
**Report to
The Vermont Legislature**

**Annual Report on the Employment Assistance Pilots in
Chittenden and Orleans County**

In accordance with Act 185 (2022, H. 740)
33 V.S.A. §1134(c): Fiscal Year 2023 Appropriations Act

Submitted to: **The House Committees on Commerce and
Economic Development, Appropriations, and
Human Services**

**The Senate Committees on Economic
Development, Housing and General Affairs,
Appropriations, and Health and Welfare**

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Department of Disabilities, Aging, and Independent Living
(DAIL)

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LEGISLATIVE REQUEST

NA

EXECUTIVE SUMMARY

In the summer of 2022, the legislature provided the Division of Vocational Rehabilitation (recently rebranded as HireAbility (HA) Vermont) with dedicated funds to pilot specialized employment services in Burlington for individuals with opioid misuse disorders. HA was able to use one-time federal funds to expand the pilot to an additional site in Newport. In recognition of the complexity involved in serving individuals with opioid dependence disorders, the project uses a wraparound approach designed to address all the barriers that can undermine employment. The HA Opioid Pilot Teams include a vocational counselor, an employment consultant, and an Employee Assistance Program (EAP) clinician.

HA rapidly deployed the two teams and started receiving referrals in November 2022. The teams have developed effective partnerships with local partners including the recovery centers, the Hubs and Spokes and the Department of Corrections. As of December 2023, 162 people have been referred and 84 have enrolled in HA services. Of these, 22 were placed in employment and 7 have enrolled in education and training programs. To date 3 participants have received a credential. The Division of Substance Use Programs (DSU) has been a hugely supportive partner and has facilitated our engagement with the substance use provider system.

HA has faced some challenges implementing the program. HA staff had to be very cautious in how they engaged with local providers and recovery centers. Our approach was to learn about how recovery works and what support is needed in pursuit of employment. Similarly, we had to educate employers about the recovery related needs of the participants we referred to them.

Looking to the future, HA will have a much larger data set to properly assess the impact and outcomes of the project, by 2025. HA has a very robust case management system for tracking services and outcomes both in the long and short term. We will use this data to inform and refine our program design and improve services.

HA can support the two pilots through SFY 25 with carryover from state funding and one time US Department of Education federal reallocation funding. By 2025 we expect to have a much larger data set to assess the effectiveness of the two pilots. We recommend that HA submit an updated report to the committee in January 2025.

Beyond SFY 25, HA may not be able to sustain the pilots and will need to identify sustainable funding if the outcomes warrant continuation. HA and the Department of Health, recommend that the State consider using the Opioid Settlement funds to support the pilots in the future. Based on the outcome data to date, HA anticipates interest in expanding to additional regions in the future.

INTRODUCTION

The Division of Vocational Rehabilitation is the legal name of the Division. However, in 2021, the Division rebranded and are now known as HireAbility (HA) Vermont. We use the rebranded name HA throughout this document.

The opioid epidemic, in general, has had a profound impact on the State's workforce because of the very high rate of unemployment (60% plus) among individuals receiving treatment for opioid dependence from the providers in the Hubs. Opioid dependence disproportionately affects adults ages 20 to 40 and in Vermont the epidemic has had the effect of taking younger workers out of the workforce, just when they should be building careers and credentials.

HA has long been interested in providing specialized employment services for individuals in recovery. Substance abuse disorders present some unique challenges that require a specialized approach to employment services. In the summer of 2022, the legislature provided HA with dedicated funds to pilot such a specialized approach in Burlington. In 2022 HA also received one-time reallotment funding from the US Department of Education which the agency decided to use to fund a second pilot site in Newport.

The legislation authorizing the pilot required HA to submit a report on our progress by January 10th, 2024 to the House Committees on Commerce and Economic Development, Appropriations, and Human Services, and to the Senate Committees on Economic Development, Housing and General Affairs, Appropriations, and Health and Welfare. The report summarizes the effectiveness of the pilot programs and includes:

- Educational attainment and achievement of program recipients;
- Acquisition of a credential of value pursuant to 10 V.S.A. § 546;
- Number of job placements; and
- Job retention rates.

We are excited to share this update with the committees and are very proud of the progress made by the pilot teams in such a short time frame.

HireAbility Opioid Employer Project Pilot Development and Progress

HA Opioid Employment Project Design

In recognition of the complexity involved in serving individuals with opioid dependence disorders, the project uses a wraparound approach designed to address all the barriers that can undermine employment. The core members of the team are as follows:

The Vocational Counselor (VC): The VC is the lead case manager for the team. The VC works with the participants to assess their skills and interests and develop an Individual Plan for Employment (IPE). The VC will support the participant in exploring career pathways beyond entry level employment. The VC has a case service budget that can be used to pay for credentialed training and education, transportation, work clothes and other support needs. The VCs working on this project have backgrounds in substance use disorders including lived experience.

The Employee Assistance Program (EAP) Clinician: The EAP clinician's role is to help the participants address all the issues that might undermine their employment goals. Examples are lack of stable housing, access to treatment, strategies to avoid relapse, and dealing with legal issues.

The Employment Consultant (EC): The EC provides direct support to the participant in their job search. They are employees of the Vermont Association of Business, Industry and Rehabilitation (VABIR), the community agency HA contracts with. ECs can contact employers directly on the participant's behalf or help the participant make those connections themselves. They can help with resume development and interview preparation. They are also there to support the participant through decisions about whether to disclose their substance use disorder or other disabilities.

Timeline to Start HA Opioid Pilots

Ramping up a new program from scratch takes time. However, despite many challenges the HA Opioid Project was deployed and receiving referrals within five months of the funding award. Anyone familiar with the process of ramping up a complex state project understands this is a very rapid implementation.

Vermont Department of Health/Division of Substance Use (DSU) Partnership

HA and the DSU have established a highly effective partnership to support the implementation of this project. Inter-agency collaboration can be challenging for many reasons, including different cultures, competing priorities, etc. However, DSU and HA have been closely aligned in the planning and roll out of these services. HA could not have been successful without the support and guidance of the DSU team.

Outreach Work to Substance Use Providers

The Burlington and Newport sites have made extensive outreach efforts to local community partners serving individuals with substance use disorders. The teams have established relationships with over twenty local partners including the recovery centers, community mental health agencies, treatment court, rehabilitation programs, probation and parole and many others. Referrals have been coming in at an encouraging rate from these partners and the program is developing a strong profile in these communities. This work has generated over 160 community referrals.

Outreach to Businesses

HA has long had a dual customer approach that equally values the needs of our participants and the employers who hire them. For HA to be successful we must meet the needs of both parties. This is perhaps more challenging because of the stigma associated with substance use and the understandable concerns of employers about hiring people in recovery. It is still early, but to date employers in both locations are generally receptive to the project and consider participants for employment. Employers in both regions said they would benefit from more information related to the recovery process, medication-assisted treatment (MAT) and how to best support employees in recovery.

Over the next year we expect to have a great deal more experience with employers and job placement for people in recovery. We hope to include the employer's perspective of the challenges and opportunities of recruiting and hiring individuals with substance use disorders in future reports.

Challenges and Lessons Learned

Deploying a new program in communities always comes with challenges and opportunities for learning. Some early challenges and lessons learned include:

- The recovery community must manage issues of stigma, judgement, and misunderstanding of the nature of addiction. The need for safety in this community means that HA staff had to be very cautious in how they engaged with local providers and recovery centers. Our approach was to learn about how recovery works, and what supports are needed in pursuit of employment.
- Recovery is a journey that has pitfalls and difficulties. The HA teams found that participants are frequently in crisis and frequently disengage from services. We needed to adapt our pace and process to be available when they were in a place to move forward and pause when life issues and difficulties necessitated the participant focus on other critical aspects of recovery like housing, safety, and basic needs.
- Vermonters in recovery face many barriers such as housing insecurity/homelessness, mental health and trauma issues, criminal backgrounds, unmet basic needs, lack of transportation, and issues related to disconnection from friends and family. These barriers all need to be considered and supported to

position someone in recovery for employment. How these barriers are attended to means the difference between success and relapse.

Outcome Data to Date

HA is primarily a workforce agency, and we have robust systems for tracking employment and education/training outcomes for our participants. Over time HA will be able to provide the legislature with detailed data on a range of measures. As noted, the project has ramped up in a very short time frame. We know that it will be another year before we can begin to assess program results. However, the early referral and program participation data is very promising. The following are the measures required by the legislature with the exception of job retention. As of December 2023:

- 162 individuals have been referred to one of the pilots
- 84 have opened HA cases and engaged in services
- 22 have been placed in employment
- 7 have enrolled in education or training programs
- 3 have completed a credential.

It is too early to accurately assess job retention. HA has access to long term wage data through the Department of Labor's, Unemployment Insurance system. This will allow us to track participant employment status and wages for at least four quarters post program exit.

Successes Story

Despite being early in the project's implementation, we have already had some success stories. JO's story is illustrative of the work the pilots are doing.

JO is involved in a treatment court and recently transitioned out of a treatment program into a sober living situation. JO connected with HA during an out posting visit at Turning Point. He was interested in the ReSOURCE HVAC training, and while he was waiting for the training to start, he volunteered at Turning Point. He graduated from ReSOURCE on 10/6/23 and there was a strong possibility he would be hired by the company where he was interning. Unfortunately, he was not hired and was let go due to his criminal background. He is actively looking for employment with the help of a VABIR Employment Consultant.

While enrolled in the HVAC training, HA helped JO pay some rent while he was living at a sober house. The decision to help with this was so that he could use his Reach Up (State's TANF program) funds to purchase diapers and snacks for his in-person visitations with his child and work on his unification plan. His UAs (Urinalysis / drug testing) were changed to a different time, so he could engage in the training and make the scheduled visitations with his child. He has followed through on visitations with his child and has a long-term plan of reunification for the end of November, 2023. HA helped pay for HVAC tools so JO could participate in the ReSOURCE work experience. His father has worked in the HVAC field for many years, and helped JO pick out the appropriate tools. His relationship with his father had been shattered due to his past behavior. JO is considered a gold star in the treatment court.

What's Next

Looking to the future, HA will have a much larger data set to properly assess the impact and outcomes of the project, by 2025. We will use this data to inform and refine our program design and improve services. In the long run, we hope to bring hundreds of people who have been unemployed because of substance use disorders back into the workforce. After all, what is the point of treatment and recovery, if you do not have a life to return to.

RECOMMENDATIONS

HA can support the two pilots through SFY 25 with carryover from state funding and one time US Department of Education federal reallotment funding. As noted, by 2025 we expect to have a much larger data set to assess the effectiveness of the two pilots. We recommend that HA submit an updated report to the committee in January 2025.

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