



# Reentry and Recovery: Employment Matters

Catching Up With COSSAP, April 2022

The connection between incarceration, unemployment, and recidivism has long been established.<sup>1</sup> Successful reentry into the community for anyone leaving jail requires careful planning; for individuals with a substance use disorder (SUD), this planning is more complex. Nearly two-thirds (63 percent) of sentenced jail inmates meet the criteria for drug dependence or abuse.<sup>2</sup>

Work has been called the “axle of recovery capital.” The concept of recovery capital includes the “sum total of resources available to an individual to help initiate and sustain [SUD] recovery.”<sup>3</sup> Work is the axle, because it is linked to so many other essential resources, including financial stability, housing, social networks, family reunification, health insurance, the ability to pursue leisure activities, and feelings of self-efficacy. In addition to supporting recovery, elements of recovery capital can help people avoid reincarceration.

## Work and Recovery: Proven Benefits

Research suggests a strong link between employment and recovery. For example, people with jobs are more likely to stick with outpatient SUD treatment. Researchers in Boston examined the relationship between employment and 1- and 2-year retention rates among individuals receiving office-based opioid treatment with buprenorphine. They found that people who were unemployed were only about 70 percent as likely to remain in treatment as those who were employed.<sup>4</sup>

Conversely, people receiving evidence-based SUD treatment are more likely to find and keep jobs. In a multicenter study, researchers arranged for people with opioid use disorder (OUD) to receive monthly injections of either extended-release buprenorphine or a placebo.<sup>5</sup> The number of hours each participant worked was tracked, along with other measures of their quality of life. Among those receiving buprenorphine, the percentage of participants who were employed increased significantly, as did the mean number of hours worked. By contrast, employment rates among those receiving the placebo

decreased (both in terms of the percentage of participants employed and the mean hours worked).

Coordinating job supports, SUD treatment, and other supports can help improve both employment and recovery outcomes. A study conducted in Baltimore evaluated the impact of providing financial incentives for participating in work-related activities and of abstaining from drug use among adults receiving or eligible for medication-assisted treatment (MAT) for OUD. The study found that contingency management, a helpful approach to treating stimulant use disorder,<sup>6</sup> is also an effective strategy to align employment and treatment goals.<sup>7</sup>

All participants in the Baltimore study had access to a modified Individual Placement and Support (IPS) employment intervention. The researchers randomly assigned one group of participants to receive two types of financial incentives and the other group to treatment as usual (just the IPS intervention). Members of the intervention group, 91 percent of whom previously had been incarcerated, were paid hourly to engage with an employment specialist and, once employed, received a wage supplement. The amount of each type of incentive ranged from \$1.00 to \$8.00 per hour. It increased in response to negative drug screens, while a positive drug screen resulted in the rate being reset to \$1.00. People assigned to the intervention group had significantly fewer positive drug screenings and were significantly more likely to find employment and live above the poverty level, compared to the treatment-as-usual group.

Despite a growing body of evidence showing the benefits of coordinating employment supports and treatment, structural barriers remain. People returning from incarceration often receive services from numerous agencies that have different sources of funding and share limited information. However, a growing number of programs have successfully linked the two types of services.

# Reentry and Recovery: Employment Matters

Catching Up With COSSAP, April 2022

## An “On Ramp” to Employment

The Logan County Commission, in partnership with the [Southwestern Regional Day Report Center \(SRDRC\)](#) in Logan, West Virginia, is using its [Comprehensive Opioid, Stimulant, and Substance Abuse Program \(COSSAP\)](#) funding to support its innovative [Fresh Start](#) program. In addition to providing SUD treatment through SRDRC, Fresh Start offers an “on ramp” to employment, which begins by employing participants in a community garden and associated food pantry.

Participants in Fresh Start face multiple, interrelated challenges. Opioid use is prevalent; the counties served by SRDRC have been identified as some of the most vulnerable to overdose mortality in the state, with the most overdose deaths per capita. Employment opportunities are limited in rural areas, particularly for most participants without a valid driver’s license. Finally, in the words of Elly Donahue, a recovery coach and case manager with Fresh Start, “Our counties are mostly rural. Everybody knows everybody, and they knew your parents and grandparents. Everyone knows what you’ve done since you were a child. It’s very hard to get back into the community because of the stigma.”

Donahue says that participation in Fresh Start helps in multiple ways to return people to the workforce. “It builds self-esteem,” she says. “It gives them something to do instead of sitting all day.” Because participants work alongside community volunteers and deliver pantry boxes to people in need, they get to be “a shining light in the community.” Many job opportunities subsequently come from community members who are impressed by participants’ positive attitudes and hard work.

Fresh Start’s collaboration with the workforce development system has resulted in more job opportunities for participants. Some graduates work in road construction, carpentry, welding, and restaurants. Others are motivated to continue their education. By providing jobs and raising participants’ standing in the eyes of their community, Fresh Start is providing recovery capital.

## A Bridge Into the Community

Collaboration and building recovery capital are also at the center of the [Massachusetts Access to Recovery \(ATR\)](#) program, which operates in five urban centers throughout the commonwealth. ATR serves people with SUDs,

coordinating employment services and other recovery supports offered by a network of providers. About 75 percent of recent ATR participants have had criminal justice involvement, and most have been incarcerated in the past year.

ATR Director Rebecca Starr notes the importance of being connected to treatment and other supports while seeking job training and employment services and says it is also important for ATR providers to be able to share concerns with treatment providers. She states that about 50 percent of ATR participants receive MAT, which is typically not a barrier to employment. “There is a standard letter that they can get from their physicians explaining MAT,” she explains.

Because of ATR’s success, Director Starr seeks to expand the program’s reach. She hopes to begin connecting potential participants to ATR prior to their release from incarceration. “We hope to be able to start employment interventions early as a bridge into the community,” she says.

One of COSSAP’s four areas of focus is aligning and maximizing resources across systems and leveraging diverse program funding. Coordinating employment supports with treatment and other recovery supports provides an excellent example of this activity. Please visit the COSSAP Resource Center for more examples of how COSSAP grantees are [expanding information-sharing and increasing collaboration at the local and state levels](#).

## For More Information

- [Accommodation and Compliance Series: Employees With Drug Addiction](#) from the [Job Accommodation Network](#)
- [Building Evidence-Based Strategies to Improve Employment Outcomes for Individuals With Substance Use Disorders](#) from the [Office of Planning, Research, and Evaluation](#), Administration for Children and Families, U.S. Department of Health and Human Services
- [50-State Comparison: Limits on Use of Criminal Record in Employment, Licensing, & Housing](#) from the [Collateral Consequences Resource Center](#)

# Reentry and Recovery: Employment Matters

Catching Up With COSSAP, April 2022

- [\*Self-Assessment for Employment-Focused Reentry Programs: Measuring Fidelity to the Integrated Reentry and Employment Strategies \(IRES\) Framework\*](#) from the [National Reentry Resource Center](#)
  - [\*Substance Use Disorders Recovery With a Focus on Employment and Education\*](#) from the [Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services](#)
  - [\*Use of Codeine, Oxycodone, and Other Opioids: Information for Employees\*](#) from the [U.S. Equal Employment Opportunity Commission](#)
  - [\*Using Supported Employment to Help People With Behavioral Health Needs Reentering Communities\*](#) from the [Council of State Governments Justice Center](#)
4. Weinstein, Zoe, Hyunjoong Kim, Debbie Cheng, Emily Quinn, David Hui, Colleen Labelle, Mari-Lynn Drainoni, Sara Bachman, and Jeffrey Samet, 2017, "Long-Term Retention in Office Based Opioid Treatment With Buprenorphine," *Journal of Substance Abuse Treatment* 74: 65–70, retrieved February 14, 2022 from <https://doi.org/10.1016/j.jsat.2016.12.010>.
  5. Ling, Walter, Vijay Nadipelli, Caitlyn Solem, Naoko Ronquest, Yu-Chen Yeh, Susan Learned, Vishaal Mehra, and Christian Heidebreder, 2019, "Patient-Centered Outcomes in Participants of a Buprenorphine Monthly Depot (BUP-XR) Double-Blind, Placebo-Controlled, Multicenter, Phase 3 Study," *Journal of Addiction Medicine* 13(6): 442–449, retrieved February 14, 2022 from <https://doi.org/10.1097/ADM.0000000000000517>.
  6. Brown, Hayley, and Anthony DeFulio, 2020, "Contingency Management for the Treatment of Methamphetamine Use Disorder: A Systematic Review," *Drug and Alcohol Dependence* 216: 108307, retrieved February 14, 2022 from <https://doi.org/10.1016/j.drugalcdep.2020.108307>.
  7. Holtyn, August, Forrest Toegel, Shrinidhi Subramaniam, Brantley Jarvis, Jeannie-Marie Leoutsakos, Michael Fingerhood, and Kenneth Silverman, 2020, "Abstinence-Contingent Wage Supplements to Promote Drug Abstinence and Employment: A Randomised Controlled Trial," *Journal of Epidemiology and Community Health* 74(5): 445–452, retrieved February 14, 2022 from <https://doi.org/10.1136/jech-2020-213761>.

## Endnotes

1. Moore, Kelly E., Robyn L. Hacker, Lindsay Oberleitner, and Sherry A. McKee, 2020, "Reentry Interventions That Address Substance Use: A Systematic Review," *Psychological Services* 17(1): 93–101, retrieved February 14, 2022 from <https://pubmed.ncbi.nlm.nih.gov/30307269/>; National Institute of Corrections, n.d., *Provide Post Release Employment Services*, retrieved January 25, 2022 from <https://info.nicic.gov/cirs/node/40>.
2. Bronson, Jennifer, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky, June 2017, *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009* (revised August 10, 2020), Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, NCJ 250546, retrieved February 14, 2022 from <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>.
3. David Eddie, 2021, "Answering the Why: Employment as a Critical Component of the Recovery Process," *Proceedings: Working Recovery: Why Employment Is Pivotal to Sustained Addiction Recovery*, Massachusetts Access to Recovery.