



WORKING RECOVERY

A Symposium

What We Do and How We Do It

A Groundbreaking Approach: the ATR Model for Customized Employment Supports for People with Substance Use Disorders

September 14, 2021



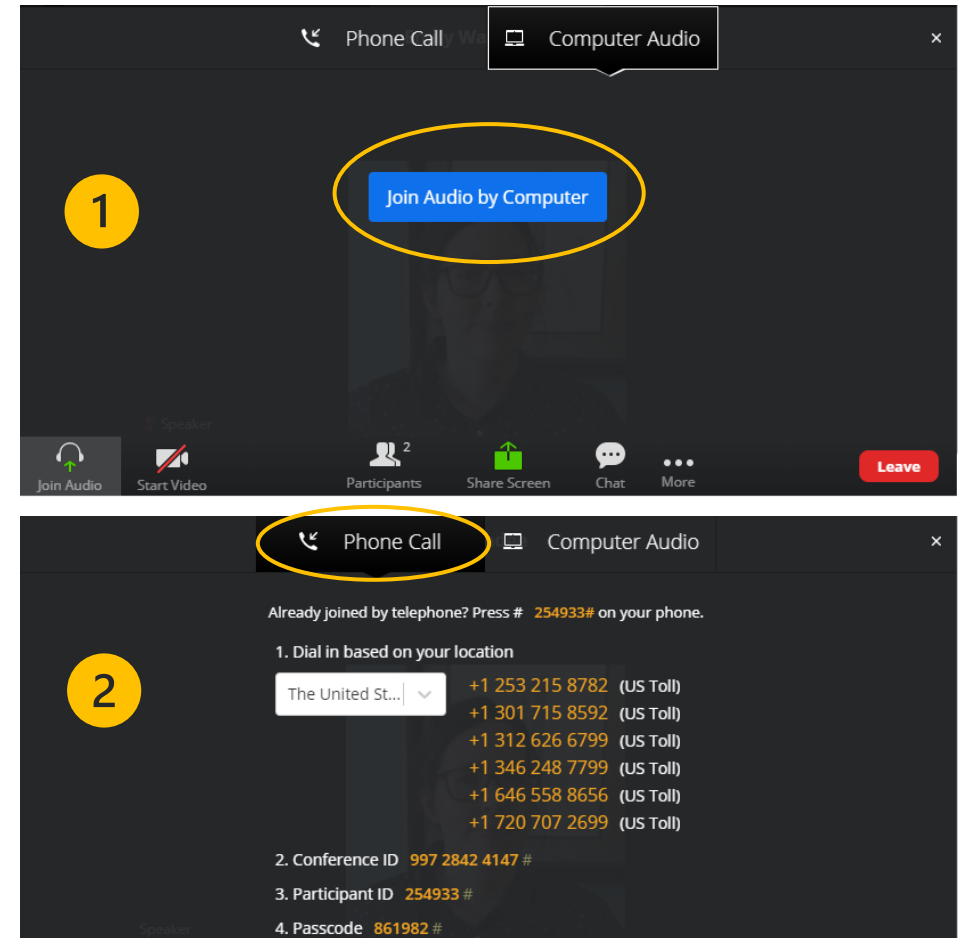
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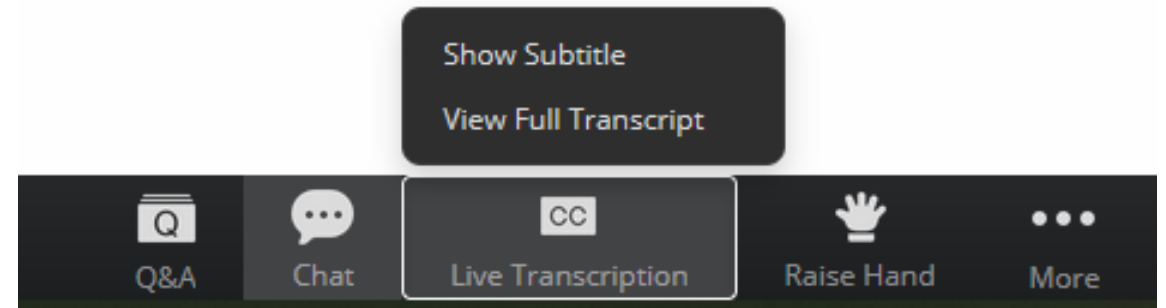
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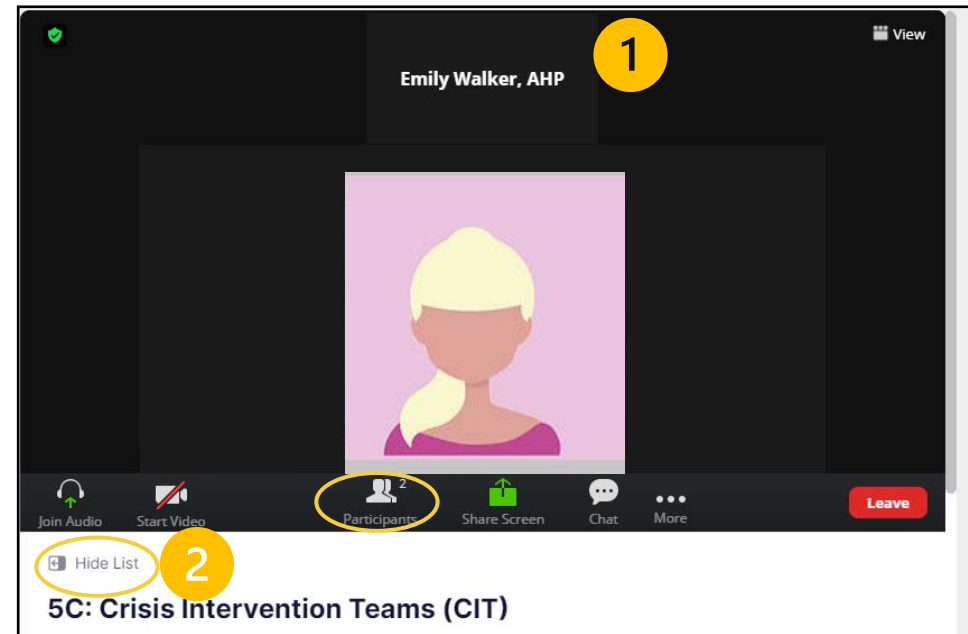
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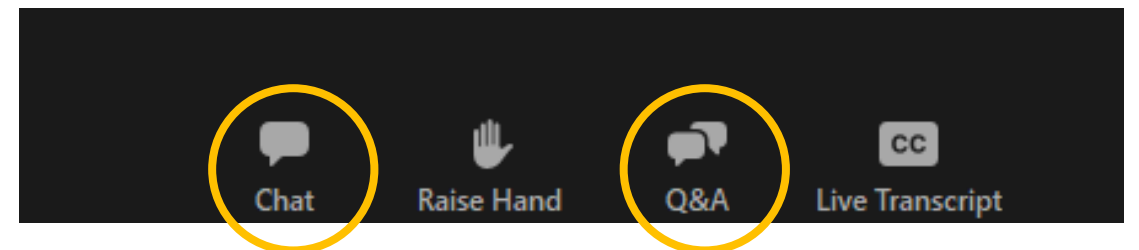
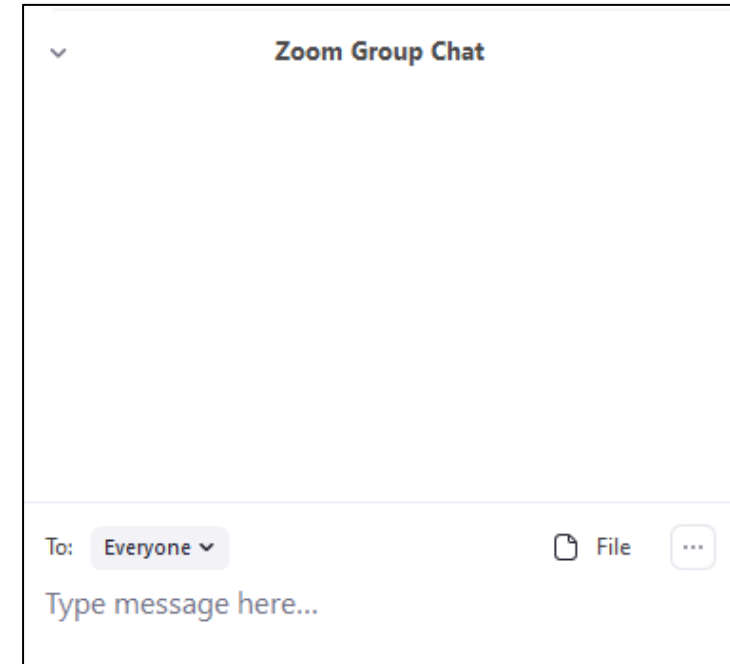
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Housekeeping: How to Participate

- **Chat:** Need Tech Support? Use the Chat box! Our team will reply in a private message. To message directly search for “TECH |_____”
- **Q&A:** Questions for our presenters today? All content questions go into the Q&A box.



Continuing education
credits/hours are
approved for:

- Licensed Alcohol and Drug Counselors (LADC),
Bureau of Substance Addiction Services
(BSAS)/Massachusetts Department of Public Health
(MA DPH)
- NAADAC, the Association for Addiction Professionals
- The National Association of Social Workers (NASW) -
Massachusetts Chapter

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SPONSORSHIP



This virtual symposium, **WORKING RECOVERY**, is sponsored by Massachusetts Access to Recovery (ATR), a project of Advocates for Human Potential, Inc. (AHP), and funded by the Massachusetts Department of Public Health/Bureau of Substance Addiction Services (BSAS).



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WHAT IS ATR?

What Is Access to Recovery (ATR)?

Started as a **federal grant** program through SAMHSA

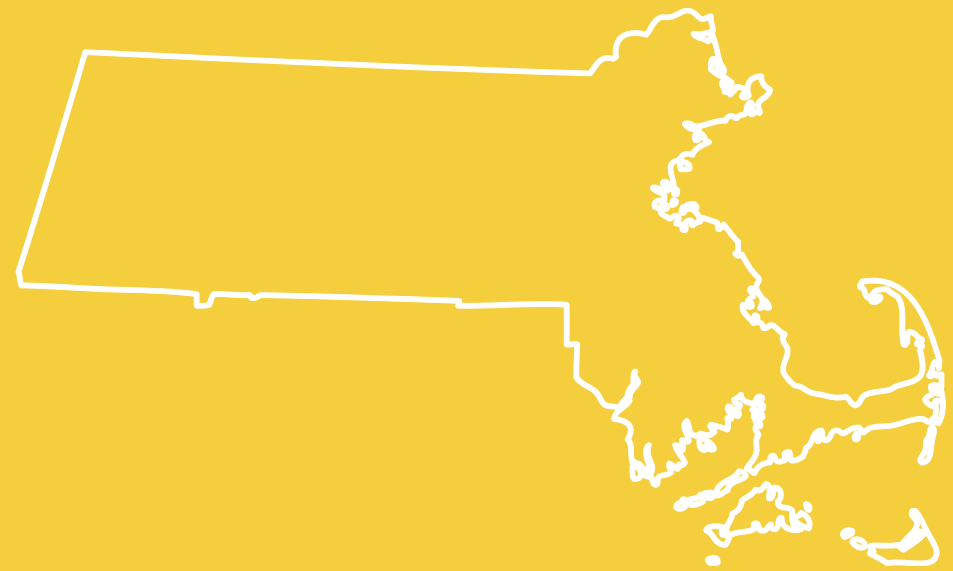
- The common elements across all states for individuals in early recovery from SUDs were:
 - Client driven
 - Providing a menu of non-traditional recovery support services
 - A fund each individual could use to meet their particular critical basic needs:
 - Transportation
 - Shopping for clothing, shoes, mattresses, etc.
 - Cell phones
 - Gym memberships
 - IDs
 - Peers: recovery coaching
 - Other critical items such as housing, employment services, etc.



How Was Massachusetts Different?

MA DECIDED TO PUT A LASER FOCUS ON EMPLOYMENT

Because of its success, MA is the only state of ~30 in the country to continue ATR as a complete program package after SAMHSA discontinued the grant in 2017.



Almost 30,000 Enrollments Through ATR Since the First Person Was Enrolled in January 2011



WHO USES ATR?

5,659 people enrolled in ATR in past 2 years

- Male **(70%)**
- White **(81%)**
- Average age **(40)**
- A high school graduate **(60%)**
- Unemployed at intake **(91%)**
- Has children **(50%)**
- Receives public assistance **(46%)**
- Criminal background **(70%)**
 - Of those incarcerated, 53% released in the past year before intake into ATR

Why ATR Chose Employment as the Laser Focus of Its Program

1. Builds recovery capital
2. Best predictor of successful SUD treatment and recovery
3. The only way to financial stability
4. Currently poor employment prospects for people with SUDs
5. SUD treatment facilities not trained in career counseling—
outside their scope of practice
6. Typical strategy is to encourage “get well” jobs



I do not believe we can repair the basic fabric of society until people who are willing to work have work.

Work organizes life. It gives structure and discipline to life.

—Bill Clinton



THE ATR EMPLOYMENT MODEL

How the ATR Employment Model Began

Only models available at that time:

- Federal **work-study**
- Department of Veterans Affairs' **GI Bill**
- **On-the-job training** and **apprenticeship** programs through the Department of Labor
- SAMHSA's Supported Employment (**SE**)—for individuals with mental health issues
- **IPS** model (Individual Placement and Support)

What is IPS?

- Being explored by federal agencies including SAMHSA, DOL, ACF as the most promising model for SUD.
- Typically used for people with mental health disabilities. It is an evidence-based practice that has been researched and found to be very effective for this population.
- IPS has been shown to be effective in 28 randomized controlled trials for individuals with significant employment support needs.

How the ATR Employment Model Evolved

Decided against the IPS model

- Entry-level positions with no guaranteed career growth
- Poor-paying jobs
- Not sufficient for achieving income stability and career development
- IPS participants on Social Security benefits—employment as a supplement
- Almost no research on IPS and individuals with SUD as a primary diagnosis
- Rapid employment—strict rules against job training

Decided to design a unique, never-tried-before model

ATR's Employment Service Program: Career Building Initiative (**CBI**)

Underpinnings of ATR's model:

Recognize and actively address the multidimensional complexities that people with SUD bring to the table.

Goals of ATR Model

Provide opportunities to make individuals as marketable for the current labor force as possible

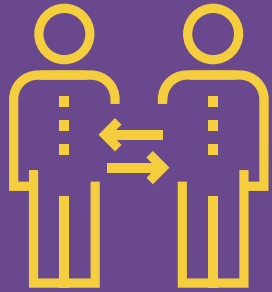
- Focus on job training
 - 3-week job readiness program called Paths to Empowerment—
co-developed with career center (called MassHire in Massachusetts)
 - Occupation-specific job training
 - HVAC and refrigeration
 - Culinary
 - Commercial cleaning
 - Hospitality
 - Customer service
 - Construction – carpentry
 - Personal fitness training
 - Office support
 - Truck driving – Class A CDL
 - IT



Goals of ATR Model (continued)

- Provide wraparound support including basic needs assistance, recovery coaching, sober home rent
- Adapt to current realities
 - Pivoting to 100% virtual during pandemic
 - Pay for tech equipment to support at-home intakes, online shopping, and online learning/homework





SWEEPING CHANGE NEEDED

Need for Sweeping Change in the Way Employment Services Are Delivered to People with SUDs

What is the combination of strategies that will address the multiple complexities that will be most effective in preparing people with SUDs to enter the workforce?

1. Need for coordinated care
2. Need to meet basic needs
3. Need to train for a career—not a job—need to “skill up”
4. Increase access to job training for hard-to-serve individuals
5. MUST customize job training classes for participants in recovery

Need for Sweeping Change in the Way Employment Services Are Delivered to People with SUDs (continued)

6. Training must be for job sectors most likely to hire ATR participants with SUDs and criminal backgrounds
7. Short-term programming must result in an industry-recognized credential or certificate
8. Training must be in occupations with good career potential . . . career pathways and ladders
9. Must provide training income for participants, to address the disincentive of income loss for a significant period of time
10. Focus on pre-employment skills development AND occupational training
11. Provide wraparound support during training
12. Provide stable housing while in training

Need for Sweeping Change in the Way Employment Services Are Delivered to People with SUDs (continued)

13. Develop customized and well-integrated strategies for getting participants jobs and for them keeping their jobs (don't want them to cycle in and out of employment)
14. Address the SSI/SSDI conundrum with specific strategies
15. Public assistance alone, without also being employed with a living wage, can have negative effects on a person with SUDs
 - Can foster dependence
 - Can reduce incentives to return to work
16. Address gaps in collaboration and service integration among providers of employment services, providers of SUD treatment, and recovery housing (sober homes)

Costs

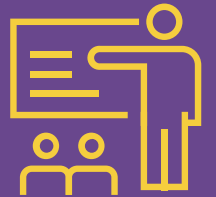
An ATR sponsorship includes:

- Locally based job training programs (in each of the ATR cities)
- Paid-in-full tuition
- Technology equipment for use during training
- Books and supplies
- Income while in training: Get paid to get trained! Receive \$10 for every hour of attendance in the job training program
- Opportunity to pay for stable housing in a sober home

It costs approximately \$4,700 to support a participant through their job training (CBI) experience with ATR.

All ATR participants also receive:

- Access to recovery coaching
- Access to the basic needs fund, including transportation to get back and forth to training

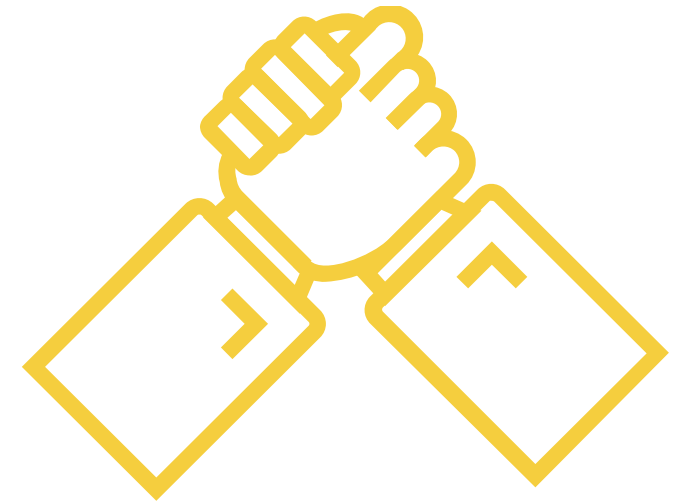


Collaboration Among Systems: Must Drive Systems Changes

The substance use treatment system, workforce development system, education system, and employers must work closely together to meet the job training needs of people with SUDs.

SUD Treatment

- Employment services often not a priority within the substance use treatment system of services
- Perceived need to achieve complete sobriety before thinking about employment
- Issues with traditional perspectives and rules; needed to educate on the importance of employment to recovery and how treatment has to change to accommodate this important priority



Collaboration Among Systems: Must Drive Systems Changes (cont.)

WORKFORCE SYSTEM—American Job Centers/Career Centers

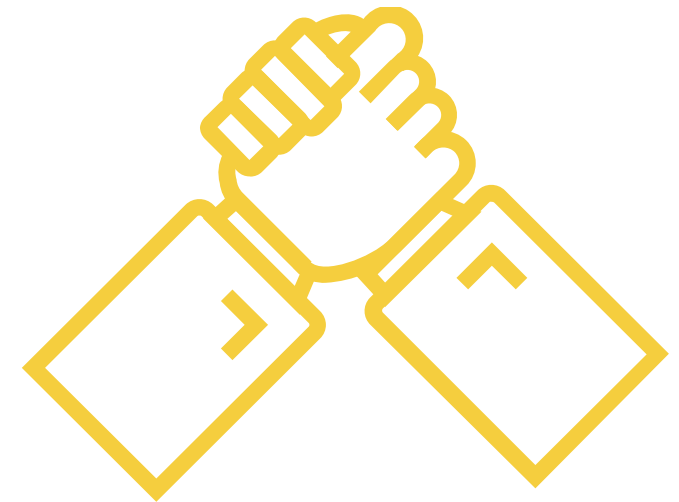
- Need to educate staff about SUDs so they can be effective working with our participants
- Developed a promising practice with career centers (MassHires) across the state in MA

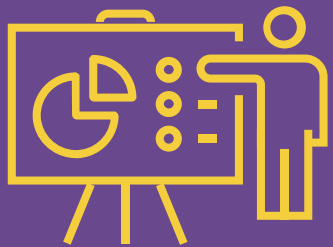
Community Colleges

- Work with their noncredit side to redesign and customize their semester-based classes

Employers

- Must create “recovery ready” employer system
- Must be informed that people in recovery, from the margins of society, are an untapped resource to fill open positions





ATR PARTICIPANT RESULTS

RESULTS

25% of All ATR Participants Choose to Enroll in a CBI Program

87%

Completion Rate

95%

**Attendance Rate
for Completers**

96%

Met Objectives

96%

**Showed Positive
Engagement
Throughout
Course**

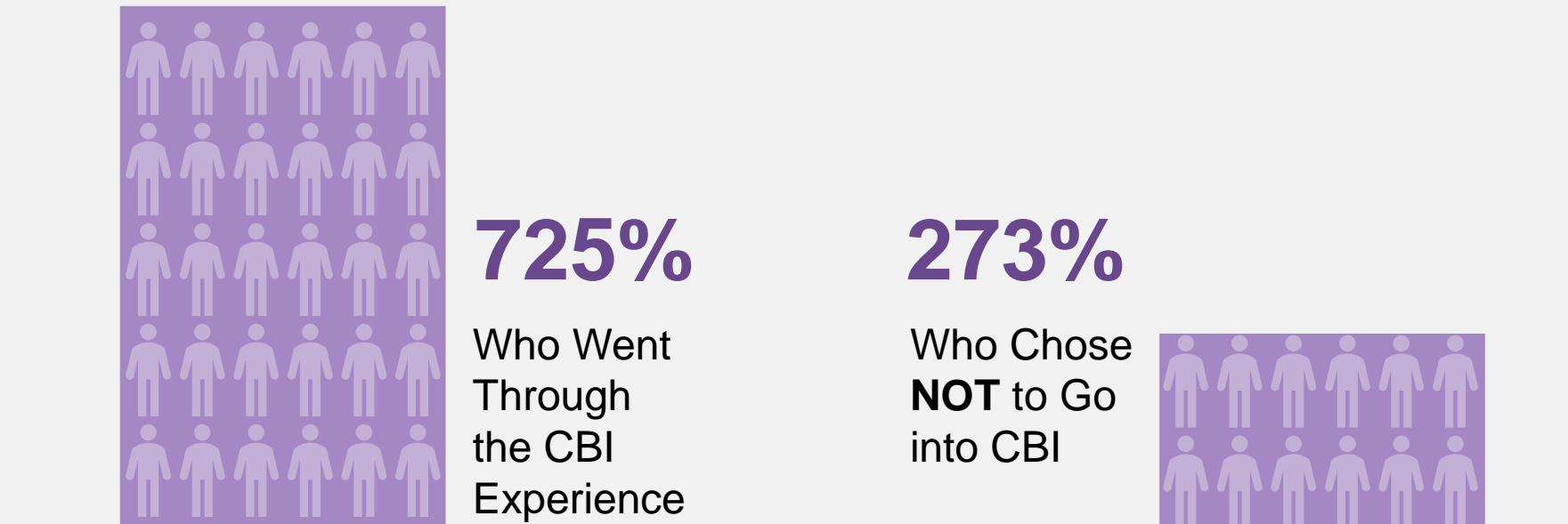
Data Sources:

Falling Colors 8/1/2020 – 7/31/21, N=966 enrollments

Provider Feedback Surveys

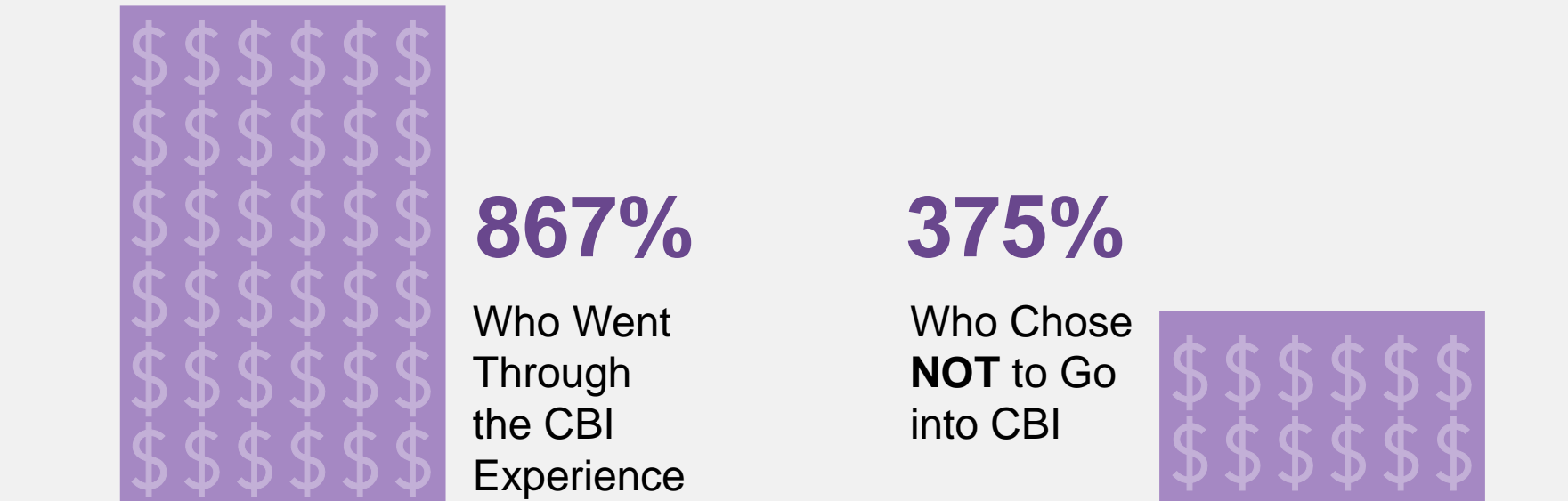
Employment Changes from Start to Finish of ATR

Employment **INCREASE** Between Enrollment and Discharge for ATR Participants



Income Earned from Wages in Past 30 Days

Earned Income **INCREASE** Between Enrollment and Discharge for ATR Participants



THE ATR EXPERIENCE



I am so excited to be learning a new trade that will turn into a lifetime career. I can't say it enough how blessed I feel to have another chance at bettering myself. This time I am building my foundation for the future. Thanks again for all your help and support.”

—ATR Participant Note to ATR Coordinator, 2021

QUESTIONS



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For more information about ATR, please visit our website at www.MA-ATR.org