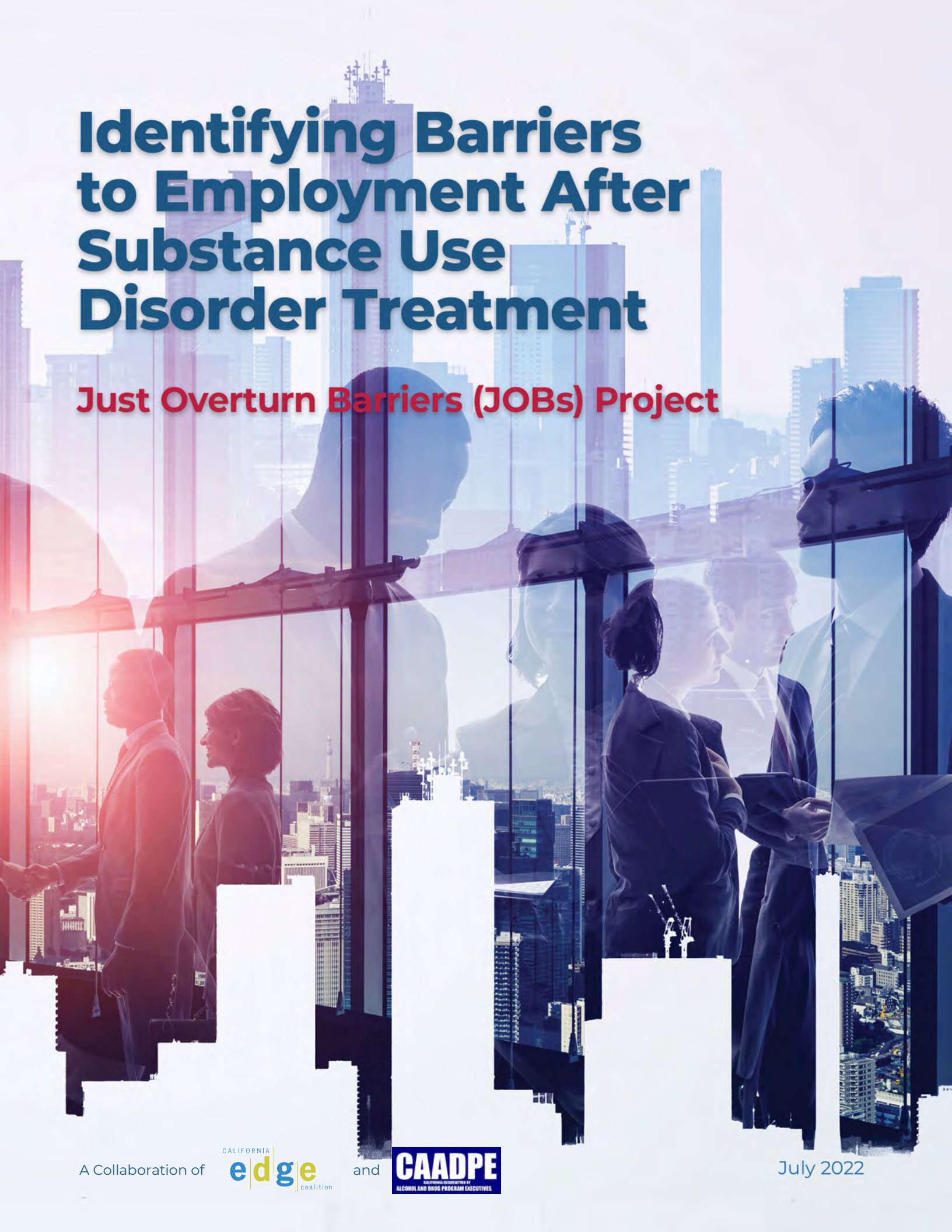


# Identifying Barriers to Employment After Substance Use Disorder Treatment

Just Overturn Barriers (JOBS) Project



A Collaboration of

CALIFORNIA  
**edge**  
coalition

and

**CAADPE**  
CALIFORNIA ASSOCIATION OF  
ALCOHOL AND DRUG PROGRAM EXECUTIVES

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# Identifying Barriers to Employment After Substance Use Disorder Treatment Just Overturn Barriers (JOBS) Project

## Assessing the Issues: Data, Perspectives, and Recommendations

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## Executive Summary

Two years into the pandemic, California's workforce shortages remain in the news. Issues that workers struggle with, such as childcare and unaffordable housing, were brought to the forefront during the pandemic and remain unaddressed. It is estimated that by 2030, the number of college graduates will fall 1.1 million short of workforce demand.<sup>1</sup> California has an unemployment rate of 4.6%, much higher than the national unemployment rate of 3.6%, and California's weekly unemployment claims make up about 22% of the nation's new claims — even though California supplies roughly 11% of the national workforce.<sup>2</sup> And yet, many Californians with histories of substance use disorders (SUD) cannot access good jobs to fill this workforce gap. In publicly-financed Drug Medi-Cal Organized Delivery System treatment alone there are 118,233<sup>3</sup> individuals who face systemic barriers to fill California's workforce gap and this does not include many of the 152,548 individuals cited in other publicly-

financed delivery systems per the Substance Abuse and Mental Health Services Administration (SAMHSA)<sup>4</sup> nor does it include individuals that are living in recovery. It is estimated that 2.9 million Californians (9%) age 12 and older had a substance use disorder in 2021.<sup>5</sup> According to a 2019 California Department of Health Care Services (DHCS) evaluation, 95% of individuals in SUD treatment were of working age.<sup>6</sup> Further, those who have been in SUD treatment are stigmatized, marginalized and under-resourced, and may not be aware of jobs that could provide stability and aid in their recovery, even though the Americans with Disabilities Act (ADA) prohibits discrimination.<sup>7</sup>

SUD is a chronic medical condition/disease that requires the same strategies and medical management as any physical disease. Without critical public policies that support long term medical management and a healthy lifestyle, the greater the risk of relapse. With the rise of incidence of

1 Murphy, Patrick; Mehlotra, Radhika; Cook, Kevin, *Financing Higher Education Capital Projects*, December, 2018. Public Policy Institute of California. <https://www.ppic.org/publication/financing-higher-education-capital-projects/>

2 Lightman, David, *Why Are California's Unemployment Numbers Still So High?*, *Governing the Future of States and Localities*, May 3, 2022. <https://www.governing.com/work/why-are-californias-unemployment-numbers-still-so-high>

3 Urada, D., Lee, A.B., Bass, B., Teruya, C., Antonini, V.P., Joshi, V., Padwa, H., Tran, E., Huang, D., Iturrios-Fourzan, I. *Drug Medi-Cal Organized Delivery System FY 2020 Evaluation Report*. Prepared for the Department of Health Care Services, California Health and Human Services Agency. Submitted January 31, 2021 (Revised 07/09/2021). Los Angeles, CA: UCLA Integrated Substance Abuse Programs. [https://www.uclaisap.org/dmc-ods-eval/assets/documents/2020-DMC-ODS-Evaluation-Report-with-Appendices\\_revised\\_2021-07-09.pdf](https://www.uclaisap.org/dmc-ods-eval/assets/documents/2020-DMC-ODS-Evaluation-Report-with-Appendices_revised_2021-07-09.pdf)

4 Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. *Treatment Episode Data Set (TEDS): 2016. Admissions to and Discharges from Publicly Funded Substance Use Treatment*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018. <https://www.samhsa.gov/data/report/treatment-episode-data-set-teds-2016-admissions-and-discharges-publicly-funded-substance-use>

5 California Health Care Foundation Almanac: *Substance Use in California: Prevalence and Treatment*, January 2022. <https://www.chcf.org/publication/2022-edition-substance-use-california/>

6 Urada, D., Lee, A.B., Bass, B., Teruya, C., Antonini, V.P., Joshi, V., Padwa, H., Tran, E., Huang, D., Iturrios-Fourzan, I. *Drug Medi-Cal Organized Delivery System FY 2020 Evaluation Report*. Prepared for the Department of Health Care Services, California Health and Human Services Agency. Submitted January 31, 2021 (Revised 07/09/2021). Los Angeles, CA: UCLA Integrated Substance Abuse Programs. [https://www.uclaisap.org/dmc-ods-eval/assets/documents/2020-DMC-ODS-Evaluation-Report-with-Appendices\\_revised\\_2021-07-09.pdf](https://www.uclaisap.org/dmc-ods-eval/assets/documents/2020-DMC-ODS-Evaluation-Report-with-Appendices_revised_2021-07-09.pdf)

7 Kreek, Mary Jeanne, *Extreme marginalization: addiction and other mental health disorders, stigma, and imprisonment*, *Annals of the New York Academy of Sciences*, 26 August 2011. <https://nyaspubs.onlinelibrary.wiley.com/doi/10.1111/j.1749-6632.2011.06152.x>

substance use and relapse as a result of the COVID-19 pandemic and the alarming increase in the number of overdose deaths, there is an urgent need to ensure stability in employment, housing, and appropriate medical and social support systems as they are key to maintaining healthy lifestyles and prevention of relapse of SUD.

Good jobs (employment that pays family supporting wages, provides for worker advancement, and gives workers the stability, predictability and support necessary to take care of family needs) and stable housing are key to an individual's healthy lifestyle and well-being. This brief focuses on a specific group - Californians with SUD diagnosis - and the barriers they encounter in seeking and securing sustainable employment.

The U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration's national report, based on data collected from October to December 2020, estimated that 25.9 million past-year users of alcohol and 10.9 million past-year users of drugs other than alcohol reported they were using these substances "a little more or much more" than they did before the COVID-19 pandemic began.<sup>8</sup> In California, the exact number of people with SUD is not currently known. Because there does not seem to be readily available data, the number of people who access treatment from private health insurance or self-pay is not discussed in this brief.

While this brief amplifies two other publications produced by the CA EDGE Coalition on low-wage jobs and literacy (*WORKFORCE BRIEF: Providing Opportunity for California's Low-Wage Workers and Competency-Based Education: A Strategy for Skills Upgrading in California*), it further adds another dimension on this subject: people with substance use disorder that are looking for jobs. This group comprises many of the 118,233 individuals whose search for employment is complicated by their substance use disorder diagnosis and face unique barriers that impact their path to success.

The Just Overturn Barriers (JOBS) project identified barriers to accessing good jobs with sustainable employment for individuals with SUD who access their treatment through public funding. This brief discusses employment barriers by sector: manufacturing, technology and medical. Also noted is the California Workforce Association and their approach to addressing the unique needs of the post-treatment population.

Of special note is the SUD treatment sector, which is experiencing a workforce shortage that has now reached crisis level. Since many individuals in substance use

treatment/recovery choose to enter the substance use disorder treatment field (Pay Forward), this brief includes a section about the SUD sector, its critical workforce shortage, and identifies the barriers to expanding and strengthening this workforce. The California Association of Alcohol and Drug Program Executives, Inc. (CAADPE), the largest statewide association of substance use providers whose members are collectively the largest employer of SUD treatment personnel, has identified specific state policies that create barriers to strengthening and expanding the SUD workforce. The state policies, if changed in accordance with CAADPE recommendations, would ease the current workforce shortage crisis and provide a pathway for individuals to enter the SUD field as a career choice.

This JOBS brief makes recommendations that will inform both public awareness and the public discourse about the need to focus efforts on the services, opportunities and models that support sustained recovery, namely good jobs at a wage that can help lift families and provide opportunities for career paths. It identifies the unique needs and challenges that individuals managing the chronic disease of substance use experience as they seek employment and strive to secure good jobs. The employer's perspectives of workforce needs and barriers they face in recruiting, hiring, and retaining employees who have a substance use disorder are also addressed.

To determine the barriers to employment for individuals in current or prior SUD treatment as well as to gauge how many were interested in working in the SUD field, an electronic survey (Addendum) was distributed throughout the state via networks of SUD treatment providers and behavioral health centers. There were 801 responses to the survey and of these, 80.0% (637) were from Los Angeles County, 75% (595) were working full time, 40.5% (325) reported having current or past difficulties in finding employment and 26.0% (208) were looking for work. The most frequently reported reasons cited for inability to find a good job were: needing additional education, training, or skills (36.3%); pay being too low to accept (24.0%); and having a jail/prison/criminal history (19.4%).

Seventy-three percent (73.0%) reported a specific interest in working in the substance use disorder or mental health field. When queried about what survey participants believed would help them to find meaningful work and remove barriers to getting a job, of the 367 responses to the question, 40.3% stated having additional education, training, or skills; 13.1% stated support/case management; 10.0% stated having better pay and benefits; 6.8% stated

8 U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration 2020 National Survey on Drug Use and Health, October 26, 2021. <https://www.samhsa.gov/newsroom/press-announcements/202110260320>

having better resources for transportation, housing, childcare or school; 4.9% stated reduced amount of experience required for jobs or more “earn and learn” opportunities; and 4.1% stated being able to clear their criminal record, if appropriate. Additionally, several survey respondents participated in an interview to share their personal stories regarding barriers to employment after seeking SUD treatment.

Employers were also interviewed to determine the workforce needs within their respective industry sector and ascertain if SUD or a history of previous involvement with the criminal justice systems limited job applicants’ prospects. Although industry and SUD treatment employers did not believe that having a history of previous involvement with law enforcement/criminal justice was necessarily a barrier, they highlighted that hiring someone with a history of SUD is problematic in the manufacturing trades as relapse can affect safety on the job. Furthermore, industry leaders believed that finding a readily-trained workforce remains one of the biggest challenges.

## Key Findings

**Individuals:** Individuals with SUD histories who are seeking employment:

- are not getting the jobs they want;
- often times the pay is too low for them to accept;
- need more vocational/technical training;
- need more case management/counseling and supportive services to prevent relapse;
- need housing stability, transportation, and child care; and
- lack digital literacy and/or competency.

**Employers:**

- recruitment processes may not be adequate to accommodate individuals with SUD;
- employee benefit programs may need review/revision to keep pace with public policies and changing attitudes about individuals with substance use disorder; and
- there is a lack of a large candidate pool of trained workers among individuals (regardless of their SUD status) and/or not enough resources have been invested in vocational/technical education to build a talent pipeline with necessary skills to enter a particular workforce.

**Data:**

- there are gaps/omissions in data collection;
- there is no data on private health insurance (either employer-sponsored or through the open Covered CA market), and the number of people who access SUD treatment through private health insurance is not readily available;
- there is little data on the classification of certified counselors since most research only includes licensed (Board of Behavioral Services - BBS, Department of Consumer Affairs) behavioral health workers in research and workforce surveys. Thus, research/data collection on behavioral health workforce does not include SUD counselors since there is no separate data on the SUD workforce.

## Recommendations & Opportunities

Advancement of the following recommendations would improve employment outcomes for people living with SUD and increase the pool of talent available to employers.

**Recommendations for Employers:**

- Support policies and investments that protect and enhance vocational/technical programs.
- Ensure that California’s “earn and learn” programs include focused outreach to individuals currently in SUD treatment.
- Employer associations can help educate their members about trends and changing attitudes about SUD.
- Enhance outreach to recruit and train people with SUD histories to work in high quality/demand jobs.

**Recommendations for Education Leaders:**

- Enhance outreach to recruit and train people with SUD histories to work in high quality/demand jobs.
- Enhance awareness of, and access to, digital literacy training for people with SUD.

**Recommendations for SUD Industry:**

- Support local workforce boards to collaborate more closely with SUD treatment organizations to create more job opportunities, including “earn and learn” opportunities, for those with SUD.
- Strengthen and expand case management and supportive services for people with SUD who are seeking work.
- Focus recruitment and “earn and learn” opportunities to individuals transitioning from incarceration,

transition-age youth (generally 16-25 years of age) and opportunity youth (opportunity youth are individuals between the ages of 16 and 24 that are not in school or working, including youth and young adults involved with the foster care, juvenile justice, and homelessness systems of care), low socioeconomic status, and/or people who are bilingual to bolster the SUD services workforce.

- Build capacity by expanding the funding opportunities to underwrite students/interns.
- Increase provider competency and specialization to treat special populations such as the LGBTQ+ community and by recruiting providers with expertise in services to LGBTQ+ people.

**Recommendations for Policy Makers:**

- Invest in retaining and enhancing vocational/technical programs.
- Invest in support services that work with individuals to raise awareness of high demand good jobs and assist them in enrolling in education/training to secure these jobs.
- Raise the wage floor in low wage industries to attract and retain employees.
- Repeal state law to exempt student interns from the requirement to register with SUD counselor certifying bodies as this requirement creates a barrier for recruiting and training interns in supervised internships. AB 1860 (Ward) proposes to exempt student interns rather than repeal the requirement and is now pending in the state legislature.
- Repeal the state's requirement that 30% of the workforce at each SUD agency be certified counselors.

- Reduce redundancy and complicated processes by developing statewide policies which allow for the reciprocity of licensed, certified, or registered professionals.
- Temporarily suspend additional county workforce requirements that exceed that which is required by DHCS. This includes extra education requirements, mandatory training, and mandated minimum work experience levels.
- Request the California Department of Health Care Access and Information (HCAI) to expedite approval and distribution of funds for Broad Behavioral Health Workforce Capacity. Capacity building would enable SUD treatment providers to meet the growing demand for SUD services.

Recommendations for future research and funding can be found on [page 23](#) of this brief.



The need for good jobs remains a key component to ensuring an individual's well-being and ability to support themselves and their families.



## Introduction

Substance use disorder (SUD) occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. SUD is a chronic medical condition/disease that needs the same strategies and medical management as any physical disease (e.g. diabetes, heart disease). It is estimated that 2.9 million Californians (9%) age 12 and older had a substance use disorder in 2021.<sup>9</sup> According to a 2019 California Department of Health Care Services (DHCS) evaluation, 95% of individuals in SUD treatment were of working age.<sup>10</sup>

The DHCS provides publicly-financed SUD services through Medi-Cal and is the single-state agency for federal grants that provide SUD services. According to the Drug Medi-Cal Organized Delivery System FY 2020 Evaluation Report prepared for DHCS, in Calendar Year 2019, approximately 118,233 unique beneficiaries were served, including admissions to publicly-monitored SUD detoxification, residential, and outpatient services. The largest percentage of SUD services occurred in Narcotic Treatment/Medication Assisted Treatment Program maintenance services (37.3%), followed by Outpatient Drug-Free treatment (33.6%). Residential (short-term and long-term) treatment admissions was 20.2%, 2.9% for Detoxification, and 5.9% for Intensive Outpatient Treatment. Collectively, these Californians need jobs to ensure stability and sustain their recovery.

Over the last several years, California has continued to expand benefits and provide additional SUD treatment services. However, a principal aspect for an ongoing healthy lifestyle is having sustainable employment. The need for good jobs remains a key component to ensuring an individual's well-being and ability to support themselves and their families. A good job is defined as employment that pays family supporting wages, provides for worker advancement, and gives workers the stability, predictability and support necessary to take care of family needs.

With the rise of incidence of substance use and relapse as a result of the COVID-19 pandemic and its variants, and an alarming increase in the number of deaths from drug overdose, it is even more critical to ensure stability in employment and housing, as well as appropriate medical and social support systems for individuals with SUD as they are the key components to maintaining healthy lifestyles and prevention of relapse or even death. Even though people are seeking SUD treatment, they still need to have jobs to ensure stability and a livelihood.

In addition, many individuals with SUD have a history of involvement in the justice system. As of December 2021, there were 5,800 individuals in California's prison system's Integrated Substance Use Disorder Treatment (ISUDT) program, which provides a comprehensive approach to treating SUD in California's prisons. The waiting list to get into ISUDT programs across the state is 44,500 and placement is typically within 60-90 days although COVID

9 California Health Care Foundation Almanac: *Substance Use in California: Prevalence and Treatment*, January 2022. <https://www.chcf.org/publication/2022-edition-substance-use-california/>

10 Urada, D., Lee, A.B., Bass, B., Teruya, C., Antonini, V.P., Joshi, V., Padwa, H., Tran, E., Huang, D., Iturrios-Fourzan, I. *Drug Medi-Cal Organized Delivery System FY 2020 Evaluation Report*. Prepared for the Department of Health Care Services, California Health and Human Services Agency. Submitted January 31, 2021 (Revised 07/09/2021). Los Angeles, CA: UCLA Integrated Substance Abuse Programs. [https://www.uclaisap.org/dmc-ods-eval/assets/documents/2020-DMC-ODS-Evaluation-Report-with-Appendices\\_revised\\_2021-07-09.pdf](https://www.uclaisap.org/dmc-ods-eval/assets/documents/2020-DMC-ODS-Evaluation-Report-with-Appendices_revised_2021-07-09.pdf)

restrictions have impacted this timeline.<sup>11</sup> Incarcerated individuals leaving correctional facilities are at high-risk of poor outcomes due to high rates of mental illness, substance use disorder, complex medical conditions, and potential social needs such as housing insecurity, unemployment, and inadequate social connections. Data suggests that the literacy level of those in prison with SUD is seventh to eighth grade. Without the critical public policies that support a healthy lifestyle long term, the greater the risk of relapse.

The Just Overturn Barriers (JOBS) project identified barriers to accessing good jobs with sustained employment for individuals with a history of SUD. This brief discusses barriers by sector and highlights the behavioral health workforce, including the publicly-funded SUD treatment sector which is experiencing a workforce shortage that has now reached crisis level. Additionally, this brief makes recommendations that will inform both public awareness and public discourse about the need to focus efforts on the services, opportunities and models that support sustained recovery, namely good jobs that can help lift families and provide opportunities for career paths. The JOBS survey identified the unique needs and challenges that individuals living with SUD experience as they seek employment

and strive to secure good jobs, as well as employer's perspectives of workforce needs and barriers they face in recruiting, hiring, and retaining employees with SUD histories.

To determine the barriers to employment for individuals in current or past SUD treatment as well as gauge how many were interested in working in the SUD field, an electronic survey was distributed throughout the state via SUD treatment provider networks and behavioral health centers. Participants were additionally asked if they would participate in an interview to provide an in-depth view of their situation since seeking treatment for substance use.

The JOBS project also interviewed employers and associations to identify the workforce needs for their professions/industry sector and determine if substance use treatment or a history of previous involvement with law enforcement/criminal justice systems limited their job prospects. For all employers and associations interviewed, the primary challenge was lack of a large candidate pool of trained workers among individuals (regardless of their SUD status) and/or not enough resources invested in vocational/technical education to build a talent pipeline with the necessary skills to enter a particular workforce.

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<sup>11</sup> California Correctional Health Care Services, Integrated Substance Use Disorder Treatment Program Dashboard, <https://cchcs.ca.gov/isudt/dashboard>





## Why We Need to Care

California's unemployment remains high, its labor pool has declined, millions of Californians live in poverty or at the near poverty level, and stressors have contributed to increased use of alcohol and other drugs. By 2030 an even wider workforce gap will exist. Consider the following:

- Today, more than 21 million Americans struggle with an addiction to mind-altering substances such as opioids, stimulants, dissociatives, hallucinogens, and illicit drugs. In California alone, 9% of the population has a substance use disorder, which is roughly 2.9 million people. And of those 2.9 million Californians with a substance use disorder, only a mere 10% (or 200,000) of them received any type of treatment for SUD.<sup>12</sup>
  - Recent reports indicate that workers appear to be burned out and at a breaking point. Due to the current shortage of the state's labor pool, those who are employed bear the brunt of trying to make up for the loss of employees at their places of work, and many of them, too, have left in record numbers.
  - Per California's Employment Development Department's (EDD) April 2022 employment report, the seasonally adjusted unemployment rate in California was 4.6%; the national average was 3.6%, with 888,700 unemployed Californians. California has the 5th highest unemployment rate in the nation.
- Of the 2,714,800 jobs lost in March and April 2020 due to the COVID-19 pandemic, California still falls short of regaining those jobs. The majority of jobs gained in April 2022 were in the Leisure and Hospitality sector which is typically low paying.<sup>13</sup> California's EDD's weekly unemployment claims make up about 22% of the nation's new claims — even though California supplies roughly 11% of the national workforce.<sup>14</sup>
  - There are 5.15 million people in the state living in poverty (2019) with nearly one in six (16.4%) Californians not in poverty but living fairly close to the poverty line. About 6.3 million lacked enough resources—\$35,600 per year for a family of four, on average—to meet basic needs in 2019. Nearly all of those in publicly-financed SUD treatment meet the definition of living in poverty.<sup>15</sup>
  - According to the California Department of Healthcare Services, in June 2021, there were 13,981,096 enrollees in Medi-Cal, the state's Medicaid program, representing a third of California's population. An individual qualifies for Medi-Cal if their income is less than 138% of the federal poverty level. Medi-Cal is California's publicly-financed health care program and includes substance use disorder treatment services.<sup>16</sup>
  - Per the National Institutes of Health, substance abuse costs the U.S. over \$600 billion annually and treatment can help reduce these costs. SUD treatment

<sup>12</sup> California Health Care Almanac Substance Use in California: Prevalence and Treatment, California Healthcare Foundation, January 2022. <https://www.chcf.org/wp-content/uploads/2022/01/SubstanceUseDisorderAlmanac2022.pdf>

<sup>13</sup> California Employment Development Department Unemployment Report, April 2022. [https://edd.ca.gov/en/about\\_edd/news\\_releases\\_and\\_announcements/unemployment-april-2022](https://edd.ca.gov/en/about_edd/news_releases_and_announcements/unemployment-april-2022)

<sup>14</sup> California Employment Development Department Unemployment Report, April 2022. [https://edd.ca.gov/en/about\\_edd/news\\_releases\\_and\\_announcements/unemployment-april-2022](https://edd.ca.gov/en/about_edd/news_releases_and_announcements/unemployment-april-2022)

<sup>15</sup> Lightman, David, *Why Are California's Unemployment Numbers Still So High?*, Governing the Future of States and Localities, May 3, 2022. <https://www.governing.com/work/why-are-californias-unemployment-numbers-still-so-high>

<sup>16</sup> Department of Healthcare Services: *Monthly Medi-Cal Enrollment*, June 2021. <https://www.dhcs.ca.gov/dataandstats/Pages/Medi-Cal-Eligibility-Statistics.aspx>

has been shown to reduce associated health and social costs by far more than the cost of the treatment itself. Treatment is also much less expensive than its alternatives, such as incarcerating addicted persons. For example, the national average cost for one (1) full year of methadone maintenance treatment is approximately \$4,700 per patient, whereas one (1) full year of imprisonment costs approximately \$24,000 per person. According to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also stem from fewer interpersonal conflicts, greater workplace productivity, and fewer drug-related accidents, including overdoses and deaths.<sup>17</sup>

- Dr. Amy K. Glasmeier, Professor at MIT and Allison Omen, Chief Strategy Officer at JUST Capital, noted that recently there has been more recognition about the risks that frontline workers undertake and that companies in low-wage industries are struggling to hire while their workers are leaving jobs at record rates. They call for paying people a living wage if we want them to return to work and, based on their study, have calculated what wage people need to be paid in order to make ends meet state-by-state.<sup>18</sup>



<sup>17</sup> National Institute on Drug Abuse, *Is drug addiction treatment worth its cost? Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)*, January 2018. <https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost>

<sup>18</sup> Glasmeier, Dr. Amy K., Professor MIT and Omen, Allison, Chief Strategy Officer at JUST Capital, *\$15 an hour isn't enough: U.S. workers need a living wage*, Fortune Magazine, September 6, 2021. <https://livingwage.mit.edu/articles/85-15-an-hour-isn-t-enough-u-s-workers-need-a-living-wage>



## The Applicant/Employee Perspective

The JOBS survey collected 801 responses. A majority of survey respondents were female (57.3%); 44.2% were Latinx, 30.0% were White, and 11.9% were African-American. This differs from the overall SUD treatment population in California. Analyses of the population served by Drug Medi-Cal during calendar year 2019 shows that the SUD treatment population is 59.1% male, 32.9% Latinx, 40.2% White, and 10.1% African-American. Thus, it should be assumed that the survey sample is disproportionately more female, more Latinx, less male, and less White than the general SUD treatment population in California. Therefore, the survey provided much information about barriers and desired careers among the Latinx and White population as the other population groups made up such a small percentage of the sample. Survey responses were as follows:

- 325 out of 801 respondents (40.5%) reported either looking for work or having/ had trouble in the past finding a meaningful job. This includes:
  - 40.9% of Latinx surveyed
  - 34.6% of Whites surveyed
  - 51.2% of African-Americans surveyed
  - 42.1% of males surveyed
  - 38.3% of females surveyed
- Among these 325 individuals, the most frequently reported top reasons respondents believed they had trouble finding a job were:
  - Needing additional education, training, or skills (36.3%)
  - Pay being too low to accept (24.0%)
  - Having a jail/prison/criminal history (19.4%)
  - Big gaps in employment history (16.9%)
  - Substance use history (14.8%)

- Transportation challenges (13.5%)
- Not having a driver's license (12.6%)
- Lack of computer/technology equipment or skills (12.0%)
- Not interviewing well (10.5%)
- Among these 325 individuals, the top two fields they were most interested in working were:
  - Community and social service (44.3%)
  - Healthcare (Practitioner, Technician, or Support) (38.5%)
  - Arts/design, entertainment, sports, media (18.2%)
  - Office/administrative support (13.8%)
  - Sales (11.1%)
  - Business (10.5%)
- Among these 325 individuals, 64.0% reported a specific interest in working in mental health or substance use disorder services fields.

When queried about what would help survey respondents to find meaningful work and remove barriers to getting a job, the responses aligned in ranking order with the top reasons they believed they had trouble finding a job, as noted above:

- Additional education, training, or skills (40.3%)
- Staying positive/motivated/needing help to find/apply for jobs (13.1%)
- Better pay and benefits (10.9%)
- More resources for transportation/housing/childcare/school (6.8%)
- Reducing the amount of experience needed to qualify for jobs (4.9%)
- A clean criminal record/no background checks (4.1%)

When asked about the highest education level completed, of the 786 responses to this question:

- 0.8% (6) had not completed 8th grade
- 0.6% (5) completed 8th grade
- 6.2% (49) had some high school
- 15.6% (123) had high school graduate/GED/high school proficiency
- 24.5% (197) had some college
- 11.5% (92) had been in a skilled vocational/technical program
- 26.5% (208) were college graduates
- 13.2% (106) had a postgraduate education

In-depth interviews of survey respondents corroborated the survey findings of the major barriers to securing “good jobs” and elevating individuals to sustainable jobs: 1) lack of education, 2) lack of technical/vocational training and 3) lack of stable housing/transportation. Specific findings included the following:

1. People need basic education. SUD treatment includes preparation for assuming a drug/alcohol free lifestyle, and importance of sustainable employment is one of the key areas covered in SUD treatment. Many treatment programs, if not all, include a focus on education and job preparation. Securing a high school diploma or its equivalent is a key component of treatment. Data suggests 38.4% (N=168,977) of SUD treatment clients had fewer than 12 years of education.<sup>19</sup> Without basic education, technical and vocational education is out of reach. Preparing for employment and securing a high school diploma or equivalent is an integral part of SUD treatment.
2. People need more technical/vocational education. Vocational/technical education is needed to qualify individuals for good jobs, especially for emerging and high demand jobs. The JOBs project shows lack of technical/vocational education is a major barrier.
3. Stable housing was identified as an important component of maintaining a healthy lifestyle. Many support services require a residence address and individuals need a physical address to access governmental services in order to obtain documents needed for employment (e.g. social security number, driver’s license or government-issued identification card, birth certificates, voter registration, etc.).

4. SUD treatment alumni need extended case follow up after completion of treatment. Several of the alumni interviewed said they were struggling with maintaining sobriety due to lack of support.
5. The SUD field has been undervalued for many decades and, as an industry, is far behind in wages. It takes time for individuals to obtain the certifications they need for better jobs. Wages are poor given what is demanded of employees in the SUD field.

Interviews with business associations revealed that applicants who have a history of substance use disorder or being in treatment were not deterrents to employment, although substance use while on the job led to appropriate measures, including immediate termination of employment to ensure their safety and the safety of others.

Additionally, having a criminal background was not a deterrent and many employers participated in re-entry programs for individuals who had previously been justice involved. These employers reiterated that there is a labor pool shortage of individuals in California ready to come to work who have had training or the appropriate skill sets, and that educational institutions should include technical programs.

Although employers stated that they participate in programs to employ individuals who have been involved in the criminal justice system, it is interesting to note that survey participants rated their history of jail/prison/criminal justice as the third most important barrier to employment (19.4%).

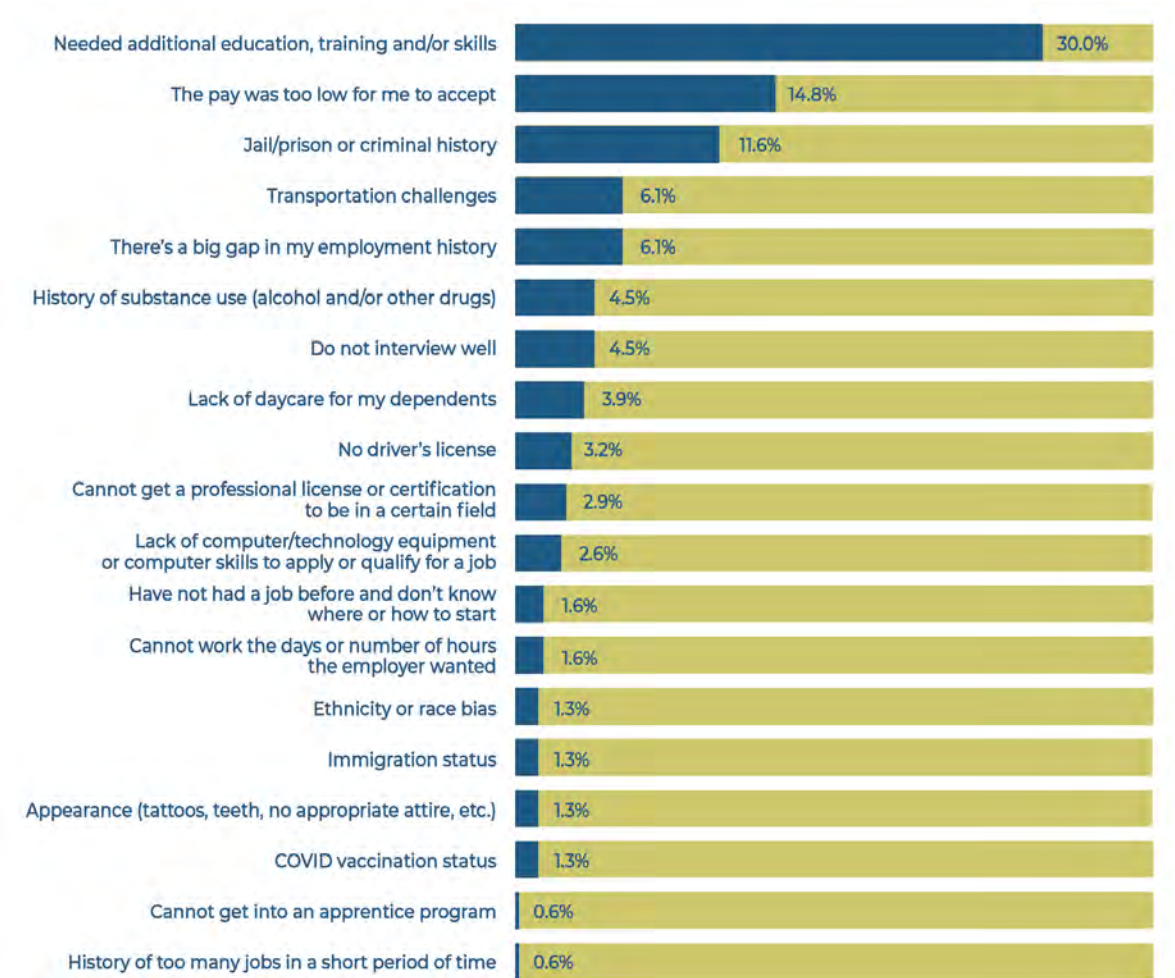
Interviews of SUD industry-specific treatment providers also revealed a very small candidate pool due to a number of factors, including that compensation does not match the level of responsibility. Another factor is the cumbersome counselor certification process.

**There is a paradox in SUD treatment work in which providers and/or funders create barriers for people with lived experience to entering the field. One of those barriers is a predetermined period of time in recovery and/or being drug free prior to employment.**

<sup>19</sup> California Association of Alcohol and Drug Program Executives Recovery Community Support Survey, May 2000. Survey available upon request at [caadpe@caadpe.org](mailto:caadpe@caadpe.org).

## CAADPE JOBS Survey Response to Question #5

What do you believe is/was the #1 reason(s) for not getting a job?



These values represent the reasons selected by the 310 individuals who responded to this item (Question 5) in the survey.



## The Applicant/Employee: Lived Experiences

Of the 801 survey respondents, 165 respondents agreed to be contacted for an interview. Respondents were from 16 counties and 140 respondents were from Los Angeles County (10.04 mil population, 2019). Efforts were made to contact individuals of various ethnic groups in the various counties, but the majority of individuals did not respond. For those who agreed to an interview, a seasoned interviewer in the SUD field conducted the interviews and noted that one point was fairly consistent: those seeking employment could really use case managers to help them connect with the job market as they approached the end of treatment, i.e., some additional support while they write and send resumes, prepare for interviews, etc. For many it has been a long time (maybe never) since they had to prepare themselves for a competitive job market. Below are the interview responses collected which provided information on obstacles and needed resources for employment, as well as the kind of jobs they were seeking and whether or not they would earn a good wage. From these interviews, it was apparent that having stable housing and transportation was important not only for sustainable employment but for maintaining a healthy lifestyle.

### Interviewee #1

**Interviewee #1** is a 39-year-old African-American male living in the City of Lancaster (Population 159,028, 2019) who has a high school diploma. Because he has a court-ordered obligation to attend outpatient drug treatment, he has only been able to accept short-term work that

doesn't interfere with his outpatient classes/schedule. For employment, he utilizes a "temp" agency that calls him for short-term work. He has not had other jobs besides this short-term work and is happy he at least has this work to survive. The jobs he gets through the "temp" agency are warehouse and painting jobs for only a few hours a week paying an hourly wage with no benefits. Although there is not a lot of job readiness in his treatment program, his case manager in the program encouraged him to work on getting some certificates that would help his job search and he was able to earn a forklifting credential.

He is not specifically looking at where he wants to be five years down the road employment-wise; rather, he really wants to be done with treatment so he can look for a full-time job closer to Los Angeles (73 miles away) as there are few jobs in Lancaster and more job openings in Los Angeles. When asked what would make it easier for those who have been in substance use treatment to find a good job with family supporting wages and benefits, he stated that more job readiness training is needed while in treatment as well as the treatment program needing to have more direct connection with employers; he also stressed in his case that being closer to an area that has more jobs would help.

He feels that, in general, having a history of substance use could prevent individuals from working as drug use takes one away from work resulting in huge gaps in an individual's work record. But he believes that for him, having a history of substance abuse does not hurt in terms of the kind of work he wants to do. On the other hand, having an arrest record or time in jail/prison has impacted him. He has a weapons charge and his work at that time was in security, and he will never be able to work in that field again.

When looking to be hired for a job as a forklift operator, he believes that a challenge is having the responsibility to attend treatment while holding down a job; however, in the long run it helps that he is going to treatment because that means he is well.

## Interviewee #2

**Interviewee #2** is a 26-year-old Latinx female living in Los Angeles County (Population 10.04 million, 2019) with some high school education and currently unemployed. She has been through treatment a few times after relapsing and is currently in residential SUD treatment.

After previous treatment program episodes, she was able to find and keep good jobs that lasted 1-2 years. Her last job before she relapsed and entered treatment was warehouse employment, working 12-hour shifts; this particular job lasted for 8 months. Since entering her residential treatment program, she has been unemployed.

She is unable to discern where she would like to be employment-wise in five years as her treatment program recommends having only short term goals of one year. She would either like to obtain a food handler job which she has had in the past, or warehouse production work. She doesn't believe there are any obstacles to being employed in these fields as she was previously able to secure a food handler job while in treatment.

She believes that what would make it easier for those who have been in substance use treatment to find a good job with family supporting wages and benefits would be to have treatment program case management that would help with job referrals and assistance. She doesn't know how to access more opportunities in the job market.

She does not believe that having a history of substance use prohibits individuals from working in their industry/sector because she has already gotten jobs in her field of interest post treatment, and employers aren't allowed to discriminate against those with a history of substance use because of American Disabilities Act provisions. Similarly, she does not believe that having an arrest record or time in jail/prison prohibits individuals from working in food handling and warehouse work unless one has violent felonies, and even then there are jobs that can be obtained.

When asked about barriers and/or challenges that people living in recovery of substance use experience when looking to be hired for a job in her industry/sector, she stated she does not believe there are barriers due to having a substance use background. However, she is aware that many individuals in treatment programs have low educational levels and few or no computer skills; this impacts their work options. She is in the GROW (General Relief Opportunities for Work) Program in Los Angeles which has helped her get ready for the work environment. GROW provides employment and training services to help employable General Relief (GR) customers obtain jobs and eliminate the need for GR benefits.

As to barriers and/or challenges that people living in recovery of substance use experience when working to keep a job in the industry/sector she will be looking for work in, she responded by stating that it is hard to say. Because of her background, she doesn't feel good about herself. She has problems with co-workers and has been the victim of sexual harassment. She said she needs training on how to relate in a work environment; the 12-hour shifts in her field keeps one tired and easy to feel victimized.

## Interviewee #3

**Interviewee #3** is a 31-year-old White male residing in Imperial County (Population 181,215; 2019), a high school graduate/GED/high school proficient, who is unemployed and an alumnus of a treatment program.

Regarding his experience in looking for a job post substance use treatment, he has been looking online and went to a job fair. There is a lot of hiring right now so he has updated his resume and has been optimistic. He believes that his treatment experience has hurt his job search only because he has not been employed for a long time.

Employment wise, within the next five years he would like to be working within the substance use disorder or mental health field and believes his experience as an addict would be important in this kind of work.

To make it easier for those who have been in substance use treatment to find a good job with family supporting wages and benefits, he believes that having resume workshops, training, and practice for job interviews, learning coping skills, and better discharge planning would be very important.

When queried as to whether having a history of substance use could prohibit him from working in his desired field of substance use disorder or mental health, he believed that only having a criminal history of violence or fraud would be prohibitive and other infractions would not hurt his chances of working in those fields.

He believes that having affordable housing in the area near work is vital. He has a child and needs to live independently in nearby Los Angeles. He is currently living with his sister and until he gets his housing stabilized, it will be difficult to find a job and work.



**Interviewee #4** is a 59-year-old Latinx male living in Los Angeles County (Population 10.04 million, 2019) with some college who has had several relapses after treatment and is currently working as a substance use disorder counselor in a residential treatment facility.

Twenty-five years ago, he was working in office resources and needed to go into substance use residential treatment. He then worked as a trucker for five years and found he had serious heart issues and he relapsed; he subsequently returned to treatment. In 2014, he went to work as a substance use disorder counselor for a residential treatment program and he is still employed there. He feels fortunate that he always found work after treatment and relapses.

He currently works 40-44 hours per week and is able to live comfortably and save money. He receives full benefits in his current job which includes vacation time and sick time off, and his company pays for his counselor certification costs.

He is very happy with his current job and likes giving back and helping people. The only thing he does not like is the overtime and inability to use accrued vacation time since they are so short staffed at his place of work. Also, he does not like the Medi-Cal restrictions on time allowed for residential treatment as it is not enough time to affect behavioral change for the clients.

In five years' time, he would like to be a therapist. He is close to getting his Bachelor's degree now and may go for a Master of Arts degree so he can qualify to be a therapist. He has used his own money, obtained loans, and qualified with the California Department of Rehabilitation to help fund his education.

To make it easier for those who have been in substance use treatment to find a good job with family supporting wages and benefits, he believes that having available continuing education to qualify for jobs would be most helpful, along with destigmatizing substance use as it remains an issue with employers and, to some extent, with former clients in how they feel about themselves.

In his experience, having a history of substance use does not prohibit individuals from working in the SUD field, nor does having an arrest record, time in jail, or prison. As far as barriers and/or challenges that people living in recovery of substance use experience when looking to be hired or retained for a job in the SUD field, he believes that if people are willing to do the work to get certified as counselors, there is nothing keeping them out of the SUD field.







## The Industry Leaders/Employers Perspectives

Industry leaders in key sectors were identified and interviewed. Each industry leader interviewed was asked to respond to the same questions regarding their industry's hiring practices for people with substance use disorder histories. In addition, three executives in the SUD field were interviewed to gain their perspectives on challenges of clients/patients who are seeking employment/careers in the SUD field. A separate section specifies the labor challenges faced by the SUD industry.

Overall, industry leaders reflected their perspective that having a SUD history or prior justice involvement did not play a role in hiring decisions; in fact, due to California's employment anti-discrimination law, most employers are unable to inquire about a criminal background until an employment offer is made. Due to the high correlation of substance use and incarceration (an estimated 70% of all individuals incarcerated have a SUD diagnosis), a question about hiring formerly justice involved individuals was included in the set of questions for industry leaders.

A major concern for industry employers is the safety of all of their employees. Many industry leaders have adopted a policy of "zero tolerance" of substance use, both for on the job or coming to work while under the influence of a substance. Employers may have policies regarding employee drug testing and to address drug use. Industry leaders from the following associations, all members of CA EDGE Coalition, were interviewed:

- **California Workforce Association (CWA).** The CWA is a statewide non-profit association that supports and advances local and regional job training and workforce development efforts across California. CWA members include the 45 local workforce development boards and many other organizations that operate job training programs such as community-based organizations,

local Chambers of Commerce, and businesses with their own in-house training programs. Digital literacy is included in many of the training programs. CWA membership is open to anyone interested in supporting and advocating for local and regional job training programs. CWA member organizations work in a variety of industries focusing on 70 regional sector partnerships which are the economic drivers in their respective areas. Job sectors include healthcare, manufacturing, IT tech jobs, construction, trade and logistics, and leisure and hospitality. There are many low-wage jobs in the leisure and hospitality field and CWA's goal is to increase the wages and benefits for those jobs. It should be noted that many people with a SUD history accept jobs in leisure and hospitality because of the minimal training requirements which translate into low pay and benefits.

- **California Manufacturers & Technology Association (CMTA).** The CMTA's mission is to improve and enhance a strong business climate for California's 30,000 manufacturing, processing and technology-based companies. CMTA represents 400 businesses from the entire manufacturing community – an economic sector that generates more than \$300 billion every year and employs more than 1.2 million Californians. The majority of the manufacturing jobs include welders, electricians, mechanical engineers, assemblers and pipefitters.
- **California Hospital Association (CHA).** The CHA represents more than 400 hospitals throughout California and advocates for better, more accessible health care for all Californians. Talent Acquisition, which performs recruitment functions in Human Resources departments, are generally responsible for the hiring of all staff in medical centers, excluding physicians.

These employer associations identified the following barriers to the recruitment, hiring and retention of employees:

- **Small candidate pool/Qualifications not met:** There is an inadequate supply of a qualified workforce because of the technical nature of the jobs in the industries they represent and there are not enough people who want to do this type of work. Manufacturing work is hard, tedious and technical, and it requires a different mental approach than other kinds of jobs. Evaluation of an applicant is done on a case-by-case basis to see if the applicant would be “up to the task.”
- **Inadequate pipeline development/Lack of vocational and technical programs in schools:** The challenge for manufacturing and technology industries is how to build the talent pipeline particularly since there has been a decrease in vocational/technical programs in high schools. One solution is to start career awareness in middle school and another is to increase visibility of career opportunities in vocational /technical education at Career Nights in high schools.
- **Fluctuations that occur due to changes in the economic climate:** Sometimes it is a job seeker’s market and other times an employer’s market, and this impacts how many people are available for hire.
- **Saturation of an industry in a geographic area:** This is especially true in the medical field particularly in larger counties where there are many medical facilities and a shortage of medical staff. The situation worsened with the pandemic with many employees experiencing burnout, especially those on the front lines, due to hospitals operating at their capacity. Burnout caused employees to seek retirement sooner than anticipated, leaving remaining staff to bear the burden of work.
- **Lack of resources to develop digital literacy curriculums and include in job training programs.**
- **Need for more integration of programs/services/ referrals.**
- **Knowledge gap regarding SUD and Re-Entry:** There is a knowledge gap among workforce development trainers about substance use disorder (histories, treatment) in employer recruitment, hiring and retention of employees. There is also a knowledge gap regarding the needs of people who are returning to their communities and seeking work post incarceration (e.g., on parole/probation).

## Wages and Benefits

California’s Workforce Development Board (CWDB) and its 45 Local Areas Workforce Development Boards provide employer training that encourages businesses to offer family-sustaining wages and benefits for their employees. Over the last 18-24 months, there has been an increased focus on “quality” jobs and defining what “quality” is: i.e., livable wages that allow for dependable schedules and the ability to afford childcare and transportation to work.

Employers represented by the California Manufacturer & Technology Association (CMTA) offer excellent family sustaining wages and benefit packages to their employees. For example, welders earn \$85,000 per year and have health/vision/retirement packages through collective bargaining agreements. Their benefit packages rank #2 behind what is offered through software technology jobs in California.

The California Hospital Association (CHA) representative noted that for the medical field, throughout California, most of the jobs in hospitals generally pay a higher wage than the average wage in Los Angeles. For jobs such as nursing, all hospitals will pay about the same wage but use incentives such as signing bonuses, enhanced vacation, and 401K plans to attract new employees.

## Hiring Individuals with a History of Substance Use Disorder

Industry leaders reported that having a history of substance use does not preclude individuals from training/working in fields represented by members; however, evidence of active drug use can be a barrier to worker retention and highly problematic because of the technical nature of some positions, as well as company “zero tolerance” policies. The health and safety of all employees must be paramount, and any employee who abuses substances (either legal such as alcohol, or illegal such as opioids/stimulants) may be subject to drug testing and disciplinary action. One industry leader stated that “it will be much better when society opens up and de-stigmatizes substance use and recovery because there were so many jobs left unfilled during the COVID pandemic that it may take 1-2 years to get the supply chain back in working order.”

Although some employers follow up with employees to see how they are doing in their new positions, as a whole, employers reported that they could do a better job in promoting/strengthening Employee Assistance Programs (EAP). EAP initiatives promoted by workforce boards are meant to support/expand opportunities for

those in recovery and include mental health partnerships established within career centers, as well as grants for people with opioid dependency to help find and retain employment. One industry leader stated “barriers/challenges that people in recovery reportedly experience when applying for ‘earn and learn’ opportunities are that they are feeling the pressure of re-entering mainstream life, as well as a lack of transportation, childcare and affordable housing.”

The medical field representative stated “Many hospitals strive to be inclusive when hiring; they believe that applicants should not be punished for the rest of their lives over a mistake in the past and should be allowed to try to make their lives better. All employees must pass a pre-employment drug test. If they meet all job requirements and pass the drug test, then they get hired. If they are in a profession that requires a license, a job offer depends on whether their license is restricted and why it is restricted. Generally, hospitals do not perform system-wide random drug testing; it is part of their drug-free workplace policy. However, if there is a suspicion of drug use that affects performance on the job, then the employee may be subject to a drug test. Positive drug test results are handled on a case-by-case basis to assess the situation, and appropriate measures are taken. If an employee is in a court-ordered SUD treatment program, then staff management must sign off on paperwork; for the most part, no one is aware that an employee might be in a court-ordered SUD treatment program. Hospitals maintain confidentiality and management would allow staff to adjust work schedules to attend recovery meetings if it doesn’t affect the hospital’s business operations, i.e., patient care.”

## Hiring Individuals with an Arrest Record, Conviction or Served Time

California’s *Fair Chance Act* has a *Ban The Box* provision which restricts employers with five or more employees from asking a job applicant any questions that seek the disclosure of their conviction history before making a conditional offer of employment. Many cities and counties within California have local *Ban the Box* laws, which may provide greater protections or increased penalties. These laws seek to remove the stigma associated with previous convictions and give all applicants a fair chance at securing employment by making the consideration of criminal history an unlawful employment practice. The *Fair Chance Act* also states that if an employer withdraws an employment offer due to a criminal background history, the employer must show a direct link between the crime committed and how that would tie to the tasks an individual would be doing on the job. The employer must provide a justification and ask the

A good job is defined as employment that pays family supporting wages, provides for worker advancement, and gives workers the stability, predictability and support necessary to take care of family needs.

individual to respond if they did remediation of the offense to support their candidacy for the job.

Therefore, individuals who are justice involved (e.g., arrest record, conviction, or served time) are not prohibited from working in the sectors represented by CWA’s members, in the manufacturing industry, or in the hospital sector. Many California employers offer employment through specialized job re-entry programs, such as the *Prison to Employment* program. Readiness to join the workforce may even have been provided in prison through training offered by California Prison Industry Authority.

One industry leader stated that it is fortunate that the nature of the application process itself prevents discrimination in hiring an individual with a criminal record for the most part because there are still many manufacturing jobs to be filled.

## CA Association of Alcohol and Drug Program Executives: Unique Perspectives for the SUD Field

Three executives of substance use disorder treatment agencies were interviewed; these agencies serve about 5% of Californians with SUD. These three executives also hold leadership positions in California Association of Alcohol and Drug Program Executives (CAADPE), the statewide association whose member agencies are state licensed/certified substance use disorder agencies. Collectively, CAADPE’s member agencies are the largest employer of SUD professionals in California. CAADPE member agencies serve individuals who are Medi-Cal eligible, low-income and/or parolees who are transitioning from incarceration to their home communities.

The three executives' comments were consistent in their assessment that individuals with a history of substance use disorder are at a disadvantage when seeking employment in other sectors (e.g., construction, manufacturing) as well as jobs in the behavioral health sector.

In many instances, SUD treatment employees have to work more than one job to make a living; without enough education and training, they cannot qualify for a better job. The survey also found that many individuals in SUD treatment are interested in employment/careers in the SUD field. All three executives cited the following barriers specific to individuals entering and advancing in the SUD field:

1. Low wages;
2. Extensive documentation requirements imposed by federal, state, and county jurisdictions;
3. Inability to adequately perform case note documentation;
4. Burn out;
5. Lengthy hiring process; and
6. "Drug free time-out" and "Zero Tolerance" policies.

**High Stress/Little Reward.** The SUD field is not an attractive field because the compensation is not sufficient for the work that is performed; in most parts of the state, SUD jobs do not pay a "sustainable wage" – not enough for housing, insurance, and support for a family. This view is also consistent with the survey responses that training and education are the two top issues for people seeking employment. And, it is also consistent with the other industry leaders' assessment that vocational and technical education and training are key to obtaining good jobs and one of the major reasons people have difficulty obtaining employment. The survey results are also consistent with the recently published public behavioral health report of the top barriers to recruiting and retaining workforce for behavioral health by the County Behavioral Health Directors Association work with University of California, San Francisco.<sup>20</sup>

Providers have large numbers of vacancies as referenced above and efforts to date to recruit and retain workers in the public system have not been successful even with costly advertising efforts.

SUD providers are unable to pay workers sustainable wages and this hampers the ability of agencies to bring on new staff and retain existing staff. For services funded through

government financing (e.g., Medi-Cal) reimbursements have not kept pace with ever-increasing regulations and requirements imposed by federal, state and county funding sources. Vacancies created by COVID-19 and the resultant labor shortage, have improved wages. However, wages are still not "sustainable."

### **"Earn and Learn" opportunities while in treatment.**

"Earn and learn" is a way in which people in treatment can gain training and experience to qualify for entry into SUD careers. Because "earn and learn" opportunities for people while in SUD treatment are limited, SUD treatment agencies have instituted their own in-house training programs, especially at the entry level.

**Digital literacy.** Some individuals with lived experience of substance use challenges face barriers related to digital literacy. This creates challenges related to application processes and may lead to issues "on the job" later, such as entering case notes electronically in a patient's file.

**Documentation requirements.** Documentation requirements have made the field unattractive; rather than helping people, workers must spend disproportionate amounts of time performing documentation. Documentation requirements imposed by federal, state and county jurisdictions will drive people out of the field. Some of this burden will be addressed through a project initiated by the DHCS to reduce paperwork. Non-governmental SUD counselor certification entities are almost as burdensome with their documentation requirements.

**Transportation.** Many employees have long commutes between home and work, taking time away from families and other activities such as education and training.

### **"Drug-Free Time" and "Zero tolerance" policies.**

"Drug-free time" policy refers to a requirement that an applicant must be drug free for a specified amount of time in order to qualify for employment. "Zero tolerance" refers to an employer policy that will not accommodate employees who report to work impaired (alcohol or drug use) or use while on the job. There is a need for more extensive public discussion of these policies so that both public policies and employer requirements reflect the current recognition that SUD is a health condition.

20 2020-2025 Mental Health Services Act Workforce Education and Training Five-Year Plan, Office of Statewide Health Planning and Development (Now Department of Health Care Access and Information), February 2019. <https://hcai.ca.gov/wp-content/uploads/2020/10/WETFive-YearPlan.pdf>



## Key Findings

### Individuals:

Individuals with SUD histories who are seeking employment:

- are not getting the jobs they want;
- often times the pay is too low for them to accept;
- need more vocational/technical training;
- need more case management/counseling and supportive services to prevent relapse;
- need housing stability, transportation and childcare; and
- lack digital literacy and/or competency.

### Employers:

- recruitment processes may not be adequate to include individuals with SUD;
- employee benefit programs may need review/revision to keep up with public policies and changing attitudes about individuals with substance use disorder;
- there is a lack of a large candidate pool of trained workers among individuals (regardless of their SUD status); and
- not enough resources have been invested in vocational/technical education to build a talent pipeline with necessary skills to enter a particular workforce.

### Data:

There are gaps/omissions in data collection:

- there are no data on private health insurance (either employer-sponsored or through the open Covered CA market), and the number of people who access treatment through private health insurance is not readily available; and
- there are little data on the classification of certified counselors since most research only includes licensed (Board of Behavioral Services - BBS, Department of Consumer Affairs) behavioral health workers in research and workforce surveys. Thus, research/data collection on behavioral health workforce does not include SUD counselors since there is no separate data on the SUD workforce.

# Recommendations & Opportunities

Advancement of the following recommendations would improve employment outcomes for people living in recovery of SUD and increase the pool of talent available to employers:

## Recommendations for Employers:

- Support policy and investments that protect and enhance vocational/technical programs.
- Ensure that California’s “earn and learn” programs include focused outreach to individuals currently in SUD treatment.
- Employer associations can help educate their members about trends and changing attitudes about SUD.

## Recommendations for Education Leaders:

- Enhance outreach to recruit and train people with SUD histories to work in high quality/demand jobs.
- Enhance awareness of, and access, to digital literacy training for people with SUD.

## Recommendations for the SUD Field:

- Support local workforce development boards to work more closely with SUD treatment organizations to create more job opportunities, including “earn and learn” opportunities, for those with SUD.
- Strengthen and expand case management and supportive services for people with SUD who are seeking work.
- Focus recruitment and “earn and learn” opportunities to individuals transitioning from incarceration, transition-age youth (generally 16-25 years of age) and opportunity youth (opportunity youth are individuals between the ages of 16 and 24 that are not in school or working, including youth and young adults involved with the foster care, juvenile justice, and homelessness systems of care), low socioeconomic status, and/or those who are bilingual (particularly Spanish/English) to bolster the SUD services workforce.
- Build capacity by expanding the funding opportunities to underwrite students/interns.
- Increase provider competency and specialization to treat special populations such as the LGBTQ+ community and by recruiting providers with expertise in services to LGBTQ+ people.
- Obtain data on the number of people who access treatment through private health insurance.

- Obtain data on the classification of certified counselors in the behavioral health workforce.

## Recommendations for Policy Makers:

- Invest in retaining and enhancing vocational/technical programs.
- Invest in support services that work with individuals to raise awareness of high demand good jobs and assist them in enrolling in education/training to secure these jobs.
- Raise the wage floor in low wage industries to attract and retain employees.
- Ensure that the workforce reflects the population it serves and advancement opportunities are offered equally to all cultural groups.

## SUD-Specific Policy Recommendations:

- Repeal state law to exempt student interns from the requirement to register with SUD counselor certifying bodies as this requirement creates a barrier for recruiting and training interns in supervised internships. AB 1860 (Ward) proposes to exempt student interns rather than repeal the requirement and is now pending in the state legislature.
- Repeal the state’s requirement that 30% of the workforce at each SUD agency be certified counselors.
- Reduce redundancy and complicated processes by developing statewide policies which allow for the reciprocity of licensed, certified or registered professionals.
- Temporarily suspend additional county workforce requirements that exceed that which is required by DHCS. This includes extra education requirements, mandatory training, and mandated minimum work experience levels.
- Request the Department of Health Care Access and Information (HCAI) to expedite approval and distribution of the funds for Broad Behavioral Health Workforce Capacity. This capacity building would enable SUD treatment providers to meet the growing demand for SUD services.

## Recommendations for Future Research and Funding:

### Research

- Conduct additional research on the impact of substance use disorder treatment histories on the ability to secure and sustain “good jobs.”
- Conduct additional research on the impact of substance use disorder treatment histories with justice involvement on the ability to secure and sustain “good jobs” as that presents a more complex scenario.
- Conduct additional research on the SUD workforce such as the Department of Health Care Services’ Behavioral Health Workforce Assessment Survey conducted in November 2022; access the full report [here](#). (The goal of this data collection is to identify how DHCS, its training contractors, policymakers, and stakeholders can help to expand and strengthen the behavioral health workforce in California.)
- Continue and expand research on and audits of

California’s private health plans on Access to SUD Treatment (SB 855, 2019) and conformance with the state’s parity laws.

### Data Collection: Good data drives policy.

- Determine additional ways to collect and share data from those who have been in SUD treatment in partnership and collaboration with other organizations supporting SUD treatment (e.g., 12-step meetings and conferences).
- Collect data on SUD workforce specifically. There is an absence of data specific to SUD workforce (counselors and clinical staff) from studies of the behavioral health workforce (e.g. California Future Health Workforce Commission and the Office of Statewide Health Planning and Development 5-year Workforce Education and Training Plan, February 2019).<sup>21</sup>

There is a continuing need for information and for creating more opportunities to access the job market and job training/ apprentice programs.

<sup>21</sup> Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission California, February 2019. <https://futurehealthworkforce.org/wp-content/uploads/2019/03/MeetingDemandForHealthFinalReportCFHWC.pdf>



## Conclusion

Drug addiction was once thought to be a moral failing that was “curable” and episodic. People who relapsed were considered not “cured.” However, through science, research and public education, addiction is now considered a chronic medical condition that can be managed through medications and monitoring/supportive services. In addition, drugs (possession, manufacturing, sales and use) were long considered criminal offenses in California and still are nationally. SUD is the only disease that carries criminal penalties. Even though public education and voter initiatives have changed these laws, stigma and discrimination still persists and seeps into policies and programs that are designed to help people.

Nearly 3 million Californians are living with SUD. The approximate 118,233 individuals in publicly-financed Drug Medi-Cal treatment constitute a specific and identifiable group of those who have sought employment while in or after SUD treatment. They are marginalized as a result of their substance use disorder, in need of education/training, and are under-resourced. Their specific and unique circumstances need to be considered and addressed if they are to secure “good jobs.”

A survey conducted among people that were seeking employment during or after SUD treatment revealed that their major barriers to employment were lack of access to education and training, the pay being too low to consider or accept a job, and having a jail/prison/criminal history. In order to access good jobs, respondents said they needed: additional education, training, or skills; support/case management; better pay and benefits; better resources for transportation, housing, childcare or and school; reduced amount of experience required for jobs or more “earn and learn” opportunities; and being able to clear their criminal record, if appropriate.

Seventy-three percent (73%) reported a specific interest in working in the substance use disorder or mental health field.

Public attitudes about addiction and the realization that addiction is a health/medical condition to be treated as any other medical condition have helped to mitigate or eliminate many public policies and employment practices that are now viewed as discriminatory and counter to appropriate treatment strategies. However, public policies have not kept pace with the recognition of SUD as a medical condition and vestiges of the stereotypes and discriminatory policies are evident in state and national laws, regulations/program guidance and their implementation by the private sector.

These public policies need to be examined and, if needed, transformed to support individuals with substance use histories. Without these changes, an individual’s chances for a healthy lifestyle, sustainable employment in a good job, and a path to economic mobility will be diminished. There is a need to not only reflect those changes but also to address the accompanying programs and services that are needed to support these new perspectives. Addressing these issues will increase the talent pool and will allow more Californians to secure good jobs.



# Acknowledgments

## ADVISORY COMMITTEE MEMBERS

**Lance Hastings**

President and CEO, California Manufacturers & Technology Association

**Matthew Hayes**

Program Manager, California Workforce Association

**Bob Lanter**

Executive Director, California Workforce Association

**Albert Senella**

President & CEO, Tarzana Treatment Centers, Inc.;  
President, California Association of Alcohol and Drug  
Program Executives (CAADPE)

**Shirley Summers**

Chief Operating Officer, Behavioral Health Services, Inc.  
Treasurer and Chair, Workforce Development/ Services  
Committee, California  
Association of Alcohol and Drug Program Executives, Inc.

**Peggy Wheeler**

Vice-President, Rural Health Care and Governance,  
California Hospital Association

## JOBS PROJECT LEADERSHIP TEAM

**Zima Creason**

Executive Director, CA EDGE Coalition

**Helyne Meshar**

Consultant, CAADPE

**Kathleen Val**

JOBS Project Manager, CAADPE

## RESEARCHERS

California Institute for Behavioral Health Solutions,  
**Victor Kogler**, Vice President

University of California San Francisco, Philip R. Lee  
Institute, **Joanne Spetz**, PhD, Director

University of California San Francisco School of Nursing,  
Department of Social & Behavioral Sciences,  
**Susan A. Chapman**, PhD, MPH, RN, FAAN, Professor, Co-  
Director, National Clinician Scholars Program

## INTERVIEWER

**Rod Libbey**

Interim Executive Director, Horizon Services, Inc.

## Addendum: JOBS Survey Questions

This job survey is for people who have been or are in substance use treatment and/or recovery. Your answers will help others who are living with substance use challenges and are looking for a good job with family sustaining wages and benefits. Your answers will be kept confidential. The survey will take just a few minutes of your time. Thank you for your help and contribution to helping others.

### Tell Us About Your Employment:

1. What best describes your current employment status. Please select 1. (REQUIRED)
  - Full time: (30-40 hours per week)
  - Part time: (29 hours per week or less)
  - Unemployed
  - Unemployed - retired
  - Unemployed - disabled
  - Student - employed
  - Student - unemployed
2. Are you looking for work? (REQUIRED)
  - Yes
  - No
3. Are you having difficulty finding a meaningful job (family-supporting wages and benefits in a field you want to work), or did you have difficulty finding a job the last time you looked for one? (REQUIRED)
  - Yes
  - No
4. If yes to the above (#3), what do you believe are/were the reason(s) for not getting a job? (select all that apply): (REQUIRED)
  - Needed additional education, training and/or skills
  - Cannot get into an apprentice program
  - Cannot get a professional license or certification to be in a certain field
  - Lack of computer/technology equipment or computer skills to apply or qualify for a job
  - Lack of daycare for my dependents
  - Transportation challenges
5. Out of the selections you made for question #4, what do you believe is/was the #1 reason(s) for not getting a job? (select only one) (REQUIRED)
  - No driver's license
  - History of substance use (alcohol and/or other drugs)
  - Jail/prison or criminal history
  - History of too many jobs in a short period of time
  - There's a big gap in my employment history
  - Have not had a job before and don't know where or how to start
  - Cannot work the days or number of hours the employer wanted
  - The pay was too low for me to accept
  - Ethnicity or race bias
  - Immigration status
  - Do not interview well
  - Appearance (tattoos, teeth, no appropriate attire, etc.)
  - COVID vaccination status
  - Other (write in)

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- COVID vaccination status
- Other (write in)

6. What job/area(s) listed below are you most interested in working? (Please select your top two choices): (REQUIRED)

- Architecture and Engineering: Architect, engineer, mechanical drafter, etc.
- Arts, Design, Entertainment, Sports, and Media: Craft artist, fashion design, floral design, photography, journalism, public relations, event planning, etc.
- Building and Grounds Cleaning and Maintenance: Landscaping, lawn service, grounds keeping, janitorial, maid, housekeeper, pest control, etc.
- Business: Accountant, auditor, appraiser, human resources specialist, loan officer, marketing, small business owner, tax preparer, training and development, etc.
- Community and Social Service: Social worker, marriage and family therapist, substance abuse counselor, clergy, school or career counselor, probation officer, etc.
- Computer and Mathematical: Computers, software engineering, etc.
- Construction and Extraction: Brick mason, carpentry, carpet installer, construction, electrician, plumbing, roofing, steel worker, highway maintenance, oil and gas extraction, mining, etc.
- Educational Instruction and Library: Teacher, librarian, etc.
- Farming, Fishing and Forestry: agricultural inspector or equipment operator, farm worker, rancher, plant nursery worker, forestry worker, etc.
- Food Preparation and Service-related: Chef, cook, food prep worker, bartender, wait staff, hostess, etc.
- Healthcare Practitioners and Technical: Optometrist, optician, primary care physician, pharmacist, dentist, nurse, nurse practitioner, veterinarian, lab tech, acupuncturist, home health aide, phlebotomist, dietician, physical therapist, etc.
- Healthcare Support: Massage therapist, medical assistant, phlebotomist, etc.
- Installation, repair and maintenance: Auto repair, motorcycle repair, home appliance repair, clock and watch repair, bicycle repair, etc.

- Legal: Legal secretary, paralegal, attorney, lobbyist, etc.
- Life, Physical and Social Science: Biologist, chemist, pharmacist, physical therapist, etc.
- Office and Administrative Support: Bookkeeping clerk, payroll clerk, office clerk, receptionist, postal carrier, secretary, data entry, etc.
- Personal Care and Service: Animal caretakers, funeral service worker, barber, hairdresser, makeup artist, child care worker, tour guide, fitness instructor, concierge, etc.
- Production (Manufacturing): Aircraft, engine production, baker, butcher, food processing, machinist, welder, seamstress, tailor, cabinet making, laundry and dry cleaning worker, etc.
- Protective Services: First-line responders, police, fire, correctional officer, bailiff, animal control, security guards, lifeguard, ski patrol, crossing guard, etc.
- Sales: Cashiers, rental clerks, retail salesperson, insurance agent, real estate agents, travel agent, etc.
- Transportation and material moving: aircraft pilot, ambulance driver, truck driver, parking attendant, boat operator, refuse and recyclable material collectors, etc.
- Other (write in)

7. Are you specifically interested in working in the mental health or substance use disorder field? (OPTIONAL)

- Yes
- No

8. What do you think would help you to find meaningful work and remove barriers to getting a job? Write in. (OPTIONAL)

**Tell Us About Yourself:**

9. What is your current gender identity? (OPTIONAL)

- Male
- Female
- Trans male/trans man
- Trans female/trans woman
- Genderqueer/gender non-conforming
- Different identity (please state \_\_\_\_\_)

IDENTIFYING BARRIERS TO EMPLOYMENT

10. Age group: (OPTIONAL)

- 17-26
- 27-35
- 36-50
- 50-64
- 65+

11. Which best describes your ethnicity or race (select all that apply) (OPTIONAL)

- American Indian or Alaska Native
- Asian American/Pacific Islander
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Latina/Latino
- Other

12. Education level completed (select highest level completed) (OPTIONAL)

- Have not completed 8th grade
- 8th grade graduate
- Some high school
- High school graduate/GED/high school proficiency
- Some college
- Skilled vocational/technical program
- College graduate
- Post graduate education

13. In which County do you live? (required with drop down for out-of-state)

14. Would you be willing to participate in a confidential interview with a member of our survey team about your personal experience in trying to find a job? (OPTIONAL)

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To obtain JOBs Survey data, please contact the California Association of Drug Program Executives at [caadpe@caadpe.org](mailto:caadpe@caadpe.org).



2017 O Street | Sacramento, CA 95811  
916.706.0160 | [info@caedge.org](mailto:info@caedge.org)  
[caedge.org](http://caedge.org)



1017 L Street, PMB #648  
Sacramento, CA 95814-3805  
916-329-7409 • [caadpe@caadpe.org](mailto:caadpe@caadpe.org)