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TAP RESTORE

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Program Evaluation Report

SUMMARY

This report evaluates the Re-Employment, Support and Training for the Opioid Related Epidemic (RESTORE) program at Total Action for Progress (TAP) using survey and interview findings from staff, training providers, and participants.

Evaluation Conducted by the Virginia Tech
Institute for Policy and Governance

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Table of Contents

Executive Summary	2
TAP RESTORE Program.....	3
Need for the RESTORE Program.....	4
Workforce Development, Women, and SUDs	5
Stigma, SUD/ODU, and Barriers to Employment.....	6
Geographic and Demographic Context for RESTORE.....	6
Evaluation Methods and Findings.....	11
Methods.....	11
Interviews	11
Surveys	12
Overall Program Elements.....	12
Career Mentors	17
Job Training and Employment	19
Employment Opportunities.....	26
Participant Experience	33
SUD	33
COVID-19	40
Childcare & Family.....	42
Participant Experience Overall.....	43
Recommendations to Strengthen Similar Workforce Programs at TAP.....	46
Program-Level Recommendations	46
Agency-Level Recommendations	49
Observations on the Evaluation.....	51
References	52
Additional Resources	55
Appendix A. Self-Care Resources and Trauma-Informed Training.....	56

Executive Summary

The Re-Employment, Support, and Training for the Opioid Related Epidemic (RESTORE) program provided by Total Action for Progress (TAP) has assisted women directly and indirectly impacted by the opioid epidemic by providing career services and job training. Substance use disorder (SUD) rates in the service area of the Roanoke and New River Valleys as well as Alleghany Highlands have increased, particularly during COVID-19. Women with a history of SUD, criminal backgrounds, and/or dependent children face unique challenges advancing their employment prospects that RESTORE is designed to address. Program supports included one-on-one engagement with a career mentor; the development of an individualized career plan for each participant; financial and resource assistance to address childcare, transportation and housing barriers; and technical training and soft skill development to increase participants' employability in their target field as well as their level of professionalism.

Virginia Tech Institute for Policy and Governance conducted a program evaluation of RESTORE analyzing administrative data and findings from surveys and interviews with participants, RESTORE staff and training providers. The following highlights are a summary of findings included in this report:



A majority of survey respondents indicated that all program elements were “Extremely Helpful,” including childcare assistance where applicable (Table 3). Engaging with a career mentor was overwhelmingly a positive and helpful experience for participants (Fig. 2).



The RESTORE program trained, served or supported 157 women, a large majority of whom had dependent children and half of whom had a criminal background. Seventy-five percent of these participants were interviewed, hired, and/or saw an increase in wages or skills. More specifically among those, 100% interviewed for jobs, 94% gained improved employment and realized an increase in hourly wages, and 58% achieved measurable skill gains. The employment retention rate in the second quarter after participants exited the RESTORE program was 85%, and in the fourth quarter after exit was 79% (Fig. 3).



Before RESTORE, 85% of respondents were making \$13 or less per hour. After RESTORE, that percentage decreased to 43%. Before RESTORE, 15% of respondents were making \$14 or more per hour. After RESTORE, that percentage increased to 57% (Fig. 11). The percentage of respondents in the higher wage ranges increased following the RESTORE program, largely for those who had received training in healthcare and were employed in their training field.



Interview participants shared several stories reflecting on how SUD complicated the employment process for individuals in RESTORE, either because individuals were directly at risk of relapse or faced SUD-related stigma and recovery challenges, or because friends and family members with SUD indirectly influenced their progress.

One RESTORE staff member indicated it was a source of motivation for some individuals in the program: “I have quite a few young women who have completed medical classes who have a passion to get back out there and work with individuals in recovery as a nurse, as a long-term goal. The stepping stone is to be a CNA or CMA for right now. They have maybe lost a parent, brothers [to addiction].”

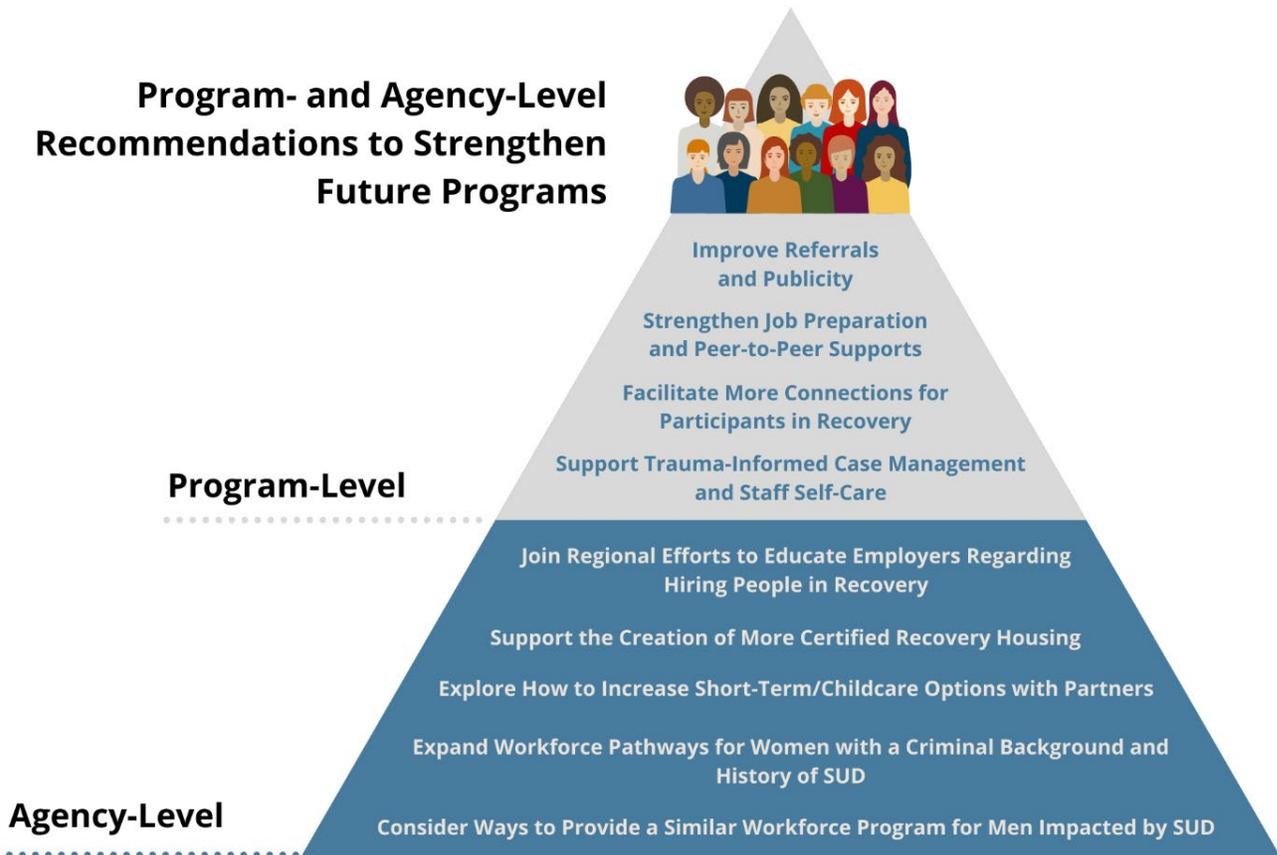


According to the survey, 98% of respondents would recommend the RESTORE program to others. In addition, 88% of survey respondents would be willing to advocate for other RESTORE graduates who are prospective employees at their place of employment.



A large majority of survey respondents also said that RESTORE is much better than comparable programs (Fig. 15), a result that didn’t vary considerably by criminal background status (Fig. 16) or whether participants had dependent children (Fig. 17).

Program- and Agency-Level Recommendations to Strengthen Future Programs



TAP RESTORE Program

The Re-Employment, Support, and Training for the Opioid Related Epidemic (RESTORE) program assists women impacted by the opioid epidemic by providing career services and job training. The program builds on TAP's workforce programs to provide case management, vocational training, certification and other supports to eligible women in the Roanoke and New River Valleys and Alleghany Highlands region. Eligibility for the program includes women in recovery from substance use disorder (SUD) or women whose families and communities have been impacted by SUD.

Need for the RESTORE Program

The opioid epidemic spans across the United States, affecting both urban and rural communities at an alarming and sustained rate. This epidemic has had dramatic and continued impact in communities throughout Southwest Virginia, with Opioid Use Disorder (OUD) and Substance Use Disorder (SUD) impacting families and women in multiple ways. Community level impacts include increased workforce shortages, babies born exposed to substances in utero, growing foster care placements, and stresses on criminal justice and healthcare systems. Individual and family impacts include criminal justice involvement, job loss, increased adverse childhood experiences, increased physical and economic pressures for caring for family members struggling with SUD, as well as their dependents, and loss of family members to substance-related fatal overdoses (Demeria, 2017). To make matters more urgent, SUD has been exacerbated by the COVID-19 pandemic, as multiple studies have now demonstrated the correlation between the social conditions of COVID-19 and the increased rates of use, relapse, and other related risks of OUD and SUD (Alexander et al., 2020; Khatri & Perrone, 2020).

As measured by overdose rates and incidence of neonatal abstinence syndrome (NAS),¹ women in Southwest Virginia have been dramatically impacted by the opioid epidemic in direct and indirect ways – many personally suffering from SUDs, and others assuming additional caretaker responsibilities related to family members with SUDs. Responding to rapidly growing rates of foster care placements and other family interventions related to the opioid crisis, state and local human services agencies, including those in the RESTORE partnership, have adopted strategies to improve coordinated services for families affected by OUD/SUD including trauma-informed care, integrated care plans for mothers with OUD and their children, and expanded SUD treatment coverage access (Normile et al., 2018). In Virginia from 2013-2017, women comprised 34.6% of opioid overdose incidence. While this data is not available for the Southwest Virginia regions separately, the high incidence of NAS rates indicates that

¹ **Neonatal abstinence syndrome (NAS)** includes physical and developmental conditions that negatively impact a baby exposed to substances in utero.

OUD among women in this target region is likely higher than the state rate. Additionally, while overdose rates in Virginia declined from 2016-2017, NAS rates increased 11% in Virginia and 31% in the Southwest Virginia region (VHHA, 2018). Since the onset of COVID-19, overdose rates increased dramatically in the region, with Roanoke City rates more than doubling, and most other localities in the region seeing at least a 50% increase in 2020 from 2019 (VDH, 2021a).

Workforce Development, Women, and SUDs

A critical component of OUD and SUD recovery is the role of meaningful and sustained employment in a supportive work environment. This includes meaningful employment for individuals in recovery, as well as for individuals who are supporting a family member struggling with a SUD, and a work/life balance that supports a healthy lifestyle and family engagement (Back et al., 2011). It has been well documented that women face gender specific issues when overcoming the challenges of a SUD, including increased likelihood of family history of SUD, substance use that is related to gender-specific trauma or stress, SUD that is co-morbid with mental health disorders, increased medical complications, and increased stigma of seeking treatment (Tuchman, 2010). These factors also present barriers to employment, and for women with a SUD, employment is strongly linked to the ability to sustain recovery (Bowden & Goodman, 2015).

Employment remains one of the most viable factors in alleviating and facilitating recovery for women with SUDs (Bowden & Goodman, 2015). Barriers to employment for women with OUD include logistical barriers such as childcare and transportation, inadequate training and education, and the need for ongoing treatment, often involving medication assisted treatment (MAT) scheduled during standard work hours.

The existing research strongly indicates that one of the barriers to employment that women face is having to perform “invisible labor,” such as childcare (Clawson & Gerstel, 2014; Hochschild & Machung, 2012). Time constraints with gendered work are significant because they create fiscal and social setbacks for women regardless of diverse socioeconomic backgrounds (Stone & Hernandez, 2013). Invisible labor, domestic labor and child-rearing become barriers to re/enter into employment, in part because they are not formally accounted for as labor. Silent or invisible forms of labor, compounded by SUDs, effectively challenge re-socialization for women who lack the necessary support structures to manage multiple forms of labor during active use, treatment, and/or recovery from a SUD.

Wattanaporn and Holtfreter's (2014) research indicates an urgency for gender-responsive policies and correctional programs. Their findings show that women's exposure to an environment conducive to SUD/OUD creates pathways for offending. This implication is also transgenerational for girls and young

women growing up in an environment exposed to criminal activities associated with SUDs (Widom & Osborn, 2021). Building on these findings, TAP has developed interventions through RESTORE to help address these challenges and barriers and to improve employment opportunities and experiences for women impacted by the opioid and substance use crisis in the service area.

Stigma, SUD/ODU, and Barriers to Employment

Standardized or normalized language in healthcare may reinforce the stigmatization of treating SUDs (Zwick, Appleseth, & Arndt, 2020). Stigma and SUDs are particularly more pronounced in minority populations (English, Rendina, & Parsons, 2018). Tyler & Slater (2018) have shown economic disparity is a generative source of stigma-driven mental health disorders, which are closely intertwined with substance use. Given this finding, it is important to situate how barriers to employment do not deter criminal behaviors associated with SUD/ODU, but rather may exacerbate the cycle of addiction.

Barrier crimes negatively affect the process of employment, particularly in Virginia (Masters, 2021). From peer recovery specialists to individuals newly in recovery, laws that establish criminal backgrounds for nonviolent, drug-related charges create barriers to employment (Masters, 2021). For many, “Virginia goes above and beyond in the length and restrictiveness of its barrier crimes laws” (Masters, 2021, n.p.). By restricting certification and licensing to peer recovery specialists (PRS) without criminal histories, for example, an effective and relevant employment pathway is blocked, reducing the number of people trained to use their lived experience in recovery to help others and limiting the employment options available to those individuals with a history of SUD and related criminal activity.

Training in healthcare can be a valuable pedagogical resource towards SUD recovery because it may cover the subject matter extensively as part of the training curriculum (Naegle, 2002). However, healthcare certification programs may not accept applicants with a criminal background and have more stringent drug testing requirements. Continued education in general, and especially having a college education, matters with regards to re-entry to society or as a means by which to improve one’s socio-economic status. Research has shown there is a relationship between increased education levels and decreased criminal activity, with the exception of white-collar crime (Groot & van den Brink, 2020).

Geographic and Demographic Context for RESTORE

From October 2019 – September 2021, the RESTORE program served the Greater Roanoke, New River Valley (NRV) and Alleghany Highlands communities in Southwest Virginia, which are some of the most heavily impacted statewide by the opioid epidemic, and whose human services agencies have

collaborated in finding strategies to reduce the community, family and individual effects of the crisis.² The program will continue following up with participants through September 2022, to provide additional supports that may be needed and to collect information on participant progress. The Greater Roanoke region is comprised of the Cities of Roanoke and Salem, as well as Roanoke, Botetourt, Craig, and Franklin Counties. The New River Valley is comprised of Floyd, Giles, Montgomery, and Pulaski Counties and the City of Radford. A subset of the Alleghany Highlands region served consisted of Alleghany County and the City of Covington. The RESTORE program focused on the localities within the New River/Mount Rogers and the Blue Ridge workforce areas.

Figure 1 provides a map of the target area and highlights the opioid overdose incidence rates. In addition to high rates of OUD, the target region also includes many disadvantaged communities based on lower median incomes, low educational achievement and high rates of underemployment (U.S. Census Bureau, 2019). Tables 1 and 2 provide a summary of SUD and OUD indicators that point to rates in Southwest Virginia that are significantly higher than state and national rates. Southern Virginia is also part of the "virtual opioid belt," which was identified in *The Washington Post* study of opioid overdose deaths and the disproportionate number of opioid pills prescribed per person per year in this region (Horwitz et al., 2019).

Connected by the I-81 corridor, the target regions have experienced the epidemic in divergent ways. The New River Valley has been impacted more by prescription opioids, whereas overdose rates in the Roanoke Valley have been attributed primarily to heroin and illicit fentanyl. In both the Roanoke and New River Valleys, the rates of NAS far exceed the state rate, particularly in Pulaski County in the New River Valley, which had a rate as high as 53 per 1,000 live births in 2017 (VDH, 2021b). Additionally, the region has struggled to recover from the loss of manufacturing jobs and where employment opportunities are available, employers are often frustrated by high rates of applicant drug screens testing positive for illicit drug use. The proposed interventions provided by RESTORE seek to bridge this gap primarily by teaching participants how to advocate for themselves and their treatment needs in the workplace and prepare themselves for employment and recovery, where applicable.

² The New River Valley is served by the New River/Mt. Rogers Workforce Development Board, the New River Health District and New River Community Services Board. The Roanoke Valley is served by the Western Virginia Workforce Development Board, the Roanoke City and Alleghany Health Districts, and Blue Ridge Behavioral Healthcare.

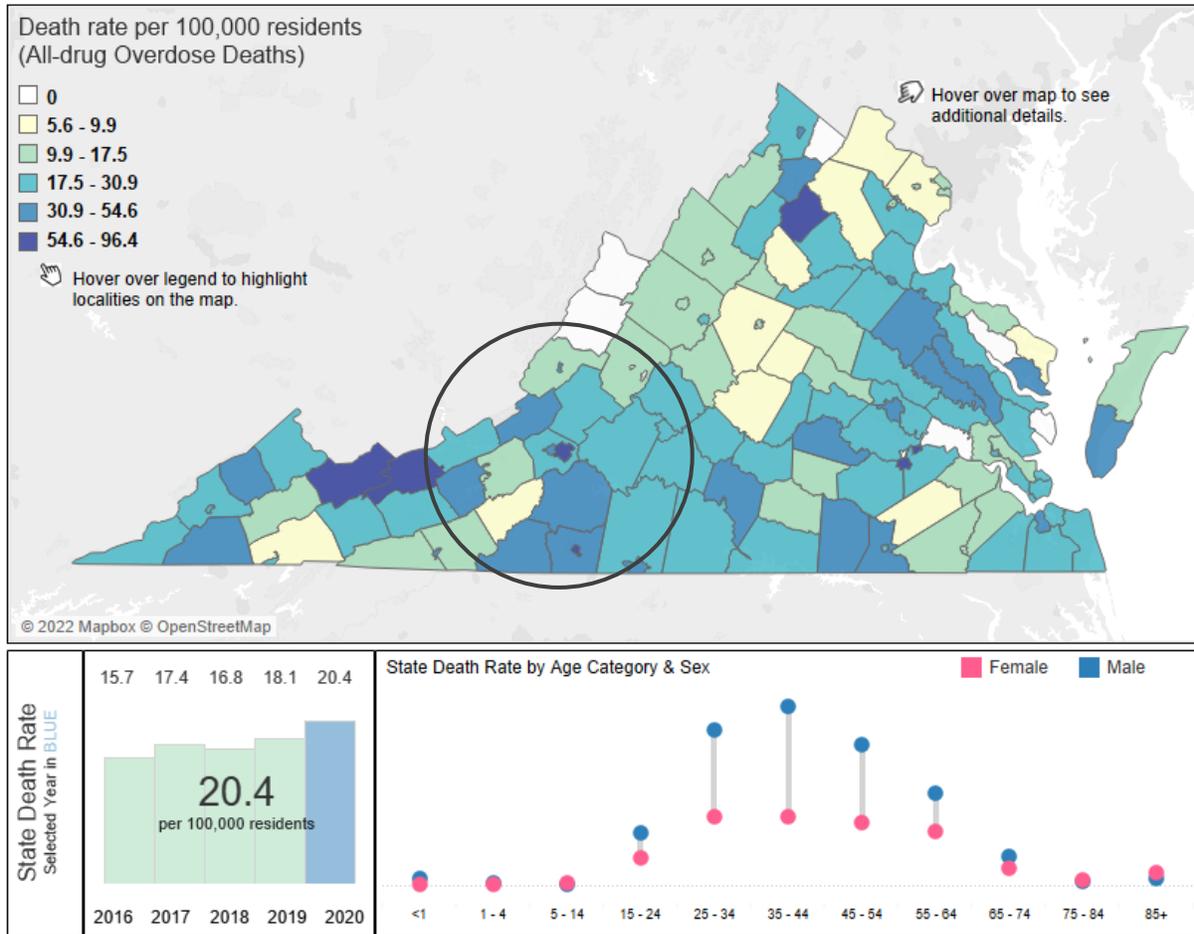


Figure 1. Deaths per 100,000 residents from all drug-related overdoses (VDH, 2021a).
Region of focus is circled.

Table 1. Opioid Crisis Impacts in the Service Area						
Reporting source	Emergency Department		Hospital Discharge	Overdose Deaths		Opioid Rx Rankings (CDC, 2017)
All Ages	<i>Heroin Overdose</i>	<i>Opioid Overdose</i>	<i>NAS rate</i>	<i>Fentanyl/ Heroin</i>	<i>R_x</i>	
<i>Virginia</i>	17.8	102.6	6.7	11	5.9	123 VA localities
<i>New River Valley</i>	9.2	112.6	20.9	5.2	10.6	Pulaski – 25th
<i>Greater Roanoke</i>	60.3	197.5	7.4	15.5	5.3	Salem – 9th
<i>Alleghany Highlands</i>	9.6	73.8	~	21.3	27.2	Covington – 7th

Notes: From Virginia Department of Health (VDH): 2017 Overdose Rates (per 100,000, all ages) and NAS Rates (per 1,000 live births); Cells in red are higher than the state rate each year.

Rx = Prescription; ~ = Non-birthing hospital

Table 2. Rate of All Fatal Drug Overdoses by Locality of Injury and Year of Death, 2007-2019 (per 100,000 population) for RESTORE Service Area Compared to the State

Locality	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<i>Alleghany County</i>	6.1	6.2	6.2	12.3	0.0	24.6	0.0	12.6	12.9	38.5	13.2	6.7	6.7
<i>Bath County</i>	0.0	0.0	0.0	0.0	21.5	21.5	0.0	0.0	0.0	0.0	0.0	23.3	0.0
<i>Botetourt County</i>	0.0	6.2	6.1	6.0	9.1	12.1	9.1	12.1	11.9	12.0	9.0	21.0	9.0
<i>Covington City</i>	0.0	0.0	16.3	0.0	16.8	0.0	17.2	17.2	16.1	0.0	90.4	0.0	18.1
<i>Craig County</i>	0.0	19.7	40.2	38.5	0.0	0.0	0.0	0.0	0.0	19.4	0.0	0.0	0.0
<i>Floyd County</i>	20.5	13.5	6.7	13.1	6.5	6.5	12.9	12.8	6.5	6.4	12.7	6.3	6.3
<i>Franklin County</i>	7.8	15.5	15.4	12.5	23.0	19.5	12.4	14.2	8.9	26.8	19.5	30.3	19.6
<i>Giles County</i>	11.6	23.2	17.3	17.4	17.5	47.3	23.6	17.8	17.5	23.7	35.6	0.0	6.0
<i>Lexington City</i>	0.0	0.0	14.5	14.2	14.3	0.0	0.0	0.0	0.0	14.2	0.0	14.0	13.4
<i>Montgomery County</i>	13.5	14.4	14.3	8.5	15.9	8.4	9.4	10.3	7.1	15.2	15.2	9.1	12.2
<i>Pulaski County</i>	34.2	31.4	37.1	34.4	31.8	5.8	20.3	26.2	17.2	32.2	32.2	20.5	41.1
<i>Radford City</i>	6.2	24.8	24.7	30.5	6.1	30.0	11.6	5.7	0.0	11.4	11.3	5.5	11.0
<i>Roanoke City</i>	16.2	15.1	22.2	20.6	19.6	22.6	28.4	23.1	28.1	17.1	49.1	56.0	46.4
<i>Roanoke County</i>	4.4	11.0	5.5	11.9	7.5	10.8	8.6	16.0	10.7	17.0	25.6	22.3	15.9
<i>Rockbridge County</i>	4.7	9.3	9.4	22.4	13.4	0.0	4.5	4.5	18.0	4.5	8.8	13.2	13.3
<i>Salem City</i>	7.9	23.6	15.7	16.1	16.0	28.0	19.8	27.5	11.8	23.5	34.8	19.5	31.6
<i>Virginia (State)</i>	9.3	9.5	9.0	8.6	10.1	9.8	11.1	11.9	12.3	17.0	18.1	17.4	19.0

Note: Cells in red are higher than the state rate each year.

In the Roanoke and New River Valleys, community human services agencies, nonprofits, health care systems, policy makers, and other stakeholders have begun mapping out strategies for a coordinated response to address the crisis. The Roanoke Valley Collective Response (RVCR) is one such group that has been working across the continuum of services to identify strategies and has recognized the symbiotic relationship between OUD and the negative impact on the work force, as well as the critical importance of employment in individual recovery. Once in recovery from OUD, individuals often need employment accommodations that enable those with drug related criminal charges to be hired at the onset, and once hired, that support ongoing recovery services. As noted above, research has shown the correlation between unemployment and crime (Wilson, 2011), including substance-related crime such as theft to finance a SUD or possession of illegal substances (Confer et al., 2021). Previous criminal record(s) may be a limitation contributing to the precarity of the employment situation for women with SUDs, further highlighting the importance of the RESTORE project that serves the Greater Roanoke, New River Valley (NRV) and Alleghany Highlands regions.

Though Greater Roanoke and the NRV have been greatly impacted by the opioid crisis, both still have strong labor and employment markets, making them both a good fit for the goals of the RESTORE program (Virginia Career Works, n.d.). The Alleghany Highlands is similar to other rural areas hard hit by the crisis, where local economic conditions do not support a strong labor market; yet, there are industries with shortages of workers, in part due to the opioid crisis. RESTORE's targeted training has focused on in-demand skills, primarily in manufacturing.

Evaluation Methods and Findings

This section of the report describes the interview and survey methods used for the RESTORE program evaluation. Findings from the interviews have been integrated with the survey results, below, by general topic, including: Overall Program Elements, Job Training and Employment, Participant Experience, and Recommendations.

Methods

Interviews

Virtual interviews were conducted following verbal consent with RESTORE program leadership and staff (n=6), training providers (n=4), and a single participant (n=1). In-person, small group participant interviews were also held at the Roanoke Higher Education Center including a total of 12 participants over two sessions. RESTORE participants who completed an interview (n=13) received a \$20 incentive, and a gas card and refreshments for those who participated in person. In-person participants completed

a basic demographic survey indicating that all identified as female, 25% were 18-25 years old, 25% were 26-30 years old, 25% were 31-40 years old, 8% were 41-50 years old, and 17% were 50-65 years old. More than 40% of the participants were Black or African American, 30% were white or Caucasian, 16% were Asian or Asian American, and less than 10% identified as multiracial. More than 65% of in-person interviewees lived in a household with only one person contributing to the total household income, 16% with two people contributing, and 16% with three or more people contributing. Finally, more than 40% of interview participants had no dependents, 16% had one dependent, 33% had two dependents, and less than 10% had three or more dependents.

All interviews were recorded and transcribed for thematic coding and analysis, resulting in more than fifty codes. Codes were developed *a priori* based on the program goals and from the literature, as well as generated through constant comparative analysis during iterative coding across the interviews. Codes were then organized to summarize program features, challenges and opportunities, and overarching recommendations.

Surveys

All participants were asked to complete a voluntary, online survey, with the link sent to them via text or email by career mentors and RESTORE staff. In May-June 2021, the survey was sent via email to 174 participants and a follow-up text message was sent to 85 participants who had cell phones. The follow-up reminder message improved the response rate, totaling 61 completed surveys. Survey respondents received a \$10 incentive for completing the survey. From the participant survey results, 51 could be linked to the administrative dataset by name. Incomplete responses were retained for surveys more than a quarter completed (n=9). For the following analysis, responses from all 61 surveys are considered, except where specifically noted. A majority of survey responses reflect the participant experience in Roanoke (n=59) versus Alleghany Highlands (n=2), with none from the New River Valley. A little under a third of survey participants received career services alone (n=19), whereas 69% received both career services and job training (n=42).

Overall Program Elements

The RESTORE program provides job training and employment services to women impacted by SUD. The duration of the RESTORE program varies, typically lasting from four weeks for the participants to get initiated and connected to resources, up to several months depending on if the participant engages with a training program as well as the employment readiness services. Participants remarked that exposure to a diverse cohort of people during RESTORE, as well as hands on practice during their

training program, prepared them for the jobs to follow. During orientation, participants noted there was some redundant paperwork that needed to be completed, asking for the same information repeatedly.

RESTORE participants describe their needs and employment interests during the initial screening and intake process. Career mentors help them to prepare resumes, access resources, and begin training where relevant. Career mentors emphasize the importance of soft skill development, such as being on time, speaking professionally, navigating ethical or social problems at work, and so on. Some participants need minor help getting set up in a job whereas others are starting from scratch in pursuing a new career. Participants remarked how mock interviews, resume development, and conversations about job options in different settings (e.g., hospital or private practice) helped them feel more confident about the employment process.

“I liked the preparations for interviews because I've never interviewed for a medical position before. A *real* position. And so that was really helpful to know that you need to research the job and you need to know all this other stuff. You need to have questions and answers ready for the [hiring team]. Because my only other real job before this was when I was in high school. It was for a retail company. So, they asked me questions like, ‘What's your style?’ not like, ‘What tasks can you perform? Name a time when you did this and—.’ It was very helpful.”

- A participant reflects on the mock job interview process

The program integrates elements of communication throughout the participant experience, to keep participants engaged to be successful. Touchpoints begin following the screening process and attendance at orientation. Career mentors schedule regular check-ins, and incentives such as gas cards are provided. Poor attendance at these touchpoints typically indicates to the RESTORE staff that the participant is probably not ready to engage with and complete a job training program. As with being successful in recovery from SUD, participants must have internal motivation and have identified the will within themselves to succeed, in conjunction with the support they receive from career mentors and other program staff. In some cases, they may desire to complete the program successfully but life circumstances are too overwhelming for them to do so at that time. Career mentors help participants navigate this question during intake to evaluate if they are ready for the program.

“I would say the screening process was good. My career mentor helped me out a lot with that and orientation went well because I got to meet some of my classmates. In terms of life skills or career skills, they were telling me how I should dress or maybe what I should say or helping me with resumes. Financial support was provided with the gas and child care and any other kind of need that I might have, because I was working before I started the class, so they helped out a couple of times with some things between the class [and my next job]. With my individual career plan, my training provider and career mentor both made sure that they sent me job offers that they'd seen. My training provider was a reference for me and I used it in one or two interviews before I got hired by the second job. So apparently, they did a good job getting me ready.”

- A participant reflects on the RESTORE program elements

Referrals to the program from Young Adult Life Enhancement (YALE) and Youth Build were generally beneficial, to better connect TAP’s programming across departments. However, the younger, less experienced RESTORE participants who were referred from these programs needed additional structure and mentoring to succeed. Due to lack of knowledge regarding professional expectations, RESTORE established a signed agreement with participants and RESTORE training providers and staff outlining professional standards of communication and performance.

According to multiple stakeholders, key participant barriers include: knowledge of resources, access to childcare, transportation and housing. RESTORE will cover the cost of training and other financial essentials, which can remove a huge barrier to participation. RESTORE participants are screened to help identify those few without health insurance and give them access to information about free or reduced-priced medical care, or to enroll in VA or Medicare-Medicaid health insurance programs if they qualify.

Participants also receive cash incentives as they reach milestones throughout RESTORE, such as when they gain employment and maintain it at the second and fourth quarter following completion of the program. These check-ins provide follow-up information to evaluate longer-term program efficacy. RESTORE staff report these incentives are moderately helpful in keeping participants engaged.

Participant follow-up after their completion of the program has been difficult where the participant chooses to discontinue communication. TAP cannot help them further in these cases and also can’t measure longer-term program outcomes, such as if there were any improvements to their Crisis to Thrive scores or employment successes.

By providing flexible funding assistance, RESTORE averted the typical agency response of “teaching participants to beg” for various resources across several organizations, according to a RESTORE staff

member. This allowed participants to focus their energies on employment-related goals instead. Research has found that when receiving assistance, burdensome paperwork and hoops overwhelm participants' decision-making capacity. The administrative requirements distract from clients realizing the actual program goals, such as continuing education or finding better employment (Gennetian & Shafir, 2015).

“To better yourself, and the fact that RESTORE is helping you achieve that goal without the worry of paying so much money [for training], because we do need medical people in the field and social workers everywhere. The fact that they're helping us achieve that goal without our having to worry about the financial aspect of it is awesome.”

- A participant describes the importance of financial support in order to focus on the training goals

A majority of survey respondents said that all of the program elements were very or extremely helpful, where applicable (Table 3), including the individualized career plan. RESTORE sets up an individual career (and oftentimes also a funding) plan with each participant to address all of the steps needed to meet their goals. Career mentors encourage and remind participants to fulfill the plan. RESTORE also helps its participants with short-term financial and logistical needs to meet that plan, such as paying for housing, transportation, or identifying childcare, or even items such as getting an ID or birth certificate for professional purposes. As one RESTORE staff member noted, “Dave Ramsey calls it ‘The Four Walls.’³ Make sure your four walls are stable, that your basic needs are met and that you have the things you need to be able to move forward with the goals you really have. That's been really unique about RESTORE. And I think it's not something we evaluate. It's not something we track. But it's something that has really helped a lot of the clients we've served.”

³ The [four walls](#) to prioritize in a family budget include 1) food, 2) utilities, 3) shelter, and 4) transportation (Ramsey Solutions, 2021).

Table 3. How helpful were the following RESTORE program elements on a scale of 1 (not at all helpful) to 5 (extremely helpful)?

Program Element	1 - Not at All Helpful	2 - Slightly Helpful	3 - Moderately Helpful	4 - Very Helpful	5 - Extremely Helpful	Not applicable to me
Screening & assessment (n=58)	0%	3.45%	8.62%	18.97%	67.24%	1.72%
Orientation process (n=56)	1.79%	3.57%	10.71%	16.07%	64.29%	3.57%
Life skills development (n=56)	3.57%	0%	16.07%	16.07%	62.50%	1.79%
Career development skills (n=55)	0%	1.82%	3.64%	23.64%	67.27%	3.64%
Identification of your financial needs (n=56)	0%	7.14%	12.50%	17.86%	58.93%	3.57%
Financial support provided by the program (n=54)	0%	1.85%	1.85%	16.67%	75.93%	3.70%
Tuition assistance (n=55)	3.64%	1.82%	3.64%	14.55%	70.91%	5.45%
Childcare assistance (n=55)	1.82%	0%	5.45%	7.27%	50.91%	34.55%
Individualized career plan (n=55)	0%	3.64%	9.09%	23.64%	58.18%	5.45%
The RESTORE program overall (n=55)	0%	3.64%	1.82%	23.64%	70.91%	0%

When asked **how respondents will use their career plan to guide their career**, survey responses (n=43) were numerous and varied. Many participants noted they participated in RESTORE and will use the career plan as a stepping stone to further their education in programs such as registered nursing, dental hygiene, etc. Selected responses included:

- “As a timeline or outline to become a better me and improve my pay and employment.”
- “To use the tools around me to constantly move forward.”
- “I already had a career plan in place, but I got off track due to a relapse. I am currently working on my MSW and waiting tables to get me through.”
- “I don’t have a career plan. I wanted to do the CNA and I almost started, but then was told, ‘No, you’re not going to start.’”
- “Staying focused and reminding myself of my goals.”
- “Keeping it close and rereading it... also, calling my mentor to keep in touch with her.”
- “I use my career plan every day of my life. I refuse to get off track. I'm so excited for our future. I'm very appreciative of every individual I met in the RESTORE program. Thanks just isn't enough!!”

Career Mentors

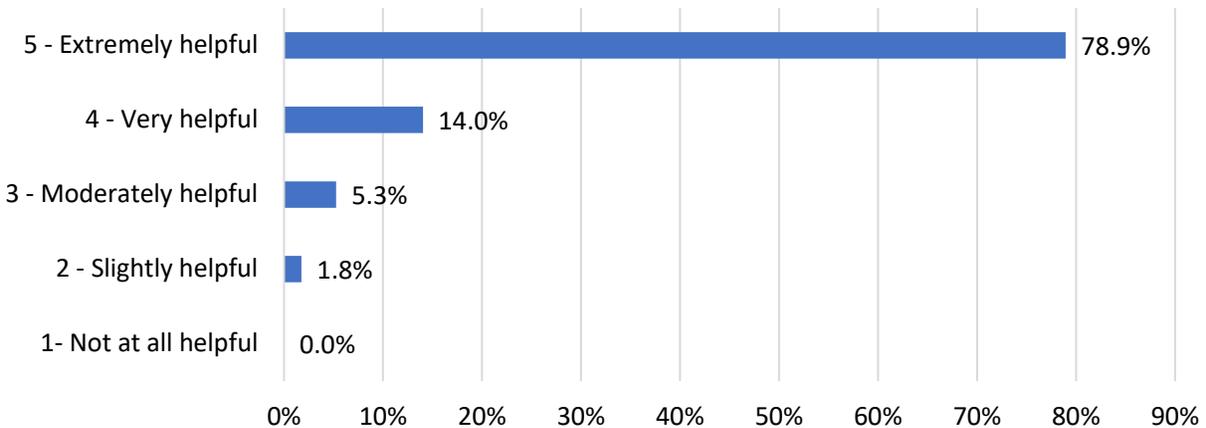
Career mentors were selected to work for RESTORE based on previous employment and lived experience helping individuals released from incarceration, struggling with SUDs, involved with workforce programs like Virginia Career Works, and/or helping the target population through other TAP programs, such as SwiftStart. Several of the career mentors were pursuing additional training in medicine, social work, and SUD-related support services at the time of the evaluation.

Participants work closely with their career mentor. The career mentors provide job coaching and soft skills development, identify and line up resources, and hold participants accountable in completing the program. Importantly, their approach is very individualized and accessible. As one career mentor noted, “I don't want them [my participants] to feel like a number, that they can only be mentored between these hours, and then I don't think about them anymore.”

From the participant interviews, career mentors were noted as being very supportive – weekly contact with the mentors was helpful in providing the opportunity to regularly discuss challenges and successes. Two participants noted that they hoped to stay in contact with their career mentors even after finding employment, and several group interviewees noted their mentors helped with managing finances and getting materials they needed for work, such as scrubs and shoes. Career mentors have provided follow-

up support, even if a participant has formally completed the RESTORE program. One mentor described it as a “full circle” of support. A majority of survey respondents rated their experience working with their career mentor as very or extremely helpful (Fig. 2).

Fig. 2. Please rate your experience working with your career mentor. (n=57)



Survey respondents provided more context regarding **their experience working with their career mentor** (n=42), including comments that were overwhelmingly positive and that indicated multiple types of support were provided, from financial resources to encouragement and motivation. Selected responses included:

- “Always kept me up on things and if I needed something, she tried to help as much as possible.”
- “Always willing to help and check on me, and believes in me still.”
- “Helped with any questions promptly. Helped with resources and financial difficulties.”
- “Helped with gas to get to and from, helped with my resume and shared encouraging words when I thought I couldn’t do the fast-paced class.”
- “Jennifer was the best. She was thorough about the whole process. She answered all calls, texts, and questions I had about the program. She even sent me information about things that could benefit my family, different resources that could help. Jennifer is the bomb.”
- “My mentor was consistent. She motivated and allowed me to do it on my own. She believed in me and assisted with useful resources to ensure I succeeded. She is still there if I have questions. Resourceful and genuinely good hearted.”
- “Ms. Williams (Kimberly) is the best caring lady you can ever meet! Thank you!”

- “She helped me become an adult again for a few years I trapped myself in my room and gave up any responsibility I had. I just gave up, but she believed in me.”
- “She helped me to access helpful tips and training to become very determined. She also helped me to not get discouraged and remain positive through the whole program.”
- “She is a beautiful soul and always there to help and talk.”
- “She really went above and beyond and tried to help me in any and every way she could, even when I made it very, very difficult - she still never gave up on me. It was my own shortcomings that halted my own advancement for success.”
- “They are an awesome team, and my career mentor Kimberly Williams helps me a lot with everything, each step that I have done was with her help. Carolyn helps me a lot with childcare and I’d like to say that everyone on that team is amazing and very professional with their job!! THANK YOU SO MUCH - ALL OF YOU!”

Job Training and Employment

RESTORE participants may have engaged with a job training program, and training programs in healthcare were among the most frequently attended. Training providers report that participant self-confidence increases as they practice their skills, and this translates to other areas of their life, not only influencing their employment success. One training provider said, “The thing you can't really measure is the sense of accomplishment that they have, that self-esteem that comes through. And again, some of the coping mechanisms and the strategies that we use are ubiquitous. They're going to be used not just in the medical field or in the job setting, but they're going to be able to use those in other aspects of their life as well.”

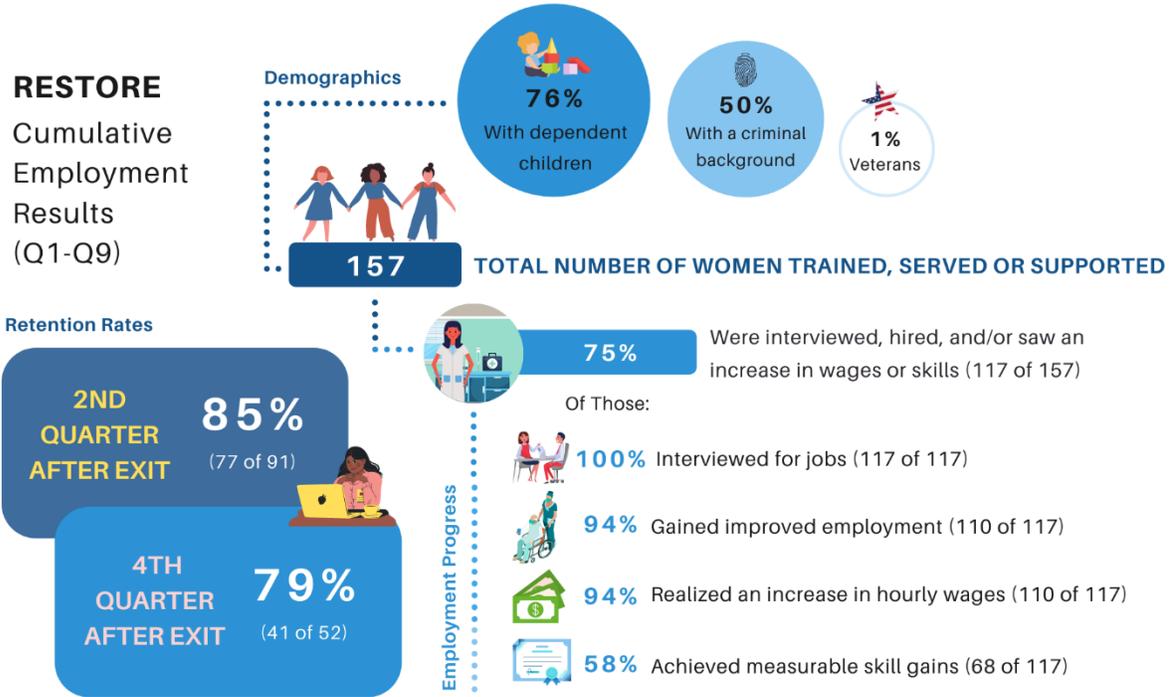


Figure 3. Cumulative Employment Results for RESTORE Participants (Quarter 1-Quarter 9)

As shown in Fig. 3, the RESTORE program trained, served or supported 157 women, a large majority of whom had dependent children and half of whom had a criminal background. Seventy-five percent of these participants were interviewed, hired, and/or saw an increase in wages or skills. More specifically among those, 100% interviewed for jobs, 94% gained improved employment and realized an increase in hourly wages, and 58% achieved measurable skill gains. The employment retention rate in the second quarter after participants exited the RESTORE program was 85%, and in the fourth quarter after exit was 79%.

A healthcare training provider explained that the training course is designed for non-traditional students, to be fairly brief with a clear end goal in sight, such as attaining a credential within several weeks. Participants who have rudimentary reading and writing skills may be further supported with visual teaching aids in order to pass their training program. Training providers report they will accept on a case-by-case basis the students who do not meet the minimum education requirements following an interview to determine their interest and capacity for mastering the skills.

The training also requires students to practice soft skills, such as professional communication, organizing their materials, and showing up on time. Many of the students come in with significant histories of trauma and need practice with basic professional and interpersonal skills, such as how to

treat coworkers with respect and how to become attuned to patient discomfort. Some participants need to learn to navigate personal triggers that may compromise the quality of their work.

“Our training provider touched on being able to just kind of let stuff ride - if a patient is already upset, within five seconds that we enter the room, do not take it personal. It's not about us and they're just projecting things onto us or angry about something else. So, it kind of helped me to really just have more tolerance for [engaging with] groups like that, and with women [in general], because it's a hostile environment working with a lot of women. Women tend to be more emotional. Not only are you doing your job, you're catering to how other people feel since we're in a world where everybody has feelings. Everybody has feelings about everything. They feel some type of way. So not only do we do our job, that's a whole other skillset that we went to school for, now we have to make a conscious decision to be more proactive, be more understanding and compassionate, show empathy, put ourselves in other people's shoes. So, it takes a little bit more than just doing the job.”

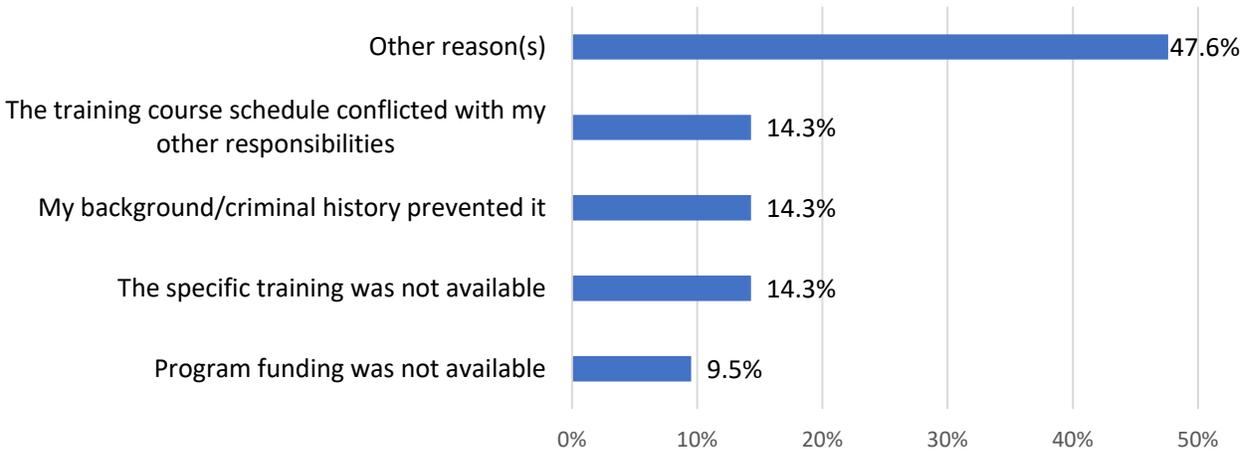
- A participant reflects on the need for soft skills to succeed at work

Some participants experiencing a delay in the process of training to certification to employment had to come back into the RESTORE program for refresher courses and sessions to update their resumes and/or practice job interviews. On the other hand, some of those who experienced certification test delays due to COVID-19 have been able to retain their employment in the interim, to continue building experience until they can test for certification. RESTORE has supported participants to secure job training in new fields, however if the participant decides not to pursue employment in that field for a variety of reasons (e.g., COVID-19 and fear of exposure if trained to work in healthcare), they are supported in finding other forms of employment.

A CNA training provider was able to negotiate interim employment options at Carilion for those participants whose clinicals were delayed. This paid experience helped to bridge the gap until the participants completed their certification. The training provider reported an 80% completion rate, including among those who had to return from work to complete the week-long clinical.

Twenty-one survey participants noted they were unable to do the job training due to various reasons, including schedule conflicts, background/criminal history, or lack of available training options (see Fig. 4).

Fig. 4. If you had wanted to do the job training, but were not able to - why was that? (n=21)



Survey respondents participating in job training represented the CCMA program (50%), the CNA program (33%), manufacturing (2%), and other trainings (14%) including dental assistant, medication aide, and personal care assistant (PCA). A few participants noted they did not complete the training and/or had to change their training program due to COVID-19. Respondents indicated their training was largely classroom-based, with a few participants specifically noting clinical (n=5), hands-on (n=3), on-the-job (n=1), and online (n=1) training options.

98% of respondents rated the quality of the job training they completed during RESTORE as very or extremely useful (n=42). In addition, a majority of participants felt very to extremely prepared to start the job training (Fig. 5).

Fig. 5. How prepared were you to start the job training? (n=42)

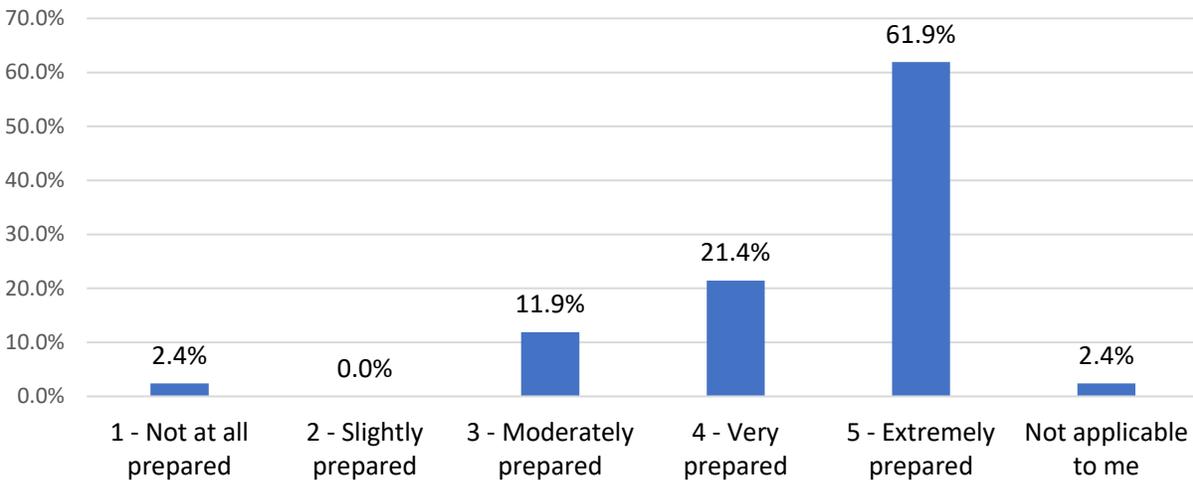
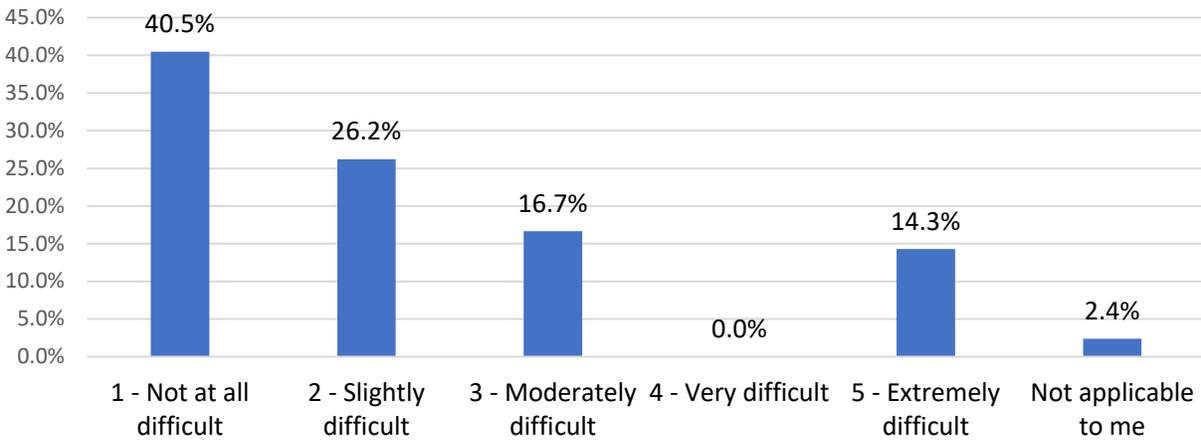


Fig. 6. How difficult was the job training in terms of your ability to keep up with the material? (n=42)



A majority of the respondents who indicated their job training was extremely difficult (Fig. 6) were enrolled in the CCMA program (83%).

Some RESTORE staff report that participants may be favoring CCMA over CNA due to better work hours. Employers seeking those trained as CCMA are preferring those with more work experience, which makes it difficult for newly-trained participants to acquire the requisite experience, particularly during COVID-19.

In rare cases, CCMA training participants have not completed the program due to lack of competency or a positive drug screen. While most who completed the training also gained employment, according to a training provider, some students continued on to additional education for more advanced degrees and certifications. Some of the large healthcare employers, such as Carilion or Lewis Gale, will finance continuing education for staff once hired. There are also some scholarships available in the community college system. Training providers report that many CCMA employees aspire to higher-level roles over time, such as becoming a nurse or radiation technician, once they are comfortable with the basic medical terminology and have mastered the CCMA skillset.

“What I will say is that on the paper that we get, I guess it's in the orientation book, it says CMAs make a certain amount. They do not. It's under. [The CMA training] got me out of unemployment because I lost my job previously due to COVID. I do love my job, I love my coworkers, so I'm not going to go back [to my old job], but I made a lot more money working in a dealership. I was a service writer before. I did that for a year. But I wasn't happy there, so my mental health kind of suffered, and the hours were long because I was on salary plus commission. So, I worked 12 hours a day. I'm working two jobs now to live the lifestyle I was accustomed to before. But I'm getting ready to go back to school for nursing because I'm going to continue my education.”

- A participant compares training and employment experiences, exploring the trade-offs between current earnings, work-life balance and growth potential

Training and Employment Considerations for Participants with a Criminal Background

Participants with past felonies or scheduled drug charges may not be eligible for healthcare fields, though severity and age of the charge can make a difference. Career mentors help these participants to explore the feasibility of a healthcare job as well as other employment options, such as welding. In the case of welding, a RESTORE staff member explained that if the participant has limited transportation to attend the only welding training course at Virginia Western Community College or isn't interested in welding, their training preferences may be difficult to fulfill.

Peer Recovery Specialist (PRS) training may be an option for some. However, barrier crimes and the qualifications to train, including having one year of sobriety, have prevented some RESTORE participants from pursuing the PRS credential. Nonetheless, being trained as a PRS with or without employment, can lead to increased self-confidence, coping skills and empowerment, and may also decrease the individuals' need for mental health services and provide a “sense of efficacy, hope and meaning” (Tate et al., 2020, p. 194). RESTORE staff also explained that getting the PRS certification can open up pathways for other training programs and help participants refine their soft skills for improved life and career outcomes.

“I think reducing stigma and shame is a big one. People talk about how in our training they feel more relieved of their shame and then they feel more empowered to voice who they are and their experience in the community beyond just work as a peer.”

- A training provider describes the benefits of the Peer Recovery Specialist (PRS) training

According to a CNA training provider, there is some ambiguity regarding criminal background status and eligibility for the CNA training. Some employers will hire people with felony drug charges who have the CNA training, whether or not the certifying board has allowed the individual to sit for the certification exam. For those with a criminal background, there may be some risk for them to invest in CNA training due to the chance they won't get employed or be allowed to take the certification exam. Even so, getting the training can facilitate greater employment access and accrued work experience, either for the individual to work in a time-limited, temporary capacity until they are certified, and/or for employers to know the individual has committed to completing the training and has some skills, despite not having the certification. There is currently a high demand for healthcare workers, which has increased the employability of non-certified, trained individuals.

The wage is lower without the certification; for example, a NA can earn \$12.50/hr. versus \$14/hr. as a CNA. As noted above, severity and type of crime matter in these determinations. A CNA training provider remarked, "I've seen more drug charges go through and not be issues. It's really the assault and batteries and stuff like that. For petty larcenies, it depends on the kind of petty larceny. Was it against an individual or a corporation, and what did they [the participant] actually steal?"

Other occupations more accessible to those with a criminal background, such as becoming an electrician, may require specialized and multiple trainings where the participant could lose interest or face additional challenges before they are able to complete the training. Opportunities for warehousing jobs have reportedly increased in the region, however jobs with heavy lifting requirements are not accessible for some people, according to one training provider. Some RESTORE staff report there are employers who are known for being more open to hiring people with criminal backgrounds, and career mentors will make recommendations to apply with these employers if relevant for their participants. For those with a criminal history but not a lot of work experience, starting in food service may be the only option, even if that doesn't appeal to the participant.

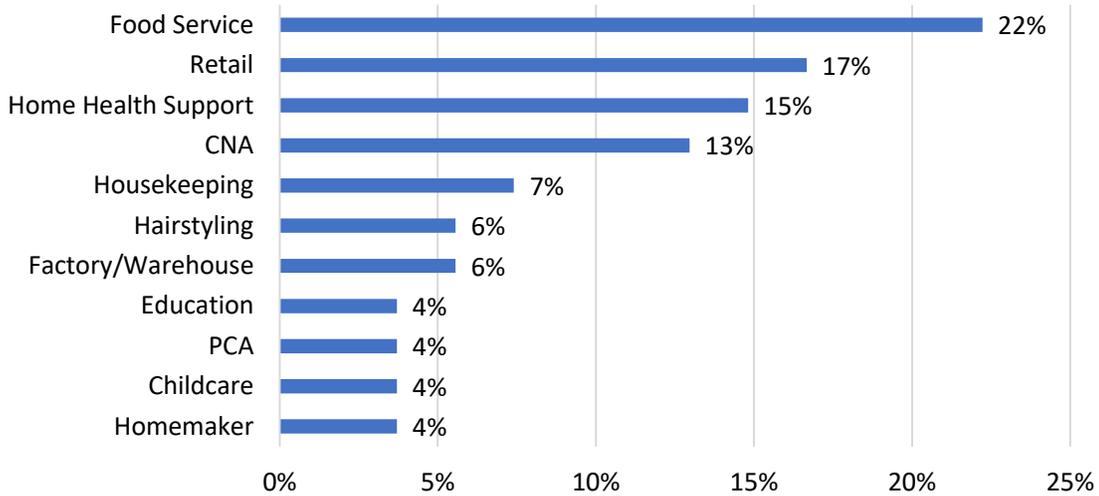
"I would love to see more advocacy in terms of going out to employers and trying to convince them that it's a worthwhile cause to be willing to take on employees with a record."

– A training provider reflects on employer engagement regarding hiring people with a criminal background

Employment Opportunities

Prior to RESTORE, survey participants’ previous job types included positions in food service, retail, home health support and others (Fig. 7).

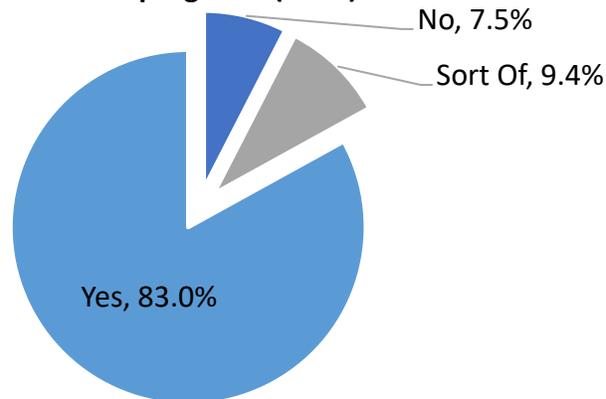
Fig. 7. Previous Employment Position(s) Before RESTORE (n=49)



At the time of the survey reflecting the post-RESTORE experience, 60% stated they were employed full-time, 17% stated they were employed part-time, and 20% of survey respondents stated they were not employed. Full-time job types (n=28) included CCMA (35%), CNA (25%), and four percent for a variety of other types, such as cashier, delivery driver, floor technician, medication aide, operations lead, patient access, and Temporary Nurse Aide (TNA).⁴ Part-time job types (n=7) included delivery driver (29%) and 14% for a variety of other types, such as CCMA, dental assistant, mail service, self-employed, and waitress. A large majority of survey respondents said they felt confident applying for jobs in their field following the RESTORE program (Fig. 8).

⁴ Legislation during the COVID-19 pandemic allowed for expedited training and testing certification of TNAs to become CNAs (“[TNA2CNA](#)”).

Fig. 8. Do you feel confident applying for jobs in your field following the RESTORE program? (n=53)



For those participants who responded “No,” to the question “Do you feel confident applying for jobs in your field following the RESTORE program?”, some reasons included:

- “Because I didn’t get an internship or externship in my area of practice. And I was out of work for two years before RESTORE.”
- “I did not get to go forward with the enrollment and certification training.”
- “I didn’t complete the program.”
- “I have to finish clinicals and I’m pregnant.”

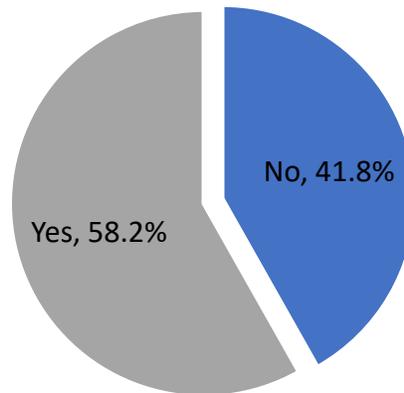
For those who responded “Sort of,” some reasons included:

- “It’s hard to find [a job].”
- “My background might hold me back, but I’m still applying.”

For those who responded “Yes,” some reasons included:

- “I have had hands on training and lots of education about a medical assistant’s responsibilities.”
- “I know I am qualified and prepared.”
- “My career mentor and CNA instructor would be great references due to the fact that they believe in me.”
- “There are many opportunities and the education that I received was excellent.”
- “This program gave me confidence in being interview-ready, having a great resume, and the training I received from the program was great.”

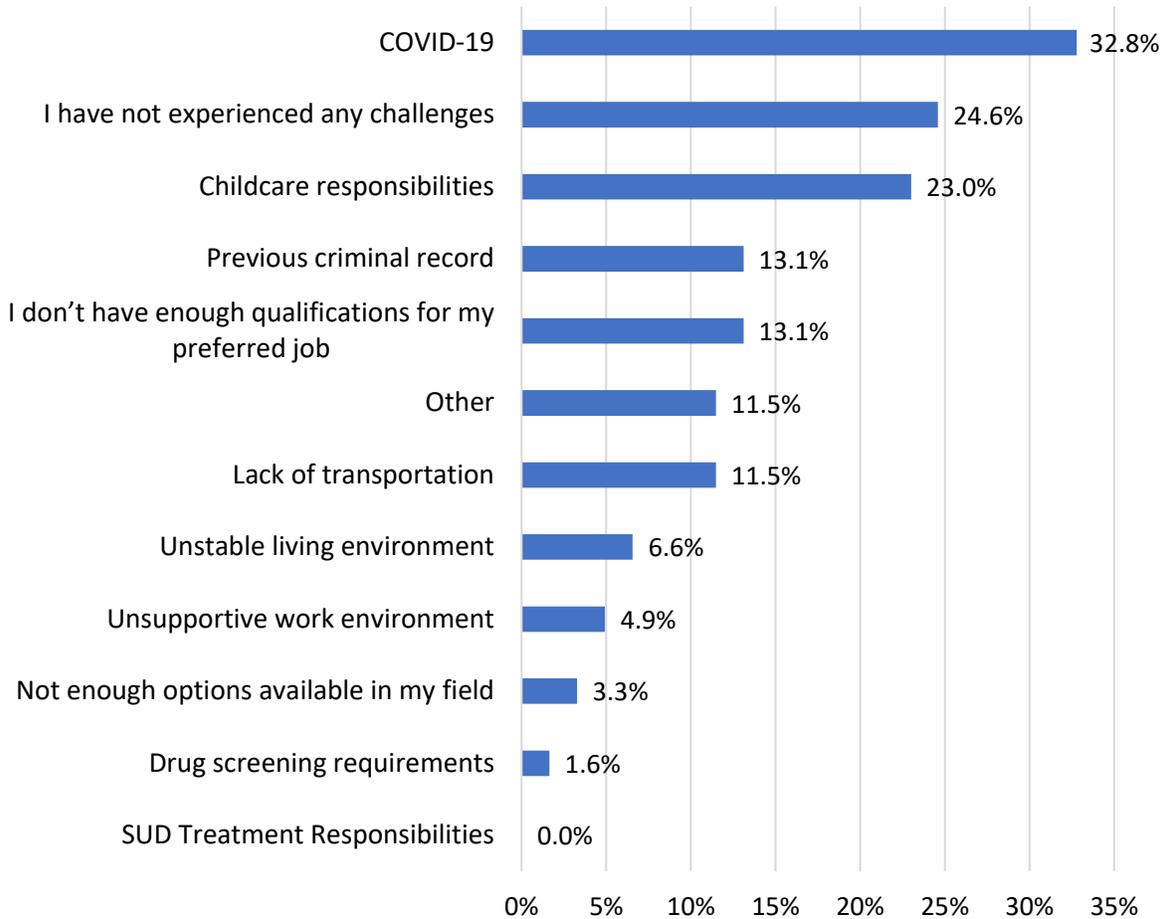
Fig. 9. Did you get access to employment opportunities through RESTORE? (n=55)



A slight majority of survey respondents indicated that RESTORE facilitated their access to employment opportunities (Fig. 9). When asked **how the employment assistance from RESTORE could be improved** (n=28), some of the respondents were unsure or reiterated that this aspect of the program did not need to be improved. Some respondents did not need employment assistance, such as one participant who noted her use of veteran-specific resources available elsewhere. Others provided suggestions, including:

- “Be more aware of mental disabilities.”
- “Provide more help with childcare.”
- “Continue to genuinely care, motivate and assist those who are willing to apply themselves. Don't stop the program, it is necessary for those who need the extra ‘umph.’”
- “Help me fix my resume more for the job I want rather than for a regular resume.”
- “Having a job fair.”
- “Help with more funding.”
- “Make announcements in social media because probably many people don't know about the program and its benefits!”
- “Only thing I would have liked to have seen was more variety in type of occupation training. Lots of medical types but hardly more types outside of that.”
- “Placing students in externships at potential jobs.”

Fig. 10. What have been any challenges to finding and/or maintaining employment? (select all that apply) (n=61)



Survey responses reported that the top challenges for finding and/or maintaining employment were COVID-19 and childcare responsibilities, however a quarter of respondents indicated they had not experienced any challenges (Fig. 10). Other responses (n=5) regarding challenges finding and/or maintaining employment included having a conflicting schedule with a spouse’s work, discrimination against a disability, securing funding for qualifying education, lack of adequate experience, and pregnancy. When responding **whether RESTORE assisted with the above challenges** (n=47), 55% indicated “Yes,” including the following types of assistance:

- “Applying for jobs.”
- “Bus fare, etc.”
- “[Promoting] confidence in myself.”
- “Finding jobs that accept my background.”

- “Getting childcare through social services.”
- “Getting my approval through the nursing board.”
- “Having a partnership with Carilion helped out a lot, despite me just being a regular applicant.”
- “Helped pay for childcare, especially during training.”
- “My mentor introduced me to a career that I didn't think I was capable of achieving, but the encouragement got me through.”
- “Paying for the class.”
- “They helped me with my rent and provided limited Uber and bus passes.”
- “They really did try in EVERY way they could for me. Even went out of their usual offered services and approved assisting me with GED classes and [provided funding for] testing, PLUS the child care assistance for when I needed to attend classes and testing. I just failed on my end with following through by letting personal and mental health issues interfere.”

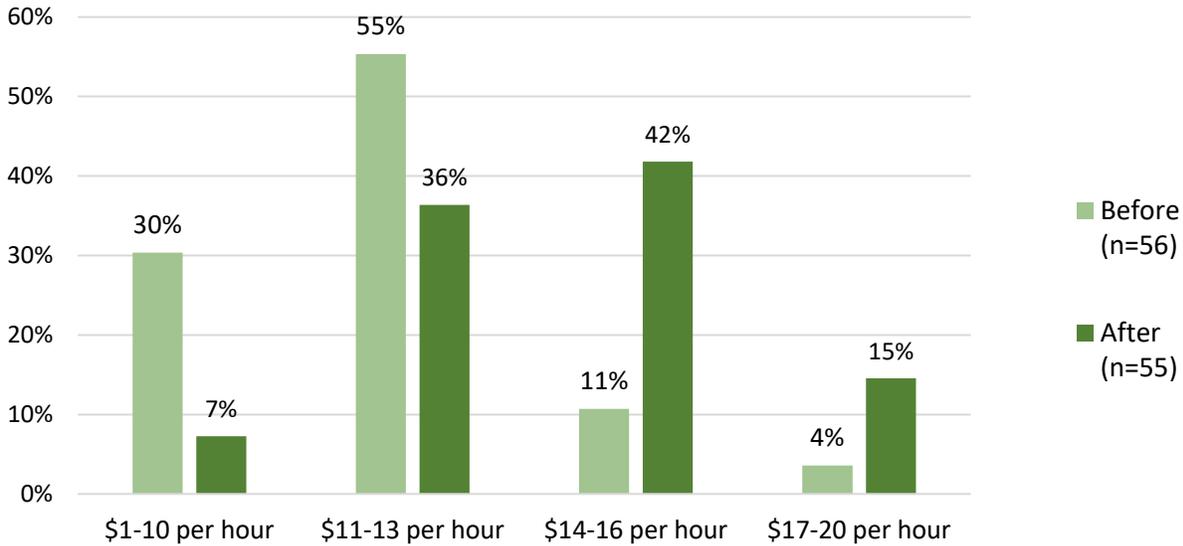
“I'm glad I don't have that struggle anymore. It was more like an income thing, especially working privately or doing healthcare. Even though I was at that job for five years, they're still like, ‘But you don't make enough money,’ and then you make too much money [to qualify for] the places that are supposed to be there to help you. Or there are enough places where I won't lay my head or let my child lay their head either, so. Been there.”

– A participant considers the challenges of the “benefits cliff” and income limits to qualify for assistance, as well as quality of the assistance

Change in Reported Earnings

One indicator of short-term program success is an increase in participants’ reported earnings following their completion of the RESTORE program. Survey respondents did experience some improvements regarding increased hourly wages before and after the RESTORE program, with noticeable increases in the \$14-16/hr. and \$17-20/hr. ranges following program completion (Fig. 11).

Fig. 11. Wage Ranges Before and After RESTORE



Key Takeaways (Fig. 11):

- Before RESTORE, 85% of respondents were making \$13 or less per hour. After RESTORE, that percentage decreased to 43%.
- Before RESTORE, 15% of respondents were making \$14 or more per hour. After RESTORE, that percentage increased to 57%.

Survey respondents who reported earning \$17-20 per hour after RESTORE, a) had engaged with the CCMA training program and were employed full- or part-time as CCMA's (n=3); b) had engaged with the Dental X-Ray technician program and were employed part-time as a Dental X-Ray technician (n=1); or, c) were working as a waitress/server (n=1). Those who reported earning \$14-16 per hour after RESTORE, a) had trained as CCMA's and were mostly working in healthcare (n=10) with the exception of those in food service (n=2), warehousing (n=1), and at a preschool (n=1); b) had trained as CNA's and were employed in healthcare (n=3); and, c) did not participate in a training program but were each employed in healthcare as a TNA, PCA, and medical office specialist (n=3).

Those who reported earning \$11-13 per hour after RESTORE, a) had engaged with the CCMA training program and were all employed as CCMA's (n=6); b) had trained as CNA's and were all employed as CNA's or medical aides in a healthcare setting; c) had trained in customer service and were employed as a PCA (n=1); or, d) did not participate in a training and were working at a senior living center (n=1), in food service (n=1), and an unknown place of employment (n=1). Those who reported earning \$1-10 per hour a) trained in the CCMA program (n=3) but did not report a place of employment; b) trained in the

CNA program and gained employment at Friendship House (n=1); and, c) received training in Occupational Safety and Health Administration (OSHA) but did not report a place of employment (n=1).

These findings are illuminating in that pay for those in lower-skill healthcare positions is not a guaranteed living wage. **Overall, however, the percentage of respondents in the higher wage ranges increased following the RESTORE program, largely for those who had received training in healthcare and were employed in their training field.**

Similarly, survey respondents reported receiving a variety of types of benefits at their current place of employment after RESTORE, including health insurance, paid time off and overtime hours and pay at an increased amount, and contributions to a retirement account (Fig. 12). More than a third reported receiving no benefits, however. A little over half of survey respondents also indicated they had opportunities for advancement in their current positions (Fig. 13).

**Fig. 12. Do you receive benefits at your current job?
(select all that apply) (n=61)**

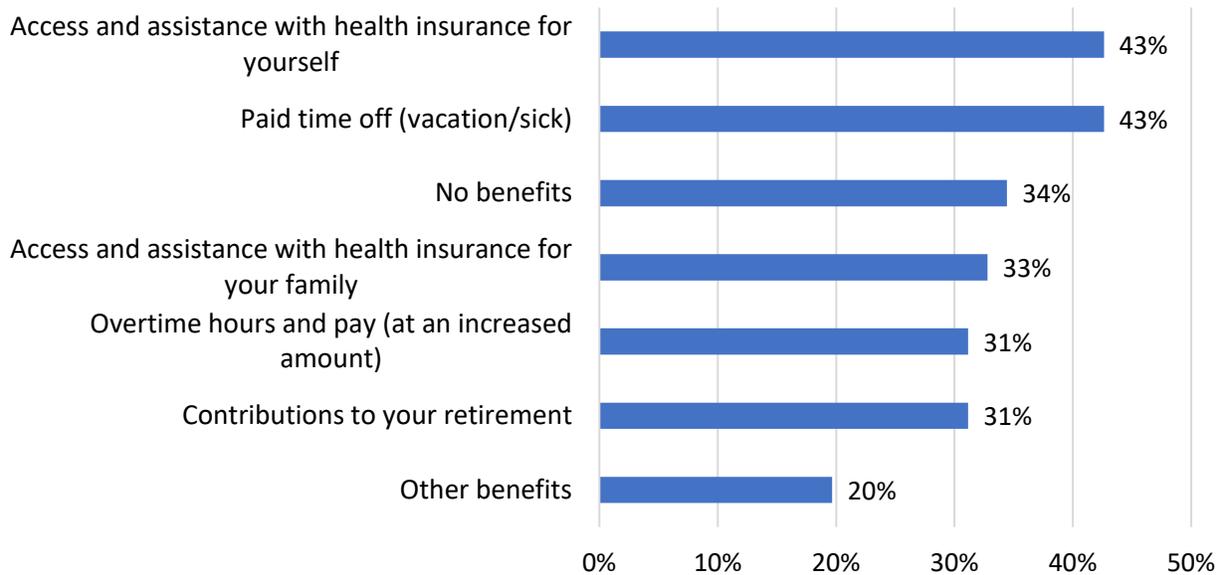
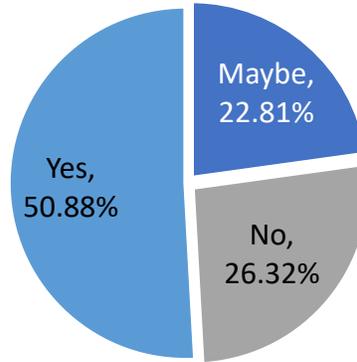


Fig. 13. Do you have opportunities for advancement in your current employment track? (n=57)



Participant Experience

RESTORE supports participants from a variety of age groups; stakeholders report that older participants bring a lot of worthwhile life and professional experience to the program and to their careers, such as in healthcare, that makes them more empathetic towards their patients. One training provider noted that older participants have developed a strong work ethic and are more motivated to change due to past experiences, so serve as good role models for younger participants. On the other hand, younger participants bring a lot of energy and enthusiasm to the training program. “These younger nurses... they can run circles around me. That’s why I love them. But I’m also about the wisdom. And I tell the older students, ‘What you can do is help some people pull together a better work ethic.’ And so, I love the blend of the age groups in my class.”

SUD

Because RESTORE serves women with lived experience with SUD(s) or women impacted by familial and community-level SUD incidence, this theme featured prominently throughout the evaluation. When responding to a question about incidence of a substance use disorder (SUD) (n=53), 20% of survey respondents indicated they have had a SUD, which was defined as any use by them of drugs or alcohol that negatively affected their life. A much higher percentage of respondents (58%) noted that someone in their immediate family has ever had a SUD. For example, interview participants explained how friends and family have self-medicated with a substance to alleviate pain and therefore become dependent on substances for day-to-day functioning.

The program utilized pre-defined screening and eligibility questions when enrolling participants to determine direct and/or indirect impacts of SUDs. Due to HIPAA compliance, program staff did not deviate from these questions, including:

- Do you, a friend, or any member of your family have a history of opioid use?
- Do you work or reside in a community hard-hit by the opioid crisis or can otherwise demonstrate job loss as a result of the opioid crisis?

RESTORE staff noted that in some cases, participants needed clarification on what an opioid was. In addition, it was difficult initially for participants to answer these questions honestly, either because they did not trust the program or they did not fully recognize what aspects of their life had been impacted by SUDs. During the extended intake process and over time, as the career mentors gained the participants' trust and learned more about their lives, they were able to identify impacts more explicitly.

Impacts of SUD on the Individual

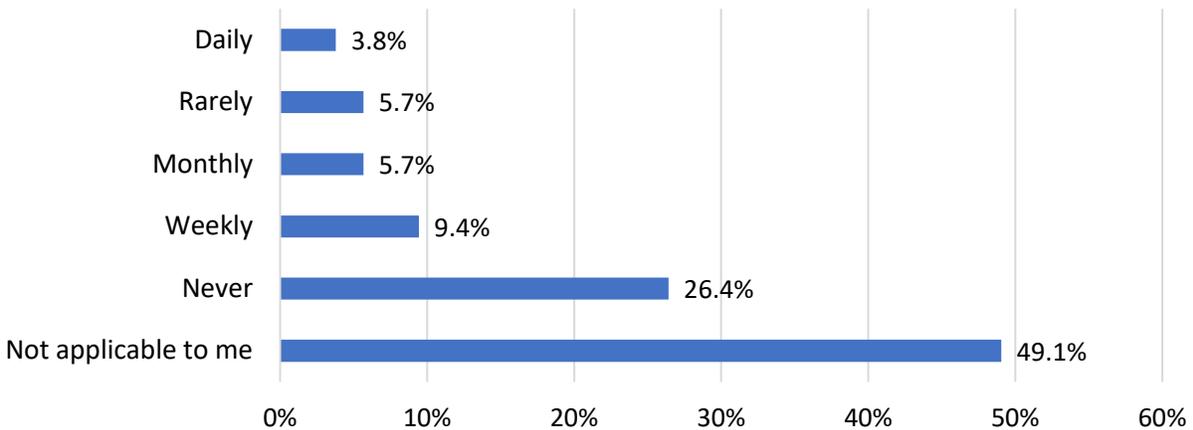
RESTORE staff members report that those directly impacted by SUDs have a harder time finishing the program because they may face challenges related to a criminal background hampering their employment prospects, or they are in and out of residential treatment, which can disrupt an employment schedule. Participants may struggle with holding a job while also attending treatment, counseling, and group meetings to maintain their recovery. Career mentors provided lists of 24/7 resources and MAT and group meetings occurring in the evening for those who had to navigate treatment and recovery concerns around a day job. Mentors also noted that some group and peer-based recovery support resources, such as Oxford House or Narcotics Anonymous (NA), are not always tolerant of relapse despite it being a regular occurrence for people in recovery.

RESTORE staff had regular check-ins regarding how to identify signs of relapse and if participants directly impacted by SUDs were having trouble maintaining their sobriety during the program. Participants have been encouraged during Zoom check-ins with career mentors to explore any mental health challenges and to include their children in the discussion to make the check-ins more meaningful. Participants were also encouraged to connect with counseling and mental health services through RESTORE's organizational partners such as the United Way and Family Services. In addition, RESTORE endeavored to teach participants honesty and dedication to their goals, which is particularly important for clients in recovery who are settling their court fines and who are trying to prove to their employers that they are committed.

“I had a student that had started off working at McDonald's, and she had been a CNA, and her license had lapsed. It lapsed because she had experienced a substance relapse. She recently regained her CNA license, and we helped her make sure she had appropriate scrubs and with transportation costs getting back, but she had to start from the beginning, rebuilding a resume and having the money. And she actually paid for her own renewal fee of that CNA with the money she was making from McDonald's. She is now employed as a CNA.”

- A RESTORE staff member describes the successful rebuilding process following a participant's relapse

Fig. 14. How often were you engaged with counseling and treatment for SUD-related issues during RESTORE? (n=53)



Of those engaging with counseling and treatment for SUD-related issues during RESTORE (Fig. 14), only 9% of survey respondents indicated they were personally engaged with medication-assisted treatment (MAT) during RESTORE, however of those five individuals, all noted that MAT was very or extremely helpful as they worked towards training and employment goals. Eleven percent (11%) of respondents said they have faced job-related stigma associated with a SUD, and 7% were not sure. Despite state-level incentives for employers to hire people with criminal backgrounds, many do not. This in turn discourages participants from programs like RESTORE. “So it's hard to get them employed and to keep them motivated, once they get turned down so many times,” explained a RESTORE staff member.

Staff report that participants with drug possession in their criminal background may not qualify for the Supplemental Nutrition Assistance Program (SNAP) including food stamps,⁵ and may have trouble finding a job with a living wage. Therefore, these individuals may be compelled to return to a more lucrative drug dealing source of income - rather than juggle multiple, low-wage service jobs (the only ones they can get) and still not make ends meet. It's a chronic cycle due to imperfect governmental policies, an unequitable private sector, and the addictive power of substances. As a program serving some individuals directly impacted by SUD, HIPAA compliance limited how much information TAP staff could access regarding participants' treatment and recovery. It was difficult for staff to know if SUD-related problems were influencing their clients' performance and needs.

According to a food safety training provider, a large majority of the participants in the ServSafe training struggle with a SUD. Having a safe food handling credential and an organization behind each individual can make or break their getting hired in food service. However, SUD rates are reportedly an issue in the service industry. Individuals in recovery who work with "functioning addicts" may be at risk of relapse. One participant recalled how her cousin was surrounded by coworkers who were using substances in the housekeeping field, and got involved with substance use and drug dealing as a result.

Impacts of SUD on the Individual's Family and Community

Participants also noted that multigenerational addiction and related criminal justice involvement were major sources of drama and concern in their families. They explained that these issues had often interfered with consistent employment. During one of the group interviews, a participant detailed how she had been raising a step-grandson as her son – due to the birth mother's addiction and cyclical incarceration. The son has many challenges and disabilities due to the birth mother's substance use. She also stated that her brother's addiction was often a disrupting factor. She indicated that she feels guilty when she is doing well, when so many in her family have hit "rock bottom and not gotten up." She expressed concern that if one of her family members had a SUD-related medical emergency, she would be the only responsible contact and her future employer may not understand if she "bolted" from the job to respond without telling them. Another participant told her directly during the group interview that in such a case, she should explain to the employer what was going on. However, the first participant did not think it would be that simple and she would do what she had to for her family.

⁵ Virginia code [§ 63.2-505.2](#) has modified the federal SNAP ban for possession and distribution charges. Eligibility requirements include drug testing and treatment, and parole and criminal court compliance. See also the [SNAP 50-State Survey](#) from the Network for Public Health Law (2020).

“Northwest of Roanoke is bad [regarding substance use], that's where I grew up. I see people on the corner every day. Begging for things, or doing drugs, or lying around getting shot. This is where I grew up, so I've seen it every day of my life. Whether it was in my own house, or it was outside; whether it be adults or kids that you know. So, to me, it's everywhere, which is why I felt like staying away from certain people helped me not do those things because I do see myself as a strong person. But how do I know if I did break a bone and had to take the medication for pain, that it couldn't be me [with the addiction]?”

- A participant reflects on the presence of SUD in her community

Another participant discussed her mother's long-term struggles with heroin and alcohol addiction and that the participant was raised by her grandmother who had to cash in her retirement fund to get her mother into treatment. This participant indicated that her mother was diagnosed with paranoid schizophrenia and that post treatment, she stayed in recovery for seven years. After the death of her husband, the mother relapsed and has never recovered. The participant discussed the challenges of keeping her mother away from herself and her children. A third participant seemed reluctant to share, but said that she lost her husband to overdose after he had been incarcerated and relapsed a few weeks after release. This situation placed many pressures on her and her children, but the participant stated that her church had been a great source of support.

Three of the participants spoke from the perspective of family members with SUD, stating that criminal record and drug screening requirements were considerable employment barriers for their family members. One participant said she knew someone who lost their job due to testing positive for methadone. This led to a discussion about perceived widespread abuse and diversion of MAT medications for money. Combating stigma and educating the community about SUD treatment is an ongoing challenge: two of the participants who cited widespread addiction in their extended families stated that suboxone and methadone “are trading one addiction for another.” Suboxone and methadone medications are both FDA-approved for OUD MAT and contribute to higher levels of retention in treatment and positive patient outcomes, including decreased criminal activity, improved employment outcomes, and better birth outcomes for pregnant and postpartum women (SAMHSA, 2022).

One participant offered that she thought more men than women struggle with addictions as they are socially conditioned to not share their emotions and feelings, and turn to drugs when they have struggles. This participant said she had a male relative who wanted to seek treatment but that the only treatment he could access through his Medicaid coverage was a 30-day program, which was insufficient for his needs. After treatment, he returned to the same home and job and quickly relapsed.

“I have quite a few young women who have completed medical classes who have a passion to get back out there and work with individuals in recovery as a nurse, as a long-term goal. The stepping stone is to be a CNA or CMA for right now. They have maybe lost a parent, brothers [to addiction]. RESTORE has more of that kind of case than the individual who is in active recovery. Though I do have quite a few in active recovery, there are just that many more from the community who have been impacted, and we were so fortunate to receive the RESTORE grant [to help them].

We have so many participants who have loved ones in their immediate family that have – I have one participant where both of her parents have died. I mean, the scope of that – so making sure those individuals have been able to address this trauma. And that's been an honor to see, they're more or less the caregiver in their family, and that they were able to survive and get access to treatment. I mean, not only that, but they are now working and caring for their family to break that cycle.”

- A RESTORE staff member reflects on participant motivations to pursue healthcare and employment in light of SUD impacts

SUD and Employers

Interview participants noted that employers need to be better educated about the impact of addiction on the individual and the family, and the types of services and treatment that are needed to get into and stay in recovery. Furthermore, employers would be better prepared if they were familiar with the signs of someone using substances, as well as how to be supportive of the employee getting help, rather than immediately firing the individual.

Survey respondents were asked, **What do employers need to know about hiring people in recovery from substances? How could an employer be more supportive of employees in recovery?** Selected responses (n=31) include:

- “Be empathetic and understanding.”
- “Be more open minded, and don't judge a book by its cover.”
- “Everybody can change. Just because someone had a previous problem doesn't mean they haven't changed for the better.”
- “Give everyone a chance. People deserve a second chance, and sometimes third and fourth chances.”
- “Have a strong support system within the company to help families in that struggle.”
- “If we can provide proof that we are or have begun to seek help for our addiction due to its effect on our attendance and/or ability to work, maybe try to be more understanding and lenient

regarding attendance complications. If we know we have violated attendance requirements and actively try to seek counseling for the issues that make it hard to work, then I feel like we need more support and flexibility.”

- “It would not be very efficient to hire someone in recovery or recovered from opioid addiction if they will be around those drugs. Not to put them around medications or substances that they can abuse.”
- “Just giving them a second chance. An understanding that everybody makes mistakes - they should have second chances.”
- “Learning their triggers and not judging them. Understand the withdrawal process.”
- “That they are recovering and they aren’t who they used to be.”
- “They need to realize that people in active addiction are not the same people in recovery. Drugs take over and lead them to do things they would never do if they didn't have the disease of addiction.”
- “Keep them motivated to do better and strive for the best.”
- “Understand that people change and that they are sick people getting better. Give them a chance and encourage them.”
- “Understand where they are coming from.”
- “We are definitely hard workers, too; not to judge.”

TAP has made an intentional choice for its RESTORE program not to engage employers too early in the process so as not to stigmatize RESTORE participants seeking employment, especially those in recovery or with a criminal background. According to a RESTORE staff member, the program tries to teach and strengthen the individual to be able to seek out employment and be prepared to share their story if they want to, or if they feel obligated to, especially if there are any background issues that may come up.

“RESTORE kind of gives [participants] charge of finding the employment that is right for them and the employer that is right for them. And in hopes that not only will they gain this job, but they'll gain the next job or promotion. So, it's really about giving the participant the skills and the readiness for employment rather than bringing the employer to them. And I do think it's important for employers in this area to be aware and to provide support. If you understand [your employee] has medical appointments on certain days of the week, then it is really important that they keep those appointments so that they stay well.”

- A RESTORE staff member explains RESTORE’s relationship to employers

COVID-19

RESTORE staff report that despite COVID-19 and delays and/or lack of interest in job training, the program has been able to hit many of its performance targets. RESTORE originally included participants in the New River Valley as well as Alleghany Highlands, through partnership with the local CSBs and nonprofit community development organizations, as well as the Career Forge program between TAP and Daphne Lancaster Community College. Due to COVID-19, loss of key staff and inability to find replacements, these service areas were greatly reduced over time. Lack of coordination across peer service providers may have hampered referrals to TAP's RESTORE program, and/or there may be a sense of competition for the same clients across multiple programs. On the other hand, RESTORE staff noted many strong community partnerships, including with those mentioned throughout this report as well as the Homeless Assistance Team (HAT), This Valley Works, TAP's veterans' programs, WIOA, and the Roanoke Redevelopment and Housing Authority. The fact that TAP has provided programming throughout the pandemic in contrast to some other community organizations has also fueled a steady flow of RESTORE applicants.

COVID-19 restrictions spread trainings out over longer periods due to classroom spacing requirements and decreased clinical and hands-on training options. Some content also had to move online. RESTORE provided laptops and Zoom and online learning tutorials to help students prepare. In some cases, such as for Peer Recovery Specialists in training, online and virtual classes are more convenient for participants to attend. Training providers in healthcare noted that despite COVID-19, hands-on training components were still essential, such as learning to draw blood. Participants practiced on each other to learn these techniques.

"I think it was November that the [COVID-19] numbers started spiking, and we were really close to being done [with the CCMA training]. We only had a couple weeks because it was coming up on Thanksgiving. And so, the training provider had set up - because we still had proficiencies that we had to be signed off on - all these multiple stations and we jumped from one to another. The training provider explained, 'Well, this is how it would be in a doctor's office.' We had to get it done really quick, which we ended up not needing to go virtual, thank God. But we got a lot of proficiencies done that day."

- A participant describes adaptations to the training experience due to COVID-19

The RESTORE orientation has been modified over time to accommodate COVID-19 concerns and to reflect the subject matter expertise and/or to incorporate new ideas from incoming staff. Staff report that due to the pandemic, increased emergency assistance, such as stimulus checks and rental assistance, as

well as fear of the virus, have decreased some participant interest in workforce development opportunities such as RESTORE. Regarding a few cases where career mentors were closing the participants' files, it may have been because, as one career mentor noted, "they're getting the good unemployment insurance, and she's just not returning my calls. She's good. She's doing fine right now, I guess, and doesn't want to do anything."

Resistance to getting the COVID-19 vaccine for those interested in healthcare training can disqualify them from this career path, according to training providers, partly because there are no clinical sites where they can complete their certification without being vaccinated. Being vaccinated or open to vaccination has become one of the screening criteria for the CNA training. One training provider noted that some of the RESTORE participants changed their mind and agreed to get the vaccine in order to stay in the healthcare profession.

RESTORE referred participants to housing assistance programs during the pandemic, such as mortgage and housing counseling and rent relief payments. Housing counseling and help with budgeting in general could benefit participants who are living in unaffordable housing. While COVID-19 related emergency financial assistance requests for rental payments may have been supplied through other available sources, such as the Rent Relief Payment (RRP) program at the City and state levels, RESTORE staff noted that the program sought to help tenants with rent prior to it getting to the point of eviction and did not require an eviction notice to provide financial support towards rent.

Limited transportation during the pandemic has meant more sporadic busses along the lines that participants rely on for training and employment. As one program staff member noted, "for individuals that are riding the bus, we've seen, unfortunately, students in training that have literally had a bus ride past them because it was at capacity. So if they miss that bus, they've got to wait on the next one and now they're late to training."

COVID-19 and SUD

The pandemic has increased isolation and loneliness for participants, which has had negative consequences, especially for those in recovery. More vulnerable participants, such as those early in their recovery process, may be at higher risk of relapse due to loss of in-person exchanges with their career mentor. Career mentors shared that one RESTORE participant died due to SUD-related complications during the pandemic.

When asked, **How has COVID-19 impacted how you or your family are handling issues related to substance use?** (n=29), 13 survey respondents noted no change or that this was not an issue for them. Other selected responses included:

- “COVID relief changed my working field. Also, COVID-19 brought a lot of death and sickness to my family and friends that I’m still coping with to this day.”
- “Difficulty obtaining jobs.”
- “It just made everything in general more difficult.”
- “Losing my job and housing situation; also, my car.”
- “I relapsed before COVID and fought hard for my recovery throughout the pandemic.”
- “Tough at first but NA meetings were helpful.”
- “Very hard. My husband had a mental breakdown and was hospitalized for self-harm prevention. He had to work more hours to make up for the staffing shortage, and we were experiencing financial hardship. I also suffered mentally due to the sudden loss of my father, a victim of the virus. Also, my maternal grandmother is suffering long-term effects from contracting the virus. Not to mention the interference the virus caused in closing most things down, including TAP, during a time when I was motivated, before the impact of loss and hardship.”
- “We are isolated/sheltered from the nonsense.”
- “We became closer.”

Childcare & Family

As part of TAP’s larger Whole Family approach to programming, RESTORE provides parents with the skills they need to role-model successful work and life behaviors for their kids, an important step in remediating intergenerational poverty. TAP staff report that economically stable parents can also expose their children to better nutrition and higher quality childcare that ideally improves early learning and developmental outcomes for their kids. Interview participants agreed that all RESTORE services were helpful and provided good preparation for employment, but noted that there was not enough support for childcare.

Childcare and other care-taking responsibilities, including for disabled or elderly family members, were noted as a barrier for women in particular. Staff report that participants who spend all of their work earnings on child/care may feel demotivated to stay employed. Staff also noted that some clients lost their jobs due to childcare responsibilities during the pandemic. A CNA training provider reported that

day classes may work better for parents with school-aged children, so they can attend while their children are at school. While RESTORE did not have a designated fund to help with childcare support, some participants were dual-enrolled in SwiftStart, which did provide such financial supports.

Participants with dependents had to navigate at-home schooling and childcare during the pandemic, placing a unique strain on mothers who were trying to finish job training, gain and maintain employment. As licensed childcare centers closed down or drastically reduced their capacity during COVID-19, RESTORE loosened up its policy in order to pay friends and family to watch participants' dependent children as they completed job training and/or engaged with employment services. One staff member noted that while this wasn't ideal, the shift did support families during the pandemic and it was sometimes the only option with just four of 20 childcare centers still operating to serve RESTORE participants during the program. Some career mentors reported a mutually-beneficial referral process for individuals involving childcare providers such as Head Start and Angel's Place, contributing to their knowledge about which programs were open during COVID-19. Despite relaxed standards, at least one participant noted she had to quit a part-time job in order to watch her 7-year old son.

RESTORE staff developed a modified checklist based on DSS standards for parents to use to vet in-home and unlicensed childcare options, though staff report that participants treated it as "paper exercise" to check the boxes to receive childcare funding, rather than as a useful tool to select quality childcare. This may be due to the lack of quality options overall. Interviews the research team conducted with SwiftStart participants for a separate program evaluation indicated that some parents are also hesitant to use professional daycares due to lack of trust and familiarity with the service.

Participant Experience Overall

According to the survey, **98% of respondents would recommend the RESTORE program to others (n=51)**. In addition, 88% of survey respondents would be willing to advocate for other RESTORE graduates who are prospective employees at their place of employment. For those who said "Maybe" regarding advocating for other RESTORE graduates (8%), two comments indicated that it would be dependent on "if I can ever get back to where we left off in trying to complete the program," and work schedule.

“RESTORE as a program helps you if you’re going through hard times; it’s dedicated to helping young people out along the way, but on the other hand, you have to put in the effort, too, to help yourself. It’s an awesome program, individuals from different racial backgrounds get help, and if you don’t have a job, the program goes out of its way to help you the best way it can. If you have a contact like my career mentor or my housing counselor at TAP, I would advise you to work with them as much as you can. The next step for me is doing the LPN degree program. My mother always told me, ‘don’t sell yourself short,’ so I would like to pay it forward, advocate for others. I recommend RESTORE to anyone, I would do it all over again.”

- A participant recommends the RESTORE program to others

A large majority of survey respondents also said that RESTORE is much better than comparable programs (Fig. 15), a result that didn’t vary considerably by criminal background status (Fig. 16) or whether participants had dependent children (Fig. 17).

Fig. 15. How does RESTORE compare to other workforce development and/or assistance programs you have participated in? (n=50)

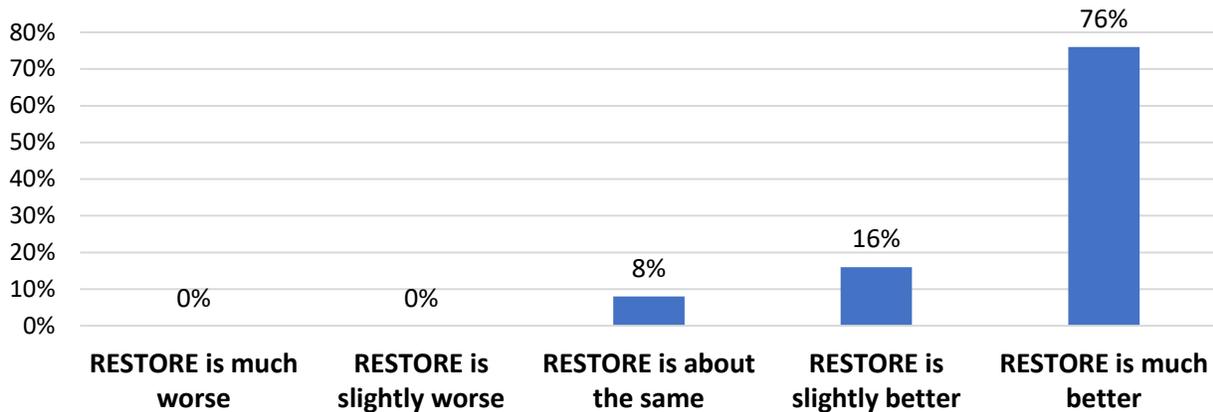


Fig. 16. Opinion of RESTORE Compared to Similar Programs by Criminal Background Status (No/Yes) (n=49)

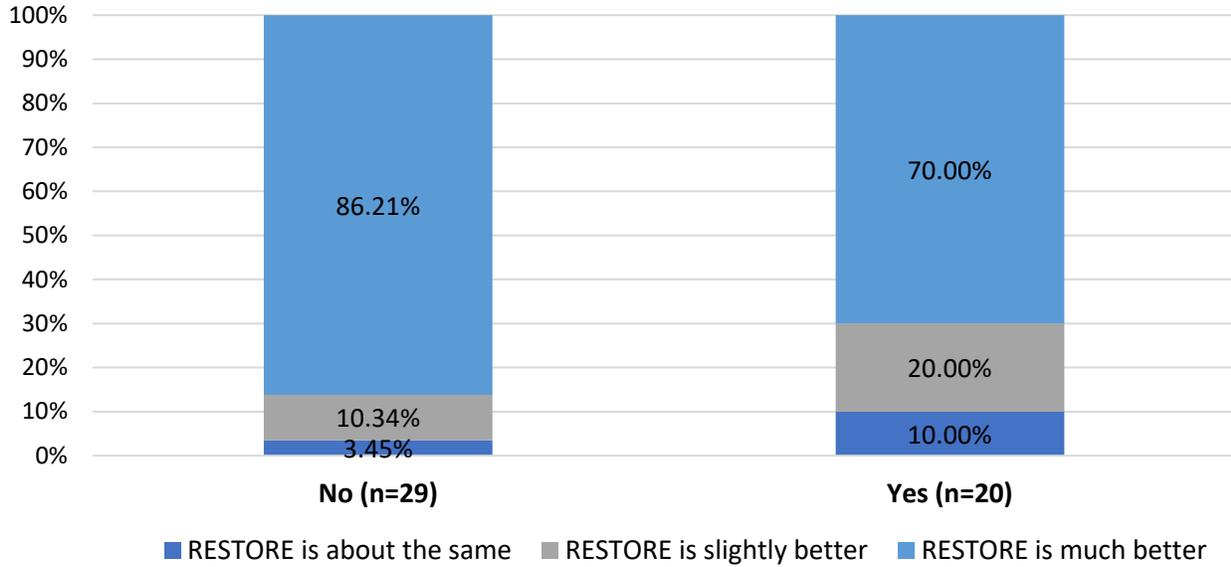
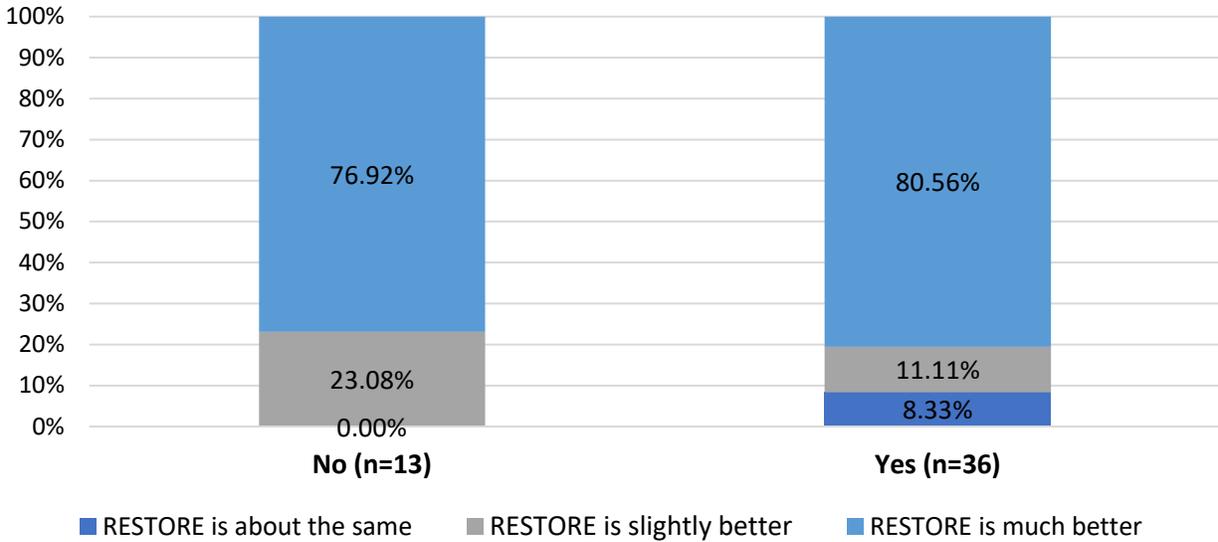


Fig. 17. Opinion of RESTORE Compared to Similar Programs Whether Participants had Dependent Children (Yes) or Not (No) (n=49)



“There was one older individual [with a history of drug use] who came out of incarceration and was able to get into housing with the Roanoke Redevelopment and Housing Authority. Her rent was \$50 a month. She could not pay it because she did not have a job and she did not have any idea how to get a job. And she didn't have a resume. She just didn't know where to get started.... And we were able to help her connect with a community resource to pay rent. We were able to help her with some bus passes, to start doing interviews, to get back and forth with employment. She didn't even have clothing to wear to an interview. We were able to help her with clothing just to get started. We helped her get her ID and her birth certificate so that she could gain employment.

Now she's stabilized and working two jobs. And she has no problem making her rent. But I think if we had just said, "Sorry, we can't help because you haven't done this orientation that doesn't happen till next month," she could have really fallen to the wayside and been homeless. Also getting her to connect with NA [Narcotics Anonymous] and talk about some different ways to cope and deal with stress has been another success with her. So, we're able to kind of jump in.... Of course, we couldn't do that for every single person that came to us, but on a case-by-case basis, when it happens and we know that there is no one else who can provide that support, we're the best fit to make it happen, so that an individual can get on their feet.”

– A RESTORE staff member shares a RESTORE success story

Recommendations to Strengthen Similar Workforce Programs at TAP

The following program- and agency-level recommendations are derived from findings from the survey and interviews with key stakeholders. While TAP may not be able to enact the changes recommended at the agency level, it is worth noting some of the opportunities and challenges regarding workforce development and SUD in the service region, to explore how TAP might play a role in addressing these.

Program-Level Recommendations

- **Referrals and Publicity.** Through positive participant experiences, RESTORE has benefited from word of mouth to get new referrals, as well as through organizational partnerships with the HOPE Initiative, Oxford House, Virginia Career Works, Virginia Employment Commission (VEC), Virginia Harm Reduction Coalition (VHRC), etc. Working with more Office-Based Opioid Treatment (OBOT) and medical providers in future could increase referrals of people in recovery.

- Some interview participants did note that publicity about the program could have been improved, including updating the program website with timely information and providing more clarification regarding program completion dates for prospective participants.
- **Job Preparation Supports.** During a group interview, one participant advised others that they need to tailor their applications to the specific employer and job, which seemed to perplex a couple of the participants that they could not use the same letter or resume for all applications. Further clarification on how to tailor application materials to the specific employer and position could be helpful for future job applicants in TAP programs.
 - **Mock Interviews.** In addition, more rigorous mock interviews may be necessary for participants in healthcare, with one participant reporting feeling overwhelmed during an intense 30-question interview she attended to work at a local hospital.
- **Peer-to-Peer Supports.** TAP staff or training providers could consider partnering younger and older participants in each training cohort to more formally encourage peer-to-peer, multigenerational learning and teaching.
- **Flexible Financial Assistance.** RESTORE staff noted a few examples where more financial assistance was needed than was available. In a particular case, a participant in recovery with a previous criminal history who was struggling with rent payments was turned down by multiple employers in food service due to her substance-related background. She continued to need financial support longer than the average participant due to lack of employment and these extenuating circumstances. TAP will continue to benefit in the future from grant opportunities that offer flexible emergency financial assistance to its program participants.
 - **Training Stipends.** Another use for flexible funding could be to provide temporary financial assistance as a participant transitions from job training to employment and may not receive a paycheck immediately, as well as a basic stipend to cover their time in training if they've lost employment in order to participate in the program.
 - **Standardized Assistance.** For future programs, TAP could standardize types of financial assistance available, to better communicate to participants what supports can be provided.
- **Additional Supports for Individuals in Recovery.** RESTORE staff noted that for those participants in recovery who did not yet have a Wellness Recovery Action Plan (WRAP), or similar plan established through a treatment or recovery resource elsewhere, they could have benefited from RESTORE establishing that with them. In addition, if such a plan has been developed elsewhere, the program could encourage participants to share that with their career mentor.

- Similarly, TAP could explore having a business agreement or MOU in place with healthcare providers in order to share participant treatment status information that might impact participant performance in the program.
- **Hire a PRS.** For future TAP programs that serve individuals in recovery from substances, it would be beneficial to have a Peer Recovery Specialist (PRS) on staff to work with participants directly impacted by SUD; preferably a graduate from a TAP program like RESTORE.
 - Alternatively, TAP could fund a subcontract for a PRS employed with a treatment provider but dedicated in part or in full to TAP’s programming. In this way, the treatment provider could provide additional resources, training, and recovery supports directly through the PRS without TAP needing to develop these resources in-house.
- **Continual Screening for Indirect SUD Resource Needs.** In addition, interview participants who said that they were struggling with family-related SUD issues had largely not mentioned these issues to their career mentor in order to discuss resources and possible strategies to mitigate the problem. Including check-in questions throughout the participants’ engagement with the program specifically targeting these potential resource needs could have been beneficial, while adhering to HIPAA requirements regarding informed consent and secure record-keeping.
- **Drug Testing.** RESTORE staff reported that some treatment and recovery groups during COVID-19 were not monitoring participants’ abstinence using drug screening, which is considered a best practice to verify cases of relapse and help participants to address these quickly (Smiley & Reneau, 2020; Martin, 2016). For TAP programs specifically serving individuals in recovery, regular drug testing or coordination with a program conducting regular drug testing is recommended.
 - Staff did mention that random drug testing occurs for those in a medical training field, such as CCMA, and judgement-free drug testing was available to RESTORE participants if they wanted to check their screening status before applying to a job.
- **Supporting Trauma-Informed Case Management and Self-Care for Program Staff.** The RESTORE program is designed to serve vulnerable populations impacted by SUD, and most often individuals who have experienced significant trauma. Often, program staff serve as mediators and shock absorbers for reoccurring trauma and the impacts of past trauma. Ensuring that staff are recognizing these influences and addressing stress appropriately is an important part of self-care that helps to maintain an effective workforce (Wilson, 2016; Lee & Miller, 2013).
 - *See Appendix A for training information and additional resources.*

- **Accessibility of Career Mentors.** Some participants may benefit from communication and support from career mentors outside of regular business hours. In this case, mechanisms that acknowledge and support the career mentors in working with clients “after hours” to build trust and prevent program attrition should be available where feasible.
 - On the other hand, caseloads should be manageable so that career mentors can provide tailored support without getting “burnt out.”
- **Addressing Disability.** In a few cases, interviews touched upon needing to be physically able to perform the job duties in healthcare, and one survey participant noted discrimination against her disability as an impediment to employment.
 - TAP staff can continue to work with participants with disabilities to identify the appropriate career track and to connect with relevant resources, such as the local vocational rehabilitation agency office, for longer-term job supports that may be needed.

Agency-Level Recommendations

- **Employer Education.** TAP could partner with the Roanoke Valley Collective Response to the Opioid and Addiction Crisis (RVCR), the Chamber of Commerce, and the Business Solutions Team – among others – to lead discussions with employers and the private sector regarding hiring and supporting employees in recovery. Subtopics of interest include the latest legislation on barrier crimes, addressing stigma and misperceptions about people in recovery, how to support but not enable employees in recovery, sharing success stories from employers with experience hiring those in recovery, and explaining incentives and benefits for employers to hire those in recovery and with criminal backgrounds, such as the Federal Bonding Program and Work Opportunity Tax Credits (WOTC).
 - **Additional Partners.** Other recommended partners include Probation and Parole to better communicate participant progress across agencies; as well as the Roanoke Reentry & Community Collaboration Council to build support for more recovery-oriented workforce development programs.
 - **Private Sector Referrals.** Through ongoing communication with businesses about its programs, such as RESTORE, businesses could become a referral source to TAP’s programs, when employers notice their employees need the kind of help provided by TAP. Interviewees indicated this occurs informally in some cases.
- **Recovery Housing.** Transitional, supportive, sober living and re-entry recovery housing is lacking in the service area, as noted by RESTORE staff members, yet is integral to the success of participants in recovery. Of particular importance is developing housing that is not located in

areas with high rates of substance use and that complies with quality standards, as defined by organizations such as the Virginia Association of Recovery Residences (VARR). TAP could join the Roanoke Valley Collective Response (RVCR) recovery housing workgroup to create and/or support more recovery housing along the spectrum of recovery to better serve its clients.

- **RESTORE for Men.** TAP may benefit from seeking funding for programs like RESTORE that serve men, specifically fathers or male heads of household directly or indirectly impacted by SUD.
- **Short-Term Childcare Options.** Even before COVID-19, professional childcare providers were often not able to admit a new child within short notice for a limited period of time, such as the 12 weeks it might take a RESTORE participant to complete a job training program. With TAP taking a Whole Family approach to its programming as an organization, the organization might leverage its Head Start childcare expertise to develop Head Start partnership locations with private providers.
 - United Way could be a key partner in establishing new or expanding existing childcare centers. For example, United Way of Southwest Virginia plans to open five new regional childcare facilities affiliated with area community colleges using American Rescue Plan Act (ARPA) funding (Carter, 2022).
- **Expanded Workforce Pathways.** Workforce pathways for women with criminal backgrounds and/or a history of SUD may be more limited than those for men, due to restrictions from working in healthcare positions that are traditionally female-dominated. Participants also reported lack of professional interest in traditionally male-dominated fields such as manufacturing, welding, truck driving, or inability to perform strenuous physical job requirements in these fields.
 - Job options may also be limited to service industries such as food service, where more prevalent SUD rates among coworkers could jeopardize an individual’s recovery. Continued exploration of career opportunities for women facing these challenges in the region would strengthen TAP’s ability to serve this subpopulation.
 - **Management Training.** ServSafe manager training, reportedly offered by Virginia Cooperative Extension, is in higher demand than the basic food handling safety certificate and may be a more lucrative opportunity for those pursuing jobs in food service. Training participants in management, office-based and administrative assistant positions across a variety of fields might be an option more generally.
 - **Gender Wage Gap.** Participants explained that at the same or lower training and educational levels, they have observed men making substantially more money than women in traditionally male-dominated fields such as welding, truck driving, and construction.

- TAP could explore additional ways to raise women’s awareness of and interest in non-traditional job opportunities, such as inviting female speakers who work in non-traditional fields to present on their experience and answer questions.
- *Recovery-Friendly Service Industry Jobs*. Businesses such as DV8 kitchen in Lexington, KY, have been designed to hire and support employees in recovery by not serving dinner so that employees can attend evening self-help groups, by paying them more to prevent turnover, and by hosting wellness-oriented programming on a weekly basis for employees (Wedell, 2018).
 - TAP can partner with the RVCR to build up a network of recovery-friendly businesses to encourage the growth of more supportive employment opportunities for people in recovery.

Observations on the Evaluation

The RESTORE program and its evaluation were significantly impacted by COVID-19. For those in treatment and recovery, the research team took measures to ensure that all privacy considerations were strictly adhered to in the collection of information about their RESTORE program experience.

The RESTORE program, similar to other TAP programs, is well-connected with other community programs and agencies. Establishing more data sharing processes with partners through Business Associates Agreements (BAAs) and Memoranda of Understanding (MOUs) could strengthen TAP’s case management and evaluation outcomes.

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Appendix A. Self-Care Resources and Trauma-Informed Training

Self-Care Resources for Professionals

According to the [National Association of Social Workers](#) Code of Ethics (2021), “[p]rofessional self-care is paramount for competent and ethical social work practice. Professional demands, challenging workplace climates, and exposure to trauma warrant that social worker maintain personal and professional health, safety, and integrity. Social work organizations, agencies, and educational institutions are encouraged to promote organizational policies, practices, and materials to support social workers’ self-care.”

The University of Buffalo School of Social Work offers a [self-care starter kit](#), including defining aims for self-care for professionals, how to start a self-care plan, and a series of self-care assessments, activities, and exercises focused on healthy eating, physical fitness and immunity, reducing stress, time management, relaxation, mindfulness, avoiding compassion fatigue, assertiveness and being good to oneself.

The [Social Work Online CE Institute](#) lists over 30 trainings related to Meditation/Mindfulness/Self-Care and 15 focused on Trauma. Examples of trainings include *Mindfulness and Self-Care*, *The 3 S’s: Supervision, Self-reflection, and Self-care*, and *Vicarious Traumatization and Self-Care*. The goals and outcomes of these trainings are as follows:

[Mindfulness and Self Care:](#)

- Become trauma aware and knowledgeable about the impact and consequences of traumatic experiences for individuals, families, and communities.
- Evaluate and initiate use of appropriate trauma-related screening and assessment tools.
- Implement interventions from a collaborative, strengths-based approach, appreciating the resilience of trauma survivors.
- Learn the core principles and practices that reflect Trauma Informed Care (TIC).
- Anticipate the need for specific trauma-informed treatment planning strategies that support the individual’s recovery.
- Decrease the inadvertent re-traumatization that can occur from implementing standard organizational policies, procedures, and interventions with individuals, including clients and staff, who have experienced trauma or are exposed to secondary trauma.
- Evaluate and build a trauma-informed organization and workforce.

[The 3 S’s - Supervision, Self-reflection, and Self-care:](#)

- Be able to define supervision
- Learn how to use supervision effectively
- Be able to describe self-reflection
- Learn how to use self-reflection to monitor their emotional responses
- Learn the importance of self-care as a protective strategy to guard against compassion fatigue

[Vicarious Traumatization and Self-care:](#)

- Develop deeper insight into varying definitions of trauma exposure
- Develop understanding of a rich framework for describing trauma symptoms
- Gain exposure to the phases and elements of evidence-based, trauma-focused treatment
- Develop understanding of the definition, causes, and consequences of vicarious trauma
- Gain insight into what helps ameliorate or prevent vicarious trauma
- Reflect on one’s own experience of vicarious exposure to trauma
- Reflect on one’s own encounter with symptoms related to vicarious trauma
- Reflect on one’s own personal approach to preventing or transforming vicarious trauma

Guides and Tools to Explore Further

[Burnout And Self-Care In Social Work, 2nd Edition: A Guidebook For Students And Those In Mental Health And Related Professions](#) (2021) by SaraKay Smullens. Available as an e-book or in print.

Description of the book: The author develops a central concept, Societal Burnout. The following areas make up Societal Burnout: Interaction with personal, professional, relational, and physical arenas of burnout. The overarching book addresses the impact of moral distress and dysfunctional leadership in families, work settings and society; addresses differences between depression and burnout from a psychosocial perspective; and shares vital information about our ‘inner self; development. “A good resource for guidance in seeking insight and balance in approaching their personal and professional responsibilities, as well as a reliable ‘emotional sense of direction’ for themselves and their families.”

Meditation, Mindfulness, and Gratitude Apps:

[Headspace](#), [Calm](#), [Buddhify](#), [InsightTimer](#), [365 Gratitude](#).

Routledge Experts on Mental Health: [Therapist self-care](#) videos and recommended titles.

[Work Perks: A Gratitude Journal for Helping Professionals](#) (2019) by Terricka Hardy. Includes gratitude prompts, self-reflection exercises, and inspirational quotes for practitioners to reflect.

Trauma-Informed Practice

[Trauma Informed Care in Social Work Practice](#) (video, 11 minutes)

Helpful, abbreviated YouTube video by a practicing social worker focused on an introduction to trauma informed care in social work practice.

“[Preventing Intergenerational Transmission of Domestic Violence](#)” by Angela BeiBei Bao

Ontario-based SafeGuards Trauma-Informed Training offers online courses focused on both self-care and trauma-informed approaches. An upcoming online training focused on [Trauma-Informed Supervision](#) will be held June 2-3, 2022.

Description and key aims of the training program:

- Advocates of trauma-informed practice have identified that effective trauma-informed teams must be supported by trauma-informed supervisors, organizations and service systems.
- This workshop provides supervisors and managers the opportunity to explore how the principles of trauma-informed practice can be integrated into their work with staff teams.
- Practices including clinical supervision, performance reviews, incident debriefing, vicarious trauma and burn out will be addressed.

Institutional Resources

Center for Healthcare Strategies Key Ingredients for Successful Trauma-Informed Care

Implementation, https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

- “This brief draws on interviews with national experts on trauma-informed care to create a framework for organizational and clinical changes that can be practically implemented across the health care sector to address trauma” (Menschner & Maul, 2016, p. 1).
- “... [P]atients who have experienced trauma can benefit from emerging best practices in trauma-informed care. These practices involve both organizational and clinical changes that have the potential to improve patient engagement, health outcomes, and provider and staff wellness, and decrease unnecessary utilization...” (Menschner & Maul, 2016, p. 1).
- “This brief also highlights payment, policy, and educational opportunities to acknowledge trauma’s impact” (Menschner & Maul, 2016, p. 1).

American Psychiatric Association Stress & Trauma Toolkit for Treating LGBTQ in a Changing Political and Social Environment, <https://www.psychiatry.org/psychiatrists/cultural-competency/education/stress-and-trauma/lgbtq>

Intercultural Development Research Association (IDRA) Understanding and Addressing Racial Trauma and Supporting Black Students in Schools (2021), <https://www.idra.org/wp-content/uploads/2021/02/Understanding-and-Addressing-Racial-Trauma-and-Supporting-Black-Students-in-Schools-IDRA.pdf>

National Center on Substance Abuse and Child Welfare Trauma Resource Center

Websites, <https://ncsacw.samhsa.gov/resources/trauma/trauma-resource-center-websites.aspx>

National Council for Mental Well-Being Trauma-informed, Resilience-oriented Care Consulting and Training, <https://www.thenationalcouncil.org/consulting-services/trauma-informed-resilience-oriented-care/>

Roanoke Valley Trauma Informed Community Network, <https://www.pacesconnection.com/g/roanoke-valley-trauma-informed-community-network-va>

The National Center on Domestic Violence, Trauma & Mental Health, <http://www.nationalcenterdvtraumamh.org/>

The National Child Traumatic Stress Network, <https://www.nctsn.org/resources/training>

Trauma Informed Care Training Online Certificate, <https://traumainformedcaretraining.com/trauma-informed-care-certification/>