

**APPALACHIAN REGIONAL COMMISSION
SUBSTANCE ABUSE LISTENING SESSIONS:
A CATALOGUE OF IDEAS**

September 2019

*Ideas collected in six state listening sessions and public meetings hosted by ARC
December, 2018–April, 2019. Ideas collected through a flip chart exercise, attendee
index cards, field notes and review of meeting transcripts.*



Recovery Services Step Summary

FACTORS MOVING INTO RECOVERY INFLUENCING IMMEDIATE POST TREATMENT NEEDS

Community

- Community stigma of being in recovery and using MAT and with criminal past related to substance abuse versus welcoming environment.
- Culture change in communities that promotes and supports recovery.
- Community support services like “welcome home committee”.
- Initiate a broad public awareness and understanding marketing campaign about substance abuse. Include commercials, public service announcements, website, help hotline, community brochures posters and flyers. Integrate regional campaigns with state campaign aimed to reduce stigma by humanizing addicts and encouraging support from employers, families and friends.

Judicial and law enforcement issues

- Long-term impact of judicial sentencing guidelines.
- Role of drug courts with full service.
- Give relief from criminal; charges, fines and driver’s license recovery.
- Improving handoffs from jail to community recovery programs.
- Mental health training for law enforcement is needed and desired. Finding ways to offer mental health services to link inpatient care and jails.

Recovery system and services issues

- Knowledge of available recovery service opportunities, options about available careers.
- Need for publicly accessible web site www.recovery listing local service from rehab to employment.
- Appropriate and effective long-term treatment.
- Providers that don’t talk to each other.
- Coordination and case-based data sharing among providers.
- Backlog of post-treatment services, waiting lists for services that are underfunded and exhausted.
- Individuals not knowing the pathways to recovery services.
- Very limited local facilities and support options.
- Programs that restrict enrollment or misinformation about programs.
- Rural communities lack access to recovery services and often lack jobs for those returning from treatment.
- The majority of treatment centers don’t completely get the person to the point of being fully recovered. Thirty-day programs are a revolving door and most patients are unemployable.
- Social services following treatment.
- Give everyone a personal contact who manages whole range of services: driver’s license, court costs, adult education programs, access to legal services, medical care and mental health cared, ready to work programs, social workers services. Successful support groups – Alcoholics Anonymous, AD helps those in recovery move beyond addiction to helpful state of mind and body, with relapse being lost hope.
- Reentry programs and reintegration specialist in each county with outreach responsibilities.
- If people are kept separate, those in recovery are not engaging in new health relationships and non-addicts continue to hold onto stigma.

Personal issues

- Personal sense of “hope” on how to instill and build relationships.
- Individuals not prepared to live in recovery, lack of self-confidence to go to next step, know what is next step, know self-capabilities.
- Ask rehab participants if they are ready and willing to take steps in recovery to learn new skills and work at a job before they go through full program.
- The person in recovery may be his/her own barrier. Those who don’t want or need training because they are already skilled or in high demand jobs sometimes hinder recovery.
- Personal debt and lack of credit, including previous student loans.
- Individuals entering recovery face innumerable personal issues that become barriers: housing particularly near training/employment opportunities, lack of driver’s license, transportation, finding support groups for individuals and families through networks for recovery, clothing/hygiene, health care, family issues including child care, lack of high school diploma and other fundamentals.
- Child care and safe havens for children, child care (24 hours), support for family members, respite care.
- A place to live and avoiding homelessness.
- Personal issues like time management, work readiness, morale and social and soft skills.
- Insurance issues.
- Arrested cognitive and social development.
- Lack of work skills, no/previous job history and no references, personal reputation and stigma.
- Lack of access to technology including cell phone and internet.
- Improved post-treatment short term residential housing, options including sober living houses, near training and employment opportunities. Housing is needed for those with nowhere to go. Some may have families, but the family member is an enabler. Change HUD regulation denies entry into public housing for those with criminal backgrounds.
- Homeless shelter resources.
- Address transportation issues for self and family: for childcare, to and from school, afterschool programs; Second chance drivers licenses; more assistance for financing vehicles for people who don’t have good credit; Change driver’s license rule that if recovery complete, the fines are forgiven; improve public transportation options.
- Immediate financial needs - Can’t borrow money to get started again because of convictions; money for education/training books.
- Personal needs: Clothing/hygiene, health and dental care, phone number and address for job applications.
- Promote a family-unit focus broadly engaging poverty, education, legal issues and incarceration, housing, transportation, and childcare issues.
- Services to support families, kids and foster children including subsidized child care.
- Wrap-around services for persons in recovery who are trying to regain custody of children.
- Developing a quality plan for recovery that includes employment and high school diplomas.
- Individuals must be allowed and encouraged to keep their addiction recovery and sobriety as their priority above employment, family reunification, housing, and transportation or the rest will fail. It is counter intuitive but success can be a trigger for relapse if it puts stress on the individual and/or distracts them from recovery.

Support issues

- Difficulty of those leaving treatment and returning to previous area of residency. Returning to same environment leads back to drugs.
- Geographical changes required in post-treatment. People in recovery want opportunities for employment that interest them, make an investment and grow where they are at, most can’t relocate.

- Lack support, can't go home especially for students who lack social networks, and recovery support services.
- Have to relearn the basics of life.
- Be able to financially survive during training especially with strained family settings.

SERVICES NEEDED IN A SUPPORTIVE RECOVERY ECOSYSTEM

Treatment and health services

- Access to Medication Assisted Therapy.
- Physician advocates who monitor treatment and recovery and are willing to provide supportive letters of reference for employers.
- Affordable and accessible drug testing, perhaps on site of employment as very helpful/motivating.
- Crisis management for relapse.
- Increase rural availability and capacity of affordable treatment and recovery programs.
- Create a more systematized approach to assure funding for rehab centers in regional areas.
- Expand federal funding for local facilities that provide substance abuse and mental health services.
- Physician- and counselling-directed residential and outpatient programs. New entities to work with law enforcement, employers, educators, churches and community leaders.
- After care.
- Mental illness support services.
- Integrate health care including dental with recovery programs.
- Program that subsidizes recovery treatment medications.

Recovery support services

- Support groups for recovering addicts.
- Create local infrastructure that include support personnel: peer to peer; recovery mentors in workplace; success coaches with case management responsibilities; long-term care facilitators; case managers.
- Access to case worker/advocate/navigator to help those in recovery to not lose their way.
- Life/employment skills (soft skills).
- Peer recovery specialists, mentors and coaches.
- Integrated resource teams to map career pathway coordination with employers and client progress.
- Counseling services that are supportive to help define work-recovery balance.
- Weekly counseling sessions for those in recovery with one-on-one counselling and groups in clinics of local guest speaker with realistic stories a child's obstacle to employment.
- Pro-MAT sober living houses.
- Recovery Centers with 32 hours of workplace experience bonded plus intensive support services for 16 weeks.
- Continued drug test after treatment completed and during employment.
- Day report centers with recovery coaches.

Personal and family needs

- Affordable transitional short-term housing with treatment: sober, safe and secure, housing with MAT.
- Long term affordable residential housing with access to employment opportunities.
- Sober living communities and safe harbor social circles – networking.
- Child care and elder care; Child care services on weekends and evenings, and advocacy for their children with education systems.
- Home based family support to ensure that parents in recovery have diverse supports needed to help children cope with trauma with education and prevention interventions so that parents can focus on recovery.
- Personal services: credit score recovery, domestic violence recovery, legal aid.

- Financial literacy and planning.
- Medical care and dental care; promote healthy living in all aspects – hygiene, dental, disabilities; Available primary care with providers sensitive to needs of population; Financial assistance for health care, even for those who don't qualify for Medicare.
- Transportation to/from work, treatment, meetings, especially in evenings and weekends, respite care.
- Put money on cards to pay for transportation.
- Change transportation grant regulations to allow vans to be used to assist in regional opioid transportation needs. Good will cars, purchase vehicles 5-3-10 program (vehicle discount purchases), rural Uber .
- Cellphones and broad band O W
- Organized approach to address individual issues: appearance, proper clothes, complacency, acknowledgment of limited opportunities/options, self-confidence, failed drug tests, stigma, fear, and educational needs.
- Legal help.
- Faith based involvement for families.

Job training and employment

- Funding for longer term (2-year protocol after residential treatment) program to provide recovery friendly work experience or employment coupled with seamless supportive services without barriers including behavioral health, health, basic life skills, transportation, housing and judicial childcare.
- Job training with Mentors.
- Placement preparation including assistance with soft skills (one-on-one plus classes), training how to handle rejection, change stigma of entry level jobs as step to good job, role playing for job interviews and situation.
- Self-management skills including time management.
- Mentoring programs with access to services (job readiness and retention, job coaching, sober living) that promote positive relationships.
- Paid work for training during the recovery process. (TROSA) it is part of practicing a life of recovery.
- Social enterprises with paid working and learning opportunities as a primary reintegration strategy.
- Communication between treatment and recovery services providers within the business owners' council in each area for education to dispel stigma.

LINKAGES AND HANDOFFS

Operational services integration – colocation, shared personnel, expanded scope of services

- Integrated resources service staffing model.
- Back-up system to diagnose all those with substance issues and offer on-the-spot intervention or referral.
- Include treatment, sober facilities for recovery, job training, counselling, transportation, short term jobs to increase responsibility.
- Promote colocation to expand availability of facilities and services under one roof.
- Drug screening tool for employers and justice system.
- Case management to help navigate process between services and agencies.
- Peer navigators, case manager services, support navigators.
- Post-treatment supportive housing linked to wrap-around services.
- Medication assisted therapy providers should address all social determinants of health, especially employment and help with housing, healthcare, dental and therapy.
- Need to be in training while in recovery program.
- Programs with integrated approaches – Addiction Recovery Care, Isiah House.
- Create synergy with existing funding and resources to expand local services.

- Engage health professions students in service in workforce development centers.
- Work programs while in rehab with wages used to pay fines and save to secure future housing.
- Integrate job skills and job securing into adult treatment plans prior to being released from jail, prison, treatment facilities.
- Triad Careers Centers staff collocate in mental health facilities to improve handoffs.
- Establish a debt management plan during the recovery process so they can have more of an opportunity for success after completion.
- Use telehealth with Medicaid payment to provide treatment/counseling to patients even via smart phones.
- Repurposed buildings for transitional housing with coordinated support services.
- Transitional housing that requires accountability and is structured with employment expectations.

Systems linkages and handoffs - communication, structure formalization, credentialing

- Begin working with individuals with substance use disorder before they leave treatment facility for job training and looking for job opportunities.
- Start planning recovery to work from day 1 of treatment; Start the training process in treatment; introduce possibility of education and training early on in the treatment to create excitement and motivation for participant.
- Reintegration from jail/prison to community including case management, peer support, housing, medical and mental health care, substance abuse treatment, and work/education alternatives.
- When they begin or continue medication assisted therapy while incarcerated.
- Leaving treatment with sense that WHOLE person issues addressed: addiction and depression, anxiety, pain management, chronic disease and assure an outcome/goal-based recovery service.
- Extend system services to last up to five years to provide support and life coaching.
- Community engagement coordinator/reintegration navigation specialists in each county, part of a network of community agencies and services who brings together different interests.
- Case manager for life who is not program specific.
- One-stop approach for service connections.
- “Importance of having a guide – whatever methods that might be”.
- Organize local services using standard continuum of care with structured referral system that can be access by hospitals, doctors, first responders, treatment facilities and families.
- Promote support for long term management and continuity of care.
- Design framework for communities to develop “task forces” to review the problem locally from multiple aspects (sectors law enforcement, education, health, treatment services) and provide funding to develop community plans for different phases of needs – prevention, users, recovery, recovery.
- Fund local needs assessments, gap analysis, monitoring or services/programs, and collaboration (multisystem) to create the appropriate/necessary ecosystem of that locality.
- Need entrepreneurship training in this space, incentives for employers and across agencies.
- Create new funding channels that require active cooperation between community action agencies, community-based faith-based programs, and workforce agencies.
- Link funding for in-patient and out-patient facilities/services.
- Establish pilot small physical recovery ecosystem to incorporate all resources needed (treatment, housing, child care, mentoring, transportation, and employment).
- Organized community/regional systems to include.
 - o Ten services (Transportation, Housing, child care, health including dental, career counselling, work experience, mental health, educational opportunity, entrepreneurship, crafts skill.
 - o Ten organizations (community action agencies, Foundations, community colleges, organized labor, private sector, courts, family and community services, treatment providers, recovery providers, Primary health care organizations (FQHCs).

- Pilot programs that integrate and coordinate agencies to address barriers at each level recovery ecosystem. Expand after evaluation.
- Identify all organizations/services that work with people in recovery/training/employment; convene group to develop communications plan, and form links/referrals for services and with employers without duplication.
- Coordinate grants funding for unified action, eliminate duplication county, form partnerships.
- Integrated and coordinated services, communication, case management; collaboration among services.
- Structure referral system accessed by hospitals, doctors, first responders, treatment facilities and families.
- Develop a communication strategy among public and private community agencies that delivers a system of concrete contacts that provides health care providers, educators, parents and friends numbers to call when they need help for a person.
- Monthly program opportunity for community partners, resources and key stakeholders to convene to discuss issue, establish best practices and collaborative relationships.
- Providers train each other
- More realistic data sharing that balance privacy and care interests to address Federal rule 42 CFR hindering communication between providers.
- Create automatic referrals to medical assisted treatment after overdose rescue by emergency medical services and emergency hospital departments.
- Develop a communication strategy among public and private community agencies that delivers a system of concrete contacts that provides health care providers, educators, parents and friends numbers to call when they need help for a person.
- Convene regional meetings to improve communication between employers and treatment providers.
- Establish/adopt credentialing for recovery services that promote and assure communication across providers, trainers and employers.
- Develop partnerships with mental health facilities to become part of recovery support system.
- Create a model including elements for a certified community of recovery program.
- Work with experts in substance use disorder and treatment to create public understanding of “good treatment” based on evidence-based models.
- Develop certification programs: person is work ready, employer is recovery friendly, and community is recovery community.
- Linkage to refer individuals who do not pass drug tests to job preparation services. A high number of people cannot pass initial drug tests and then become discouraged and stop seeking work, and need to be referred to an assisting agency.
- Professional positions to help organize comprehensive recovery programs like Recovery Point at Bluefield; employ those with an understanding of community needs.

Non-traditional sources of resources

- New pathways for police to help need those struggling with addiction to be defined. The window for help from law enforcement is short. Law enforcement is sometimes encouraged by family members not aware of any other sources of help to put family members in jail to keep them from overdosing.
- Churches serve as resource as volunteers (chaplain in prison) and mentors. Partnership funding between faith-based recovery organizations and community colleges to provide a clear pathway from treatment and recovery to education and workforce training and productive employment. Create coordinating organization that can connect individuals to the resources needed at any point in recovery process.
- Drug courts, more support for court system.
- Community coalitions with broad based involvement.
- Circles of care and volunteer teams that assist individuals.

Workforce Training Step Summary

CONTENT OF JOB TRAINING AND PLACEMENT SERVICES

Content of skills training

- Vocational training.
- Vocational training leading to certifications that lead to guaranteed jobs.
- Training that allows for MAT services at same time.
- Training for available jobs.
- Training wages and stipends.
- Job coaching and mentoring to give purpose.
- Integrate work experience and community service into recovery programs.
- Programs that integrate work and training.
- Ready to Work programs.
- Pre-employment certifications before offenders leave prison.
- Training to include: Computer skills, Life skills, cross training for good paying jobs, career counselling.
- Job placement services in every county.
- Reach out to organized labor to identify opportunities in building trades.
- Individualized skills training on own time frame.
- “Upskilling” to a living wage job.
- Career planning with at risk elementary and high school students.
- Support programs to help explain to the person in recovery how important it is to obtain a position of employment and the dangers that could be part of each job opportunity.

Environment for training

- Reentry sheltered workshops as a stepping stone to obtain work experience, gain skills, or develop new skills to make them more employable.
- Career centers that know options of available careers with job coaching and mentoring to give purpose.
- Group transitional housing with live-work space that expands treatment into workplace readiness and job placement in outpatient environment with 2-16 training weeks for professional skills and technical certifications,
- Virtual job centers with shared work space in community with broadband for high demand remote jobs creating a community in high demand jobs, removing employer risk with mentoring and coaching, with entrepreneurial training all co-located in incubator space.

Supplemental content to skills training

- Resume development with personal accomplishments (work and volunteer).
- Basic job re-entry skills on how to fill out applications, conduct interviews, and how to start over.
- Improve technical/occupational skills levels.
- Soft skills training.
- Project reentry that provides application and interviewing skills.
- Basic life organization skills (family, transportation, financial management).
- Help to get identification cards and birth certificates.

Educational options

- Link adult education and ready for work programs with scholarships.
- Adult ed and GED access because 53% of those in recovery are without high school diplomas.
- Education programs that include credit, soft skills, and tutoring.

- Eliminate college-level education barrier of ineligibility of certificate programs for Pell financial support.

Supports for training and education

- Navigators, success coaches to help guided individuals.
- Support services assistance from agencies and programs (Virginia Employment Commission, Social Services part time mentors).

TRAINING AND PLACEMENT PLANS FOR INDIVIDUALS AND GROUPS

Regional/community organizations involved in planning

- Identify conveners for organizations to plan together.
- Need central location for information about entire process.
- Local workforce development boards to offer intensive Innovation Opportunity Act services including work experience, on the job training, internship and work-based learning.
- Asheville's multiorganizational collaboration (MEGAZORD) including Project Reentry (Goodwill), Reentry Council (RHA), SPARC Foundation, Community Action Life Works, A-B Tech Community College support whole person.
- Involve adults with substance use disorder in the community-based planning process to share what helped them the most, what is needed to be successful.
- Data sharing to clarify needs – macro to identify service gaps, micro to identify recovery success, then fund to fill gaps in programs.

Content and design of training plans

- Work with employers to develop a certified recovery plan with employment as the outcome. Analogy: Community colleges work with high school students with IEPs, using group meetings to talk about options for the students.
- Develop rural case management system to address abuse issues, with navigator to help them through the steps keeping employment future in mind.
- Allow easier sharing of information on people – HIPPA, CRF28, CFR42. Analogy: data sharing system to help homeless veterans connect veterans and homeless services.
- Individual Placement Support for Employment (IPSE) with supportive transportation to interviews and appointments, peer support, no exclusions, rapid job placement, participation preference, integrated with treatment.
- Individual Opportunity Plans.
- Simplify the gap for the clients (addicts) by streamlining the start of their new life by creating community-specific hubs where human services professionals without bias and stigma help begin the “recovery to life to work process”.
- Offer counseling in a preparatory approach with baby steps of progress rather than pushing job programs
- Individual transportation plans.

Personnel involved in developing individual plans

- Engage Integrated Resource Teams.
- DARS disability system integrated resource teams pull groups together with one team member focused on how to move that person forward to employment.
- Work with judicial and corrections systems to encourage links to recovery and employment services before release.

- Case management with warm handoffs between services.
- Develop community teams that provide wrap around services for individuals in or entering employment.
- Department of Commerce employment support services with reentry.

Incentives

- Provide clients incentives to complete treatment and stay in recovery.
- Payment for training fees.
- Entrepreneurship models that integrate multiple services and are not siloed to keep persons in recovery.
- Use continuum model through which to channel workforce readiness funds.

JOB TRAINING RESOURCES

Educational institutions

- Funding for community colleges for tuition assistance for short courses with certifications.
- Community college and higher education engagement.
- Education partnerships.
- Partnership with local community colleges to acquire GED programs and bring the program to the community.

Personnel resources

- Credentialing for counselors and mental health training.
- Fund regional positions across Appalachia who would be responsible for building bridges between employers, workforce development agencies and work with peers to identify best practices.
- Training funding for service providers (employment commission employees) to learn to develop employment plans specific for those with substance use disorder.

Financing

- Resources to make training more locally accessible.
- Bring together recovery houses, land banks, land trusts, community colleges to create co-located services to rehabilitate lives and communities through education, trade skills and housing.

FACTORS INFLUENCING LINKS BETWEEN TRAINING AND PLACEMENT WITH EMPLOYERS

Training and job availability

- Lack of available jobs in region with livable wages and advancement potential.
- Lack pathways to in-demand jobs.
- Needed training may not be local.
- Colocation of treatment and employment like TROSA.
- Training must accommodate for potential of underemployment.
- Some industries won't hire persons who were addicts.

Systems factors

- Improve connections between employers and training.
- Network of willing employers, flexible employers.
- Networking opportunities.
- Make employers part of recovery ecosystem.

- Not all employers are plugged into training and placement network.
- Need to be in training while in recovery program.
- Enrollment potential in training programs limited by accreditation bodies.
- Lack of education and inability to get financial aid to continue education with felony citation or extended periods for background checks.
- We cannot continue to walk into small rural communities and expect them to be prepared to implement workforce development programs. Community infrastructure building through community engagement is a first and essential step to program success.

Employer factors

- Incentives for employers to take risk in hiring.
- Fidelity bonds for employers who hire those in recovery in jobs.
- Employer work opportunity tax credits.
- Funding incentives for supporting pathways to employment including tax credits.
- Stigma by employers of physical, mental and dental health status of applicants.
- Employer contract limits from federal funding to ban employee with a criminal record.
- Loss of licenses for licensed professionals.
- Worker compensation issues.
- Stigma.

Prospective employee in recovery factors

- Previous history of employees maintaining recovery.
- Need for wrap-around services – transportation, child care and housing.
- Transportation as barrier due to lost licenses and lack of resources, lack of driver's licenses, lack of local transportation, insufficient money to pay others for transport.
- Difficult time balancing MAT appointments and training/work situations.
- Returning to school is a stressor.
- Personal factors of those in recovery (Health issues: medical, dental and mental health; personal appearance; financial status; lack of family support; gaps in work history).
- Criminal records, felonies, charges not expunged which limits successful referral.
- Passing the drug screening.

Employment Step Summary

REGIONAL APPROACH TO ORGANIZING A MARKET FOR JOB OPPORTUNITES

Regional Job Market Characteristics

- Lack of actual jobs, beside minimum wage with adequate hours, in community.
- Many Appalachian manufacturing employers have low profit margins with little employee redundancy built into their workforce. Thus, if employee takes time off for recovery-related purposes, productivity is hurt.
- Ability to sustain wages following training period.
- Limited opportunity options for future growth and advancement.
- Wage level: Minimum wage drives individual in recovery into reentering the drug culture due to not being able to meet basic needs of housing, utilities and transportation.

Employer Networking

- Create regional dialogue with employers to encourage hiring recovering individuals.

- Identify and inventory recovery-friendly employers into data base and support with campaign with incentives in hardest hit areas.
- There are no data bases of providers (recovery, treatment, employment) available to employers, churches, and other helpers in the first line of help.
- Network of collaboration between various county programs like NC Department of Commerce Reentry Program, second chance programs, Pathways to Promise and related referral services.
- Lack of system of connected federal, state and local resources and services that networks government and non-profits that combine resource dealing with impacted in their communities and addresses gaps.
- Fund and support regional coalitions/backbone organizations/community-based cross-sector collaborative approaches that increase community capacity building that bridges prevention, treatment and recovery.
- Employer luncheons funded by Governor's Office for education and to support reentry initiative including success stories.
- Monthly program opportunity for community partners, resources and key stakeholders including employers to convene to discuss issue, establish best practices and collaborative relationships; address issue that providers don't talk to each other.
- Promote employer involvement in job training and specific work skills. Include health care benefits.
- Disabilities programs.
- Identify in-demand jobs and work with trainers to target training offerings.
- Improve communication between agencies providing services and business and industry.

Educate the public about addiction and recovery

- Address regional lack of knowledge about addiction behind fear and stigma.
- Develop and deploy educational programs with employers and community agencies about recovery process.
- Understand the value of work and employment as not just paycheck, but about self-efficacy, contributing to community, and pride in providing for family.

ADDRESS EMPLOYER NEEDS

Influence employer beliefs

- Address employer stigma as a primary deterrent to employment.
- Incumbent workforce rejects hiring and operational exceptions for those in recovery (attendance policies).
- Employers do not necessarily want company name as place that will hire those in recovery.
- Fear of social costs and community standing when hiring those in recovery.
- Concerns about individual in recovery's mental health, honesty, dependability and turnover potential.
- Address employer concerns about liability of theft, injury, damage to equipment.
- Other employer costs: training, Insurance, public perception about hiring those in recovery.
- Impact on business costs, profitability and return on investment.
- Help employers understand those in recovery are often the only employees that an employer can confirm are drug free because of required drug testing. They are the least likely to create liability.
- Educate local officials, businesses and economic developers of importance of the recovery to work continuum.
- Promote greater employer accountability for helping.
- Share information about best practices for second chance employment to assist companies interested in providing opportunities (e.g., insurance, HR protocols, etc.). Use intermediary organizations.
- Data does not exist on successful recovery-to-work program or positive stories that might address employers' fears.
- Create sample case studies making the business case for employers to choose to hire persons in recovery.

- Lack of understanding about MAT: guidelines, policies and expectations.
- Define a Recovery friendly workplace.

Encourage employer and legal policy changes

- Employer internal structure issues: business plans, policies in place, lack of flexibility.
- Work with corporate and business end users to change use of background checks that prevent employment, hiring requirements on background checks going back 7 years that restricts employment .
- Legal prohibitions against hiring, Corporate policies and Lack of flexibility including Drug Free Workplace.
- Regulations including OSHA and safety/security concerns.
- Workers compensation issues.
- Develop employee assistance program policies for networks of small business employers that include connections with mental health and Substance Use Disorder providers.
- Assistance for Human Resources departments with Employee Assistance Programs for sensitivity training and how to approach talking with someone with substance use disorders.
- Perceived negative impact on company reputation influences corporate policies.
- Guidelines for hiring and maintaining supportive work environment for appointments, court dates, medication assisted treatment.
- Dissension between employer and employees about special treatment for those in recovery (drug courts, support groups, drug testing, probation officer meetings).
- Issues of conducting drug testing on-site.
- Help businesses create second chance policies.
- Employer culture, more felon-friendly employers.
- Ethics training for employers.

Provide incentives to employers to hire persons in recovery

- Community pathways are only partially effective, they need complementary education, technical assistance and incentives for employers.
- Work opportunity tax credit incentives for existing employers to hire, mentor, support recovery, and retain employees.
- Incentives to cover additional hiring/employment costs – tax subsidies or financial incentives to protect them from financial risk and address liability concerns.
- Slight payroll tax decrease for employers who hire employees in recovery.
- Tax incentives for employers who help those with felony conviction particularly for small employers.
- Incentives to support/bonding to help employers to be more accepting, bring more industry/employment opportunities to area.
- Funding for organizations to support regional wage reimbursement and training with employers for support services.
- Support/grants for job training via community action agencies to provide businesses with employee, employee support services and some funding that repaid employer for first six months of salary.
- Employer incentive program to hire those in recovery of partial salary.
- Promote more apprenticeships.
- Liability and risk aversion, particularly in manufacturing industries.
- Workplace prevention policies and programs.
- Grant funding for peer support specialists and employers as part of HR departments.
- Incentivize employers and communities through social capital systems partnering public and private entities blending employment and social work components.

- Develop co-working spaces, incubator spaces with support of for entrepreneurial services and an exporter with of knowledge about goods and services to bring money in.
- Case managers/peer support specialists employed by treatment providers to maintain close contact with clients, monitor early signs of relapse, and offer a flexible portfolio of services to clients; act as a wrap-around service facilitator; peer recovery supporters help offer preparatory training and no-risk internships/apprenticeships.

Assist employers with employees in recovery

- Lack of treatment options for employees if relapse causes need for services to be pursued by employer.
- Educate employers about support that service providers can offer to employees in recovery.
- Develop recovery and treatment programs linked directly with employers.
- Employers do better when hiring from a program that includes recovery services to avoid repeating poor past experience (turnover, other issues).
- Employer training on how to manage employees in recovery through considerate practices (risk of relapse and liability, drama during recovery).
- Unreasonable expectations for employers to accommodate the recovering individuals.
- Arrange treatment options via EAP Programs when failed drug test.
- Onsite treatment group options.
- Training other employees on how to work with those in recovery to reduce stigma and counter bad past experiences.
- Provide on-site meeting space in worksites for recovery meetings.
- Employers need support in providing care and monitoring rather than termination.
- Develop employee assistance program policies for small business employer networks including connections with mental health and SUD providers.
- Mental health first aid for substance use disorders for employers, trainers and HR staffs.
- After relapse, a safety net process to get back to work on track and not lose job.

FACTORS TO BE ADDRESSED IN FITTING CANDIDATES IN RECOVERY WITH AVAILABLE JOBS

Characteristics of work

- Help employers rethink job requirements to include people in recovery.
- Finding work environments that supports recovery with flexible schedules for appointments.
- Jobs that require employees who are reliable and with consistent attendance.
- Human Resources department preparation.
- Providing hiring advantages - Ask Virginia Employment Commission to set aside percent of its jobs for those in recovery to provide job experience and resume builder.
- Need for transitioning, including skills training and educational needs.
- Jobs with positive employer culture, trust factor, no stigma.
- Jobs that do not require drug tests.
- Jobs that don't automatically reject applicants with criminal records of felonies or charges.
- In-demand jobs.

Characteristics of employees in recovery

- Lack of job skills to find meaningful employment.
- Lack of soft skills among those in recovery.
- Personal factors: appearance, access to proper clothes, confidence, knowledge, training and education, soft skills/social skills, reliability.

- Need incentives to support personal needs (child care, elder care, insurance) while in recovery programs.
- Orient new workforce initiatives to support targeted job opportunities with shortages (community health workers, CNAs, etc.).
- Transportation issues to work and to drug testing sites.