

# Project FUTRE

Families Uplifted Through Recovery Education

*Demographic and Lived Experiences of Trainees: Cohort 1*



Comprehensive Pain  
& Addiction Center



**WORKFORCE  
DEVELOPMENT  
PROGRAM**  
Family & Community Medicine



THE UNIVERSITY OF ARIZONA  
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH  
Center for Rural Health

## 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 current cohort, who began their pre-apprenticeship 2 months ago.

## 2. Trainee Demographics

Of the 13 participants that began training on February 9, 2021, 8 (62%) of the trainees in the cohort were females, three (23%) were males while two (15%) trainees identify as non-binary/non-conforming (Fig 2.1). Three, or nearly a quarter (23%) identify as Hispanic/Latino, two (15%) trainees identify as Black or African American, one (8%) identify as Native Indian or Alaskan Native, one (8%) identified with another race was not listed, while 46% identify as Non-Hispanic White (Fig 2.2). Over one-third of the cohort speak a language in addition to English, two (15%) were conversational in Spanish and three (23%) of the cohort were fluent in Spanish (Fig 2.3). Fig 2.4 shows the age distribution of the participants. There was a broad range of ages in this cohort; 50% of trainees were between 30 years and 66 years of age. The median age was 50 and the mean age was 48 years.

The level of education of the cohort is shown in Fig 2.5, with 4 (31%) having a high school diploma/GED, 5 (38%) trainees having some college education, one (8%) having an associate degree, one (8%) having some form of vocational training, and another two (15%) having a bachelor's degree. Majority of the cohort, 10 (77%), were not currently enrolled in school, one (8%) was enrolled part-time in school and two (15%) Trainees were full-time students. Fig 2.9 shows the usual transportation of the cohort. Most of the cohort, 10 (77%) transport themselves in a personal car, one (7%) rides the bus and one (8%) each get a ride or use another unspecified form of transportation. In terms of current access to technology and reliable internet facilities, most of the cohort, 11(85%), had access to a computer that has a web camera and 12 (92%) had reliable internet access. The employment status of the cohort is represented in fig 2.10. Most, of the participants in the cohort, 8 (63.5%) were unemployed, while two (15.4%) were employed in a healthcare organization, three (23.1%) were employed in a nonhealthcare organization and one (7.7%) was a primary caregiver for a dependent child.

Figure 2.1 Gender

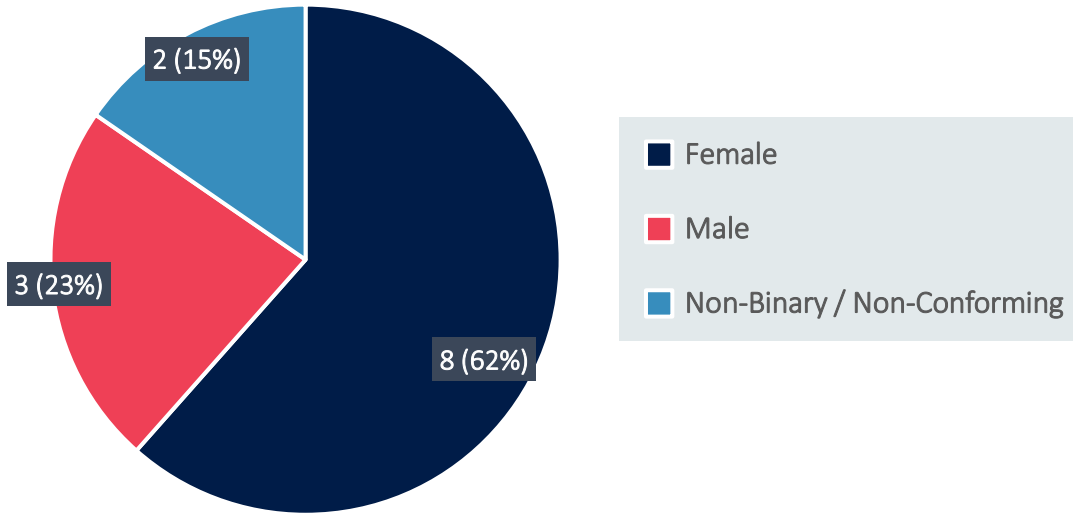


Figure 2.2 Race and Ethnicity

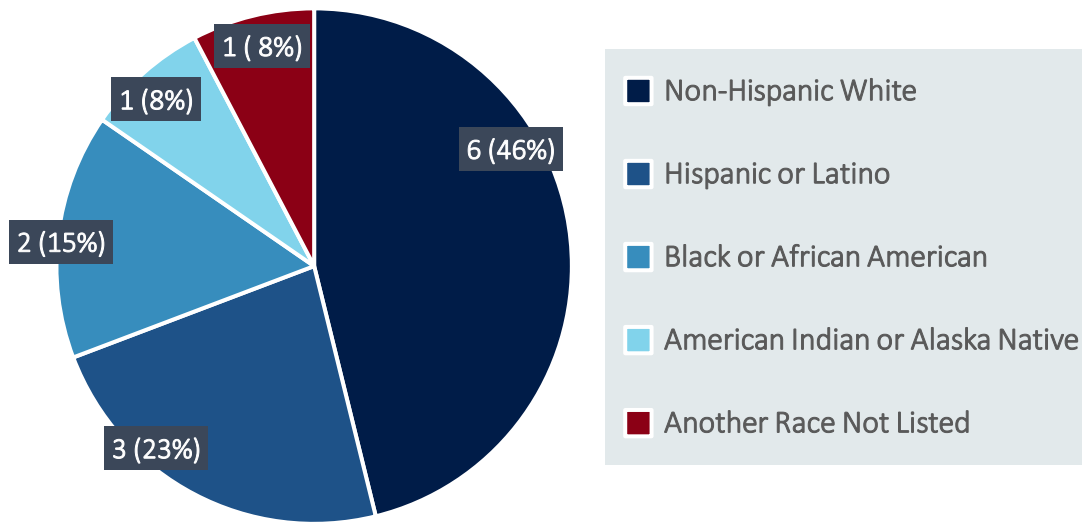
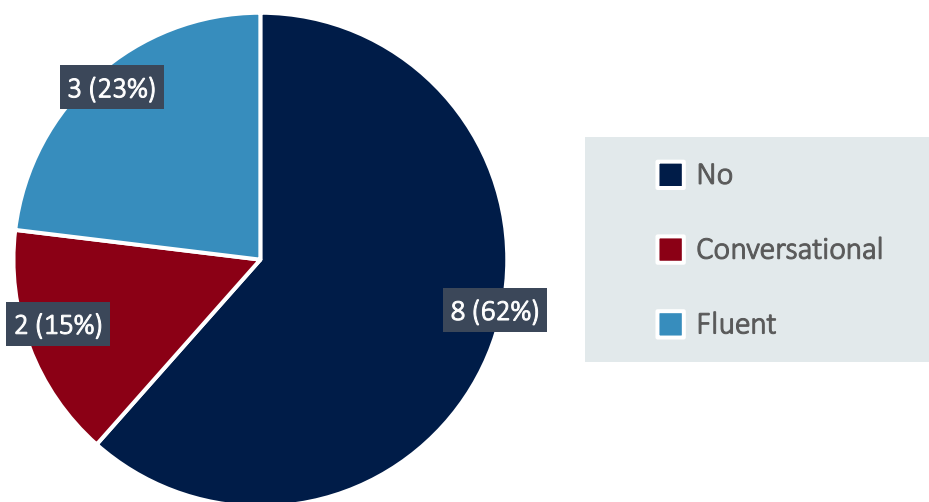


Figure 2.3 Bilingual or Multilingual



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

Figure 2.4 Age

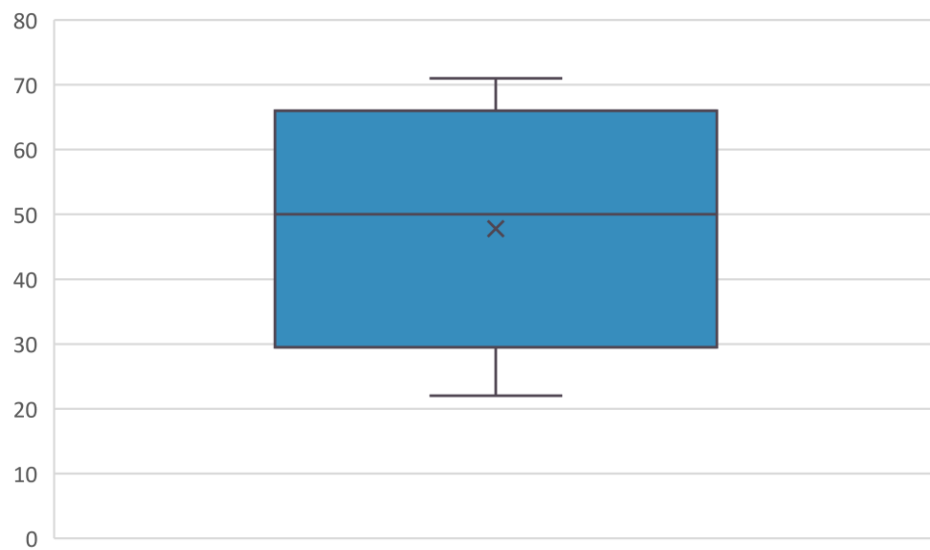


Figure 2.5 Level of Education

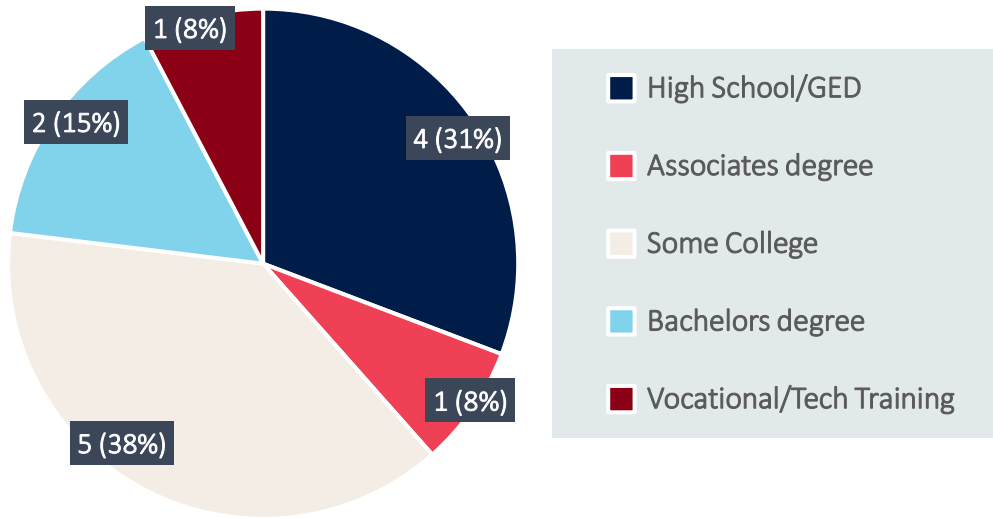


Figure 2.6 Current Educational Status

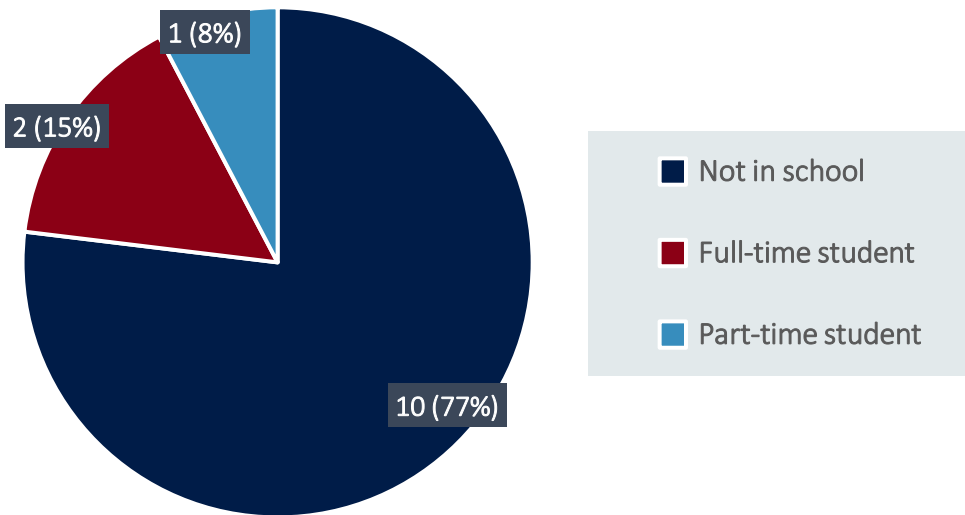


Figure 2.7 Access to Computer with Web Camera (Currently)

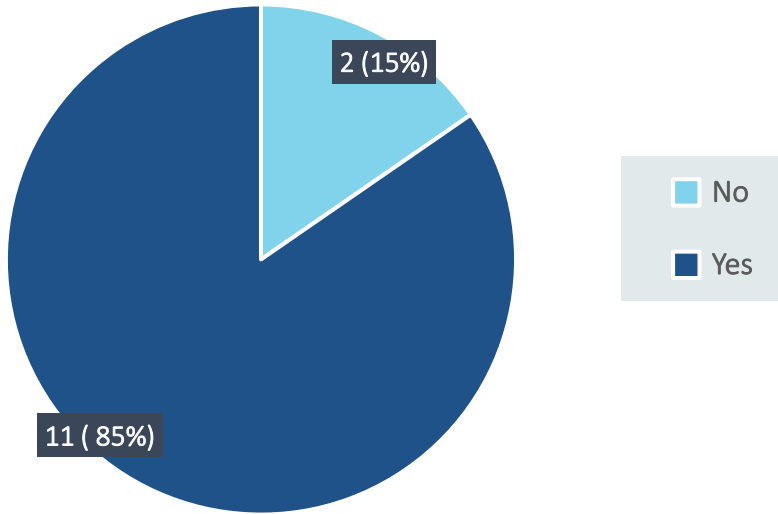


Figure 2.8 Reliable Internet Access (Currently)

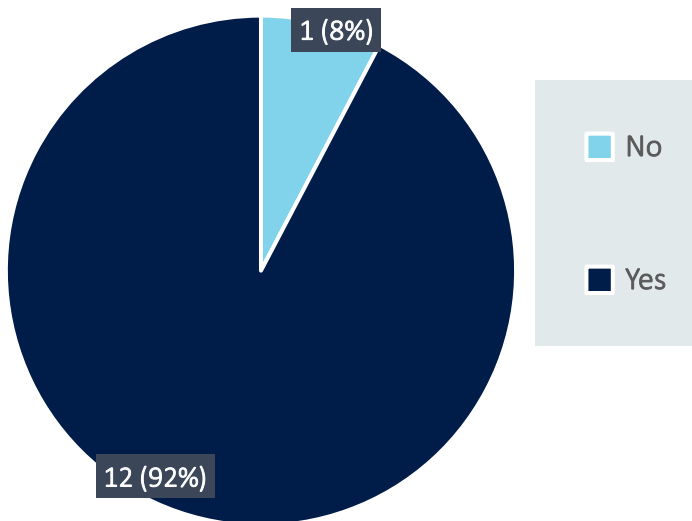


Figure 2.9 Usual Transportation

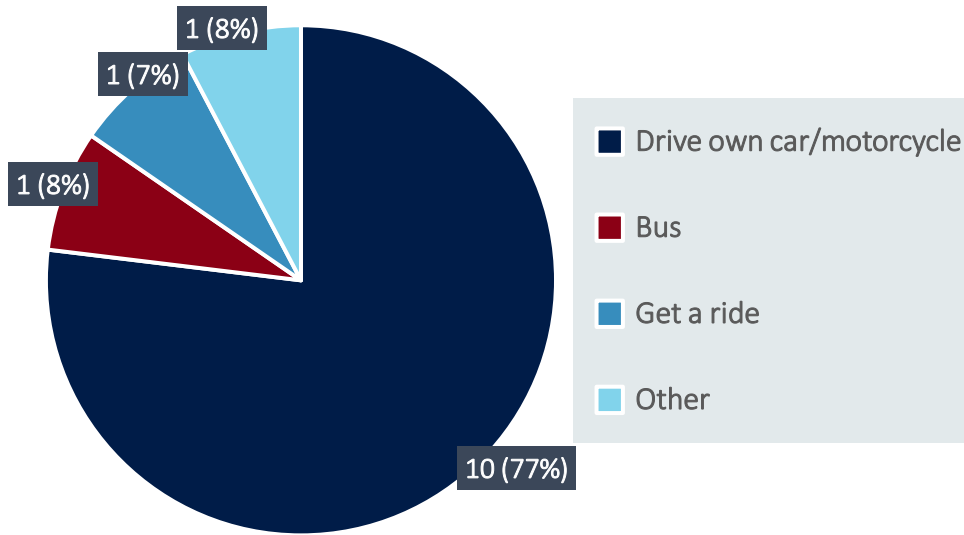
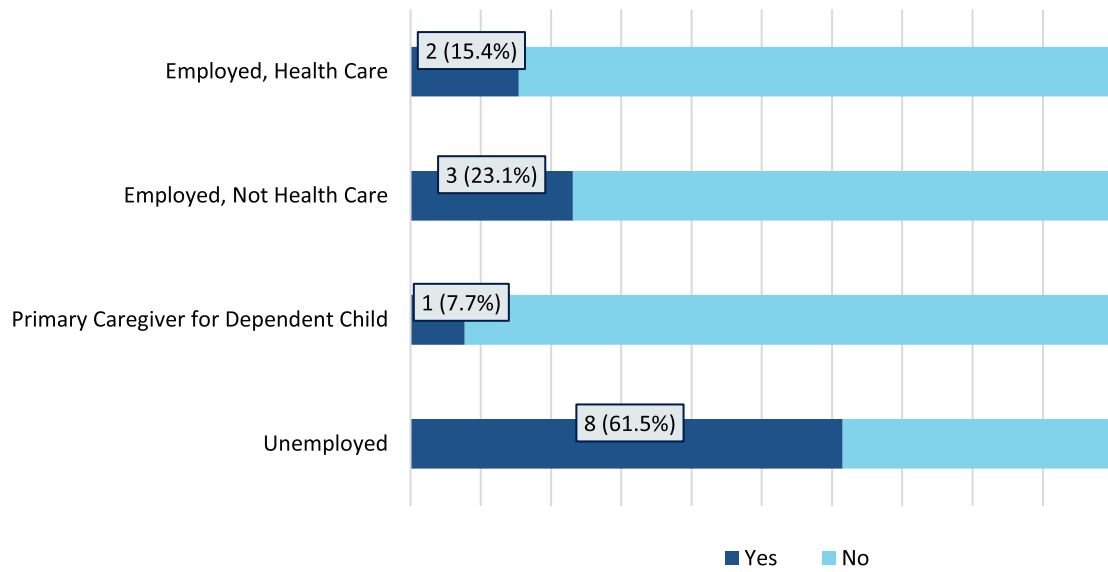


Figure 2.10 Trainee's current employment status



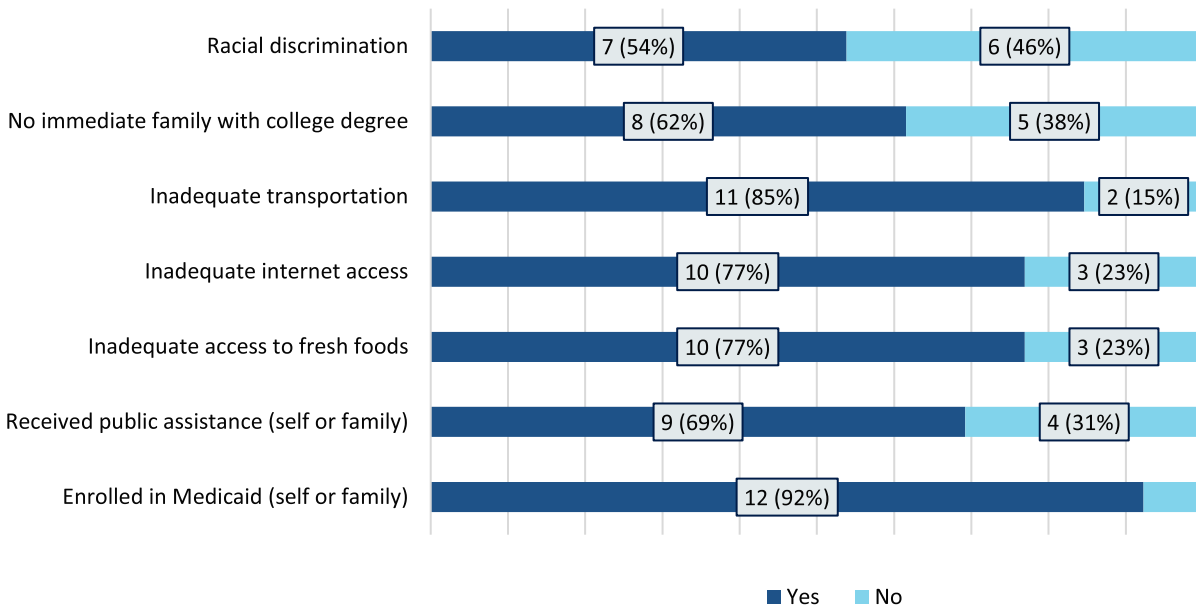
### 3. TRAINEE LIVED EXPERIENCES

Project FUTRE is committed to training a behavioral health workforce that represents the communities they serve. This includes training individuals with demographic and 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 experiences 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, the majority of trainees have experienced some form of racial discrimination and have no immediate family with a college degree. All but one are currently enrolled in Medicaid and most currently or in the past have received public assistance, either 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**

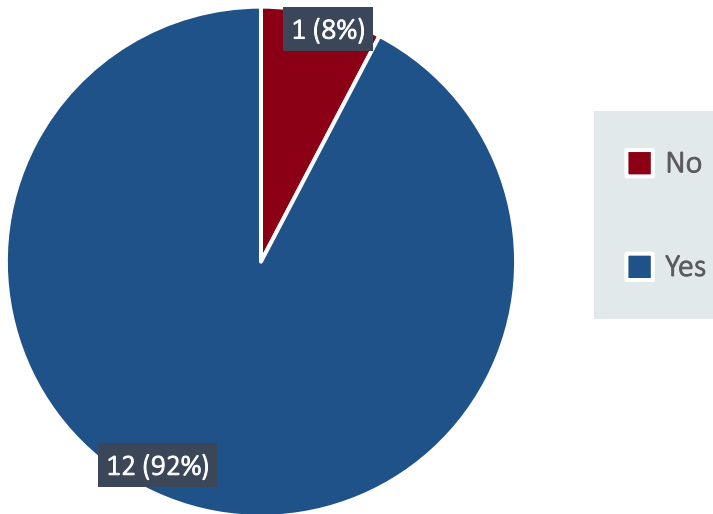
Trainees reported whether they had—at any point in their lives—experienced each of the following:



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.



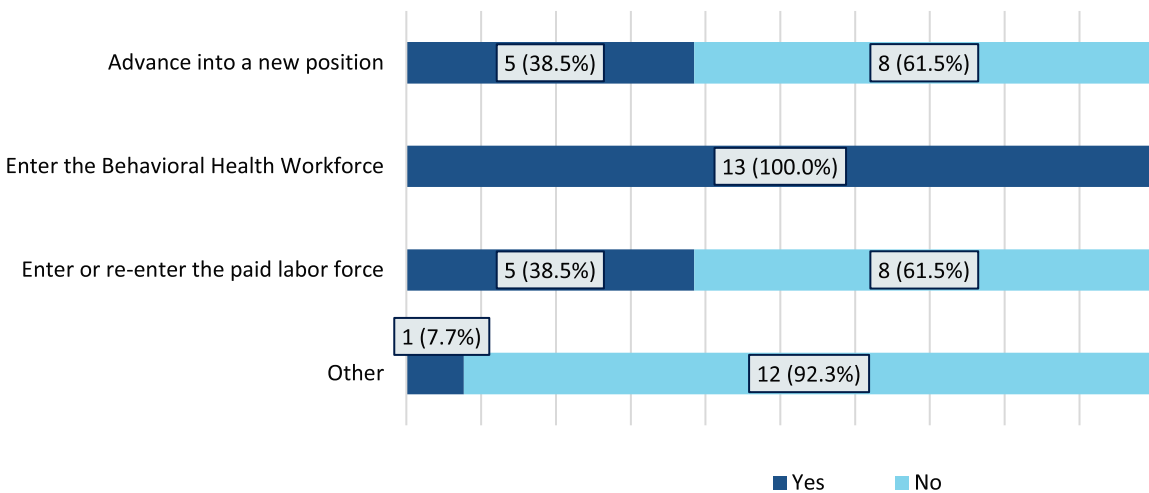
Figure 3.2 Current Medicaid Enrollment



#### 4. TRAINEE INTENTIONS AND PROGRESS

There are no trainees with a criminal history that would create insurmountable barriers to employment; 13 (100%) participants are interested in pursuing a paid apprenticeship after graduation.

Figure 4.1 Trainees' career goals in participating in Project FUTRE





## 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.

## FUNDING DISCLAIMER

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award to help train paraprofessionals funded by HRSA/HHS, grant number T26HP39459. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.