# Project FUTRE

## Families Uplifted Through Recovery Education

Demographic and Lived Experiences of Trainees: Cohort 2









#### 1. Introduction: Project FUTRE

Families Uplifted through Recovery Education (Project FUTRE) is designed to enhance and expand behavioral health paraprofessionals' knowledge, skills, and expertise. The aim of this project is to increase the number of behavioral health-related paraprofessionals, qualified to provide services to children and families who are impacted by opioid use disorders (OUD) and other substance use disorders (SUD). The project has two levels: pre-apprenticeship classroom training for 6 months, and an onsite apprenticeship lasting 12 months. This report shows the demographics and lived experiences of the second cohort, who began their pre-apprenticeship on August 17, 2021.

### 2. Trainee Demographics

Of the 18 participants who began training on August 17, 2021, 12 (67%) identify as female, 5 (28%) as male, and one (5%) as non-binary/non-conforming (Fig 2.1). More than a quarter, 5 (28%) identify as Hispanic/Latino, two (11%) trainees identify as Black or African American, two (11%) identify as Native Indian or Alaskan Native, two (11%) identified with another race not listed, one (6%) identify as Asian, 4 (22%) identify as Non-Hispanic White, while two (11%) said they preferred not to respond to the question on race (Fig 2.2). Over one-third of the cohort speak a language in addition to English, one (6%) was conversational in Spanish and 4 (22%) of the cohort were fluent in Spanish (Fig 2.3). Fig 2.4 shows the age distribution of the participants. There is a broad range of ages in this cohort; The minimum age is 24 years while the maximum age is 61 years of age. The median age is 46 and the mean is 45 years.

The level of education of the cohort is shown in Fig 2.5. Six (33%) have a high school diploma/GED, 8 (44%) have some college education, one (6%) an associate degree, two (11%) completed vocational training after High school, and one (6%) has a bachelor's degree. At the time of enrollment, most (89%), were not currently enrolled in school, one was enrolled part-time in school, and one was a full-time student. Most (61%) were unemployed, while two (12%) were either volunteers or caregivers for a dependent adult, two (11%) were employed in a nonhealthcare organization and 3 (17%) were employed in a behavioral health agency (see Figure 2.7).

Fig 2.10 shows the usual transportation of the cohort. The most frequently used form of transportation is the bus 7 (47%), followed by a personal car/motorcycle 5 (33%), finding a ride, 2 (13%), and riding a bicycle, one (7%). In terms of current access to technology and reliable internet facilities, most of the cohort, 15 (83%), reported access to a computer with a web camera and 16 (89%) had reliable internet access.

Figure 2.1 Gender (N= 18)

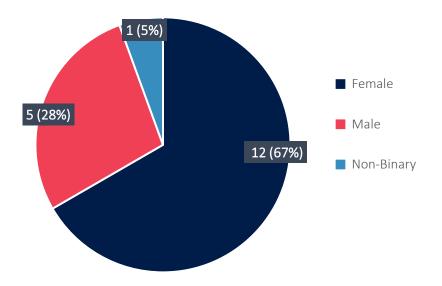


Figure 2.2 Race and Ethnicity (N=16)

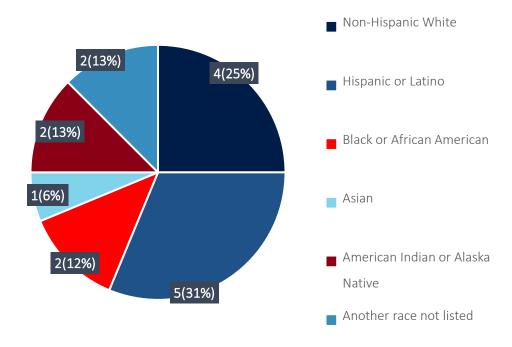
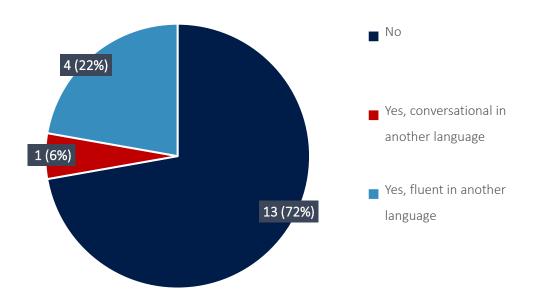


Figure 2.3 Bilingual or Multilingual (N=18)



Note: All of the 5 bilingual/multilingual individuals in this cohort speak Spanish in addition to English.

Figure 2.4 Age

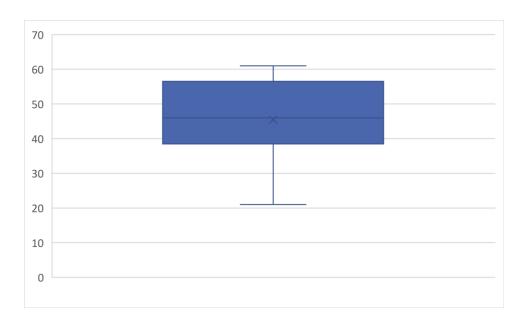


Figure 2.5 Level of Education (N=18)

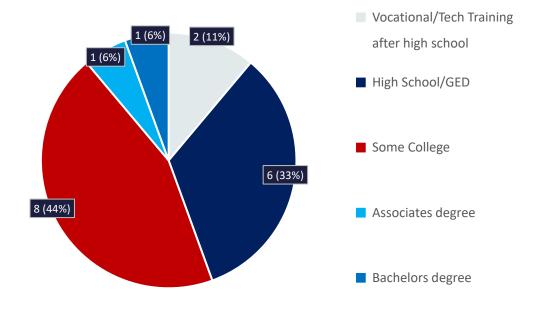


Figure 2.6 Current Educational Status (N=18)

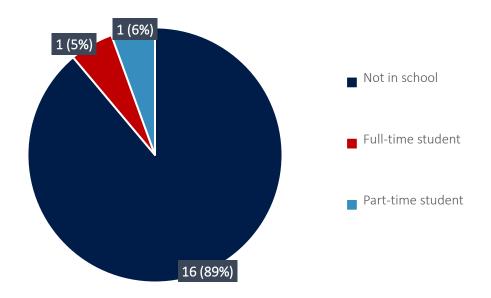


Figure 2.7 Trainee's current employment status (N=18)

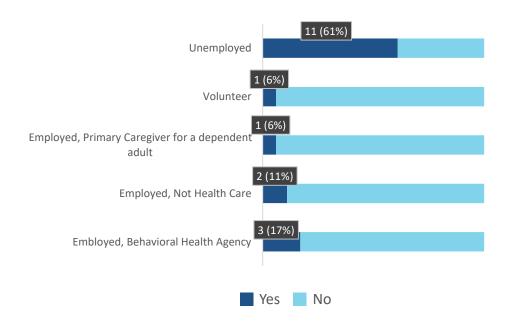


Figure 2.8 Access to Computer with Web Camera (Currently) (N=18)

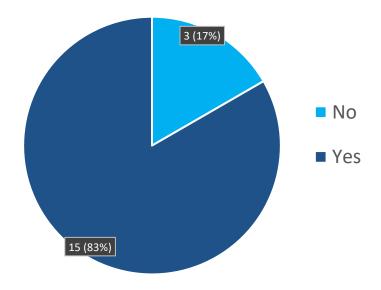


Figure 2.9 Reliable Internet Access (Currently) (N=18)

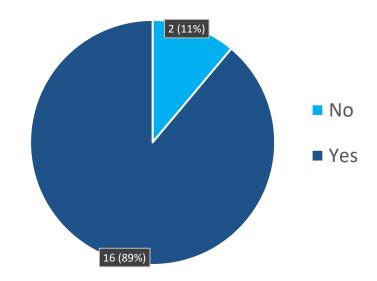
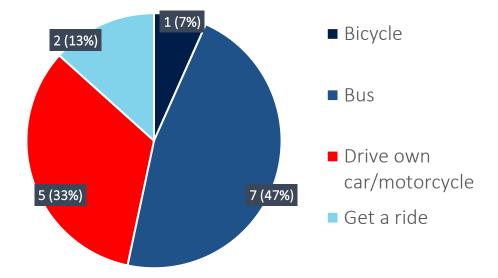


Figure 2.10 Usual Transportation (N=15)



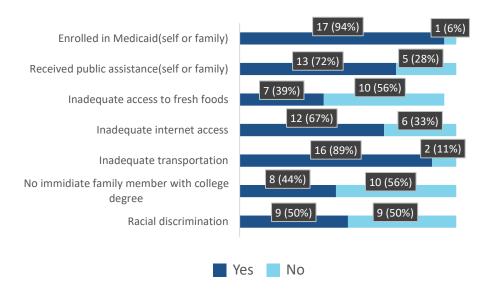
#### 3. TRAINEE LIVED EXPERIENCES

Project FUTRE is committed to training a behavioral health workforce that represents the communities it serves. This includes training individuals with lived experience diversity. All trainees in the current cohort met the eligibility criteria to be certified as Parent & Family Support Specialists in the state of Arizona; they have someone in their family who has experienced behavioral health or substance use disorder challenges. These lived experiences represent life hardships that enable their ability to understand and assist the needs of those they serve.

As shown in Figure 3.1, half of the trainees have experienced some form of racial discrimination. All but one are currently enrolled in Medicaid, and most currently or in the past have received public assistance, for themselves or their family. In their lifetime, most have experienced inadequate transportation, inadequate internet access, and lacked access to fresh foods.

#### Figure 3.1 Trainee Lived Experiences (N=18)

Trainees reported whether they had--at any point in their lives—experienced any of the following:



Note: Public Assistance in Figure 3.1 refers to, e.g. Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance (SNAP), Women Infants and Children Nutrition Program (WIC) and/or public housing.

#### 4. TRAINEE INTENTIONS AND PROGRESS

None of the trainees reported a criminal history that would create insurmountable barriers to employment; 18 (100%) participants are interested in pursuing a paid apprenticeship upon graduation from the certification program.

Figure 4.1 Trainees' career goals in participating in Project FUTRE (n=18)

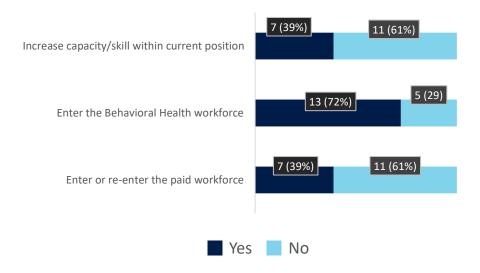
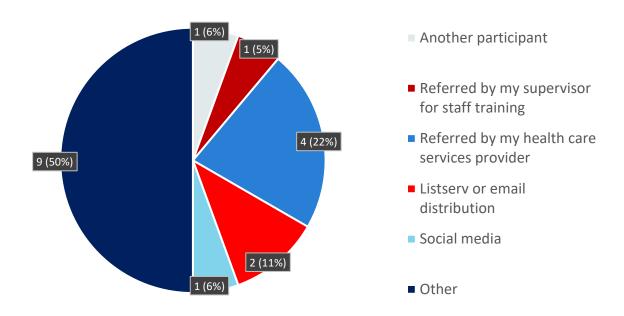


Figure 4.2 Trainees' personal motivation for applying to Project FUTRE—according to application essays Words that were the most frequently used are represented by largest size in the word cloud, giving an overall picture of what motivates trainees in taking this step toward certification.



Figure 4.3 How Trainees Heard about Project FUTRE (N=18)



Note: Other include trainees who heard about project FUTRE from either friends and families, social media, email distribution or project FUTRE brochure/flyer.

#### **ACKNOWLEDGEMENTS**

The Project FUTRE Evaluation Team is grateful to our Trainees for candidly relating their experiences in Project FUTRE and beyond. We offer our thanks for your time and commitment and hope this report rewards your efforts. We also hope you will keep in touch! Thanks as well to all Project FUTRE Program staff who facilitated correct and complete data collection and provided useful feedback on the format of this report.

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