

Recovery Friendly Workplaces for Workforce Development

August 16, 2023



PennState
College of Agricultural Sciences

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- Please, if possible, **log in with your video enabled and be prepared to ask questions to the panelists and discuss your feedback with other attendees.**
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Guidelines

- Be sure to **mute yourself when you are not speaking**. If there is background noise while you are not speaking, the host may mute you.
- **Today's assembly will be recorded**. The recording of today's presentations will be shared with slides after the assembly.
- A **survey evaluation** will be available after the assembly. Your input and feedback is important for informing future programming.

Agenda

10:00 a.m. Recovery Friendly Workplaces for Workforce Development

- Kristina Brant, Assistant Professor of Rural Sociology, Penn State University
- Glenn Sterner, Assistant Professor of Criminal Justice, Penn State Abington
- Denise H. Continenza, Extension Educator, Food, Families & Health, Penn State Extension - Lehigh County
- Douglas Swanson, University of Missouri Extension and University of Missouri St. Louis.
- **Moderator:** Lisa Davis, Director, Pennsylvania Office of Rural Health and Outreach Associate Professor of Health Policy and Administration Penn State University

11:05 a.m. Panel Q&A

11:25 a.m. Closing Remarks

Lisa Davis

Director

Pennsylvania Office of Rural Health and Outreach

Associate Professor of Health Policy and Administration

Penn State University



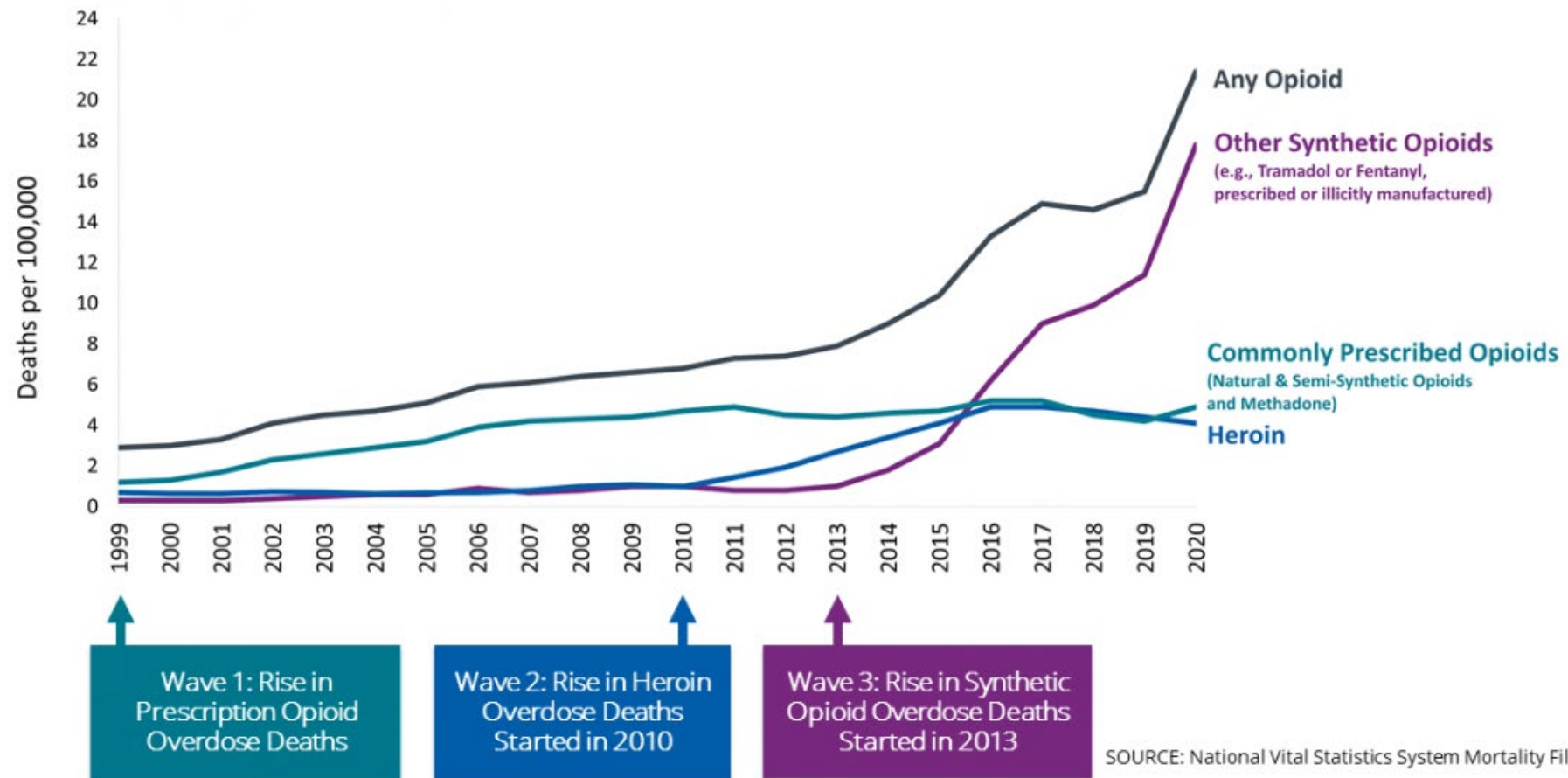
Kristina Brant

Assistant Professor of Rural Sociology
Penn State University

Overview

- 1) Brief overview of the U.S. opioid crisis
- 2) Why stable employment matters for recovery
- 3) Recovery-related barriers to accessing stable employment
- 4) What these barriers mean for recovery success

Three Waves of Opioid Overdose Deaths



Opioid Use Disorder (OUD) & Recovery

- One way to reduce overdoses and overdose deaths is to create and sustain pathways to recovery from OUD.
- Our best estimates suggest that **6.7 to 7.6 million** U.S. adults live with OUD. (Keyes et al., 2022)
- Employment is a goal for many people entering recovery.
(Laudet and White 2010; Sinakhone et al. 2017; Veseth et al. 2021)
- Research shows that employment can improve recovery outcomes and protect against relapse. (Henkel 2011; Walton and Hall, 2016; Sinakhone et al. 2017)

Employment as a Tool for Recovery

“Everything was good. I was a full-time dog groomer. I had a full-time job to come home to. Everything was great. Covid took my job and boom... You get bored, boom. I’m finally a free woman, well I was on probation, but I was reporting every month and I was clean, and then it was quarantine. This COVID messed a lot of things up. I would’ve been OK. If I hadn’t lost my job, I would’ve stayed busy and stayed on track. I would not have ended up back in jail.”

-- Megan

Employment as a Tool for Recovery

“42 years. Half my life I’ve been in this struggle. Half my life. And I’m not struggling no more. I ain’t struggling no more. We got a nice place, got a vehicle. I just left this rehab over here. So the main thing is just to get a job real quick, ‘cause I don’t want no free time. I need to be doing something, be around good people. That’s the main thing for me.

-- Nick

A Criminal Record as a Barrier to Employment

“People who get out of jail, people who have completed rehab or even if they haven’t, there needs to be something. We’re trying. We’re trying. I got turned down for two jobs. It’s just stupid. We shouldn’t be just a piece of paper, you know what I mean? There should be more opportunities for people to have the option to help themselves when they’re trying.”

-- Megan

A Criminal Record as a Barrier to Employment

“I definitely feel like it's easier for men because they have that ability to be a laborer or something like that, and those jobs don't often care about a background. As far as women, you're going into anything with sales or anything that requires a licensure or anything like that, that all matters. You have to have a clean background, so it makes things so incredibly difficult... It affects my financial situation. I then also feel depressed because I'm not contributing to my household, and I can't just have that ability to help out or go take the kids shopping when I want to. It just plays on your self-esteem in so many ways.”

-- Vanessa

Justice Involvement as a Barrier to Employment

“It was difficult to find a job with a lot of different rules and regulations for drug court. Not being able to be out past curfew, having drug tests every morning, court every Thursday, meeting with your probation officer every week. We weren't allowed to eat, shop or work anywhere where alcohol was sold or served. That was very narrow as far as where we could work. It just felt hopeless. I eventually found a job cleaning residential homes. I was making, I want to say \$9 an hour. It was really difficult. I had to miss a day of work to go to drug court, which was mandatory every Thursday. If you missed, you would go to jail. It was limiting. It was all I had at the time, and I barely made ends meet.”

-- Regina

CPS Involvement as a Barrier to Employment

“Could you do it? Would your employer allow you to do it? ‘Cause we’re asking them for three, four, five days a week drug tests on a whim. ‘Sorry, Cracker Barrel’s not gonna let me leave in the middle of a lunch rush to go get a drug test, so you’ve set me up to fail, because if I don’t get the drug test, I have to start all over, but if I lose my job, that’s a penalty against me.’”

-- Kim

Treatment as a Barrier to Employment

“They're all different. Some, you have to do IOP when you first walk in the door, and you have to step down from IOP. You have to do three three-hour groups a week. You can't even live any normal life and have a job if you have to do all that. They say your recovery is supposed to be the most important thing. Well, you've got to pay bills.”

-- Mindy

Stigma as a Barrier to Employment

“He never had any felonies or anything but everybody in the area knew he had an addiction issue. He was cleaned up and we wanted to get him back to work. He would’ve been a great asset as a football coach and a lot of other things for our district. It didn’t work out, because when we hired him to substitute, we were bombarded with calls. He never got a chance to do a good job to be honest. Because it was complaint after complaint. I told him you can’t stay here; you have to leave. I told him you’re not gonna make it here, you’re not gonna get a chance, because people won’t let it happen.”

-- Bill

Implications of these Barriers for Recovery

“What are these people graduating to do? They’re looking at working 40 hours minimum wage at a fast-food restaurant for the rest of their life... I represent these people, and they’re coming in, ‘Well how are you doing with your life?’ ‘I got a job yesterday. I’m working at Burger King, but they’re only giving me 20 hours a week. They’re taking \$150 out of my check for child support, and I’m coming home \$200 every two weeks. I’m getting \$400, but my rent is \$550. I’m only able to survive because I’m getting a voucher through Drug Court to pay half of that rent, and at the end of the month, I have \$55 of disposable income.”

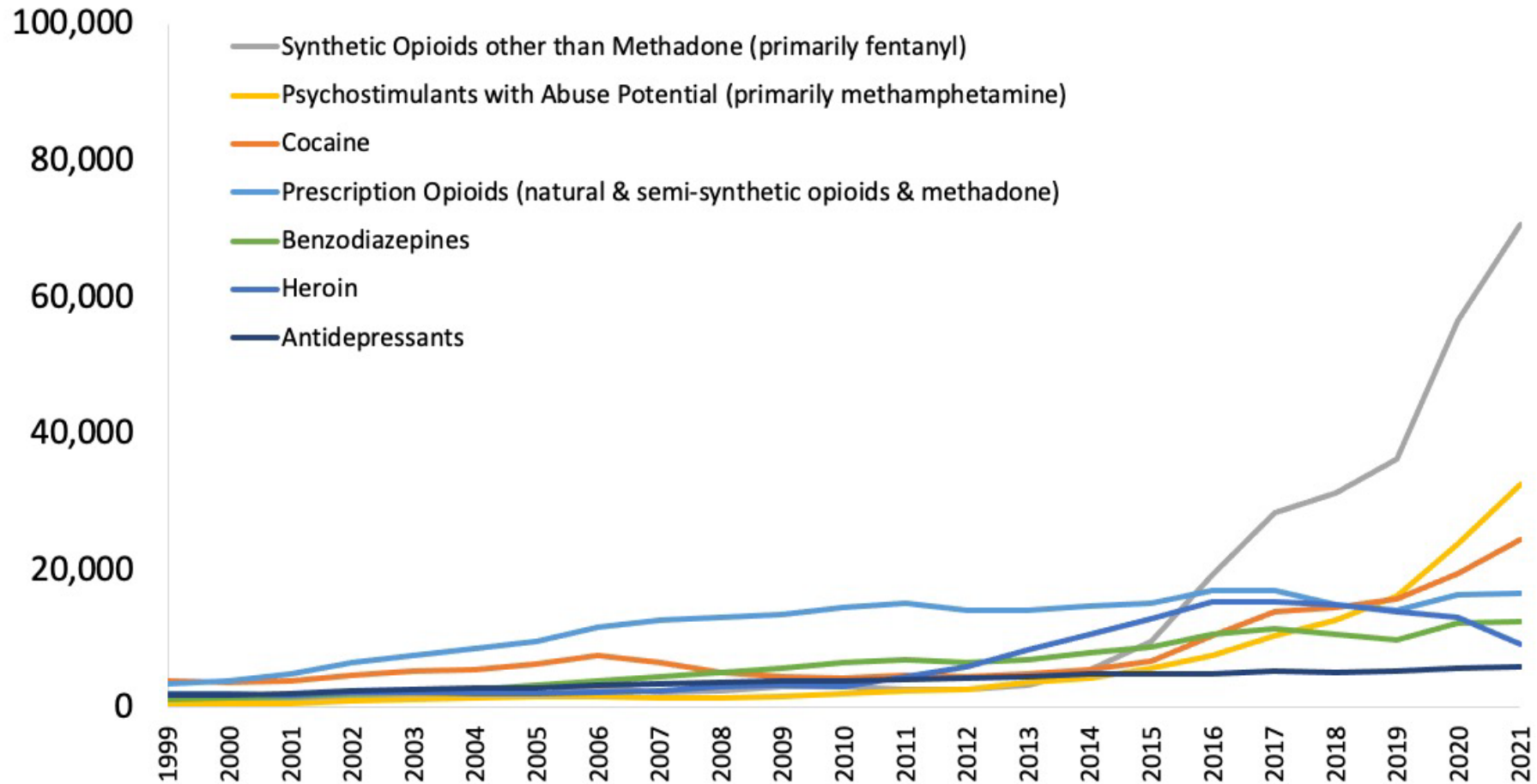
-- Judge Richardson



Glenn Sterner

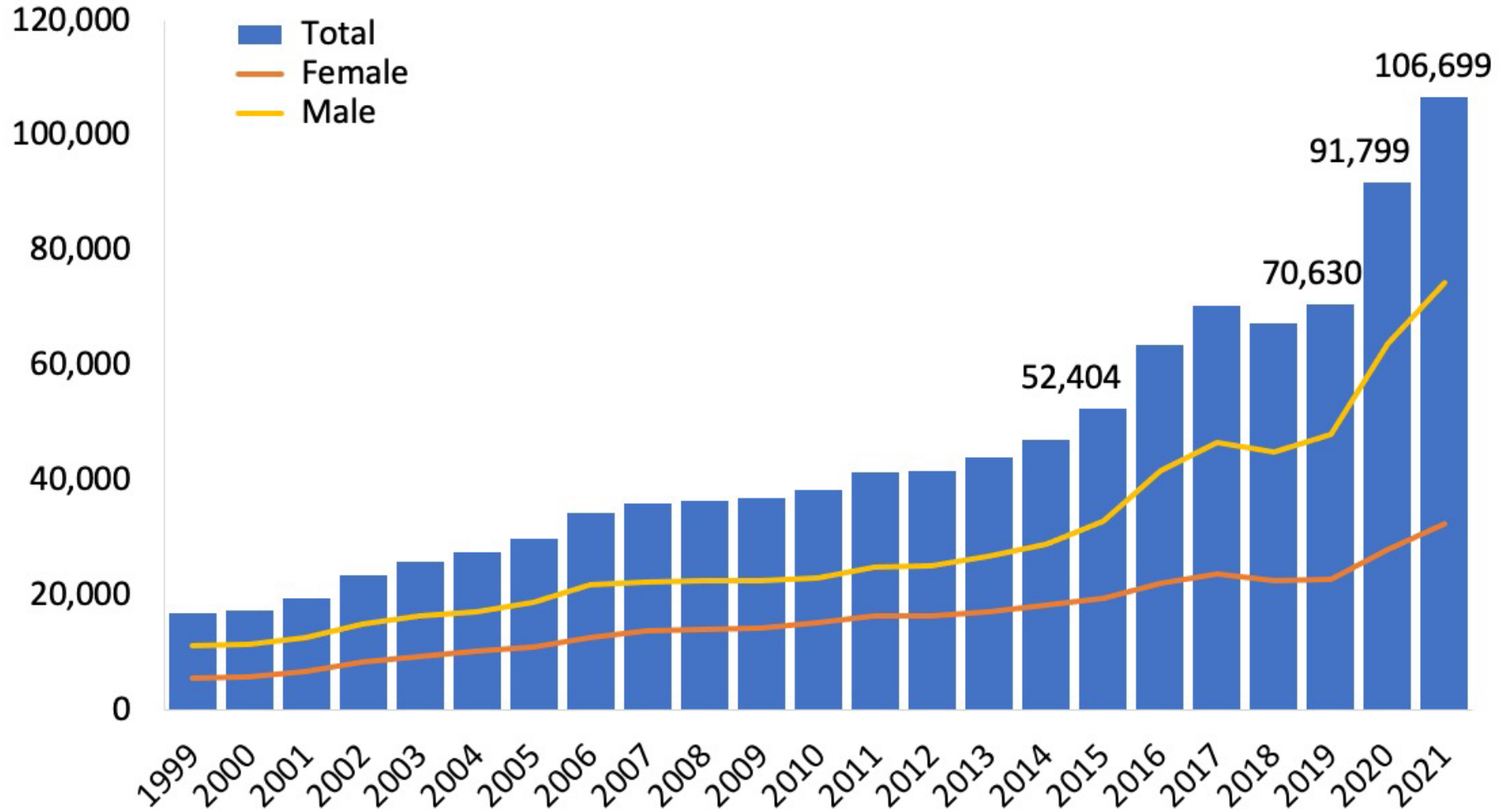
Assistant Professor of Criminal Justice
Penn State Abington

Figure 1: Drug Overdose Deaths by Substance, US 1999-2021



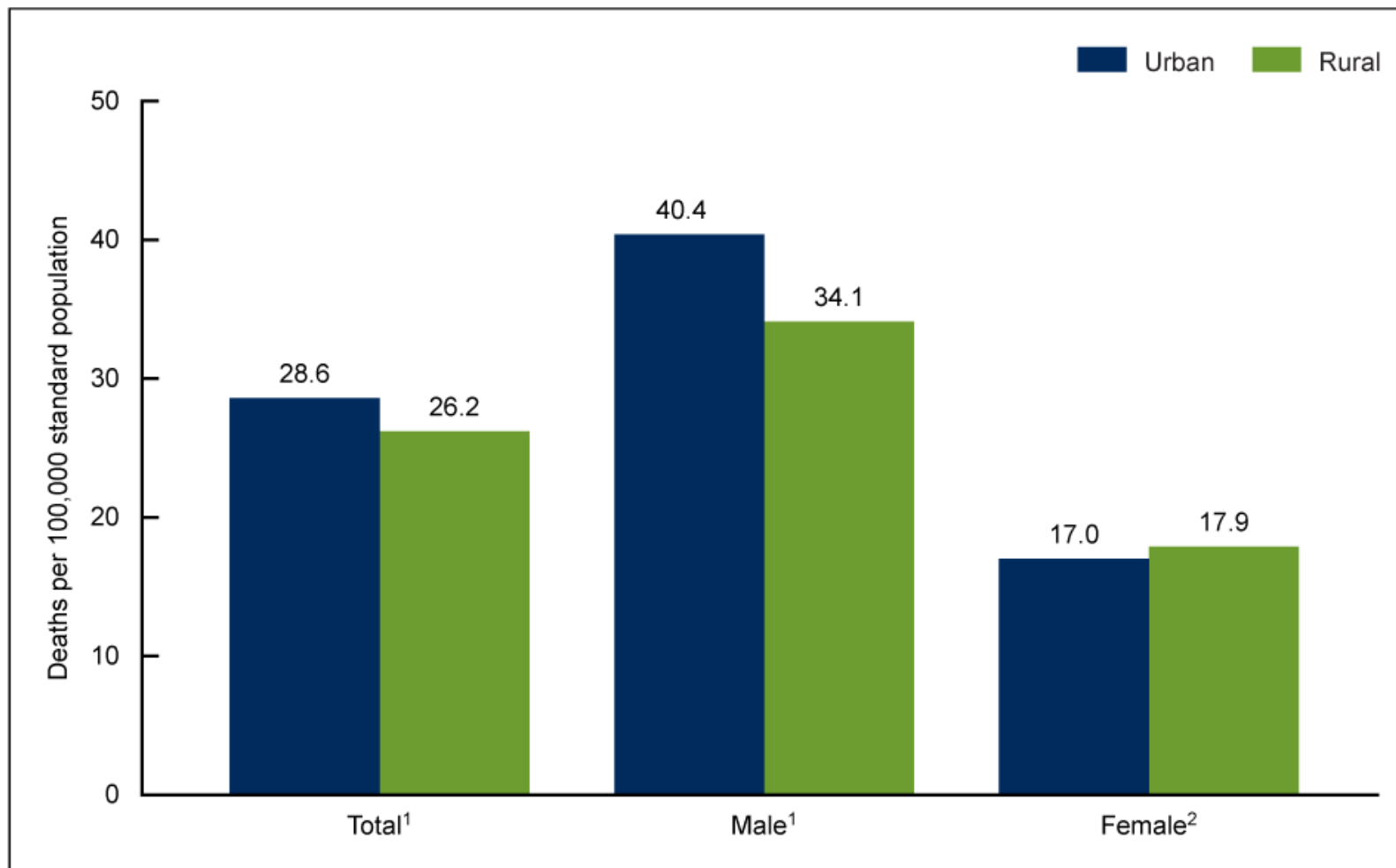
*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2021 on CDC WONDER Online Database, released 1/2023.

Figure 2: Drug Overdose Deaths by Gender, US 1999-2021



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

Figure 3: Drug Overdose Deaths by Gender and Location, US 2020



¹Rate higher in urban counties than in rural counties ($p < 0.05$).

²Rate lower in urban counties than in rural counties ($p < 0.05$).

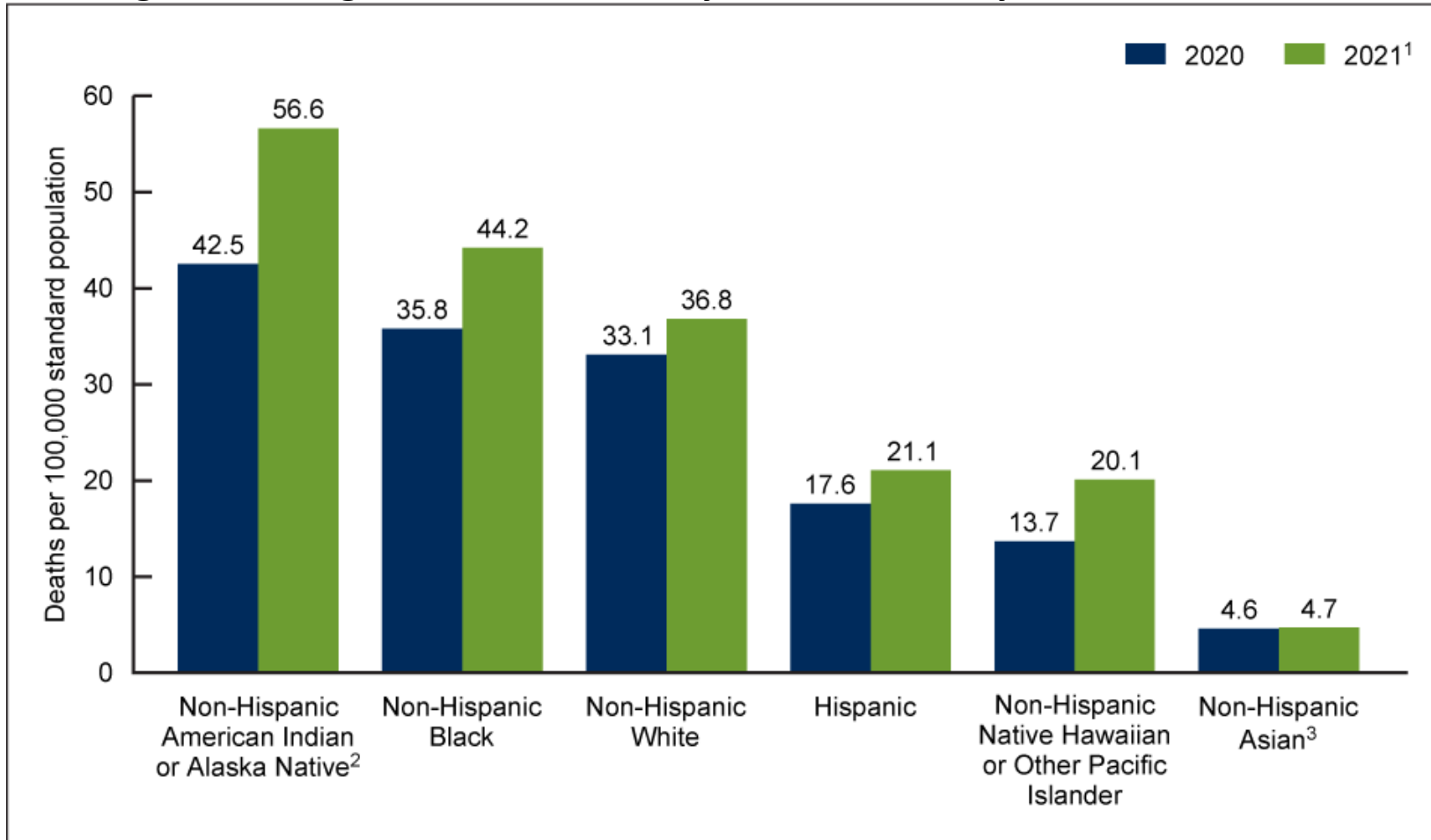
NOTES: Drug overdose deaths were identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. Decedent's county of residence was classified as urban or rural based on the 2013 NCHS Urban–Rural Classification Scheme for Counties. Access data table for Figure 1 at:

<https://www.cdc.gov/nchs/data/databriefs/db440-tables.pdf#1>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

<https://www.cdc.gov/nchs/data/databriefs/db440.pdf>

Figure 4: Drug Overdose Deaths by Race & Ethnicity, US 2020-2021



¹Except for non-Hispanic Asian people, rates in 2021 were significantly higher than in 2020 for all race and Hispanic-origin groups, $p < 0.05$.

²Race and Hispanic-origin group with highest rate in 2020 and 2021, $p < 0.05$.

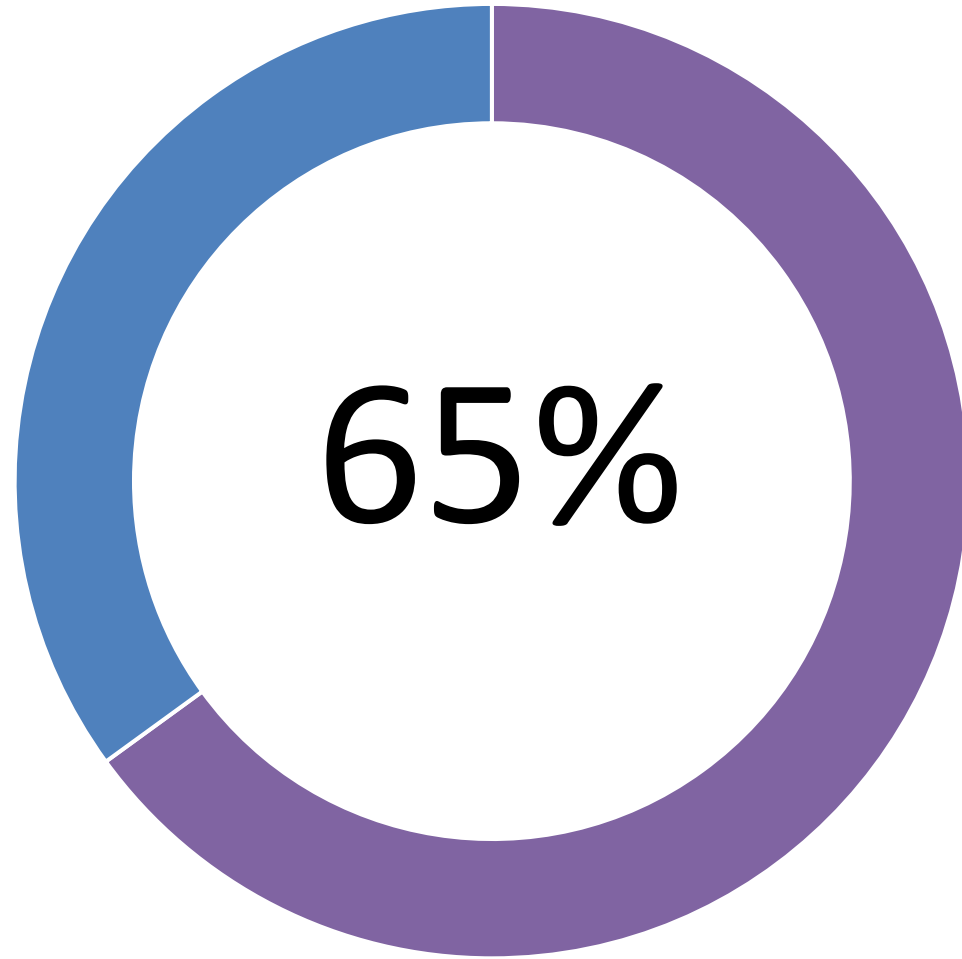
³Race and Hispanic-origin group with lowest rate in 2020 and 2021, $p < 0.05$.

NOTES: Misclassification of race and Hispanic origin on death certificates results in the underestimation of death rates by as much as 34% for American Indian or Alaska Native people and 3% for non-Hispanic Asian and Hispanic people. Drug overdose deaths were identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. Access data table for Figure 3 at: <https://www.cdc.gov/nchs/data/databriefs/db457-tables.pdf#3>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality File.

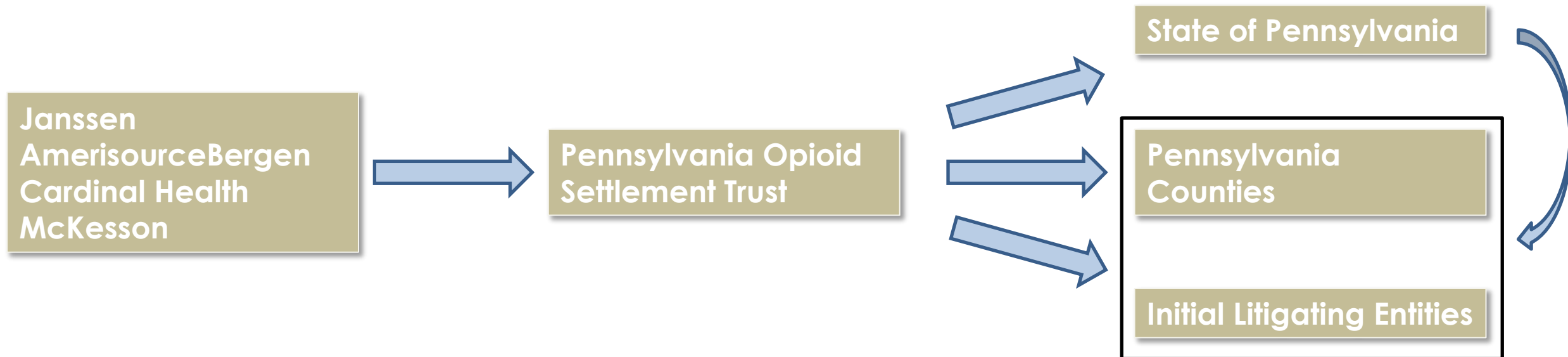


Rural Community Action Assemblies



Prison
Population
with SUD

2022 Opioid Settlement Funding Structure for Pennsylvania



The Elevate Pennsylvania Initiative

Engagement with Trust

- Data Reporting from Funded Entities
- Trust Reporting
- Public Reporting
- Cross State Disbursement Structures

Intervention & Implementation Evaluation

- Baseline Data
- Decision-making Data
- Logic Models
- Implementation Data
- Outcomes Data

Data Warehouse for Monitoring Public Health and Safety Outcomes

- Statewide Public Health, Safety Data
- Demographic Data
- Cross County Analyses
- Monitor Marginalized and Underserved Populations
- Cross State Comparisons

Community Outreach and Engagement

- Knowledge Sharing Communities
- Translation of Analyses, Data for Local Stakeholders
- Continuous Quality Improvement Model for Evaluation Results
- Measure effective translation, utilization



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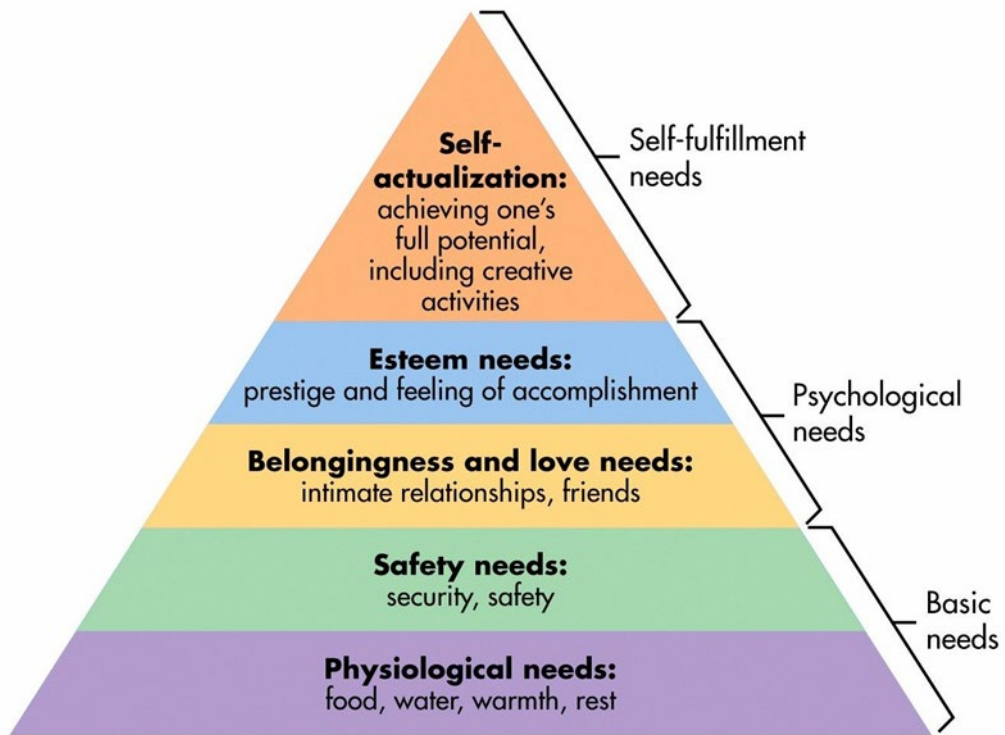
The logo for The Story Powered Initiative features a stylized graphic on the left consisting of two overlapping, curved shapes that resemble a flame or a leaf, with a color gradient from yellow at the top to pink and purple at the bottom. To the right of this graphic, the words "THE STORY POWERED INITIATIVE" are stacked vertically in a clean, sans-serif font. Below the text, the website address "www.storypowered.org" is displayed in a smaller font.



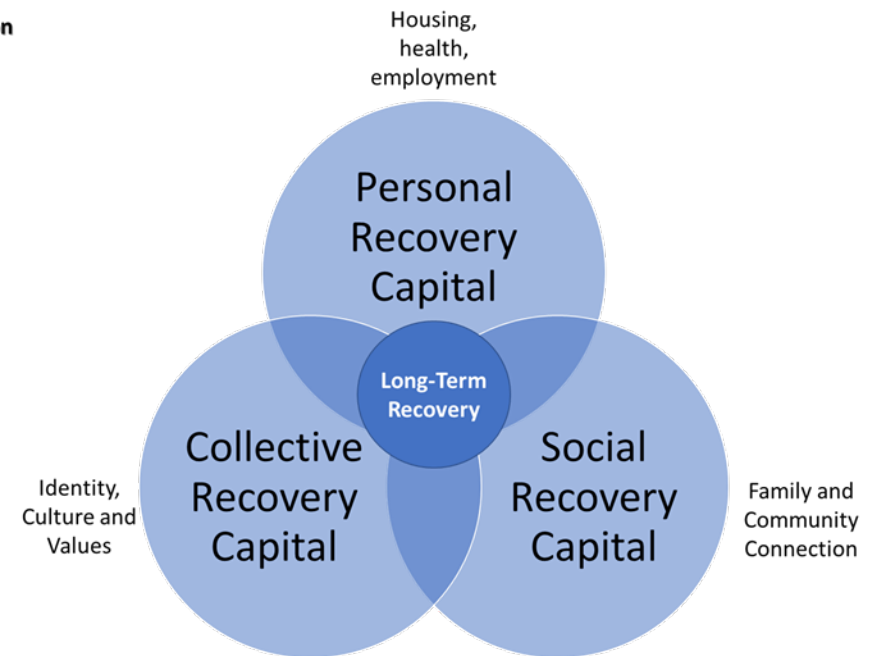
Denise Continenza

Extension Educator, Food, Families & Health
Penn State Extension - Lehigh County

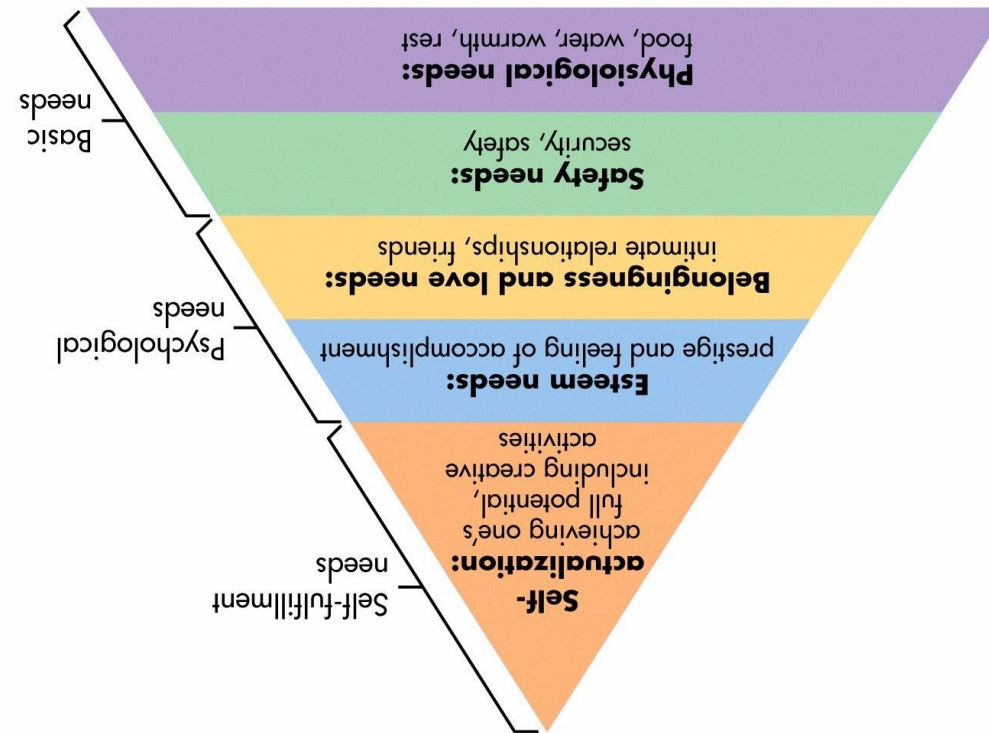
Recovery Capital



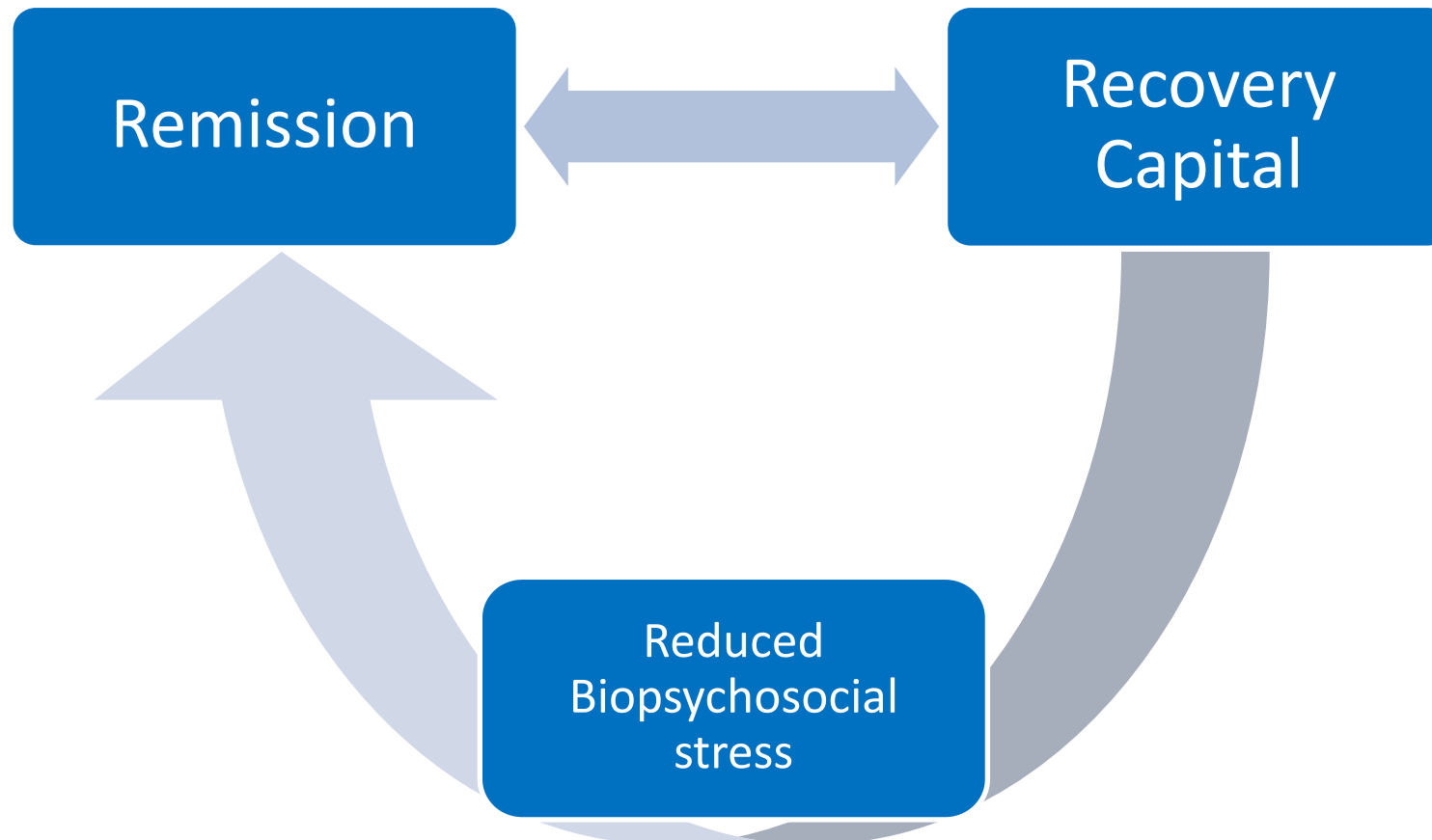
The Solution



We've got it All Upside Down!



So how does Recovery Capital work?





Douglas Swanson

Associate Extension Professional in Labor and Workforce
Development and Coordinator for the Labor Studies Program
University of Missouri–St Louis

Why is, or should, stigma reduction be a workforce issue?

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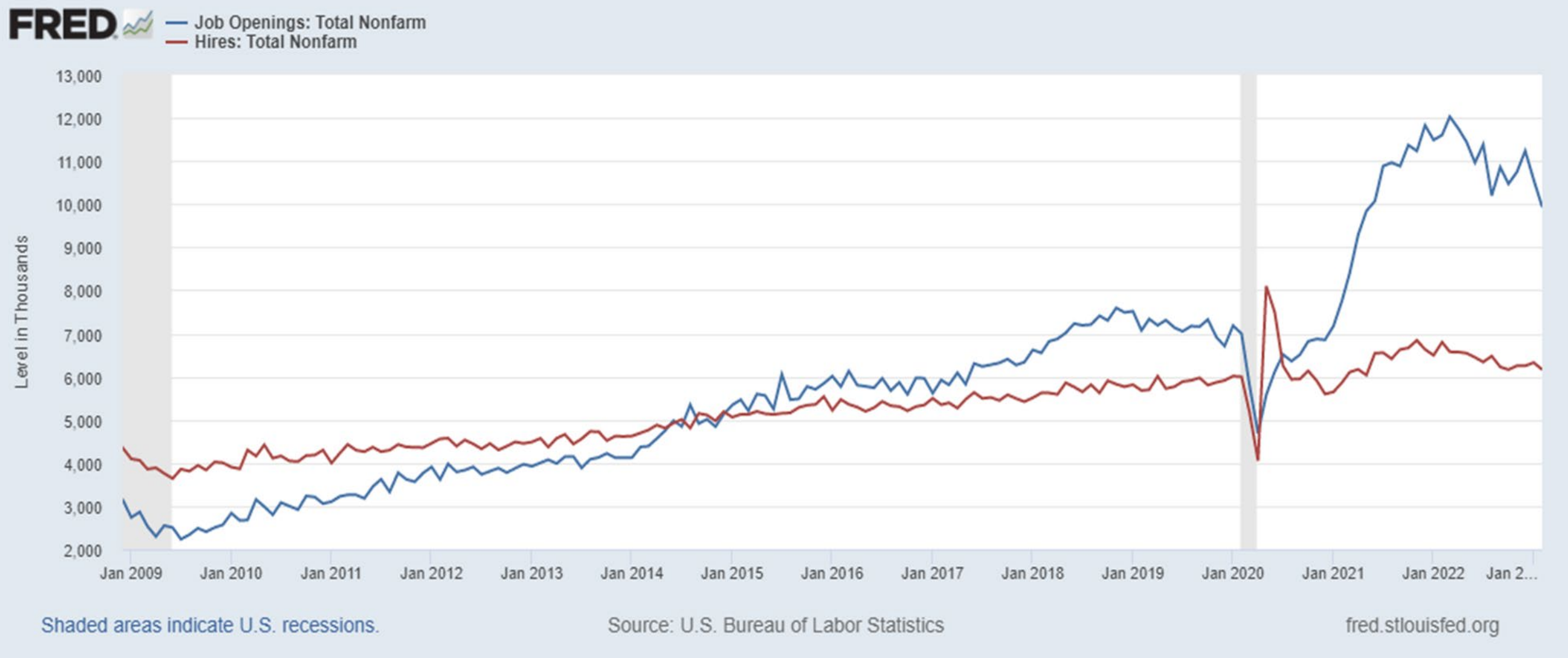
By Dec 31, 2029, 79 million Baby Boomers will be eligible to leave or will have left the workforce

That is = 26% of the population
or
1 out of every 4 people
(based on Jan 1, 2010, population)

Source: Cohn, D'Vera and Paul Taylor. *Baby Boomers Approach 65 - Glumly*. Pew Research Center. December 29, 2010. <https://www.pewresearch.org/social-trends/2010/12/20/baby-boomers-approach-65-glumly/>



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Where Have All the Workers Gone?

- 11.4% of men between the ages of 25 and 54 are not in the workforce, because they are either not employed or not seeking work. Of the 11.4%, approximately 7,000,000 of them are not working.
- The survey found that 47% of those individuals had taken pain medication within the last 24 hours.

Source: Krueger, Alan. October 4, 2016. Where Have All the Workers Gone? <https://www.bostonfed.org/-/media/documents/economic/conf/great-recovery-2016/alan-b-krueger.pdf>

Between 2000 and 2016, the U.S. lost an estimated \$37.8 billion in state and federal taxes due to eligible workers not in the workforce

Source: Penn State University Study in Journal of Medical Care, 2019

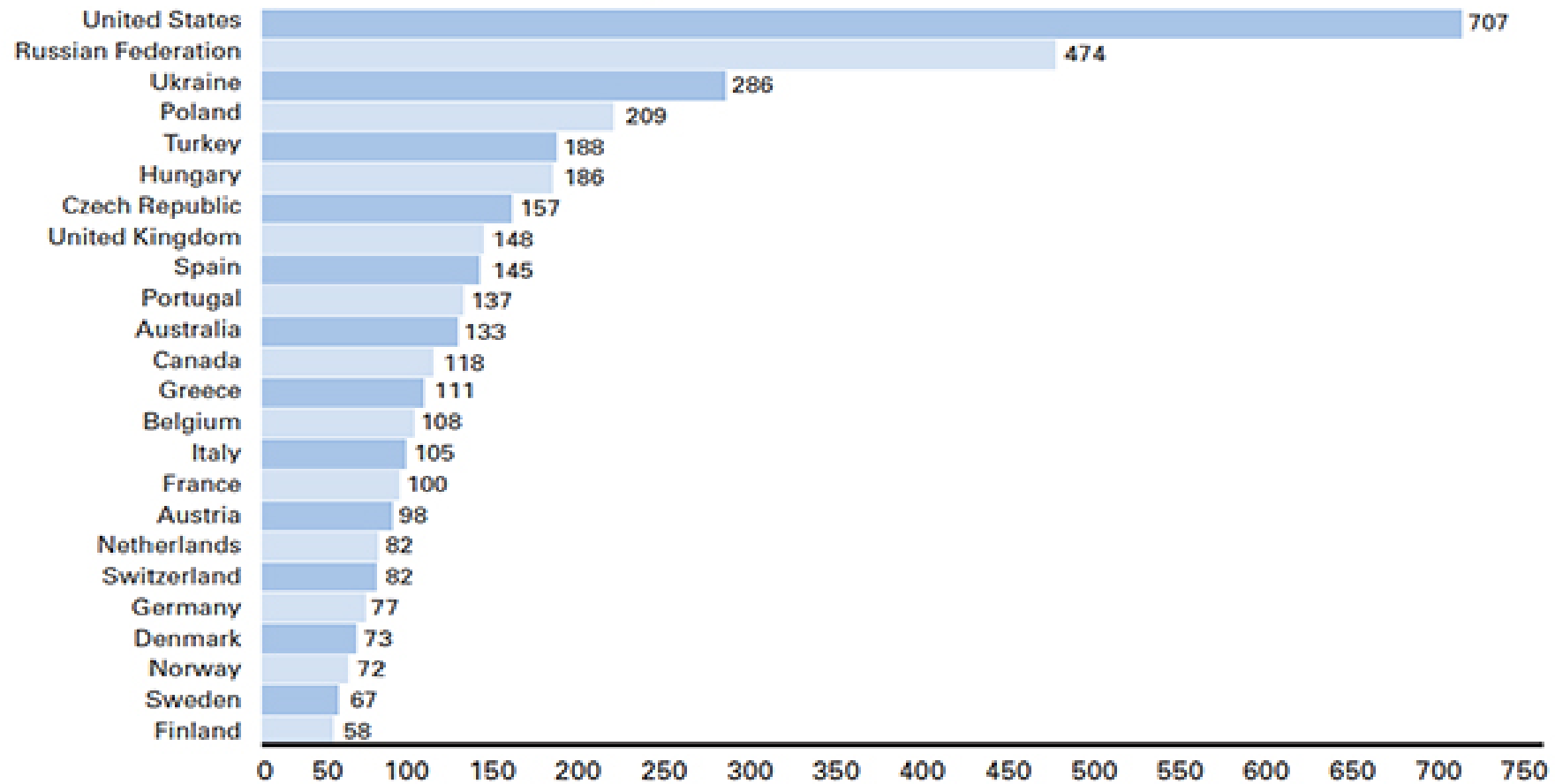
In 2016, Missouri's total economic cost of the opioid epidemic was \$12.6 billion

Opioid Use Disorder (OUD) and overdose deaths cost the state \$34.5 million a day; \$1.4 million an hour

That's 4.2% of the nearly \$300 billion of the MO GDP

Source: HIDI HealthStat, January 2018

Incarceration rates per 100,000



Source: apa.org

TABLE 8
Staff employed in local jails, by sex, year-end 2015 and 2016

Job function	Number		Percent	
	2015	2016*	2015	2016*
Total	213,000**	226,300	100%	100%
Correctional officers^a	169,300**	178,800	79.5%	79.0%
Male	117,300**	124,300	55.1	54.9
Female	51,900	54,500	24.4	24.1
All other staff^b	43,700**	47,500	20.5%	21.0%
Male	19,700	21,000	9.3	9.3
Female	24,000**	26,500	11.3	11.7
Inmate-to-correctional officer ratio^c	4.1**	3.9		



Note: Detail may not sum to total due to rounding. Results may differ from previous reports in the series due to data updates received from jails. See appendix table 10 for standard errors.

*Comparison year.

**Difference with comparison year is significant at the 95% confidence level.

^aIncludes deputies, monitors, and other custody staff who spend more than 50% of their time with the incarcerated population.

^bIncludes administrators, clerical and maintenance staff, educational staff, professional and technical staff, and other unspecified staff who spend more than 50% of their time in the facility.

^cNumber of confined inmates per correctional officer.

Source: Bureau of Justice Statistics, Annual Survey of Jails, 2016.



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JUST

TALENT

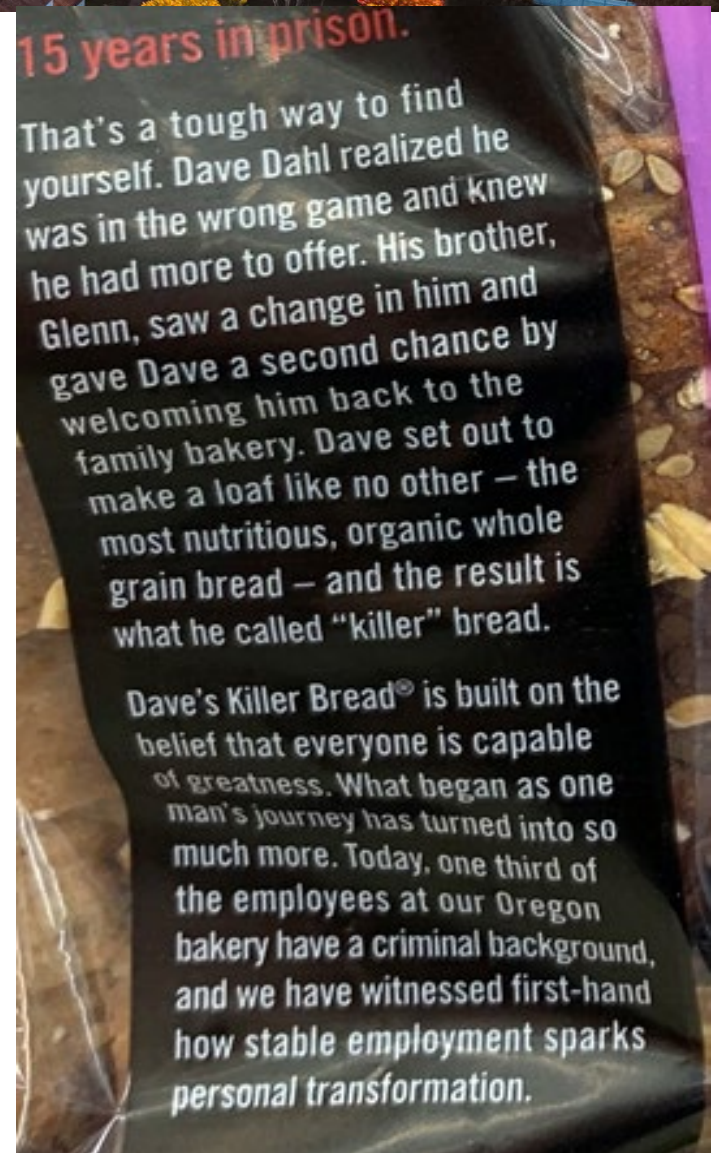
playbook ▶

<https://second-chance-slu.web.app/employers>

15 years in prison

That's a tough way to find yourself. Dave Dahl Realized he was in the wrong game and knew he had more to offer. His brother, Glenn, saw a change in him and gave Dave a second chance by welcoming him back to the family bakery. Dave set out to make a loaf like no other – the most nutritious, organic whole grain bread – and the result is what he called “killer” bread.

Dave's Killer Bread is built on the belief that everyone is capable of greatness. What began as one man's journey has turned into so much more. Today, one third of the employees at our Oregon bakery have a criminal background, and we have witnessed first-hand how stable employment sparks personal transformation.



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Everyone is capable of greatness. Dave's Killer Bread® has witnessed first-hand how stable employment sparks transformation in people with criminal backgrounds. Pledge your support and motivate more companies to harness the power of Second Chance Employment.

DAVESKILLERBREAD.COM

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- Found on Canvas

Recovery Ally Training

This training provides knowledge and skills to employers and employees to become empathetic allies for individuals seeking and sustaining recovery.

Take this Training

Shatterproof Just Five

This training provides knowledge and skills to employers and employees about the addiction continuum, understanding the signs of addiction, what treatment may look like, and supporting individuals in recovery.

Take this Training

How to Save a Life with Naloxone

This training provides basic knowledge about Naloxone, how to recognize the signs of an opioid overdose, and how to administer the opioid overdose reversal prescription.

Take this Training





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Submit questions using the Q&A box

- Kristina Brant, Assistant Professor of Rural Sociology, Penn State University
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- **Moderator:** Lisa Davis, Director, Pennsylvania Office of Rural Health and Outreach Associate Professor of Health Policy and Administration Penn State University

Thank You!

- Our next Rural Community Action Assembly is scheduled for **September 27, 2023**
 - Welcoming Immigrant Workforces
- Suggestions or questions about the series?
 - Send them to: Philip.Jones@phil.frb.org



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