EVIDENCE-BASED RESOURCE GUIDE SERIES

Substance Use Disorders Recovery with a Focus on Employment and Education

SAMHSA
Substance Abuse and Mental Health
Services Administration

Substance Use Disorders Recovery with a Focus on Employment and Education

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Evidence-Based Resource Guide Series Overview

The Substance Abuse and Mental Health Services Administration (SAMHSA), and specifically, the National Mental Health and Substance Use Policy Laboratory, is pleased to fulfill the charge of the 21st Century Cures Act to disseminate information on evidence-based practices (EBPs) and service delivery models to prevent substance misuse and help individuals with substance use disorders (SUD), serious mental illnesses (SMI), and serious emotional disturbances (SED) get the treatment and support that they need.

An important focus for SAMHSA is supporting sustained recovery from SUD through the use of employment mechanisms. This guide reviews the literature and science; examines best practices; identifies key components of peer-reviewed models that affect policies and programs; and identifies challenges and gaps in implementation.

Individuals in treatment and recovery can vary in many ways. They experience different mental health and substance use conditions; may have co-occurring disorders; live in diverse parts of the country; and/or may experience a variety of socio-economic factors that can help or hinder recovery. All these factors can complicate evaluating the effectiveness of SUD services, treatments, and supports.

But despite these variations, there is evidence to support that appropriate programming may reduce SUD, lessen mental health symptoms, and improve quality of life.

The Evidence-Based Resource Guide Series is a comprehensive and modular set of resources intended to support health care providers, health care system administrators, and community members meet the needs of individuals at risk for, experiencing, or recovering from SUD, SMI, and SED.

Each guide is developed with input from expert panels made up of federal, state, and non-governmental participants. These panels provide input based on their knowledge of health care systems, implementation science, EBPs, provision of services, and policies that foster change.

Panels include a unique group of accomplished scientists, providers, and administrators from provider and community organizations, federal and state agencies as well as persons with lived experience.

Research shows that implementing EBPs requires a multipronged approach. This guide is one piece of an overall approach to implement and sustain change. Users of these guides are encouraged to review the SAMHSA Website for additional tools and technical assistance opportunities.

1

Substance Use Disorders Recovery with a Focus on Employment and Education
Evidence-Based Resource Guide Series Overview

Content of the Guide

This guide contains a foreword and five chapters. The chapters are modular and do not need to be read in order. Each chapter is designed to be brief and accessible to SUD and other health care providers, health care system administrators, community members, and others working to meet the needs of individuals at risk for, experiencing, or recovering from SUD.

FW Evidence-Based Resource Guide Series Overview

Introduction to the series.

1 Issue Brief

Overview of the topic, the importance of the issue, challenges, approaches for providing employment supports, and policy considerations.

2 What Research Tells Us

An evidence review of the effectiveness of employment supports for individuals experiencing SUD.

3 Elements that Improve Program Effectiveness

Examples of programs and program elements that improve supported employment program effectiveness.

4 Guidance for Selecting and Implementing Evidence-Based Practices and Programs

Practical information to consider when selecting and implementing employment programs.

5 Resources for Quality Improvement and Evaluation

Guidance and resources for performance monitoring, process evaluation and monitoring outcomes for the purpose of quality improvement.

FOCUS OF THE GUIDE

Sustained recovery from SUD is significantly tied to meaningful and purposeful work-life balance. Employment is an important factor for achieving sustained recovery and financial independence.

This guide provides an overview of issues, challenges, policies, and practices related to employment for individuals in recovery. It summarizes the state of the science through an evidence review of the known effectiveness of programs providing employment supports to individuals with SUD. Finally, the guide provides expert panel consensus recommendations of key program elements to support individuals with employment-related recovery.

Substance Use Disorders Recovery with a Focus on Employment and Education
Evidence-Based Resource Guide Series Overview

2

Issue Brief

The purpose of this guide is to provide an overview of issues, challenges, policies, and practices related to employment and workforce training for individuals in recovery from a substance use disorder (SUD). SUD occurs when an individual's continuous drug or alcohol misuse leads to "clinically significant impairment."[1] Symptoms can include severe health problems, disability, and a failure to meet responsibilities at work, school, or home.[1] SUD impacts individuals, families, and communities by contributing to a loss in productivity, greater incidence of criminal justice involvement, and an increased burden on the health care system.[1]

The 2019 National Survey on Drug Use and Health (NSDUH) shows that 20.4 million individuals 12 and older experienced SUDs and more than 9.5 million have both a SUD and mental illness.[2] Additionally, more than 2.1 million people in the United States suffered from an opioid use disorder (OUD) related to prescription opioids, and over 260,000 had an OUD related to heroin.[3] Illicit drug use also accounted for $49 billion in reduced participation in the workforce.[4] Prescription opioid misuse alone accounted for an estimated $7.9 billion in lost employment or reduced compensation.[5]

Recovery from SUD can be a difficult, but achievable journey.[6] Recent research indicates that sustained recovery is significantly tied to meaningful and purposeful work-life balance.[7, 8] Employment is an important element for sustaining recovery and maintaining financial independence.

Key Definitions

Substance Use Disorder:
Recurrent use of alcohol and/or drugs causing clinically significant impairment such as health-related problems and/or an inability to meet daily responsibilities at work, school, or home.[9]

Recovery: A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.[6]

Work: Purposeful activity that produces something of economic or social value such as goods or services.[10]

Supported Employment:
Programs that support competitive employment based on worker preferences with ongoing individualized services for persons with the most severe disabilities.[11]

Abstinence-Enforced Employment Supports:
Programs aimed at promoting abstinence and lifestyle changes with competitive employment as a secondary goal. Clients are required to pass alcohol and/or drug screening to participate in work and may receive other behavioral incentives.

Education Supports: A range of supportive services provided along with employment services that help individuals consider and pursue the training needed to achieve their work goals.

Employment is reported as a top life priority by people in all stages of recovery.[12-14] These individuals often can and want to work regardless of where they are in the recovery process.

Work is one of the best predictors of positive outcomes for individuals with SUD. Individuals who are employed compared to those unemployed are more likely to demonstrate:[13, 15, 16]

- Lower rates of recurrence

- Higher rates of abstinence

- Less criminal activity

- Fewer parole violations

- Improvements in quality of life

- More successful transition from long-term residential treatment back to the community.

A longitudinal study of Government Performance and Results Act (GPRA) survey data indicated that clients who are employed while in treatment are significantly more likely to successfully complete treatment than unemployed clients.[17] Regardless of whether work is paid or volunteer, individuals who work are more likely to reduce their substance use[18-20] and better able to maintain sobriety.[21]

Challenges to Obtaining Employment

A number of potential barriers to employment may exist for persons with SUD such as:[7, 22-25]

- Lack of job skills/lower education attainment
- Poor work history
- Poor interpersonal skills/motivation to work
- Lack of transportation
- Lack of childcare
- Lack of identification such as a birth certificate, driver's license
- Continued substance misuse/recurrence
- Criminal history
- Employer lack of understanding about SUD
- Scheduling conflicts with probation and treatment requirements

Policy Considerations

Recovery-Friendly Employment Policies

Peer Support and Peer-Recovery Specialists/Navigators

Recent estimates indicate that close to half of employed individuals who are engaged in private SUD treatment are in recovery.[26] Many employers have long understood the value of peer support and personal experience as a strength for employees. For example, an increased number of hospitals nationwide are hiring individuals in recovery as peer recovery coaches.[27]

In 2018, the U.S. Department of Labor launched a two-phase, multi-year approach to address the economic and workforce impacts associated with the opioid crisis. The resulting National Health Emergency demonstration grant projects help states support individuals in recovery from OUD to return to work as peer recovery specialists or peer recovery navigators. With grant funding, states are providing training and employment services to individuals seeking careers in healthcare professions related to SUD, mental health treatment, and pain management. An implementation evaluation is underway with results expected in 2021.

Recovery and Recurrence

As more individuals in recovery enter or re-enter the workforce, employers need to review and consider policies for dealing with employee substance use, misuse, recovery, recurrence, and reintegration. Some employers may be inclined to immediately terminate employees who return to use or show early signs of potential recurrence in order to manage risk for their business. However, many other employers recognize the financial benefit to retaining quality staff and have opted to create recovery-friendly employment policies.

Partners for Recovery: Supporting Our Greatest Resource[26] is a SAMHSA toolkit that outlines recommendations, guidelines, sample policies, scripts, and other resources for SUD treatment providers to promote recovery-friendly employment policies internally and externally.

Suggestions include:

- **Creating a corporate culture** that acknowledges the reality of employee use and misuse of alcohol and drugs and offers a vision of recovery support and wellness.

- **Providing policies and resources** that support prevention.

- **Providing supportive intervention policies** such as allowing employees to take a leave of absence to seek treatment, use sick leave to attend recovery groups, receive support through a strong Employee Assistance Program, and access to health insurance with SUD treatment benefits.

Drug-Free Workplaces

With the exception of federal contractors, grantees and safety- and security-sensitive industries, most private employers are not legally required to have a drug-free workplace policy. However, some organizations choose to incorporate Drug-Free Workplace policy components to prevent substance misuse and develop policies that allow them to use discretion when responding to incidences. For example, Belden, a manufacturing company in Richmond, Indiana, started Pathways to Employment, a SUD program for potential employees denied positions because they failed a drug test. Participants who successfully complete the program and commit to maintaining a substance-free lifestyle are eligible to get a job at Belden.

Recovery-Friendly Workplace

At least five states have started initiatives that encourage businesses to employ people in recovery, adopt recovery-oriented employment policies, and share that information for the benefit of community.[28] New Hampshire's "Recovery Friendly Workplace Initiative" provides technical assistance, guidelines, and resources to workplaces to foster a supportive recovery environment as well as linkage to public health networks and recovery provider organizations across the state.[29]

Private, non-profit organizations have also developed websites to connect recovery-friendly workplaces with potential employees. For example, the National H.I.R.E Network helps ex-offenders and individuals in recovery connect with potential employers.

Client-Operated Businesses

Numerous examples exist of individuals in recovery starting their own businesses that serve as second-chance workplaces for others in recovery. Examples include:

- DV8 Kitchen
- Coast to Coast Computer Products
- Creative Matters
- Sober Network
- Ricketyroo
- Sober Vacations International
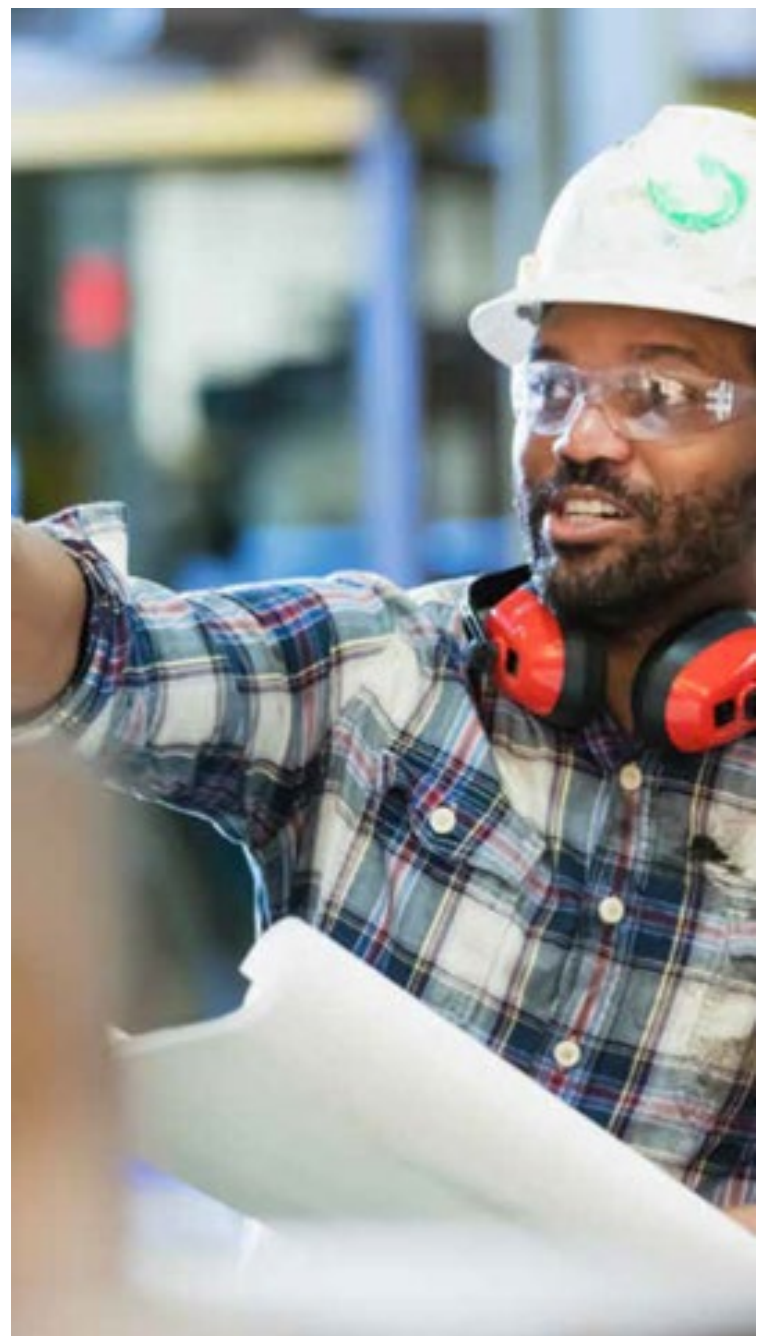
Reference

[1] Lipari, R. N. & Van Horn, S. L. (2017). *Trends in Substance Use Disorders Among Adults Aged 18 or Older.* (Rep. No. 2790). https://www.samhsa.gov/data/sites/default/files/ report_2790/ShortReport-2790.html.

[2] Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/.

[3] The National Institute for Occupational Safety and Health. (2019). *Medication-Assisted Treatment for Opioid Use Disorder Study (MAT Study)*. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. https://www.cdc.gov/niosh/docs/wp-solutions/2019-133/default.html.

[4] National Drug Intelligence Center. (2011). *National Drug Intelligence Center National Drug Threat Assessment 2011* (Rep. No. 2011-Q0317-001). U.S. Department of Justice https://www.justice.gov/archive/ndic/pubs44/44849/44849p.pdf.

[5] Birnbaum, H. G., White, A. G., Schiller, M., Waldman, T., Cleveland, J. M., & Roland, C. L. (2011). Societal costs of prescription opioid abuse, dependence, and misuse in the United States. *Pain Medicine, 12,* 657-667.

[6] Substance Abuse and Mental Health Services Administration. (2019). Recovery and Recovery Support. https://www.samhsa.gov/find-help/recovery.

[7] Sherba, R. T., Coxe, K. A., Gersper, B. E., & Linley, J. V. (2018). Employment services and substance abuse treatment. *Journal of Substance Abuse Treatment, 87,* 70-78.

[8] Magura, S. (2003). The Role of Work in Substance Dependency Treatment: A Preliminary Overview. *Substance Use & Misuse, 38,* 1865-1876.

[9] Substance Abuse and Mental Health Services Administration. (2019). Mental Health and Substance Use Disorders. http://www.samhsa.gov/find-help/disorders.

[10] Center for Substance Abuse Treatment. (2000). *Integrating Substance Abuse Treatment and Vocational Services Treatment Improvement Protocol Series 38* (Rep. No. (SMA) 12-4216). Substance Abuse and Mental Health Services Administration. https://store.samhsa. gov/system/files/sma12-4216.pdf.

[11] Wehman, P. (2012). Supported Employment: What is it? *Journal of Vocational Rehabilitation, 37,* 139-142.

[12] Laudet, A. B. & White, W. (2010). What are your priorities right now? Identifying service needs across recovery stages to inform service development. *Journal of Substance Abuse Treatment, 38,* 51-59. http://dx.doi.org/10.1016/j.jsat.2009.06.003.

[13] Laudet, A. B. (2012). Rate and Predictors of Employment Among Formerly Polysubstance Dependent Urban Individuals in Recovery. *Journal of Addictive Diseases, 31,* 288. http://dx.doi.org/10.1080/10550887.2012.694604.

[14] Dong, K. R., Must, A., Tang, A. M., Beckwith, C. G., & Stopka, T. J. (2018). Competing priorities that rival health in adults on probation in Rhode Island: substance use recovery, employment, housing, and food intake. *BMC Public Health, 18,* 289.

[15] Manuel, J. I., Yuan, Y., Herman, D. B., Svikis, D. S., Nichols, O., Palmer, E. & Deren, S. (2017). Barriers and facilitators to successful transition from long-term residential substance abuse treatment. *Journal of Substance Abuse Treatment, 74,* 16-22.

16 Petry, N. M., Andrade, L. F., Rash, C. J., & Cherniack, M. G. (2014). Engaging in job-related activities is associated with reductions in employment problems and improvements in quality of life in substance abusing patients. *Psychology of Addictive Behaviors, 28,* 268-275.

17 Melvin, A. M., Koch, D., & Davis, S. (2012). Employment as a predictor of substance abuse treatment completion. *Journal of Rehabilitation, 78,* 31-37.

18 Aklin, W. M., Wong, C. J., Hampton, J., Svikis, D., S. P., Stitzer, M. L., Bigelow, G. E. P., & Silverman, K. (2014). A therapeutic workplace for the long-term treatment of drug addiction and unemployment: Eight-year outcomes of a social business intervention. *Journal of Substance Abuse Treatment, 47,* 329.

19 Griep, Y., Hyde, M., Vantilborgh, T., Bidee, J., De Witte, H., & Pepermans, R. (2015). Voluntary work and the relationship with unemployment, health, and well-being: A two-year follow-up study contrasting a materialistic and psychosocial pathway perspective. *Journal of Occupational Health Psychology, 20,* 190-204.

20 McHugo, G. J., Drake, R. E., Xie, H., & Bond, G.R. (2012). A 10-year study of steady employment and non-vocational outcomes among people with serious mental illness and co-occurring substance use disorders. *Schizophrenia Research, 138,* 233-239.

21 Duffy, P. & Baldwin, H. (2013). Recovery post treatment: Plans, barriers, and motivators. *Substance Abuse Treatment, Prevention, and Policy, 8,* 6-18.

22 Dunigan, R., Acevedo, A., Campbell, K., Garnick, D. W., Horgan, C. M., Huber, A., Lee, M., Panas, L., & Ritter, G. (2014). Engagement in Outpatient Substance Abuse Treatment and Employment Outcomes. *The Journal of Behavioral Health Services & Research, 41,*20-36.

23 Sigurdsson, S. O., Ring, B. M., O'Reilly, K., & Silverman, K. (2012). Barriers to employment among unemployed drug users: Age predicts severity. *The American Journal of Drug and Alcohol Abuse, 38*(6)*, 580-587.

24 Morse, D. S., Cerulli, C., Bedell, P., Wilson, J. L., Thomas, K., Mittal, M., Lamberti, S., Williams, G., Silverstein, J., Mukherjee, A., Walck, D., & Chin, N. (2014). Meeting health and psychological needs of women in drug treatment court. *Journal of Substance Abuse Treatment, 46*(2)*, 150-157.

25 Chintakrindi, S., Porter, J., Kim, C., & Gupta, S. (2015). An Examination of Employment and Earning Outcomes of Probationers with Criminal and Substance Use Histories. *SAGE Open, 5,* 2158244015616662.

26 Center for Substance Abuse Treatment. (2008). *Partners for Recovery. Supporting Our Greatest Resources: Addressing Substance Use, Misuse and Relapse in the Addiction Treatment Force.* Substance Abuse and Mental Health Services Administration. https://www.naadac.org/assets/2416/substanceuse_m isusetoolkit9.pdf.

27 Giata, P. (2017) Hospitals are Hiring People in Recovery to Support Patients Battling Addiction. https://www.thefix.com/hospitals-are-hiring-people-recovery-support-patients-battling-addiction.

28 Hood, J. (2018). Recovery Friendly Workplace Initiative. https://www.recoverybootcamp.com/recovery-friendly-workplace/.

29 New Hampshire Office of the Governor. (2019). Recovery Friendly Workplace Initiative. https://www.recoveryfriendlyworkplace.com/.

2

What Research Tells Us

The Guide expert panel reviewed recent research findings from published literature (2004-present) to assess the effectiveness of interventions that provide employment and, in some cases, educational supports, for individuals with a substance use disorder (SUD). A previously published review covered studies through 2004. This chapter presents the results of the evidence review which included 239 articles relating SUD to employment, education, vocational rehabilitation, recovery-friendly employers, and recovery. This guide includes summaries of seven studies across two different programs, all of which demonstrated positive effects.

Programs Included in the Evidence Review

Individual Placement and Support (IPS) is a model of supported employment based on eight principles that helps individuals work in competitive jobs of their choosing.

Therapeutic Workplace (TW) is a motivational intervention that uses access to employment and wages to promote therapeutic behavioral changes. Participants learn basic academic and data entry operating skills and then are employed in Therapeutic Workplace settings as data entry operators. Opiate- and cocaine-negative urine samples are required for daily participation. Pay rates are based on varying schedules of sustained abstinence, workplace attendance, hours worked, and productivity.

Evidence Review Criteria

At a minimum, studies in this review used at least a quasi-experimental design that included:

- A matched-control or comparison group

- A design or analysis that isolated the effects of the intervention.

Study #1 "Implementation of Supported Employment for Homeless Veterans with Psychiatric or Addiction Disorders: Two-Year Outcomes"[1]

Research Procedures

IPS cohort (n=321) versus historical comparison cohort prior to IPS receiving usual care (n=308), both followed up for 2 years at nine programs.

Setting

Veterans Affairs (VA) Medical Centers

Subject Characteristics

- Veterans who were unemployed, and currently or recently homeless
- **82%** had a current substance use disorder
- **36%** had major affective disorder and **31%** had personality disorder
- All subjects expressed interest in competitive employment
- **93%** male
- **55%** African American and **39%** White
- Average of **13 years** education
- Average of **5.1 days** in competitive employment in past month

Results

After statistically controlling for baseline differences between the cohorts (including work history) the IPS cohort achieved a mean of 8.4 days/month of competitive employment versus a mean of 7.3 days/month for the comparison cohort (p < .001). There was no statistically significant effect for "any kind" of employment.

Comments

- **80%** of sites attained adequate fidelity to the model
- **71%** of follow ups completed

Study #2 "The Effectiveness of Supported Employment in People with Dual Disorders"[2]

Research Procedures

Secondary data analysis combining subjects from four separate randomized controlled trials of IPS (n=47) versus a comparison program condition (n=59).

Setting

Outpatient mental health, intensive case management or vocational rehabilitation programs

Subject Characteristics

- All subjects had co-occurring mental illness (primary) and substance use disorders, were unemployed at study induction, expressed interest in competitive work, and had no physical conditions that would preclude work
- **69%** male
- **65%** African American and 19% White
- **56%** had 12 or more years education

Results

18-Month Follow Up

	IPS	Comparison
Competitive job obtained	60%	24% (p < .001)
Total hours worked, mean	366	84 (p < .001)
Total wages (in 2010 dollars), **mean**	$3,050	$807 (p < .001)
Ever worked ≥20 hours per week	47%	10% (p < .001)

Study #3 "Individual Placement and Support for Methadone Maintenance Therapy Patients: A Pilot Randomized Controlled Trial"[3]

Research Procedures

Patients were voluntarily randomly assigned to IPS (n= 22) or a waitlist control (deferred IPS) for 6 months (n = 23). Follow-up conducted at 6 and 12 months; only 6-month outcomes are reported.

Setting

Methadone maintenance treatment program

Subject Characteristics

- All were unemployed and expressed a desire to work
- **66%** female
- **91%** White
- **84%** had 12 or more years education
- **60%** held a legal job anytime in last 5 years
- **73%** had criminal justice involvement
- **44%** were in MAT ≥ 6 months

Results

6-Month Follow Up

	Employed	Not Employed
IPS	50%	50%
Waitlist	4%	96%

Chi-squared = 12, p < .001

Comments

- Baseline differences in past employment history (IPS 73% vs waitlist 48%), although not statistically significant in this small sample, could nevertheless serve to exaggerate the employment effect at month 6
- Small sample size, one treatment program and one IPS counselor could affect generalizability
- The low rate of employment of the waitlist group may be due to both program staff and patients waiting to undertake job- seeking when the delayed IPS services were provided

Study #4 "Incorporating Individualized Placement and Support Principles into Vocational Rehabilitation for Formerly Incarcerated Veterans"[4]

Research Procedures

Subjects were randomly assigned to modified IPS plus About Face program (AF) (n = 49) or AF only (n=39). Follow ups were conducted at 6 months. Self-reported employment data were confirmed by either an IPS specialist's or study coordinator's review of paystubs, community visits, contacts with employers, or other means.

Setting

VA hospital

Subject Characteristics

- All were unemployed, expressed desire for competitive employment, and had at least one past felony conviction
- **88%** had SUD
- **57%** had SUD and non-substance-related psychiatric diagnosis
- **73%** in a racial or ethnic minority group
- Average of **12.7 years** education

Results

6-Month Follow Up

	Employed	Days to Employment	Mean Days	Total Wages
AF plus IPS	46%	130.7	43.8	$1,401
AF	21% p = .05	157.1 p = .02	20.7 p = .03	$694 p = .04

Comments

- This is not an evaluation of standard IPS as reported in other studies. Unclear how generalizable modified IPS plus AF would be to outside settings
- Unbalanced assignment to study conditions was stated to have occurred by chance
- Unclear whether all the reported "employment" is competitive employment

Therapeutic Workplace

Study #1 "A Therapeutic Workplace for the Long-Term Treatment of Drug Addiction and Unemployment: Eight-Year Outcomes of a Social Business Intervention"[5]

Research Procedures

Individuals were randomly assigned to the TW (n=20) or standard care (n=20). The 6-year study included assessments every 6 months where subjects self-reported information from the past 30 days.

Setting

Specialized methadone maintenance treatment program (MMTP) for pregnant and post-partum women, incorporating a TW

Subject Characteristics

All were unemployed and had at least one urine positive for opiates and/or cocaine 6 weeks prior to enrollment

- **83%** African American and **17%** White
- **65%** had 12 or more years of education
- **10%** were employed full time in past 3 years

Results

Of the 20 TW subjects, nine transitioned from Phase I (training) to Phase II (employment).

5 to 8 Year Post-Induction Follow Up

	TW	Standard Care
Average monthly income	$1,086	$622 (p < .001)

Comments

- Small sample and unclear how generalizable the results are to a broader MMTP population, due to specialized sample
- There were no significant differences on average monthly days employed, employment income, and money spent on drugs
- Competitive employment outcomes not affected

Study #2 "The Therapeutic Workplace to Promote Treatment Engagement and Drug Abstinence in Out-of- Treatment Injection Drug Users: A Randomized Controlled Trial"[6]

Research Procedures

Recruited subjects were encouraged to enroll in a methadone treatment program with non-contingent access to the TW. Individuals were assigned randomly to:

1. **Abstinence and Methadone Group** (A&M; n=33): Access to the workplace was contingent to both participation in methadone treatment and providing opiate- and cocaine-free urine.
2. **Methadone-Only Group** (M; n=35): Access to the workplace was contingent on participation in methadone treatment.
3. **Workplace Only Group** (W; n=30): Access to the workplace without further requirements.

The study included a 26-week intervention period with a 6 month follow up.

Setting

Methadone maintenance treatment program

Subject Characteristics

- All were individuals with an Opioid Use Disorder
- **92%** were enrolled in opioid treatment during the induction period
- **70%** were individuals with cocaine-dependent SUD
- **66%** male
- **69%** African American and **30%** White
- **56%** had 12 or more years education

Results

After 26 weeks, 80% were participating in methadone treatment; 70% at 6-month follow up.

Urinalysis During Intervention Period

	Negative Opiates	Negative Cocaine	Negative Opiates & Cocaine
A & M	65%	48%	46%
M	50%	44%	35%
W	43%	25%	21%

A&M vs M (p = .01) A&M vs W (p = .01)
M vs W (p = .03) A&M vs M (p = .01)

Comments

- Outside employment was not a study objective and not reported during follow up
- For the urinalysis, missing urines were classified as positive
- There were no significant differences in urinalysis results at 6-month follow up

Study #3 "Employment-Based Abstinence Reinforcement as a Maintenance Intervention for the Treatment of Cocaine Dependence: Post Intervention Outcomes"[7]

Research Procedures

Individuals were randomly assigned to Abstinence-contingent TW (n=27) or TW (n=24). The study included a 12-month intervention period and follow up 30 months after study induction.

Setting

Eleven opioid treatment programs

Subject Characteristics

- All were unemployed and receiving welfare benefits
- All had cocaine-positive urines prior to study induction, were abstinent for 6 months, and met DSM-IV criteria for cocaine dependence
- **91%** were African American
- **54%** had 12 or more years education
- **52%** reported that they were usually employed over the past 3 years

Results

12-Month Intervention Period

	Abstinence-Contingent TW	TW
Cocaine-negative urines	82.7%	54.2%

Results (continued)

30-Month Follow Up

	Abstinence-Contingent TW	TW
Cocaine-negative urines	44.2%	50.0%
Any earnings from work	42.3%	41.0%
Received job or academic training	11.5%	8.3%
Received Welfare	69.2%	75.0%

Comments

- Half of participants transitioned from Phase I (training) to Phase II (employment)
- Competitive employment outcomes not affected
- For cocaine-negative urine results, missing urines were classified as positive
- Abstinence-contingent TW participants who returned to use after contingencies were discontinued. Authors recommend integrating contingencies into "typical workplaces"

More Research is Needed

Evidence-based research on recovery is limited. For example, many studies conducted among those with SUD have follow-up periods of no more than two years, which is a short time relative to the lifelong process of recovery. Although there is a dearth of systematic research on addiction and recovery over the long term, there are indications that recovery experiences change substantively over time and can present different challenges over the lifespan.[8-9] Also, an important yet under-investigated question is whether factors identified as predictors of short-term abstinence are also associated with the maintenance of long-term recovery.

One important recovery-focused EBP requiring additional rigorous study is the Community Restitution Apprenticeship-Focused Training. (CRAFT). CRAFT provides training and job placement for adjudicated youth. Specifically, the program provides career training and community service activities supported by the construction industry. In one randomized control trial of the CRAFT program, it was found that those in the program were significantly more likely to obtain employment, attend GED classes and work more hours than those in standard education settings.

Some other challenges associated with recovery research include:

- **Variation in Population.** Individuals presenting SUDs experience a range of challenges such as co-occurring disorders including physical illnesses with functional impairment, mental illnesses, developmental disabilities, post-traumatic stress disorder or traumatic brain injuries. Some individuals are justice-involved, experiencing homelessness, or long-term unemployment. Such variations make it difficult to capture what is effective for whom.

- **Variations in Programs.** Many programs contain similar elements but also differ in important ways. Programs differ in dosing, length of treatment, and the degree to which they are tailored for certain populations. These differences point to the need for future research evaluation, both individually and in aggregate.

Importance of Peers in Research

Finally, the role of the peers in the recovery process must be better documented and researched. Peer recovery support providers are critical to help individuals with SUD achieve and maintain recovery, yet studies to date have not tested the key role they play in interventions. Furthermore, in order to more adequately demonstrate the effectiveness of peer recovery support, researchers should isolate its effects from other peer-based services. In summary, enhancing the evidence base on peer support will enhance service delivery for individuals with SUD.

Reference

1 Rosenheck, R. & Mares, A. (2007). Implementation of supported employment for homeless veterans with psychiatric or addiction disorders: two-year outcomes. *Psychiatric Services*, 58, 325-333.

2 Mueser, K., Campbell, K., & Drake, R. (2011). The Effectiveness of Supported Employment in People with Dual Disorders. *Journal of Dual Diagnosis*, 7, 90-102.

3 Lones, C., Bond, G., McGovern, M., Carr, K., Leckron-Myers, T., Hartnett, T., & Becker, D. (2017). Individual Placement and Support (IPS) for Methadone Maintenance Therapy Patients: A Pilot Randomized Controlled Trial. *Administration and Policy in Mental Health and Mental Health Services Research, 44*(3), 359-364.

4 LePage, J., Lewis, A., Crawford, A., Parish, J., Ottomanelli, L., Washington, E., & Cipher, D. (2016). Incorporating Individualized Placement and Support Principles into Vocational Rehabilitation for Formerly Incarcerated Veterans. *Psychiatric Services, 67*(7), 735-742.

5 Aklin, W. M., Wong, C. J., Hampton, J., Svikis, D.S. P., Stitzer, M. L., Bigelow, G. E. P. & Silverman, K. (2014). A therapeutic workplace for the long-term treatment of drug addiction and unemployment: Eight-year outcomes of a social business intervention. *Journal of Substance Abuse Treatment, 47*(5), 329-338.

6 Holtyn, A. F., Koffarnus, M. N., DeFulio, A., Sigurdsson, S. O., Strain, E. C., Schwartz, R. P., Leoutsakos, J. S., & Silverman, K. (2014). The therapeutic workplace to promote treatment engagement and drug abstinence in out- of- treatment injection drug users: A randomized controlled trial. *Preventive Medicine: An International Journal Devoted to Practice and Theory, 68,* 62-70.

7 DeFulio, A. & Silverman, K. (2011). Employment-based abstinence reinforcement as a maintenance intervention for the treatment of cocaine dependence: post-intervention outcomes. *Addiction, 106*(5), 960-967.

8 Margolis, R., Kilpatrick, A., & Mooney, B. (2000). A retrospective look at long-term adolescent recovery: Clinicians talk to researchers. *Journal of Psychoactive Drugs, 32*(1), 117–125.

9 Vaillant, G. E. (1995). The Natural History of Alcoholism Revisited. Harvard University Press.

Elements that Improve Program Effectiveness

The purpose of this chapter is to describe how common elements can individually and collectively enhance programs for individuals with substance use disorders (SUD).

Working with employers is a key component to providing effective employment supports. Employment staff can work with employers regardless of whether the job seeker chooses to disclose their SUD.

Although not the focus of this Guide, it is important to note that employment programs may also vary in the manner and degree to which they provide education supports. Some programs such as the Therapeutic Workplace have integrated structured academic and skill-building programs. Other programs such as Individual Placement and Support (IPS) offer supported education that help individuals consider and pursue the training needed to achieve their work goals. Programs may also refer individuals to other organizations to help them meet their educational goals.

Other examples of effective program elements include service integration, long-term supports, and addressing criminal justice involvement. More detail about these particular elements can be found in this chapter.
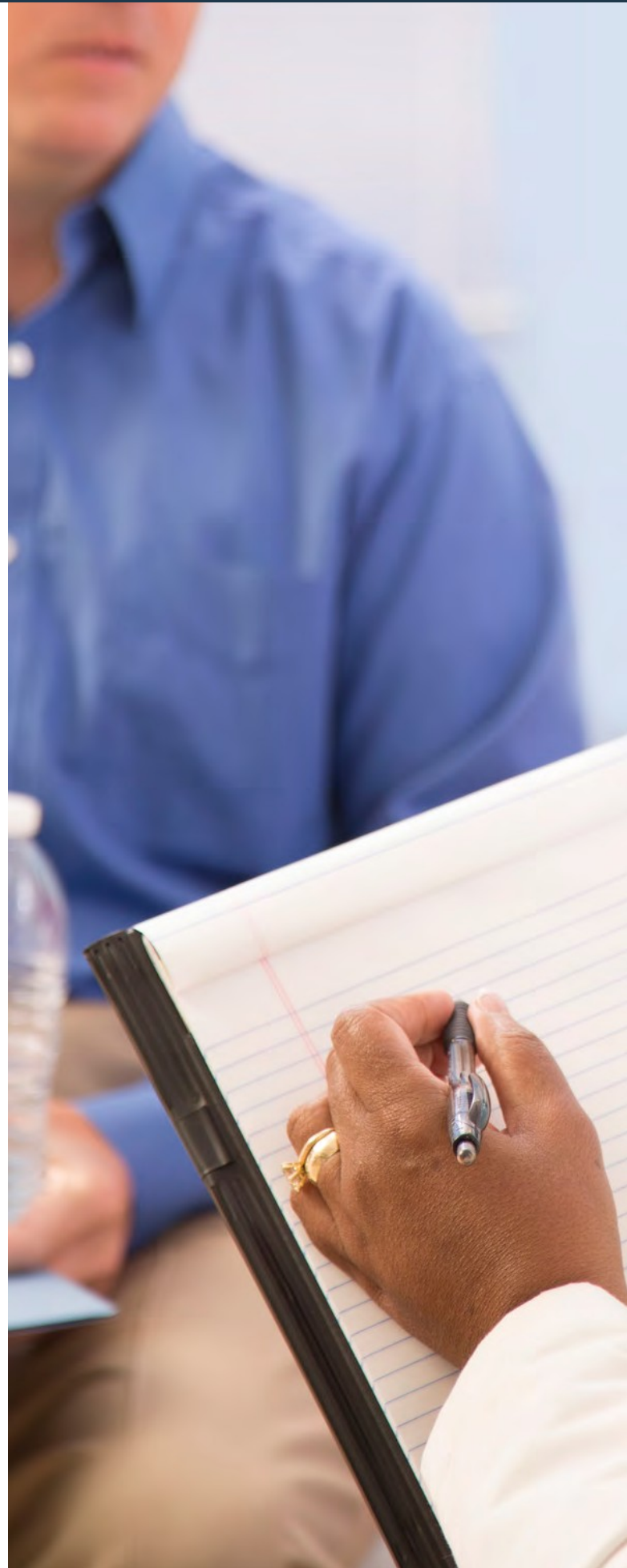
Service Integration

Employment services may be integrated with:

Clinical counseling to address interpersonal issues and psychotherapeutic needs.

Case management to address housing, transportation, and social service needs.

Nurse care coordination to address SUD, mental health, and medical needs.

Many factors can hinder individuals in SUD recovery from finding and maintaining employment. Employment programs integrate employment services with other services to address barriers individuals may face.

Co-Locating Services

Integration is facilitated when employment programs are co-located with clinical services. However, co-location is not possible for all organizations providing clinical services. An organization may establish memorandums of understanding to share information, coordinate care, and establish routine meetings.

Multidisciplinary Teams

Including employment staff as members of multidisciplinary teams allows each team member to maintain their role and function. Employment staff can focus on employment services, case managers can address social services needs that affect work, and clinicians can provide counseling to support individuals' overall recovery. The multidisciplinary team structure facilitates communication and helps team members support individual work goals. Team members can share observations about a participant's progress and problem-solve strategies to help the participant. Team members' relationships with the participant vary, and participants often share different aspects of their recovery with different team members. Multidisciplinary teams allow a full array of information to be shared for the benefit of the team and the participant.

Examples

IPS: Employment specialists serve on a multidisciplinary team that meets weekly and interacts with team members daily.

Integrating services helps team members support the goals that are most important to the participant. For example, if an individual had a goal of seeing her children as much as possible, the employment staff can help to find a job that would not conflict with her visiting schedule with her children.

Long-Term Supports

Individuals in recovery often face challenges maintaining jobs. Employment programs offer long-term supports that are individualized based upon the person's strengths, needs, preferences as well as the person's work and education history. Employers may anticipate problems when designing job supports for individuals. For example, if an individual lost a job in the past due to being late for work, employment staff may ask questions to assess whether the problem may re-occur and offer strategies such as wake-up calls to help the person get to work on time.

Where Supports are Provided

Employment staff offer support on or off the job, depending on whether the individual chooses to disclose their SUD to their employer. The benefits of disclosure are that employment staff can offer supports for employers and intervene on the employee's behalf. Individuals in recovery who disclose are also afforded protections under Title I of the Americans with Disabilities Act. Some individuals in recovery choose not to disclose to avoid stigma in the workplace.[1]

Who Provides Supports?

One of the purposes of long-term job supports is to build up the individual's support network. For this reason, in addition to providing supports, employment staff encourage other treatment team members, family members, coworkers, and friends to help the individual with their employment.

Example

CRAFT[2] or Community Restitution Apprenticeship-Focused Training staff maintain contact with participants for six months to troubleshoot job-related issues. Staff are available to serve as a liaison between the youth and employer to resolve issues. Follow up supports are provided semi-monthly via phone and home visits.

Support for Employees

- Managing recurrence
- Problem-solving issues such as receiving or completing tasks at work
- Addressing transportation issues
- Counseling on interpersonal issues with other staff and supervisors
- Mastering specific job skills
- Providing supported education or career development

Support for Employers

- Recognizing signs of recurrence
- Providing support options for employees who find themselves struggling
- Sharing strategies for responding to warning signs of recurrence
- Developing supports on the job
- Understanding the cost-effectiveness of allowing the employee time off for treatment versus retraining costs

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Examples of Elements that Improve Program Effectiveness

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Addressing Criminal Justice Involvement

Over the past 30 years, significantly more people with SUD have been incarcerated or placed under other forms of criminal justice supervision.[3] An estimated one-half of all individuals in the criminal justice system meet the criteria for diagnosis of drug abuse or dependence.[4,5] Criminal justice involvement presents unique barriers for people in recovery who wish to return to work. Employment programs have worked with individuals in a number of ways to address criminal justice involvement.[6]

Strategies for Addressing Criminal Justice Involvement

- Add expungement specialists to the treatment teams to work with individuals to complete the court-ordered process to "seal" or remove old charges from their legal record.

- Collaborate with specialty and therapeutic alternative courts to better support people in meeting court-ordered requirements.

- Educate individuals on what is included in a background check or obtaining free reports from agencies such as Hire Right that show what may appear.

- Alert individuals to what employers may ask and how to explain criminal history.

- Work with individuals to find the right job match with consideration of their criminal record such as restrictions for applying for specific jobs due to sex offenses.

- Identify employers for whom felonies are not automatically disqualifying and employers who do not conduct background checks.

Employment staff help individuals with criminal records understand the importance of:[7,8]

- Making face-to-face contact with the employer

- Practicing what to say about their criminal history

- Writing a letter of disclosure to accompany job applications

- Being upfront about past convictions or charges

- Taking responsibility and explaining how his/her life has changed

- Describing the reasons why he/she would be a good employee

"Ban the Box"

Also referred to as "fair chance hiring," this policy aims to reduce unemployment for individuals convicted of a felony by preventing employers from asking about criminal histories on job applications.[9] As of January 2020, 35 states, the District of Columbia, and more than 150 cities and counties have adopted a "Ban the Box" or "fair chance" policy for public employment. Twelve states have also mandated the removal of conviction history questions from job applications for private employers.[10] Evaluations thus far have suggested some versions of this policy may have unintended discriminatory consequences.[11]

Reference

[1] Nichols, M. (2018). 14 Crazy Myths About Hiring People with Disabilities. https://www.meriahnichols.com/myths-about-hiring-people-with-disabilities/.

[2] Schaeffer, C., Henggeler, S., Ford, J., Mann, M., Chang, R., & Chapman, J. (2014). RCT of a promising vocational/employment program for high-risk juvenile offenders. *Journal of Substance Abuse Treatment, 46*(4), 134-143.

[3] Chandler, R. K., Fletcher, B. W., & Volkow, N. D. (2009). Treating Drug Abuse and Addiction in the Criminal Justice System: Improving Public Health and Safety. *JAMA, 301,* 183-190.

[4] Karberg, J. C., & James, D. J. (2005). *Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002.* (Rep. No. Dept. of Justice Publication NCJ 209588). U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. https://www.bjs.gov/content/pub/pdf/sdatji02.pdf.

[5] Mumola, C. J. & Karberg, J. C. (2006). *Drug Use and Dependence, State and Federal Prisoners, 2004.* (Rep. No. Dept. of Justice Publication NCJ 213530). Washington, DC: Office of Justice Programs, Bureau of Justice Statistics.

[6] IPS Employment Center. (2019). Employment Works! Twice-yearly IPS Supported Employment Newsletter. https://ipsworks.org/ wp-content/uploads/2019/04/newsletter_spring2019-final.pdf.

[7] Expert Employment Specialist Group. (2010). Helping People with Criminal Histories Find Work. Tips for Employment Specialists. https:// ipsworks.org/wp-content/uploads/2017/08/Tips-For-Employment-Specialists.pdf.

[8] IPS Learning Community Expert Employment Specialist Project. (2010). Nobody would hire me if they knew: A worksheet for people who want to find good jobs in spite of a criminal history. https://ipsworks.org/wp-content/uploads/2017/08/worksheet-for-job-seekers-with-legal-histories.pdf.

[9] Avery, B. & Hernandez, P. (2018). Ban the Box: U.S. Cities, Countries, and States Adopt Fair-Chance Policies to Advance Employment Opportunities for People with Past Convictions. http://stage.nelp.org/wp-content/uploads/Ban-the-Box-Fair-Chance-State-and-Local-Guide.pdf.

[10] Avery, B. (2019). Ban the Box: U.S. Cities, Countries, and States Adopt Fair Hiring Policies. https://www.nelp.org/publication/ban- the-box-fair-chance-hiring-state-and-local-guide/.

[11] Agan, A. & Starr, S. (2017). Ban the Box, Criminal Records, and Racial Discrimination: A Field Experiment. *The Quarterly Journal of Economics, 133,* 191-235.

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Examples of Elements that Improve Program Effectiveness

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4

Guidance for Selecting and Implementing Evidence-Based Practices

This chapter provides practical information to consider when selecting and implementing employment programs for individuals with substance use disorders (SUD). When selecting a program, it is important to understand the needs of those the program will serve, consider the community environment, and assess the organization's readiness for implementing the program. This chapter also discusses financing options and provides key resources for developing and offering employment and education supports.

Understand Individuals' Needs

One of the areas found to be most important in predicting successful outcomes is an organization's understanding of the needs of those it serves.[1, 2]

Ongoing assessments of individual needs should identify triggers for recurrence and consider strategies and supports to mitigate them.

Determine Community Readiness

Understanding and addressing factors within the community that affect employment for individuals with SUD are critical to program success. For example, examining federal, state, and local policies to determine how they help or hinder an individual's ability to gain/maintain employment or pursue educational goals; understanding stigma-related issues that may exist in the community; and considering employers' willingness to hire individuals with SUD.

Key areas of need to consider for individuals with SUD include:

- Number of clients currently employed and any formal or informal supports they are receiving

- Number of clients currently unemployed and their interest in working

- Type of SUD and other conditions such as co- occurring mental illness or chronic illness that may require additional job supports

- Treatment requirements (i.e., to assess if they conflict with potential work hours)

- Work history

- Educational history, skills, and training

- Criminal justice involvement and probation requirements

- Housing status and transportation options

- Childcare needs

- Access to birth certificate and driver's license

🏛️ Examine federal, state, and local policies.

Federal and state laws or policies may both help and hinder individuals with SUD from obtaining employment.

Examples of federal laws

- Federal Drug-Free Workplace Program
- Americans with Disabilities Act (ADA)
- Rehabilitation Act of 1973
- Workforce Innovation and Opportunity Act (WIOA)

Examples of state laws and initiatives

- Employment First Laws (in response to the U.S. Department of Labor's Employment First priority)
- WIOA State Plans
- State Exchange on Employment and Disability (SEED) (in response to the U.S. Department of Labor's Office of Disability Policy)

Federal and state laws or policies are not always consistent. Areas in which the federal law is silent may be where states or local policies provide additional guidance. Changes in federal or state laws may also result in unclear or ambiguous interpretation at the local level.

Example

Under the ADA, individuals actively using illegal drugs are not qualified as persons with disabilities, and marijuana is currently illegal under federal law.

However, some states, such as New York, include individuals who are certified medical marijuana users as individuals with disabilities under the state's human rights law.[4]

Example

Per Title VII of the Civil Rights Act, employers cannot deny people employment based on arrests that did not lead to conviction without a business justification and cannot deny employment based on criminal conviction unless there is a business necessity.

However, 38 states have laws allowing employers to ask about and consider arrests that never led to conviction in making employment decisions.[3]

Resources on Federal and State Laws Related to Employment

- **U.S. Commission on Civil Rights**. Sharing the Dream: Is the ADA Accommodating All – Substance Abuse under the ADA describes coverage for individuals with SUD under the ADA.

- **Legal Action Center**. After Prison: Roadblocks to Reentry explains state laws related to employment and criminal justice involvement.

- **U.S. Department of Labor**. Employment First describes the federal initiative and provision of technical assistance to states.

- **U.S Department of Education**. Workforce Innovation and Opportunity Act State Plan provides a searchable database to access current WIOA state plans.

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Understand stigma in the community.

Stigma is defined as a set of negative beliefs that a group or society holds about a topic or group of people.[5] According to the World Health Organization, stigma is a major cause of discrimination and exclusion.[6] A recent study suggests that individuals with SUD face greater stigma than individuals with mental illness. The study also indicates that insurance, housing, and employment policies that benefit people who are dependent on drugs have less public support than other initiatives.[7]

Stigma is often based on unsupported assumptions, preconceptions, and generalizations. For this reason, stigma may be prevented or lessened through education. A recent systematic review of interventions intended to reduce SUD stigma indicates that motivational interviewing, sharing success stories, and training and education programs that include the participation of individuals in recovery can help reduce stigma in the community.[8]

Resources for Community Education to Reduce Stigma

- **National Institute on Drug Abuse**. Drugs: Shatter the Myths—A series of graphic education materials covering marijuana, alcohol, prescription drugs, and treatment.

- **Anthem Foundation and the National Urban League.** What's Up with Opioids? — A workshop toolkit with ready to use tools and step-by-step guide for hosting a community discussion on opioid misuse and addiction.

- **Southeast Addiction Technology Transfer Center Network**. Stigma: What is it? —A one-page infographic on stigma related to SUD.

Ways to reduce stigma in the community...

Use person-first language such as "person with SUD" instead of "addict" or other derogatory terminology

Correct others who have misconceptions about SUD

Share success stories and positive depictions of individuals with SUD

Create public service announcements for use in newspapers, magazines, and broadcast media

Share information through social media

Offer forums to educate community members on SUD

Consider employers' willingness to hire individuals with SUD

It is also important to understand the needs of potential employers in the community and their willingness to hire individuals with SUD. One way to assess employer needs is to reach out to the local Chamber of Commerce. State Departments of Labor also track labor market data and workforce information to understand unemployment rates across each state, employment statistics by sector, and other key business news. Assessing local labor market trends can also be an effective tool in targeting employer outreach efforts to those in need of employees. Some employment programs develop training programs to increase employability for individuals with SUD in areas of known need.

Encourage the development of recovery-friendly policies

When interacting with employers, use each opportunity for ongoing education about SUD. Learn as much as possible about the employer's current policies and share tips for creating a recovery-friendly workplace.

Educate employers

When asking community members to help dispel stigma, it is critical to engage in specific efforts with employers to counter myths about hiring individuals in recovery. Employers with a personal connection to someone in SUD recovery are more likely to provide job opportunities.

Employers may also be swayed by compelling data such as understanding that individuals in recovery who are receiving SUD treatment miss fewer days than the typical worker and have lower turnover rates.[9] Sharing information on potential incentives such as Federal Work Opportunity and State Disability Employment Tax Credits may also be persuasive.

Employers should also be made aware that people in the early stages of SUD recovery and in the first 90 days of employment may require more compassionate and accountable supervision. Supervisors can be trained to work one-on-one with employees to build trust and help ensure compliance with company policies and procedures. Supervisors should also be encouraged to clearly define expectations, set specific timelines for tasks, and outline consequences for non-adherence.

Helping Clients Navigate the Job Market

In addition to working with employers, it is important to help clients develops skills such as:

- ### Setting expectations and plotting a strategy.
  Low-paying service jobs and gig economy work (e.g., driving for a ride-sharing service, shopping for a grocery delivery service, working in an e-commerce fulfillment warehouse) represent the easiest entry into the job market but have limited opportunities for advancement. The vocational plan should include goals and strategies for moving up from the first rung of the job ladder for those clients who need or wish to do so.

Recovery-friendly policies that employers may adopt include:

- Supervisor and employee training to understand and prevent substance misuse

- Health promotion and wellness activities

- A well-marketed Employee Assistance Program

- Health insurance offerings that offer SUD treatment benefits

- Resources for employees to understand how management responds to supervisor referrals and self-referrals for SUD treatment

- Supervisor training to identify warning signs of recurrence and to help communicate with employees to support their recovery

- Accommodations for participating in recovery supports and SUD treatment such as methadone maintenance or random court ordered testing

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- **Completing education and training to achieve their initial employment goals.**

  If clients lack a high school diploma, they may pursue a GED as part of their plan through online resources, self-study, or classroom programs. Available resources vary by state (www.ged.com/). Some clients may want to acquire entry-level credentials in certain fields through certificate programs or community college coursework.

- **Finding and applying for jobs.**

  Navigating online job sites and filling out online applications are key job seeking skills, and the vocational plan should include computer training to develop these skills. Clients without access to a computer at home may need to use library computers. The SUD treatment program may consider providing computer access if space and funding allow.

- **Creating a résumé.** A professional-looking résumé is a prerequisite for applying for many jobs. Ecoverycareers.com offers a step-by-step checklist for people in recovery. Job Seekers' Workshop has a résumé generator and sample résumés.

- **Using mobile technology.** Clients who cannot routinely access a computer may need to conduct their online job searches via smartphone and may need training on how to use it as a job search tool, including downloading job search apps, setting up alerts, and communicating with potential employers via email and text. The Pew Research Center states that 81 percent of the U.S. population owns a smartphone. The percentage climbs to 92 percent for those 30 to 49 years old and 96 percent among 18- to 29-year-olds.

- **Practicing interview skills.** In addition to standard interview questions, clients should prepare to openly address their past actions, if asked. Additionally, clients should understand their rights around what prospective employers can and cannot ask about substance use and SUD treatment (Semel Institute for Neuroscience and Human Behavior, 2020). The U.S. Department of Labor's CareerOneStop has a detailed section on interviewing, as does Job Seekers' Workshop. Peer support counselors can help with interview practice, and clients can practice with one another during group sessions.

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Resources for Working with Employers

- **Department of Labor.** Work Opportunity Tax Credit is a handbook and tax credit calculators for understanding the federal tax credit.

- **National Safety Council.** Opioids at Work Toolkit is a toolkit for employers implementing a workplace program on opioids.

- **National Safety Council.** Prescription Drug Employment Toolkit includes materials for developing a workplace policy for understanding and preventing opioid misuse; steps for addressing opioid abuse and addiction on the job; personal stories from individuals with SUD; and materials for educating staff and employees.

- **Boston Medical Center.** Employer Resource Library is a set of free tools and resources to support businesses in understanding and addressing SUD, including educational materials for supervisors, sample policies and practices, and stories from employees.

- **Society for Human Resource Management.** Employing and Managing Persons with Addictions provides warning signs of SUD; guidance on communicating with employees, accommodations, and possible actions; information on legal issues; and sample policies.

- **Substance Abuse and Mental Health Services Administration.** Prepare Your Workplace contains information and resources related to preparing workplaces for drug-free policies and programming.

Assess Organizational Readiness

A number of factors within an organization can help or hinder the implementation of employment and education supports for individuals with SUD. When developing an implementation plan, assessing the organization to determine areas of strengths and weaknesses is critical to success.

Staff attitudes about employment for individuals in different stages of recovery

A common misconception is that persons with SUD are not interested in working. However, many of these individuals can, want, and do work regardless of their stage in recovery. Therefore, employment considerations should be an important part of recovery plans.

Some staff may have outdated beliefs that work adds stress and may not be helpful to individuals in recovery. Therefore, building an organizational environment supportive of individuals in recovery should include assessing staff attitudes about employment for individuals in different stages of recovery.

One approach to consider is sharing success stories of individuals in recovery who have benefited from their active employment. The following resources and approaches can help organizations and individuals with SUD in the workplace work:

- Promoting housing stability with employment.

- A poster sharing on how to work with individuals with SUD to consider work as a part of recovery.

- Passion to Succeed: Introduction to "Work is Recovery" includes a series of web pages providing information on the role of work in recovery and sharing 10 stories from individuals in recovery.

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Areas to Consider When Determining Organizational Readiness

- Staff attitudes about employment for individuals in different stages of recovery

- Leadership engagement and prioritization of employment and education supports

- Organizational policies and procedures that may hinder access to employment and education supports or opportunities

- Awareness of the employment and education model being implemented

Leadership engagement and prioritization of employment supports

Organizational commitment and motivation for implementing new practices are the most important factors in ensuring program success.[1, 2] Workplaces implementing employment supports should assess the current organizational climate and leadership support for the initiative. For example, organizations that have recently reorganized, experienced turnover in key leadership or staff, or expect these changes in the near future should consider postponing implementation efforts until the organizational climate is more stable and has demonstrated support from leadership.

Also, consider the organization's infrastructure.[1] For example, implementing employment supports should be facilitated by a multidisciplinary team approach that supports care coordination. Additionally, implementation is bolstered by strong community partnerships with organizations that provide employment supports or can support other aspects of individuals' recovery, such as housing, clinical, or behavioral health needs.

Organizations tend to be more effective with implementation initiatives if there is a clear champion promoting the practice within the organization.[1, 2, 10] Champions advocate and build buy-in for the program among leadership, staff, and individuals served by the program. Consider who may serve as champions for your initiative.

Once one or more champions are engaged, identify members of the implementation team to develop a plan that will guide the implementation process. Implementation team members should meet regularly for strategic planning to ensure the implementation plan is carried out and barriers are addressed.

Organizational policies and procedures

Outlining core components of employment supports being put into place and considering whether current policies and procedures facilitate program implementation are vital to program acceptance and success.

Common examples of policies or procedures that may hinder access to employment supports and opportunities include:

- **Abstinence policies.** Some programs will not allow individuals to enter an employment program until they are abstinent for 30 or more days.

  Solution: Organizations can amend abstinence policies allowing staff to build upon individuals' motivation to choose and pursue work to support their recovery.

- **Requirements for treatment participation during work hours:** Some individuals are discouraged from working because it may interfere with treatment or recovery groups they are required to attend.

  Solution: Programs can institute flexible hours allowing individuals to participate in treatment after work hours or on weekends.

- **Court-ordered drug testing:** Some individuals may not pursue employment out of fear that random drug testing mandated by the courts will bring unwanted attention or disrupt their work.

  Solution: Employment staff can work with individuals with SUD to obtain accommodations on the job allowing them to leave work, without penalty, to meet court requirements.

- **Residential program requirements:**
  Some residential programs require individuals to report back during hours that may conflict with work.

  Solution: Organizations can establish partnership arrangements to encourage residential programs to amend policies in order to support individuals' goals related to employment. In addition to considering policies and procedures that may present barriers to employment supports, consider the types of new policies and procedures needed to ease program implementation. Examples include:

  - Program eligibility requirements
  - Recruitment and referral mechanisms
  - Intake and assessment forms
  - Staff and supervisor job descriptions
  - Reporting and tracking procedures for key aspects of the program process
  - Reporting and tracking procedures for key program outcomes

Awareness of the program being implemented

Another aspect to consider in determining organizational readiness is staff awareness of the employment model being implemented. Assessing staff's current level of knowledge and the types of supports that are formally and informally in place can provide a gauge for staff buy-in for the initiative and help inform staff training needs.

Carefully selecting and training staff is associated with successful program implementation.[10] Plans should consider projected staffing levels and training requirements as well as strategies for overcoming any issues revealed through community and organizational readiness assessments.

Consider program resources

When preparing for implementation, it is important to assess resources and outline program costs. Budget start-up (or costs for the first 6 to 12 months) separately with attention paid to outlining the costs of program development, staff recruitment, training, and the program operation time period before staff are providing the full range of services to a full caseload. Once the program is fully operational, consider ongoing monitoring and oversight costs as well as typical turnover that would require rehiring and training.

Below are some examples of how IPS programs have braided funding streams to support the various components of the program.

State Vocational Rehabilitation agencies. IPS programs that have developed relationships with state vocational rehabilitation (VR) agencies and standardized services have braided funding in three ways:

1) *Fee-for-service payments.* Employment programs submitted pre-authorizations to VR for each service provided.

2) *Milestone payments.* Employment programs received payments based on performance outcomes such as job development, 90 days of employment, or specific amounts of job coaching.

3) *VR grant funding.* Employment programs received quarterly or annual payments for demonstrating outcomes or fidelity to the IPS model.

Resources for Organizational Readiness

- Agency Readiness for Individual Placement and Support (IPS) Supported Employment Implementation Checklist (2017) is a seven-page guide to conducting an agency readiness assessment to inform steps that will prepare for successful implementation of employment and education supports.

- Organizational Readiness to Change Assessment (ORCA) Tool (2013) consists of 77 items that include individual preferences, leadership culture, staff culture, implementation team roles, implementation planning, and communication.

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Typically, VR provides individuals support as they begin the job search. The types of services provided are defined on the state and local levels. Counselors can provide benefits counseling, pre-job placement consultation, and job coaching.

Additionally, pre-employment transition services (Pre-ETS) and VR transition services explore career options with students, youth, and families that promote successful transitions from school to work and adult life. Some states have collaborated with state VR agencies to embed IPS principles into VR policies and procedures in order to open access to VR funding.

Medicaid. State authorities have worked with CMS or State Medicaid Agencies in a number of ways to pay for employment services including:

- **1115 Waivers.** States used the 1115 waiver to expand eligibility, alter the types of services provided, or change the way that services are delivered.

- **1915c Home and Community-Based Services Waivers.** States used the 1915c waiver to pay for employment services not reimbursable through standard Medicaid benefits packages.[11] Eligible populations included individuals who were transitioned from institutional settings such as hospitals and met state financial eligibility requirements.

- **1915i State Plan Home and Community-Based Services Benefits.** States submitted a state plan amendment to CMS to establish a 1915i benefit to provide employment services to specific targeted populations in home and community-based settings who meet established needs-based and financial eligibility requirements. The 1915i benefit must be offered statewide and cannot be limited to a specific number of people.

- **Medicaid.** Some states amended their Medicaid state plan to support employment services through optional services such as psychosocial rehabilitation or case management. This approach, however, included only those employment-related services which meet the definition of rehabilitation or case management.

State Mental Health Authorities. Some states provided payment through the State General Fund for individuals who are not Medicaid-eligible or for services not covered in other ways.

Work incentives. The Social Security Administration offers work incentives that can provide supplemental funding to organizations providing employment services.

For example, through the Ticket-To-Work and Self-Sufficiency Program, organizations providing employment services for a minimum of two years may become an Employment Network (EN) or authorized employment service provider and receive limited funds for providing career counseling, job search, job development, job placement, and ongoing employment support for individuals meeting their employment goals.

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Partnering to expand options

Identifying partner organizations and individuals within those partner organizations who will champion the initiative — and those who may oppose it — is another important step to consider in the preparation phase.[12] While partnering benefits many aspects of program implementation, it is critical for employment support programs that often depend on braided funding and coordinated care. Review the partnerships that your organization has in place and consider establishing new partnerships to facilitate the program implementation.

State partners may include:

- Department of Rehabilitation
- Department of Labor
- Department of Education
- Department of Mental Health and Substance Abuse
- Department of Social Services
- Department of Corrections
- Juvenile Justice Reentry and Training
- Offender Workforce Development
- Veterans Employment Services
- Office of Medicaid
- Governors' Councils and Committees on Workforce

Community partners may include:

- Chambers of Commerce
- Job Corps
- Technical education institutions
- Adult basic education centers
- Community colleges
- Social service agencies
- Centers for Independent Living
- Peer-run and family organizations

Program Development and Service Delivery

Once an implementation team is formed, readiness assessments are completed, and a baseline is established for the types of formal and informal employment supports provided within and outside of your organization, the implementation team should create a plan for program development. Consider short- and long-term goals with specific steps, timelines, and action team members. The plan goals should be tied to the core components of the program being implemented as well as to issues revealed as top priorities by the team.

Key resources for program development and service delivery

Individual Placement and Support

- IPS Program Implementation Plan for Agencies—A 10-page fillable chart with examples of implementation areas.

- IPS Implementation Tips for State Leaders—A 10-page guide to implementation with examples from the IPS Learning Community.

- IPS Trainer's Guide to IPS Supported Employment: A Practical Guide—A 21-page training guide for trainers and supervisors. The guide includes training activities and discussion questions intended to be used together with the IPS program manual.

- IPS Works Library—Free resources for program development including sample job descriptions, worksheets, tracking forms, marketing and outreach materials, and employment and educational assessment forms and plans.

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Criminal and Juvenile Justice Involvement

- [Reentry Education Toolkit](#)—Free online resources including guidelines and tools for education providers to promote partnerships for smooth transition for adults involved in the criminal justice system. Tools include an implementation self- assessment, an implementation action planning worksheet, financing options, checklists, and educational handouts.

- [Helping People with Criminal Histories Find Work](#) —A four-page bulleted tip sheet for employment staff who are helping individuals with criminal justice involvement find employment.

- [Criminal Records and Employment: Protecting Yourself from Discrimination (2013)](#)—A guide to help individuals understand what employers may ask about their criminal justice involvement.

- [Nobody would hire me if they knew](#)—A worksheet for individuals with criminal justice involvement seeking employment.

Benefits Planning and Work

- [Benefits and Work: It's not all or nothing](#)—A poster with common myths and facts about benefits and work.

- [Work Opportunity Tax Credit (WOTC)](#)—One-page fact sheet showing who is eligible for WOTC and the process for employers to claim the WOTC.

- [The Red Book: A Guide to Work Incentives](#)—A guide developed by the Social Security Administration providing information on employment supports for persons receiving Social Security Disability Insurance and Supplemental Security Income.

Motivational Interviewing

- [The Spirit of Motivational Interviewing](#)—A website providing a variety of free resources including 19 audio interviews, success stories, and take-home tips.

- [Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (2006)](#)—A 246-page manual produced by NIDA-SAMHSA includes teaching tools, self-assessment skills summaries, motivational interview rating guide and forms, and transcripts and ratings of demonstration interviews.

SAMHSA's Addiction Technology Transfer Center (ATTC)

The ATTC Network is an international, multidisciplinary resource for professionals in the addiction treatment and recovery services field.

Established in 1993 by the Substance Abuse and Mental Health Services Administration (SAMHSA), the ATTC Network is comprised of 10 U.S.-based Centers, two National Focus Area Centers, and a Network Coordinating Office. Together the Network serves the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Palau, the Marshall Islands, Micronesia, and the Mariana Islands.

Reference

[1] Wen, K., Gustafson, D. H., Hawkins, R. P., Brennan, P. F., Dinauer, S., Johnson, P. R., & Siegler, T. (2010). Developing and validating a model to predict the success of an IHCS implementation: The Readiness for Implementation Model. *Journal of the American Medical Informatics Association, 17*(6)*,* 707-713.

[2] Hyde, P., Falls, K., Morris, J., & Schoenwald, S. (2003). Turning Knowledge into Practice. http://capacitybuilding.net/Turning%20knowledge%20into%20practice-%20a%20 manual.pdf.

[3] The Legal Action Center. (2009). After Prison: Roadblocks to Reentry. https://law.stanford.edu/publications/after-prison-roadblocks-to-reentry-a-report-on-state-legal-barriers-facing-people-with-criminal-records/.

[4] Nagele-Piazza, L. (2017). Accommodating Workers with a History of Substance Abuse. https://www.shrm.org/resourcesandtools/ legal-and-compliance/state-and-local-updates/pages/ accommodating-workers-with-a-history-of-substance-abuse.aspx.

[5] Link, B. G. & Phelan, J. C. (2001). Conceptualizing Stigma. *Annual Review of Sociology, 27,* 363-385.

[6] World Health Organization. (2013). Stigma and discrimination. http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/ priority-areas/stigma-and-discrimination.

[7] Desmon, S. & Morrow, S. (2014). Drug addiction viewed more negatively than mental illness, Johns Hopkins study shows. https://hub. jhu.edu/2014/10/01/drug-addiction-stigma/.

[8] Livingston, J. D., Milne, T., Fang, M. L., & Amari, E. (2012). The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction, 107*(1)*,* 39-50.

[9] National Safety Council. (2019). Implications of Drug Use for Employers. https://www.nsc.org/work-safety/safety-topics/drugs-at-work/substances.

[10] Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

[11] Karakus, M., William, F., Goldman, H., Fields, S., & Drake, R. (2011). *Federal Financing of Supported Employment and Customized Employment for People with Mental Illnesses: Final Report.* U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging, and Long-Term Care Policy. https://aspe.hhs.gov/system/files/pdf/76216/supempFR.pdf.

[12] Johnson, K., Gustafson, D., Ewigman, B., Provost, L., & Roper, R. (2015). *Using Rapid-Cycle Research to Reach Goals: Awareness, Assessment, Adaptation, Acceleration.* (Rep. No. AHRQ Publication No. 15-0036). U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. https://pbrn.ahrq.gov/sites/default/files/docs/page/ AHRQPBRNFinalRapidCycleResearchGuidanceDocument.pdf.

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Resources for Quality Improvement and Evaluation

Quality Improvement (QI) is defined as "a continuous and ongoing effort to achieve measurable improvements in efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality in services or processes, which improve the health of individuals served and the community."[1] Developing and implementing QI plans includes regularly reviewing process and outcome measures and using results to improve the program. Three complementary sets of activities allow programs to collect the various types of data needed to inform action planning that will strengthen the implementation and impact of the program:

- **Monitoring performance**

- **Assessing the process**

- **Evaluating outcomes**

This chapter focuses on the whole organization including organizational structures, procedures, policies, and staff (individually and as a team), as well as assessing program implementation and evaluating changes in client outcomes. Information is provided on the purpose of QI, actions needed to develop successful programs, and uses of QI data. The chapter also provides guidance and resources for performance monitoring, process assessment, and the evaluation of outcomes for the purpose of QI.

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Resources for Quality Improvement and Evaluation

Why Develop a Quality Improvement Process?

"If we want more evidence-based practice, we need more practice-based evidence." [2]

Creating a QI process for your employment and education support program helps staff unite and work towards the common goal of improving services for individuals with substance use disorders (SUD). The QI process is not a punishing or blaming activity, but one that promotes innovation and celebrates success. It is important to help staff view QI as a team process that can make their jobs easier and help the team experience even greater accomplishments.

Uses of quality improvement data

QI data can be used to:

- **Clarify program goals** and how they support the organization's mission

- **Increase buy-in** from leadership, staff, community members, and employers by educating about and advocating for the program

- **Provide meaningful results** to help make informed decisions on where the program may need improvement

- **Demonstrate success** and how resources may be applied to best serve individuals with SUD

- **Ensure support** for continued program funding

- **Increase individuals with SUD's interest in work** as success stories are shared

For organizations with existing QI programs, consider how to include employment support services. Providing quality services requires a shift in thinking that staff roles are not only about providing services but also engaging in systematic activities to monitor, assess, and improve the quality of services.[3] QI teams review data systems to ensure that information is collected to support decision making regarding whether the program is having the intended effect for participants.

While much of the data used for QI is collected as a part of routine clinical practice, some organizations may choose to bring in outside evaluators to assist with some evaluation efforts. Organizations that plan to work with outside evaluators and use data for the sake of generalizable knowledge should consult with an Institutional Review Board to answer questions on maintaining confidentiality, protecting participant privacy, and setting up processes for the safe and proper handling of data.[4]

Develop successful quality improvement programs:[3]

- **Cultivate a spirit of QI** within the organization

- **Secure strong leadership,** endorsement, support, participation, and resources to facilitate ongoing QI activities

- **Identify internal or external consultants with QI training and experience** to help teams get started

- **Develop staff skills** in data collection and analysis

- **Develop clear QI team roles** including QI leader, champions, operations person, data entry person, and data specialist

- **Identify data systems** (and tailor, if necessary) to support decision making

- **Share results** and celebrate success

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Performance Monitoring

The purpose of monitoring performance is to document and quantify essential program activities and assess the quality with which they are being delivered. Performance monitoring assumes that staff are supported by policies and procedures that facilitate their ability to carry out the program. Coupling performance monitoring with process assessment provides organizations with a comprehensive picture of how services are provided.

Core activities for performance monitoring

- **Assess staff knowledge** of the core program elements
- **Track activities** to understand if core program elements are implemented
- **Assess the quality** with which core program elements are implemented

Fidelity tools and other performance measures

Performance measures are derived from practice guidelines that specify the important aspects of the program and services. Some programs such as Individual Placement and Support (IPS) have developed fidelity tools that help organizations assess whether staff are conducting activities as they were intended and provide some process evaluation data.

Tools, such as the IPS Fidelity Scale, have established evidence that when specific core elements of the program are implemented as intended, programs obtain better outcomes. Using established fidelity tools over the course of program development allows organizations to understand when the program should be able to detect outcome improvements.

Not all employment and education support programs have established fidelity tools. Organizations may need to identify or create measures that assess the core elements of the program.

Good performance measures are:[3]

- ***Relevant*** to core service components that have the greatest impact on individuals being served
- ***Measurable*** with consideration to the organization's resources
- ***Accurate*** based on accepted guidelines or practice principles
- ***Feasible*** in that they can realistically be improved given the organization's capacity

Performance is usually monitored on a monthly or, at minimum, a quarterly basis. Data may be collected through activity logs, record review, observation, focus groups, and interviews. Some employment and education support programs provide sample forms and spreadsheets to track core program activities. QI teams should review data systems to ensure that information is collected to support decision making regarding whether the program is implemented in the way it was intended to be implemented.

Using performance monitoring data

Performance data are commonly used to:

- Assess whether staff understand the essential elements of the program
- Provide a full picture of how services are provided to individuals with SUD and potential service gaps
- Understand if the program is being implemented in the way it was intended to be implemented and areas in need of further program development
- Assess whether staff are receiving the proper amount of training and supervision
- Reveal training needs or if additional consultation is needed
- Identify barriers to program implementation

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Resources for Performance Monitoring

- [Supported Employment Fidelity Review Manual](#)[5] This 236-page manual provides the 25-item scale and instructions for how to prepare for and conduct a fidelity assessment. The manual also includes how to score items, write a report and how the results may be used to improve services. Program tracking forms are also included such as the career profile, employer contact logs, sample job search plans, sample education support plans, and ongoing job support plans.

- [IPS Fidelity Guide Manual for Young Adults](#)[6] This 20-page guide provides the 35-item scale that includes 25 items related to employment supports and 10 items related to education supports. Special notes are included on how the scale differs substantively from the IPS fidelity scale.

- [IPS Fidelity Action Plan](#)[7] A sample action plan showing goals and methods for achieving the goals for each fidelity item as well as timelines and person(s) responsible. The template is intended to show organizations how results from fidelity assessments may be translated into implementation action plans.

- [Customized Employment Supports Fidelity Scale](#) This 9-item scale defines core components of the Customized Employment Supports (CES) model. The fidelity items are adapted from the IPS model.

- [CES Weekly Vocational Activities Log](#) This 5-page form helps employment staff log core components of the CES model for each client including whether the résumé is completed, number of job applications acquired and submitted, number of job interviews scheduled and completed, and other key information.

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Process Assessment

Process assessment allows providers to examine whether policies and procedures hinder or promote effective program implementation. It also assesses efficiency outcomes allowing organizations to correct unproductive workflow processes. Together, performance monitoring and process assessment provide insight into how services are provided, and whether they are implemented in a manner consistent with known effective practice.

Assess policies and procedures

Some employment support programs specify policies that promote positive outcomes. For example, CES suggest that counselors have a caseload of no more than 18 clients to facilitate the provision of intensive supports to overcome vocational and non-vocational barriers. Fidelity tools may prompt organizations to review specific policies and procedures such as the IPS Fidelity Scale, which includes items defining program eligibility criteria, caseload sizes, and overall organizational support for clients gaining employment.

The QI team should review the organization's policies and procedures and develop strategies to overcome barriers. Strategies may include educating internal and external staff on the ways that policies affect program participants; creating or revising organizational policies and procedures; or establishing memorandums of understanding with partner organizations to allow existing policies to be waived for program participants.

Examples of Efficiency Outcomes[8]

- Time saved while providing services
- Reduced number of steps needed for given tasks
- Revenue generated from billable services
- Costs saved and avoided

Common Policy and Procedural Barriers for Employment and Education Supports

- Treatment guidelines in recovery homes for when people can leave and return home may conflict with work hours or job training programs
- Outpatient treatment hours may conflict with employment opportunities
- Clean and sober requirements may delay job search and job supports for individuals with SUD

Assess efficiencies

There are a number of models that offer frameworks for organizations to review, assess, and improve efficiencies in the process used to provide services. Two widely used models are NIATx and Lean Six Sigma.

NIATx (formerly the acronym for the Network for the Improvement of Addiction Treatment) was developed specifically for SUD treatment and mental health organizations. The model aims to reduce participants' waiting time for appointments, reduce the number of program participants that do not keep an appointment, increase program participation and improve program retention. NIATx outlines five factors that consistently support process improvement:

- Understand and involve program participants
- Fix problems that are a priority for organizational leaders
- Identify a "Change Leader" or champion who has leadership support
- Look for innovative solutions from outside the organization
- Use rapid-cycle testing to assess the effectiveness of changes

The NIATx site offers a searchable database of promising practices. Promising practices that may be useful for employment and education support programs include publicizing new and improved services, collaborating with referrers to streamline processes, eliminating excessive paperwork, reminding clients about appointments, following up with no-shows, and including family and friends in the treatment process.

Lean Six Sigma is another model that organizations may find helpful to guide process assessments. Lean Six Sigma, a combination of the Lean model and the Six Sigma model, aims to decrease program costs by eliminating activities that are not necessary for service provision and solving problems that result in decreased revenue for the organization.

The model is a data-driven approach to examine existing processes and develop new processes that promote the use of work standardization, streamline staff's workflow, and reduce unnecessary variation. Lean Six Sigma encourages the use of QI teams that are assigned well-defined projects with a direct impact on the organization's bottom line. QI teams solve problems through the DMAIC approach (Define, Measure, Analyze, Improve, and Control).

Evaluation

Program evaluation is the systematic process of studying a program or practice to discover how well it is working to achieve intended goals. It assesses whether the desired changes have occurred for individuals participating in the program.

Some examples of outcomes that have been demonstrated for programs offering employment and education support include increased employment, lower rates of recurrence, and fewer parole violations. The key difference between outcome and impact evaluation is that outcome evaluation assesses short-term and immediate outcomes, while impact evaluation is focused on long-term, broader changes.[4]

Why evaluate outcomes for QI?

The purpose of evaluation related to QI is to monitor whether the program is having the intended impact on participants' well-being. Organizations can also examine variations in outcomes for specific groups of clients revealing whether service gaps exist for particular populations.

Resources for Process Improvement

- **The Improvement Guide: A Practical Approach to Enhancing Organizational Performance**[9]
  This text provides tools, techniques, and explanations for how to conduct process improvement activities to improve organizational performance.

- **The NIATx Model: Process Improvement in Behavioral Health**[10] This book outlines the process improvement model developed at NIATx.

- **The Lean Six Sigma Pocket Toolbox: A Quick Reference Guide to 100 Tools for Improving Quality and Speed**[11]
  This 225-page guide provides examples, tools, and instructions for applying Lean Six Sigma principles and concepts.

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Defining, monitoring, and evaluating outcomes over time also allows organizations to test the effectiveness of program adaptations to determine whether they should be rolled out and sustained.

Monitoring client outcomes

The QI team should work with program staff to clearly define the goals of the program. For example, some programs may define their goal as helping individuals with SUD obtain competitive employment at a livable wage. It is important to keep program goals simple and useful.

There are a number of QI models that help organizations define goals and appropriate measures to improve client care. For example, the Lean Model defines value by what the "customer" or individual with SUD wants. Some individuals may not have goals of increasing their wages over time or working more than part-time. Taking this into consideration, organizations may choose to measure employment as the number of individuals employed at any specified time period or tenure on the jobs instead of assessing number of days employed or hourly wage as indicators of improvement. The following are some examples of outcomes that are relevant to employment and education support programs and indicative of meaningful change.

In order to ensure the validity of the QI data, it is important to consider how the data for each outcome measure will be verified. Relying on self-report for employment and recovery outcomes is not recommended. Instead, consider verifying employment through paystubs, contact with employers, or other documentation.

Example of Outcomes

Employment
- Employed any time in the month/quarter/year
- Number of days employed per month
- Tenure at job (weeks, months)

Income
- Hourly wage
- Income per month from any source
- Income per month from job

Recovery
- Days of use
- Negative screens
- Participation in treatment
- Hospitalizations

Criminal Justice Involvement
- Arrest
- Incarceration

Career
- Job title
- Return to school, technical education, training programs
- How close to the career goal

Testing program adaptations

Improvement requires change, but not every change is an improvement.[3]

Quality monitoring can, at times, identify issues that need a clinical instead of a process response. Rapid-cycle research allows QI teams to test program adaptations that are intended to address practical problems that programs encounter and determine whether the changes result in the desired improvements. One method of rapid-cycle research for QI is Plan-Do-Study-Act (PDSA). The PDSA cycle is a framework for testing a change—by planning it, trying it, observing the results, and acting on what is learned.

Several factors can interfere with the ability to confidently state that the intervention is having the intended effect including:

- **Changes in the organization** such as leadership, turnover, or reorganization

- **Changes in the individuals served** such as individuals with more complex conditions, hospitalizations, or incarcerations

- **Changes in retention** or the length of time participants stay in the program

Selecting the appropriate combination of qualitative and quantitative methods can provide data on contextual factors that may explain evaluation results.[13]

PLAN — Plan the change to be tested

DO — Carry out the test

STUDY — Review data before and after the change

ACT — Act on results and plan next change cycle

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Resources for Evaluating Outcomes for the Purpose of QI

- Customized Employment Supports: Vocational Outcomes Interviews[13] A 13-page guide created to assess vocational and educational outcomes for CES. This guide provides examples of how vocational outcomes may be assessed over a 6-month time period.

- How to Improve: IHI Model for Improvement[14] This website outlines the Model for Improvement, developed by *Associates in Process Improvement,* to accelerate improvement. The Plan-Do-Study-Act cycles are outlined as an example of how to test changes on a small scale.

- Dissemination and Implementation Research in Health: Translating Science to Practice[15] This webinar discusses how to evaluate the evidence base of effective interventions including strategies for assessing impact, designing studies, and tracking essential outcomes.

- Non-Researcher's Guide to Evidence-Based Program Evaluation[4] This 49-page training manual reviews potential study designs, how to choose the right evaluation design, ways to ensure confidentiality and protect privacy, and analytic techniques.

- The 5 R's: An Emerging Bold Standard for Conducting Relevant Research in a Changing World[16] This article addresses the assertion, "If we want more evidence-based practice, we need more practice-based evidence." The authors outline a detailed description of an emerging standard for research, the 5 Rs, and how to use them. The 5 Rs stem from a synthesis of recommendations for care delivery research.

- Using Rapid-Cycle Research to Reach Goals: Awareness, Assessment, Adaptation, Acceleration[12] This 70-page guide provides an overview of rapid-cycle research and examples of how each phase of the cycle is applied.

- Evaluation Checklists[17] The Evaluation Center at Western Michigan University's website includes checklists to guide evaluation design, management, interpreting evidence, report writing, and data use.

Reference

1. Riley, W., Moran, J., Corso, L., Beitsch, L., Bialek, R., & Cofsky, A. (2010). Defining quality improvement in public health. *Journal of Public Health Management and Practice., 16*(1)*,* 5-7.

2. Green, L. (2007). Precede-proceed and re-aim as frameworks for practice-based planning and evaluation. CDC Oral Health Workshop, Atlanta, GA. United States. https://www.astdd.org/docs/LarryGreenPresentationSelectedSlides.pdf.

3. Health Resources and Services Administration. (2011). *Quality Improvement.* U.S. Department of Health and Human Services. https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/ qualityimprovement.pdf.

4. Substance Abuse and Mental Health Services Administration. (2012). *Non-Researcher's Guide to Evidence-Based Program Evaluation.* http://www.eblcprograms.org/docs/pdfs/NREPP_Non-researchers_guide_to_eval.pdf.

5. Becker, D., Swanson, S., Reese, S., Bond, G., & McLeman, B. (2015). *Supported Employment Fidelity Review Manual.* (3rd ed.) IPS Dartmouth Supported Employment Center.

6. Bond, G., Becker, D., Swanson, S., & Ellison, M. (2019). IPS Fidelity Guide Manual for Young Adults. Worcester, MA: University of Massachusetts Medical School, Transitions to Adulthood Center for Research and Lebanon, NH: IPS Employment Center, Rockville Institute.

7. The IPS Employment Center at the Rockville Institute. (2017). IPS Fidelity Action Plan. Rockville Institute, MD.

8. McLees, A., Nawaz, S., Thomas, C., & Young, A. (2015). Defining and assessing quality improvement outcomes: a framework for public health. *American Journal of Public Health, 105*(Suppl 2)*,* S167-173.

9. Langley, G., Moen, R., Nolan, K., Nolan, T., Norman, C., & Provost, L. (2009). *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance.* (2nd Edition ed.). Jossey-Bass.

10. Gustafson, D. & Johnson, K. (2011). *The NIATx model: Process improvement in behavioral health.* Madison: University of Wisconsin.

11. George, M., Rowlands, D., Price, M., & Maxey, J. (2004). *The Lean Six Sigma Pocket Toolbook: A Quick Reference Guide to 100 Tools for Improving Quality and Speed.* McGraw-Hill.

12. Johnson, K., Gustafson, D., Ewigman, B., Provost, L., & Roper, R. (2015). *Using Rapid-Cycle Research to Reach Goals: Awareness, Assessment, Adaptation, Acceleration.* (Rep. No. AHRQ Publication No. 15- 0036). U.S. Department of Health and Human Services. Agency for Healthcare Research and Quality.

13. National Development & Research Institutes, Inc. (n.d.) Customized employment supports (CES) Vocational outcomes interviews--Baseline and follow-up. https://wmich.edu/evaluation/about/publications.

14. Institute for Healthcare Improvement. (2021). How to improve: Model for Improvement. http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx.

15. Brownson, R. & Colditz, G. (2015, July 22). Dissemination and Implementation Research in Health: Translating Science to Practice. [PowerPoint Slides]. AHRQ PBRN Resource Center Webinar. https://pbrn.ahrq.gov/events/dissemination-and-implementation-research-health-translating-science-practice-0.

16. Peek, C., Glasgow, R., Stange, K., Klesges, L., Purcell, E., & Kessler, R. (2014). The 5 R's: An Emerging Bold Standard for Conducting Relevant Research in a Changing World. *Annals of Family Medicine, 17*(5)*,* 447-455.

17. The Evaluation Center. (2019). Evaluation Checklists. https://wmich.edu/evaluation/checklists.

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Appendix 1:

This publication was developed with a significant contribution from Stephen Magura, Ph.D. The guidance is based, in part, on the thoughtful input of the Planning Committee and the Expert Panel on Substance Use Disorders Recovery with a Focus on Employment from March through

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