

Self-sufficiency supports

Tim Robinson gave the presentation summarized below.

TAKEAWAYS

Many individuals with opioid use disorder experience concurrent issues that can impede recovery, such as poverty, homelessness, and low educational attainment.

Training those who have completed treatment to be peer support specialists could help address staffing shortages.

Even after successful medical treatment of their addiction, many people still need to learn (1) skills to maintain their recovery; (2) life skills; and (3) job skills.



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Description of issue

Individuals with opioid and other substance use disorders often have concurrent issues such as poverty, bouts of homelessness, and low educational attainment. Many of them live in rural areas with limited employment and substance use disorder treatment options. These concurrent issues can create additional hurdles to achieving and maintaining recovery. Employment is a critical component of sustaining recovery. Staff who provide comprehensive services for individuals with a substance use disorder must work with local employers to identify jobs that provide a good fit for people in recovery so that they can succeed in the workplace. While there are some workforce development resources available through existing government programs, most do not offer services specifically tailored to those with a substance use disorder, and may even exclude those struggling with addiction from receiving services. Kentucky's Addiction Recovery Care program (ARC), described below, is notable for providing workforce development services specifically for individuals with a substance use disorder.

Summary of presentation

While Kentucky's rates of overdose death are among the highest in the nation, the state also leads in developing innovative strategies to address the opioid crisis. The state's ARC program provides a holistic approach to addiction recovery—incorporating clinical, spiritual, medical, and vocational elements—in the poorest and most isolated rural places. A “crisis-to-career” approach is central to the program's success. The four-phase program starts with intensive clinical and medical treatment (averaging 30 days); followed by sober living with a focus on recovery skills (averaging 45 days); vocational rehabilitation with a focus on life skills (60 days); and finally a job skills training program that lasts six to nine months. The crisis-to-career approach can be carried out in either a residential treatment setting or an outpatient treatment setting.

Employment is a critical component of sustaining recovery.

One of the challenges in operating programs is finding qualified staff; this can be particularly difficult in the poor and rural areas that are in the greatest need of services. ARC includes a staff training program that teaches program participants to be peer support specialists. Upon successful completion of the training program, program graduates are guaranteed a position at ARC or other locations including jails and homeless shelters. ARC currently has approximately 625 staff, of whom about half are in recovery and one-third are ARC graduates.

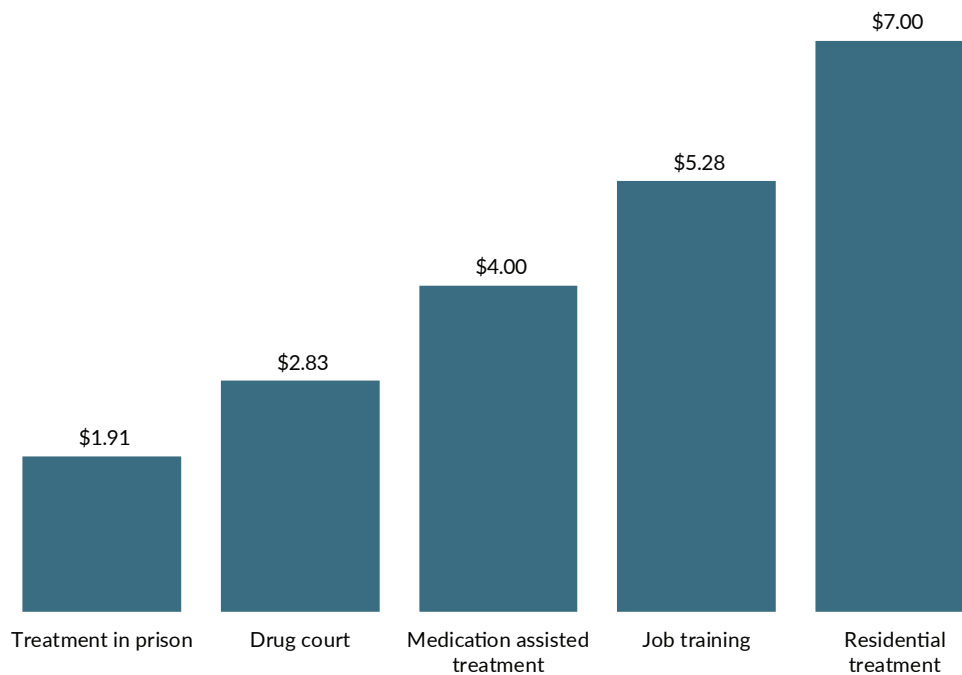
Figure 1 shows the return on investment for different types of programs. One dollar spent on substance use disorder treatment in prison produces approximately \$2 in value to taxpayers, while the same level of investment in job training produces a \$5 return. Combining job training with either medication assisted treatment (\$4 return to \$1 spent) or residential treatment (\$7 return to \$1 spent) could provide even greater benefits.

Policy and research implications:

ARC is participating in the Building Evidence on Employment Strategies for Low-Income Families project (BEES) study. The BEES project is being evaluated by the Office of Planning, Research, and Evaluation in the U.S. Department of Health & Human Services. The BEES project, operating from 2017 through 2022, is building evidence about employment interventions that work for those in poverty; they will have a number of reports as results become available.

Workforce development services provided through existing government programs do not generally have strategies in place for addressing concurrent addiction issues. As a result, it may be necessary for caseworkers to coordinate funding from two or more sources to ensure that their clients with substance use disorders have a clear pathway to self-sufficiency.

Figure 1. One dollar spent on treatment in prison produces approximately \$2 in value to taxpayers, compared to over \$5 for the same level of investment in job training and \$7 for residential treatment.



Note: Figure shows the value to taxpayers resulting from a one-dollar investment.

Source: S. Aos, "The Comparative Costs and Benefits of Programs to Reduce Crime," Washington State Institute for Public Policy, May 2001; D. McCarty, "Substance Abuse Treatment Benefits and Costs," Robert Wood Johnson Foundation, May 1, 2007; H. J. Harwood, R. L. Hubbard, J. J. Collins, and J. Valley Rachal, "The Costs of Crime and the Benefits of Drug Abuse Treatment: A Cost-Benefit Analysis Using TOPS Data," in *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*, eds. C. G. Leaukefeld and F. M. Tims, DHHS Publication No. (ADM) 88-1578 (Rockville, MD: National Institute of Drug Abuse, 1988).

Existing employment programs for formerly incarcerated individuals could provide a model for assisting those in recovery with finding work. For example, RecycleForce provides recycling services in Indianapolis in support of workforce training, development, and job placement for formerly incarcerated men and women. A randomized controlled trial found that the RecycleForce Enhanced Transitional Jobs Program reduced participant recidivism by 6.2 percentage points compared to the control group.⁴■

Tim Robinson is CEO of Addiction Recovery Care in Kentucky.

⁴K. Foley, M. Farrell, R. Webster, and J. Walter, *Reducing Recidivism and Increasing Opportunity: Benefits and Coats of the RecycleForce Enhanced Transitional Jobs Program*, *Research Brief*, MDRC, New York, June 2018.