



# Recovery, Treatment, and Workforce Support Community Needs and Strengths Assessment Report

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**Keywords:** The State of Regular Unfinished Stres; Hypertrophy of the Endocrine System; Progredient Adaptation.

## Introduction

In the fall of 2020, Prestera Center was awarded a federal workforce grant entitled Treatment, Recovery and Workforce Support (Workforce Support) by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Marshall University Center of Excellence for Recovery (Center) will lead the evaluation on the project. This grant has the goal of creating a path for persons in substance use recovery and/or treatment (recovery/treatment) to have full-time, consistent employment in eight counties in southern West Virginia, and thereby aiming to decrease substance use and overdoses in these areas. The population of focus includes adults in recovery/treatment who seek employment and career development support. The implementation of the project will be a collaborative effort lead by Prestera Center, a behavioral health service provider in West Virginia. This project will take place in eight counties in southern West Virginia: Cabell, Kanawha, Logan, Wayne, Lincoln, Putnam, Boone, and Mingo.

**In order to attain this goal, Workforce Support has six objectives**

1. Decrease the number of overdose fatalities by at least 80 individuals per year across eight counties in WV.
2. Engage the minimum number of individuals selected for each year (30 for year 1, 90 for year 2, 100 for year 3, 100 for year 4 and 80 for year 5) who are in recovery/treatment in vocational and career evaluations, short-term pre-vocational services, training services linked to employment opportunities, case management, counseling, recovery/treatment coaching and care coordination each year for five years.
3. Maintain a list of at least ten employers paying at least \$12 an hour starting wage in each of eight counties that commit to interviewing and employing adults referred by Prestera's Workforce Support case managers.



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4. Adopt innovative technology that supports recovery/treatment and wellness. Provide resources in the form of an app and allow telehealth capabilities to mobile devices to provide to 100% of individuals enrolled in Prestera's Workforce Support.
5. Form and convene an advisory committee that includes the members from the local and state workforce boards, training program partners, the WV DHHR Bureau for Behavioral Health and the Office of Drug Control Policy, employers and other stakeholders.
6. At least 40% of participants using tobacco or vaping products will quit and stay quit through tobacco cessation programs offered to clients of Prestera's Workforce Support.

To begin the project, the Center conducted a needs and strengths assessment to determine the current barriers and facilitating factors to employment for persons in recovery/treatment in the participating counties by collecting information from persons in recovery/treatment, employers, and key informants involved in workforce programs for persons in recovery/treatment throughout the eight counties of focus. This assessment will inform planning and development of the project as well as continue to involve stakeholders in the evaluation process.

### Background

Over the last decade, the national opioid epidemic has disproportionately affected West Virginia, which has the highest opioid-related death rates for synthetic, prescription, and over-all opioids in the country in 2018 [1]. Synthetic opioids like fentanyl have caused a dramatic increase in the drug-related death rate in the state from 2015 to 2017 [1,2]. According to the Centers for Disease Control and Prevention, overdoses increased during the COVID-19 pandemic, with 883 predicted overdose cases in August 2019, to 1,226 in August 2020 [21]. These rates are highly concentrated along the south-western region of the state including Cabell County and Kanawha County, which is home to the capitol, Charleston [3]. Substance Use Disorders (SUDs) that have devastated these areas of the country, which have been exacerbated by social determinants of health [4,5,6].

Several factors can influence a person's recovery/treatment, including individual biological components as well as social determinants and disparities like housing, social support, and employment [7]. It is important to understand that these social determinants adhere to a person's social inclusion and social participation in their communities, which may increase access to resources for recovery/treatment [8,9,10,11]. Among other factors, employment and workforce participation are two components of an individual's path to sustained recovery/treatment that has been explored in published research extensively [12,13,14,15]. Several studies have highlighted and found that being unemployed can contribute to an individual's likelihood of a recurrence of symptoms; therefore, increasing focus on employment and workforce participation are possible paths to decrease incidence and prevalence rates of SUD [16]. In the eight counties in West Virginia where the rate of overdose deaths per 100,000 significantly exceeds the state and national average, unemployment rates are observed at higher rates as overdose rates increase.

Employment and workforce participation make up a person's social and human capital.

Social capital is made up of the social resources a person has such as social support, relationships, and social participation. Human capital includes such things as the skills and knowledge, health, and education that a person accrues throughout their life [12]. Because strong social and human capital have been identified in decreasing rates of recurrence of symptoms, improving recovery/treatment outcomes with persons with SUD [12,13] and employment can improve social participation and personal growth and development. Understanding barriers to employment for this population is key in developing strategies to prevent persons in recovery/treatment from experiencing a recurrence of symptoms.

### Review of the literature

As previously mentioned, decreased social and human capital have been identified as being influencers in making persons in recovery/treatment from SUD or currently using drugs vulnerable to being unemployed. A case-control study from Koo, Chitwood, and Sanchez analyzed characteristics of employed and unemployed persons who used heroin in 2007 [12]. They found that factors influencing an individual's human and social capital closely correlated to their likelihood of being employed. For example, for those who were unemployed, they found that situations such as not having stable housing, having limited work experiences, poor health or comorbidities, and have limited educational backgrounds had a major impact in their vulnerability to unemployment [12]. In order for individuals living with SUD to increase their social and human capital, they must first work through the barriers relating to housing, work experience, health, and education.

In a similar study, Duffy and Baldwin discuss individuals' recovery capital, or the factors affecting a person's ability to recover from SUD [13]. This recovery capital, like human and social capital discussed in the study by Koo et al, can accumulate as a person remains abstinent from use. This study observed how employment is a key component of recovery capital and identifies barriers to employment as, among others, self-perceived barriers such as not feeling accepted in the workplace, having poor health, and not having the adequate qualifications for employment. This was a semi-structured qualitative study with persons in recovery/treatment.

Previously, Walton and Hall conducted a literature review on the effects that employment has on recovery outcomes [16]. Their review included a look into societal-level benefits of employment for persons in recovery/treatment, such as decreased neighborhood crime and decreased consumption of welfare services. The review discussed that from the number of studies reviewed [12], there was great generalizability in the results, indicating that across different geographical locations and types of substances used, similar employment intervention characteristics were observed as determining positive recovery/treatment outcomes for persons with SUD. Robustness of employment, housing status, and productivity in the workplace all had a positive impact in job retention and treatment outcomes for individuals with SUD.

From the latest data, unemployment rates in the eight counties selected for this project are higher than the national average. These eight counties also have significantly higher rates of overdose deaths than the rest of the country (See Table 1). Assessing the relationship between unemployment and persons with SUD in recovery/treatment will allow our team to develop sustainable and relevant program content, support, and com-

munity resources in each county in order to prevent recurrence of symptoms and overdoses for individuals in southern West Virginia.

### Methodology

All surveys were anonymous, voluntary, and administered online through Qualtrics. Each survey contained online survey consent before beginning the survey. Survey participants could have stopped at any moment or chosen not to answer a question. This study was approved by the Marshall University Social/Behavioral IRB under study number 1663903.

### Study framework

This study was a multi-perspective quantitative and qualitative exploration of employment barriers and facilitating factors for persons in recovery/treatment from SUD. We surveyed 1) persons in recovery/treatment (participants), 2) key informants, and 3) employers, to gather various perspectives of barriers observed in West Virginia. For the participant survey, we used two verified survey tools: Employment Hope Scale (EHS) [17,18,19] and Perceived.

Employment Barrier Scale (PEBS) [20]. The EHS is an individual-centered scale which uses Psychological empowerment and goal-oriented pathways to measure an individual's hopes and perceptions of employment [17]. The EHS (here, EHS-14 for the 14 factors it assesses) was used in this survey to cover the component of strengths and assets a person perceives in themselves when it comes to workforce participation. Its themes are psychological empowerment, futuristic self-motivation, utilization of skills and resources, and goal orientation. The PEBS is barrier-centric assessment, which focuses on these previously identified barriers: Physical and mental health, labor market exclusion, childcare, human capital, and soft skills. Differing from the EHS, the PEBS focuses more on barriers to this employment hope of the EHS-14, which covers the component of needs or gaps in employment and workforce participation for our population.

Working together, the EHS-14 and the PEBS give the most evidence-based and holistic view of understanding strengths and needs of employment for our population.

For key informants, we surveyed persons in the communities in the eight counties participating in this project, who work in getting persons in recovery/treatment or living with SUD back into the workforce or facilitate employment and resources for employment for this population. For this portion of the assessment, our team investigated how their role in their organization/agency impacts employment/workforce prospects for persons in recovery/treatment, and their insight into the barriers they see in their clients/the persons with whom they work.

Additionally, we assessed their knowledge of similar groups/key informants to them and their work in order to get an overview of various resources for employment in each community. In a quantitative and qualitative survey, we assessed their role.

Employers were also surveyed in order to gain another perspective of barriers to employing persons in recovery/treatment. In this survey, we assessed which factors they view as enabling employment, creating barriers to employment, and what they look for in an employee.

### Participants

Participants were surveyed through an anonymous online link. To be considered a participant, the individual had to be in recovery/treatment from SUD and be seeking employment. Participants were recruited from Pretera's Workforce Support program.

Vocational case managers assigned to participants helped distribute the surveys and were available should participant have any questions. Links were distributed to all Pretera Center case managers through Project Director, with the aim of reaching ten participants in each participating county for this project, and even though the enrollment is ongoing, we were able to reach ten for this preliminary assessment. Participants had the chance to enter into drawing for \$25 gift card if they wanted to at the end of the survey. This survey will remain open for several months to allow more participation from participants since the project is new and enrolling individuals.

Surveys were a combination of the Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRE-PARE) from the Centers for Disease Control and Prevention (CDC), and the Employment Hope Scale (EHS) and Perceived Employment Barriers Scale (PEBS) from Loyola University in Chicago [17-20].

### Key informants

Key informants were surveyed through an anonymous online link. To be considered a key informant, the individual had to work in efforts of workforce participation for population in recovery/treatment from SUD in West Virginia. Key informants were recruited through partner organizations of Workforce Support project and stakeholders involved in employment efforts for persons in recovery/treatment who have worked or currently work with project and/or evaluation team. These individuals were sent link through e-mail. We aimed to reach at least 15 key informants, and we reached 61.

The survey focused on a combination of quantitative and qualitative questions regarding key informant's experience, recommendations, and views on employment barriers for persons in recovery/treatment from SUD.

### Employers

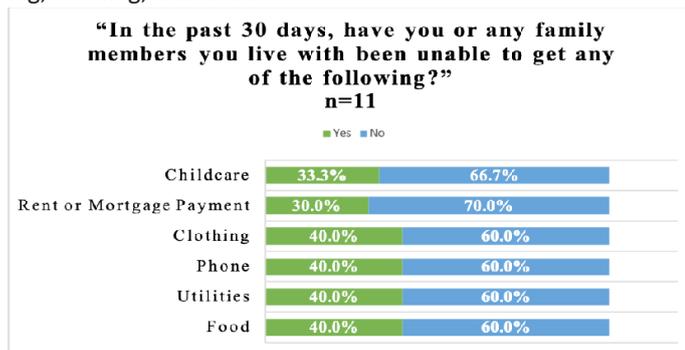
Employers were surveyed through an anonymous online link. To be considered an employer, individuals had to be in charge of hiring, the hiring process, and decision making in a business or organization in West Virginia. Employers were recruited through key informants who had previously worked with employers in West Virginia to facilitate employment for persons in recovery/treatment from SUD. We aimed for three employers in each of the participating counties and we reached 133 employers in the target eight counties, as well as other counties within West Virginia.

Surveys were developed and analyzed for emerging themes using Qualtrics XM Software. The word cloud displays a word cluster of responses, with larger sized words indicating more frequently used words by participants. The word cloud feature of the software guided the emerging themes, which are displayed below.

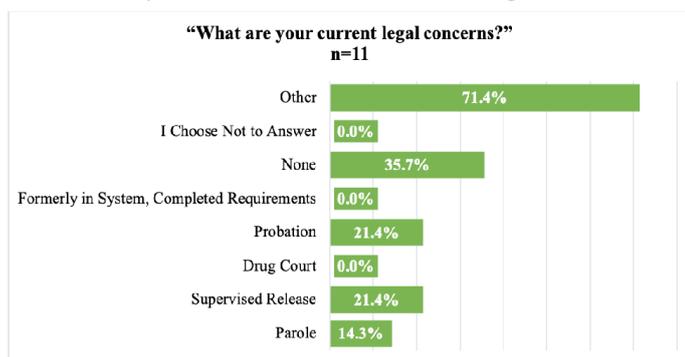
## Results: Program participants

### Demographics

Persons in recovery/treatment who took the survey were nearly all Caucasian residents of Cabell County, with one respondent identifying as “other” for race. While the greatest number of respondents have housing and were not worried about losing it, the second largest number of respondents were in transitional living, followed by persons who have housing and were worried about losing it. Most participants had a high school diploma or GED as their highest education, and one respondent had a master’s degree. Social determinants of health results indicated some insecurity when it came to food, housing, clothing, and utilities.

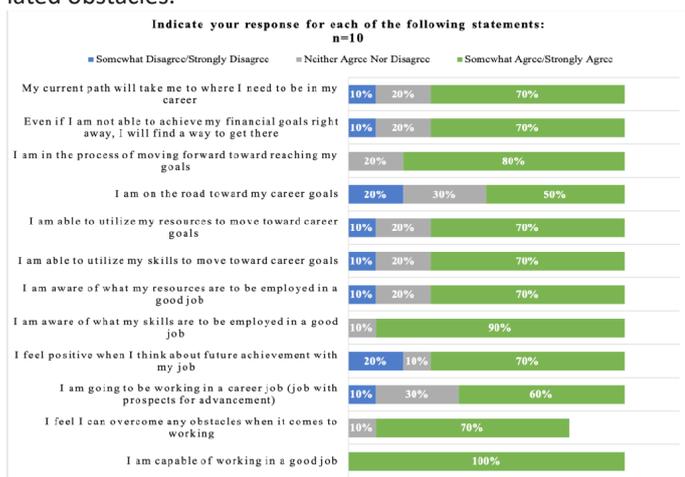


Legal concerns were also assessed as a major component of social determinants of health and employment. Most respondents listed none as their legal concerns, followed by supervised release, and probation. “Other” included being out on bond.

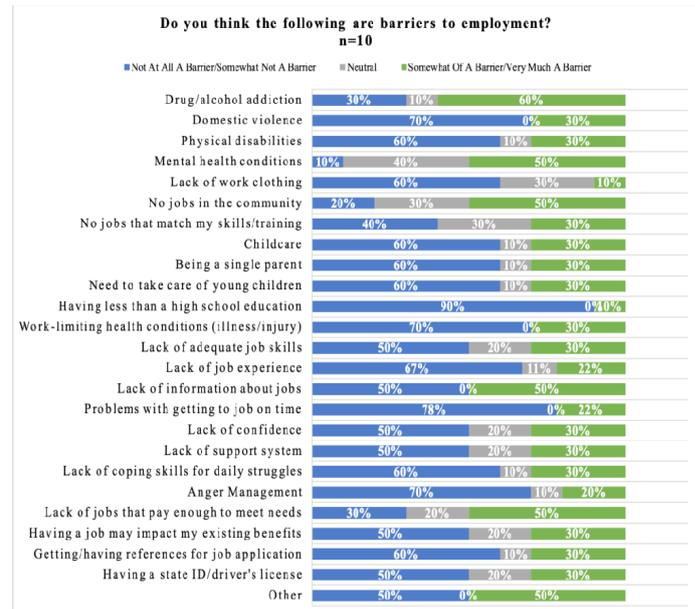


### Employment hopes and challenges

Employment hopes and challenges were assessed using the EHS-14 and PEBS surveys, respectively. Results indicate a variety of motivators to seek employment and join the workforce and likewise challenges to obtaining and keeping employment. Among hopes and motivators were the belief in being capable of working a good job and confidence in overcoming work-related obstacles.



Barriers to employment were assessed using the Perceived Employment Barriers Survey. Results highlight barriers such as substance use disorders, co-occurring mental health disorders, lack of jobs in the community or information about jobs, and a lack of jobs that pay a wage that meets their needs. Some areas listed under other include the following:



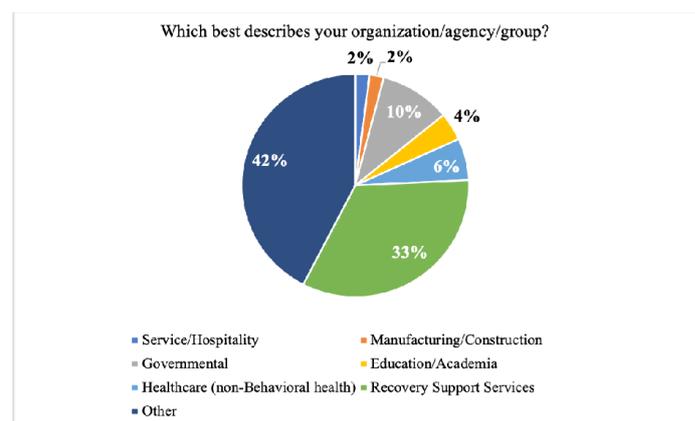
One participant shared their perceived barriers further:

I would love to go back to school to learn and further my education for a better well-paying career. I lack confidence in myself and feel I am not smart enough to go through with it but if given the chance, would jump at it in a heartbeat. I’ve struggled with feeling like I’ll never succeed like I want to and will do anything to succeed. I want a future where I can provide for my children and one day be able to give them a nice home. I would do almost anything to get accepted into a college but I’m struggling financially.

### Results: Key informants

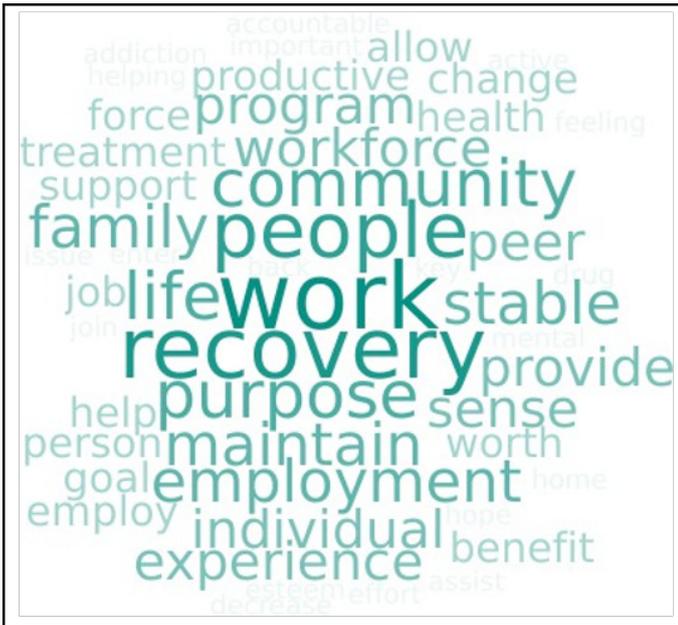
#### Demographics

The sample of key informants for this study included persons who worked in direct mental health services, recovery/treatment services, and other behavioral health outreach programs. The groups and/or organizations they represent work alongside community partners to achieve goals and objectives related to their organizations through community outreach, engagement, but mostly through referrals. While settings for recovery/treatment services varied, direct recovery/treatment services were the large majority of how each identified key informant organization helped address the SUD crisis in West Virginia.



Others included: public defender services, behavioral health, housing, corrections facilities, harm-reduction, and reentry and transition groups.

### Role of employment in recovery/treatment



The role of employment in recovery/treatment has been identified as being a key component to recovery [10]. Among key informants, the major themes of the role of employment in recovery included a sense of purpose and increased self-esteem, healthy social and family relationships, and an increased sense of responsibility in society.

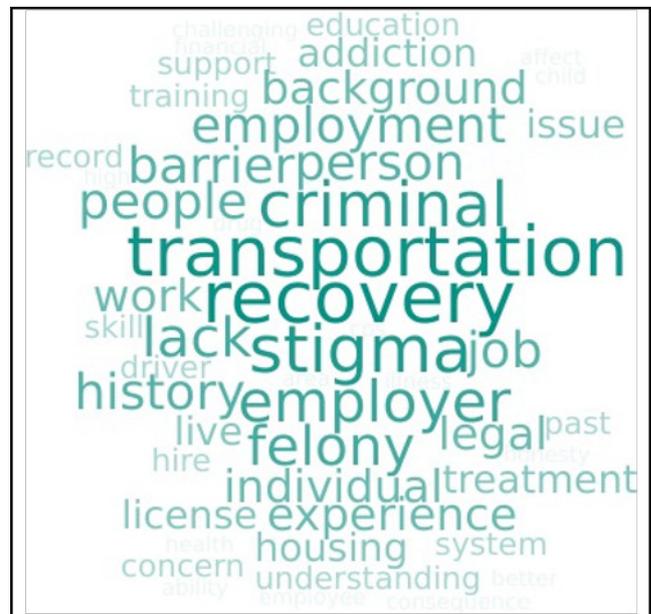
“The ability to obtain and maintain employment allows the individual to achieve not only the goal of employment, but to achieve other personal and financial goals when employment can be retained. It allows the individual to achieve self-satisfaction and gives them a sense of accomplishment and pride”, said one key informant.

### Barriers to employment

Challenges and barriers to persons in recovery/treatment from SUD obtaining employment vary. Major themes include stigma, past criminal charges, and transportation. Additionally, state-mandated background checks can often prevent employers from moving forward with hiring, especially in healthcare settings.

“To work in healthcare, a person must pass the WVCARES background check. If the person has a felony, the time since the felony becomes the issue. As far as CPS cases, there seems to be a problem with an old CPS case being cleared from a registry. This is actually something that is being researched currently through a task force connected to the WV Behavioral Health Provider Association.

Stigma exists due to a lack of understanding about the recovery process. Education is needed with employers regarding [how] persons in recovery can become exceptional employees”, said one key informant.



### Solutions

Opportunities for improvement in workforce participation for persons in recovery/treatment included tackling barriers such as transportation and childcare by increasing public transportation times and routes and having childcare centers stay open late, especially in rural areas. In addition to increasing services that would help persons in recovery/treatment with interviewing, resume and cover-letter skills, a major focus that key informants identified was increasing awareness and education to employers about hiring persons in recovery.

Comments on supporting hiring included, “Engaging prospective employers as support providers. Incentivize prospective employers to hire people in stable recovery/treatment. Educate those in recovery and employers regarding the successes that exist regarding how other employers who have hired recovering people”.

Likewise, hiring persons in long-term recovery/treatment as peers was also identified as a means to decrease barriers to employment previously mentioned. “The best resource you can have is people who have been in recovery for a long time (5+years) and who are also in an oversight (management) role. Naturally, these people have to be comfortable with their recovery being open, public knowledge. There are thousands of people in recovery/treatment in WV, in all occupations and areas of employment. Peers. Tap into that network for future hiring efforts, and success will follow”.

### Results: Employers

#### Demographics

We received 133 responses from employers who took the survey. The majority included “other” counties as the place of business, with the majority of counties identified as Cabell County. The majority of the respondents identified as the CEO of the business (nearly 30%), with 25% as a manager, 22% as an employee, 8% in human resources, and 15% as “other,” which included executive officer, development officer, those in advocacy, and others involved in hiring. The industries represented included behavioral health services (28%), 13% in recovery/treatment support services, 8% in manufacturing/construction, 7% in education/academia, 6% in healthcare (non-behavioral health), 6% in government, 5% in service/hospitality, and 28% in “other”, which included financial, agricultural, social services,

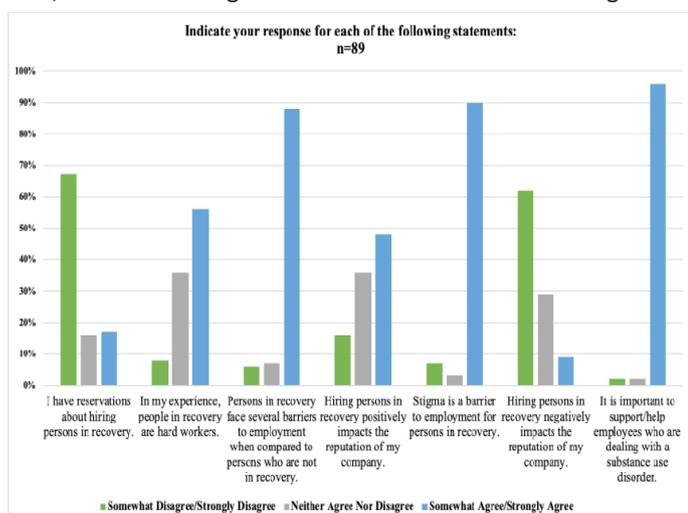
legal, homeless services, criminal justice, non-profit, and funeral service industries. Of the respondents, 9% said they are a recovery-owned business.

### SUD in the workplace

When asked, “Do you hire persons in recovery/treatment?” 68% said yes, 10% said no, and 22% answered “unknown”. When asked to explain, “Is there a reason you do not hire persons who are in recovery/treatment?”, respondents stated problems with reliability, consistency, and the cycle of addiction. One employer stated that in 7 years, they did not have “a single success story”. The lack of a driver’s license, criminal history, and stigma were listed as issues in the workplace.

### Barriers to employment for persons in recovery/treatment.

Employers indicate that they want to support those with SUD, but also see stigma as an issue for barriers in hiring.



### Discussion

The role of employment is a significant factor in a person’s long-term recovery/treatment from a substance use disorder. This assessment was conducted to examine and better understand barriers and facilitating factors related to employment for individuals in recovery/treatment from substance use disorders in the participating eight counties. The evaluation team gathered and collected information from persons in recovery/treatment employers and key informants involved in workforce programs for persons in recovery/treatment. This informative assessment will guide planning and development of the project as well as continue to involve stakeholders throughout the evaluation process of the project. Developing supportive workforce systems is critical to help individuals manage their conditions and obtain long-term success.

This project will provide an opportunity to partner with and provide a voice to individuals with lived experiences to address health disparities and develop system-level approaches to promote health and wellness, recovery/treatment, and resiliency. Participants largely indicated a belief in themselves when it came to performing a job to the satisfaction of the employer but noted that certain barriers keep them from attaining these jobs. Participants’ social and human capital showed to have a significant influence over their likelihood of workforce participation.

Because these components of a person’s life, such as social determinants of health, legal concerns, and insecurity of basic needs, have been shown to affect recovery/treatment from substances, preliminary data suggests these are key barriers to

target in order to increase workforce participation and employment for persons in recovery/treatment. In addition to social determinants and social and human capital, barriers for participants show an increase when it comes to childcare, domestic violence, and anger management. These barriers indicate that employment and workforce participation efforts for persons in recovery/treatment must consider personal and family situations, with special attention to times of the day and other commitments and responsibilities such as treatment meetings.

Key informants and employers echoed the barriers noted by participants, such as legal issues, background checks, and transportation. Key informants largely saw background checks as a barrier to employment, and most employers required a background check before employment through WV Cares. Similarly, employers largely also required drug screens prior to employment, and showed little flexibility if results came back positive for illicit drugs. Ten percent of employers indicated they were required by law to screen for illicit drugs, and 47 percent said it is not required by law for them to, but they still screen for them. Therefore, screening for illicit drugs can be a barrier to employment because the majority of employers will not continue with hiring if the applicants test positive for substances. Both groups, key informants and employers, indicated that stigma is a major component of barriers to employment. Therefore, it is important to ensure these barriers are addressed in order to build a recovery/treatment ecosystem in which persons in recovery/treatment can thrive.

### Conclusion and recommendations

The following conclusions and recommendations provide an opportunity for stakeholders to examine strengths and give voice to areas for improvement that could better support individuals in recovery/treatment from substance use disorders in supportive employment.

#### 1. Employer training

Participating employers can enroll in special training to best support persons in recovery/treatment. This would include language and stigma training, as well as understanding current legislation regarding substance use in West Virginia.

#### 2. Extended public transportation routes and times

Because transportation is a noted barrier to employment, extending public transportation hours and routes, especially into rural areas, could be beneficial. The vocational managers should work with their agencies to assist with bus passes. In addition, the program can work with Jobs and Hope to examine other resources to assist with transportation.

#### 3. Evening childcare

Communities can work with participating childcare centers to examine if they could offer extended hours, especially in the evenings. Vocational managers can work with the Advisory Board to examine other possible resources within the areas.

#### 4. Centralized system for treatment and recovery/treatment services

A single website or smartphone application can contain all of the services and programs available for treatment and recovery/treatment of SUDs. These can include services for employment such as interview preparation and resume building, as well as services regarding driver’s license or ID help, etc. Every

organization in WV offering recovery/treatment services can sign up and clients can locate them by zip code and/or service provided.

**5. Share success stories**

One employer indicated they had not had a single success story, but it is important to highlight those participants who successfully obtain and maintain employment while in recovery/treatment. Whether through a social media campaign or other visual media, local organizations that support recovery/treatment can team up with businesses to share and highlight success stories of persons in recovery/treatment in the workforce.

**Table 1**

	Overdose Deaths per 100,000*
National Rates (United States)	20.7
West Virginia	42.4
Cabell County WV (Includes Huntington WV)	78
Kanawha County WV (Includes Charleston WV)	54
Logan County WV	56
Wayne County WV	58
Lincoln County WV	47
Putnam County WV	29
Boone County WV	69
Mingo County WV	81

\* Overdose Deaths per 100,000 Population from 2018 (most recent complete year available): <https://www.countyhealthrankings.org/app/west-virginia/2018/rankings/>, accessed 5/18/2020.

**Table 2**

	Unemployment Rate**	Workforce Participation***
National Rates (United States)	4.44%	62.84%
West Virginia	5.6%	53.22%
Cabell County WV (Includes Huntington WV)	4.3%	66.3%
Kanawha County WV (Includes Charleston WV)	4.9%	72.3%
Logan County WV	5.7%	56.8%
Wayne County WV	5.9%	61.3%
Lincoln County WV	6.6%	57.7%
Putnam County WV	4.7%	73.9%
Boone County WV	5.4%	54.2%
Mingo County WV	5.9%	56.8%

\*\* Bureau of Labor Statistics: <https://data.bls.gov/pdq/SurveyOutputServlet>, Average Unemployment Rate, 2015- 2019; and <http://lmi.workforcewv.org/DataRelease/CountyRelease.html>, and accessed 5/18/2020.

\*\*\* Workforce Participation Rate, 2015-2019: <http://lmi.workforcewv.org/default.html>, and data based on US Census Bureau, 2013-2017: <https://www.dol.gov/agencies/wb/data/labor-force-participation-rate-by-sex>, accessed 5/18/2020.

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