BUILDING EVIDENCE ON EMPLOYMENT STRATEGIES

Providing Employment Services in Substance Use Disorder Treatment and Recovery Programs

Responses to COVID-19

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INTRODUCTION

Many communities face a crisis stemming from widespread substance misuse, including a dramatic increase in the misuse of opioid painkillers and illicit opioids in the past two decades. In response, organizations have developed a broad range of programs and services to address the health, economic success, and broader well-being of individuals with substance use disorders. In particular, policymakers and program administrators are increasingly interested in programs that integrate substance use disorder treatment and recovery services with employment services, with the aim of sustaining people's recovery while improving their economic success. When the COVID-19 pandemic hit in the spring of 2020, states and localities instituted stay-at-home orders and shutdowns of nonessential businesses.[1] These substance use disorder treatment and employment programs, serving an already vulnerable population, then faced new service-delivery challenges, including an unprecedented shift to virtual services. At the same time they had to respond to increased substance misuse and overdoses, and dramatic increases in unemployment.[2]

This brief discusses the operational experiences of seven such programs (that combine substance use disorder treatment and recovery with employment services) in the initial months of the COVID-19 crisis (March through August 2020), so that policymakers and program administrators can understand the challenges the programs faced and the ways the programs adapted. It draws on video and phone interviews researchers conducted with program administrators and selected staff members from each program during the summer of 2020 (June through August). The brief was completed as part of the Building Evidence on Employment Strategies for Low-Income Families (BEES) project (see Box 1) conducted for the U.S. Department of Health and Human Services, and includes programs participating in that study.

Table 1 provides a short description of the seven programs studied for this brief.[3] Each program provides substance use disorder treatment or recovery services or both, integrated with employment services, but there are notable differences among the programs. Four of the programs serve people living in residential treatment facilities: Addiction Recovery Care, Avivo, Central City Concern, and Women in Recovery. The other three do not. All seven programs provide nonresidential treatment or recovery services or both, each with its own mix of employment services that could include job readiness services (training in basic job search and workplace skills), occupational training (training for specif-

Box 1. Overview of the BEES Project

BEES is part of OPRE's Innovative Strategies for Addressing Employment Barriers Portfolio, which seeks to build on the lessons learned from and gaps in knowledge revealed through previous or current studies of programs or interventions that connect low-income individuals to the labor force, and identify and rigorously evaluate the "next generation" of employment strategies. Additionally, as part of this portfolio, OPRE is partnering with the Social Security Administration to incorporate a focus on employment-related early interventions for individuals with current or foreseeable disabilities who have limited work history and are potential applicants for Supplemental Security Income.

ic types of jobs), internships, subsidized employment, and job search assistance. The programs provide some employment services themselves and some are provided by partners such as local colleges, nonprofit occupational training providers, and American Job Centers.[4] Five of the programs are located in predominantly urban areas and two are in predominantly rural areas.

This brief first discusses the experiences of the programs in providing substance use disorder treatment and recovery services during the first months of the COVID-19 pandemic. It describes the challenges they faced and the adaptations they made. It then turns to a similar discussion of their employment services and concludes with overall observations.

SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SERVICES IN THE FIRST MONTHS OF THE PANDEMIC

- **Programs were able to maintain operations for the most part but had to make significant adjustments to reduce participants' and staff members' exposure to the virus.**

The treatment and recovery services provided by the programs were largely considered "essential" services and remained in operation through the time of data collection for this brief. This continued operation required significant adjustments and new partnerships, which were put in place quickly, for the most part (see Boxes 2, 3, and 4). Program staff members explained that the pandemic made them reconsider all aspects of their service delivery: They had to determine which staff members had to remain on site; how to continue with group, individual, and virtual service modes; what common spaces and meeting rooms were available and what restrictions there were on their use; and how to get the technology needed to deliver services virtually. Additionally, residential programs had to establish restrictions on residential, dining, and common spaces; set up quarantine facilities; and assess the need for and availability of COVID-19 testing.

Programs had to make different adjustments depending on the services they provided and their participants' needs. For example, residential programs that also provide on-site employment ser-

Table 1: Overview of Programs Studied

PROGRAM/ LEAD ORGANIZATION	LOCATION; LOCATION TYPE	TARGET POPULATION	KEY SERVICES
Access to Recovery Program/ Advocates for Human Potential	Boston, New Bedford, Springfield/ Holyoke, and Worcester, MA; primarily urban	Individuals attending a treatment or early recovery program who have barriers to employment	**Recovery services:** Nonresidential program with care coordinators providing one-on-one support to help people develop and meet recovery goals and connect to a range of recovery services for six months after enrollment, including support for basic needs (for example, transportation, clothing, utility payments, state identification cards), health and medical bills, up to five months of rent in a sober living facility, and other essentials. **Employment services:** (1) A three-week job readiness course and (2) short-term occupational training provided by several training partners in food service/culinary arts; commercial cleaning; construction; office support; information technology; heating, ventilation, and air conditioning; and customer service, among other fields.
Addiction Recovery Care	Locations across KY; primarily rural	Individuals qualifying for residential substance use disorder treatment services	**Treatment and recovery services:** About one month of medically supervised detoxification at a residential treatment center followed by a period of continued treatment at sober living facilities, including counseling, peer support, and medication-assisted treatment. **Employment services:** Provided after 60 days of residential treatment services and including: (1) job readiness services (covering goal setting, job search skills, and workplace behavior) followed by (2) occupational training (in peer counseling, automotive repair, and other fields) and internships at the organization's own facilities.
Central City Concern	Portland, OR; urban	Individuals qualifying for residential substance use disorder treatment services and experiencing housing instability	**Treatment and recovery services:** A detoxification center followed by a sober housing facility and continued treatment that includes counseling, peer support, and medication-assisted treatment. **Employment services:** Provided to all individuals in sober living and including career counseling, job search assistance, referrals to short-term training, volunteer work experiences, subsidized employment, and job retention services.

(continued)

Table 1 (continued)

PROGRAM/ LEAD ORGANIZATION	LOCATION; LOCATION TYPE	TARGET POPULATION	KEY SERVICES
Chemical Addiction Treatment and Recovery Programs/Avivo	Minneapolis, MN; urban	Individuals who have a chemical health diagnosis or both chemical and mental health diagnoses	**Treatment and recovery services:** Short-term residential treatment for pregnant and parenting women, and intensive outpatient treatment with transitional housing for women with children and other individuals, focused on integrating chemical and mental health counseling with many other forms of support, including child care, parenting education, child development programs, peer support, and medication-assisted treatment. **Employment services:** Individually tailored job readiness support, job search assistance, and referrals for education and training, with short-term occupational skills training and employment services available for participants.
Community Recovery Program/ Piedmont Community Services Board	Martinsville, VA; rural	Individuals at any stage of substance use disorder treatment or recovery	**Recovery services:** Individually tailored support provided by career service coordinators that includes recovery housing, peer support, transportation, and referrals to partners in the community. **Employment services:** Eight weeks of janitorial occupational training for residents of recovery housing. Participants may also be referred to training and employment services through community colleges, American Job Centers, vocational rehabilitation, and other local providers.

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Table 1 (continued)

PROGRAM/ LEAD ORGANIZATION	LOCATION; LOCATION TYPE	TARGET POPULATION	KEY SERVICES
IKRON Corporation	Cincinnati, OH; urban	Individuals at any stage of substance use disorder treatment or recovery	**Recovery services:** Intensive outpatient services that use a 12- to 16-week curriculum. Services are tailored to individual needs and include addiction-specific therapy and counseling services, group relapse-prevention meetings, peer-support hotlines, and access to medication-assisted treatment. **Employment services:** Individually tailored employment services that include referrals to education and training programs, connections with employers and job placement using the Individual Placement and Support (IPS) model, and retention coaching for a minimum of 90 days.[a]
Women in Recovery/ Family and Children's Services	Tulsa, OK; urban and suburban	Women who face long prison sentences for nonviolent drug offenses	**Treatment and recovery services:** Residential and outpatient services lasting about 18 months and providing alternatives to jail sentences. The organization works with the criminal justice system and community partners to provide intensive outpatient treatment, mental health treatment, and family-reunification services. **Employment services:** A 16-week job readiness course covering issues such as time management, communication skills, and résumé development, followed by a more advanced course focused on identifying job openings, site visits to employers, mock interviews with partnering businesses, and job placement. Full-time work is required for program completion. The organization also provides a culinary training program.

SOURCE: Interviews with program staff members.

NOTE: [a]IPS is a model for helping people find employment that was originally designed for individuals with serious mental illness but that has been adapted for other populations. The approach helps people rapidly search for jobs, develops connections between programs and local employers, and promotes collaboration between employment-service staff members and other providers.

Box 2. Strategies for Adapting Treatment and Recovery Services to the COVID-19 Pandemic

- Switching to virtual service provision and telehealth whenever possible
- Developing approaches that allow staff members to work on site and virtually, with rotating schedules for those required to be on site
- Securing appropriate devices for participants and staff members to access virtual platforms
- Ensuring all activities and the use of private and common spaces meet social distancing requirements, including limits on group sizes
- Requiring masks and temperature checks for both staff members and participants
- Setting up grab-and-go meals
- Establishing COVID-19 testing and quarantine procedures

Box 3. Building and Strengthening Partnerships

Some of the programs established new partnerships or strengthened existing ones to address challenges that emerged due to the pandemic. These efforts included:

- Partnering with the local health departments to establish quarantine housing in hotels
- Working with mobile grocery stores to accept Supplemental Nutrition Assistance Program (SNAP) benefits and provide deliveries to residential facilities
- Raising additional funds through organizations such as United Way to address participants' food needs and other essential needs
- Establishing partnerships with drug-testing companies and community organizations to provide COVID-19 testing, including mobile testing
- Increasing internal coordination between residential and primary health care departments, a longtime goal even before the pandemic

Box 4. Addiction Recovery Care: A Program Requiring Wide-Ranging Adaptations

Addiction Recovery Care (ARC) provides a range of substance use disorder treatment and employment services at residential treatment and transitional living centers (also known as sober living centers) that it operates, primarily in rural Kentucky. Given the scale and scope of its program, ARC implemented numerous and simultaneous changes to both its substance use disorder and employment services in response to COVID-19. To determine and coordinate these efforts, at the start of the pandemic, ARC instituted a management task force with staff members representing all parts of the company. They met daily for several weeks, establishing systems and data flows, monitoring services, and responding to issues on a continual basis.

- **Safety in residential homes.** Facility residents essentially become "families living together," with restricted entry and exit. ARC instituted temperature checks on arrival and on a regular basis, with no visitors allowed and a list of cleared staff members who could enter. ARC initially had difficulty getting enough masks and sanitizer, but identified donors to address the issue. While testing was conducted for those with symptoms, because ARC could secure only a small supply of COVID tests (a common problem in rural Kentucky), it mostly referred participants to providers in the community for testing. ARC followed quarantine procedures for anyone with suspected symptoms, and a house with a suspected case would lock down (with no one allowed in or out) until a negative COVID test was confirmed. ARC also made sure that if participants needed to be transported anywhere, they used ARC vehicles that were compliant with CDC guidelines (masks, cleaning after each trip, and no more than one passenger).
- **Staffing protocols.** Initially, only peer-support specialists lived in the residential facilities, and counselors and case managers provided services virtually.* Over time, these staff members were allowed in the residential settings on a rotating basis to minimize the in-person contact among them, with appropriate personal protective equipment and social distancing. Corporate and office staff members all worked at home initially and started returning to the office on a rotating basis over the summer.
- **Transition to telehealth.** ARC quickly made a transition to telehealth for treatment and other health-related services as well as counseling and case management. This transition was made easier because the state modified its regulations to allow more telehealth under COVID. In 2019 ARC had invested in a mobile platform called ARCAnywhere, which allowed the organization to move to virtual communication quickly. Because internet connectivity and broadband access were limited in some facilities, some participants had to work off cell phone hotspots.
- **Adjustments to training options.** ARC continued its peer-support training program as demand for these services grew stronger due to the pandemic. In contrast, ARC's medical receptionist program paused because of decreased demand for receptionists: Hospitals and medical offices were focused on COVID mitigation and postponed elective visits and procedures. All internship programs (peer support, automotive, lawn care, and maintenance) were still operating at the time of the interviews conducted for this brief.
- **Increasing social connections virtually.** ARC made efforts to be creative in maintaining social connections and providing information on safe practices. Since many sober community activities were canceled, it had to create "fun" within the facilities. Activities included video-based karaoke on the importance of handwashing, an ARC virtual "Got Talent" contest where staff members could log in with their families, and virtual worship services. ARC also established a recording studio where the CEO could broadcast company-wide messages, and established other virtual platforms with cross-facility events to broaden the ARC experience.

NOTE: *A peer-support specialist is a person with "lived experience" who has been trained to support those who struggle with substance use.

vices, such as Addiction Recovery Care and Central City Concern, faced unique and wide-ranging challenges in adapting both their treatment and employment services (see Box 5 for more on Addiction Recovery Care). One program that served women with children, Avivo, made specific adaptations to address the changed environment for children (see Box 6).

Box 5. Addressing Children's Needs

As a program that serves mothers with children, Avivo continued to provide child care in its family residential facilities for both school-age and non-school-age children. It also helped participants support their children in remote learning, and identified local providers to offer mental health services to children through telehealth.

Box 6. Using Mobile Apps to Provide Services

Two of the residential programs used innovative text-based applications to provide treatment services.

- Addiction Recovery Care, which operates primarily in rural Kentucky, used a mobile platform initially designed in 2019 to improve service access for participants in remote areas. Called ARCAnywhere, the mobile app is designed to maintain contact with participants and make it easy for them to connect with services, even after they leave treatment facilities. Services include clinical counseling, peer support, medication-assisted treatment, anger management, and chaplaincy care.
- Similarly, working with a local partner and in response to the pandemic, Avivo adopted a text-based app for its outpatient services. Participants can opt into the app and receive texts providing reminders for their group sessions, follow-up after the group sessions, and motivational messages. Avivo is using this service to have increased contact with participants.

- **All programs continued to offer medication-assisted treatment, with some adaptations in service delivery.**

Combining therapy with medications like methadone, buprenorphine, and naltrexone—an approach known as medication-assisted treatment—is a well-supported way to treat opioid use disorder.[5] Since the medications used are often controlled substances, distributing them in the past typically required following strict rules regarding how they are prescribed and delivered. However, in response to the pandemic, the Drug Enforcement Administration allowed providers to prescribe such medications virtually (without the need for an initial in-person examination) and loosened the requirements regarding the number of doses to be issued at one time.[6]

As a result, the programs in this study reported that while they made some adjustments to how medication-assisted treatment was delivered, they were able to continue providing it with minimal disruption. Adaptations made to medication-assisted treatment included flexibility in allowing participants to take home medication for up to two weeks (rather than requiring daily visits), providing telehealth options to meet with prescribers and counselors, and hand-delivering medications to those who did not have access to transportation.

- **Most treatment and recovery services quickly moved from in-person delivery to primarily virtual.**

The programs in this study consistently reported that soon after COVID-19-related stay-at-home restrictions were put in place, they were able to provide at least some of their treatment and recovery services virtually. The shift to virtual services became possible with the loosening of federal telemedicine rules and telehealth-related payment changes for Medicare and Medicaid that occurred at the outset of the pandemic. While the Health Insurance Portability and Accountability Act of 1996 (HIPAA) had previously established restrictions on telehealth services to protect the privacy and security of health information, practitioners were given the flexibility to lift these restrictions during the COVID-19 pandemic. With this change, health care providers could communicate with patients and provide telehealth services through remote communications technologies that might not fully comply with HIPAA requirements.[7]

The programs in this study commonly moved clinical services such as group and individual therapy sessions, mental health medication appointments, and crisis intervention to telehealth platforms, along with recovery-oriented services such as peer support groups and regular check-ins with program staff members. Two programs used mobile apps to facilitate treatment; one app was developed before the pandemic and one was developed in response to it (see Box 7).

Box 7. Building Community Virtually

- Since many sober social activities were canceled, programs created fun activities within the facilities, including karaoke, "Got Talent" nights, and art shows over Zoom.
- Another approach was a system one program used to reward high levels of engagement in virtual activities, with rewards including adult coloring books, Amazon gift cards, and hair products.
- One program developed a mentoring program that paired participants (virtually) with program alumni to provide peer support.

Some programs had already started moving toward telehealth alternatives before the pandemic, and staff members reported that this head start made it easier to switch to virtual service delivery. Although some data security and privacy requirements for telehealth were lifted due to the pandemic, having staff members who were familiar with these protocols made it easier to adopt

the practice. In contrast, one program that had not considered telehealth options previously had delays in implementation while it addressed health providers' security concerns.

- **The loss of in-person interaction has been difficult for the treatment community, where peer support and group interactions are a cornerstone of service delivery.**

The programs in this study consistently reported that while they adapted quickly to provide treatment and recovery services virtually, virtual services sometimes created challenges for participants. Staff members reported that many participants relied heavily on the in-person aspect of the treatment services and viewed such services as critical to their recovery, notably the peer support they received in group therapy sessions as well as more informal venues such as communal meals, family visits, and group outings. In particular, the initial period of entry into a residential program—when participants are usually mentally, physically, and emotionally vulnerable—is difficult without in-person support. Program staff members reported that they feel like they are "missing things" when they talk over the phone or connect with participants virtually, because, for example, they cannot observe body language. In addition, they noted that not every individual can be engaged through virtual platforms the same way, due to differences in personality and experience with technology. Some of the programs developed innovative alternative ways to build community through virtual platforms (see Box 8).

Box 8. Examples of How COVID Affected Training Options

- Addiction Recovery Care suspended its medical receptionist training program because the labor-market demand for the position diminished as hospitals focused intensively on COVID-19 treatment and mitigation. But the program continued its substance use disorder peer support specialist training courses, in part because the demand for peer support specialists increased as the need for treatment and recovery services also increased during the pandemic. It continued its internship program where participants worked in its residential facilities providing peer support counseling, automotive services, and yard maintenance.
- Access to Recovery in Massachusetts, which worked with 33 training providers in a range of industries, concentrated its efforts on training in commercial cleaning, construction, and truck driving, anticipating less demand for workers in retail and culinary fields.
- Piedmont's eight-week janitorial training program, usually offered to participants in recovery housing, was initially suspended. The training slowly restarted over the summer for those who felt comfortable attending, with everyone wearing masks and gloves.

- **Several of the programs faced challenges in securing access to devices and helping participants and staff members develop the skills they needed to engage in virtual treatment services.**

The programs in this study faced a number of challenges regarding the use of technology in virtual treatment services. Some reported difficulties ensuring each participant had a device that

could support a video connection. They tried to address this issue in a variety of ways: Programs bought devices for participants directly, conducted community drives to collect donations, purchased additional laptops and computers for their facilities, and connected with participants by landline phones if needed. Some of the programs had to upgrade their broadband quickly to provide telehealth and other virtual services at the needed scale.

On the other hand, some participants lacked the technical skills to benefit fully from virtual services and some voiced privacy and security concerns about the approach. Moreover, some staff members also had difficulty learning to engage with participants on virtual platforms. Some programs provided training to both participants and staff members on how to make the most of new platforms such as WebEx, Google Hangouts, and Zoom, and on strategies for maintaining confidentiality, including the use of these platforms' security features.

- **Demand for treatment and recovery services was affected in different ways by the pandemic. Some programs experienced increased need for their services, while others faced declining enrollments.**

Paralleling national trends, some of the programs in this study reported increased demand for their services due to the increase in relapses and overdoses in their communities. Staff members attributed this increase to a range of factors including increased anxiety and depression, in part because the pandemic led to significant job losses, isolation, and lack of support.

In some cases, the programs had trouble responding to this increased demand. Participants left programs more slowly due to the pandemic, which limited programs' capacity to enroll new participants; this dynamic particularly affected residential treatment facilities. Staff members reported that people stayed longer in facilities for a few reasons: First, the pandemic made it harder for them to find jobs that would allow them to support themselves. Second, it led to a lack of openings at supportive or permanent housing facilities that were usually available to those leaving residential facilities. (Some were closed due to the pandemic, among other reasons.) Finally, some programs allowed participants enrolled during the pandemic to continue their stays if they relapsed (but committed to recovery), instead of requiring them to be discharged.

In other cases—particularly in several of the nonresidential programs—staff members reported a drop in demand for their services. There appeared to be a range of reasons for these declines, including stay-at-home orders and social distancing requirements, diminished interest in virtual options, and people making a higher priority of other demands such as caring for children or other family members. Moreover, some of the programs experienced a drop in referrals from outside partner organizations that were closed or had to limit their services. For example, Women in Recovery, a program that primarily took court referrals of women convicted for nonviolent felonies, experienced a large drop in referrals because women were released from prison to slow the spread of COVID-19 before those referrals could be made.

EMPLOYMENT SERVICES IN THE FIRST MONTHS OF THE PANDEMIC

- **All the programs continued providing some employment services but made substantial adjustments in the context of the pandemic. Most of the services that continued were shifted from in-person to virtual delivery.**

The programs made a range of changes to their employment services in response to the pandemic. Most reported suspending some services. Some occupational training was suspended because the training provider closed or laid off staff. Some made shifts in the training provided as the short-term demand in various fields changed in the pandemic, but others were well-positioned to continue as demand for workers in some occupations increased (see Box 8). One program's job readiness class was suspended because the class provider was also responsible for administering unemployment insurance benefits and had to dedicate more resources to that task, given the surge of claims. Some staff members also reported that the programs focused less on employment as their clients' substance use and mental health issues worsened and they saw increased relapses.

Most of the employment services that were continued, including one-on-one and small-group job readiness training and occupational training, shifted to virtual delivery. Later, as areas began to reopen, some occupational training providers shifted to a hybrid approach using both in-person and virtual instruction. A few programs continued delivering a subset of their employment services in person, particularly those focused on job-search skills such as résumé creation and interviewing techniques. These services continued in person for participants who were interested, with required social distancing and masks for all involved.

- **Shifting to virtual employment services was challenging but yielded some benefits.**

As discussed above, some participants did not have computers or reliable internet access, or simply were not comfortable with the required technology. As a result, some employment services had fewer participants than had been the case in the past. At the same time, program staff members said, other participants felt more comfortable participating in services from their own homes. The staff members were pleasantly surprised about the degree to which participants were able to adapt to online learning. One program reported using the shift to virtual employment services as an opportunity to provide more individual attention: When its main occupational training program shifted from in-person to virtual instruction, it shifted to teaching in groups of 10 rather than the full class of 40. One program reported that younger participants were particularly positive about the shift, and the staff anticipated it could increase this group's engagement and participation.

- **While the pandemic affected local economies, most programs reported that jobs were still available for their participants. Some programs shifted their focus to industries with increased job openings in the pandemic.**

Pandemic-related changes in the labor market varied somewhat by locality, as did programs' responses to the changing economy. Staff members from one program said that they had been

able to place as many people in jobs as they typically did, even though there were fewer positions in some industries, because the pandemic had made many more positions available in retail, manufacturing, construction, and cleaning. Another program, which reported placing about 25 percent fewer people in jobs than usual, reported that some employers—such as grocery stores, fast food restaurants, and cleaners—had continued hiring even as others had not. The same program reported that some participants who had recently been hired had lost their jobs because their workplaces had shut down in the pandemic.

At the time of the interviews for this brief, local labor market conditions were in flux and staff members expressed some concern about longer-term employment for their participants. Some participants who had been working had to leave their jobs or stop looking for work because they did not have child care. Staff members in one program anticipated that it will be more difficult for the people they serve to find employment in the area, as laid-off people with more experience and fewer barriers to employment apply for the same jobs.

- **Some participants told program staff members they were concerned about looking for jobs or working because of possible exposure to COVID-19.**

Most programs reported their participants had some concern about exposure to the virus. After participants in one program voiced concerns about working in indoor locations—such as warehouses, food-production plants, and grocery stores—without personal protective equipment (PPE), the program designated a department to handle PPE requests and provide the needed equipment. Another program reported participants were concerned about working in communities that did not have safety protocols in place and were reluctant to use public transportation that was not sanitized. The fears were particularly acute among those with children.

CONCLUSION

The programs studied for this brief responded quickly and creatively to address the challenges that arose during the initial months of the pandemic. They adapted to try to continue meeting the needs of an already vulnerable population who faced an unprecedented disruption to their lives. All the programs had the dual goals of continuing services while ensuring the safety of participants and staff members. Viewed as "essential," substance use disorder treatment and recovery services continued for the most part, with modifications including shifts to virtual delivery and new safety protocols for in-person services. Some employment services were suspended but many continued and among those that did, most shifted to virtual delivery. Engagement in some services declined, but overall, the programs adapted in multiple ways to continue providing many forms of support to their participants.

This brief describes what the programs did in response to the pandemic in the spring and summer of 2020. As the pandemic continues, its effects on the programs' operating contexts—including the increasing incidence of substance use disorders and the depressed labor market—are also likely to continue. When the interviews for this brief were conducted, the programs were still weighing the pandemic's implications for their services, and are likely to continue to make further adaptations.

It will be important to assess how the programs' adaptations influence the effectiveness of the services. In particular, it is unclear whether programs can achieve the same outcomes using primarily virtual service provision. As discussed, treatment and recovery services in particular relied heavily on in-person interactions before the pandemic, and there is limited information on whether they can be as effective in a virtual environment. Moreover, the vulnerable populations served by these programs, primarily those facing a range of barriers to employment, are most likely to lack access to the technology and skills needed to engage fully in virtual services.[8] Programs will have to continue to gauge whether they can provide quality treatment and employment services under these conditions, and when further adjustments and resources are needed to do so.

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3 Addiction Recovery Care and Central City Concern are being evaluated using an experimental design through BEES; the other five programs are part of the BEES descriptive implementation study.

4 Sponsored by the U.S. Department of Labor, American Job Centers are designed to provide a range of services to job seekers, including training referrals, career counseling, job listings, and similar employment-related services.

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