

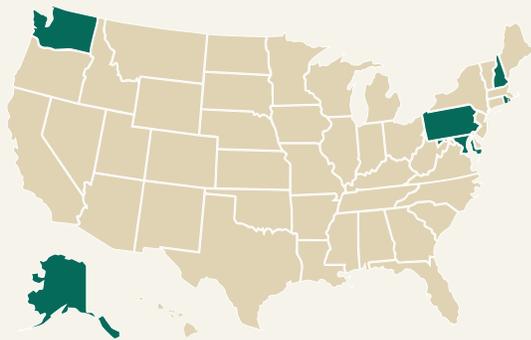
Strategy Spotlight

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Adapting work readiness training for people in recovery

Study background

This strategy spotlight is part of a study funded by the U.S. Department of Labor's Chief Evaluation Office, and conducted in collaboration with the Office of Policy Development and Research within the Employment and Training Administration (ETA). The study explores the implementation of the National Health Emergency (NHE) Dislocated Worker Demonstration Grants to Address the Opioid crisis, which six states received in 2018. These grants, funded by ETA's Office of Workforce Investment (OWI), encouraged states to test innovative approaches to address the economic and workforce-related impacts of the opioid epidemic.



More information about the evaluation of the NHE demonstration grants including a literature review and final report from the implementation study is available here: <https://www.dol.gov/agencies/oasp/evaluation/topic-areas/substance-use-disorder-work>

The workforce system offers work readiness training through nearly 2,400 American Job Centers (AJCs) nationwide. However, people in recovery can face unique barriers to employment not covered in traditional work readiness curricula. This strategy spotlight focuses on an innovative effort, funded through a National Health Emergency Dislocated Worker Demonstration Grant to Address the Opioid Crisis to the state of New Hampshire, to adapt work readiness training for people in recovery.

Implementation context

Before the National Health Emergency (NHE) demonstration grant, New Hampshire had a work readiness program called [WorkReadyNH](#), which it offered free of charge to customers receiving services through AJCs. Before shifting to a virtual format during the COVID-19 pandemic, WorkReadyNH was offered at community colleges in the state. The program consisted of a 60-hour course offered over a three-week period: it covered soft skills as well as online math and reading tutorials, and included an assessment at the end that enabled participants to earn a National Career Readiness Certificate issued through American College Testing (ACT).

When applying for the NHE demonstration grant, state workforce leadership anticipated many participants affected by the opioid crisis would participate in this training. However, after the grant began, state grant staff and referral partners realized the traditional WorkReadyNH program did not meet the needs of participants in recovery, some of whom were not comfortable in the community college

environment. Further, grantee staff recognized that the training needed to be tailored to include issues specific to people in recovery. In addition, grantee staff perceived that attending a full-time, three-week course was not realistic for all of these participants for several reasons, since some wanted or needed to start working quickly or had various appointments (such as drug court) that would have affected their attendance. Grantee staff recognized the need for a program with a flexible schedule and the state grantee issued a subcontract to the Community College System of New Hampshire (CCSNH) to develop a work readiness curriculum specific to the population in recovery, which was called Bridge to WorkReadyNH.

Key intervention components

The [Bridge to WorkReadyNH](#) program focused on soft skills and topics specific to people in recovery, such as how to account for gaps in employment, how to discuss past incarceration, and the pros and cons of discussing one's recovery during job interviews. CCSNH developed the curriculum by tailoring a soft skills curriculum through consultations with multiple recovery centers in the state. The Bridge to WorkReadyNH Curriculum was 30 hours total, to better meet the time constraints of people in recovery.

Rather than offering the sessions at a community college, the state grantee worked with recovery centers to host the Bridge to WorkReadyNH class at the centers, which they believed would be more welcoming to people in recovery. Since the COVID-19 pandemic began, the class had been offered through

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Bridge to WorkReadyNH training modules

- Self-leadership
 - Communication
 - Collaboration
 - Organization and time management
 - Getting your job search started
 - Personal development ▲
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six self-paced, interactive modules and three virtual classes scheduled at varying times throughout the week. Upon completion of the program, participants earn a certificate. CCSNH had also connected with corrections facilities to deliver the class (both in person and virtually during the COVID-19 pandemic) while participants are incarcerated, which two respondents reported had been a successful way to recruit program participants.

Potential elements for success

Although take-up of the program was not as high as grantee staff had hoped, interview respondents shared a number of lessons learned and advice for those offering similar programs. Respondents perceived several factors as important to implementation:



Involving recovery centers in curriculum development.

Respondents believed involving recovery centers in the curriculum development process was helpful in generating trust and buy-in to the program.



Partnering with corrections.

Respondents described delivering the program in jails as a promising strategy that enabled the grantee to reach more participants, noting that corrections facilities are always looking for programming.



Offering programming in residential facilities or recovery housing.

Respondents said they originally sought to engage recovery community organizations because they thought people in residential treatment would not have time to devote to work readiness training. However, in retrospect, respondents thought offering the program in a residential setting might have been more successful because it would be easier to recruit people living there.

“You need the input of recovery centers. If you didn't get their help, they would not trust you.”

—Interview respondent

Implementation challenges and strategies

Despite some successes, interview respondents encountered several challenges in implementing this work readiness program. They particularly noted challenges in achieving the participation level they had hoped for.

Respondents also noted building trust between the workforce system and the recovery centers hosting the program took time. Having recovery centers provide input on curriculum development helped overcome this challenge to some degree. Respondents said building trust was easier after initial cohorts completed the program successfully.

One interview respondent noted people in recovery often need income to meet their immediate needs, such as for housing and transportation. Although this program was shorter than the original version of WorkReadyNH curriculum, some respondents thought its length was still a barrier to participation. One respondent suggested it would be helpful if participants could take this training while

they were already working (for example, through on-the-job training). This respondent noted the soft skills covered in the training are still relevant and beneficial for people after they begin working, in order to help them maintain employment.

Similarly, grant staff had originally envisioned that, after completing the Bridge to WorkReadyNH program, participants would then take the full 60-hour WorkReadyNH program for another three weeks and receive a certificate. However, they soon realized participants could not commit to this additional training because they had to begin working to earn income. Instead, the program began issuing a certificate for completing the Bridge to WorkReadyNH program, reenvisioning it as a stand-alone program.

“It’s tough for people to access these services while they need income at the same time.... If there’s any way to work part-time and do this training, that would be beneficial for people.”

—Interview respondent

This Spotlight is part of a four-part series on innovative employment and training interventions to address the opioid crisis:

- Embedding employment services in an opioid treatment facility
- Adapting work readiness training for people in recovery
- Registered apprenticeships for community health workers and dually certified peer recovery specialist-community health workers
- Supporting employers using the Project Extension for Community Healthcare Outcomes (ECHO) model ▲



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