

COLLECTIVELY ACHIEVING RECOVERY AND EMPLOYMENT (CARE) ACT

Overview: The economic impact of the opioid epidemic has been severe and widespread for individuals and communities throughout the United States. Individuals struggling with addiction need effective treatment so they can get back on their feet, and employers need to hire workers who can pass a drug test. These needs are interconnected and demand a coordinated federal response.

The Collectively Achieving Recovery and Employment (CARE) Act creates a federal pilot program to provide this coordinated response. The legislation establishes a Department of Labor (DOL) and Department of Health and Human Services (HHS) jointly-funded, competitive grant program to support combined workforce training and drug addiction treatment services at the county and Tribe level. It builds off existing grant authority in existing DOL and HHS grant programs and is administered by DOL in collaboration with the HHS Assistant Secretary for Mental Health and Substance Abuse. The pilot program is authorized for six years, providing for two, three-year grant cycles.

Funding Sources: Specifically, the CARE Act establishes a \$100 million grant fund from the following federal workforce programs: Workforce Innovation and Opportunity Act (WIOA) Title I funding, WIOA National Dislocated Worker Grants, and DOL Reentry Project grants. The bill also draws funding from the following Substance Abuse and Mental Health Services Programs of Regional and National Significance (PRNS): Targeted Capacity Expansion, Recovery Community Services Program, and Criminal Justice Activities.

Eligible Entities and Grant Requirements: Under the bill, counties and Tribes must take the lead on grant applications and must coordinate expenditure of the grant funding; however, applications must also demonstrate the participation of the local workforce investment board and nonprofit health care entity, at a minimum.

The legislation requires workforce training participants to have a proven relationship with employers in the area and experience providing training that reflects the skill needs of these employers. It requires drug treatment and recovery participants to be licensed or certified by the state department of health, to work in concert with state and local public health authorities, and to demonstrate the ability to provide ongoing treatment even after the workforce training has started. Eligible drug treatment programs include only public or not-for-profit entities that accept Medicaid, have strong community partnerships, provide treatment (including medication-assisted treatment) and recovery support services or contract with other entities that provide such services, and established case management programs.

Finally, the bill requires the county or Tribe to ensure the availability of casework services to provide maximum support for individuals as they undergo the requirements of the drug addiction treatment and the workforce training program.

Permissible Grant Uses: Counties and Tribes may use the grant to provide the following workforce and addiction treatment services: drug addiction treatment services identified by the American Society of Addiction Medicine as best practices; referrals to other providers of relevant health care services; career services, including soft skills training and job matching services; ongoing job training services; payments and fees for employment and training-related tests and certifications; and wraparound and case management services to ensure individuals receive the holistic attention they need to recover from drug addiction and obtain the skills necessary to secure a job.