareness” model and launch a new Organizational Wellness & Learning Systems (OWLS) model which builds customized employer programs. The OWLS model promotes healthy work cultures using a variety of tools like employee surveys, culture audits, workshops, coaching at all levels (worker to executive), team retreats, design of assessment or performance appraisal systems, and policy development.

The broader INSPIRE grant plan also established the Collaborative Recovery Empowerment of the Southern Tier (CREST). The CREST project sought to align the needs of businesses with the overall recovery-to-work effort by bringing forward a suitable up-skilled workforce for businesses, preparing businesses to hire a recovery workforce with a how-to approach, connecting employees to transportation or childcare providers, and connecting employees and businesses to SUD resources. The goal was to develop a successful continuum of care that helped to prevent recurrence (or relapse), offer businesses an opportunity to explore evidence-based workplace wellness options, and provide employers with a set

of known strategies that improve employee performance, morale, and team-related values (See Figure 4).

Southern Tier 8 received an INSPIRE implementation grant to support the CREST Ready Workforce and Workplace Project. Part of the work proposed would focus on providing businesses with the training and understanding on how to work with individuals in recovery to effectively fill vacant positions. The CREST project seeks to help 25 businesses and 75 individuals in recovery and develop a training program for peer support work in the region. The second part of the work in the grant would focus on organizing a system where workforce boards can engage SUD treatment providers for wrap around services. The ARC grant leveraged additional funding from the U.S. Economic Development Administration, New York State Department of State, and local investment partners.

Figure 4: Overview of the Collaborative Recovery Empowerment of the Southern Tier



The Southern Tier 8 Regional Board championed Goal 3 to develop and host a web-based guide of available resources within the Recovery-to-Work ecosystem.² Work continues aimed at expanding the inventory of key stakeholders, service providers, and successful initiatives in the region. Southern Tier 8 launched its new look website which includes the SUD resource and information page.³

Early Insights

²<https://southerntier8.org/economic-development-programs/substance-use-disorder-sud-recovery-to-work-workforce-ecosystem-development>

³<https://southerntier8.org/economic-development-programs/substance-use-disorder-sud-recovery-to-work-workforce-ecosystem-development>

The New York home team and DDAA facilitators learned a great deal through the Recovery-to-Work Cohort Learning Academy about what is necessary to make progress in building systems and supports that mitigate the impacts of the SUD crisis. First, progress requires regions to develop strategies that reflect the complex relationships between health, economic opportunity, and community support. A successful recovery-to-work regional ecosystem comprise many types of organizations: addiction treatment providers (including in-patient, outpatient, and sober living services); nonprofit agencies focused on social services and human development; government agencies and policymakers; the justice system, especially courts and judges; hospitals, clinics, and mental health providers; housing agencies, including housing authorities and transitional housing; transportation services; education and training institutions, particularly community colleges; and workforce and economic development agencies, including workforce boards and chambers of commerce.

However, no recovery-to-work ecosystem can succeed without the active engagement of committed employers willing to provide gainful employment to those in recovery. Employment is not only an outcome of recovery but also as a key component in long-term, successful recovery. It can be difficult to build broad buy-in with employers to support individuals in recovery. It often takes “champion” employers to chart the way and demonstrate successes in hiring individuals in recovery. Of course, the COVID-19 crisis has created additional concerns, as rising unemployment made it even harder for those in recovery seeking work.

The Southern Tier 8 team began implementing its action plan aimed at overcoming SUD ecosystem gaps, the stigma associated with the SUD treatment and recovery process, a paucity of available funding, and policies that present barriers to implementation. A major early accomplishment was holding the “Recruiting and Retaining Workers in Recovery Industry Summit,” as workshops like these are platforms to share ideas and best practices. The session served to shine a light on the issue of substance use disorder, helping organizations and businesses understand the roles they can play in addressing the issue. Going forward, the region would like to be able to showcase more measurable engagement and success (e.g., defined partnerships, improved workforce statistics, success stories).