



National Health Emergency Demonstration Grants to Address the Opioid Crisis: Implementation Evaluation

SUMMARY

In 2018, the Chief Evaluation Office (CEO) partnered with the Employment and Training Administration (ETA) to fund contractor Mathematica to conduct the National Health Emergency (NHE) Demonstration Grants to Address the Opioid Crisis: Implementation Evaluation. The literature review and implementation study aims to document all facets of the six NHE demonstration grants and identify challenges and promising practices to generate information that will better inform grantees, sub-grantees, providers and partners delivering workforce services to individuals and communities affected by opioid addiction. The evaluation has produced a literature review, resource guide, and final report.

This Department of Labor-funded study was a result of the annual process to determine the Department's research priorities for the upcoming year. It contributes to the labor evidence-base to inform [employment and training](#) programs and policies and addresses Departmental strategic goals and priorities.

Key Takeaways

- **Partnerships with the behavioral health system were reported as critical for grant implementation.** Many of the relationships were new, and partners struggled at times to define the purpose of the partnerships. In some cases, behavioral health partners were viewed as sources for mutual referrals or “hosts” for workforce staff. In other cases, partners collaborated to co-create new programs such as a specialized work readiness training for individuals in recovery.
- **Aligning the expectations of workforce development and behavioral health partners was challenging due to differences in culture and operations.** In particular, the systems had different conceptions of “work readiness.” Behavioral health partners expected that anyone who wanted to work would be eligible for American Job Center (AJC) services, but AJCs turned down some potential clients with opioid use disorder whom they deemed not ready to take advantage of their services.
- **Efforts to train AJC staff on how to interact with people in recovery appear potentially promising.** Two of the grantees offered training for AJC staff on topics such as substance use disorders, what it means to be in recovery, and how to interact with people with opioid use disorder in a sensitive manner (such as by using person-first language) to help break down stigma around working with people in recovery and improve the experience of people in recovery who seek services at AJCs. Having trainers with lived experience seemed particularly impactful to interview respondents.





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- **Flexible grant eligibility requirements allowed states to take different approaches to participant recruitment, and the approaches were associated with differences in participant characteristics.** Four grantees relied heavily on recruiting participants through behavioral health partner organizations and on-site outreach at treatment facilities and recovery organizations; the other two grantees primarily screened people already seeking AJC services. States with a targeted approach to recruiting participants impacted by the opioid crisis through behavioral health partnerships enrolled more participants with barriers to employment, including prior justice involvement, being homeless at enrollment, having a disability, and not being employed at the time of program entry.
- **Frontline staff and administrators identified the need for intensive case management.** People in recovery recruited through partnerships with behavioral health providers had complex needs and required more support than clients typically served at AJCs.
- **Grantees reported substantial labor market demand and participants interested in peer recovery occupations,** but labor market information about these careers is relatively limited. The Bureau of Labor Statistics does not track peer recovery specialists as a distinct occupation. To better understand the potential earnings of people entering these positions, more labor market information is needed, along with information on possible career paths and opportunities for advancement."
- **The workforce system may be able to support a community's recovery infrastructure by helping employers provide recovery-friendly workplaces.** Providing technical assistance to employers through incumbent worker training, recovery-friendly workplace initiatives, and learning communities such as Project Extension for Community Healthcare Outcomes (ECHO) can magnify the workforce system's impact on the outcomes of individuals in recovery.

[SEE FULL STUDY](#)

TIMEFRAME: 2018-2021

SUBMITTED BY: Mathematica

DATE PREPARED: December 2021

PARTNER AGENCY: Employment and Training Administration (ETA)

SPONSOR: Chief Evaluation Office

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