



STRENGTHENING THE RECOVERY ECOSYSTEM

A Needs Assessment for YWCA
Northeast Tennessee and
Southwest Virginia

May 2023

ABSTRACT

YWCA NETN and SWVA was awarded a 2022 INSPIRE Initiative grant by the Appalachian Regional Commission (ARC) to fund a community needs assessment, which was conducted by Virginia Tech. This report outlines key findings from the process of identifying wraparound services, gaps, and networking capacity to strengthen the recovery ecosystem in the YWCA service area, and to inform the vision for a planned community wellness and resource center in Glade Spring, VA, to increase family resiliency.

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About YWCA Northeast Tennessee and Southwest Virginia

The YWCA is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom, and dignity for all. YWCA NETN and SWVA serves Carter County, TN; Greene County, TN; Hancock County, TN; Hawkins County, TN; Johnson County, TN; Unicoi County, TN; Washington County, TN; Sullivan County, TN; Buchanan County, VA; Dickenson County, VA; Lee County, VA; Russell County, VA; Scott County, TN; Tazewell County, VA; Wise County, VA; City of Norton, VA; Washington County, VA; Smyth County, VA; Wythe County, VA; Bland County, VA; Grayson County, VA; and Carroll County, VA. Its areas of focus include high-quality affordable childcare; TechGYRLS afterschool enrichment; MOMS-R-US teen pregnancy support; WE360 entrepreneurship training; programs supporting women, girls and family resiliency; teen essential skills; victim advocacy; and racial justice.

More information is available online: <https://www.ywcatnva.org/about-us/>

Introduction to the Study

The Virginia Tech Center for Economic and Community Engagement (VTCECE) and the Institute for Policy and Governance (VTIPG) conducted a needs assessment for the YWCA from December 2022 – May 2023. The study had several goals:

- 1) identify existing regional organizations and programs that offer health and wellness and substance use disorder (SUD) recovery services, as well as those that focus on workforce development and family success environments;
- 2) review existing data and studies from regional and local development entities, local governments, and nonprofits.
- 3) conduct semi-structured interviews, focus groups, and surveys with regional partners to identify existing resources, as well as needs and gaps in the recovery ecosystem, with a particular focus on workforce development and recovery-to-work supports.
- 4) use secondary data sources, including demographic and population trends, household income patterns, inter-regional transportation and commuter patterns, and related data from area organizations and partners to develop an overview of the potential “market area” and its features for future program offerings.
- 5) identify partners’ primary and support activities, populations served, and the specific assets of each partner. Outline ways to better collaborate and align workforce, recovery and related program offerings. Provide a regional Strengths-Weaknesses-Opportunities-Threats (SWOT) overview of where the region and specific organizations are excelling and where gaps and opportunities exist, including coordination and collaborative development of new activities.

6) plan and conduct a half-day conference to present the study findings and facilitate breakout sessions with attendees to discuss and gather input on key aspects of the findings. Incorporate this feedback into the final study report.

Methods

The study team implemented a mixed methods approach including primary and secondary data collection and analysis. Interviews with regional stakeholders ($n=16$) focused on existing needs and resources, as well as willingness to partner around the planned community wellness and resource center, were conducted via Zoom; notes were analyzed for common themes and descriptive summaries of existing resources and needs. An online survey ($n=49$) was distributed via partner networks and to employers asking about recovery ecosystem needs, workforce development needs, and challenges due to COVID-19. Key findings from the surveys are included in this report. The study team attended a regional meeting of the Appalachian Substance Abuse Coalition (ASAC) in February 2023 to facilitate discussion around recovery ecosystem needs and existing resources and received comments from several attendees, and facilitated an input session with local workforce development stakeholders ($n=6$) via Zoom in April 2023.

Secondary data sources have been referenced and/or analyzed, including from Lightcast Economy Overview, U.S. Census Bureau, Virginia Department of Health, Appalachian Overdose Mapping Tool, the Recovery Ecosystem Index, and information from local and regional reports, such as recent community needs assessments conducted by Ballard Health and People, Inc.

Regional Context

The YWCA planned community wellness and resource center will initially serve residents in Washington and Smyth Counties in Virginia, both of which are in the Appalachian Regional Commission (ARC) service area. It is possible that residents from surrounding ARC counties will also use the community wellness and resource center, either in person or through remote options, if suitable programming is not available elsewhere.

According to the ARC Interactive Map of County Economic Status and Distressed Areas, FY 2023,¹ Washington County is a “transitional county in fiscal year 2023. This county has 4 distressed areas in fiscal year 2023.” Smyth County is an “at-risk county in fiscal year 2023. The maximum ARC share for projects funded in this county is 70%. This county has 2 distressed areas in fiscal year 2023.” The maximum ARC share for projects funded in this county is 50%. Glade Spring (pop. 1,364), which sits near the line between the two counties, is the proposed location for the community wellness and resource center. Regional stakeholders report that wellness, healthcare, and recreational opportunities are very limited in Glade Spring and the surrounding communities.

However, as shown in Figure 1, Glade Spring is not only centrally located between the two counties but is central to three towns including Saltville (pop. 1,791), Marion (pop. 5,762), and Abingdon (pop. 8,321), as well as three distressed areas shown in yellow. Glade Spring is also located immediately adjacent to I-81, a major thoroughfare through Southwest Virginia that connects communities along the Roanoke to Bristol corridor. I-81 is a conduit for illegal substances,² and is also the most direct route for residents to connect with treatment and recovery resources in more populated areas to the northeast and southwest, and for providers to facilitate mobile and satellite access to treatment and recovery services.

¹ <https://www.arc.gov/classifying-economic-distress-in-appalachian-counties/>

² <https://www.justice.gov/archive/ndic/pubs11/18862/transport.htm#Figure%204>

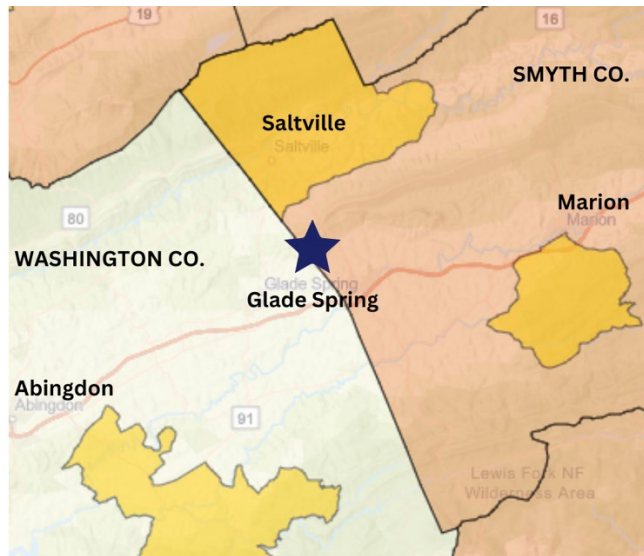


Figure 1. Proposed Location for YWCA Community Wellness and Resource Center Starred (Glade Spring, VA) (ARC Interactive Map of County Economic Status and Distressed Areas, FY 2023)

Target Population

The target population for the planned community wellness and resource center includes low-income and underserved, multi-generational families, women and children, and individuals in—and families of those in—recovery from substance use disorder (SUD). Employing a person-centric and whole-family approach, the community wellness and resource center will serve subpopulations including youth (K-12), women, communities of color, unemployed or underemployed adults and teens, parents of dependent children, seniors, and individuals with a history of SUD and/or criminal activity.

In terms of specific SUD recovery wraparound services, the center can offer supports in:

Family and Recovery-to-Work. The family unit is an important foundation of support for residents in rural areas with fewer social services. Families impacted by SUD and other hardships, such as poverty, need a variety of recovery-to-work supports to meet basic needs within the social determinants of health (SDOH) framework, including education and job training, affordable housing, childcare, transportation, and access to medical care. These factors were identified as some of the top ten issues for Southwest Virginia communities in the most recent community health needs assessment conducted by Ballad Health (Fig. 2).

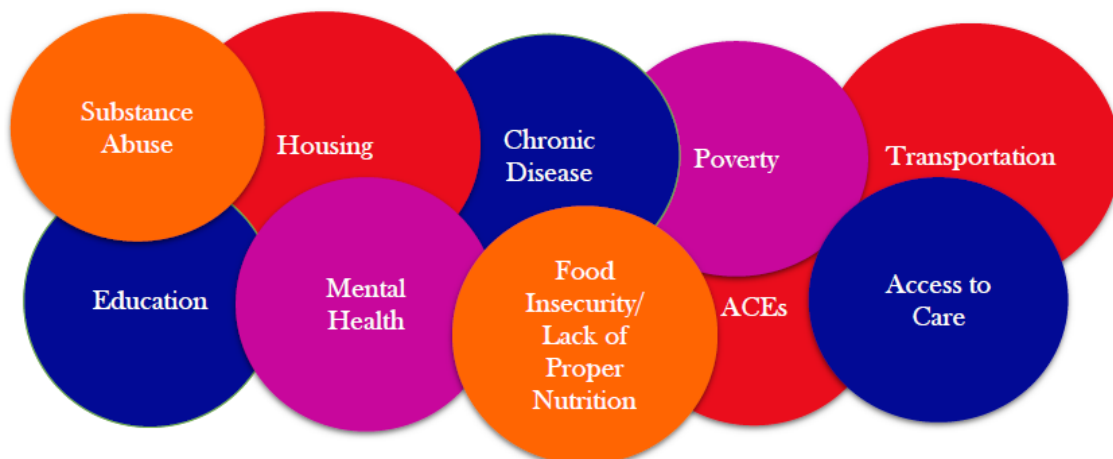


Figure 2. Top Ten Community Issues Identified for Southwest Virginia Communities (Ballad Health, 2021a, p. 19)

The community wellness and resource center will offer some of these recovery-to-work supports and will facilitate access to those it cannot directly provide. In addition to accessing support for meeting basic needs, families utilizing the community wellness and resource center will benefit from extracurricular programming that promotes wellness, mental and physical health, and positive behavioral and family

development. The community wellness and resource center can provide nutrition and cooking classes, personal finance coaching and housing counseling, parenting courses, and other lifestyle programs that encourage families to enhance their skills and develop healthy behaviors.

Families can, however, perpetuate multigenerational substance use and traumas such as domestic violence and child abuse, which further triggers reliance on substances. Elder abuse may also occur through the form of pain or addiction medication diversion and neglect by family caregivers (Roberto et al., 2021). Families with tight kinship ties may be hesitant to report cases of abuse or afraid to stigmatize their family by seeking treatment in their community.

Employers. As these needs are met, employers can also play a vital role to facilitate the successful recovery of residents through supportive employment opportunities. Second-chance employers have been identified in the service region as those who can accommodate employees with a history of SUD and/or criminal background, and some employers may have lived experience in recovery themselves. Second-chance employers develop a rapport and trust with employees in recovery to establish open lines of communication about expectations, needs, and challenges, and respond empathetically and on a case-by-case basis when employees relapse or face other challenges that reduce their productivity at work. Second-chance employers may also offer employees more flexible work hours to accommodate their treatment and recovery needs, such as attending medical appointments or group meetings. The community wellness and resource center seeks to promote local second-chance employers and provide forums for regional employers to navigate challenges with like-minded employers and to learn more about hiring people in recovery, including federal incentives, on-the-job training and supports that may be needed.

Peers. The peer community is another valuable resource that the community wellness and resource center aims to strengthen. Peers are people in various stages of recovery who benefit from formal and informal interaction with others with lived experience with SUD and recovery. Peer Recovery Specialists (PRS) are specifically trained to use this lived experience to help others in recovery, and should lead, organize, and deliver programming for the peer community. The community wellness and resource center would be well positioned to host a Peer Center and facilitate access to workforce training and a variety of group sessions to help peers advance professionally and stay stable in their recovery.

Youth. Stakeholders in the region report that substance use and overdose among young people is on the rise, concurrent with the increase of counterfeit pills laced with fentanyl. At the same time, young people have been experiencing higher levels of mental health conditions due to the COVID-19 pandemic, too much screen time and social isolation, and, in severe cases, lack of adequate treatment in formal settings due to long waiting lists to access treatment and limited capacity to treat mental health disorders in youth. The community wellness and resource center can host prevention and awareness programs for young people that promote whole-body wellness and sexual education, healthy relationships, and the ability to set boundaries, and help young people access a variety of healthy outlets such as the arts, athletics, entrepreneurship and job preparation programs.

Addressing Stigma. The communities in Washington and Smyth Counties also need to address the stigma and breakdown of trust within the family unit and among employers due to the prevalence of SUD. Group therapy, education, training, and outreach could be provided through the community wellness and resource center to help residents and employers learn about addiction, SUD, stigma, trauma-informed approaches, and how families and employers can be more supportive of people in recovery.

Community Needs for Strengthening the Recovery Ecosystem

The 2021 community needs assessment conducted by People, Inc., a community action agency serving Washington County among several other localities in Southwest Virginia, identified that the top regional needs included:

1. Higher wage, accessible jobs
2. Quality, affordable housing
3. Quality, affordable childcare and early education.

In addition, "community members, partners, and staff said that mental health and substance abuse issues are some of the greatest needs facing the community right now. Specific issues they mentioned included a

need for more mental health providers, crime resulting from drug use, rehabilitation services for those in recovery, and deaths from drug overdose” (People, Inc., 2021, p. 30).

Survey results from the Johnston Memorial Hospital CHNA identified that substance use disorder ranked as *the* most important health issue for residents in 2021 (Fig. 3). Root causes of SUD identified in the CHNA include poverty; adverse childhood experiences (ACEs); untreated anxiety/depression; generational substance abuse; access to medical pain clinics; undiagnosed mental health issues; unstable home environment; teen birth rate; early age use; easy access to substances; pain treatment for real injury/pain that resulted in dependence; unemployment; chronic illness.

PLEASE LIST THE THREE MOST IMPORTANT HEALTH-RELATED ISSUES THAT AFFECT THE OVERALL HEALTH OF YOUR COMMUNITY.

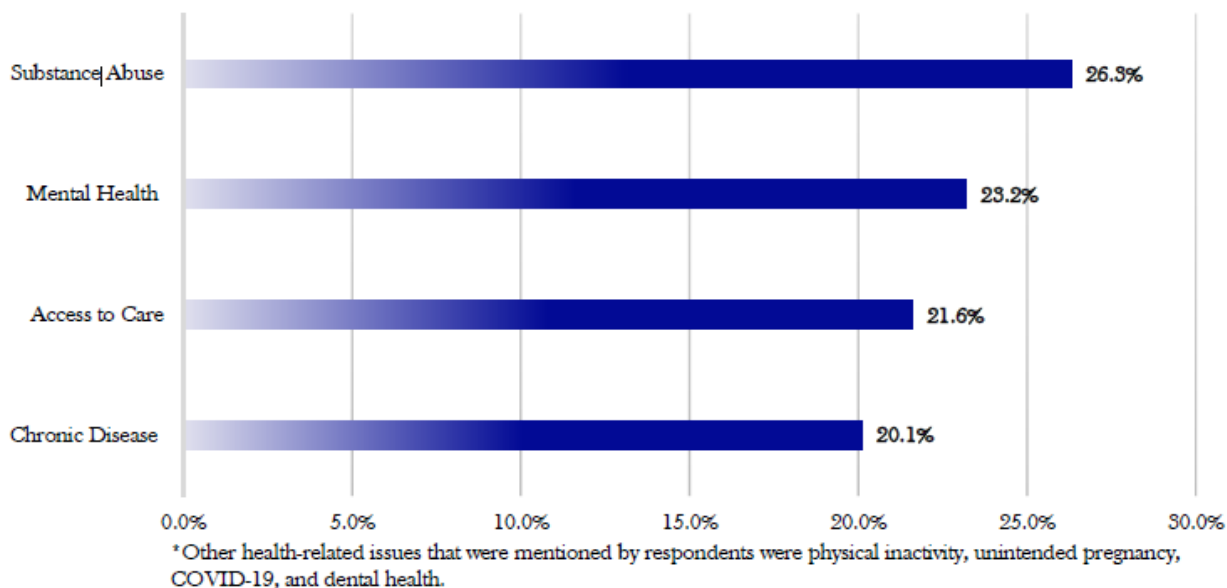


Figure 3. Most Important Health-Related Issues that Affect Overall Health (Ballad Health, 2021a, p. 18)

Similarly, CHNA survey respondents indicated that they would like to prioritize efforts to increase access to care, followed by addressing substance use disorder (Fig. 4).

**FROM THE PERSPECTIVE OF THOSE WHO LIVE
IN YOUR COMMUNITY, WHAT ISSUES DO YOU
BELIEVE THE RESIDENTS WOULD LIKE TO SEE
EFFORTS PRIORITIZED AROUND?**

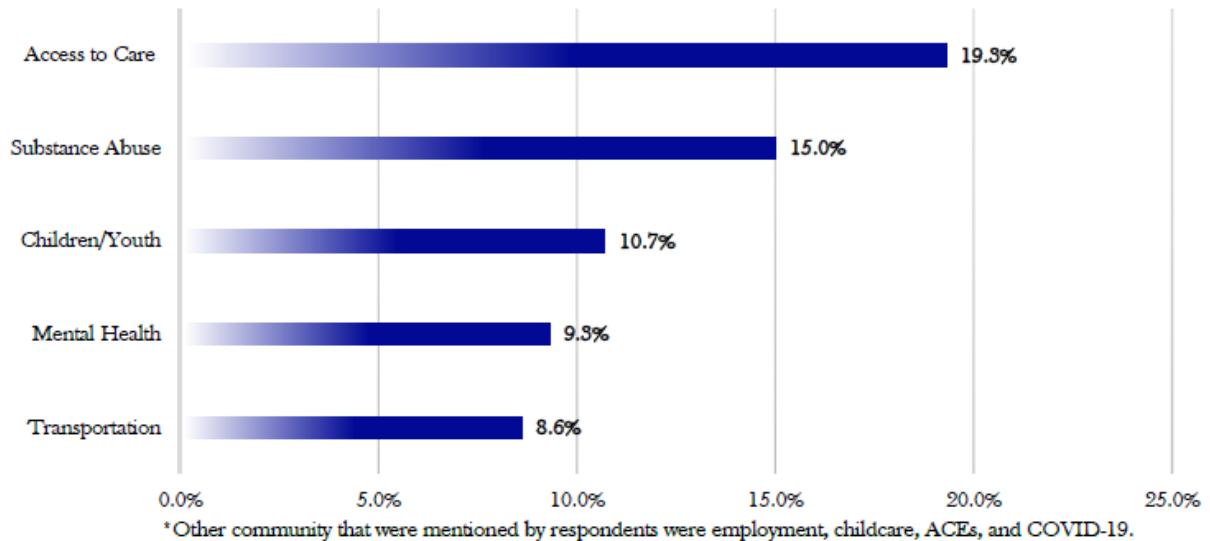


Figure 4. Priority Issues for Residents (Ballad Health, 2021a, p. 19)

CHNA focus group participants also identified what resources are needed that do not currently exist to address these troubling rates of SUD, including (Ballad Health, 2021a, p. 27):

- Many more mental health treatment providers
- More employment options
- Reduced stigma of mental health care
- Funding
- Coordinated effort between different sectors of the community
- Early intervention for children experimenting with drugs
- Resources for teen pregnancy – counseling & support
- Childcare for all
- Affordable education programs for mental health professionals and incentives to work in the area
- Affordable IP drug rehab programs
- Outreach social workers/psychologists
- Additional pain specialists
- Proactive mental healthcare.

CHNA focus group participants identified possible solutions to address these gaps in resources and services to address SUD (Ballad Health, 2021a, p. 29):

- Proactive mental healthcare
- Identify/address underlying issues and root causes of substance abuse
- Access to addiction specialists
- Tighter control of opioids in emergency department/hospital setting
- Address ACEs
- Safe and affordable housing
- Pain clinics that are focused on medication
- Evidenced-based prevention programs for youth
- Residential rehabilitation
- Faith- and non-faith-based programs

- Dental care for those who have been substance abusers
- Mentors & employment training
- Prevention and treatment programs in jails.

United Way of Southwest Virginia provided a recent analysis of childcare availability in the two localities based on population data from publicly available sources (2021-2022) and childcare availability data from the Department of Social Services (2022). In Washington County, “early childcare providers can serve 44% of children five and under, or 56% of children five and under with working parents” (p. 3). In Smyth County, “early childcare providers can serve 38% of children five and under, or 55% of children five and under with working parents” (p. 3). This indicates that about half of all children eligible for childcare cannot be served. In both counties, families with infants and toddlers have fewer options than those with preschoolers. The average cost of childcare may take up as much as 20% of a household’s income (Fig. 5).

	Weekly	Annually	% of Income
Infants	\$195	\$10,140	20%
Toddlers	\$162	\$8,424	17%
Preschoolers	\$147	\$7,644	15%

Figure 5. Average Cost of Childcare in Washington and Smyth Counties (United Way of Southwest Virginia, 2022)

Demographic and Economic Context

2021 Johnston Memorial Hospital Community Health Needs Assessment Demographic Summary

According to the 2021 Ballad Health Community Health Needs Assessment (CHNA) for the Johnston Memorial Hospital serving Washington and Smyth Counties (Ballad Health, 2021a, p. 10):

Washington County has a population of 69,062. The population projections for Washington County over the next five years show that the county will likely experience little to no population growth overall. However, the age 65+ population for Washington County is projected to experience the most population change over the next five years, as it moves from 23.5% of the total population in 2021 to 26% of the population in 2026. The aging population of the county presents opportunities for earlier identification and better management of health conditions that oftentimes affect elderly populations in rural areas.

Additionally, the median household income for Washington County is \$39,000, which ranks well below the average for the state of Virginia at \$72,600. Notably, 17.2% of children in Washington County live in poverty, compared to the Virginia average of 13.3%. Other demographic factors influencing health status in the county also includes education levels. A large portion of Washington County residents do not have an education past high school (47.7%). The remaining portion of the population reports having some college/associates degree (30.8%) or a bachelor’s degree [or] greater (21.5%). Additionally, a large portion of Washington County (13%) adult residents do not have health insurance, which is higher than the Virginia state average (12%).

According to the 2021 County Health Rankings, Washington County, where Johnston Memorial Hospital is located, is ranked among the least healthy counties in Virginia. Washington County is ranked 85th in Virginia for health outcomes and 77th for health factors out of 133 counties/cities. Washington County also ranked 75th in health behaviors, due to higher than desired rates of adult obesity, physical inactivity, adult smoking, and alcohol-impaired driving deaths. As for social and

economic factors, Washington County ranks 74th due to high rates of children in poverty and higher unemployment rates.

2021 Smyth County Community Hospital Community Health Needs Assessment Demographic Summary

According to the 2021 Ballad Health Community Health Needs Assessment for the Smyth County Community Hospital (Ballad Health, 2021b, p. 10):

Smyth County has a population of 29,893. The population projections for Smyth County over the next five years show that the county will likely experience a slight decline [in] population overall. However, the age 65+ population for Smyth County is projected to experience the most population change over the next five years, as it moves from 23.3% of the total population in 2021 to 25.8% of the population in 2026. The aging population of the county presents opportunities for earlier identification and better management of health conditions that oftentimes affect elderly populations in rural areas.

Additionally, the median household income for Smyth County is \$41,000, which ranks well below the average for the state of Virginia at \$72,600. Other demographic factors influencing health status in the county also includes education levels. A large portion of Smyth County residents do not have an education past high school (54.7%). The remaining portion of the population reports having some college/associates degree (31.3%) or a bachelor’s degree [or] greater (14.0%). Additionally, a large portion of Smyth County (13.0%) adult residents do not have health insurance, which is higher than the Virginia state average (12.0%).

According to the 2021 County Health Rankings, Smyth County, where Smyth County Community Hospital is located, is ranked among the least healthy counties in Virginia. Smyth County is ranked 112th in Virginia for health outcomes and 102nd for health factors out of 133 counties/cities. Smyth County also ranked 108th in health behaviors, due to higher than desired rates of adult obesity, physical inactivity, adult smoking, and alcohol-impaired driving deaths. As for social and economic factors, Smyth County ranks 105th due to high rates of children in poverty and higher unemployment rates.

SUD Rates

According to the Virginia Department of Health (VDH), while Washington County has been below state rates, Smyth County has experienced higher than state rates of emergency department visits for unintentional all-drug overdose in the past four of five years (Fig. 6). Medical emergencies involving overdose from substances can overburden emergency medical providers and are reactive and expensive intervention points rather than proactive and cost-effective programs that seek to reduce overdose in the first place.

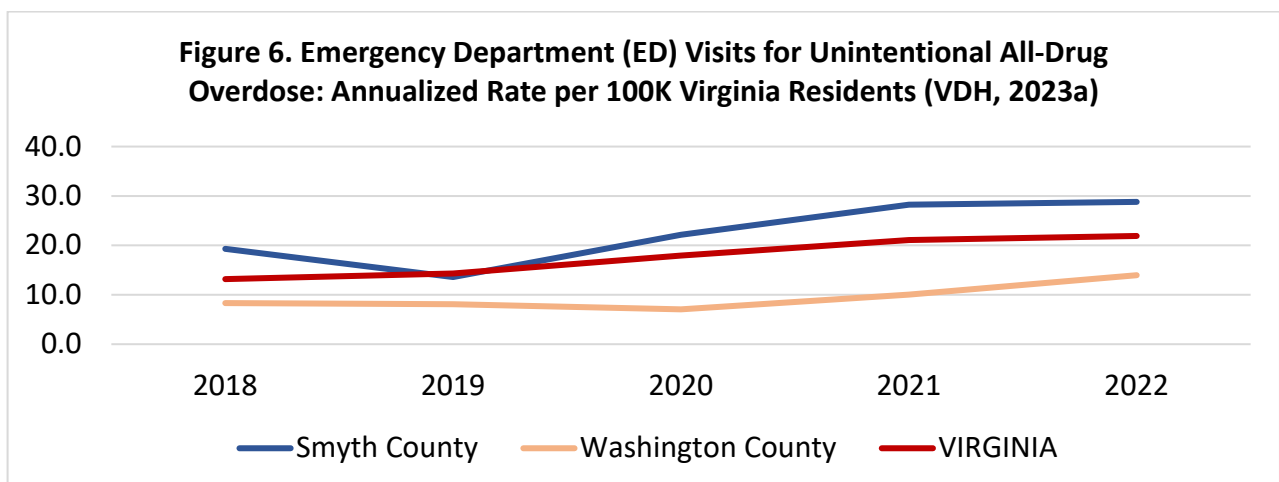


Figure 7 shows the rate of all fatal fentanyl overdoses by locality and year of death for Washington and Smyth Counties compared to Virginia from 2007-2021. Washington and Smyth had higher than state rates for several years through 2014. Both at the local and state level, there is an upward trend in fatalities, with the highest rates of fentanyl overdose in 2021.

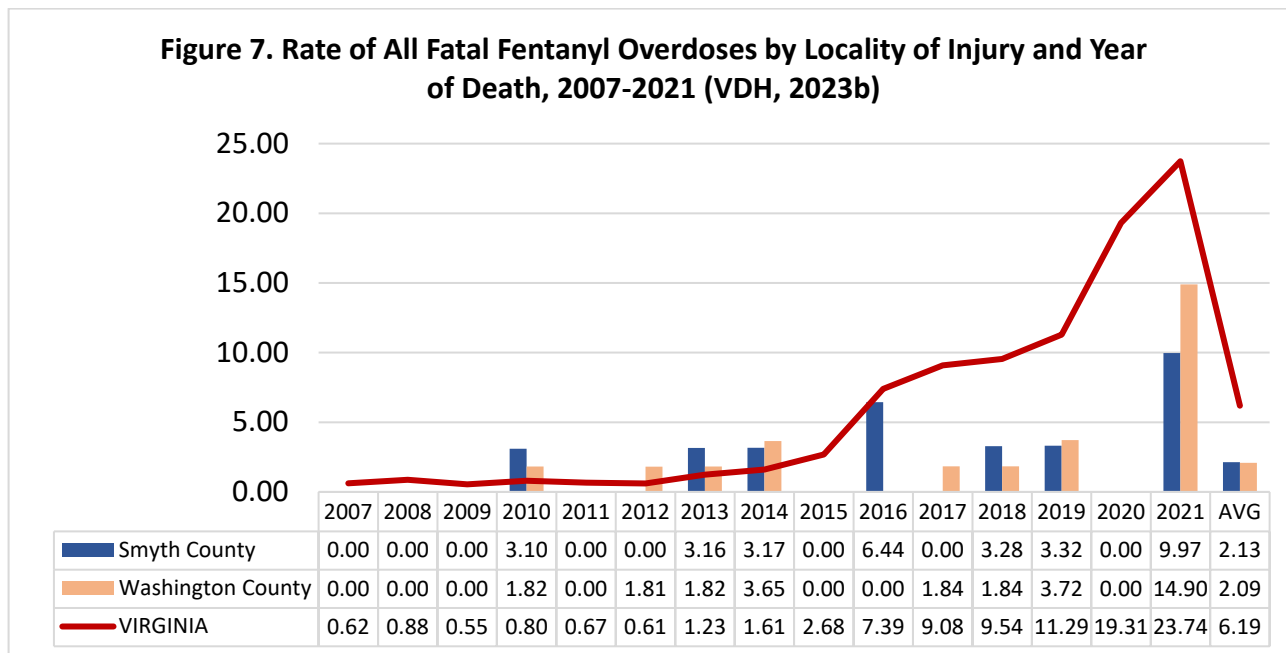


Figure 8 shows the rate of all fatal methamphetamine overdoses by locality and year of death for Washington and Smyth Counties compared to Virginia from 2017-2021. Locally, meth overdoses are higher than the state rate on average and have been increasing, with the highest fatality rates in 2021.

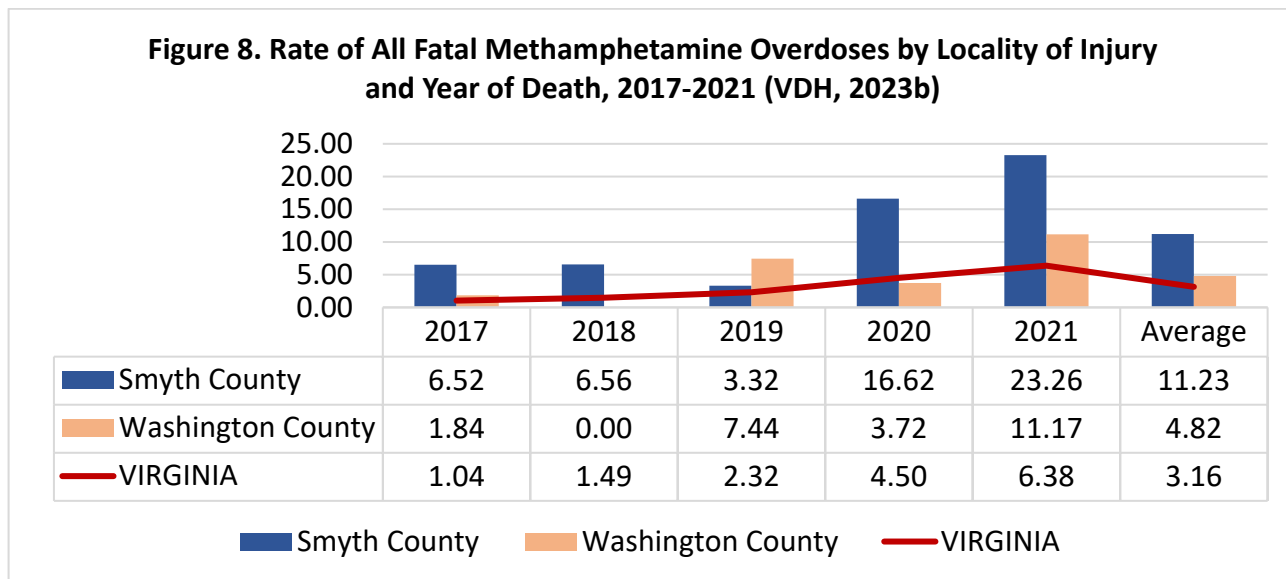
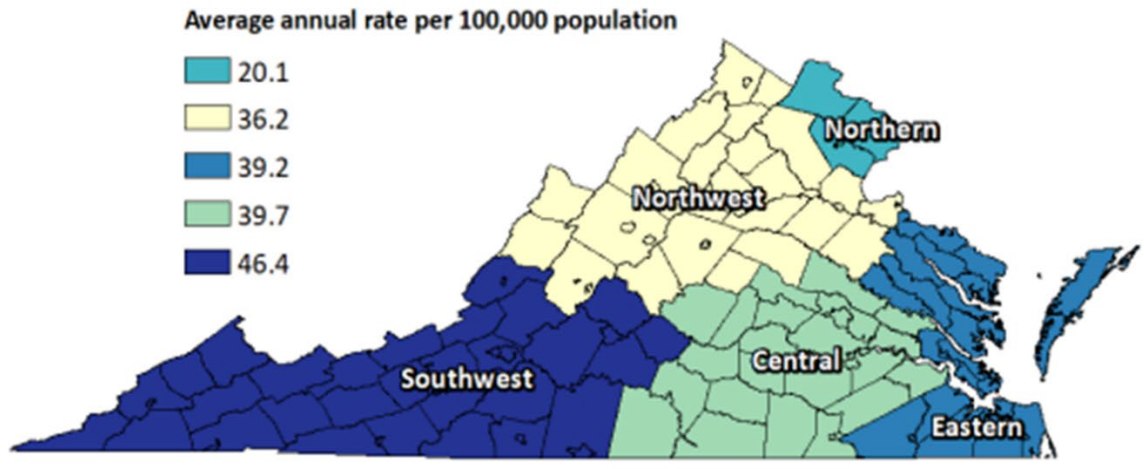


Figure 9 indicates that alcohol-related death rates have been highest in the Southwest Virginia region, including Washington and Smyth Counties, for the time period of 2016-2020.

Figure 9. Average Annual Alcohol-Related Death Rate Per 100,000 Population by Health Region, 2016-2020 (VDH, 2022b)



According to the Appalachian Overdose Mapping Tool, Washington County experienced slightly higher than state rates for drug overdose mortality for ages 15-64 from 2015-2019 (Fig. 10). According to the Recovery Ecosystem Index, Washington County also has a fairly strong recovery ecosystem overall (Fig. 11). However, it could benefit from more SUD treatment facilities and/or self-help meetings per capita.

According to the Appalachian Overdose Mapping Tool, Smyth County experienced higher than state and national rates for drug overdose mortality for ages 15-64 from 2015-2019 (Fig. 12), particularly for individuals over 65 years old. According to the Recovery Ecosystem Index, Smyth County has a fairly strong recovery ecosystem overall (Fig. 13), likely due to the large number of treatment providers relative to the size of the population.

Washington County, VA

Drug Overdose Mortality Rate

24.2	Deaths per 100k population (Ages 15-64)
24	Virginia Drug Overdose Mortality Rate
43.6	Appalachian Region Drug Overdose Mortality Rate
28.7	U.S. Drug Overdose Mortality Rate

39	54,071	Urban
Total Deaths	Population	Urban / Rural

SOCIO DEMOGRAPHIC	Washington County	Virginia	Appalachian Region	United States
Race / Ethnicity				
White (non-Hispanic)	95.3%	61.8%	81.3%	60.7%
African American (non-Hispanic)	1.3%	18.8%	9.6%	12.3%
Hispanic or Latino	1.5%	9.4%	5.1%	18.0%
Other (non-Hispanic)	1.9%	10.0%	4.0%	9.0%
Age				
Under 15	14.6%	18.3%	17.5%	18.7%
15-64	63.2%	66.6%	64.6%	65.6%
65+	22.2%	15.0%	18.0%	15.6%
Educational Attainment				
At least High School Diploma (25+)	85.7%	89.7%	87.2%	88.0%
Bachelor's Degree or more (25+)	22.8%	38.8%	24.7%	32.1%
Disability Status				
% Residents with a disability (18-64)	17.9%	9.5%	13.8%	10.3%
ECONOMIC				
Median Household Income	\$48,495	\$74,222	\$46,074	\$62,843
Poverty Rate	14.6%	10.6%	15.2%	13.4%
Unemployment Rate	5.2%	4.6%	5.4%	5.3%
Accident-prone Employment				
Construction	2.7%	5.0%	4.1%	4.8%
Mining	1.1%	0.5%	1.1%	1.3%
Manufacturing	17.1%	6.1%	13.1%	8.7%
Trade, Transportation, & Utilities	24.1%	16.9%	19.7%	18.9%

Figure 10. Washington County Drug Overdose Mortality Rate (NORC, 2023)

Washington County, VA

Recovery Ecosystem Index Score

2.0

1=strongest; 5=weakest

54,005

Population (Urban)

Hover over a variable in the data table, and its definition will appear below

Component	Score	Sub-Component	Washington County, VA	Virginia	United States
SUD Treatment 2		Substance Use Treatment Facilities per 100k	1.9	2.4	4.3
		Buprenorphine Providers per 100k	25.9	10.5	15.2
		Average Distance to Nearest MAT Provider (miles)	10.0	N/A	N/A
		Mental Health Providers per 100k	196.3	208.5	284.4
Continuum of SUD Support 3		Recovery Residences per 100k	0.0	0.3	1.0
		Average Distance to Nearest SSP (miles)	37.0	N/A	N/A
		NA or SMART Meetings per 100k	5.6	6.9	8.1
		Is there a Drug-Free Communities Coalition?	No	5.3%	15.6%
		Is there a Drug Court?	Yes	32.3%	48.2%
		State SUD Policy Environment Score (10=highest; 0=lowest)	4.0	4.0	N/A
Infrastructure and Social 3		One or More Vehicles	95.5%	93.9%	91.5%
		Broadband Access	76.3%	86.1%	85.2%
		Social Associations per 10k	8.7	10.5	8.7
		Severe Housing Cost Burden	7.3%	12.4%	13.0%

Figure 11. Washington County Recovery Ecosystem Index Score (NORC, 2023)

Smyth County, VA

Drug Overdose Mortality Rate

29.4	Deaths per 100k population (Ages 15-64)
24	Virginia Drug Overdose Mortality Rate
43.6	Appalachian Region Drug Overdose Mortality Rate
28.7	U.S. Drug Overdose Mortality Rate

27	30,767	Rural
Total Deaths	Population	Urban / Rural

SOCIO DEMOGRAPHIC	Smyth County	Virginia	Appalachian Region	United States
Race /Ethnicity				
White (non-Hispanic)	94.1%	61.8%	81.3%	60.7%
African American (non-Hispanic)	2.1%	18.8%	9.6%	12.3%
Hispanic or Latino	2.0%	9.4%	5.1%	18.0%
Other (non-Hispanic)	1.8%	10.0%	4.0%	9.0%
Age				
Under 15	15.9%	18.3%	17.5%	18.7%
15-64	62.7%	66.6%	64.6%	65.6%
65+	21.3%	15.0%	18.0%	15.6%
Educational Attainment				
At least High School Diploma (25+)	83.3%	89.7%	87.2%	88.0%
Bachelor's Degree or more (25+)	14.6%	38.8%	24.7%	32.1%
Disability Status				
% Residents with a disability (18-64)	22.2%	9.5%	13.8%	10.3%
ECONOMIC				
Median Household Income	\$40,932	\$74,222	\$46,074	\$62,843
Poverty Rate	18.9%	10.6%	15.2%	13.4%
Unemployment Rate	5.7%	4.6%	5.4%	5.3%
Accident-prone Employment				
Construction	3.5%	5.0%	4.1%	4.8%
Mining	0.1%	0.5%	1.1%	1.3%
Manufacturing	26.8%	6.1%	13.1%	8.7%
Trade, Transportation, & Utilities	13.4%	16.9%	19.7%	18.9%

Figure 12. Smyth County Drug Overdose Mortality Rate (NORC, 2023)

Smyth County, VA

Recovery Ecosystem Index Score

2.0

1=strongest; 5=weakest

30,539

Population (Rural)

Hover over a variable in the data table, and its definition will appear below

Component	Score	Sub-Component	Smyth County, VA	Virginia	United States
SUD Treatment	2	Substance Use Treatment Facilities per 100k	6.5	2.4	4.3
		Buprenorphine Providers per 100k	32.7	10.5	15.2
		Average Distance to Nearest MAT Provider (miles)	25.0	N/A	N/A
		Mental Health Providers per 100k	180.1	208.5	284.4
Continuum of SUD Support	2	Recovery Residences per 100k	0.0	0.3	1.0
		Average Distance to Nearest SSP (miles)	59.2	N/A	N/A
		NA or SMART Meetings per 100k	19.6	6.9	8.1
		Is there a Drug-Free Communities Coalition?	No	5.3%	15.6%
		Is there a Drug Court?	Yes	32.3%	48.2%
		State SUD Policy Environment Score (10=highest; 0=lowest)	4.0	4.0	N/A
Infrastructure and Social	3	One or More Vehicles	91.9%	93.9%	91.5%
		Broadband Access	73.8%	86.1%	85.2%
		Social Associations per 10k	9.2	10.5	8.7
		Severe Housing Cost Burden	9.4%	12.4%	13.0%

Figure 13. Smyth County Recovery Ecosystem Index Score (NORC, 2023)

Neonatal abstinence syndrome (NAS) is postnatal withdrawal that is experienced by a newborn infant who was exposed to substances while in utero. Babies born with NAS may experience short- and long-term developmental problems such as low birthweight, respiratory complications, and longer-term behavioral issues (Smith & Lipari, 2017). According to the latest data available from the Virginia Department of Health (Fig. 14), both Washington County (7.1 per 1,000 birth hospitalizations) and Smyth County (12 per 1,000 birth hospitalizations) were above the state rate for NAS in 2020.

Virginia - VDH Opioid Indicators - Neonatal Abstinence Syndrome (NAS)

This page displays the counts and rates of Neonatal Abstinence Syndrome (NAS) in Virginia. Use the **'Select Year'** control to filter changes in the map and other charts/graphs. Click on a locality on the map to filter changes on the charts/graphs.

Select Year
2020

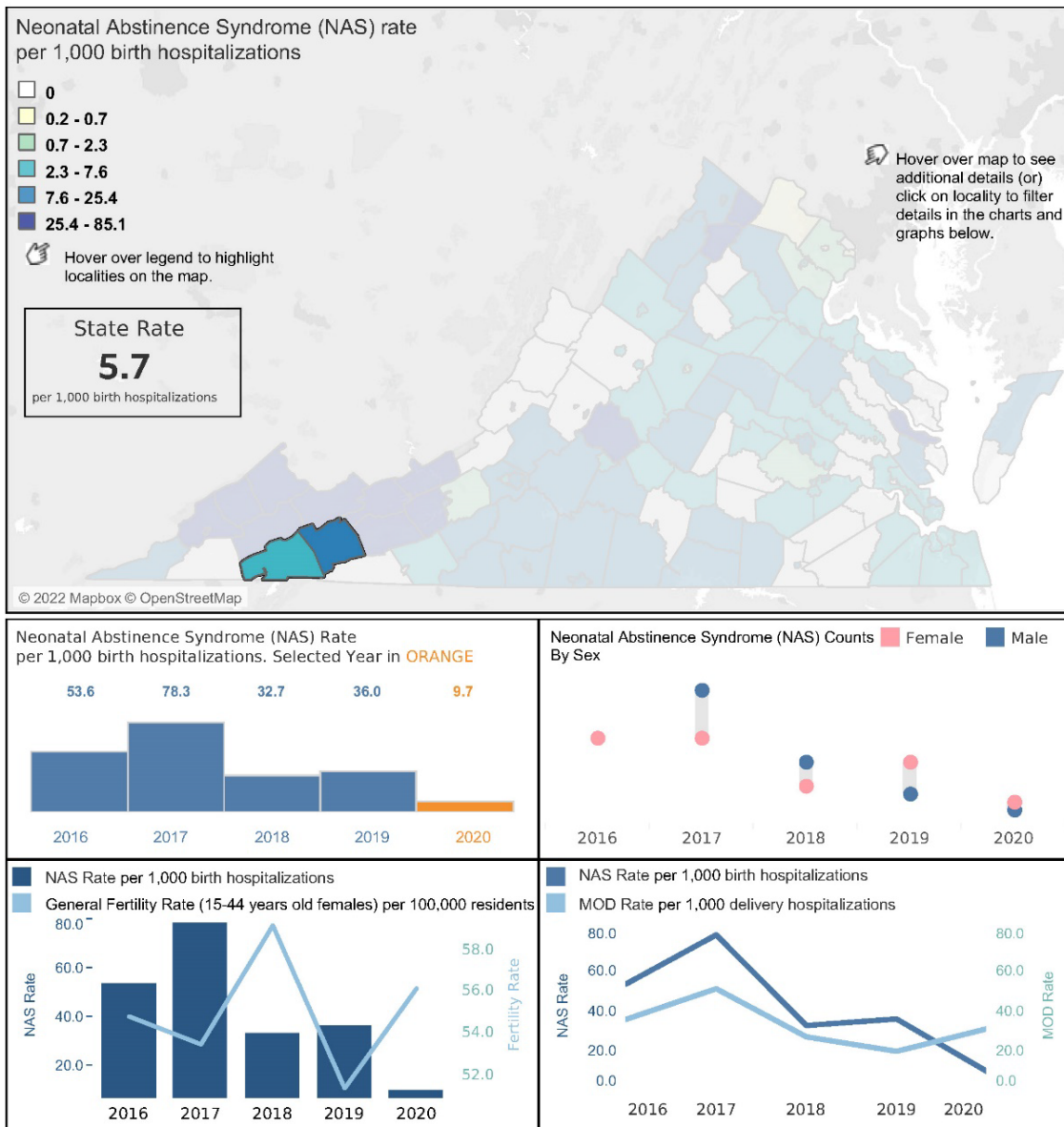


Figure 14. Neonatal Abstinence Syndrome (NAS) Rates in Washington and Smyth Counties (VDH, 2022b)

Employment and Workforce Development Context

The YWCA service area contained 187,082 jobs in 2022, a 2% decline over the previous five years (2017-2022). In the next five years, employment is anticipated to grow by 5.5% by 2027, a significant increase that aligns with state and national projections. In December 2022, the labor force participation rate was 50.90%, a slight decrease (0.84%) from 2017.

Manufacturing, Transportation and Logistics, and Administrative and Support Services are among the top in-demand industries in Washington and Smyth Counties. As shown in Table 1, in 2022 the number of hires far exceeded the average annual openings for the positions listed below, indicating a high demand to fill open jobs. Similarly, typical entry-level education and moderate-to-short-term, on-the-job training rates suggest low barriers to entry. It's important to note that although slightly above minimum wage, several of these positions offer opportunities for advancement and development of the necessary skills to earn living wages and establish lifelong careers.

Table 1. In-Demand Jobs (Lightcast Economy Overview, 2023)									
SOC	Description	2022 Jobs	2016 - 2022 Change	2016 - 2022 % Change	2022 Hires	Avg. Annual Openings	Median Hourly Earnings	Entry Level Education	Typical On-The-Job Training
43-4051	Customer Service Representatives	4,703	635	16%	5,243	840	\$16.86	H.S diploma	Short-term
53-3032	Heavy and Tractor-Trailer Truck Drivers	4,540	234	5%	2,494	674	\$19.94	Non-degree award	Short-term
51-2098	Assemblers and Fabricators	3,052	(85)	(3%)	2,272	484	\$17.80	H.S diploma	Moderate
43-6014	Secretaries and Admin Assistants	2,713	(803)	(23%)	1,789	390	\$14.63	H.S diploma	Short-term
47-2061	Construction Laborers	2,741	284	12%	1,038	380	\$14.86	None	Short-term
53-3033	Light Truck Drivers	1,615	371	30%	978	245	\$16.07	H.S diploma	Short-term
49-9071	Maintenance and Repair Workers, General	1,902	(58)	(3%)	924	223	\$17.39	H.S diploma	Moderate
51-9199	Production Workers, All Other	688	(119)	(15%)	802	151	\$17.00	H.S diploma	Moderate
53-7051	Industrial Truck and Tractor Operators	1,079	275	34%	785	165	\$17.54	None	Short-term
51-9061	Inspectors, Testers, Sorters & Weighers	978	55	6%	571	157	\$17.51	H.S diploma	Moderate

More broadly, stakeholders cited stigma among parents not wanting their kids to pursue “dirty” jobs in manufacturing, whereas jobs in advanced manufacturing can be high-paying, highly skilled, and technology-heavy positions that no longer look like the mechanical jobs from a generation ago. Interestingly, the Southwest Virginia Alliance for Manufacturers has an outreach program focused on increasing women in the manufacturing workforce and hosts annual awards to recognize exemplary women in manufacturing.

The GO Virginia Region 1 Growth and Diversification Plan (2021) outlines four key industry targets for Southwest Virginia in terms of talent development, site and infrastructural investments, and innovation and scale up support, including Advanced Manufacturing, Agriculture/Food & Beverage Manufacturing, Energy and Minerals, and Information & Emerging Technology.

Market Scan

Secondary data sources including demographic and population trends, household income patterns, inter-regional transportation and commuter patterns, and related data from area organizations and partners were used to develop an overview of the potential “market area” and its features for future program offerings.

The market area encompasses six counties: Washington County, Smyth County, Russell County, Scott County in VA, and Johnson County and Sullivan County in TN. The area had very little population change over the past five years (-0.2%) and is also not expecting much change over the next five years (-0.1%). The current population is 308,102 people (Lightcast, 2023).

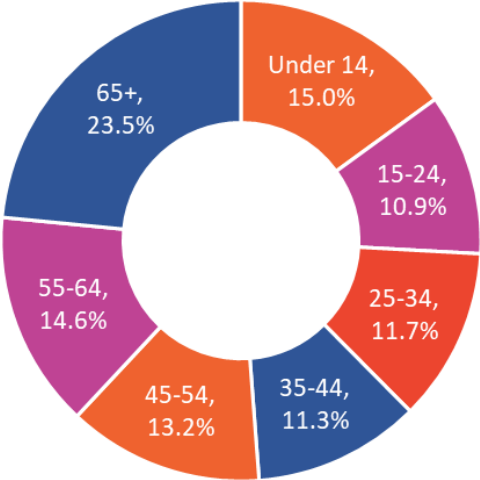


Figure 15. Age Distribution in Market Area (Lightcast, 2023)

As shown in Figure 15, the largest percentage (23.5%) of the market area is over the age of 65, followed by those under the age of 14 (15.0%) and ages 55-64 (14.6%) (Lightcast, 2023). The market area is made up of mostly older populations, with the smallest age cohort being ages 15-24 at 10.9%. Most of the market area is white, at 93.5%, and 2.0% is black (Lightcast, 2023). A slightly larger percentage of the market area is also female (50.4%), while 49.6% is male (Lightcast, 2023).

Figure 16 displays educational attainment. The most predominant level of educational attainment is a high school diploma or equivalent (34.9%). However, some of the market area has also completed some college, at 19.5%, or a bachelor’s degree, at 14.8%.

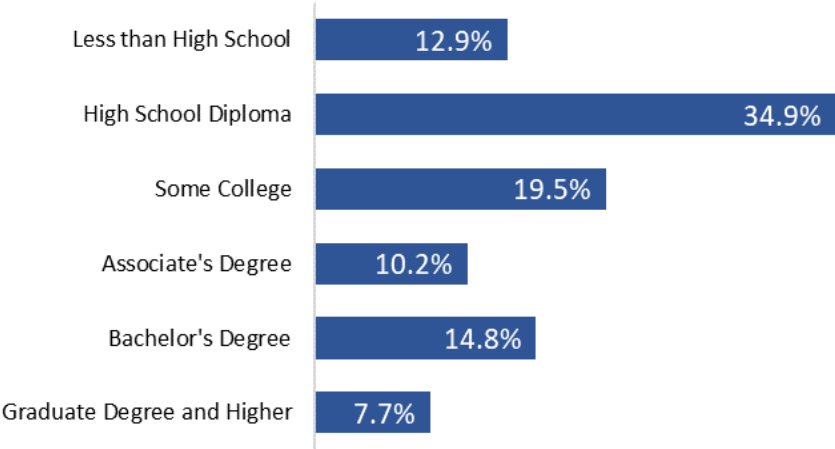


Figure 16. Educational Attainment in Market Area (Lightcast, 2023)

The unemployment rate in December 2022 was 2.9%, showing a decrease of 1.3% since 2017 (Lightcast 2023). Research reveals top industries for employment are manufacturing, government, health care and social assistance, retail trade and accommodation and food services (Lightcast, 2023). This aligns with the greater regional initiatives of the GO Virginia Region 1 Growth and Diversification Plan (2021).

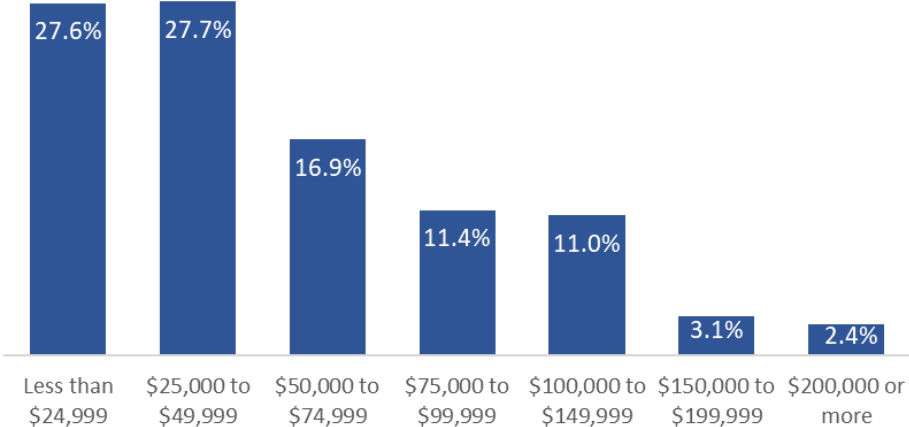


Figure 17. Household Income in Market Area (U.S. Census Bureau ACS 5-Year Estimates, 2021)

Figure 17 shows the household income in the past 12 months of those living in the market area. More than half of residents fall into the lower two income groups, with 27.7% making between \$25,000 to \$49,999 and 27.6% making less than \$24,999 (U.S. Census Bureau ACS 5-Year Estimates, 2021). The median income of those living in the market area is \$45,533.

Commuter data focuses specifically on traffic patterns into Glade Spring, the location of the planned community wellness and resource center. For Washington County, 63.3% of residents work in the county, while 25.3% commute out for work (U.S. Census ACS 5-Year Estimates, 2021). Also, 11.4% of Washington County residents commute out of Virginia for work, and roughly 5.6% work from home. Figure 18 displays inbound commuters into Washington County. Most commuters are coming from other counties within the market area such as Sullivan County, Smyth County, and Russell County, in addition to Wise County, Tazewell County, and Wythe County (Lightcast, 2022). Sullivan County has the highest number of inbound commuters into Washington County with 2,123 commuters traveling in for work (Lightcast, 2022). Sullivan County also has the highest number of outbound commuters, with 2,230 residents traveling out of the county for work. The ten highest commuter counties for Washington County are listed in Table 2. Overall, there are more commuters traveling out of the county for work than into it.

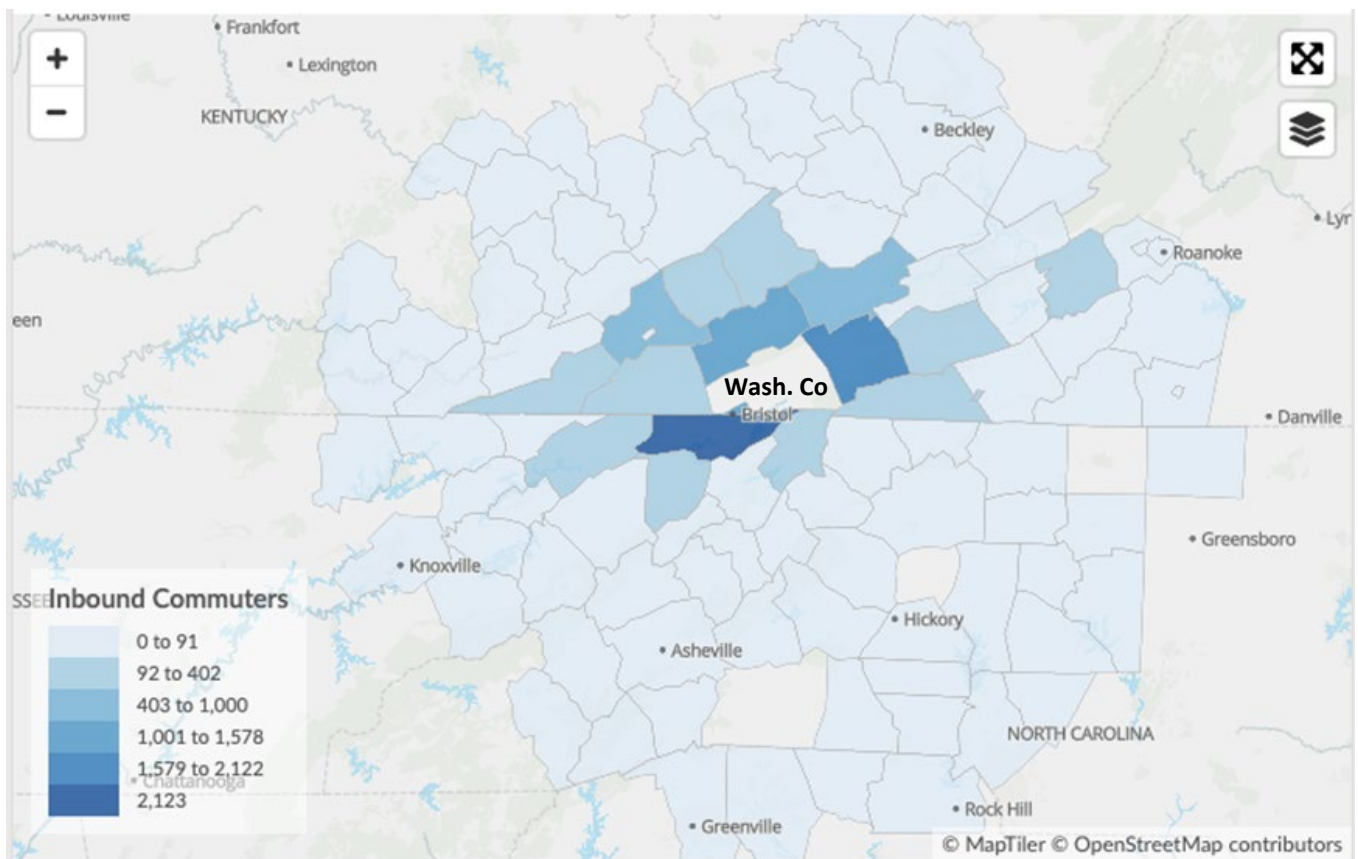


Figure 18. Inbound Commuters into Washington County (Lightcast, 2022)

Table 2. Top 10 Commuter Counties for Washington County, VA (Lightcast, 2022)			
County	Inbound Commuters	Outbound Commuters	Net Commuters
Sullivan County, TN	2,123	2,230	-107
Smyth County, VA	1,579	1,608	-28
Bristol City, VA	1,283	2,214	-931

Table 2. Top 10 Commuter Counties for Washington County, VA (Lightcast, 2022)			
County	Inbound Commuters	Outbound Commuters	Net Commuters
Russell County, VA	1,001	711	290
Wise County, VA	448	430	18
Tazewell County, VA	403	479	-76
Scott County, VA	240	174	66
Wythe County, VA	238	275	-38
Buchanan County, VA	217	212	4
Johnson County, TN	188	81	107
Total (All Counties)	9,705	11,168	-1,463

There are numerous organizations within the market area that can provide relevant and key services. Program needs in the area include communication, family wellness, recovery capital, transportation, and workforce. Partnering with these organizations can assist the market area with meeting these programming needs. See *Key Partners and Existing Assets* for more information.

Workforce Development and the Recovery Ecosystem

Workplaces that are not “recovery-ready” can cost employers, employees, and the broader public in several ways, such as through the cost of increased turnover, lower worker productivity, higher healthcare costs, a smaller workforce, and decreased worker well-being. Employers without education or experience hiring people in recovery may reinforce societal stigma and misunderstanding about the employability of people in recovery, and will not know how to support employees as they address their recovery goals (Employment and Training Association, n.d.).

According to the National Safety Council (2020), the “annual cost of an *untreated* SUD ranges from an average of \$8,255 to \$14,000 per employee, depending on their industry and role,” almost double the cost than for an employee with no history of SUD; more than “75% of employers have been affected in some way by employee opioid use, with 38% experiencing impacts related to absenteeism or impaired worker performance”; and “while employee training and education is a main driver of preparedness, only 28% of employers offer opioid-specific training and education to their workforce.”

While regional stakeholders who were interviewed for this study could name a handful of employers who are known to hire people in recovery and re-entering society, more “recovery-ready” workplaces are needed in Washington and Smyth Counties. The community wellness and resource center seeks to educate local employers about how to become “recovery-ready” workplaces, including supports such as (Employment and Training Association, n.d.):

- Developing and implementing innovative approaches for recruiting and creating employment opportunities for people in or seeking recovery, such as second-chance and supported employment models (like Individual Placement and Support) for people with or in recovery from substance use disorder;
- Leveraging tax credits, bonding programs, and partnerships (e.g., with treatment, recovery support, and workforce organizations; problem-solving courts; and other public or private entities) to facilitate the identification and onboarding of people with or in recovery from

substance use disorder and/or to meet the needs of current employees affected by addiction to alcohol or other drugs;

- Adopting explicit branding as a recovery-ready or recovery-friendly employer, communicating what that entails to current and prospective employees and the broader community;
- Establishing a team specifically responsible for overseeing efforts to become and remain a recovery-ready workplace; and,
- Launching or accommodating peer support networks that may deploy recovery mentors or peer specialists and educators to their employees.

Please see the Appendix for a full list of resources providing more detail about these approaches.

A mixed methods study including surveys and roundtables with employers from five counties in Ohio identified a variety of opportunities and challenges to hiring and retaining people in recovery (Coleman Professional Services, n.d.):

- Prospective employees fall out of touch when they have to conduct a drug screen.
- Some employers expressed difficulty working with employees who are on medications for opioid use disorder (MOUD).
- There are more disciplinary concerns for employees in recovery in the event of relapse or marijuana use when working “safety sensitive positions.”
- Training programs offer a helpful trial work period for employees to get used to the job and for employers to assess their fit in the workplace.
- Businesses that successfully hire people in recovery attribute some of their success to being adaptable and willing to move schedules around so employees can attend meetings. They also find that employees in recovery may have more to lose if they aren’t successful on the job, so they are more motivated.
- Businesses that advertise themselves as “recovery friendly” workplaces and provide flexible scheduling are more successful in hiring and retaining employees, an important benefit during worker shortages.
- Businesses want more easily accessible information about how to be a recovery friendly employer, particularly those companies without internal HR departments.
- Local partners and workforce pipelines connect businesses with reliable, work-ready employees in recovery; these partners include local community colleges, workforce partners, and chambers of commerce. Notably, a lack of connectivity across healthcare service providers can impact worker performance if their treatment and recovery programs are not well-coordinated.
- Employers need more information about how to identify and recruit employees in recovery.
- Employer challenges to hiring people in recovery included positive drug screens, absenteeism, and criminal background hiring barriers.
- Résumé development and interview skills were cited as helpful; employers noted they are willing to take a chance on a job candidate with a history of SUD if they present well in their résumé and during their interview. Importantly, people in recovery need to learn the difference between what they share in self-help groups versus what they say in a professional job interview and how to represent themselves as an asset to the employer.
- Employers want employees who have already completed job training and welcome hiring referrals from job training programs.
- Employees in recovery may not be able to afford a personal vehicle to get to work or may not have a license; if there is no public (or other) transportation option, they cannot take the job.

Overall, this CNA identified several recommendations for increasing the recovery workforce, including expanding a statewide recovery-ready workforce program; improving collaboration and continuity of services; increasing worker access to soft skills training, like how to interview for a job; investing in more and different types of job training programs; ensuring that vocational rehab programs include recovery competencies and accommodations; and an optional path for those with positive drug screens to access treatment and services and develop a plan for re-applying to the job at a later date (Coleman Professional Services, n.d.).

Education and job training are critical for those in recovery to re-enter society; training programs not only help those seeking a second-chance to acquire critical job skills, but training credentials also “communicate work readiness to employers” (Doleac, 2016). Individuals who have completed the Peer Recovery Specialist (PRS) certification can leverage that credential to pursue additional degrees and education, such as graduate degrees in social work, nursing, clinical treatment, etc.

There is a “digital divide” that may complicate would-be job seekers from finding employment online: felons are a “disadvantaged” population with regard to job-search efforts and may face difficulty finding work if they are unable to navigate internet-based job-search processes (Dillahunt et al., 2016). As such, a number of steps are recommended to reduce the hurdle of digital literacy, including relaxing constraints on CV upload formats and providing job seekers with offline ways to submit required materials (Dillahunt et al., 2016). The community wellness and resource center can address both of these approaches by increasing computer literacy through on-site computer classes, as well as by assisting in the submission of offline job applications to area employers through a career mentor or job coach on site.

Those with criminal records may in some cases be barred from employment in certain industries out of concern for the safety of the general public (Wheelock et al., 2011). Among the more obvious, such as K-12 education, restricted occupations that are otherwise low-barrier to entry in terms of training credentials or skills needed to apply may include pest control, cosmetology, barbering, and asbestos abatement (Wheelock et al., 2011) because of the direct interaction with clients. [New expungement laws in Virginia](#) to take effect in 2025 will make it easier to seal some types of convictions, some of which will occur automatically, such as a misdemeanor arrest record if the person is found not guilty, if the government drops the case, or if the case is dismissed. Other expungement eligibility has been expanded, such as sealing Class 5 and Class 6 felonies and felony larceny offenses if certain criteria are met, such as if ten years have passed since the conviction, and if the individual petitioning to seal the record has demonstrated rehabilitation for crimes that involved the use of alcohol or drugs.

If those in recovery and/or felons are able to overcome job hurdles and find employment, they may be at risk of relapse. Certain industries in which these individuals find employment bring higher risks of drug use and abuse, which may be problematic for those in recovery and/or on probation. High-risk industries of relevance include construction and mining work, waste management and remediation services, accommodations and food service, and arts, entertainment and recreation (Elkins, 2020; Sunshine Behavioral Health, n.d.; Choice House, 2022). Notably, jobs falling outside the typical 9-5 shifts may put employees at higher risk of relapse due to late-night exposure to substances, a stressful or unnatural sleep schedule, etc. (Sunshine Behavioral Health). This challenge arises for those in recovery who cannot work a traditional schedule or who need flexible hours to accommodate childcare and recovery-related commitments.

Those seeking to re-enter the workforce may also start in low-paying jobs with less financial buffer in times of economic struggle (Doleac, 2016). Given that racial discrimination is still prevalent in job markets (Doleac, 2016) and people of color may be disproportionately represented in the justice system (Nellis, 2021), an unfortunate reality is that those seeking to re-engage with society may be both directly and indirectly susceptible to race-based hiring discrimination—a difficult combination that has potential to hamper individuals’ prospects of achieving a new start.

The employers who do accommodate workers in recovery may be apprehensive of high turnover (Lee, 2021), though findings suggest those hired may make for loyal employees (Minor et al., 2018). Employers may view records as “signals” indicating risk that job seekers may engage in a number of undesirable behaviors; “employers predicted that applicants with criminal records would be more likely to engage in a range of additional undesirable behaviors—from stealing and getting into fights to not working well with customers or respecting workplace authority” (Augustine et al., 2020). To counter these perceptions, a number of nonprofit organizations serve as champions for those in recovery (SHRM, 2022; NCSL, 2021) and can serve as anchor institutions or partners for ongoing recovery and collaborative reintegration efforts.

Regional Stakeholder Perspectives

Based on interview and input session discussions ($n=22$) and survey ($n=49$) findings collected by Virginia Tech from key community stakeholders including representatives of treatment providers, social service organizations, institutions of education and higher education, recovery coalitions, workforce development partners and employers, the research team identified the following community needs and existing assets to strengthen the recovery ecosystem in Southwest Virginia. A summary of how the planned YWCA community wellness and resource center can specifically address these needs is provided in Table 8.

Key Partners and Existing Assets

The following partners and programs (Table 3) are a selection of existing resources with which the YWCA may wish to partner or continue to partner. ***This is by no means an exhaustive list***, but it highlights some broad areas of partner activity that could be deepened with additional funding and coordination with a community wellness and resource center.

Organization	Category of Services	Service Area	Summary of Services	Link
401 Peer Center	Community Development, Support Services	Floyd, Giles, Montgomery, Pulaski, City of Radford	Program within NVRCS, peer-to-peer program that encourages individuals to use the facility and its resources for learning, computer use, socializing with peers, attending groups/classes, playing games, participating in social events and relaxing.	https://www.nrvcs.org/the401/
Abingdon Arts Depot	Community Development, Education	Washington County and	Considered one of the top 5 things to do in Abingdon, The Arts Depot has three galleries and seven	https://www.abingdonartsdepot.org/about

Table 3. List of Key Partners				
Organization	Category of Services	Service Area	Summary of Services	Link
		surrounding region	resident artists who invite you to interact with them in their working studios. Folk art, clay, textiles, portraiture, jewelry, oil, acrylic, watercolor and mixed media painting and more are showcased in this historic freight station built in the 1860's now known as The Arts Depot. It also serves as a classroom and event center.	
Appalachian Center for Hope	SUD Treatment	Marion, VA; Mt. Rogers' Health District	Future treatment facility	https://www.facebook.com/AppalachianCenterforHope/
Appalachian Substance Abuse Coalition (ASAC)	SUD Treatment	Counties of Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe, and cities of Bristol, Galax, and Norton	Umbrella coalition that serves as a consortium of ten substance abuse coalitions throughout the Southwest region. Offers prevention services and strategic planning to bring attention to SUD issues in the region.	https://stopsubstanceabuse.com/
Appalachian Sustainable Development (ASD)	Community Development	Northeast TN, Southwest VA, WV, Eastern KY, Southeast OH	Working to build a thriving regional food and agriculture system that creates healthy communities, respects the planet, and cultivates profitable opportunities for Appalachians.	https://www.asdevelop.org/programs-resources/

Table 3. List of Key Partners				
Organization	Category of Services	Service Area	Summary of Services	Link
Ballad Health	Healthcare; SUD Treatment; Family Services; Workforce Development	29 counties of the Appalachian Highlands in Northeast Tennessee, Southwest Virginia, Northwest North Carolina and Southeast Kentucky, including Washington and Smyth counties.	In addition to providing medical care through a network of hospitals, Ballad maintains a training center, provides classes to the community, supports a Family Birth Center, provides free Certified Nursing Assistant classes, health and fitness classes, spiritual health classes, support groups, trauma classes, a PEERHelp line and meetings, and is part of the STRONG Accountable Community (STRONG ACC).	https://www.balladhealth.org/classes-programs
Drug courts	SUD Treatment; Workforce Development	Courts across the state, full list found here: https://www.vacourts.gov/courtdmin/aoc/djs/programs/sds/programs/dtc/general_info/dtc_directory.pdf Washington County residents can participate in both Smyth and Bristol as well.	Drug treatment courts are specialized court dockets within the existing structure of Virginia's court system offering judicial monitoring of intensive treatment and strict supervision of people in recovery in drug and drug-related cases. Washington: DREAM COURT program, three phases lasting 12-24 months for adult criminal offenders who are experiencing drug or alcohol dependence problems. Requires frequent court appearances, random drug and alcohol screenings, etc. Smyth: Average length is 18 months. Target population is substance using offenders with pending charges before the Smyth County Circuit Court. Bristol: VERITAS Adult Drug Treatment Court	Main link: https://www.vacourts.gov/courtdmin/aoc/djs/programs/sds/programs/dtc/home.html Washington: https://highlandscsb.org/drugcourt/ Smyth: http://www.smythcounty.org/recovery_court/recovery_court.htm Bristol: https://www.highlandsgcc.org/veritas.html

Table 3. List of Key Partners				
Organization	Category of Services	Service Area	Summary of Services	Link
Emory & Henry College	Education; Workforce Development	Southwest Virginia, Eastern Tennessee	Marion Campus (Health Sciences Campus) serves as the home for health science and nursing graduate programs. Each program has a clinical component that graduates must complete with a licensed business. A mental health counseling degree is currently being developed and set to begin enrollment this fall.	https://www.ehc.edu/academics/school-health-sciences/
Frontier Health	Healthcare; SUD Treatment; Housing; Family Services	Several localities in northeast TN and SWVA, including Virginia counties in partnership with Planning District 1. Does not explicitly serve Washington or Smyth counties in VA.	Frontier is a private, not for profit community mental health center providing behavioral health services, offering treatment for mental health, co-occurring, and substance use problems, recovery and vocational rehabilitation, and developmental and intellectual disabilities services. Frontier Health leaders sit on the YWCA Board and have an established referral process in place.	https://www.frontierhealth.org/about/
Highlands Community Services (HCS)	SUD Treatment; Healthcare; Family Services	Washington County and Bristol	HCS provides mental health, substance use, and developmental services to residents. Includes recovery services, children & family services, parenting classes, and psychiatric services.	https://highlandscsb.org/
Mountain CAP	Education; Financial Services; Family Services	Smyth, Wythe, and Bland counties	Mountain Community Action Program is to assist low-income citizens to become self-sufficient. Programs include outreach services which include financial empowerment, free income tax preparation, and employment/educational services. Other programs include a weatherization program and a computer lab open to students in Smyth.	https://mountaincap.org/

Table 3. List of Key Partners

Organization	Category of Services	Service Area	Summary of Services	Link
Mountain Lynx Transit	Transportation	Abingdon, Galax, Marion, Wytheville, Bland, Carroll, Grayson, Smyth, Washington, Wythe	Mountain Lynx Transit provides bus transit services in Abingdon, Galax, Marion, and Wytheville and the counties of Bland, Carroll, Grayson, Smyth, Washington, and Wythe. There are no connecting routes between towns and cities at this time.	https://district-three.org/index.php/public-transit/
Mount Rogers Community Services (MRCS)	SUD Treatment; Healthcare; Family Services	Bland, Carroll, Grayson, Smyth, and Wythe; City of Galax	Providing an extensive array of behavioral and developmental services and wrap around, community-based supports, including crisis management, prevention and wellness, counseling and psychiatry, intellectual and developmental disability services, transportation, residential programs, case management and community-based programs.	https://www.mountrogers.org/services/
Mt. Rogers Health District	Healthcare; SUD Treatment	Bland, Carroll, Grayson, Smyth, Washington, and Wythe counties and the cities of Bristol and Galax	Provides comprehensive harm reduction services through the ASPIRE program in Smyth County. Operates the Lifetime Wellness Center in Marion, and will soon open the Appalachian Center for Hope in Marion.	https://www.vdh.virginia.gov/mount-rogers/

Table 3. List of Key Partners

Organization	Category of Services	Service Area	Summary of Services	Link
New River/Mt. Rogers Workforce Development Board	Workforce Development	New River Valley/ Mt. Rogers	<p>The New River Valley/Mount Rogers Workforce Development Board (WDB) is regarded as the region’s workforce coordinator. The Board’s workforce system includes K-12 education, post-secondary education and training, adult education, and training/employment programs offered for special populations (i.e., veterans, disability, elderly, etc.). WDB is currently advancing a Workforce Opportunity for Rural Communities initiative aimed at providing training opportunities for people in recovery. Although the program began in September of 2022, there has been overwhelming interest, leading the board to quickly achieve enrollment targets in healthcare, manufacturing, and construction.</p>	<p>https://vcwnewrivermtrogers.com/</p>
Occupational Enterprises, Inc.	Workforce Development; Transportation; Family Services	Virginia Planning Districts 1-3	<p>Occupational Enterprises, Inc. is a non-profit organization serving Southwest Virginia, providing a wraparound set of services for Virginia’s VIEW program and maintaining and delivering collaborative community-based services focusing on self-sufficiency and preservation of the family. Programs include Cars to Work, Parenting classes, Together We Can Foster care interventions for families struggling with SUD, etc.</p>	<p>https://oe-inc.org/programs/</p>

Table 3. List of Key Partners

Organization	Category of Services	Service Area	Summary of Services	Link
One Care of Southwest Virginia	SUD Treatment; Healthcare; Community Development	Bland, Buchanan, Carroll, Dickenson, Floyd, Giles, Grayson, Lee, Montgomery, Pulaski, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe and the cities of Bristol, Galax, Norton and Radford	One Care of SWVA serves as a consortium of 16 substance use coalitions working throughout the 21 counties and cities in the region. The 25-member Board of Directors includes representatives from community service boards, faith-based organizations, social services and the health care, higher education, law enforcement and recovery communities.	https://onecareva.org/about-one-care/
People, Inc.	Workforce Development; Housing; Financial Services; Family Services; Education; Community Development	Buchanan; Dickenson; Russell; Washington (as well as 12 localities in NOVA)	People, Inc. provides adult and youth education and employment assistance, affordable childcare and housing development, business loans, CHIP, court appointed special advocate (CASA), dislocated worker training, domestic violence shelter and sexual assault advocacy, Early/Head Start, ex-offender services, first-time homebuyer loans, housing counseling, free income tax preparation, homelessness solutions, weatherization and home repair, matched savings accounts, new markets tax credits, permanent supportive housing, Project Discovery, rental assistance and affordable rental housing placements, small business training, Whole Family approach.	https://www.peop leinc.net/find-a-service/

Table 3. List of Key Partners				
Organization	Category of Services	Service Area	Summary of Services	Link
Project Glade	Community and Workforce Development	Glade Spring, VA	Project Glade has for over 10 years dedicated itself to sustainable development in Glade Spring and the region, supporting local entrepreneurs and new business, engaging citizens in the improvement of community life and healthy lifestyles, and partnering with regional leaders and organizations to address key needs of rural communities. Most recently, Project Glade joined with YWCA NETN and SWVA to create Project YES—a partnership including the YWCA, Project Glade, Emory & Henry School of Business, and Virginia Highlands SBDC in support of business and entrepreneurship training and innovation.	n/a
Public Schools	Education	Statewide; Washington, Smyth Counties	In-school and extracurricular prevention education, Fentanyl Awareness Days, etc.	https://www.wcs.k12.va.us/ https://www.scsb.org/

Table 3. List of Key Partners				
Organization	Category of Services	Service Area	Summary of Services	Link
ReVida Recovery Center	SUD Treatment	Abingdon, VA Duffield, VA Greeneville, TN Johnson City, TN Knoxville, TN Morristown, TN Newport, TN Wytheville, VA	ReVIDA Recovery® Centers, a comprehensive behavioral healthcare company that incorporates Medication-assisted treatment (MAT) to treat opioid use disorder, works to empower each patient to reclaim the life they once had before addiction. Based in Nashville with programs throughout East Tennessee and Southwest Virginia, ReVIDA works to heal the whole person, rather than merely treat the symptoms of Opioid Use Disorder.	https://www.revidarecovery.com/about-revida/
SaVida Health	Healthcare; SUD Treatment	7 locations in SWVA; offices in ME, MA, VT, DE, VA, NH, and in TN opens March 20.	SaVida Health treats addiction as a chronic disease, not a personal weakness. They work to heal the whole person by providing comprehensive medication management, behavioral healthcare, counseling, and patient support.	https://svidahealth.com/
Southwest Virginia Community Health Center	Healthcare; SUD Treatment	Meadowview, Tazewell, Saltville, Bristol	SVCHS consists of a group of non-profit Community Healthcare Centers, a Migrant Health Network, an Integrative Behavioral Healthcare Program, a Substance Abuse Recovery Program, and the Southwest Virginia Regional Dental Center. SVCHS was established to improve access to healthcare services by providing comprehensive, patient-centered care to the communities we serve.	https://www.svchs.com/

Table 3. List of Key Partners				
Organization	Category of Services	Service Area	Summary of Services	Link
Southwest Virginia HirED Center (SWVHEC)	Education	Located in Abingdon, but no restrictions to apply. Some classes are offered online.	The Southwest Virginia Higher Education Center partners with public and private colleges and universities to provide degree programs, certificates, and professional development courses, mainly for off-campus adult students. Degrees include Bachelors, Masters, and Doctoral degrees, and there are also K-12 programs and GED courses.	https://www.swcenter.edu/
STRONG Accountable Care Community (ACC)	Workforce Development; Housing; Financial Services; Family Services; Education; Community Development	Southwest Virginia, Eastern Tennessee	Coalition of 360+ organizations focused on physical, social and economic well-being to transform the health of a 21-county region of Northeast Tennessee and Southwest Virginia by uniting efforts under a common agenda, mutually reinforcing activities, shared measures and two-way communication. Focus on enhancing supportive systems, programs and policies, and environments that nurture children, teens and families to ensure they reach their full potential.	https://www.strongacc.org/
United Way of Southwest Virginia	Workforce Development; Education; Family Services	Bland, Buchanan, Carroll, Dickenson, Floyd, Giles, Grayson, Lee, Montgomery, Pulaski, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe, and the cities of Bristol,	United Way provides cradle-to-career programming for children and youth, including classes and training on social and behavioral development, career exploration programs, and professional development for educators. United Way also hosts the THRIVE program focused on trauma-informed literacy among the community.	https://www.unitedwayswva.org/our-work/overview

Table 3. List of Key Partners				
Organization	Category of Services	Service Area	Summary of Services	Link
		Galax, Norton, and Radford.		
Virginia Cooperative Extension	Education; Agriculture; Community Development	Offices are located across the state, Southwest office is located in Washington County along with a 4-H Educational Center and an Agricultural Research & Extension Center. Unit offices are in each county.	Educational outreach program of Virginia's land-grant universities Virginia Tech and VSU, and part of the National Institute for Food and Agriculture. Programs include agriculture, community & leadership, family, food & health, lawn & garden, natural resources, and youth programs/4-H	https://ext.vt.edu/
Virginia Highlands Community College	Education, Workforce and Community Development	Mostly serves Washington, Smyth, and Bristol	Offers over 98 programs of study, including training programs, certificates, and degrees. There are online options and short-term training opportunities as well. Includes the Virginia Highlands Small Business Development Center, https://vhcc2.vhcc.edu/sbdc/ .	https://www.vhcc.edu/
Washington County Public Library System	Education, Community Development	Locations in Abingdon, Damascus, Glade Spring, Hayters Gap, and Mendota.	The public libraries provide community events and educational services for all ages, including children's story time, yoga, book clubs, seed swap, arts and crafts, research and legal help, a teen discord server, and more.	https://www.wcpl.net/

The [Appalachian Substance Abuse Coalition \(ASAC\)](#) mission is “to inform and engage our communities to understand, own, and address the epidemic of substance abuse and misuse. The vision of the coalition is to have safe, healthy, and prosperous communities with effective prevention, treatment, recovery, and support resources. ASAC is an umbrella coalition that serves as a consortium of ten substance abuse coalitions throughout the Southwest Virginia region representing the counties of Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe and the cities of Bristol, Galax, and Norton.”

ASAC supports a cross-sectoral membership of over 200 individuals, including strong engagement from the faith-based community, and guides participating members in strategic planning following SAMHSA’s Strategic Prevention Framework (SPF). Its many programs encourage substance use prevention awareness, increasing access to MAT, supporting parents and family members who may have a relative with SUD, REVIVE! and healthcare provider trainings, sharing recovery success stories, and promoting the funding and development of new recovery housing, such as the [Mended Women](#) facility in Abingdon, VA, operated by Fairview Housing.

The **New River Valley/Mount Rogers Workforce Development Board (WDB)** is the region’s workforce coordinator. The Board’s workforce system includes K-12 education, post-secondary education and training, adult education, and training/employment programs offered for special populations (i.e. veterans, people with disabilities, seniors, etc.). WDB is currently advancing a Department of Labor [Workforce Opportunity for Rural Communities \(WORC\)](#) initiative aimed at providing training opportunities for people in recovery, including the Peer Recovery Specialist certification. Although the program began in September of 2022, there has been overwhelming interest, leading the board to quickly achieve enrollment targets in healthcare, manufacturing, and construction.

WDB is also conducting a regional recovery-ready workforce planning process with POWER funding from the Appalachian Regional Commission (ARC) that is slated for completion in December 2023. Interim findings illuminate that while the region has valuable treatment and recovery resources, they are not geographically uniform. Better resource and referral connectivity across partners, such as the faith-based community and government agencies, is needed. Recovery housing and comprehensive transportation networks are glaring needs throughout the 13-locality service region.

WDB will be hosting additional employer training sessions in 2023 through the POWER and WORC grants and could partner with the community wellness and resource center as a venue for those. One of the most effective types of exchange has been peer-to-peer, where employers educate each other.

People, Inc. is a community action agency that helps low-income residents build and acquire assets by assisting in continued education, personal finances, housing, and business endeavors. People, Inc. provides career planning and wrap around case management in partnership with the WORC and other WDB programs to serve individuals in recovery and those re-entering society, among other clients. People, Inc. helps individuals acquire transportation, such as a driver’s license or personal vehicle through the car loan component of the TANF Employment program—serving Washington, Bristol, Smyth, Wythe, Bland, Russell, Dickenson and Buchanan counties. This program combines resources with Occupational Enterprises, Inc.’s Cars to Work program in Washington County to increase the impact.

People, Inc. also helps people acquire official documents that clients might need to apply for services and employment, connect with childcare providers, etc. People, Inc. endeavors to liaise with regional businesses through its businesses services coordinator to determine employers’ needs and to provide

training to help businesses support frontline supervisors who oversee employees in recovery. Partners like People, Inc. can also help to facilitate conversations with larger employers regarding development of at-work, on-site childcare programs. Case managers and career mentors from People, Inc. can meet with clients in public locations, such as the community wellness and resource center, to conduct workforce development activities.

The local community college, **Virginia Highlands Community College (VHCC)**, offers workforce development programs that aim to support skills development and training in high-demand jobs. Occupations in welding, nursing and light truck driving are common positions for individuals to pursue following short-term training classes (lasting about 10-weeks, on average). VHCC also travels to local jails and prisons to deliver training sessions in OSHA safety. These populations often include individuals that suffer from SUD and co-occurring mental health conditions. Trainers can connect with incarcerated patrons and follow-up with short-term training upon release to better position them for earning a life-sustaining wage. Interviews with VHCC revealed the need for soft skills development including personal accountability, attendance, teamwork and commitment.

According to stakeholders, some participants early in recovery will not be ready for a community college degree program and will need additional support such as intensive treatment or case management before they can successfully complete a degree. Other skills, such as financial management and basic literacy in reading, writing, and mathematics, may be needed, in addition to an individual career plan.

The **Emory & Henry (E&H) School of Health Sciences** campus is located close to Glade Spring, VA, and is home to several graduate programs including physical therapy, occupational therapy, and mental health counseling. Educators at Emory & Henry College recognize that SUD and mental health conditions have been prevalent concerns within the healthcare system over the past several years. One interviewee noted, “When we see a need in the area, we respond.” This has translated into additional specialty programming for graduate students, specifically a mental health counseling degree with a focus on addiction. In 2023, over 100 students will graduate from their respective disciplines following immersive study experiences throughout Southwest Virginia. Stakeholders explained that E&H aims to retain 25% of its graduates through area employment each year; however, job saturation often prevents graduates from staying in the region.

The YWCA community wellness and resource center will provide E&H students with an opportunity to carry out their clinical or applied study component. The students’ experiential learning requirements include shadowing a licensed professional in the region and connecting with their community. All programs have rotations, including treatment of underserved patients in rural areas, to ensure students are exposed to a variety of clients and settings in which they may work in the future.

There are two other workforce pipeline projects for lower levels of education. Emory & Henry is partnering with several entities, including the public high schools in Smyth County, Wythe County, Washington County, and the City of Bristol, to create a sustainable pipeline of K-12 students interested in health care through a recently funded initiative called the [Southwest Virginia Healthcare Excellence Academy Laboratory School \(SWVA-HEALS\)](#). Students in the SWVA-HEALS program will shadow professionals, participate in hands-on tutorials and clinical simulations, and will develop a plan for pursuing a college degree in their healthcare areas of interest. In parallel, the Department of Education is working with grades 10-12 and institutions of higher education to emphasize the importance of mental health.

Many education providers are hesitant to speak about the topic of SUD because of the sensitivity of the subject, especially if it’s prevalent in the schools they oversee. Some of the public schools in the region

will provide students with in-house services, such as appointments with a nurse or counselor. Historically, if a student needed to leave school for an appointment, they would miss more class than was necessary and their guardian would miss work to transport the student to the appointment.

Local schools, such as **Bristol City Public Schools**, are taking a new approach to contract medical and mental health services on school property. Bristol City Public Schools were also the pilot site for Fentanyl Awareness Day. Since its success, counties such as Smyth and Washington have adopted the same event. It offers students and families an opportunity to learn and talk about overdose, SUD and related issues they are facing in their region and sometimes in their homes. Through these events, families may also be referred to local service providers.

Over the past ten years, the **United Way of Southwest Virginia** has transitioned from a reactive fundraiser and distributor model to a preventative collective-impact model focused on cradle-to-career strategies that increase health, education, and financial stability. Growing over this time to meet regional needs, the United Way now serves 21 counties and three cities overseeing a variety of programs focused on (1) childhood success, (2) youth workforce development, and (3) resilient community building through trauma-informed networks.

United Way's signature work in the childcare space involves helping public and private childcare providers offer more spots in high-quality programs, training and professional development for childcare teachers, and working with employers in manufacturing and other GO Virginia target industries to provide childcare benefits to employees through a matching plan. Tackling the region's childcare deficit from multiple angles, the United Way is working to make childcare affordable, accessible, and high quality.

Specific programs related to childhood success include:

- Infant and toddler specialist network, where subject matter experts work with childcare providers across the service region to provide ongoing technical assistance and professional development, help with classroom management and curricula supports.
- Ready Region Southwest, a Commonwealth-wide initiative managed by the United Way for the Southwest Virginia region, to provide classroom observations using a quality assessment interaction tool for pre-K to 5 years. United Way works with 209 providers across 21 localities, including 1,000 preschools every year. This work is funded through Virginia Early Childhood Foundation (VECF).
- The Mixed Delivery Program, also funded through VECF, is a public private partnership to subsidize tuition for high quality private childcare providers and offer clients wrap around supports. This addresses an overall need that there are not enough slots for high-quality, early childhood education and care. The mixed delivery program provides ongoing professional development and several one-on-one coaching sessions every month with participating early childhood educators across the region.
- A GO Virginia program focused on building up childcare as infrastructure for the economy in terms of improved business impacts from increasing access to childcare for the workforce. United Way manages a program with employers who want to provide a childcare benefit, to help pay for a portion of their employees' childcare, and United Way maintains a pool of funds to support the match for spaces at licensed childcare centers. The target industry for employer engagement is currently manufacturing, based on employer interest and community need.

- United Way manages the star quality childcare rating system, now known as Link B5, as well as coordinated enrollment for SWVA, which is in its first phases but will ultimately lead to a universal application for early childhood education.
- United Way also supports the Birth to 5 Hub, which provides a directory of all licensed childcare, as well as slot availability, and allows parents to get in touch with the provider.
- United Way coordinates a system of supports regarding helping childcare providers get started with licensing, procurement, administrative tasks, HR services, marketing, and professional development. This network is an alliance of shared services that connects small childcare centers with a bigger system of resources.
- United Way coordinates all Head Start programs within the service area, as well provides support to private providers receiving any kind of public funding.
- Another collaborative program is housed within the United Way Workforce and Employer Services division that is focused on building up the supply of childcare providers in SWVA, including a team that recruits, trains, and places childcare teachers with area partners. In the process, the United Way provides background checks, first-aid screening, etc., sourcing the childcare center with “ready-to-teach” assistants who can also engage with ongoing professional development to improve the quality of their teaching over time.

United Way supports youth workforce development through its IGNITE program, connecting employers with educators to help young students learn more about career opportunities and start to learn professional skills. United Way provides access to [Major Clarity](#), a career exploration and planning software available to 30,000 students throughout Southwest Virginia that is aligned with career clusters defined by the Virginia Department of Education, and hosts an annual careers expo for all 7th graders in the service region to engage with area employers and hands-on educational activities. United Way also provides a regional youth workforce program including the development of at least 90 internships available to all high schoolers over the summer, including pairing with a mentor and training through a curriculum focused on soft skills, such as time management, communication, professionalism, etc.

One of the more recent areas of focus in the United Way’s portfolio is its Resiliency Department. Through this outfit, United Way provides trauma-informed supports, including managing the SWVA trauma-informed care network (TICN), a network for providers who serve children and families, including schools, community services boards, community action agencies, mental healthcare providers, law enforcement, etc. The TICN convenes regularly, and United Way supports the work and strategic connections of the partners. The TICN is launching a trauma-informed school initiative, with the United Way team working with the school systems and each individual school to identify where they are on the spectrum of trauma-informed care work. Based on those assessments, United Way provides creative strategy, professional development, coaching, and other supports. United Way is the coordinating entity for the full-service community school model, which is a nationally-known model presenting a network and coordination of strategy.

United Way also manages [Al’s Pals](#), which is a turnkey, evidence-based practice curricula for private and public schools focused on tobacco prevention and reducing risky behaviors among younger students, 3rd grade and below. The Resiliency team also implements kindercamp, which is a general education program to help kids learn the basics for school readiness, like how to raise their hand. The program also provides readiness assessments to identify students who will need extra supports in school throughout

their K-12 education. An intensive tutoring software program tracks data around students' progress in reading, especially.

In the next few years, United Way will be implementing Ready Southwest Virginia, with a hub in Abingdon that will house the spectrum of United Way programs described above. The hub will be publicly-accessible and include a 300-slot childcare center for children ages 0-5 years, as well as an entire career commons area for students to come on fieldtrips from all grades to participate in hands on learning. The hub will have a space for the Go Tech training lab for SWVA teachers and will support similar locations across SWVA to provide a "hub-and-spoke" childcare model.

A natural fit for the YWCA and United Way to partner regarding a community wellness and resource center is for the YWCA to participate in the trauma-informed community network (TICN), "really participating and connecting intentionally with other providers that are directly supporting other families." In terms of workforce development, United Way is interested to learn more about the envisioned goals for recovery-focused clients and is open to partnering further.

Highlands Community Services (HCS) & Mount Rogers Community Services (MRCS) are the service area's two community services boards, offering mental and behavioral healthcare services to anyone in need, including treatment for SUD. HCS serves Washington County and Bristol, VA, and has a satellite office in Smyth County; MRCS serves Bland, Carroll, Grayson, Smyth, and Wythe Counties as well as the City of Galax. Among many other programs, MRCS operates the Program of All-inclusive Care to the Elderly (PACE) to address senior care needs, and HCS operates [parenting programs](#), such as Strengthening Families and Project Dads.

The CSBs offer a full suite of SUD treatment and mental health counseling programs for individuals and the family. They operate crisis care centers and provide wraparound supports such as housing and transportation assistance in some cases, including gas cards if funded through a grant. The CSBs offer immunizations, routine screenings, mobile birth control, and other services, in collaboration with the health department, for clients who cannot access the health department but who may be attending the CSB for probation-related activities. The CSBs have significant caseload overlap with adult and juvenile probation, as well as counselors and DSS staff employed through the school system. While federal laws are more restrictive when hiring peer recovery specialists with criminal backgrounds to work in public health settings, such as a CSB, the CSBs provide the PRS certification credential through DBHDS and may employ PRS throughout their recovery and mental health programs.

A stakeholder from HCS noted that "housing is a desperate situation. We have a permanent supportive housing (PSH) program as part of a state service. It is for individuals with serious mental illness who have payor sources for those diagnoses; they can have co-occurring disorders but not just SUD. There are no equivalent funding streams for people in recovery, and it's further restrictive for people with criminal histories. It's also very difficult to find access to quality, viable, accessible units and options. We partner with landlords to house clients, and it's starting to open up post-Covid, but in the middle of the eviction moratoria, that burnt a lot of landlords, we lost a lot of housing options in that process. They are starting to trickle back in; we have 12 of 30 current slots filled and 12 residences we've been able to partner for placements, that just came about in the last few months."

HCS is interested to partner with the YWCA on the community wellness and resource center project in the following ways, and is open to other opportunities:

- Provide healthcare via telehealth appointments if the community wellness and resource center has dedicated spaces for private connections.
- Host on-site healthcare visits with case managers who can conduct initial screenings and assessments, and/or facilitate telehealth appointments with specialists.
- Host Strengthening Families classes at the community wellness and resource center.
- Develop an MOU to have a healthcare provider meeting with patients on site in a dedicated office space.

In addition to food banks in Marion, **Appalachian Community Connectors** maintains “blessing boxes” with non-perishable food items, hygiene supplies, etc. **Feeding Southwest Virginia** works diligently to help with food insecurity and operates an emergency food pantry in Abingdon in addition to scattered drop-off sites.

[Mountain Community Action Program, Inc. \(Mountain CAP\)](#), located in Marion, VA, serves Smyth, Wythe, and Bland counties of Southwest Virginia to help low-income residents become more self-sufficient by providing information and referral services, crisis intervention, income tax preparation, financial empowerment, emergency services, weatherization, and limited direct services. Mountain CAP also manages a computer lab and offers help with learning how to use a computer, as well as applying for employment, and developing résumés and cover letters.

Ballad Health operates hospitals and SUD treatment programs across a 20+ locality service region in Southwest Virginia and Northeast Tennessee, including Washington and Smyth counties in Virginia. Ballad conducts community health needs assessments (CHNAs) every three years for its service area and provides a variety of programs for families and people in recovery, including the [Strong Starts and Strong Futures programs](#), peer programming in the schools, and the [PEERHelp Line](#). Ballad Health is also a member of the [STRONG Accountable Community \(STRONG ACC\)](#), a community coalition of over 300 partner organizations working together to create stronger futures for children, families and communities throughout a 21-county region of Northeast Tennessee and Southwest Virginia. As an employer of peer recovery specialists, Ballad Health—like other healthcare providers—is a second-chance employer. According to Ballad staff, there is no birth delivery care in Smyth County. However, Johnston Memorial Hospital in Abingdon (Washington County) offers parenting classes, and prenatal and postnatal care.

A recovery community navigator with the PEERHelp program explained that Peer Recovery Specialists (PRS) work with the jails, including the SWVA regional jail in Abingdon, to conduct pre-release forensic discharge planning, such as setting up a home plan and second-chance employment options. PRS may also help facilitate access to alternative sentencing programs that may be faith-based or treatment programs like the HOPE Center in Galax or Real Life. Clients on probation may participate in a program for a year, in which case their probation is transferred to their program location.

The PEERHelp team often sees the same repeat offenders who lack coping skills or access to appropriate treatment. PRS will support clients in court and work with their attorneys and the commonwealth to facilitate access to programming, treatment, housing, etc. The PRS at Ballad also work closely with **Hope Center Ministries**, which operates faith-based and vocational recovery programs, including recovery housing for women. Individuals charged as sex offenders or child abusers are particularly difficult to serve, though some faith-based programs will accept them on a case-by-case basis. Ballad works closely with the WBD through the WORC and POWER grants to train PRS and offer hundreds of hours of volunteer experience towards the certification. PEERHelp currently employs 14 PRS with two lead

navigators for TN and VA; occasionally, PRS can also find employment through the drug treatment courts, the CSBs, etc.

PRS help second-chance clients connect with a variety of resources, such as employment training programs, social services, food assistance, etc. Ballard also uses a third-party medical transportation system called [Kaizan Health](#) to facilitate better access to rides to treatment. However, Kaizan relies on existing local transportation solutions, so in places like Smyth County, there are too few options for Kaizan to coordinate reliable rides. PRS can also offer training for family members of people with SUD to better understand the disease of addiction and how to navigate related challenges. Ballard can also refer clients to the local CSBs or regional specialists for family counseling.

Ballad peers offer several weekly in-person, online and hybrid group meetings using a variety of curricula, including SMART Recovery, Pathways to Recovery, and MRT. The online option works well for clients who lack reliable transportation.

Ballad Health has designated several [community health improvement sites](#) for FY23, which includes funding and evaluation for 28 organizations like the YWCA, working towards social determinants of health. Metrics are tracked, such as neonatal abstinence syndrome (NAS) rates, SUD rates, kindergarten readiness, 3rd grade reading, 8th grade math, teen births, teen tobacco use, social and emotional wellness, obese youth, prenatal care, breastfeeding and smoking moms. Ballard also coordinates the Unite Us platform, which is a centralized referral system to connect patients to partner programs at the health department, CSB, food pantry, etc. Ballard is making efforts to add more partners to this platform, such as housing authorities, in order to make better housing referrals. As a member, the YWCA can receive technical support as needed. Ballard also hopes to launch a mobile health clinic for the uninsured. Finally, Ballard may be able to partner with the YWCA to provide telehealth primary care and mental health counseling if the YWCA had secure spaces for clients to connect for telehealth appointments.

Ballad peers mentioned additional partners and referral resources in the region, including **Tri-Cities Recovery, Lifestyle Recovery, Recovery Soldier Ministries, and Hope Center Ministries.**

The **Mount Rogers Health District (MRHD)** serves Bland, Carroll, Grayson, Smyth, Washington, and Wythe counties and the cities of Bristol and Galax with a variety of disease prevention, emergency preparedness, environmental health, women's health, family planning, baby care, WIC, screenings, and population health services. Three particularly relevant programs for people in active use and recovery from substances are [ASPIRE](#), [Comprehensive Harm Reduction](#), and [REVIVE! naloxone trainings](#). ASPIRE works closely with the comprehensive harm reduction program to offer peer-to-peer, trauma-informed services for people in active use and recovery. The MRHD will soon open a treatment center in Marion, VA, called the Appalachian Center for Hope, and there is currently a facility next to the health department called the [Lifetime Wellness Center](#) that provides fitness options.

A longer-term goal is for the health district to establish ASPIRE and a comprehensive harm reduction program in every locality, not just Smyth County. Comprehensive harm-reduction programs provide clean syringes, needle exchange, the overdose reversal drug naloxone, hepatitis vaccinations, birth control, HIV treatment, referrals to services, and access to peer supports. The health district also hires community health workers and community health educators to conduct outreach and education on relevant health topics and navigation of services.

Representatives of the MRHD explained that there is a great need for “after care” programs and facilities, like a Peer Center, to provide a recovery community for people who have finished treatment but who may be vulnerable to relapse and return to use. A Peer Center could provide drop-in services, such as access to shower or laundry facilities, a TV or game room to interact and socialize with others, and a variety of self-help groups to suit different preferences and approaches to recovery (e.g., faith-based, medication-based, etc.).

In partnership with Ballard, MRHD staff have been trained in [stigma-reduction](#) and hope to initiate community conversations to reduce stigma within the service region in the near future. However, stakeholders are cognizant of the different audiences they must engage, with some community stigma deeply entrenched in the local way of thinking and being. One MRHD staff member explained, “As far as the research goes, there’s not enough in any particular area on what is the exact way to break down stigma. It’s hit or miss with people. Even having these conversations, you have to consider the areas you’re in and how you’re going to facilitate with specific areas. This area is vastly different for me than Blacksburg. There’s so much more stigma, lots of families, multiple generations with instilled, ingrained judgements and viewpoints.”

MRHD staff suggested several ways to partner with the YWCA community wellness and resource center, including:

- Host stigma-reduction and ACES training.
- Launch a mobile harm reduction unit.
- Extend peer services.
- Help to staff or supply resources for a Peer Center that supports social activities, a variety of peer groups, and offers meals, snacks or basic necessities.
- Facilitate more self-help and telehealth meetings.

MRHD staff also recommended that the community wellness and resource center could host classes on life skills, budgeting, depression awareness, coping skills, artmaking, etc., as well as make it a destination for youth recreational opportunities and other therapeutic outlets.

Frontier Health is a private, not-for-profit provider of behavioral health services, offering treatment for mental health, co-occurring, and substance use disorder problems, recovery and vocational rehabilitation, and developmental and intellectual disabilities services. It operates over 60 professionally staffed facilities located in 12 counties throughout Northeast Tennessee and Southwest Virginia, the latter of which are provided in partnership with Planning District 1. Frontier Health strives to serve low-income patients and provides a health safety net for un- and underinsured patients, with 65-75% of its funding derived from DMAS, Medicaid, etc. Among many other services, Frontier Health provides backup for the 988-suicide hotline call center from Northeast Tennessee up to the Christiansburg area in Virginia.

In Tennessee, Frontier is part of a housing continuum supported by DMAS, including a regional coordinator and local housing authorities that assess the needs and pursue grant funding to provide more housing. Frontier provides residents in this program with a connection to SUD treatment, medication management, peer supports, and other services, and partners with Recovery Resources and Families Free, which supports step-down recovery housing.

Frontier works with several employers, such as Food City, local construction companies, and restaurants (e.g., Cranberries), to put policies and supports in place to facilitate employment for people in treatment and recovery. There is currently another WORC grant being implemented in the First Tennessee

Development District called [Caring Workplaces](#), which specifically supports the hiring of more people in recovery through employer engagement and education about being a caring workplace, and the policies, protocols and training needs to help that employer understand what it means to be a recovery-friendly workplace. As a large behavioral healthcare provider, Frontier hires many people in recovery. A natural tension that arises is hiring people with criminal backgrounds and the restrictions in doing so when receiving federal funding, such as SAMHSA grants, or if operating a Drug Free Workplace.

Frontier will soon open a central service location in Bristol that will offer a full suite of programs, including a new gambling addiction treatment offering. The facility will serve the whole family under one roof and is accessible via the bus line and within walking distance of downtown Bristol. Frontier already partners with the YWCA on programs such as the Regional Intervention Program (RIP) for children under 6 years old, providing peer-to-peer, family behavioral development and education.

While Frontier's service area doesn't entirely overlap with the proposed community wellness and resource center, stakeholders suggested that such a community wellness and resource center could address the following needs:

- Social and infrastructural supports for seniors or low-income individuals, such as access to case management, help with service navigation and searching for housing, access to community laundry facilities, etc. Not duplicating what CSBs do, but enhancing those supports.
- Provide on-site, temporary, time-limited, or flex childcare services.
 - Host Parents Night Out and similar events, in partnership with churches and other social groups, that relieve parents of childcare duties on specific nights.

SaVida Health is a for-profit, private provider of SUD treatment services and is a preferred office-based addiction treatment (POBAT) center offering medication-assisted treatment (MAT) under the [Virginia ARTS](#) program. (The ARTS benefit expands access to a comprehensive continuum of addiction treatment services for all enrolled members in Medicaid, FAMIS and FAMIS MOMS, including expanded community-based addiction and recovery treatment services and coverage of inpatient detoxification and residential substance use disorder treatment.) Due to this enhanced treatment coverage under Medicaid, only 3% of SaVida patients need to pay for services on a sliding-scale fee basis. Medicaid can assist with transportation to and from appointments. However, patients have had mixed experiences using the Medicaid shuttle services, sometimes dealing with very long wait times or the taxi not showing up at all.

SaVida also provides treatment for hepatitis, medication management, and one-on-one counseling for stimulant addictions to address underlying causes such as depression or anxiety. SaVida currently has 16 locations across Virginia, with an additional 6 to open in the near future; the provider aims to have 29 locations open statewide by the end of 2023, including approximately 13 locations in Southwest Virginia. SaVida also operates treatment programs in ME, MA, VT, DE, VA, NH, and TN starting in 2023, though TN patients will not benefit from Medicaid expansion as in the other states. While SaVida does not treat patients under 18 years old, they can provide family counseling and refer youth to pediatric and other area providers as needed.

SaVida would like to explore partnerships with the proposed community wellness and resource center in a few ways:

- Refer clients to community resources, once it is clear what is offered at the community wellness and resource center.

- Serve as a treatment referral for clients interacting with the community wellness and resource center.
- Sponsor events at the community wellness and resource center.
- Provide telehealth to clients at the community wellness and resource center, or develop an agreement to staff a satellite office space.

Other providers in the region include [ReVIDA Recovery](#), [Crossroads/Starting Point of Virginia](#), [Spero Health](#), [Southwest VA Community Health System](#)/New Day Recovery (multiple locations), The Doctors Office, LLC, etc., some of which can be found in the [Virginia ARTS directory](#).

The **Mount Rogers Alcohol Safety Action Program (ASAP)** is one of twenty-four local ASAP programs in the Commonwealth of Virginia to provide rehabilitation opportunities for DUIs. Each ASAP operates under the Commission on VASAP. The Mount Rogers ASAP services Bland County, Bristol, Carroll County, Galax, Grayson County, Smyth County, and Wythe County. <https://www.mtrogersasap.com/>

Findings from the Survey

Survey responses echo many of the challenges identified during interviews and in the literature review. Results from the survey of stakeholders in the regional recovery ecosystem suggest many respondents are unable to list employers supportive of hiring people in recovery from SUD in the region. However, companies listed as being supportive include several in hospitality/restaurant fields, construction-related work, manufacturers, janitorial services, and others. Notably, some of these companies fall into the same industries that the literature review determined may put employees at “higher risk” for relapse.

Survey respondents noted a number of challenges that underserved families and people in recovery may face when seeking employment. The three biggest challenges are transportation, stable recovery housing, and reliable and affordable childcare. Other challenges noted include stigma, employers hesitating to take chances on those with criminal records, and concerns regarding employee behavior on the job. Livable wages and the need for work flexibility were noted as well. In this region, the stigma, relapse, and logistical challenges employees face in finding and maintaining employment are pervasive at a very broad scale.

The survey was published online and viewed by 385 individuals representing community organizations, many of which directly serve people with substance use disorder (SUD). During the collection period from February - April, 105 individuals started the survey, and 49 individuals submitted a completed form. Survey respondents were mainly from organizations in Southwest Virginia (85%). However, a portion of respondents represented the northeast Tennessee region. It is important to note that Highlands Community Services (located in Abingdon) had the greatest organizational participation, which likely influences response rates by locality (Table 4).

Table 4. Survey Respondents by Location	
Locality	Count
Abingdon	45
SW Virginia	25
NE Tennessee	14

Many respondents described their service area as “Southwest Virginia and Northeast Tennessee.” When asked how many clients their organization serves monthly (Table 5) and yearly (Table 6), there was a large range of clients who stated that it varied, indicating that the organizations represented vary in size.

Table 5. Survey Responses for Number of Clients Served Monthly	
Number of Clients	Count
Varies/Don't Know	14
<100	12
100-499	17
500-1,000	7
>1,000	2

Table 6. Survey Responses for Number of Clients Served Yearly	
Number of Clients	Count
Varies/Don't Know	20
<200	6
200-999	7
1,000-4,999	11
5,000-9,999	3
>10,000	3

Services Offered

Respondents were asked what types of programs and services their organization offered (Table 7). The survey provided respondents with a list of services to select from, with an opportunity to provide additional comments. The top services represented include programs for mental health and substance use, transportation and housing supports, harm reduction, programs for youth, and workforce development or life skills programs.

Table 7. Types of Services Offered by Respondents' Organizations			
	Services	Count	Percent
1	Mental health counseling and related services	38	13.92%
2	SUD Treatment and/or recovery supports	37	13.55%
3	Transportation supports for clients	25	9.16%
4	Naloxone distribution and education	25	9.16%
5	Programs for youth	25	9.16%
6	Housing or housing supports	21	7.69%
7	Workforce development and/or life skills	21	7.69%
8	Parenting, nutrition, and/or wellness classes	19	6.96%
9	Other	16	5.86%

10	Programs for previously incarcerated individuals	14	5.13%
11	Programs for women	11	4.03%
12	Extracurricular education	9	3.30%
13	Programs for seniors	7	2.56%
14	Childcare	5	1.83%
	Total	273	100%

Some of the programs for youth include:

- “Programs that educate youth about the importance of staying healthy”
- “Career exploration, including paid internships, and assistance with essential goods and services”
- “Leadership and citizenship development”
- “Educating students about vaping and suicide”
- “Project AIM (Adult Identity Mentoring).”

Additionally, comments revealed that substance use disorder (SUD) and mental health disorders often co-occur; therefore, service providers offer treatment for both. SUD programs may include inpatient and outpatient treatment with medication-assisted treatment, group counseling, individual counseling, harm reduction and peer services.

Program Areas of Need

Stakeholders commented on the lack of programs that offer childcare services, and events that specifically engage seniors. Those who selected childcare did not provide further explanation, however survey respondents who selected “programs for seniors” were interested in programs offering activities such as “Chair Yoga” and “Bingo events.”

Survey respondents were particularly interested in additional programs for women. Survey results identified a need for more programming for:

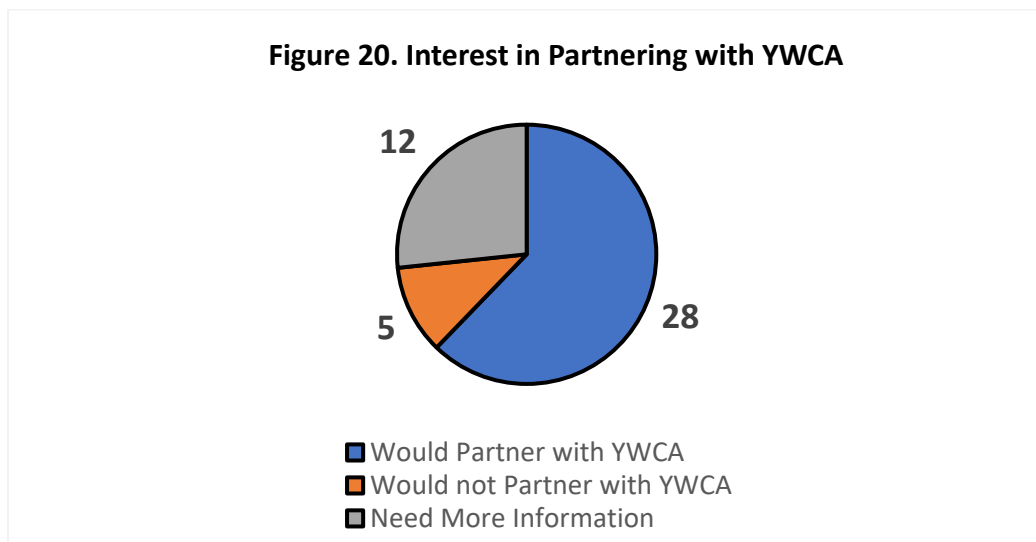
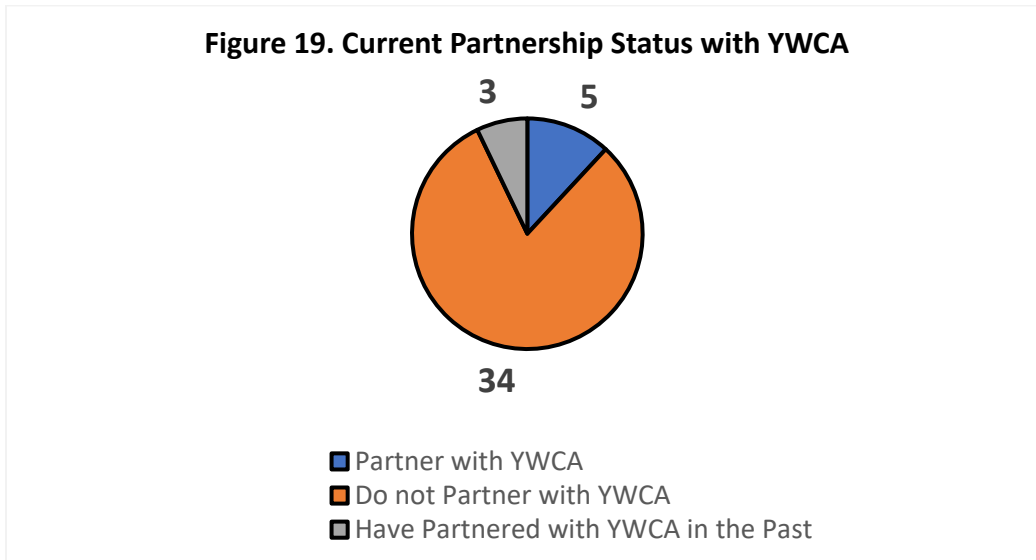
- Family/child planning
- Vaccinations/health care
- Domestic violence protection/recovery.

For previously incarcerated individuals, survey respondents identified a need for more programming related to:

- Parenting
- Opioid overdose prevention training
- Assistance with housing and transportation
- Connecting prospective employees with local employers who hire people with a criminal history.

Partnering with YWCA NETN and SWVA

Figure 19 illustrates that many survey respondents' organizations do not currently partner with the YWCA. However, Figure 20 indicates that there is significant interest in partnering in the future, particularly if more information were provided about the opportunities to partner.



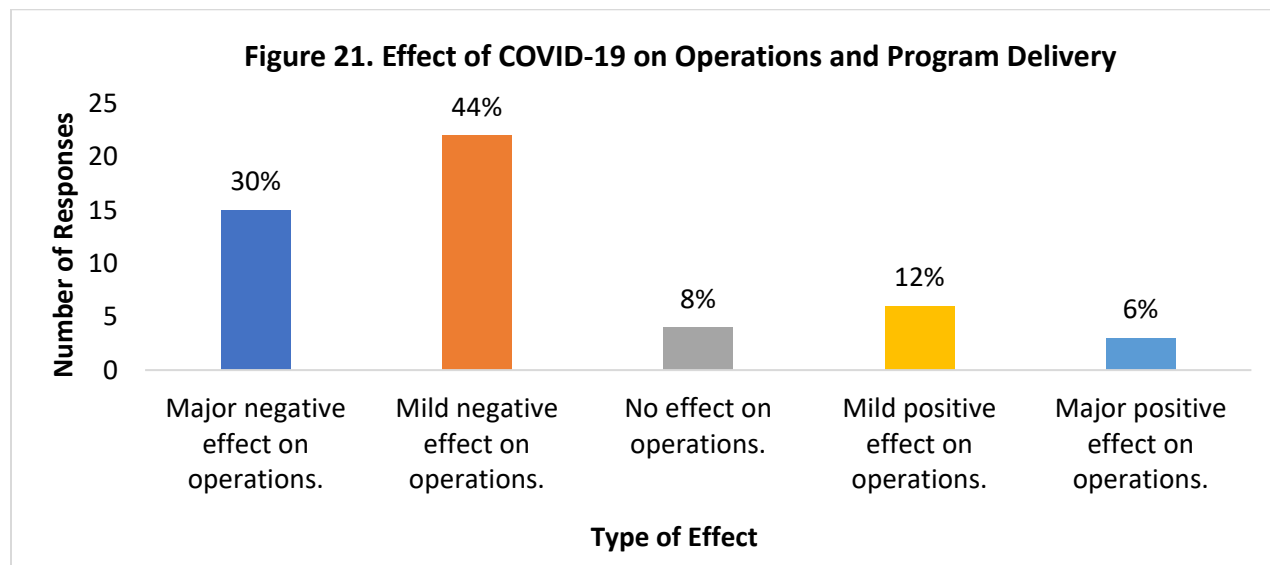
Respondents were given the opportunity to provide examples of ways to coordinate their organizational programs, resources, and services with a planned community wellness and resource center. Generally, these examples included:

- “Space to store program materials”
- “Space to provide programming”
- “Help promoting programs”
- “Funding support and identification”
- “Workforce development, family health, and ‘pathway’ education.”

Program Delivery Challenges

COVID-19

Respondents were asked to describe the size of the effect that the COVID-19 pandemic had on their program delivery and operations (Fig. 21). The majority of respondents reported negative effects due to the pandemic: mild negative effects (44%) and major negative effects (30%) contributed to 74% of responses. It is interesting to note that a small population experienced mild or major positive effects on operations during the pandemic. Some examples of positive effects include the relaxed restrictions on the use of telehealth leading to increased healthcare access.



Challenges Related to SUD

Respondents were asked to describe the biggest challenges their organizations are facing while serving people with SUD and family members. Almost all responses can be categorized within three major domains: lack of transportation; stigma; and lack of access to resources. As one respondent explained, “Transportation is a huge barrier; people can't get to court, PO appointments, trainings, etc.”

Additionally, there is “stigma against harm reduction” and “stigma against use of medications for earlier initiation into treatment.” Individuals who cited lack of access to resources stated that there are “not enough services or providers of services,” and there is a “lack of funding” and “lack of support from (some) local elected officials.”

Employment Challenges for People in Recovery

Respondents were also asked what the largest employment challenges are for underserved families and/or people in recovery. Answers fell within similar themes to the responses described above. Responses discussed the lack of transportation and the lack of employment opportunities for those on prescription medication or who have previous criminal convictions. Several respondents explained that a major barrier to enter into the workforce is employers’ unwillingness to hire people with SUD, even if they are in recovery.

One respondent noted that “people in recovery often have barrier crimes that prevent them from accessing housing and employment. Most are charges that they incurred while their SUD illness was

active.” Other work-related challenges include the “lack of [accessible] industries, lack of funding for services, and lack of staffing to provide support.”

Regional Employers Who May be Supportive of Hiring People in Recovery

The survey asked respondents to list which employers support hiring people in recovery. Over 35% of respondents (n=14) did not list any employer. The employers named offer employment in food service, manufacturing and distribution, social services, landscaping and environmental services, and healthcare, and are not exclusively located in Washington or Smyth Counties.

- Appalachian Plastics
- Ballard Health
- Bird Dog Distributors
- Bonanza
- Burger King
- Flower Bakery
- Golden Corral
- Goodwill Industries
- Jennmar Construction
- JR Janitorial Services
- Kvat
- Landscaping/mowing businesses
- Lawrence Brothers
- Marley Mouldings
- McDonalds
- Mullican Lumber & Manufacturing
- Musser Lumber
- Paramount
- Red Lobster
- Southwest Virginia Community Health System
- SteelFab
- Subway
- Universal Fibers
- Utility Trailer
- VFP
- Wendy’s

Key Insights and Opportunities

Wrap Around and Recovery Supports

Interviews with regional stakeholders regarding gaps in behavioral services and wraparound supports reinforced the need for stable, felony-friendly recovery housing, accessible childcare, and regional public transportation solutions. While the area has drug courts and adequate treatment options such as medication-assisted treatment (MAT) offices and residential treatment facilities, there are far fewer resources as individuals “step down” from treatment programs. More harm reduction drop-in centers and different modalities of self-help groups are needed. As one PRS noted, “Education is needed around harm reduction; sometimes people think it’s enabling, but we have seen a huge decrease in finding needles on the playground. Some participants even think harm reduction makes people want to use more. I support harm reduction and medication-assisted treatment (MAT) because I’ve seen how it’s transformed people’s lives just having Narcan, clean needles, and testing strips.”

In addition, greater use of a central referral system, like the Unite Us platform, across all partners would help to reduce missed opportunities to connect individuals with treatment and social services. Stakeholders also described a need for local warming and homeless shelters and hydration stations when communities are put on boil notices for untreated water.

In terms of transportation, several programs offer transportation support such as gas cards, and more Medicaid transports are available to formerly uninsured patients due to Medicaid expansion. This expansion also extended coverage to pregnant women to cover 12 months of post-delivery care. However, one stakeholder noted that “Medicaid transportation is not the end all, be all solution. It does provide an option that [patients] didn’t have before.” The Department of Social Services can also offer low-cost loans for vehicles and other transportation supports through the Virginia Initiative for Education and Work (VIEW) program for TANF recipients.

A shuttle service connecting different treatment and recovery facilities across Marion, Saltville, Damascus, Abingdon, and Glade Springs could be highly effective to facilitate greater access to services. As one PRS shared, “The counties and areas are so far apart, it’s hard. Maybe someone from Saltville wants to attend a meeting that is at least a 15-minute ride away. That’s a lot of the problem around here. Some people don’t have a driver’s license, especially in early recovery. Finding someone to commit to [transportation]. I would love to see sponsors help with transportation. I’ve thought about going to a local dealership who could endorse the program, slap a sticker on the side of the car [to promote their business] and let me use it to help people. No one could help me when I needed help, no one knew what to do.”

Some models in other rural areas that seek to address this need include [Routes to Recovery in West Virginia](#), [Rides to Recovery in Tennessee](#), as well as workforce-oriented programs that supply job seekers with low-cost vehicles, such as [Wheels-to-Work](#) (Goodwill) and the [Cars Program](#) (SWVA Workforce Development Board). Routes to Recovery is operated by a long-term residential treatment program called Recovery Point West Virginia, and employs people in recovery as drivers, as does the Rides to Recovery program supported by the transportation department of the Upper Cumberland Human Resource Agency. Both of these programs assist with transportation to medical appointments, recovery groups, employment activities, and other essential connections, all while helping riders network with peers in recovery who are employed as drivers. One stakeholder also suggested working with the NRV/Mt. Rogers Workforce Development Board, Mountain Lynx Transit, or People, Inc. to develop a similar program for Washington and Smyth Counties.

Affordable housing that is safe for and supportive of people in recovery, including ex-felons, continues to be a major need. According to one PRS, “with housing, for the longest time, if you had any criminal record, you couldn’t qualify for housing at all. Some of that has changed; for me, I was able to qualify for housing again through the Marion Redevelopment and Housing Authority. I’m not there now but they did talk to me to consider the bigger picture and put my charges into context. Here, it’s really hard to find any type of

affordable housing, in part because of the Emory & Henry campus in Marion, rent has shot up. And if it's affordable, is it livable?"

Stakeholders report there is significant stigma in the community regarding setting up more recovery housing. More education is needed to help the community understand legal protections, including that group recovery homes in single-family residential zoning are protected under the Fair Housing Act and that under the Virginia Fair Housing Act, landlords cannot refuse to rent to people with disabilities where "handicap or disability includes, but is not limited to, physical or mobility limitations, psychological disorders, emotional and mental illnesses, learning disabilities and *addiction recovery*" (DPOR, n.d., n.p.) (italics added for emphasis). Several people noted that some housing and residential treatment programs will kick someone out if they relapse, which only exacerbates the cycle of addiction and instability.

Stakeholders also expressed interest in more mobile health services, such as satellite office appointments and facilities equipped with telehealth stations; the Mt. Rogers Health District will be implementing a mobile harm reduction unit in the near future.

Job Supports

Interviews with regional stakeholders revealed that soft skills training is lacking in the area, such as helping people out of high school learn how to conduct a job interview. One stakeholder noted there was a program to help youth practice job interviewing skills; however, no one showed up for the event due to transportation, childcare, and other issues. Computer literacy is another need. As one PRS shared, people who are "just coming out of active addiction need very close, hands-on help. I used to work in special education, where I had to make accommodations for students to learn the same information, but they needed a lot more support to learn it better. For one, sit down with the person, provide one-on-one, step-by-step instruction, so that they can learn and retain the information. If they don't comprehend it, it won't happen. Comprehension is key, not just knowledge. Walking them through it, not in a rushed way. We need to create more time for these people, teach them the correct way that will be lasting, that is the best way to go about doing it."

Appalachian Plastics, a local, family-owned employer that believes everyone deserves a second-chance, explained during an input session that almost all of their second-chance employees have a drug-related charge and lack a driver's license in order to get to work. Therefore, these individuals must walk to work and live in close proximity to their job in Glade Spring. Glade Spring currently lacks adequate self-help group meetings and other SUD and re-entry services, which puts these employees at a disadvantage. While requests have been made to local churches to set up some group meetings, Appalachian Plastics is also offering meetings during the lunch break. This business is deeply invested in the community, provides on-the-job training, and has had long-term success with some of its second-chance employees. Typically, these employees begin at entry-level positions that rotate throughout the shop.

Many applicants with SUD and/or criminal histories are referred through word of mouth, though Appalachian Plastics will also advertise as a second-chance employer and conduct screenings on a case-by-case basis. The business may similarly refer employees to local service providers as relevant and can offer more flexible scheduling if they need to attend treatment. Employees with criminal records may need coaching on how to present their record to prospective employers in a positive way; for example, illustrating how despite past challenges, they have entered treatment and recovery and pursued relevant career training programs in order to apply for the job.

The WDB highlighted their partnership with Goodwill Industries as another positive example, offering counseling assistance on site, something that other businesses have also found helpful. External counselors are supported on grants such as the WORC and POWER funding, as well as through WIOA. The WDB can offer employment assistance and set up occupational training programs with local employers. The employee is contracted to work during the training period as agreed upon by the participating parties. Based on what the person needs to learn to do the job, the WDB will pay a percentage of the salary for that period of time, in recognition that the company is taking on extra duties to train the employee. In programs like this, the employees are tracked for up to 12 months and provided with case management supports from organizations like People, Inc. to improve retention outcomes.

Employer Training

According to one stakeholder in public health, “employers need to be more empathetic and understanding, take an ACE [Adverse Childhood Experiences] training, understand that you’re hiring someone who may need you to check in with them, support them and guide them; it’s not a good thing to just throw someone into the deep end without guidance. It requires building good rapport and having a good professional bond and trust, so they will come to you with problems or if they need mental health days.”

Similarly, a PRS explained that employers would benefit from an “understanding that different people have different experiences. I think employers probably need trauma-informed care training, and education about recovery-friendly language and what words are offensive. Words like ‘drug abuse’ are offensive; it assumes that everyone who uses drugs is an abuser, which is a word also associated with child abuse and other negative things.”

A PRS also shared that while “a lot of employers are understanding because workforce and justice involvement issues are increasing, employers need training re: stigma and MAT. We have had issues with the whole MAT thing; with someone who was [on MAT and] operating heavy machinery, we had a great second-chance employer who said suboxone was not really ‘recovery’ and required the employee to be off their suboxone in 6 weeks; that’s just crazy. I really think that’s a big piece of addressing the employer perspective.”

Local employers want to know more about best practices to being a recovery-ready workplace; for example, is it appropriate to pair two second-chance employees on a project if they are both at risk of relapse or struggling to adjust to a new job? The WDB also recommends developing special programs and trainings that combine workforce development expertise with SUD treatment and recovery expertise. Retention continues to be a challenge, so establishing a supportive workplace could help to address this issue.

Sessions at previous regional workforce conferences have focused on some of this information, such as educating employers about the Work Opportunity Tax Credit and federal bonding. One challenge for larger, more corporate employers is having a lack of flexibility to hire people with specific types of criminal histories. Another key challenge to educating businesses is reaching them with the information. Stakeholders recommended scheduling one-on-one, tailored sessions with businesses to target what information would be most beneficial for them and to share it in a convenient way.

Peer Recovery Specialists (PRS)

Peer Recovery Specialists (PRS) fulfill a vital role by using their lived experience with substance use and recovery to motivate others, and to help others navigate services and feel connected to social supports. As one PRS explained, “I share my experience, I help navigate, even if just through a conversation, I will listen. I can provide options for treatment and support, if they need resources, insurance, connect them with DSS to help with Medicaid. Whatever they need.” Several studies have found that PRS in primary care, treatment and recovery settings can significantly improve patient and participant outcomes; for example, a program evaluation of implementing PRS in a primary care setting identified “reductions in the percentage of patients using substances in the past 30 days, decreased number of days using alcohol, increased engagement in more medical services after program enrollment, increased school enrollment, and increased rates of employment for PRS-supported patients” (Cos et al., 2022, p. 704).

A healthcare provider explained that “as I learned more about trauma-informed care, I learned that peer support is paramount. We need to have peer voices in the larger community conversations. I have been fortunate to see peer interactions in those roles, connecting with an individual and starting to think about what recovery could look like for them.” Stakeholders expressed interest in PRS being integrated into ED and EMS settings as well, to provide a warm hand off between the emergency healthcare provider and longer-term treatment or harm reduction resources. [Carilion is launching a statewide bridge-to-treatment training and technical assistance program](#) to help establish this model throughout Virginia. [Post-overdose outreach and response teams](#) are also forming around the country to support patients who have overdosed to access treatment and recovery resources following their overdose incident. Pilot programs like this are

being developed in the Roanoke Valley, including in Franklin and Roanoke counties, and Salem and Roanoke cities.

Peer Recovery Specialist (PRS) training can lead to viable employment and career development for people in recovery, specifically those who go on to pursue additional credentials in healthcare or social work. The training is offered locally by Mount Rogers Community Services (MRCS) or virtually by the Virginia Department of Behavioral Health and Developmental Services (DBHDS). There is additional DBHDS training for supervisors of PRS.

Unfortunately, current legislation in Virginia does not allow PRS employment of those with barrier crimes in public settings, such as community service boards. However, [HB 1525](#) will permit “the Department of Behavioral Health and Developmental Services, direct care service providers, and community boards to hire peer recovery specialists who have been convicted of certain barrier crimes where a history of such offense does not pose a risk in the work of a peer recovery specialist.” This may advance important employment opportunities for PRS with criminal histories as well as increase the effective presence of PRS in treatment and recovery settings.

PRS at different stages in their recovery need to be carefully placed in work environments they can handle; for example, a PRS earlier in their recovery may need more structure and boundary setting supports to manage on-the-job responsibilities. One stakeholder in healthcare noted, “We hire peers as residential techs at our walk-in center, which includes detox and residential rehabilitation. If they’re new in their recovery, it makes it tough; they get triggered by stories and emotions and boundaries need to be established at that stage. You [as a supervisor] have to think about where you’re putting someone and whether they’re ready.” Regional groups such as ASAC can set up peer groups to help certain types of PRS debrief stressful work experiences.

Stakeholders from the WDB also reported that 150 people were trained as PRS for the WORC grant; however, many of them are unable to find employment in this capacity because of lack of jobs for PRS in the area. There is an exciting opportunity to integrate PRS into places of employment to provide on-the-job support to employees in recovery. Similarly, the planned community wellness and resource center could hire PRS to run programs and staff a Peer Support Center, thereby increasing local job prospects for people with the PRS certification. Another model is creating employment support teams, comprised of a medical professional, a PRS, and a career mentor to provide comprehensive support to help an individual achieve their career plan and wellness goals.

Several service providers who work with peers emphasized great interest in a regional Peer Center, where PRS and people in recovery can socialize, access groups, pick up hygiene supplies, gas cards and supplemental groceries, acquire work-appropriate clothing, participate in trainings focused on financial empowerment, parenting, nutrition, soft skills, etc. This need could be fulfilled by the planned community wellness and resource center, which could also serve as a coordinator of a regional peer network to help PRS from different programs communicate on a regular basis and develop new programs.

Treatment and Recovery Services

While there are public and private SUD treatment providers in the service area, a person with lived experience explained that due to transportation or insurance limitations, people may feel they have “one option here for treatment, it’s the CSB [community service board]. A lot of times, if families have had a bad experience, [they will avoid the CSB] and that leaves a lot of people untreated across generations. We need more treatment options here.” Establishing and regaining people’s trust after years of stigma among community members and even treatment providers will take time. This stakeholder expressed excitement about the possibility of using the Opioid Abatement Authority (OAA) funding to increase treatment options.

Stigma regarding MAT still pervades some treatment and recovery settings; one stakeholder described the need for a local [Medication Assisted Recovery Anonymous \(MARA\)](#) group so that people on MAT could find a safe and welcoming space to process with people in a similar situation.

Youth and Family

For youth, the evidence-based Teen Outreach Program (TOP) was cited by a couple stakeholders as an important program for helping youth establish healthy boundaries, explore career options, and participate in community service. The program focuses on helping youth figure out *how* to think, not *what* to think, and to build a personal connection to their community. Another program, Draw the Line, Respect the Line, is a comprehensive sexual education course in the Washington County public schools that also emphasizes social-emotional boundary setting with examples such as prevention of smoking and drinking. In-school behavioral supports are limited, so referrals are often made to the local community service board to treat students. Additional afterschool care, particularly scholarships or free slots for low-income youth, are needed to keep children occupied while their parents or guardians are at work.

One PRS shared that addressing SUD and developing successful prevention programs requires deep self-inquiry, “teaching people about who they are and why they do the things they do. You can’t just go to work [with recovery] without resolving the deeper issues. It’s not just a 15-minute course, it’s about ongoing conversations and letting people know the services will be there. But if no one knows the program is here... Word of mouth is good, but we need more marketing and publicity about local resources. Not many commercials talk about recovery, and we don’t talk to kids in the schools. We need to start young and teach them how to deal with things—that’s prevention. In reality, some kids will use, but ‘if you do, let’s talk about it.’ I know [now] how to be prepared for those situations. It was really hard for me. I got into recovery in my 40s, so it was really hard for my brain to re-learn coping skills. I would have liked to know then what I know now.”

Several local providers offer family and parenting support classes and programs, and counseling for families, but more geriatric services are needed for people with dementia, and for families with children with autism and special needs, especially physical/communicative limitations. Stakeholders also noted that faith-based organizations, such as churches, are often on the front lines of responding to people with recovery needs and may not know how best to help them.

SWOT and Feasibility Discussion

The following section assesses the prospects for a proposed community wellness and resource center in Glade Spring, Virginia with a SUD recovery and workforce development focus. The **strengths and weaknesses** in this section concern the **internal organizational capacities** and network resources of the YWCA and the Town of Glade Spring in advancing and operating a center. **Opportunities and threats** in this section concern the **external factors and conditions** influencing the development and operation of a proposed center.

The items listed below in each category (strengths, weaknesses, opportunities, and threats) are concise, summarized findings derived from the information gathered throughout this process and included in more detail in other sections of this report.

Strengths

Concerning the internal organizational capacities and network resources of the YWCA and partners in advancing and operating a center.

- Fundamentally, the YWCA is focused on providing a holistic approach to both physical and mental/emotional wellness, and the proposed community wellness and resource center is a much-needed hub for community engagement. This holistic approach is an essential strength of the project, because it leaves no program or partner behind in the pursuit of community wellness.
- Support of local leaders and elected officials in the town of Glade Spring for a proposed project is present and would be critical to success.
- Availability of a building in Glade Spring, and history of success by Glade Spring in re-development initiatives, including securing funding and managing grants.

- Serious interest of YWCA in expanding and demonstrated YWCA capacity in program delivery. The YWCA has 80 years of experience in high-quality services and programming for individuals and families. These programs can provide needed wraparound supports for those in recovery.
- The relationship with and proximity to Emory & Henry College is a strength, as is the growth in the college's health sciences programming. The center could provide E&H students with an opportunity to carry out their clinical or applied study components, or perhaps house faculty or staff in certain programs.
- Formalizing and enhancing the relationship with Ballad Health and other healthcare providers for services at a proposed center can help with referral network access, technical assistance related to referral systems, metrics tracking, and potentially on-site telehealth opportunities.
- Formalizing and enhancing relationship with MRHD for services at a proposed center could include: hosting stigma-reduction and ACES training; inviting visits from a mobile harm reduction unit; extending peer services; staffing or supplying resources for a Peer Center that supports social activities, a variety of peer groups, and offers meals, snacks or necessities; and facilitating self-help and telehealth meetings.
- The center could house one or more community health workers or community health educators.
- Case managers or career mentors from partner organizations such as People, Inc. could use the center to meet with clients and provide services.
- Glade Spring offers a relatively central location with similar proximity to Smyth and Washington counties, and nearby towns including Saltville, Marion, Abingdon, and Damascus. Glade Spring is also located immediately adjacent to I-81, a major conduit for services.

Weaknesses

Concerning the internal organizational capacities and network resources of the YWCA and partners in advancing and operating a center.

- Running a center with a variety of program and service offerings, with multiple partners and diverse sources of income and types of costs, is a highly complex undertaking. Major partners, including the YWCA, may not be fully prepared to take this on.
- Uncertain source of start-up funds. Funding for building improvements seems likely and within the Town's capacity to secure and manage. Funding for program start-up is less certain and there are currently limited committed cash funds from partners.
- While there are plans for leasing spaces in the center, as well as opportunities for fee-based services through the center, such as the fitness facility, many proposed activities for the center would not be revenue-generating. As such, there would be a reliance on grants, donations, insurance, or organizational sponsorships. The center may need a leader with experience in both grant writing and private-sector donor fundraising.

Opportunities

Concerning the external factors and conditions influencing the development and operation of a proposed center.

- Needs related to SUD remain high in the region. Both Washington County and Smyth County are above the state rates for drug overdose mortality, NAS, and other measures.
- Needs in Washington County related to health services and health outcomes are also significant. In the 2021 County Health Rankings, Washington County was ranked among the least healthy counties in Virginia and among the lowest for health behaviors.
- Regional employment (number of total jobs) is anticipated to grow by 5.5% by 2027, which suggests increased need and opportunity for workers.
- Stakeholders identified the need for "soft skills" training and assistance.
- There is a need and opportunity for family-focused recovery support as the family unit is an important foundation of support for residents in rural areas with fewer social services. Families

impacted by SUD and other hardships, such as poverty, need a variety of recovery-to-work supports, which the center could help to offer.

- The localized service region (Washington/Smyth) could benefit from a shuttle service connecting and enhancing access to different treatment, recovery, and workforce support facilities. Providing transportation to the center and to other resources and providers would be a draw to enhance access and use of the proposed Center.
- There is a need in the region for more harm reduction drop-in centers and different forms of wraparound and step-down resource, treatment, and self-help programs and services.
- Providing high quality and affordable childcare (at a reduced rate or no charge for those who are in recovery programming) in partnership with a provider adjacent to or within walking distance of the proposed center would meet a need and help be a draw for those receiving services.
 - YWCA NETN and SWVA specializes in high-quality and affordable childcare.
 - United Way can aid in funding, program design, technical assistance, etc.
- Existing resource and service providers in the region seem interested in partnership and collaboration opportunities.
- The region is seeing new recovery and treatment facilities and growth of existing facilities, such as the Appalachian Center for Hope in Marion and Mended Women in Abingdon. As more people in the region receive treatment, the needs and opportunities for SUD recovery programming related to workforce, family, and skills training, should continue to rise.
- There is a need in the region for “after care” programs and facilities, like a Peer Center, to provide a recovery community for people who have finished treatment but who may be vulnerable to relapse and return to use. A Peer Center could provide drop-in services, such as a TV or game room to interact and socialize with others and a variety of self-help groups to suit different preferences and approaches to recovery (e.g., faith-based, medication-friendly, etc.).
- By housing or training Peer Recovery Specialists (PRS), the Center would prepare and empower more people specifically trained to use their lived experience to help others in recovery. The center could lead, organize, and deliver programming for the peer community, perhaps by hosting a Peer Center, and facilitating access to workforce training and offering a variety of group sessions.
- Some of the program-types mentioned as opportunities include classes or workshops in areas such as: life skills, budgeting, depression awareness, coping skills, art-making, etc.
- There is a need in the area for more youth recreational opportunities and therapeutic outlets.
- A number of middle and high schools in Washington and Smyth Counties are relatively close to Glade Spring and there is an opportunity for public school partnerships with the individual schools or school systems on select programs (such as the Fentanyl Awareness Day events).
- The center could offer a satellite location for certain VHCC program offerings (workshops on soft skills, OSHA or SafeServ training, etc.).
- “Digital literacy” and internet and computer access could be an opportunity for the center. Many people may not be familiar with basic internet skills, have computers, or have broadband/Wi-Fi access at their house. The center could provide access in terms of equipment, Wi-Fi, and training.
- Co-working or public Wi-Fi and workspace access could also be a need, because people in recovery with criminal histories might be more successful launching their own business than finding work with employers with strict hiring policies regarding criminal history. Access to Wi-Fi and co-working spaces could be needed to launch an online service, for business marketing, to complete online certificate programs in business management, etc.
- There is an opportunity to enhance relationships with employers and perhaps work with entities such as the WDB to help more employers become “recovery friendly” workplaces. A specific role could be created, such as a recovery-ready business liaison, who is primarily responsible for training employers and helping them develop and follow-through on recovery-ready business plans.
- There is an opportunity to work with employers to offer services/assistance to new hires or existing employees to aid in retention, such as the supported employment model. This could save businesses money by reducing absenteeism, turnover and improving performance.

- However, it is unclear how many employers in the region are interested in outsourcing or contracting for outside assistance to help their employees in this manner or in incentivizing their participation, which would be key.
- Need for more early intervention and awareness for teens and children per health behaviors, avoiding substance use, etc.

Threats

Concerning the external factors and conditions influencing the development and operation of a proposed center.

- Population projections for Washington County and Smyth County are relatively stable or show a modest decline (supply of employers and jobs may also remain relatively low, with increased competition for higher-wage jobs).
- Transportation is a major barrier in the region for people to get to services, programs, and to work.
- Stable and reliable childcare is a barrier for people receiving services and seeking employment.
- Affordable housing supply and variable quality limits options for people and families in recovery. In addition, the number and proximity of people served by a proposed center in Glade Spring would be affected by the relatively low supply of quality affordable housing.
- There appear to be few existing employers known to be supportive of hiring people in recovery from SUD in the region.
- Town and county political climates, as well as public perception and attitudes, towards persons in recovery and towards harm reduction may represent a challenge for support of the center and controversy concerning specific offerings, such as partnering with a harm-reduction mobile unit offering services like syringe exchange.
- If the center focus is workforce training, then a key metric or justification to funders may be placement and retention of those served in area employment at a living wage. People early in recovery may only be eligible for entry-level positions that may not pay a living wage.
 - In part, due to the high number of low-wage, service-sector jobs in the region and the employers in these industries (such as food service) who may be more willing to hire those in recovery or with criminal records. These jobs have lower wages, higher turnover, and sometimes put employees at greater risk of relapse due to the work environment.
 - In part, due to the relatively low number of existing known employers outside of the service sector experienced with and willing to hire persons in recovery or with criminal records.
- In addition, if the center does not focus on training workers with a specific marketable skillset or credential that is in high-demand by area employers, then the other more generalized support to improve life skills may be less useful. Could the center partner with the WDB, community college, or other provider to help focus on a set of specific credentials or skills—in IT or manufacturing/machining, or trades or other areas?
- There is continued stigma associated with mental health and behavioral health treatment and seeking assistance, particularly in this rural region, where healthcare providers and patients may have personal or community connections through family, friends, etc.
- Substance use and overdose among young people is on the rise.
- Rates of overdose from meth, fentanyl, xylazine, etc. are increasing and public health and safety providers are experiencing burnout and compassion fatigue. Up-to-date information about drug trends, overdose hotspots (e.g., can be tracked with [ODMap](#) through the Mt. Rogers Health Department), stigma-awareness, staff self-care, and peer-to-peer support programs can help this essential population continue to treat people in active use long enough, so that they may one day enter treatment and long-term recovery.
- If not carefully managed, a community wellness and resource center serving people in recovery as well as families might encounter issues regarding interactions between people in active substance use and the public, youth, etc.

Ideas for the Community Wellness and Resource Center

The following Table 8 summarizes many of the key community needs identified throughout this report that might be addressed by a community wellness and resource center in Glade Spring, VA. ***The potential partners noted are illustrative but by no means exhaustive.*** The YWCA will need to determine with each partner what specific roles, responsibilities, and funding mechanisms make sense for sustaining the program and partnership over time.

Table 8. Community Needs that Could be Addressed by YWCA Community Wellness and Resource Center and Potential Partners			
Category of Need	Description of Need/Opportunity	Potential Role for the YWCA Community Wellness and Resource center	Potential Partners
Communication	Advocacy for state and federal policy change	Host community meetings focused on state bills and policies that improve the recovery ecosystem. Invite state representatives to discuss current bills, etc.	ASAC; Strong ACC
Communication	Coordinated marketing and advertisements regarding local services	Develop newsletter, events board, advertising, promotions, media, outreach campaign, etc. to regularly advertise all of the resources and events in the area serving families and people in recovery.	All partners; local news, radio, and media producers.
Family Wellness	Afterschool and community outreach programs	Provide extracurricular programming for a variety of school-aged youth focused on wellness, life skills, athletics, substance use prevention, arts and culture, etc. e.g. Teen Outreach Program (TOP).	Washington County Public Schools; Smyth County Public Schools; Virginia Cooperative Extension; United Way of Southwest Virginia; Ballad Health; Wayne C. Henderson school of Appalachian art; ASAC
Family Wellness	Food pantry & community meals	Distribute food to families in need; help neighbors connect across differences in support of a common cause	People, Inc.; Feeding Southwest Virginia
Family Wellness	Legal assistance	Facilitate connections to free legal assistance to address housing, employment, or custody issues, or criminal or civil charges	Southwest Virginia Legal Aid Society

Table 8. Community Needs that Could be Addressed by YWCA Community Wellness and Resource Center and Potential Partners

Category of Need	Description of Need/Opportunity	Potential Role for the YWCA Community Wellness and Resource center	Potential Partners
Family Wellness	Primary medical care	Partner with mobile clinics to offer on-site dental and/or medical exams, vaccines, family planning, etc.	Frontier Health; Highlands CSB; Mount Rogers Community Services; local pediatricians;
Family Wellness	Telehealth and on-site appointments	Set up private room(s) with telehealth capabilities so participants can meet with treatment professionals.	Regional healthcare providers, e.g. Ballad Health (Unite Us referral system), Highlands CSB
Family Wellness	Suicide prevention	Connect participants with healthcare providers and suicide prevention supports, 988, etc.	Frontier Health; Highlands CSB;
Family Wellness	Behavioral supports for young children	Connect families to Strong Starts, Regional Intervention Program (RIP), and other programs for young children	Ballad Health; Frontier Health; United Way of Southwest Virginia; Highlands CSB
Family Wellness	Supports for seniors	Provide informal and drop-in services for seniors, such as laundry facilities or help finding housing. MRCS provides the Program of All-inclusive Care to the Elderly (PACE). Social activities.	Mount Rogers Community Services; Highlands CSB
Family Wellness	Case management	Schedule on-site or hybrid appointments for clients in need of case management, family counseling, etc.	Frontier Health; Highlands CSB; Mount Rogers Community Services; SWVA Community Health Systems (New Day Recovery); SaVida Health
Family Wellness	Maternal Care	Help pregnant and postpartum women access resources, such as lactation classes, prenatal yoga, home visitations to check baby's weight, etc.	Mt. Rogers Health District; Ballad Health
Family Wellness	Parenting Education	Provide family-oriented learning activities and parenting classes to foster parent-child bonding and development. 24-7 Dads, Strengthening Families, Strong Starts, etc.	Virginia Cooperative Extension; Ballad Health; United Way of Southwest Virginia; Highlands CSB

Table 8. Community Needs that Could be Addressed by YWCA Community Wellness and Resource Center and Potential Partners

Category of Need	Description of Need/Opportunity	Potential Role for the YWCA Community Wellness and Resource center	Potential Partners
Family Wellness	Behavioral and SUD care and wrap around supports	Refer clients to the appropriate treatment provider based on need, financial capacity, location, etc. Host providers via telehealth or on-site.	Ballad Health (Unite Us referral system); Mount Rogers Community Services; Highlands CSB; SaVida Health; SWVA Community Health Systems (New Day Recovery)
Family Wellness	Recreational options for youth with disabilities	Designate special times, spaces, and/or programs to provide recreational opportunities for youth with disabilities	Highlands CSB; Mount Rogers Community Services
Family Wellness	Access to hygiene and wellness supplies	Set up blessing boxes, lending libraries, and similar supply collections for donation program.	Appalachian Community Connectors (Marion); Faith-based community; Mount Rogers Community Services
Family Wellness	Cooling/hydration/warming center	Provide public space for families without air conditioning or adequate heating to access resources, utility assistance, a place to charge appliances, etc. during extreme weather events.	Mt. Rogers Health District; local governments
Family Wellness; Workforce	On-site childcare or babysitting services	Provide half-day and full-day childcare services, and/or short-term babysitting, for working families and/or participants utilizing the community wellness and resource center	People, Inc. Head Start; Mountain CAP; United Way of Southwest Virginia
Family Wellness; Workforce	Community kitchen	Provide ServSafe Food Handling certification; offer cooking classes; help food entrepreneurs launch new businesses	Virginia Highlands Community College; Virginia Cooperative Extension

Table 8. Community Needs that Could be Addressed by YWCA Community Wellness and Resource Center and Potential Partners

Category of Need	Description of Need/Opportunity	Potential Role for the YWCA Community Wellness and Resource center	Potential Partners
Recovery Capital	Establish safe spaces and events for peers and people in recovery	Open a Peer Center for socializing, group work, trainings, and a warm handoff to other services. Provide safe spaces at community events where alcohol may be present (e.g. APPYs).	Ballad Health; 401 Center (Radford); Local drug courts; Mt. Rogers Health District (ASPIRE); ASAC; Mount Rogers Community Services; SaVida Health; Highlands CSB
Recovery Capital	Expand recovery group options	Host recovery groups at different times of the day, in-person, hybrid, and virtual, using different approaches (e.g. SMART Recovery, 12-Step, Celebrate Recovery, Medication Assisted Recovery Anonymous, etc.)	Ballad Health; 401 Center (Radford); Recovery Resources (Johnson City); Local drug courts; Mt. Rogers Health District (ASPIRE); ASAC; Mount Rogers Community Services
Recovery Capital	Harm reduction	Connect community members with harm reduction resources, such as REVIVE! naloxone training and syringe exchanges.	Smyth County Community Hospital; Ballad Health; Mt. Rogers Health District (ASPIRE) and mobile unit
Recovery Capital	Recovery housing inventory	Maintain list of recovery housing resources in the region and set up a referral network for housing insecure participants.	People, Inc.; Appalachian Substance Abuse Coalition (ASAC); Fairview Housing; Mountain CAP
Recovery Capital	Stigma reduction	Facilitate learning and discussion with family, faith-based organizations, and community members about SUD, how to support a loved one with SUD, and how to reduce stigma through a trauma-informed approach.	Ballad Health; United Way of Southwest Virginia; Mt. Rogers Health District (ASPIRE)
Recovery Capital; Family Wellness	Financial planning and homeownership	Provide classes and training on financial and resource planning, personal budgeting, avoiding predatory loans, strategic use of available resources, and becoming a homeowner, etc.	People, Inc.; United Way of Southwest Virginia; Virginia Housing

Table 8. Community Needs that Could be Addressed by YWCA Community Wellness and Resource Center and Potential Partners

Category of Need	Description of Need/Opportunity	Potential Role for the YWCA Community Wellness and Resource center	Potential Partners
Recovery Capital; Workforce	Career planning and coaching	Employ or partner with career mentors to provide on-site and hybrid career coaching, including applying for federal aid, identifying career goals and how to achieve those, mock interviews and résumé development, etc.	New River/Mt. Rogers workforce development board; People, Inc.; WORC
Recovery Capital; Workforce	Peer Recovery Specialist (PRS) trainings	Host PRS certification classes (in-person, remote, hybrid) and facilitate credential stacking	New River/Mt. Rogers workforce development board; People, Inc.; Frontier Health; WORC; Highlands CSB; DBHDS; Ballard Health; Mt. Rogers Community Services Board
Recovery Capital; Workforce	Healthcare workforce training opportunities	Host clinical or applied healthcare student rotations for social work, addiction medicine, and mental health counseling programs by connecting students with clients and satellite treatment providers.	Emory & Henry; Virginia Highlands Community College
Recovery Capital; Workforce	Employer education	Facilitate learning and discussion with regional employers regarding trauma-informed and second-chance hiring, person-centered language, Addiction 101, etc.	New River/Mt. Rogers workforce development board; People, Inc.; First TN Development District Caring Workplace; STRONG Accountable Care Community (ACC); Appalachian Substance Abuse Coalition (ASAC); Ballard; SaVida Health
Transportation	Transportation assistance for low-income households	Facilitate access to gas cards; set up rideshare invoicing for clients in need. Vehicle loan or low-cost car programs to provide people with personal vehicles. Rides for Recovery or Cars to Work.	People, Inc.; Lyft; Uber; Kaizen Health; Mountain Lynx Transit; Local car dealerships; New River/Mt. Rogers workforce development board

Table 8. Community Needs that Could be Addressed by YWCA Community Wellness and Resource Center and Potential Partners

Category of Need	Description of Need/Opportunity	Potential Role for the YWCA Community Wellness and Resource center	Potential Partners
Transportation; Workforce	Regional shuttle services, carpools	Coordinate with contracted services or provide direct shuttle service for people to access the community wellness and resource center, employment, etc. Help people in recovery explore employment in the transportation and rideshare field, to increase drivers. Set up client carpools.	Medicaid taxi; Mountain Lynx Transit; People, Inc.; Lyft; Uber
Workforce	Computer literacy	Set up computer stations and provide one-on-one mentoring in the use of computers for work and education	New River/Mt. Rogers workforce development board; People, Inc.; SWVHEC; Virginia Highlands Community College
Workforce	Career development for youth	Develop internships, mentoring, and/or skills development programs for young people. For example, Ballad hosts the Teen Outreach Program (TOP), an evidence-based career exploration course.	New River/Mt. Rogers workforce development board; People, Inc.; Emory & Henry; Boys and Girls Club; Virginia Cooperative Extension; United Way of Southwest Virginia
Workforce	Career mentors and business services coordinators	Hire staff or partner to employ career mentors on site to provide employment guidance. Liaise with business services coordinators to connect prospective employees with employers.	People, Inc.; New River/Mt. Rogers workforce development board
Workforce	Job training and job fairs	Partner with workforce training providers to offer classes and job fairs on site. Special interest in healthcare and manufacturing credentials.	New River/Mt. Rogers workforce development board; People, Inc.; SWVHEC; Virginia Highlands Community College;
Workforce	More job options for people in recovery	Hire people in recovery to staff the community wellness and resource center, provide programming, etc. Pay a living wage.	NRV/Mt. Rogers Workforce Development Board; People, Inc.; Washington and Smyth County Drug Courts; Recovery Housing facilities can also provide recommendations

Table 8. Community Needs that Could be Addressed by YWCA Community Wellness and Resource Center and Potential Partners			
Category of Need	Description of Need/Opportunity	Potential Role for the YWCA Community Wellness and Resource center	Potential Partners
Workforce	Clothing closet for job seekers	Provide uniforms, professional clothing, and basic equipment for high demand jobs	People, Inc.

Meet the Need Symposium

The YWCA hosted a Meet the Need Symposium on May 4, 2023 on the campus of Emory & Henry College, to bring stakeholders together for a half-day event including:

- Virginia Tech’s presentation of the needs assessment findings with Flash Feedback collected from the audience
- A talk by Marty Holliday, Executive Director of the New River Valley/Mount Rogers Workforce Development Board, on current workforce trends and projects related to the recovery ecosystem
- Brainstorming strategies in breakout groups focused on workforce development, family resiliency, and ideas for the community wellness and resource center.

Fifty-one participants attended the symposium, representing more than thirty local and regional organizations in healthcare and social services, workforce development, housing, local government, and higher education. Several participating stakeholders expressed appreciation for the opportunity to come together to discuss key needs within a semi-structured agenda that allowed for stakeholder input and direction. The symposium also facilitated a knowledge-exchange across organizations that does not typically occur, helping participants make connections with different community resources for the benefit of their clients and each other. Finally, the symposium emphasized that there is a real and shared understanding that issues regarding SUD and family resiliency are going unaddressed and that a community effort will be needed to address them, including but not limited to partnering on the community wellness and resource center.

The following notes were collected to capture participants’ ideas and questions throughout the program.

Presentation Comments & Questions from Participants

Flash Feedback #1

- Overdose data for Smyth vs. Washington Counties
 - I live in Smyth but work in Washington; it’s worrying to see the rates are worse where I raise my kids.
 - Fatal meth overdoses
 - Hard to see such high rates
 - There is a myth re: meth that you can’t overdose on it. Leads people to abuse it more.
 - What about 2022 data? Are we seeing a plateau?
 - Not likely—had a recent spike and are experiencing high rates locally
 - Heroin laced with fentanyl, very potent
- Any findings re: elder abuse?
 - People with SUD who are abusing their parents or grandparents
- Public transit is lacking
 - LENOWISCO has a single public transit option, as does Washington/Smyth
 - Limited hours, routes

Flash Feedback #2

- We need more safe, stable, affordable, accessible housing in general
 - Who is helping the people who have been homeless long-term?
 - Housing First programs?
 - Hope Inc., in Wytheville
 - Highlands CSB and People, Inc. have a Permanent Supportive Housing (PSH) program
 - Even with comprehensive harm reduction programs, people are not willing to engage once they get to the detox phase because their home environment is not supportive of recovery and they know they will relapse.
- Peers
 - There are more levels for advancement now within the PRSS certification.
 - With HB1525, screening for peers is still fairly strict.
 - Eligibility for PRS employment requires being in recovery 1-5 years, many people at that point pursue other jobs
- The Recovery Courts offer a lot of opportunities to get involved.
 - Attend a graduation ceremony for inspiration
- Is there an opportunity to combine the need for housing with workforce training in construction, so that people in recovery can build their own housing, for example?
 - Consider partnering with a local Habitat for Humanity program (Marion, Holston, etc.)
- Chamber of Commerce has a mental health task force
 - Could be a pilot for other communities or task force topics

Flash Feedback #3

- Create a residential recovery ecosystem/community living environment
 - With communal and family living spaces
 - Look at ElderSpirit community in Abingdon, VA, as a model
- What are the high-demand occupations?
 - Look up on WDB website
 - More detailed table included in the final report

Workforce Development Breakout Group Notes

- **Collaboration.** Workforce development organizations need to interact with other entities and work in other spaces, e.g. with lawyers and attorneys, board of supervisors, city council, etc., more than we typically do.
 - Need to get workforce priorities on the agenda at local government meetings
 - Set up referrals with probation and parole, law enforcement
 - Jails may not reach out but will work with partners who reach out to them
 - There is a lack of awareness about existing resources and supportive services.
 - Can use Virginia 2-1-1, but it's not sufficient.
 - A rabbit hole of resources
 - SWVA is not working well together
 - Working across political and geographic boundaries is difficult
 - Program-specific or funding criteria and restrictions
 - Communication issues
 - Localities may feel like the pie isn't big enough to share their limited resources for regional projects
 - The DSS of Washington and Smyth Counties have a "border agreement" to remediate some of these concerns.
- **Coalitions.** ASAC is a coalition helping to rally partners around the SUD crisis (Stopsubstanceabuse.com)
 - Structured approaches, following a national framework

- Sharing stories of successful recovery
- Has 60-70 members
- Networking is essential to making program connections and starting new programs
 - The idea for the Mended Women recovery housing facility in Abingdon grew from ASAC conversations in 2021.
- Meetings occur every other month throughout the service area.
 - Next meeting is June 8th at 10 a.m.
 - Coinciding with the UVA Wise Resource & Networking Fair
- Provided naloxone training to 1500 students in March in the public schools
- **Homelessness.** Point in time (PIT) counts of homelessness are not really accurate
 - We don't have a sense of what homelessness really looks like, the magnitude of the need for services and housing because people are underserved
- **Second-chance employment.**
 - LENOWISCO needs more
 - Someone who was arrested by a cop years ago while in active substance use now works with the cop as a Peer Recovery Specialist (PRS).
 - The NRV/Mt. Rogers Workforce Development Board paid for a PRS's training, professional wardrobe, etc.
 - Want to see more employment models for peers
 - Integrating peers in EMS settings and post-overdose/quick response teams
 - We need to practice what we preach as employers, which is to hire people in recovery and give peers equal employment opportunities.
 - It's not an us/them scenario
 - Use inclusive language: "our" people
 - Business ideas to employ people in recovery
 - Men's ministries
 - Self-employment may be a more viable career option for people with criminal backgrounds
 - Credit issues; have to build up credit and learn financial management to run a business
 - Harder to acquire property
 - People, Inc. provides lending, business planning services, financial coaching on how to improve credit scores, etc.
- **Transportation.** Transportation issues persist, even if individuals can get a job
 - Saltville, Wythe County have few employment options without transportation
 - No rides to and from work
 - LENOWISCO has a kitty fund for a cars-to-work program
 - People, Inc. can also help with low-cost cars and consumer lending
 - TANF/VIEW program through DSS offers a cars program in Smyth County
 - Ballard employs a third-party service (e.g. Kaizen) to connect Uber drivers with clients and may pay for the rides.
 - There aren't enough Uber drivers in our area to make this work.
 - People with criminal backgrounds can't work for Uber.
- **Stigma.**
 - Stigma against MAT
 - Employers should not dictate someone's medical treatment; e.g., "if you work for me, you can only be on MAT for this long"
- **Industries.** In some traditionally male dominated fields, such as construction and welding, there are still fewer women
 - The women who are interested in these fields tend to be younger, in their 20s

- Healthcare certifications such as CNA and PRS are less attainable for women with criminal history
- **Funding.**
 - Opioid abatement authority (OAA)
 - We need to work together to apply for OAA funding
 - Multi-jurisdictional projects are encouraged
 - May help to improve regional collaboration
 - Add in the ARPA funding already being implemented, can have a domino effect
 - With increased meth and fentanyl overdoses, and drug seizures in the Bristol region right now, this area is a hotspot receiving national attention
 - This is a unique time to focus resources on the issue.

Family Resiliency Breakout Group Notes

What does the typical family impacted by SUD need? What issues should be emphasized and prioritized?

- Education for families
 - How to respond
 - How to interact
 - Resources for help (self-help, how to be supportive, how to cope)
- Skills for healthy relationships
- Essential resources (food, soap, etc.)
- Education on how drugs have developed over time (it's different from 10 years ago)
- Generational knowledge (how a Millennial understands SUD vs. Boomer vs. Gen Z)
- 1:1 child education
 - Early intervention (i.e., trauma—have thoughtful conversations, being sensitive and careful)
 - Network for contact

What existing programs in our area provide supports for family resilience as it relates to SUD recovery?

- ACIS mental health training
- Head Start Kids
- TOPS
- Nurturing families program

What may be needed:

- Food, soap—goods and services that families need but shouldn't have to focus on
- Outreach—there are trauma-informed schools in the area but there is a regional community schools initiative rolling out that is centered around families. A way for them to reach families.
- Peer supports

How are different sectors in the region supporting families?

- Health and telehealth
 - In-home therapy, medication, intake support
 - Audio-only options since there is limited cell service and broadband
 - Privacy not a concern
- Technology has been helpful in connecting organizations together (i.e., Zoom)
- The challenge is referring to the right resource
 - Importance of a warm handoff and family and peer support

What extracurricular programming for youth might be needed?

- Music, express their emotions through song
- Resource assessments

- Towards SUD and families, connect to arts and outdoors
- Recognize the difference the pandemic has made
- Block parties (resources are present in addition to food trucks and music, fun activities)
- There are afternoon education programs, such as Head Start and Too Good for Drugs

What can the wellness and resource center do to help family resiliency?

- Hours of operation are important (weekends and early and late hours are needed)
- Children and teen focus
 - Financial literacy (i.e., budget and how to write a check)
 - Soft skills, everyday life skills (i.e., car mechanics like oil change, checking tire pressure)
 - Things that they miss out on from not having a parent present
- Greater community education
 - NIMBY, ignoring the problem
- Host storytelling about people's different experiences in recovery.

Community Wellness and Resource Center Breakout Group Notes

- Ask for input for vision/design from the community and beneficiaries
- Community-focused/based
 - Serve local Glade Spring-area families
 - Liberate partnership/entre/skills
- Resource hub
 - Out to other services
 - Connecting point—person-to-person
- Think about name—"wellness" may be confusing
- Feel—must be welcoming, safe, open
- Help reduce/mitigate stigma—such as around peer programs
- Basic needs (clothes closet, showers, kitchen, coffee, refreshments)
- Quiet spaces to relax, meditate, etc.
- All-family programming—youth, parents, seniors—family resiliency as primary focus
- Outdoor space (walking trail)
 - Visual displays to share stories

Not include/cautions

- Not duplicate other services
- Territorial
- Consider harm-reduction options
 - Narcan (yes)
- Watch the fees—ensure accessibility

Wrap up/next steps

- Ongoing dialogue with legislators/policy makers
- Childcare—during programs/after school
- Resource connections—"navigator"
- Integrate activities with Project YES and library and police department
- "No wrong door"

Synthesis & Recommendations

Following the Meet the Need symposium on May 4, leadership with the YWCA and Project Glade and the Virginia Tech research team discussed top priorities moving forward, to reflect findings from the report and new and renewed insights from the symposium. There was consensus that symposium participants

described an overall sense of lack of communication and coordination across and even internal to participating organizations, despite initiatives such as the Unite Us platform.

Flowing from the strong statement made by the symposium, next steps could include the development of a core leadership working group and action plan focused on the issues of SUD recovery and family resiliency within the Glade Spring-Marion-Damascus-Saltville-Meadowview-Emory area, to advance the goals of the community wellness and resource center and to align with larger regional initiatives, such as STRONG ACC, ASAC, the Trauma-Informed Community Network, and One Health of Southwest Virginia.

This alignment would likely strengthen the existing assets within the recovery and Whole Family ecosystem and rally additional voices to the table when advocating for policy changes at the state level, such as infrastructural investments in regional transportation, housing, and workforce development. Engagement of local and state elected officials will be needed, including boards of supervisors, town councils and managers, as well as congresspeople and delegates who can advocate for funding allocations and new initiatives to improve quality of life for everyone living in far Southwest Virginia.

Key Programming Opportunities for the Community Wellness and Resource Center

- **Serve as a staffed information and referral center**
 - Clients and community partners can benefit from a central coordinating entity that connects the need with existing resources and identifies new opportunities.
 - Regular hours on evenings and weekends will extend the reach and capacity of participating organizations.
 - **Partners:** Emory & Henry College, Appalachian Substance Abuse Coalition (ASAC), Ballard Health, Appalachian Sustainable Development (ASD), Virginia Highlands Small Business Development Center (SBDC), Project Glade, Washington County Public Library, new partners
- **Facilitate connections for women to learn more about careers in advanced manufacturing**
 - Conduct community education about new job opportunities in manufacturing fields.
 - Conduct career awareness and offer workshops in other high-demand fields such as IT, construction, healthcare, etc.
 - **Partners:** Southwest Virginia Alliance for Manufacturers, NRV/Mt. Rogers Workforce Development Board, Virginia Highlands Community College
- **Provide “recovery-ready” and “recovery-friendly” trainings for employers**
 - Hire a business liaison to develop tailored plans for interested employers.
 - **Partners:** NRV/Mt. Rogers Workforce Development Board, Caring Workplaces (WORC grant), People, Inc., Appalachian Substance Abuse Coalition (ASAC), national groups such as the [Recovery Business Alliance](#) and the Department of Labor [Employment and Training Administration](#)
- **Provide co-working spaces, access to business development expertise, and assistance to help people with a criminal background access credit and develop a business plan for self-employment and entrepreneurship opportunities**
 - **Partners:** Project YES, People, Inc., NRV/Mt. Rogers Workforce Development Board
- **Provide employment opportunities for people in recovery at the community wellness and resource center**
 - Provide essential job supports, such as assistance with the job search, mock interviews, résumé development, career planning, and alignment of education and training with the desired credentials.
 - Explore employment opportunities such as transportation specialists, peer recovery specialists, job coaches, etc.
 - Connect community needs for more housing, transportation, etc. with employment training programs, such as home building and the construction trades.
 - **Partners:** People, Inc., OEI, Mt. Rogers Health District, Ballard, ASAC, NRV/Mt. Rogers Workforce Development Board

- **Diversify transportation options**
 - Explore funding mechanisms to support a local shuttle service, or partner to offer cars-to-work or rides-to-recovery type programs.
 - **Partners:** Mountain Lynx Transit, People, Inc., Mended Women and other recovery program providers, local governments
- **Expand childcare**
 - Provide short-term childcare services for clients participating in the community wellness and resource center activities.
 - **Partners:** Faith-community, private providers, United Way of Southwest Virginia.
- **Decrease food insecurity**
 - Partner with the food bank system to provide food donations on site for those families in need.
 - Host community dinners, potlucks, and themed meals to fundraise for the community wellness and resource center and provide free meals to low-income households.
 - **Partners:** Feeding Southwest Virginia
- **Host a Peer Center with access to a variety of resources**
 - Referrals to healthcare partners, a place to socialize in a healthy way, access to job training and career planning services, parenting and financial wellness classes, and short-term childcare.
 - Visit other Peer Centers, like the 401 Center in Radford or the Piedmont Recovery Center in Martinsville, to learn more about how they operate.
 - **Partners:** Ballard, Mt. Rogers Health District, People, Inc., OEI, Local drug courts, CSBs, ASAC, any employers who hire people in recovery, any healthcare providers treating people in recovery
- **Provide extracurricular programming for a variety of school-aged youth**
 - With a focus on wellness, life skills, athletics, substance use prevention, arts and culture, etc.
 - **Partners:** Public schools, Virginia Cooperative Extension, United Way of Southwest Virginia, Ballard Health, local art programs, local libraries, ASAC
- **Develop educational, lifestyle, fitness, and recreational programs, with some dedicated to serving vulnerable populations**
 - Topics might cover cooking, nutrition, financial planning, parenting skills, etc.
 - Populations include but are not limited to pregnant and parenting women, seniors, and youth with disabilities.
 - **Partners:** CSBs, Ballard, Frontier Health, United Way of Southwest Virginia, public schools
- **Coordinate mobile healthcare services to provide on-site access to primary and behavioral medical care**
 - Develop private spaces with telehealth capacity on-site at the community wellness and resource center.
 - Invite mobile treatment units at regular times.
 - **Partners:** All local healthcare providers willing to partner, Ballard, Mt. Rogers Health District

Logistical Considerations for the Community Wellness and Resource Center

- **Determine the design and practical use of the proposed space**
 - Partner with a design group to envision proposed uses for the available space based on existing parameters.
 - Integrate [trauma-informed design principles](#) into the interior and exterior spaces.
- **Clearly articulate roles and responsibilities for managing a shared center**
 - Use MOUs, business agreements, leases, and other tools to define expectations and shared responsibility for the space and proposed programs.
 - Finalize a funding plan to sustain operations of the center, including grants, rent from office space and apartments, sliding-scale activity fees, membership fees, and in-kind donations,

such as a low-cost lease to use the building and assistance from the Town of Glade Spring to help pay for utilities, etc.

- Partner on grant opportunities, like the Opioid Abatement Authority funding.

- **Conduct focus groups with the target users of the spaces and programs**
 - Continue to collect feedback from clients and community members about how the community wellness and resource center can fulfill their needs.
 - This process may identify volunteers and local champions to take the lead on certain types of programming.
 - Engage “front line” staff and PRS from partner organizations in the design of programs, since they are often left out of planning discussions yet may have the most relevant and on-the-ground experience working with clients.
- **Address stigma proactively**
 - In partnership with Ballard, the Mount Rogers health district and other partners, engage community members in conversations about stigma and any concerns they may have about some of the programming for a community wellness and resource center.
 - Be respectful of community concerns while reminding others that stigma can prevent people from accessing the resources they need to achieve wellness.

Appendix A. Literature Summary

Social Determinants of Health, SUD, and the Family

Social Determinants of Health. Substance use and mental health disorders are closely linked with the [social determinants of health \(SDOHs\)](#), including access to and the quality and stability of individuals' housing, healthcare, employment, social supports, and education (Galea & Vlahov, 2002). The SDOHs can influence the extent to which an individual develops a substance use disorder (SUD) or receives adequate treatment for a mental health disorder, such as if they are surrounded by people, places and things that promote drug use, or if they are used to a culture of abusing substances to self-medicate in lieu of seeking treatment for a mental health issue. People who are unemployed or have lower income and education levels, as well as younger, single, minority, and/or male individuals may be at greater risk of incidence and severity of SUD (Quintero, 2016), though SUD impacts a wide variety of individuals across socioeconomic status depending on a combination of factors, such as the substance used and social norms of use.

SDOH and SUD. Households at risk of SUD and mental health issues often face other challenges, such as unemployment, the rising cost of housing, utilities, and basic amenities, as well as finding affordable childcare and accessible transportation. These challenges may compound feelings of stress, isolation, and marginalization, leading to a vicious cycle of increased substance use and worsening mental health that some scholars have described as living a “life of despair,” which in turn leads to more “deaths of despair” (Na et al., 2022).

Whole Family, sometimes referred to as a “two-generation” approach, focuses on “creating opportunities for and addressing needs of both children and their parents together to help break the cycle of poverty” (Administration for Children and Families, n.d.). Whole Family programs develop linkages between education and workforce development for children and parents, teach parents and guardians how to better care for their children, and build up the family's economic and social capital to provide a stable environment for their long-term success.

Trauma-informed, Whole Family approaches are designed to combat [adverse childhood experiences \(ACEs\)](#), such as abuse, neglect, poverty, divorce, etc. that can increase an individual's risk of abusing substances, as well as lead to other health impacts such as premature death and cognitive impairment. Dependent children of parents with a SUD may develop unhealthy coping and self-regulating mechanisms and may enable their parents' substance use in order to maintain family equilibrium, and can miss out on important developmental outcomes, such as building a strong positive attachment to their parents (Lander et al., 2013). These children, in turn, are more at risk of developing a SUD. While ideally ACEs are prevented in the first place, protective factors, such as social networks and consistent positive support, can counter the negative effects of ACEs throughout a person's adult life.

Grand Families. In some cases, grandparents or next of kin—rather than parents—are responsible for the welfare of the child(ren), because the parents are incarcerated, deceased, or unfit to parent, in some cases as a result of SUD or mental health comorbidity. In Virginia, it is estimated that 62,821 grandparents are raising their grandchildren, and for every one Virginia child raised by kin in foster care, there are 196 being raised by kin outside of foster care (Grand Families, 2021). One study based in Florida found that youth aged 10-15 years were more susceptible to substance misuse living with grandparents than in a single-parent household (SAMHSA, 2020). Grandparents may not be as physically or mentally capable to take on the demands of childcare in lieu of parents. In other cases, research has found that “grandparents who offer love, support, and stable resources (e.g., housing, food, clothing, education access) may be protective against SUDs, other stressors, and negative outcomes” (SAMHSA, 2020, p. 36); outcomes are in part dependent on the cultural expectations of the grandparents.

Treatment and Recovery. A Whole Family approach to reducing substance use emphasizes both parent and child outcomes, and aims to engage multiple generations in the family to ensure long-term recovery. “Treating the individual without family involvement may limit the effectiveness of treatment for two main

reasons: it ignores the devastating impact of SUDs on the family system leaving family members untreated, and it does not recognize the family as a potential system of support for change” (Lander et al., 2013, n.p.). Another study found that family support was a significant factor in helping people in recovery sustain their abstinence (Taghva et al., 2018). Maintaining open, non-judgmental lines of communication and helping a loved one identify and stick to their treatment and recovery goals are some of the things that family members can do (Fig. 22).



Figure 22. SAMHSA’s Family Support Guide (SAMHSA, 2022)

However, SUD and mental health conditions can negatively affect family, friends, and community members who interact with individuals with these conditions, both directly and indirectly. As noted in Fig. 22, knowing a loved one who is struggling with a SUD or mental health disorder can strain relationships and overburden support networks, especially if the individual resorts to illicit, violent, or destructive behavior that harms themselves and those around them. Too often, substance use is framed as a moral failing rather than a medical and neurological disease, even among clinicians, which can reduce the availability and/or efficacy of evidence-based treatments (Matano & Wanat, 2000). Friends and family may not understand the medical conditions underlying this behavior, and even if they do understand, can easily feel betrayed, taken advantage of, or resentful of the individual they are trying to help.

ROSC and the Recovery Ecosystem

The Recovery Oriented Systems of Care (ROSC) model is “a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems” (SAMHSA, 2010, p. 2). The ROSC values person-centered

and strength-based care that involves the families, friends, caregivers, allies and the community to improve access, quality, and effectiveness of substance use care. ROSC focuses on a continuum of care to create an infrastructure with the resources to effectively address the range of substance use problems within communities including activities (see Fig. 23) at the prevention, intervention, treatment, and post-treatment stages to support the various paths to recovery.

	Prevention	Intervention	Treatment	Post-Treatment
Examples of Recovery-Oriented Activities	<ul style="list-style-type: none"> • Early screening before onset • Collaborate with other systems, e.g., Child welfare, VA. • Stigma reduction activities • Refer to intervention treatment services 	<ul style="list-style-type: none"> • Screening • Early intervention • Pre-treatment • Recovery support services • Outreach services 	<ul style="list-style-type: none"> • Menu of treatment services • Recovery Support services • Alternative services and therapies • Prevention for families and siblings of individuals in treatment 	<ul style="list-style-type: none"> • Continuing care • Recovery support services • Check-ups • Self-monitoring

Figure 23. Examples of ROSC Activities (SAMHSA, 2010, p. 2)

A recovery ecosystem combines ROSC elements with broader social infrastructure to address the SDOH needs of individuals and families impacted by SUD and to increase their recovery capital. Partners from different sectors coordinate resources, programming, and wraparound supports to strengthen the recovery ecosystem (Fig. 24). [Recovery capital](#) can depend on individual, family, community, and cultural factors, including personal assets, family supports, peer-led initiatives, and faith-based approaches.

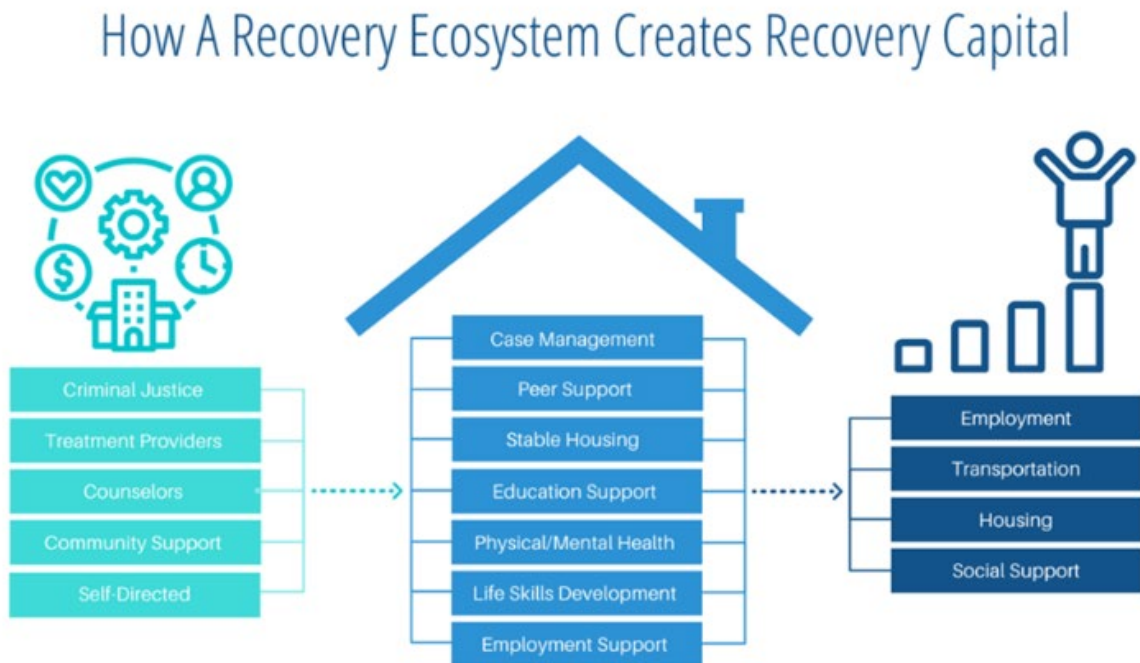


Figure 24. Strengthening the Substance Use Disorder Recovery Ecosystem (NORC, 2023, n.p.)

Individuals with higher recovery capital may be more successful in sustaining recovery and stability, such as retaining employment, living in safe and stable housing, and have a solid support network that allows them to meet their daily needs. “To better understand the strength of the substance use disorder recovery ecosystem in communities across the nation and inform efforts to support individuals in recovery, NORC at the University of Chicago, East Tennessee State University, and Fletcher Group, Inc. developed a [Recovery](#)

[Ecosystem Index](#) to allow users to assess important elements of the recovery ecosystem in their communities” (NORC, 2023, n.p.).

Medication for Opioid Use Disorder (MOUD). As part of a “whole patient approach,” evidence-based practice for the treatment of opioid-specific addiction may include the indefinite use of medications such as buprenorphine, methadone, and/or naltrexone, in concert with therapy, self-help meetings, and other cognitive behavioral programs (SAMHSA, 2022). Medications and treatment are administered through licensed and certified providers who closely monitor dosage and compliance with treatment. MOUD, also known as medication-assisted treatment (MAT), can be administered as films, pills, or injections taken with varying frequency (daily, monthly, etc.) depending on the specific treatment needs of the individual. Medications can help stabilize an individual so that they are more successful in treatment and recovery, and can help people achieve other life goals, such as remaining employed and caring for their family. Rates of success in treatment and recovery are often higher for those on MOUD in contrast to abstinence-only approaches.

Programs that reject the use of these FDA-approved forms of MOUD/MAT may fail to comply with the Americans with Disabilities Act (ADA) that protects those with chronic SUD issues. Similarly, forcing someone off of their MOUD course of treatment prematurely can lead to increased risk of relapse and overdose death. For patients who want to reduce their use of medication, the tapering process should be overseen and carefully calibrated by a medical provider with a specialty in addiction medicine.

Community Wellness Centers & Family Treatment Programs

Community wellness and resource centers can connect treatment, social, cultural, and employment resources in a central location to support households with one or more individuals struggling with SUD and mental health challenges (SAMHSA, 2007). Trained staff can relieve some of the load that families may be feeling in navigating the difficult territory of helping someone with SUD and/or a mental health condition, as well as pool resources such as trainings and workshops for parents, youth, and seniors on a variety of relevant topics such as Addiction 101 and trauma-informed care. A strong referral program should help to connect individuals to treatment and group and peer therapy, workforce training and preparation programs, and could provide childcare to support the Whole Family. By concentrating resources in one location along a bus line or accessible via a shuttle service, there is an opportunity to reduce the transportation challenges that are common in areas without adequate public transit. Lack of adequate transportation negatively impacts health outcomes.

Types of Resources and Programs. To address the Whole Family’s SDOH and treatment and recovery needs as part of a recovery ecosystem, a community wellness and resource center ideally supports all aspects of the family’s life, and partners with the relevant community-based resources to do so, including healthcare, childcare, recreational, workforce, transportation, and peer providers. Family-based treatment programs engage in an exploration of behavior, relationships, and environmental factors to determine how family interactions can both trigger and discourage substance use. There are several approaches to family-based SUD treatment (SAMHSA, 2020, Exhibit 3.1).

Appendix B. Comparable Programs, Case Studies, and Useful Resources

21st Century Community Learning Centers are funded through primary and secondary educational institutions; they are “community learning centers that provide academic enrichment opportunities during non-school hours for children, particularly students who attend high-poverty and low-performing schools. The program helps students meet state and local student standards in core academic subjects, such as reading and math; offers students a broad array of enrichment activities that can complement their regular academic programs; and offers literacy and other educational services to the families of participating children.” <https://oese.ed.gov/offices/office-of-formula-grants/school-support-and-accountability/21st-century-community-learning-centers/>

The **2Gen Approach** is supported by Ascend at the Aspen Institute, including a 2Gen Ascend network of partners and resources evaluating the two-generation model. Two-generation programs, whether adult-child or child-adult focused, aim to recognize six key components to improve families’ financial stability, social capital, health care, and quality education. <https://ascend.aspeninstitute.org/2gen-approach/>

The nonprofit **Agency for Substance Abuse Prevention (ASAP)** in Oxford, Alabama, was founded 50 years ago to provide prevention training and tools to schools and community-based organizations. In 2022, ASAP developed a new curriculum to help faith-based leaders identify and respond to the challenges their congregants face with substance misuse. More than 100 faith-based leaders from different denominations across Alabama have taken part in the training so far, earning a faith-based support specialist certification from the Alabama Department of Mental Health, which helped develop the curriculum. ASAP is preparing to offer it to clergy in eight southeastern states. <https://asaprev.com/>

Families First is a program funded through the Tennessee Department of Human Services that “provides assistance to families who have children, and are experiencing financial difficulties. These benefits are time-limited to 60 months in a participant’s lifetime. The Families First program emphasizes work, training, and personal responsibility... The Family Empowerment Plan (FEP) is a family-centered, strengths-based plan that focuses on the family’s progress from a [Two-Generation Approach](#) throughout the case to ensure services are tailored to best address the family’s strengths and needs.” <https://www.tn.gov/humanservices/for-families/families-first-tanf/families-first-eligibility-information.html>

The Fletcher Group

The Fletcher Group is a 501c3 not-for-profit founded in 2017 to help those in society move from the disease of addiction and the devastation of homelessness to lives of hope, dignity, and fulfillment. To that end, the organization conducts research and provides best-practice technical assistance to expand the quality and capacity of recovery housing as well as the evidence-based services needed for long-term recovery and a stronger recovery ecosystem. <https://www.fletchergroup.org/>

Madison Opioid Response and Empowerment (MORE)

Kentucky River Foothills Development Council’s Rural Community Opioid Response Program (RCORP) grant developed MORE (Madison County Opioid Response and Empowerment), a consortium of organizations committed to working collectively to drive change in how Madison County responds to this epidemic. MORE works to reduce the morbidity and mortality associated with opioid overdoses and is diligently working to develop long-term solutions to Madison County’s crisis. Among several community resources, MORE supports a recovery center for women called [Liberty Place](#). <https://foothillscap.org/programs/madison-opioid-response-and-empowerment/#>

Medication Assisted Recovery Anonymous (MARA) is an alternative to traditional self-help groups, such as Narcotics Anonymous (NA), that is more welcoming of people who use prescribed medications as part of their recovery. Traditional models like NA also may rely on faith-based tenets that position addiction as a moral failing rather than a medical condition, and may exclude other systems of belief and non-Christian values. <https://www.mara-international.org/>

National Family Support Technical Assistance Center (NFSTAC)

NFSTAC is the nation's first Substance Abuse and Mental Health Services Administration (SAMHSA) funded Center of Excellence focused on supporting families and caregivers of children, regardless of their age, who experience serious mental illness and/or substance use disorders. <https://www.nfstac.org/>

Peer Centers are safe spaces established for informal interaction and formal activities among people with lived experience with trauma, SUD, mental health issues, etc. They rely on peer-to-peer exchanges to build up social supports within the recovery ecosystem. One example is the PEER Center in Ohio: "The PEER Center began operations in January 2007 as a consumer-operated, drop-in program for individuals living with mental illness and/or alcohol or other drug addiction, located within a traditional mental health services agency. From the beginning, it was intended to serve as a place where associates (members) could learn about their illness or addiction, talk with others about their struggles and recovery, and spend time with others who have "walked the walk" to improve their lives. The PEER Center continues that focus, along with an effort to educate and support family members of individuals living with mental illness or drug / alcohol addiction. All staff at The PEER Center has lived experience of mental illness, drug or alcohol addiction, or trauma. In January 2010, The PEER Center became an independent, non-profit agency, supported by its own Board of Directors, the majority of whom are also persons with lived experience of mental illness, addiction, or trauma. On May 1, 2011, The PEER Center expanded operations to a second location. Our current primary source of funding is through a grant from The Alcohol Drug and Mental Health Board of Franklin County." <https://thepeercenter.org/about-us/>

Peer Recovery Center of Excellence

The Peer Recovery Center of Excellence exists to enhance the field of peer recovery support services. Led by those with lived experience, Peer voice is at the core of our work and guides our mission. Peers - people in recovery from substance use disorder (SUD) - serve a valuable role in helping persons with SUD in achieving and maintaining long-term recovery. We are here to offer help from those who have done this work to those wanting to enhance or begin peer support services in their communities.

<https://peerrecoverynow.org/>

Opioid Research Consortium of Central Appalachia (ORCCA)

Discovering pathways to abate and recover from the opioid crisis in central Appalachia through community-engaged research. <https://the-orcca.com/about>

- Encourage and facilitate regional research collaboration across institutions, states, and communities in Central Appalachia.
- Promote equity in research infrastructure among institutions, states, and communities in Central Appalachia in order to address discrepancies related to scientific resources, training, and experience.
- Produce new scientific knowledge that is meaningful and culturally relevant to opioid use disorder in Central Appalachia.
- Deploy a range of high-quality research methods and analyses to inform deficiencies in policy and practice that have a direct bearing on opioid use disorder in Central Appalachia.
- Rapidly disseminate ORCCA knowledge, information, and findings through a variety of methods appropriate for community members, local and state-level decision makers, practitioners, scientists, and others who address the problem and need to be informed.
- Apply knowledge gained to inform, grow, and improve workforce development in opioid use disorder and addiction.
- Train current and future researchers on opioid use disorder and addiction research, centered on community-engaged approaches.
- Train and empower community members as partners in research.

The Recovery Business Association

The Recovery Business Association is a national association created by Project WisHope, a 501c3 nonprofit recovery community organization based in Wisconsin. RBA's purpose is to create Recovery Responsive workplaces in support of our employees, employers and economies nationwide. This association is led by recovery and treatment professionals who work hard to develop evidence-based and innovative recovery responsive policies and programs for all types of business organizations, including small to large sized

businesses, for-profit companies and nonprofit organizations. RBA provides recovery friendly trainings for human resource staff, executive teams, management and employees. We also provide recovery employment coaching services, organizational screenings and assessments, policy and program development and more. <https://www.recoverybusinessassociation.org/>

The **Substance Abuse and Mental Health Services Administration (SAMHSA)** is a federal agency within the Department of Health and Human Services that promotes treatment and recovery best practices for a variety of audiences, from clinicians to family members. An extensive list of family-related resources, including how to talk to someone in your family with a SUD or mental health issue, is available online. <https://www.samhsa.gov/families>

Teen Outreach Program (TOP)

The TOP Curriculum uses a holistic, positive youth development approach to sexual health education, including comprehensive, up-to-date and medically accurate sexual health information. TOP facilitators have the flexibility to select lessons that meet the needs and interests of the teens they serve. TOP provides high quality facilitation by caring, responsive and knowledgeable staff who build strong, supportive relationships with teens, and create engaging and empowering “TOP Club” experiences. <https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=237&mid=2>

UCSF’s Center to Advance Trauma Informed Healthcare Whole-Family Wellness Hub-and-Spoke Model is one of several whole family medical care models that combines preventative and primary care with behavioral health needs and wraparound supports. “Using a hub-and-spoke model, the intervention employs a family care manager to ensure coordination between Whole Family Wellness Hubs within the Medi-Cal clinics, and affiliated “spoke” agencies, such as community-based organizations and adult physical and behavioral health services, as well as housing, legal, and other social supports. The hubs would also offer programs to promote mental and behavioral health for the whole family.” Trauma-informed programs try to directly address adverse childhood experiences (ACEs). <https://cthc.ucsf.edu/whole-family-wellness/>

University of Rochester Recovery Center of Excellence.

The CoE program assistance center helps rural communities with initiatives to address the harmful effects of substance use disorder (SUD). We partner with specific counties in the Appalachian region to implement evidence-based practices. We also assist rural communities across the U.S. who are implementing their own programs. We offer Ecosystem of Recovery workshops to help communities identify gaps in SUD treatment infrastructure and build a system of care that supports recovery, along with regular online “office hours” where participants can check in to navigate challenges. <https://recoverycenterofexcellence.org/ecosystem-recovery-working-communities-achieve-effective-system-care-substance-use-disorder>

Virginia Association of Recovery Residences (VARR)

As Virginia’s only NARR accredited body, VARR monitors, evaluates, and improves standards to build the highest level of quality for recovery residences, so all Virginians have timely access to effective recovery support services. VARR was created under the umbrella of NARR (National Association of Recovery Residences), a nonprofit organization dedicated to expanding the availability of well-operated, ethical and supportive recovery housing. NARR has developed the most widely referenced national standard for the operation of recovery residences and works with and supports 30 state affiliate organizations. <https://varronline.org/>

Appendix C. ETA Recovery-Ready Workplace Resource Hub: Additional Resources

The most up-to-date version of this list is available at: <https://www.dol.gov/agencies/eta/RRW-hub/Additional-resources>

Equal Employment Opportunity Commission (EEOC)

[EEOC Disability-Related Resources](#) - Links to diverse resources for a range of stakeholders, including employers.

[Enforcement Guidance on Reasonable Accommodation and Undue Hardship Under the ADA](#) - Clarifies the rights and responsibilities of employers and individuals with disabilities regarding reasonable accommodation and undue hardship.

[How Health Care Providers Can Help Current and Former Patients Who Have Used Opioids Stay Employed](#) - Guidance for health care providers.

[Mental Health Conditions: Resources for Job Seekers, Employees, and Employers](#) - Information on applicable anti-discrimination laws for people with or in recovery from mental health or substance use disorders.

[Use of Codeine, Oxycodone, and Other Opioids: Information for Employees](#) - Information on applicable laws and how they apply in specific cases.

U.S. Department of Agriculture (USDA)

[Rural Community Action Guide](#) and [Promising Practices Supplement](#) - The guide aims to educate the public by providing an overview of the key challenges rural communities face when addressing the consequences of prescription opioid misuse and the use of illicit substances. The supplement details selected promising practices.

[Rural Community Health Toolkit](#) - Provides rural communities with the information, resources, and materials they need to develop a community health program

U.S. Department of Health and Human Services, Administration for Children and Families (ACF)

[Integrating Employment Services with Substance Use Treatment and Recovery: The Experiences of Five Programs](#) - This report documents the experiences of five programs that integrate employment services into treatment and recovery programs for people with substance use disorder.

U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse (NIH/NIDA)

[Addressing the Stigma that Surrounds Addiction](#) - Blog post from National Institute on Drug Abuse Director Dr. Nora Volkow.

[Memorandum to Heads of Executive Departments and Agencies: Changing Federal Terminology Regarding Substance Use and Substance Use Disorders](#) - Guidance provided by the Director of National Drug Control Policy (January 9, 2017).

[Perspective: Stigma and the Toll of Addiction, Nora Volkow, MD, New England Journal of Medicine](#) - Perspective article in peer-reviewed journal.

[Words Matter - Terms to Use and Avoid When Talking About Addiction](#) - Guidance on language and stigma from the National Institute on Drug Abuse.

U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Environmental Health and Safety (NIH/NIEHS)

[About the Worker Training Program \(WTP\)](#) - WTP provides grants to nonprofit organizations, including labor-based health and safety organizations and academic institutions, so they can deliver training to a variety of workers who may face a hazardous work environment.

[Initiatives to Prevent Opioid Misuse and Promote Recovery Friendly Workplace Programs](#) - Compendium of various approaches including state-, company- and union-led efforts.

[Opioids & Substance Use: Workplace Prevention & Response](#) - Diverse resources for employees and employers.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (HHS/SAMHSA)

[2020 SAMHSA Treatment, Recovery, and Workforce Support Grant Notice of Funding Availability](#) - 2020 federal grant notice.

[Drug-Free Workplace Programs](#) - Information on the Drug-Free Workplace Program.

[Employee Assistance Program \(EAP\) Prescription Drug Toolkit and Fact Sheets](#) - These provide guidance related to counseling, referrals, and follow-up services (e.g., alternatives to prescription drugs, workplace drug misuse and relapse prevention, dangers of combined drug use, screenings, and evaluations before returning to work).

[Model Plan for a Comprehensive Drug-Free Workplace Program](#) - Updated (June 2022) model plan guidance document for employers.

[Recovery-Friendly Workplace Toolkit](#) - (SAMHSA Peer Center of Excellence)

[SAMHSA Advisory: Integrating Vocational Services into Substance Use Disorder Treatment](#) - Guidance for substance use disorder treatment providers and other stakeholders.

[Substance Use Disorders Recovery with a Focus on Employment and Education](#) - Evidence-based resource guide for diverse stakeholders.

[Transforming Lives Through Supported Employment \(SE\) Program](#) - Information on a SAMHSA grant program and the projects undertaken by grantees.

[Workplace Prevention Basics: A guide for employers to identify and prevent opioid and other substance misuse in the workplace](#) - Guidance for employers.

U.S. Department of Justice, Civil Rights Division (DOJ/CRD)

[The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery](#) - Fact sheet with useful information for employees and employers.

U.S. Department of Justice, Drug Enforcement Administration (DOJ/DEA)

[Operation Prevention Workplace Module Guide](#) - Guide to utilizing DEA Operation Prevention workplace modules, which can be found at [Operation Prevention](#).

U.S. Department of Justice, Office of Justice Programs (DOJ/OJP)

[A Resource for Change: The Role of Peer Recovery Support Specialists in Reentry Programs](#) - Article from The Council of State Governments Justice Center, staff from the Erie County (NY) Jails Co-occurring Enhancement

[Reentry Initiative on how peer recovery support specialists can enhance reentry programs.](#)

[Using Supported Employment to Help People with Behavioral Health Needs Reentering Communities](#) - This brief, made available by the [National Reentry Resource Center](#), highlights four ways that reentry and community supervision programs can use supported employment services to prepare people with behavioral health needs for successful reentry.

[Reentry and Recovery: Employment Matters](#) - This publication released through the Department of Justice's COSSAP initiative discusses the critical importance of employment to successful recovery and reentry.

U.S. Department of Labor, Employment and Training Administration (Labor/ETA)

[Growth Opportunities Grant Program](#) - Grants to nonprofit organizations, local and regional government entities, federally recognized Indian and Tribal governments, and independent school districts to support employment for youth and young adults most impacted by community violence, particularly in areas of concentrated crime and poverty as well as communities that have recently experienced significant unrest. Businesses and unions can be partners in these grants, serving as employers.

[National Health Emergency \(NHE\) Grants: Case Studies](#) - Video interviews with several grantees from the National Health Emergency Demonstration Grants and National Health Emergency Disaster Recovery Dislocated Worker Grants.

[Northeastern Workforce Development Board recovery-friendly workplace initiative](#) - Helps employers adopt recovery-ready workplace policies.

[Opioid Crisis Strategies and DOL Research](#) - Information on approaches for addressing the opioid crisis in the employment context.

[Recovery Friendly Workplaces - New Hampshire Model](#) - Online information about the New Hampshire Recovery-Friendly Workplace initiative.

[Summer 2022 Workforce System Opioid Webinar Series](#) - Four interactive webinars on serving individuals with opioid addiction and other substance use disorder for workforce professionals at local, state, and federal level, and their partner agencies.

[The Federal Bonding Program](#) - The U.S. Department of Labor established The Federal Bonding Program in 1966 to provide Fidelity Bonds for "at-risk," hard-to-place job seekers. The bonds protect the employer against losses caused by the fraudulent or dishonest acts of the bonded employee for the first six months of employment at no cost to the job applicant or the employer. Eligible groups include, but are not limited to, people in recovery from substance use disorder, justice-involved citizens, economically disadvantaged youth and adults who lack work histories, and individuals with a dishonorable discharge from the military.

[The Opioid Crisis in the Construction Industry](#) - Webinar on the opioid crisis in the construction industry.

[The Role of the Workforce System in Addressing the Opioid Crisis: A Resource Guide](#) - Guidance for National Health Emergency Dislocated Worker Grant recipients and other stakeholders.

[The Role of the Workforce System in Addressing the Opioid Crisis: A Review of the Literature](#) - Provides a summary of the evidence on: (1) effective and promising practices for providing employment services to people with opioid use disorder; (2) employer best practices for preventing negative effects of opioid use disorder in the workplace and creating recovery-friendly workplaces; and (3) key considerations for developing the health care workforce that is addressing the opioid crisis.

[Training and Employment Notice No. 2-21](#) - Information for states and local areas on the role of the public workforce system in addressing the adverse impacts of opioid and other drug use disorders.

[Work Opportunity Tax Credit \(WOTC\)](#) - The Work Opportunity Tax Credit (WOTC) is a federal tax credit available to employers who invest in American job seekers who have consistently faced barriers to employment. Employers may meet their business needs and claim a tax credit if they hire an individual who

is in a WOTC [targeted group](#). There are numerous targeted groups, including people with felony convictions, but not including people in recovery.

U.S. Department of Labor, Office of Disability Employment Policy (ODEP)

[Guided Group Discovery: Participant Workbook and Facilitator Guide](#) - Guided group discovery is a process that helps lay a foundation for competitive integrated employment. For some people, guided group discovery leads to customized employment. For everyone, the process can help to identify opportunities that would be a good fit for them and potential employers.

[Measuring Race and Ethnicity in IPS Programs](#) - This brief reviews research on access and effectiveness of IPS for historically underserved groups and suggests a standardized template for states to track race and ethnicity in IPS programs.

[Roadmap to Inclusive Career Pathways](#) - An interactive online roadmap that provides workforce professionals with resources to help people with disabilities achieve employment and economic self-sufficiency.

[Self-Guided Discovery Facilitator's Guide](#) - Self-guided discovery is a set of strategies that can benefit any job seeker who faces barriers to employment. This guide reports best practices and lessons learned from three state teams that implemented self-guided discovery strategies to help job seekers with disabilities take the next step forward in their careers.

[State-level Barriers and Facilitators to Individual Placement Support \(IPS\) Implementation](#) - This issue brief uses findings from a 2019 national survey of state mental health and vocational rehabilitation (VR) leaders to help state leaders identify common barriers and facilitators to implementing IPS supported employment and strategies.

[The ADA and IPS-Supported Employment: Improving the Working Lives of People with Substance Use and Mental Health Disorders](#) - This webinar discusses the definition of disability under the ADA and its application to substance use disorders and recovery. Additionally, the webinar dives into the IPS employment model and how it is effectively used for people with mental health conditions and substance use disorders.

U.S. Department of Labor, Office of Federal Contract Compliance Programs (OFCCP)

[Substance use Disorder Resources for Federal Contractors and Workers](#) - Information on protections under Section 503 of the Rehabilitation Act and related topics

State Resources

State Models & Resources

[Alaska Addiction and the Workplace Toolkit](#) - This toolkit provides guidance and tools for designing and implementing workplace policies that protect and support your employees and improve workplace culture; information on substance use-related legal issues and health benefit coverage for substance use disorders; and, best practices for discussing substance use with employees.

[Colorado Recovery Friendly Workplace Initiative](#) - Sponsored by the Colorado School of Public Health's Center for Health, Work and Environment, The Colorado Prescription Drug Abuse Consortium, and Associated General Contractors, this initiative provides education, training, and resources to help managers and individuals implement workplace practices and support for employees in treatment and recovery.

[Colorado Recovery Friendly Workplace Toolkit](#) - Identifies the steps employers can take to improve organizational effectiveness by becoming a workplace that supports all employees, especially those in recovery from addiction.

[Connecticut Recovery Friendly Workplace Toolkit](#) - Outlines five key principles to guide the development of recovery friendly workplaces.

[Indiana Workforce Recovery](#) - Best practice guidelines for employers, including a second-chance program for applicants and current employees who are qualified for work but test positive on a drug screen.

[Kentucky Transformational Employment Program \(KTEP\)](#) - The Kentucky Transformational Employment Program (KTEP) provides a pathway for businesses and employers to help more Kentuckians reach long-term recovery while supporting fair chance employment.

[Minnesota Opioid Epidemic Response: Employer Toolkit](#) – Developed by the Minnesota Department of Health and the Minnesota Business Partnership (MBP), the toolkit identified five steps employers can take to prevent and address substance use disorder.

[Ohio Bureau of Worker’s Compensation Substance Use Recovery and Workplace Safety Program](#) - Eligible employers can be reimbursed for development and legal review of substance use policies and procedures; training for employees on substance use and their employer’s related policies; training to better manage employees in recovery; and, drug testing for prospective and current employees using recovery-friendly “second-chance” testing policies. Employers also have access to [Better You! Better Ohio!](#), a free employee wellness incentive program.

[Opioids and the Workplace: An Employer Toolkit for Supporting Prevention, Treatment, and Recovery](#) - This toolkit was developed by the Kentuckiana Health Collaborative to help employers to support their employees and their dependents in prevention, treatment, and recovery from opioid misuse and opioid use disorder (OUD).

[Recovery Friendly Missouri](#) - The Recovery Friendly Initiative empowers workplaces to support people affected by substance use disorders and those in recovery.

[Recovery Friendly New Hampshire](#) and [Employer Orientation Packet](#) - The Recovery Friendly Workplace Initiative gives business owners resources and support to foster a supportive environment that encourages the success of their employees in recovery.

[Recovery Friendly North Carolina](#) initiative and [introduction](#) to NC Recovery-Friendly Workplace Toolkit.

[Recovery Friendly Workplace California](#) - A recently established division of the National Council on Alcohol and Drug Dependence (NCADD), San Diego, this initiative emerged from New Hampshire’s Recovery-Friendly Workplace Community of Practice and aspires to assist businesses in adopting recovery-ready policies statewide.

[Recovery Friendly Workplace Illinois](#) - Recovery Friendly Workplaces encourage a healthy and safe environment where employers, employees, and communities can collaborate to create positive change and eliminate barriers for those impacted by addiction.

[Recovery Friendly Workplaces of New Mexico](#) - A 501(c)3 Non-Profit organization working to recruit businesses to hire people in recovery from substance use disorder after completion of treatment.

[Recovery Ohio Recovery Friendly Employer Training Modules](#) – The Ohio Department of Job and Family Services (ODJFS), RecoveryOhio, the Ohio Chamber of Commerce, and the training and consulting firm Working Partners developed these eight video training modules.

[West Virginia Chamber of Commerce Substance Misuse Toolkit](#) - Six easy-to-watch online training modules. (30 minutes or less per video)

Local Resources

[The Basics of Recovery the Ready Workplace](#) and [Hampden County’s Recovery Ready Workplace Program Employer Guide](#) - This guide is part of a package of resources that MassHire Hampden County developed to help local businesses create a culture of support for employees on the journey of recovery from substance use and addictions.

[The Substance Use Recovery and Workplace Safety Program \(SURWSP\)](#) - A collaboration between the County of Summit Alcohol Drug Addiction and Mental Health Board (ADM Board) and the Ohio Bureau of Workers' Compensation, this program offers employers that hire people in recovery training on management and retention of workers in recovery, reimbursement for drug testing, and a forum for employers, workers, and boards to share their success stories and learn from each other.

Unions and Trade Associations

Union and Trade Association Resources

[Allied Trades Assistance Program \(ATAP\)](#) - ATAP is a non-profit organization created by Philadelphia trade unions to contain costs and promote improved service delivery for substance use disorder, mental health concerns and related issues to union members, retirees and dependents.

[Finding Healing Through Solidarity](#) - Union Peer Support Specialists Help Fellow Members in Recovery – Blog post by Maine AFL-CIO featuring the union's Laborers Escaping Addiction Now (LEAN) program.

[Peer Advocacy for Construction Workers Struggling with Substance Use and Mental Health](#) - This paper presents the findings from focused telephone interviews with members of the North America's Building Trades Unions (NABTU) Opioids Taskforce to learn how peer advocacy networks and similar initiatives are responding to the opioid problem in the construction industry.

[Operating Engineers Local Union No. 3 Assistance and Recovery Program](#) is the organization that assists Local No. 3 members and their families who may have a substance use disorder. ARP, Inc. is a non-profit corporation, separate from the Union, employers and the Benefit Trust Fund. This places ARP in a neutral position where we can help the members and their families confidentially.

Community-Based Recovery Support Resources for Employers

[Association of Recovery Community Organizations \(ARCO\) searchable member map](#) and member list. Employers can utilize this to find recovery community organizations serving the communities where

[National Alliance for Recovery Residences \(NARR\) state affiliate map and list](#) - NARR is a membership association dedicated to expanding the availability of well-operated, ethical and supportive recovery housing. It has developed the most widely referenced national standard for the operation of recovery residences. NARR operates through state affiliates which certify recovery housing. As of January 2023, NARR had 30 operational state affiliates and an additional 9 that were under development. Employers may wish to contact state-level NARR affiliates as potential partners.

[Oxford House Directory](#) - Oxford House, Inc. charters over 3,000 self-run, self-supported recovery residences nationally. Employers may wish to contact the organization to explore the possibility of partnering.

Training for Employers

[Recovery Friendly Leader \(RFL\)](#) – RFL is a 501(c)(3) that provides training to corporate leaders, managers, and supervisors on how to effectively support employees with substance use disorders and how to promote safer, healthier, and more productive workplaces.

[Recovery Business Alliance \(RBA\)](#) - Recovery Business Alliance (RBA), is a non-profit organization dedicated to creating recovery responsive workplaces nationwide in support of employees, employers and economies.

Other Materials

American Public Health Association

[A Public Health Approach to Protecting Workers from Opioid Use Disorder and Overdose Related to Occupational Exposure, Injury, and Stress \(Policy Number 202012\)](#) - Outlines the APH position on protecting

worker from opioid use disorder and overdose in the occupational context, identifying strategies for addressing it.

Aviation Sector

[HIMS \(Human Intervention Motivational Study\)](#): HIMS (Human Intervention Motivational Study): HIMS is an occupational substance use disorder treatment program for commercial pilots. This industry-wide program, involving airlines, pilots, healthcare professionals, and the FAA, coordinates the identification, treatment, and return to work process for pilots with substance use disorder.

[Flight Attendant Drug and Alcohol Program \(FADAP\)](#): The Flight Attendant Drug and Alcohol Program (FADAP) offers services and tools for the prevention of and recovery from substance use disorders for Flight Attendants. It also seeks to build a climate of safety and wellness by creating a workplace culture shift that no longer ignores, stigmatizes, or disciplines Flight Attendants struggling with such health problems. Offers peer mentors to assist flight attendants returning to duty maintain recovery while flying, provides a wellness mobile app, information, and other resources.

Affinity groups, also known as employee resource groups (ERGs), bring together employees with similar backgrounds or interests and can have a powerful influence in the workplace.

Employers that have, or are exploring establishing, affinity groups, though, must consider several legal and practical issues.

Behavioral Health and Racial Equity (BE HERE) Initiative

[Workplace: Recovery Supportive Policies](#) - Provides recommendations for creating a recovery-supportive workplace through culture, policies, and practices. Defines a recovery-supportive workplace (RSW) is one that values the experiences of people in recovery from addiction and the unique perspectives and tools they bring to the workplace.

Examples - Companies that Have Adopted Recovery-Ready Workplace Policies

[Delta Airlines](#) – The American Psychiatric Association Center for Workplace Mental Health highlighted Delta airlines for its efforts to address substance use disorder and mental health conditions in employees through its employee assistance program, peer support, behavioral health leave and accommodations, and other practices.

[Belden's Pathways to Employment: A Community-Based Solution Blending Drug Rehabilitation](#) with the Promise of Employment for Workers Willing to Lead Drug-Free Lives. An overview of Belden, Inc.'s Pathways to Employment initiative, which provides a pathway to employment for people who test positive on a pre-employment drug screen.

[Hypertherm](#) – Titled Lessons from Becoming a Recovery Friendly Workplace, this podcast interview and transcript describe Hypertherm Associates' journey to become a recovery-ready workplace through New Hampshire's Recovery Friendly Workplace Initiative.

[DV8 Kitchen](#) was developed and operates as a second-chance employment opportunity for people who are trying to redirect their lives. People in the early stages of substance abuse recovery often find it difficult to find employers willing to take a chance on them.

Grayken Center for Addiction at Boston Medical Center

[Grayken Center Employer Resource Library](#)

Selected Resources from Library:

- [Assessing and Engaging the Organization Checklist](#)
- [Employer Survey on Employee Support for Substance Use and Mental Health Disorders Focus Group Discussion Questions](#)
- [Benefits Coverage Questionnaire](#)
- [Guiding principles and steps for developing cross-functional advisory team](#)

- [Developing Policies and Practices Checklist](#)
- [Supporting and Encouraging Employees Checklist](#)
- [CEO Sample Letter: Words Matter](#) – The sample letter includes a language guidance table and a pledge for employees to sign

Healthcare Sector

[Federation of State Physician Health Programs, Inc. \(FSPHP\)](#) is a 501c3 national membership association that evolved from initiatives taken by the American Medical Association (AMA), the Federation of State Medical Boards (FSMB), State Medical Societies/Associations and individual state physician health programs. A Physician Health Program (PHP) is a confidential resource for physicians, other licensed healthcare professionals, and those training to become health professionals with substance use, psychiatric, medical, behavioral or other potentially impairing conditions. A List of state Physician Health Programs can be found [here](#).

[Impaired Practice in Nursing: A Guidebook for Interventions and Resources](#). Massachusetts Nurses Association. a resource to the collective bargaining representatives, within the Massachusetts Nurses Association, as they assist nurses with impaired practice and/or substance use problems. In addition, it serves as a resource for nurses who may have a concern regarding their own use of substances or a colleague's behavior associated with substance use.

[Wisconsin Peer Alliance for Nurses \(WisPAN\)](#) is Wisconsin's peer support organization for nurses with substance use disorder run by nurses in recovery from substance use disorders.

[Statewide Peer Assistance for Nurses \(SPAN\)](#), New York peer support organization for nurses affected by substance use disorder. (Very rudimentary website)

[Nurses Peer Support Network of Minnesota](#) - NPSNetwork is a 501(c)(3) not-for-profit organization providing support to Minnesota nurses in recovery from substance use disorder. NPSNetwork's mission is two-fold: to serve nurses in recovery throughout Minnesota; and, to provide education to the nursing schools, professional organizations, employers of nurses and the general public about substance use disorder, recovery and the role of peer support.

[Intervention Project for Nurses](#), Florida. The mission of IPN is to ensure public health and safety by providing education, monitoring, and support to nurses in the State of Florida.

National Safety Council (NSC)

[Drugs at Work: What Employers Need to Know](#) - Key information and resources for employers.

[Goplerud et al. A Substance Use Cost Calculator for US Employers With an Emphasis on Prescription Pain Medication Misuse](#) - Article in peer reviewed journal describing the methodology for developing the NORC/NSC Substance Use Cost Calculator.

[The Proactive Role Employers Can Take: Opioids in The Workplace - Saving Jobs, Saving Lives and Reducing Human Costs](#). National Safety Council publication providing current evidence on opioid pain medications and their potential impact on your workplace and offers a “call to action” to assist employers in: 1) Partnering effectively with benefit providers; 2) Assessing current workplace policies and scope of drug testing; 3) Prioritize essential education efforts; and, 4) Improve access to confidential help for employees.

[NORC, NSC Mental Health Employer Cost Calculator](#) - Mental health cost calculator developed utilizing similar approach.

NORC/NSC Briefs:

- [Cannabis and the Workplace](#)
- [Driving Under the Influence](#)

- [How Workers with Active Substance Use Disorders Impact Employer Health Care Costs](#)
- [Impacts of Alcohol on Worker Health, Safety, Risk-taking and Workplace Costs](#)
- [Prescription Opioids and Work](#)
- [Short-Term Disability, Long-Term Disability and Return to Work](#)
- [Substance Use Disorders by Occupation](#)
- [Substance Use Disorder Treatment](#)
- [Substance Use, Gender and Sexual Orientation](#)
- [Substance Use: Prevention, Screening Tools and Workplace Policies](#)
- [Turnover and Substance Use: What It Costs and What Can Be Done](#)

[Opioids At Work Employer Toolkit](#) - A comprehensive employer guide for addressing opioids.

[Substance Use Cost Calculator for U.S. Employers: Overview of Data Sources and Analytic Approach](#) - Overview of cost calculator methodology.

[Substance Use Employer Cost Calculator](#) - Developed in partnership with NORC at the University of Chicago, the National Safety Council's cost calculator provides a tool for estimating the cost substance use to employers taking into account industry, geography, and company size.

Resources for Law Firms, the Legal Profession, and Other Organizations that Employ Attorneys

The [ABA Well-Being Campaign](#) was launched to improve the substance use and mental health landscape of the legal profession, with an emphasis on helping legal employers support healthy work environment. The primary vehicle for the Campaign is a Pledge calling upon legal employers (including law firms, corporate entities, government agencies and legal aid organizations) to first: (a) recognize that substance use and mental health problems represent a significant challenge for the legal profession and acknowledge that more can and should be done to improve the health and well-being of lawyers; and, (b) pledge to support the Campaign and work to adopt and prioritize its seven-point framework for building a better future.

[American Bar Association Well-Being Pledge](#) - The ABA Well-Being [Campaign](#) was launched to improve the substance use and mental health landscape of the legal profession, with an emphasis on helping legal employers support healthy work environment

[Intervention and Impairment Assistance](#) – American Bar Association Guidance for attorneys, law firms, and other entities employing lawyers

[American Bar Association Directory of Lawyer Assistance Programs](#) - Lawyer Assistance Programs provide confidential services and support to judges, lawyers and law students who are facing substance use disorders or mental health issues.

Society for Human Resource Management (SHRM)

[Employing and Managing People with Substance Use Addictions](#) - This SHRM toolkit discusses the prevalence of individuals with substance use addiction in the workplace, the negative impact of substance misuse for employers and how employers can assist individuals with substance use addictions.

U.S. Chamber of Commerce Foundation

[Employer Guide to Second-chance Hiring Programs and Tax Credits](#) - Provides information on WOTC, the Federal Bonding Program, and the U.S. Department of Labor's Growth Opportunities Grant Program.

[Raise Your Recovery Awareness in the Workplace \(Blog Post\)](#) - Recommendations for employers.

[Sharing Solutions: Businesses Combat the Opioid Crisis](#) - Sharing Solutions was created by the U.S. Chamber of Commerce Foundation to highlight workforce resources and showcase innovative solutions to the opioid crisis.

Miscellaneous

[Addiction In The Workplace](#) - How Leaders Can Help Create A Path To Recovery, Forbes Business Council.

[Opioids in the Workplace: Awareness](#) - Rutgers University School of Public Health: This one-hour free web-based training is based on the National Institute on Environmental Health Sciences' Opioids & Substance Use: Workplace Prevention & Response toolkit.

[The Effects of Substance Use on Workplace Injuries](#) - Rand Corporation, 2009. A review of the scientific literature on the impact of substance use on occupational injuries.

[What You Can Do to Create an Inclusive Workplace for Employees in Long-Term Recovery](#) - This Inc. Magazine post notes that, in order to create a truly inclusive workplace, companies must do more to support and embrace employees in long-term recovery. It identifies five ways employers can do that.

Appendix D. Considerations Related to COVID-19

While COVID-19 helped to facilitate greater use of telehealth and virtual programming, heavy reliance on these tools prevented individuals without reliable internet access, mobile devices and/or data from participating at home. In the event of future lockdowns, the 2021 CHNA (Ballad Health, 2021a) and regional service providers have reported that increased social isolation, worsening mental health, and limited internet connectivity are real problems that would impact participation in a variety of types of programming. While Virginia is implementing last-mile broadband over the next couple years, individual households may need help acquiring devices, paying for data plans, and improving their digital literacy to take advantage of telehealth and virtual programming at the community wellness and resource center. Interviews with stakeholders also revealed that virtual support services do not replace in-person relationships, which has translated to decreased program attendance. However, stakeholders shared that relaxed federal rules about the use of audio and video for telehealth appointments, and where clients must be located when participating in telehealth appointments, led to positive changes such as increased access to care for rural patients.

Regional stakeholders report that eviction pressures and delays during the pandemic due to eviction moratoria strained relationships with local landlords who were previously willing to house low-income individuals and those in recovery. As the moratorium has lifted, landlords are quick to evict tenants who have not paid back their rental deficits and are less likely to take on high-risk tenants, further exacerbating housing insecurity and lack of housing supply for the population of interest.

Interviews with workforce training organizations revealed the decrease in funding that industries are willing to dedicate to training initiatives and program development in virtual settings. COVID-19 resulted in businesses having limited budgets for value-added services, crippling employment opportunities and skills development. Partnerships across workforce training services, industry employers, and the YWCA community wellness and resource center could be useful to provide stronger hybrid and virtual training opportunities in the event of future pandemic restrictions.

The ripple effects from COVID-19 continue to be felt by healthcare providers, such as the community services boards, in the form of limited capacity and difficulty staffing positions.

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