



Building the Evidence Base: Substance Use Disorder and Employment Roundtables Sessions 1 & 2

Summary Report

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Session #2: May 19, 2021

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Executive Summary

In May of 2021, the U.S. Department of Labor's (DOL) Chief Evaluation Office staged *Building the Evidence Base: Substance Use Disorder and Employment Roundtables Sessions 1 & 2*. These sessions featured short expert presentations and facilitated conversation.

Setting the Stage

In preparation for the first session, Dr. Gary Shaheen, the facilitator for both sessions, made a brief presentation that highlighted several themes in the latest research that are relevant to the first two sessions of this roundtable series. This initial scan of the field helped define the agenda and content for these roundtable sessions. Themes identified in this presentation included:

- Treatment and economic advancement outcomes can be facilitated by the simultaneous delivery of career development and recovery services.
- Diversity and equity must be considered in workforce development and treatment services.
- The Americans with Disabilities Act applies differently to individuals experiencing substance use disorder (SUD) than to many other people with disabilities.
- There are numerous challenges when attempting to coordinate treatment and employment development services.
- Individual Placement and Support (IPS) is a promising practice in combined treatment and workforce development services.

Session 1

The first roundtable session included presentations and a discussion with three subject matter experts (SMEs). Conclusions reached by each SME were as follows:

Chacku Matai, survivor, ex-patient, and advocate, drew both from his 30 years of experience in policy and practice and from his firsthand experience as a person in recovery:

- The perspectives of individuals who are experiencing or who have experienced SUD are essential to designing and delivering appropriate and impactful services.
- Though workforce development services support recovery, they are often not a priority amongst professionals providing treatment services.
- Specifically, the "Treatment First" approach often precludes the introduction of workforce development services until treatment is complete.
- In addition to acknowledging, honoring, and incorporating the perspectives of individuals in recovery, it is essential to recognize the perspective and experience of individuals of color experiencing SUD.

Robert Rosenheck, Professor of Psychiatry, Public Health, at the Child Study Center at Yale Medical School, shared findings from his own research:

- A person with SUD, like any person, is a multidimensional individual to whom a variety of traits, preferences, and interests can be ascribed.
- Pain is a significant factor to consider in an individual's recovery.



- Benefits are an important support to individuals in recovery from SUD, but they can also foster dependence and disincentivize the return to work.

Jackie Pogue, Research Associate and IPS Trainer at Westat, shared findings from the IPS Center’s work:

- IPS is an evidence-based service delivery methodology that has been effective in supporting employment acquisition for people with mental health-related disabilities.
- While effective in support of job acquisition, IPS is less effective in cultivating high-wage or career-track employment positions.

Session 2

The second roundtable session included presentations and a discussion with four SMEs. Conclusions reached by each SME were as follows:

Crystal Blyler, Senior Researcher at Mathematica and Principal Investigator on the National Health Emergency Demo Evaluation at DOL, drew from her team’s existing and ongoing research:

- Research on SUD and employment is most often implemented in behavioral health settings with small sample sizes.
- Many IPS recipients (40–50%) do not attain employment despite support.
- There are numerous potential challenges to collaboration between the behavioral health and workforce development systems.

Joe Carlomagno, National Supported Employment Program Specialist in the Veterans Health Administration (VHA) in the U.S. Department of Veterans Affairs, shared the following:

- IPS is used with increasing frequency in the VHA.
- Zero exclusion, a central tenant of IPS, has also been integrated into VHA services.
- More research is required to understand the relationship between various aspects of veteran status and certain responses to treatment and services.

Rebecca Starr, Senior Program Director at Advocates for Human Potential, a not-for-profit creating change in health and business systems to support vulnerable populations, shared that:

- Traditional treatment for SUD often does not prioritize employment services.
- Models for integrating treatment and employment services are rare.
- Employers often do not understand how to support employees with SUD.

Kenneth Minkoff, Board-Certified Psychiatrist and Clinical Assistant Professor of Psychiatry at Harvard Medical School, shared the following:

- Six principles guide the implementation of “SUD-Capable Employment Services,” including (but not limited to):
 - Complexity and co-occurring conditions in the lives of individuals experiencing SUD should be an expectation on the part of service systems.
 - Services must be empathic, hopeful, integrated, and strengths based.
 - Services should provide parallel support to address multiple conditions.

Background & Purpose

The U.S. Department of Labor’s (DOL) Chief Evaluation Office (CEO) hosted the first two sessions of a series of roundtables on substance use disorder (SUD) and employment on May 27, and May 29, 2021. Subject matter experts (SMEs) and practitioners contributed to a facilitated discussion of promising practices in the field, notable collaborative models, and potential avenues for research to advance knowledge on strategies that support individuals and communities affected by SUD. Representatives from DOL and other federal partner agencies and experts in policy and service delivery were in the audience for this virtual event. Table 1, below, lists each SME by session. Complete SME biographies are included in **Appendix 2**.

Table 1: SUD Roundtable Session SMEs

Session	Subject Matter Experts
<p>Session 1: Evidence on Existing Policy Approaches and Partnerships Monday, May 21, 2021</p>	<ul style="list-style-type: none"> • Chacku Mathai, survivor, ex-patient, & advocate with over 30 years of experience in behavioral health systems transformation. • Robert Rosenheck, Professor of Psychiatry, Public Health, at the Child Study Center at Yale Medical School. • Jackie Pogue, Research Associate & Individual Placement & Support Trainer at Westat. • Facilitated By: Gary Shaheen, Principal, Gary Shaheen Consulting.
<p>Session 2: Promising Practices in Treatment and Workforce Services Wednesday, May 19, 2021</p>	<ul style="list-style-type: none"> • Crystal Blyler, Senior Researcher at Mathematica & Principal Investigator on the National Health Emergency Demo Evaluation at DOL. • Joe Carlomagno, National Supported Employment Program Specialist in the Veterans Health Administration (VHA) in the U.S. Department of Veterans Affairs (VA). • Rebecca Starr, Senior Program Director at Advocates for Human Potential. • Kenneth Minkoff, Board-Certified Psychiatrist & Clinical Assistant Professor of Psychiatry at Harvard Medical School. • Facilitated By: Gary Shaheen, Principal, Gary Shaheen Consulting.

Selecting & Preparing Roundtable SMEs

In consultation with CEO, Manhattan Strategy Group (MSG) identified a lead facilitator, Dr. Gary Shaheen, who would participate in all planning activities and roundtables. Having determined the focus of the first two sessions, MSG developed a list a numerous possible SMEs, with detailed descriptions of their background and experience. CEO and several DOL agency partners including the Office of Disability Employment Policy and the Women’s Bureau reviewed this list, and an ideal possible mix of SMEs for both sessions was identified that allowed for considerable flexibility.

MSG then conducted outreach, in partnership with Dr. Shaheen, to each identified SME. With the SMEs identified and enlisted, MSG then facilitated three preparation sessions to ensure a cohesive multipart presentation for both roundtable sessions that also left sufficient time for questions and answers. With Dr. Shaheen’s facilitation, MSG gathered the 3–4 SMEs selected

for each roundtable in a general brainstorming session, using brief descriptions of each session's overall intended focus and questions as a frame. With this outline in hand, MSG convened a second session in which SMEs worked through and refined each session segment and how they would contribute to and feed off one another. Finally, with a presentation deck having been developed by the SMEs and approved by CEO, SMEs were convened for a "rehearsal" of each complete session on the webinar platform.

Factors to Consider in SUD Recovery & Workforce Development

In preparation for the first session, Dr. Gary Shaheen made a brief presentation on a focused scan of recent literature (primarily published in 2020 or later). His presentation highlighted several themes in the latest research that are relevant to the first two sessions of this roundtable series.

- **Career development and recovery services, delivered together, support treatment and economic advancement.** Research suggests that career development, attachment, and retention are important aspects of treatment and recovery. As shown in a CEO-funded review of evidence in *The Role of the Workforce System in Addressing the Opioid Crisis: A Review of the Literature*, meeting employment goals helps ensure that individuals remain engaged in treatment and supports successful treatment outcomes. Further, employment supports the individual's transition out of poverty, which contributes to successful treatment. For example, one study has documented the prevalence of SUD in lower-income populations and in geographic areas with higher unemployment rates.ⁱ This study further shows that employment can help individuals in treatment maintain their path toward recovery.ⁱⁱ However, for a variety of reasons, including economic challenges common in the geographic areas where SUD is more prevalent and discrimination resulting from perceptions of individuals in recovery, it is often more difficult for individuals most affected by SUD to find and retain employment.ⁱⁱⁱ
- **Diversity and equity are essential considerations in workforce development and treatment for individuals with SUD.** Individuals with SUD are not a homogeneous population, and factors such as gender, race, urban or rural environments, and veteran status can affect how and what types of linked recovery and employment strategies can be most effective in helping them get and keep jobs. Studies indicate the extent to which success in employment supports success in recovery in multiple populations, including women and individuals in poverty.^{iv,v} Still, specific needs and circumstances of the diverse array of individuals experiencing SUD must be considered in developing an adequate and comprehensive response.
- **The Americans with Disabilities Act applies differently to individuals experiencing SUD.** For most individuals with disabilities, the Americans with Disabilities Act provides significant protection in hiring and workplace situations. However, this is often not the case for individuals with SUD. According to a recent study, even though SUD is recognized as a disability, the "current use exemption" — wherein individuals who currently use illegal substances are considered ineligible for Americans with Disabilities Act protections — means that these protections are often denied to individuals in the early stages of recovery.^{vi} This further complicates both the policy and practice of workforce development for individuals in recovery from SUD and creates a significant barrier in comparison with individuals who have other disabilities, including mental health and related disabilities.^{vii}



- **There are numerous challenges faced when attempting to coordinate treatment and employment development services in support of individuals with SUD.** Challenges to effective coordination of SUD treatment and recovery services with rapid access to employment services are also complicated by paradigms and practices associated with “medical models” of disability. Chief among these are paradigms of “work readiness” requiring cessation of substance abuse prior to allowing a person to engage in employment.^{viii}
- **Individual Placement and Support (IPS) is a promising practice in combined treatment and workforce development services.** IPS was created as a workforce development strategy for individuals with mental health-related disabilities. Numerous randomized controlled trial studies have demonstrated the effectiveness of this practice in support of employment outcomes for individuals with mental health disabilities, as well as the positive impact of employment for these individuals.^{ix} Increasingly, IPS is being explored as a potential promising practice for individuals with SUD.^x While no clear outcomes have yet been documented in this regard, it is clear that additional research into the efficacy of IPS for individuals with SUD would be of value to the field.^{xi}

The sessions explored the policy and systemic barriers and facilitators to integrating treatment and workforce development services for individuals with SUD. SMEs provided their perspectives in a series of individual presentations followed by a panel discussion. The insights that SMEs provided contributed to the evidence base that will help inform federal policymakers, with the goal of increasing successful recovery and employment outcomes for people with SUD, including those with opioid addictions and those with co-occurring SUD and mental health disorders.

A Note on References & Sources

While citations are provided in reference to specific points, a longer list of references — reflecting the context and background of each SME’s presentation — is provided as an individual figure at the end of each section.

Session 1 Summary: Evidence on Existing Policy Approaches & Partnerships

The following section details the major offerings and findings from Session 1, during which each SME delivered a brief presentation and then answered questions. This section is organized around the relevant SMEs, the major arguments made, and the evidence offered during each presentation.

Chacku Mathai, Consumer, Survivor, Ex-Patient, & Advocate

After opening remarks were given by the DOL Chief Evaluation Officer Dr. Christina Yancey, Dr. Shaheen introduced the first presenter, Mr. Chacku Mathai. Mr. Mathai provided a brief history of the disability recovery movement, including its focus on rights protection and advocacy for community inclusion of people with disabilities. Throughout his presentation, Mr. Mathai correlated his life experiences as a person with co-occurring mental health and substance use disabilities to the employment-related challenges and opportunities faced by persons with SUD. He discussed the importance of involving people with lived experiences of disability – including SUD – in the development and evaluation of treatment and recovery services. He stressed that incorporating their experiences and insights is critical to designing services that would be most effective in improving employment outcomes for persons with diverse disabilities, including SUD. He challenged the audience by asking them to consider how to best create partnerships among recovery and advocacy agencies, treatment and rehabilitation providers, and the workforce system to ensure that consumer/survivor voices and experiences are well-considered in the design of future employment-related research, policy, and practices.

Mr. Mathai contextualized his discussion by correlating employment as an aid to recovery and well-being among people with SUD to the necessity of increasing health equity that has been hampered by longstanding paradigms of exclusion; civic, social, and economic injustices; and stigma. He noted that research and practice substantiate employment as a positive factor in helping persons with SUD address and overcome their substance use disabilities. Mr. Mathai asserted that the lesser priority given to employment services among provider agencies, coupled with an overreliance on treatment and abstinence as preconditions to receive employment services, continues to hamper employment-driven recovery strategies. He ended his presentation by offering a number of areas of future research that could better document the barriers and facilitators to improving employment outcomes for persons with SUD, which are detailed in Table 2, below.

Table 2: Mathai Themes and Areas of Future Research

Themes	Major Arguments	Questions to be Addressed by Future Research
It is essential to validate and incorporate the experiences of persons in recovery into SUD research, policies, and practices.	The lived experiences of civic, social, and economic exclusion by persons with disabilities are important sources of information upon which to base future research, policy, and practice improvements.	What partnership models exist between employment systems, providers, and people in recovery to better utilize their lived experiences to improve employment outcomes?

Themes	Major Arguments	Questions to be Addressed by Future Research
<p>Employment facilitates recovery; however, employment services are often not a priority within substance use treatment services. “Treatment First” paradigms limit opportunities for people with SUD to take advantage of services offered through the Workforce Innovation and Opportunity Act and American Job Centers (AJCs).</p>	<p>Overreliance on treatment and abstinence as a prerequisite to eligibility for employment services prevents persons with SUD from leveraging employment as a facilitator of recovery.</p>	<p>What is the utilization and experience of people with SUD in using AJCs and Workforce Innovation and Opportunity Act resources?</p> <p>How important is employment and career development to SUD treatment providers vs. abstinence or other outcomes?</p> <p>What SUD treatment, disability, and employment policies are in alignment?</p> <p>What is the value of peer recovery supports at every level of SUD treatment (before, during, after, in lieu of)?</p>
<p>Discussions of employment of persons with SUD must necessarily also include acknowledging their history of rights discrimination, exclusion, and stigma.</p>	<p>Rights exclusion has often included lack of access to affordable housing and lack of job opportunities. For many individuals with disabilities, their exclusion is also compounded by racial and ethnic discrimination.</p>	<p>What is the impact of racial inequities at every level of care, including employment?</p> <p>What is the experience, use, and effectiveness of rights protections for people in addiction recovery?</p>

Sources and references that informed Mr. Mathai’s presentation are included in Figure 1, below.

Figure 1: Mathai References

<ul style="list-style-type: none"> • Suntain, Z. D., Lee, L. H., & Leeper, J. D. (2020). Racial disparities in substance use treatment completion among older adults. <i>Innovation in Aging</i>, 4(6), igaa051. https://doi.org/10.1093/geroni/igaa051 • Healthy People 2030. (n.d.). <i>Home</i>. Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services. https://health.gov/healthypeople • Nicosia, N., Macdonald, J. M., & Arkes, J. (2013). Disparities in criminal court referrals to drug treatment and prison for minority men. <i>American Journal of Public Health</i>, 103(6), e77–e84. https://doi.org/10.2105/AJPH.2013.301222 • Jones, C. P. (2000). Levels of racism: A theoretic framework and gardener’s tale. <i>American Journal of Public Health</i>, 90(8), 1212–1215. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446334/ • White, W. L. (2007). The new recovery advocacy movement in America. <i>Addiction</i>, 102, 696–703. https://doi.org/10.1111/j.1360-0443.2007.01808.x
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Dr. Robert Rosenheck, Professor of Psychiatry, Public Health, at the Child Study Center at Yale Medical School

Dr. Robert Rosenheck grounded his discussion in the need to recognize the multidimensional complexities that people with SUD may experience and that addressing these factors should be inherent in assessment, treatment, and rehabilitation plans. He offered that diagnosis-driven employment strategies — i.e., making abstinence a prerequisite of eligibility for employment services — fail to encompass a holistic perspective that should lead to customized, well-integrated strategies for getting and keeping jobs. He presented research data that substantiate that recovery is influenced by the extent that co-morbidities are recognized and addressed concurrently and that, for people with SUD, these concurrently experienced disabilities are mutually exacerbating. Dr. Rosenheck defined these conditions as including:

- Psychiatric disorders;
- Medical/physical disabilities;
- The effects of chronic pain;
- Use of a range of substances that have their own health and life impacts; and
- How specific addictions, including opioid use, may have dissimilar work-life consequences (e.g., marijuana use vs. addiction to painkillers).

In addition to these factors, Dr. Rosenheck added that factors related to race, income, gender, education, housing status, and criminal justice system involvement further complicate treatment, rehabilitation, and employment interventions. In discussing the rate of employment among people with SUD, he cited the *National Epidemiologic Survey on Alcohol and Related Conditions – III*^{xii} data that indicated that as many as 81% of persons with any type of SUD were employed at some point during the year and that those with previous SUD had a 75% rate of employment. This was contrasted with a 65% rate of employment among persons without histories of SUD. The implication is that people with SUD can and do work; however, more research needs to be done on their ability to retain their jobs rather than cycle in and out of employment.

Furthermore, Dr. Rosenheck noted that the relation of individuals with SUD to work must be considered from a temporal standpoint. In other words, more consideration must be given to the effects of multifactor disabilities on long-term employment and how intermittent substance use affects both short- and long-term employment. He also offered that individuals with SUD may experience “presentism” — being present on the job but unable to work to their potential or fulfill employer expectations due to impairments related to their substance use. Table 3, below, contains a further summary of themes and questions for future research.

Table 3: Rosenheck Themes and Areas of Future Research

Themes	Major Arguments	Questions to be Addressed by Future Research
Consider a person with SUD as a multidimensional person in	People with SUD have an array of complex conditions and challenges and are often served by diverse	What combination of treatment and rehabilitation strategies that address the multiplicity of co-

Themes	Major Arguments	Questions to be Addressed by Future Research
context: an interwoven tapestry, not a diagnosis.	systems that can affect employment success.	occurring conditions can be most effective in preparing people with SUD to get and keep jobs?
Addressing poverty through public assistance in the absence of employment at a living wage can have both positive and negative effects on a person with SUD's successful career entry and growth.	While benefits, including VA benefits mitigating against homelessness, can be essential lifelines for persons with SUD in recovery, they can also foster dependence and reduce incentives to return to work.	How can public benefit programs be reshaped to provide necessary supports without hindering motivation to seek, or the ability to acquire, employment?
Pain is a worse impediment to employment than SUD. Treatment of pain with opioids can often lead to further complications for the individual, including opioid use disorder (OUD).	Opiates are effective for short-term pain: e.g., postoperative pain, colonoscopy. Over 100 million Americans have chronic pain. However, OUD reduces employment by 50%, but so does pain and the effects are inseparable.	How can the field address the paradox of help and harm for pain and adequately consider the role of employment as both a moderator of pain and outcome supporting recovery?

Sources and references that informed Dr. Rosenheck's presentation are included in Figure 2, below.

Figure 2: Rosenheck References

- Rhee, T. G., & Rosenheck, R. A. (2019). Association of current and past opioid use disorders with health-related quality of life and employment among US adults. *Drug and Alcohol Dependence*, 199(1), 122–128. <https://doi.org/10.1016/j.drugalcdep.2019.03.004>
- Rhee, T. G., & Rosenheck, R. A. (2019). Comparison of opioid use disorder among male veterans and non-veterans: Disorder rates, socio-demographics, co-morbidities, and quality of life. *The American Journal on Addictions*, 28(2), 92–100. <https://doi.org/10.1111/ajad.12861>
- Iheanacho, T., Stefnaovics, E., & Rosenheck, R. (2018). Opioid use disorder and homelessness in the Veterans Health Administration: The challenge of multimorbidity. *Journal of Opioid Management*, 14(3), 171–182. <https://pubmed.ncbi.nlm.nih.gov/30044482/>
- O'Connell, M., Sint, K., & Rosenheck, R. (2018). How do housing subsidies improve quality of life among homeless adults? A mediation analysis. *American Journal of Community Psychology*, 61(3-4), 433–444. <https://pubmed.ncbi.nlm.nih.gov/29493811/>
- Stacey, M. A., Stefanovics, E., & Rosenheck, R. (2017). Reasons for job loss among homeless veterans in Supported Employment. *American Journal of Psychiatric Rehabilitation*, 20(1), 16–33. <https://www.tandfonline.com/doi/abs/10.1080/15487768.2016.1267049>
- Arout, C. A., Sofuoglu, M., & Rosenheck, R. A. (2017). Rates and correlates of specialized pain clinic use nationally in the Veterans Health Administration. *Pain Medicine*, 18(4), 702–710. <https://pubmed.ncbi.nlm.nih.gov/28082524/>

Jackie Pogue, Research Associate & Individual Placement & Support Trainer at Westat

Ms. Jackie Pogue ended the first roundtable's presentations. She discussed the research supporting the use of the IPS model as an evidence-based method for improving the employment of people with disabilities, including those with SUD. She concurred with the prior presenters that employment is validated as an aid to recovery and facilitator of sobriety, but that many agencies serving people with SUD require abstinence prior to participation in employment services. Further adding to the barriers that these individuals face in rapidly getting jobs, many agencies still require that individuals prove success in pre-vocational groups and short-term, transitional employment programs that have not been proven effective in leading to competitive employment. Ms. Pogue discussed the importance of integrated services and cross-agency partnerships. She noted that one of the greatest impediments to addressing the complexities of persons with SUD in obtaining jobs continues to be the need to address gaps in collaboration and service integration among these providers.

Ms. Pogue described IPS as a validated, manualized strategy that incorporates these key criteria:

- Focus on competitive jobs;
- Rapid job search;
- Zero exclusion;
- Integrated services;
- Flexibility; and
- Model fidelity.

Numerous research studies on the outcome effectiveness of programs that meet IPS standards include demonstrating a mean competitive employment rate of 55% for IPS and 25% for control groups not implementing IPS; almost 100% of 28 studies demonstrated a significant advantage for using IPS compared to other employment or non-vocationally centered services.^{xiii} Ms. Pogue noted that although IPS has been predominately validated for persons with mental illnesses, it has also been used successfully — if not thoroughly researched and validated — for other populations, including individuals with SUD^{xiv} and spinal cord injuries^{xv} as well as young adults.^{xvi} In particular, Ms. Pogue offered that new research on the effectiveness of IPS among persons with SUD is underway, including three studies for people with primary substance use disorders and alcohol use in the United Kingdom, along with the Building Evidence on Employment Strategies for Low-Income Families Project (BEES) in the United States.^{xvii, xviii, xix}

Ms. Pogue acknowledged that expanding the use of IPS must acknowledge that people often need help to develop their careers beyond entry-level positions. Potential avenues for growth of IPS as a foundation for securing jobs at a living wage could include:

- Integrating IPS with training programs in step with emerging and growth occupations;
- Expanding the availability of disability-inclusive apprenticeship programs; and
- Furthering opportunities for career growth by stronger linkage and ongoing support among community colleges, state vocational rehabilitation (VR), AJCs, and training providers.

While people usually need help navigating these systems, she noted that IPS specialists are well-versed in developing integrated, partnership-driven strategies and also can provide supported education services that can lead to better-paying jobs. Table 4, below, includes further information on key themes and avenues for future research.

Table 4: Pogue Themes and Areas of Future Research

Themes	Major Arguments	Questions to be Addressed by Future Research
IPS is a research-validated process for improving employment outcomes for persons with disabilities. However, its effectiveness among people with SUD needs additional research.	While IPS is demonstrated as effective primarily among people with mental illnesses, the application of its principles and practices with other populations, and among the diverse agencies that serve them, has not yet been sufficiently researched.	What is the effectiveness of IPS, using fidelity criteria for diverse populations including people with SUD, on Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program benefits and those participating in mental health or drug court diversion programs?
IPS helps people reenter the workforce, though people often get lower-wage, entry-level positions. Career development is part of IPS, but additional longitudinal research is needed to examine career trajectories, supported education services, and how to help people achieve financial self-sufficiency.	Jobs that do not help people alleviate poverty will not be sufficient for achieving financial stability and may mitigate against the positive effects that work has on maintaining sobriety.	How can we develop flexible, person-centered apprenticeship programs and test the efficacy and effect of supported education services that can lead to career jobs at a living wage and longer-term career development?

Sources and references that informed Ms. Pogue’s presentation are included in Figure 3, below.

Figure 3: Pogue References

- Frederick, D. E., & VanderWeele, T. J. (2019). Supported employment: Meta-analysis and review of randomized controlled trials of individual placement and support. *PloS One*, 14(2), e0212208. <https://pubmed.ncbi.nlm.nih.gov/30785954/>
- Mueser, K. T., Campbell, K., & Drake, R. E. (2011). The effectiveness of supported employment in people with dual disorders. *Journal of Dual Diagnosis*, 7(1-2), 90–102. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3530026/>
- Bond, G. R., Drake, R. E., & Pogue, J. A. (2019). Expanding individual placement and support to populations with conditions and disorders other than serious mental illness. *Psychiatric Services*, 70(6), 488–498. <https://pubmed.ncbi.nlm.nih.gov/30813865/>
- Bond, G. R., Drake, R. E., & Campbell, K. (2016). Effectiveness of individual placement and support supported employment for young adults. *Early Intervention in Psychiatry*, 10(4), 300–307. <https://pubmed.ncbi.nlm.nih.gov/25138195/>
- Elkin, S., & Freedman, L. (2020). *Individual placement and support: Background and directions for future research* (OPRE Report 2020-139). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/BEES-IPS_Framing%20Paper-508_JC.pdf

Session 2 Summary: Promising Practices in Treatment & Workforce Services

The following section details the major offerings and findings from Session 2, during which each SME delivered a brief presentation and then answered questions. This section is organized around the relevant SMEs, the major arguments made, and the evidence offered during each presentation.

Crystal Blyler, Senior Researcher at Mathematica & Principal Investigator for CEO's Evaluation of the National Health Emergency Grants to Address the Opioid Crisis

After opening remarks by the DOL Chief Evaluation Officer Dr. Christina Yancy, Dr. Shaheen introduced the first presenter, Dr. Crystal Blyler. Dr. Blyler summarized the progress and gaps in the empirical research focused upon employment services and supports for people with SUD. She presented findings from a DOL-sponsored [*literature review on employment interventions for people with opioid and other substance use disorders*](#) that revealed a relative dearth of information on the topic. She offered that the studies contained in the literature review were preliminary and have not generally had the scope and rigor required to form actionable policies and practices for improving employment outcomes for people with SUD. She also noted that the literature review revealed very few studies specifically focused upon persons with OUD and their effects on employment. Varying levels of rigor were identified among these studies and only 5 out of the 7 OUD studies included randomized controlled trials, while 8 of 12 were focused on SUD more generally. Furthermore, these studies were limited by small sample sizes, short follow-up periods, and a lack of replication of interventions, evaluation methods, outcome measures, and results.

Dr. Blyler proceeded to describe recent research on employment models for people with SUD that have demonstrated some levels of effectiveness. Studies included research on the IPS model, a manualized interpersonal cognitive problem-solving model, and three studies that explored contingency management approaches whereby enrollment in employment services was contingent upon an individual's abstinence from substance use, methadone treatment was contingent on an individual working, or a monetary reward was contingent on both abstinence and taking steps toward work. Other interventions for which studies showed some positive employment outcomes included recovery housing, case management approaches, and other approaches combining SUD treatment and employment services.^{xx} Dr. Blyler concluded this part of her presentation by identifying common elements among these studies. She noted that:

- They were implemented in a behavioral health environment;
- Employment services were either integrated or provided concurrently with SUD treatment services;
- Most of the tested interventions used evidence-based SUD treatment services, including medication-assisted treatment for OUD;
- The interventions were delivered by trained staff with specific knowledge and skills regarding SUD and how to implement the intervention with the SUD population; and
- The interventions were intensive/high-touch relative to the types of interventions typically delivered by the workforce system.

Dr. Blyler then discussed lessons learned through virtual site visit interviews and discussions conducted with National Health Emergency grantees and subgrantees during a webinar engagement; findings will be presented in a forthcoming paper likely available in the fall of 2021. Some grantees faced challenges regarding partnerships between the behavioral health and workforce development systems in that behavioral health expectations of how to most effectively provide services to help people with SUD achieve their employment goals often did not match workforce system resources, capabilities, and expectations of the services they would provide. These differences included expectations regarding participant eligibility, workforce staff capabilities and knowledge of the complex challenges faced by persons with SUD, and the availability of resources to provide the full range of supports people with SUD might need to work (such as housing, transportation, childcare, and assistance addressing challenges related to histories of involvement with the criminal justice system).

She also noted that AJCs sometimes saw behavioral health organizations simply as sources for mutual referral rather than working together to coordinate funding and services despite the fact that 42% of outpatient and 63% of residential SUD treatment facilities reported offering employment services in 2020.^{xxi} Dr. Blyler also noted disconnects between the evidence-based principles of the IPS model for providing Supported Employment to people with behavioral health challenges and the realities of the workforce system. Differences include significant use by the workforce system of transitional employment and apprenticeships and an emphasis on training and readiness rather than immediate placement into competitive jobs that anyone can hold; little to no integration of employment services with clinical services; and lack of long-term support after placement into jobs. Imbalances in caseload sizes are also a factor in bringing employment of people with SUD to scale. She indicated that for evidence-based IPS, an ideal caseload is ≤ 25 clients per employment specialist, while AJC employment staff often maintain caseloads of over 80 clients each. Although the goals of behavioral health providers and AJCs converge in assisting persons with disabilities to obtain employment, significant divergences in approach, methods used, entry criteria, role expectations, and performance metrics tied to funding can create challenges that must be worked through when developing partnerships and collaborations in order to most effectively serve people with SUD.

Dr. Blyler offered that despite its limitations, the workforce development system uses a number of approaches that can be helpful in working in partnership with the behavioral health system to positively influence competitive employment outcomes among people with SUD. These include:

- Paying for training;
- Arranging for paid internships or apprenticeships;
- Providing small grants for supports such as phones, transportation, childcare, certification examination fees, etc.;
- Providing on-the-job training;
- Increasing work motivation through the use of motivational interviewing (if workforce staff are properly trained in evidence-based motivational interviewing);
- Supporting development of the peer support workforce; and
- Assisting in developing the behavioral health care workforce.

Table 5, below, offers further detail on key themes and avenues for future research.

Table 5: Blyler Themes and Areas of Future Research

Themes	Major Arguments	Questions to be Addressed by Future Research
<p>Research on SUD and employment has been primarily implemented in behavioral health settings with small sample sizes, often without being replicated, and infrequently implemented in other relevant environments.</p>	<p>More adequate sample sizes and better research designs, including assessment of fidelity to evidence-based IPS principles, are needed for replicating and evaluating standardized interventions specifically applied to SUD in diverse settings (AJCs, TANF, SUD treatment and recovery services).</p>	<p>What standardized employment interventions can be rigorously validated as effective for people with SUD in diverse settings?</p>
<p>Studies indicate that 40–50% of IPS participants never work a single day despite 2 years of top-quality supports. On average, jobs are entry level, low paying, and last only about 6 months.</p>	<p>The workforce system’s focus on career paths might improve upon IPS outcomes in the long term.</p>	<p>What is the effect of existing and new innovative employment practices on long-term employment and earnings outcomes, job quality, job retention, and career advancement?</p>
<p>Significant challenges might arise in creating sustained, mutually beneficial partnerships between the behavioral health and workforce development systems (as well as TANF systems).</p>	<p>Although it is understood that collaboration is important, the critical factors for forging partnerships that result in demonstrable client outcomes have not been systematically examined. Such factors might include, for example, the amount of time and types of infrastructure support needed to work through how partners share funding, the specific roles and responsibilities of each partner, how to meet the requirements attached to various blended or braided funding streams, how to handle varying requirements regarding performance metrics, and the types and level of documentation needed to guide partners in their joint implementation of evidence-based practices.</p>	<p>How can research inform the creation of new partnerships and practices between the workforce development (and TANF) and behavioral health systems, including examining support for long-term, well-defined, cost-sharing collaborations with SUD treatment providers?</p>

Sources and references that informed Dr. Blyler's presentation are included in Figure 4, below.

Figure 4: Blyler References

- Ribar, C. & Blyler, C. (2021). *Availability of employment services for people with opioid and other substance use disorders*. Mathematica. <https://mathematica.org/publications/availability-of-employment-services-for-people-with-opioid-and-other-substance-use-disorders>
- Vine, M., Staatz, C., Blyler, C., & Berk, J. (2020). *The role of the workforce system in addressing the opioid crisis: A review of the literature*. Chief Evaluation Office, U.S. Department of Labor. https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WorkforceOpioids_LitReview_508.pdf

Joseph Carlomagno, National Supported Employment Program Specialist in the VHA

Mr. Joseph Carlomagno shared progress and barriers encountered by the VHA in improving employment outcomes for veterans with SUD. Mr. Carlomagno briefly reviewed the transformation of VHA Compensated Work Therapy (CWT) services for veterans with disabilities from pre-vocational, transitional, and sheltered employment to a systems-wide focus on Competitive Integrated Employment, including the use of the IPS model. He indicated that the VHA has incorporated key IPS criteria into their VR services that are proving more effective in assisting veterans with SUD and other disabilities in achieving competitive employment. These include integration of employment supports within clinical treatment and zero exclusion.

Mr. Carlomagno stressed the importance of recognizing that veterans often have complex, co-occurring barriers to employment arising from the impacts of substance use, mental health, and physical and emotional trauma. To ensure that these factors are adequately considered as veterans are assisted to return to work, he offered that clinicians play an important role in working with VR staff. VR staff collaborate with clinicians to help veterans develop strategies to manage symptoms that might arise on a work site as well as address particular clinical issues. Mr. Carlomagno indicated that employment services that integrate employment supports within clinical treatment have been more successful in supporting veterans with mental health challenges, substance use, and other disabilities.

In addition to incorporating key IPS fidelity criteria into VHA employment services, supplementary services that align with IPS but are not described within the IPS research are being used by employment specialists with positive outcomes. These include [Motivational Interviewing](#) and [Customized Employment techniques](#), the latter approach pioneered and disseminated by the DOL's Office of Disability Employment Policy. He offered that use of Motivational Interviewing with its focus on facilitated but client-driven [Stages of Change](#) and Customized Employment's Discovery process align well for many veterans with significant disabilities who have yet to obtain competitive employment and require more intensive services. Table 6, below, offers further details on key themes and avenues for future research.

Table 6: Carlomagno Themes and Areas of Future Research

Themes	Major Arguments	Questions to be Addressed by Future Research
IPS is on track for increased integration with VHA treatment services. Some CWT Supported Employment programs have begun to expand IPS to pain clinics.	Integration of employment services within clinical treatment services helps ensure that veterans are viewed and served holistically and that their treatment, rehabilitation, support, and employment services are well-coordinated with their SUD recovery plans.	Further research is needed on the use of work as a distraction from pain and to reduce dependence on prescription opioids.
Zero exclusion is a tenet of IPS and is incorporated into CWT employment services.	Zero exclusion implies that clinicians and employers meet the veteran “where they are at,” including refraining from using abstinence as a precondition of employment.	What impacts could zero exclusion policies have on employment inclusion and outcomes of veterans and civilians with SUD?
The correlation between veteran status and certain responses to treatment, as well as the presence of other possible risk factors, including trauma, is not clearly understood.	The effects of military service, resistance to treatment-seeking, and pain and trauma that can lead to SUD among veterans is an area that is largely unexplored through research that can inform development of improved practices.	More research is needed on how IPS correlates with the veteran experience and what types of enhancements may be considered when using that approach effectively with veterans.

Sources and references that informed Mr. Carlomagno’s presentation are included in Figure 5, below.

Figure 5: Carlomagno References

- Harrison, J., Krieger, M. J., & Johnson, H. A. (2020). Review of individual placement and support employment intervention for persons with substance use disorder. *Substance Use & Misuse*, 55(4), 636–643. <https://pubmed.ncbi.nlm.nih.gov/31782349/>
- The IPS Employment Center. (n.d.). *Evidence for IPS*. <https://ipsworks.org/index.php/evidence-for-ips/>
- Swanson, S. J., Courtney, C. T., Meyer, R. H., & Reeder, S. A. (2014). Strategies for integrated employment and mental health services. *Psychiatric Rehabilitation Journal*, 37(2), 86–89. <https://doi.org/10.1037/prj0000049>
- Bond, G. R., Drake, R. E., Mueser, K. T., & Becker, D. R. (1997). An update on supported employment for people with severe mental illness. *Psychiatric Services*, 48(3), 335–346. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.48.3.335>

Rebecca Starr, Senior Program Director at Advocates for Human Potential

Ms. Rebecca Starr presented the documented and emerging outcomes related to partnerships and practices implemented by a Massachusetts-based employment program serving people with SUD that was developed through the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Access to Recovery (ATR) initiative. ATR was implemented in 30 states, and each state was given the flexibility to design their program based upon local needs



and their leadership vision. The ATR grants were characterized by their 6 months of service delivery requirement and incorporation of a menu of recovery support services using an integrated service delivery model for individuals in early recovery from SUD. These services included:

- Transportation assistance;
- Help with clothing/shopping;
- Improved access and use of cell phones;
- Physical wellness through providing gym memberships;
- Access to peer recovery coaching; and
- An array of nontraditional services, including financial literacy and budget management counseling.

Massachusetts chose employment as the focus of its ATR program and created the Career Building Initiative (CBI). Ms. Starr described how the components of CBI were based upon prior research and national demonstration projects validating the elements necessary to achieve competitive, integrated employment among people with SUD. Among these are SAMHSA's Supported Employment, SAMHSA's Behavioral Day Treatment and Contingency Managed Housing and Work Therapy program, federal work–study practices, components of the GI Bill addressing training and employment, and criteria contained in on-the-job training and apprenticeship programs through the DOL. She also cited literature (listed in Figure 6, below) that confirmed that individuals who had resolved a substance use problem were less likely to be employed and more likely to be unemployed than those in the general U.S. population. She then presented data that correlated SUD and income instability and agreed with prior presenters that entry-level, low-wage jobs make it difficult for people with SUD to maintain abstinence while not earning enough wage income to escape poverty.

CBI was designed to address SUD recovery and income stability by providing jobs at a living wage. It incorporated a number of critical elements:

- Job training opportunities customized for participants in recovery, ensuring that employment and recovery goals are both considered primary;
- Training for job sectors most likely to be open to hiring ATR participants with SUD and criminal backgrounds that address the challenges that those with criminal justice involvement are likely to face in securing jobs and careers;
- Addressing the skills gap between what persons with SUD may possess and what employers want by including short-term programming that results in an industry-recognized credential or certificate;
- Embedding a “career ladder” framework by providing training in occupations with good career potential;
- Incorporating additional training benefits for participants to address the disincentive of income loss (e.g., work–study benefits); and
- Providing wraparound support during training to troubleshoot and overcome other work-inhibiting health and life issues.

Ms. Starr shared performance data from CBI’s efforts to develop a partnership-driven menu of job and career development for persons with SUD. CBI’s outcomes include:

- A 691% increase in employment among enrollees;
- A 153% improvement in housing stability associated with having a good-paying job; and
- Confirmation of the positive effects of work on abstinence with an improvement rate of over 3%.

The program was also well regarded by enrollees as confirmed by completion (86%), attendance (97%), and individual goal attainment (93%). She concluded her presentation by offering that although CBI had not been independently researched as an evidence-based practice, its design and outcomes merit its designation as one of the more promising approaches to improving employment outcomes among individuals with SUD. Further detail on Ms. Starr’s key themes and avenues for future research are presented in Table 7, below.

Table 7: Starr Themes and Areas of Future Research

Themes	Major Arguments	Questions to be Addressed by Future Research
Employment programs for people with SUD often encounter issues with traditional treatment-based perspectives and rules.	Abstinence-first and employment prerequisites remain strong barriers to implementing early involvement in employment using zero exclusion criteria for people with SUD.	Research is needed to understand the importance of employment to one’s recovery and better ways to interface treatment with employment services.
AJCs and job training programs are often misaligned with behavioral health agencies providing employment services.	AJC staff are often unprepared to understand and address SUD among jobseekers, limiting integrated treatment, recovery, and employment services.	Research targeting the interface between the workforce system and behavioral health system is needed to educate AJC staff about SUD so they can be more effective in serving this population.
Models for integrating SUD employment services with career education and other services designed to cultivate career pathways are scarce.	Career ladders leading to better-paying jobs need to include access to education and training that result from partnerships between SUD employment services and educational systems.	Research on creating and sustaining partnerships and customizing coursework with community colleges and trade schools could validate how employment services and career ladders could help people with SUD acquire jobs at living wages.
Employers often do not understand how to attract and support people with SUD.	In order for people with SUD to obtain and sustain employment, we must support employers to be “recovery ready.”	There is a dearth of research on practices that employers are using to effectively attract and support people with SUD in their workplaces.

Sources and references that informed Ms. Starr's presentation are included in Figure 6, below.

Figure 6: Starr References

- Laudet, A. B. (2007). What does recovery mean to you? Lessons from the recovery experience for research and practice. *Journal of Substance Abuse Treatment*, 33(3), 243–256. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2083562/>
- Laudet, A. B., & White, W. L. (2008). Recovery capital as prospective predictor of sustained recovery, life satisfaction, and stress among former poly-substance users. *Substance Use & Misuse*, 43(1), 27–54. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2211734/>
- Eddie, D., Vilsaint, C. L., Hoffman, L. A., Bergman, B. G., Kelly, J. F., & Hoepfner, B. B. (2020). From working on recovery to working in recovery: Employment status among a nationally representative U.S. sample of individuals who have resolved a significant alcohol or other drug problem. *Journal of Substance Abuse Treatment*, 113, 108000. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7450389/>
- Harrison, J., Krieger, M. J., & Johnson, H. A. (2020). Review of individual placement and support employment intervention for persons with substance use disorder. *Substance Use & Misuse*, 55(4), 636–643. <https://www.tandfonline.com/doi/abs/10.1080/10826084.2019.1692035>

Dr. Kenneth Minkoff, Board-Certified Psychiatrist & Clinical Assistant Professor of Psychiatry at Harvard Medical School

Dr. Kenneth Minkoff concluded the session before the Q&A period by reaffirming many of the points related to the importance of work to SUD recovery and how abstinence-first paradigms and practices create barriers for these individuals to obtain jobs. Among the points that he made in presenting what is known from the research on employment for people with SUD is that sobriety and absence of mental health disabilities are not preconditions for successful housing or successful employment. He cited research on the [Housing First](#) approach and on IPS for people with both mental health disabilities and SUD that supports these assertions. He also noted that research validates the effectiveness of employee assistance programs in helping employees with SUD recover by providing the counseling and support that they need to keep their jobs when substance use interferes with their work. Dr. Minkoff introduced his six principles of SUD-Capable Employment Services:^{xxii,xxiii,xxiv}

- *Complexity (including SUD) must be an expectation, not an exception, in employment services.* To this he added that it is necessary to welcome people with SUD as priority customers and to remove access barriers that make it hard to be welcomed. As people with SUD feel comfortable and engaged, integrated screening and documentation can help to tease out the complexities and build a more comprehensive strategy for addressing them in employment.
- *Service partnerships are empathic, hopeful, integrated, and strengths based.* A holistic approach with employment as a priority should be connected to developing hopeful goals for a happy life. Work with all the issues step by step over time to achieve success and reinforce and build upon strengths that people have used during periods of success.
- *Not all people with complex issues are the same.* Individuation, customization, and accommodation should be built into every employment plan as people with SUD and their employment specialists get to know each other and work collaboratively over time.

- *For people facing complexity, all co-occurring conditions are primary.* Integrated multiple-primary-condition-specific best practice interventions are needed that address co-occurring disabilities and employment goals. He offered that it is important to begin with the issue that is most important to the person being served and accommodate and adapt services to the multiplicity of personal, experiential, and environmental factors that have meaning in peoples' lives.
- *Parallel process of hopeful progress for multiple conditions.* It is necessary to address recovery, resiliency, and self-determination of the person with one or more conditions over time. Integrated services involve stage-matched interventions for each condition. It is also important to understand that the stages of change are issue-specific, not person-specific.
- *Adequately supported, adequately rewarded, skill-based learning for each condition.* Effective case management includes addressing actions and consequences and helping individuals with SUD develop self-management and “asking for help” skills. Providing encouragement and celebrating each small step of progress helps maintain the individual’s motivation to continue their work on addressing recovery and employment.

Table 8, below, presents further detail on key themes and avenues for future research offered in Dr. Minkoff’s presentation.

Table 8: Minkoff Themes and Areas of Future Research

Themes	Major Arguments	Questions to be Addressed by Future Research
The six principles are based upon research validating successful methods of engaging and supporting people with SUD/ODD in recovery and employment.	Integration of services, individualization, customization, and respect for the change process stages are among the core elements to be considered when implementing the six principles.	How can the six principles be transferred and used within the workforce system and among employers?

Sources and references that informed Dr. Minkoff's presentation are included in Figure 7, below.

Figure 7: Minkoff References

- Minkoff, K., & Cline, C. A. (2004). Changing the world: The design and implementation of comprehensive continuous integrated systems of care for individuals with co-occurring disorders. *Psychiatric Clinics of North America*, 27(4), 727–743. <https://pubmed.ncbi.nlm.nih.gov/15550290/>
- Minkoff, K., & Cline, C. A. (2004). Developing welcoming systems for individuals with co-occurring disorders: The role of the comprehensive continuous integrated system of care model. *Journal of Dual Diagnosis*, 1(1), 65–89. <http://kenminkoff.com/articles/dualdx2004-1-devwelcomingsys.pdf>
- Minkoff, K., & Covell, N. H. (2019). Integrated systems and services for people with co-occurring mental health and substance use conditions: What's known, what's new, and what's now? (Assessment #8). National Association of State Mental Health Program Directors. https://www.nasmhpd.org/sites/default/files/TAC_Paper_8_508C.pdf
- Padgett, D. K., Gulcur, L., & Tsemberis, S. (2006). Housing first services for people who are homeless with co-occurring serious mental illness and substance abuse. *Research on Social Work Practice*, 16(1), 74–83. <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.826.886&rep=rep1&type=pdf>
- Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94(4), 651–656. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/>
- Harrison, J., Krieger, M. J., & Johnson, H. A. (2020). Review of individual placement and support employment intervention for persons with substance use disorder. *Substance Use & Misuse*, 55(4), 636–643. <https://pubmed.ncbi.nlm.nih.gov/31782349/>

Conclusion

The experts convened for these sessions agreed that there is a lack of research on employment best practices for people with SUD. More research is also needed on the potential transferability and applicability of recovery paradigms and practices developed within behavioral health programs to the workforce development system and to employers. Developing integrated services and partnerships was a recurring theme of these sessions; future dialogues might convene a mixed panel representing experts from provider agencies, the workforce system, and employers, all addressing the same questions from their own perspectives.

Avenues for Future Research

Considering future possible research and practice efforts, it was noted that the perspective of individuals with lived experience should feature prominently in the design and implementation of both research and service delivery. This real experience is essential to understanding both the needs and the realities of service recipients and research subjects. Among other potential avenues for future research, the following questions arose:

- How do factors including and related to race, veteran status, income, gender, education, housing status, and criminal justice system involvement impact the prevalence of SUD, the success of treatment, and employment outcomes of individuals?
- How does the efficacy of a “Treatment First” approach, wherein abstinence is required of all individuals prior to their being eligible for employment services, compare with the “zero



exclusion” approach, wherein individuals receive both treatment and employment services but are not required to maintain abstinence to receive ongoing employment services?

- What is the effect of pain on the prevalence of SUD, including OUD, and what effect can employment have on a person’s ability to manage pain without ongoing opioid use?
- Given the effectiveness of IPS in service to individuals with mental health-related disabilities, can similar efficacy be found in the use of IPS for individuals with SUD?
- What impact does coordination between multiple agencies and public initiatives that serve various individuals with SUD as well as other factors have on the effectiveness and cost of the services and the outcomes experienced by individuals?
- How can Career Pathways services — those that foster career-driven training, credentialing, and wage gain — be incorporated in IPS and other employment services for individuals with SUD?
- What impact does increased income and career-oriented employment have on SUD treatment?
- What are employer perspectives on SUD, and what employer-side interventions could be staged to improve appropriate hiring, onboarding, and retention of individuals experiencing SUD?

In conclusion, the seven expert panelists provided not only a comprehensive research and practice-driven discussion of the challenges faced by persons with SUD in managing their recovery concurrently with their employment, but also the challenges associated with implementing evidence-based practices both by the behavioral health sector and by the workforce system and employers.



Appendix 1: Resources for Further Exploration

The Role of the Workforce System in Addressing the Opioid Crisis: A Review of the Literature was developed by Mathematica in 2020 under contract with CEO. The review explores a wide array of literature demonstrating the importance of workforce development services and employment gain and retention in support of treatment outcomes.

Building Evidence-Based Strategies to Improve Employment Outcomes for Individuals With Substance Use Disorders is a report of the BEES project funded by the Office of Planning, Research, and Evaluation at the U.S. Department of Health and Human Services (HHS) that examines the impetus for and existing evidence on programs that integrate employment services with treatment and recovery services for people with SUD. It also points to the importance of employment-related services and outcomes in support of treatment goals.

The New Recovery Advocacy Movement in America describes the rise of the recovery advocacy movement in America, in which the voices of people in recovery gained increasing importance in determining the direction of the field. This paper, published in 2007, describes both the context in which this movement arose and the overall progress of its development.

Individual Placement and Support: Background and Directions for Future Research is a BEES project report published in 2020 and funded by the Office of Planning, Research, and Evaluation/HHS that describes the IPS model, a framework for providing employment services to those facing barriers to work, including SUD. While describing the documented efficacy of IPS in service to individuals with mental health disabilities, it points the way toward future research on its effectiveness for individuals with SUD.

Appendix 2: Subject Matter Expert Bios

Bios are listed in the order in which the SMEs presented.

Dr. Gary Shaheen, a nationally recognized expert in the field of mental health rehabilitation, individual and social entrepreneurship, homelessness, veterans' employment issues, and systems change, facilitated both sessions. For more than 45 years, he has been instrumental in improving policies and programs in the public, private, and academic sectors that help people with mental illnesses and co-occurring substance abuse disorders as well as those who are homeless, including veterans, achieve employment and/or entrepreneurial success. He has worked with the U.S. Department of Housing and Urban Development (HUD); SAMHSA; DOL's Employment and Training Administration, the Office of Disability Employment Policy, and the Veterans' Employment and Training Service; the VA; and numerous state governments on projects focused on increasing employment for these individuals.

Expert Panelists — Session #1

Chacku Mathai is a consumer, survivor, ex-patient, and advocate with more than 30 years of experience in behavioral health systems transformation. He has served in executive leadership roles such as the Chief Executive Officer for the Mental Health Association of Rochester and the Executive Director for the National Alliance on Mental Illness Support, Technical Assistance, Resource Center, a SAMHSA National TA Center.

Dr. Robert Rosenheck is a Professor of Psychiatry, Public Health, at the Child Study Center at Yale Medical School, where he is also Director of the Division of Mental Health Services and Outcomes Research in the Department of Psychiatry. He was a prime architect of national VA collaborative programs with both HUD and the Social Security Administration. He also directed both the client-level evaluation of SAMHSA's ACCESS program for homeless mentally ill Americans and the joint HUD-HHS-VA Collaborative Initiative on Chronic Homelessness.

Jackie Pogue is a Research Associate and Individual Placement and Support Trainer at Westat. She is part of the IPS Employment Center, a multidisciplinary team of researchers and trainers who conduct research studies, disseminate findings, prepare training and educational materials, and provide consultation services. The Center's activities focus on employment for people with serious mental illnesses. Her team has defined the IPS approach to Supported Employment.

Expert Panelists — Session #2

Dr. Crystal Blyler has more than 20 years' experience in work that focuses on improving services, policies, and the well-being of people with behavioral health conditions and disabilities. She was a Social Science Analyst at HHS, where she directed the implementation and evaluation of initiatives to improve employment outcomes, health, and well-being among people with serious mental illnesses. She has clinical experience as well and is currently a Senior Researcher at Mathematica and Principal Investigator on the National Health Emergency Demonstration Evaluation at DOL.



Joe Carlomagno joined the VA's VHA in 2010 and is the National Supported Employment Program Specialist in the VHA Vocational Rehabilitation Service, Office of Mental Health and Suicide Prevention. He has more than 30 years of experience in Supported Employment programs within the community mental health systems of several New England states. He has led and participated in several system change initiatives to promote recovery, self-advocacy, and community-integrated employment for persons with disabilities, including mental health and SUD, to live full lives within their communities.

Rebecca Starr is a Senior Program Director at Advocates for Human Potential. For 9 years, she has directed the Massachusetts ATR program, which is supported by federal funding via the Massachusetts Department of Public Health Bureau of Substance Addiction Services. The program is designed to give people with SUD wider access to community services for assistance in starting or continuing recovery.

Dr. Kenneth Minkoff is a board-certified psychiatrist with a certificate of additional qualifications in addiction psychiatry. He is a dedicated community psychiatrist and a Clinical Assistant Professor of Psychiatry at Harvard Medical School. He is recognized as one of the nation's leading experts on integrated treatment for individuals with complex (co-occurring) needs, including mental health and substance use conditions. In addition, he is the leading expert on the development of integrated systems of care through the implementation of a national consensus best practice model for systems design: the Comprehensive Continuous Integrated Systems of Care (CCISC), referenced in SAMHSA's *Report to Congress on Co-occurring Disorders* (2002). He expanded on the CCISC framework for the treatment of co-occurring disorders to a disease and recovery model with parallel phases of treatment and recovery for each condition.

Citations

ⁱ Martinson, K., McDonald, D., Berninger, A., & Wasserman, K. (2020). *Building evidence-based strategies to improve employment outcomes for individuals with substance use disorders* (OPRE Report 2020-171). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/BEES_SUD_Paper_508.pdf

ⁱⁱ Ibid.

ⁱⁱⁱ Ibid.

^{iv} Suiter, S., & Wilfong, C. D. (2021). Addiction, recovery, and work: Surviving the daily grind. *Work*, 68(1), 149–159. <https://pubmed.ncbi.nlm.nih.gov/33427716/>

^v Holtyn, A., Toegel, F., Arellano, M., Subramaniam, S., & Silverman, K. (2021). Employment outcomes of substance use disorder patients enrolled in a therapeutic workplace intervention for drug abstinence and employment. *Journal of Substance Abuse Treatment*, 120. https://www.sciencedirect.com/science/article/abs/pii/S0740547220304177?dgcid=rss_sd_all

^{vi} Schmitz, R. (2021). Substance use as a second-class disability: A survey of the ADA's disarmament of individuals in recovery. *Maine Law Review*, 73(1). <https://digitalcommons.minelaw.maine.edu/cgi/viewcontent.cgi?article=1741&context=mlr>

^{vii} Ibid.

^{viii} Vine, M., Staatz, C., Blyler, C., & Berk, J. (2020). *The role of the workforce system in addressing the opioid crisis: A review of the literature*. Chief Evaluation Office, U.S. Department of Labor. <https://www.mathematica.org/our-publications-and-findings/publications/the-role-of-the-workforce-system-in-addressing-the-opioid-crisis-a-review-of-the-literature>

^{ix} Elkin, S., & Freedman, L. (2020). *Individual placement and support: Background and directions for future research* (OPRE Report 2020-139). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/BEES-IPS_Framing%20Paper-508_JC.pdf

^x Ibid.

^{xi} Ibid.

^{xii} National Institute on Alcohol Abuse and Alcoholism. (n.d.). *National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III)*. <https://www.niaaa.nih.gov/research/nesarc-iii>

^{xiii} Frederick, D. E., & VanderWeele, T. J. (2019). Supported employment: Meta-analysis and review of randomized controlled trials of individual placement and support. *PLoS One*, 14(2), e0212208. <https://pubmed.ncbi.nlm.nih.gov/30785954/>

^{xiv} Mueser, K. T., Campbell, K., & Drake, R. E. (2011). The effectiveness of supported employment in people with dual disorders. *Journal of Dual Diagnosis*, 7(1-2), 90–102. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3530026/>

^{xv} Bond, G. R., Drake, R. E., & Pogue, J. A. (2019). Expanding individual placement and support to populations with conditions and disorders other than serious mental illness. *Psychiatric Services*, 70(6), 488–498. <https://pubmed.ncbi.nlm.nih.gov/30813865/>

^{xvi} Bond, G. R., Drake, R. E., & Campbell, K. (2016). Effectiveness of individual placement and support supported employment for young adults. *Early Intervention in Psychiatry*, 10(4), 300–307.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4417652/>

^{xvii} Elkin, S., & Freedman, L. (2020). *Individual placement and support: Background and directions for future research* (OPRE Report 2020-139). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

https://www.acf.hhs.gov/sites/default/files/documents/opre/BEES-IPS_Framing%20Paper-508_JC.pdf

^{xviii} Martinson, K., McDonald, D., Berninger, A., & Wasserman, K. (2020). *Building evidence-based strategies to improve employment outcomes for individuals with substance use disorders* (OPRE Report 2020-171). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/BEES_SUD_Paper_508.pdf

^{xix} Marsden, J., Anders, P., Clark, H., Colocassis, K., Eastwood, B., Knight, J., Melaugh, A., Quinn, D., Wright, V., & Stannard, J. (2020). Protocol for a multi-centre, definitive randomised controlled trial of the effectiveness of individual placement and support for employment support among people with alcohol and drug dependence. *Trials*, 21(1), 167. <https://pubmed.ncbi.nlm.nih.gov/32046765/>

^{xx} Vine, M., Staatz, C., Blyler, C., & Berk, J. (2020). *The role of the workforce system in addressing the opioid crisis: A review of the literature*. Chief Evaluation Office, U.S. Department of Labor. <https://www.mathematica.org/our-publications-and-findings/publications/the-role-of-the-workforce-system-in-addressing-the-opioid-crisis-a-review-of-the-literature>

^{xxi} Ribar, C., & Blyler, C. (2021). *Availability of employment services for people with opioid and other substance use disorders*. Mathematica. <https://mathematica.org/publications/availability-of-employment-services-for-people-with-opioid-and-other-substance-use-disorders>

^{xxii} Minkoff, K., & Cline, C. A. (2004). Changing the world: The design and implementation of comprehensive continuous integrated systems of care for individuals with co-occurring disorders. *Psychiatric Clinics of North America*, 27(4), 727–743. <https://pubmed.ncbi.nlm.nih.gov/15550290/>

^{xxiii} Minkoff, K., & Cline, C. A. (2004). Developing welcoming systems for individuals with co-occurring disorders: The role of the comprehensive continuous integrated system of care model. *Journal of Dual Diagnosis*, 1(1), 65–89. <http://kenminkoff.com/articles/dualdx2004-1-devwelcomingsys.pdf>

^{xxiv} Minkoff, K., & Covell, N. H. (2019). *Integrated systems and services for people with co-occurring mental health and substance use conditions: What's known, what's new, and what's now?* (Assessment #8). National Association of State Mental Health Program Directors. https://www.nasmhpd.org/sites/default/files/TAC_Paper_8_508C.pdf