**WorkforceGPS**

**Transcript of Webinar**

**National Health Emergency Disaster and SUPPORT Act Grantee Briefing**

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JON VEHLOW: Without further ado, I would like to kick things off to our moderator today, Ashley Jonson, workforce analyst, Partnership and Innovation Unit, Office of Workforce Investment Employment and Training Administration. Ashley, take it away.

ASHLEY JONSON: Well, thank you, Jon, for that warm welcome. Hi, everyone. Good morning and good afternoon. My name is Ashley Jonson, and I am your moderator today. Thank you for attending today's National Health Emergency Disaster and Support Act grantee briefing. This meeting is going to count for your quarterly April quarterly call, meeting. I am sorry.

Today's meeting is very special in we have the chief evaluation officer presenting the evaluation study of the National Health Emergency with the demonstration grant that was implemented since 2018. In this briefing will include a presentation on their preliminary findings on the role of the workforce system and employers in addressing the opioid crisis, as well as an opportunity for peer-to-peer discussion regarding promising practices.

We have today's agenda up; it is pretty packed, but I am pretty sure you want to walk away with a lot of knowledge and opportunities to implement a lot that you learn today in your location. I am going to go ahead and pass it on to my supervisor, Charlotte Harris.

CHARLOTTE HARRIS: Good afternoon everyone, and good morning to those who are still in the a.m. As previously stated, I am Charlotte Harris on the Unit Chief for the Partnership and Innovation Unit in ETAs Office of Workforce Investment.

Thank you all for taking the time to join us for today's session where we will hear, as Ashley mentioned, some preliminary findings from an evaluation of the National Health Emergency Demonstration grants. And in place of our quarterly call, we thought this was a great opportunity to hear some real time preliminary findings from the grantees and to hear directly from a few of the national health emergency demonstration grantees. We think this is a great opportunity for peer-to-peer sharing.

And because all of you are involved with at least one of the OLS grants funded to assist with the opioid pandemic, we hope that you will find this session beneficial as you continue to implement your grant. This will also be a great time to interact and ask questions of the presenters. So, there will be some time to ask specific questions. And we hope you take advantage of this opportunity. Now I will turn it back over to our moderator, Ashley.

MS. JONSON: Thank you, Charlotte. We are going to go ahead and transition to Christina Yancey, the Department of Labor chief evaluation officer, she has something to speak about, and after that we will have Jillian Berk, the project director of Mathematica Policy Research. Ladies, thank you.

CHRISTINA YANCEY: Sure. Thank you. Hi, everyone. Again, this is Christina Yancey, I am the chief evaluation officer at the Department of Labor. If you go to the next slide, I just wanted to say welcome to all of you for being here this afternoon as we dive into these evaluation results. I did want to talk for just a minute about our office because we provide some generalized help and support for all of you and wanted to make sure you are aware of these resources.

So, our office, the chief evaluation office, is a departmental officer at the Labor Department supporting all of the Department of Labor and building new knowledge and information through research activities. But also, an important thing we do is share and disseminate information about existing evidence; whether work that we develop in our office or work that is done out in the field by other agencies, also by researchers and others in your states and other places.

So, the information, if you are interested in signing up for -- we do a quarterly newsletter that describes new information that we have generated and put out. And then also you are welcome to visit our website on an ongoing basis to see the different types of projects that we have. I also wanted to highlight on the next slide specific resource that we have, which is our Department of Labor Clearinghouse on Labor Evaluation and Research.

And this website, which is the link that is here, is a place where you can come and learn about a range of evidence related to over 20 different labor related topics. We canvass over a thousand studies, and essentially the website is a resource where we distill the state of information around these specific topics and summarize it in a way where you can download just specific nuggets related to the impact results, as well as learn about individual studies.

And if you want to type into the search feature about substance use disorder, you are able to see the array of evidence that exists currently; rigorous scientific evidence that exists about the intersection between substance use disorder and the workforce to find the latest information and evidence there. And we do update those resources on a continual basis. So we invite you to come early, come often, and if you have any feedback or questions, you are -- there are different places that you can give feedback, responses. So, we are always interested to hear if there is any different types of evidence or information that you are looking for and perhaps we can help you source that. So just wanted to welcome you all again. And I will turn things over to Jill, who is going to get into the specifics of the research.

JILLIAN BERKE: Thank you, Christina. It is great to be here with everyone today. I am Jillian Berke from Mathematica. Mathematica, along with our partner Social Policy Research is conducting an evaluation of the National Health Emergency Demonstration Grantees. And today, we have the opportunity to share some of our early insights. Early results from, that come from our virtual site visits to the demonstration grantees.

And for those of you that may not be familiar with the demonstration grantees, these grants were awarded in 2018 to six states: Alaska, Maryland, New Hampshire, Pennsylvania, Rhode Island and Washington. Those are the states covered by our visits, and the goal of our evaluation and implementation evaluation, and it is really to capture this exciting -- the demonstration grounds for an exciting new opportunity for programing to address the impact of the opioid crisis on individuals, employers and the broader community.

And the goal of our evaluation is really to learn about the strategies implemented. We want to document all facets of the NHE demonstration grants, identify challenges and promising practices, and generate information for grantees, sub grantees, and practitioners about approaches to delivering workforce services to people affected by opioid use disorder. Our evaluation design doesn't allow us to assess the effectiveness of these strategies. These are really early, innovative approaches and the goal is to document and share with the field and identify promising practices that could be considered for broader adoption and evaluation.

Earlier in our evaluation, we also conducted a literature review and developed a resource guide. I just want to highlight for you; both of those documents are available for download today there in the file share window as documents number two and three, the literature review and the resource guide. And they are also available on the CEO website.

So, today's findings are our early insights from these site visits. Our team conducted virtual site visits from November 2020 to January 2021. Respondents included state grant directors, administrators, state partners, sub grant directors, frontline staff, local partners and employers. And we also conducted two participant focus groups and each state with one focus group of participants receiving general employment training services and a second focus group for participants and training for health care occupations, including peer specialist physicians.

And I am not sure how many of the demonstration grantees are on the call today. We had a briefing with them last week, but I just wanted to thank them again for making the time for these site visits. Clearly, you know, things are always busy with grant implementation and then you add COVID on top of that. And we know it is just a very difficult time right now. And we appreciate everyone's participation in these visits.

Today, we are presenting these early insights. Before I get there, I just wanted to let you know what comes next for the evaluation, we are going to continue conducting additional analysis of site visit data. We are also going to be analyzing data from the workforce integrated performance system. And this will allow us to look at participant characteristics and service receipts. And our evaluation will have a final report, issue briefs, and strategy spotlights. And all of these should be available for -- in the fall on the DOL's website, on the Chief Evaluation Office website.

So today, I really want to focus on two innovative approaches for delivering employment services for people directly impacted by the opioid crisis. And I want to acknowledge before we get going that these grants were much broader than this, and our evaluation does cover all of the grant activities, but this is our topic for today. And we really saw two different approaches to delivering these services, but I wanted to capture with this graphic for you.

The first approach was adapting existing workforce system infrastructure to better serve people with opioid use disorder. And that is captured on the left here. The AJC. And this approach included strategies to bring new customers impacted by the opioid crisis into the workforce system and strengthen the supports within the system to better serve the new and existing workforce customers with opioid use disorder.

We also saw a second approach, captured on the right, which was really about bringing workforce system services to behavioral health providers. These strategies included locating employment services and community-based organizations and treatment facilities. And so, today's presentation, we are going to share some promising strategies from both approaches.

So, first: adapting the workforce system to support people in recovery. So, the first piece of this was really about reaching new customers and grantees aimed to get people in the door at AJCs and other employment agencies by developing relationships with new referral sources, including recovery community organizations, corrections agencies, homeless shelters, and behavioral health providers, and also hiring staff members in recovery to facilitate this outreach and in some cases really accompany participants to the AJCs.

So, we wanted to highlight this practice of using navigators as a promising practice spotlight. And these navigators leverage connections to recovery organizations in the community to recruit potential participants. All of these navigators were individuals with lived experience, and they could play a lot of different roles, including helping participants gather needed documentation for eligibility and enrollment, and accompany participants to AJC appointments and providing a warm handoff to the workforce system staff.

We also saw approaches that were about adapting the service environment. And grantees worked to make the AJC environment more welcoming and better able to serve this population, including training staff on the use of non-stigmatizing language using person first language person with opioid use disorder, for example, instead of addict, reducing caseloads for case managers serving people with opioid use disorder. We heard that for other programs, maybe monthly check ins were sufficient. But here, participants enrolled under this grant needed much more frequent check ins to remain positive and moving towards employment.

Providing funding for pre-eligibility services to help participants obtain the necessary documentation to really start services and using positive language to highlight the strengths that people in recovery can bring to employers when doing that job development and outreach. And here for the promising practice, we wanted to highlight this training of AJC staff and here the training drew on trainers with lived experience to change preconceived notions about people in recovery.

And the training provided lots of different aspects of it, including highlighting resources in the community that staff can refer customers to, and also providing staff with Narcan training to recognize the signs of an opioid overdose and understand what steps to take. The discussions used -- the trainings used breakout discussions to help staff practice communication strategies and discuss challenges. I think, particularly importantly, the trainings included all staff who interacted with clients, including the front desk resource room, and really integrated the training into ongoing professional development. So, it was not a matter of just being there the first day of the training.

We also saw strategies that were really about bringing workforce system services to behavioral health providers, bringing it to where individuals were already being served. And one strategy, one approach here was embedding services in a community resource center. So, we had one grantee that implemented employment services at a county resource center that also provides housing, mental health and substance use treatment services, and using a collocation strategy, really reduced the need for outreach. As many referrals came right from within the resource center. And the clients that were already served being served by the center were eligible for grant services. And the program rotated employment navigators through the Community Resource Center so that whenever an individual came into the center, there was somebody there, ready to meet with them.

We did hear from the strategy, similar reports from staff, about work for staff, about the need for more intensive case management. We also saw an approach of embedding staff at a substance abuse treatment clinic. So here, workforce staff were at a methadone clinic, and that placement really helped develop strong relationships and trust between the workforce system and substance use disorders treatment staff. The workforce staff were able to provide information during group sessions at the methadone clinic and early fliers around the building to advertise the services.

The employment training services were provided at the clinic location, which was perceived as less intimidating for participants than going to an AJC, and also convenient to be served where you are already going. Providers of these services noted that the clients really wanted to be placed directly in employment. They were not interested in longer term training opportunities.

So those are the two different approaches we really saw for bringing individuals -- connecting individuals to services: either adopting the existing workforce system to support people in recovery or bring workforce system staff to behavioral health providers. And then once that connection was made, the next step was thinking about how you help customers actually prepare for employment.

And so, we saw strategies that were really focused on providing the supportive infrastructure to promote employment readiness. Grantees addressed participant readiness by using readiness assessments to understand the participant stage of treatment and basic needs, access to housing, transportation, etc. They also tailored work readiness trainings and soft skills training to people in recovery, and funded supportive services to meet immediate needs, particularly housing. Or partnered with residential treatment programs where they could provide employment services when they knew individual already -- individuals already had that housing need covered.

They wanted to spotlight this adaptation of a workforce readiness training. So, one state had an existing workforce readiness training, but they discovered that it was too long as an initial point of intake for the customers they were serving under this grant and not necessarily meeting everyone's needs. So, they adapted existing programs to be a bridge to prepare people in recovery for further work readiness training. The bridge training, address, specific issues that people in recovery often face, such as resume gaps and the pros and cons of sharing information about the recovery during job interviews.

And importantly, they also provided this workforce readiness training -- work readiness training at behavioral health institutions, at recovery centers, at correctional facilities, to make the training more accessible. And it also allowed them to solicit staff input on the curriculum content, which improves buy in to the training and the other workforce system services that were available.

So, I wanted to highlight two particular employment paths that we saw among the demonstration grantees, there were certainly lots of use of traditional job placements. So, these were sort of two employment paths that stood out as more distinct. The first was use of transitional jobs or subsidized work experience. This transitional jobs helped participants start earning money and obtaining references and work experiences immediately, connected participants generally to community based organizations for these placements, which they found to be receptive to hiring people in recovery.

The transitional jobs were for 300 hours, and participants earned similar wages to those that were working for the organization in non-transitional positions. And grantees report a very positive experience with that approach. We also saw a lot of use of peer recovery specialist careers. The names of these professions vary by state. All require lived experience. Five of the six demonstration grantees supported training, on the job training, or apprenticeships for peer recovery specialist through the grant.

Just to spotlight this practice a bit more. The peer recovery training: they promoted this as a career option, people in recovery seeking to draw on their lived experience to help others with opioid use disorder. Respondents highlighted the high employability in this profession, particularly since the insurance reimbursed peer services in many of these states, and the grantees developed on the job trainings or apprenticeships to help participants accrue the hands-on field hours needed for certification in these fields.

So those are just a few of the early insights from our NHE Demonstration grantees. I know you are going to hear from some of the grantees directly in a minute. We have more findings from the evaluation that will be coming this fall; excited for the opportunity to share some of these early insights with you. I think we have time for some questions if anyone has any questions about the evaluation.

MS. JONSON: I see that Jennifer German added the comment, not enough money to perform the transitional work. Did you want to make a comment about that? Did you want to expand on that, Jennifer?

JENNIFER GERMAN: Yes, these are these are many wonderful ideas and great things. But $550,000 over the course of three or three and a half years is not going to make it. We do not have staff thick enough on the ground to have them stationed at any of the recovery places, and certainly do not have enough money to do transitional work experience.

As it stands, I did carve loose some money for internships, paid internships, and for some training, but it was very limited and there is just not enough to do all these great things. And I know that I am a small region, but we have these problems actually probably worse in the rural areas than in the areas that have more access to resources. Thank you.

MS. YANCEY: Great, Jennifer, it looks like there is a follow up question about whether you have an NHE disaster grant or a SUPPORT Act Grant?

MS. GERMAN: Fostering Opioid Recovery, whatever that means, that is what [money in the face?] says.

MS. BERKE: I know the resource restrictions are always very real. Washington State, who had the transitional jobs, did report that it was a less expensive strategy than they had anticipated. But the resources clearly vary across these grounds and what's available in local areas. But thank you for that comment.

MS. JONSON: Robert, I see that you are typing, did you want to just speak and just ask you a question? Oh, well. He said, we call enrolled individuals with additional programs, for example, apprenticeship. Sandra, Sandy, I know you are going to be speaking next, but do you want to add your comment about that?

SANDRA BURGESS: Can you hear me?

MS. JONSON: Yes, I can.

MS. BURGESS: I just wanted to say thank you for this evaluation. I think the evaluation worked really well and I am confident that Alaska got some good comments from our partners that we partnered with on the opioid grant. And we did have enough money to serve our participants both in IWP and direct partners, excuse me, direct participants. And I think one of the things that our Alaska Job Center staff did to make sure that that happened was that they did co-enroll into other available and appropriate funding streams. So, I am very happy with this grant and I am pretty sad it is ending in June. Thank you.

MS. JONSON: Thank you. Don, did you want to just speak about -- ask your question over the phone line? Just push \*6 down the line if you are trying to unmute it. Okay, well, while we have more people type in the questions, we are going to go ahead and proceed to the next session. We had an opportunity to have some demonstration grantees speak about their experience.

I have Sandra Burgess from the Alaska Department of Labor Workforce Development and Lauren Robbins from, excuse me, Peg Mountain Workforce Development Council. And they can speak more about their positions. But I am going to go ahead and start the discussion with Sandra. Sandra, you like to discuss -- introduce yourself and your position and we can start the discussion.

MS. BURGESS: Good morning, everybody, or I guess good afternoon for some of you, I am Sandra Burgess and I am an Employment Security Analyst III and supervisor in the Employment and Training Technical Unit located in Juneau, Alaska. The division is the Division of Employment and Training Services, and we work for the Department of Labor and Workforce Development and also the project coordinator for the NHE grant to combat the opioid crisis.

MS. JONSON: Thank you, ma'am. Go ahead and start off to discuss the challenges you are experiencing in implementing services under the grid and how you are resolving them.

MS. BURGESS: I can and, you know, unfortunately, I am going to sound like a broken record, probably like everybody else, but I was so pleased with how this grant was turning out until, of course, 2020 hits and COVID shut just about everything down. So, our major challenges for some of the components of grant, of which we have 10 components at this time, included teachers and emergency room nurses and behavioral health professionals in school, you people that would be disrupted and whose lives were filled with uncertainty and how they are going to do their jobs or where they have to prioritize their focus.

And they could not do the extracurricular, I guess you call them extracurricular activities that they had agreed to do under the grant because their staff just could not do it based on COVID. Of course, hospital staff were preoccupied with opioid related crises and teachers were not sure how they were going to teach students. We had a lot of teachers who were laid off and then, of course, are in school. Youth were not able to go to school.

So that to me would have been the biggest challenges that we encounter with this grant, because, like I said, I have to say, in my almost 19 years of service here, this has been one of the highlights of my career to be the project coordinator of this grant. And I have other projects and programs that I also administer, and I love those too. But this one was my absolute favorite. So, I just thank COVID of it for our major challenges.

MS. JONSON: Yeah, I guess confidence is showing out this year, in 2020. So, we all agree here. Just a reminder, if you have any questions, please feel free to add it to the chat box or just save fore -- we have a question segment before we begin a key demonstration before a grantee is coming up soon. Sandy, to continue on. Can you provide one success story in implementing your grant?

MS. BURGESS: I can. I am very happy that we have some first responders who want this type of training, and it was not in the actual original part of the grant. And so, we were allowed to modify our grant to include some police departments. We included the Kodiak Police Department and then the Nome police department who modeled their training after that. But the Kodiak Police Department -- so Kodiak is an island in the Gulf of Alaska. And so, what they did was the Kodiak Police Department had 13 officers that wanted opioid related training so that they could understand and be a partner physician to help mitigate the opioid crisis, on the whole island, actually, not just in the city of Kodiak.

And so, what they did was, in addition to their 13 officers who were being trained by the Hazelden Betty Ford Foundation, I think that is in Michigan, I cannot remember now anyway. They had two courses sustaining, creating or sustaining a culture of recovery and another one that is basically to destigmatize opioid use disorder and how to help understand what is going on in their communities with their friends and coworkers and family members.

But in addition to the 13 police officers that we funded under the grant, they invited other stakeholders. So, they -- a total of 92 people showed up to that training in that small community. And when I say small community on that island, I think they have a maximum of about 3600 residents, and they were able to get 92 people to come to that training. And that just shows how much everybody wants to help and mitigate this crisis.

They would have had more, but they had exceptionally bad weather that day so people could not show up. Some people were sick, and some people just could not get off work to be there. But that is, you know, they were so grateful for the training that they received. And I was really pleased that that many people showed up to receive that training. It just shows that they really are looking toward community-oriented solution to this problem.

MS. JONSON: Thank you. And I am pretty sure many of our participants have similar stories as well. But that is amazing. Thank you so much. And one more question: What parts of the project work practices do you think are sustainable after the grant ends?

MS. BURGESS: Well, you know, I think really in Alaska for sure, it was mostly our direct participants in the Alaska Job Centers who were enrolled at a phenomenal rate. So direct participants for sure. And I just want to brag on our Alaska Job Centers. So, when we first started the grant, we said we would enroll 100 direct participants under the grant, and we surpassed that in a very short period of time. Then we did a grant extension and said, well, okay, we are going to serve 279 direct participants out of our 14 Alaska job centers. Then they surpassed that. So, they served, excuse me, as of March 31st, they have enrolled 374 people underneath under this grant and co enrolled them into other funding streams as well. So really proud of them. And they did a phenomenal job and I know that they would be able to keep this kind of work going.

So I want to say drug participants for one. Incumbent worker training is another part that I think is just very sustainable. And our Alaska Job Center staff would be able to use their relationships with employers to continue this type of training. And newcomer worker training is actually really taking off in Alaska. So, we are really proud of that as well. And so even after the grant ends, we will still fighting incumbent worker training to, you know, recovery centers, reentry houses, homeless shelters, health and behavioral health field.

And in addition to that, a lot of the individuals who are seeking training are in apprenticeships. And so, we have a clinical chiropractic assistant apprenticeship, we have behavioral health counselors, we have nursing apprenticeships, in addition to other types of incumbent workers that were trained under this grant. So, I would say direct participants and incumbent worker training.

And I can, can I just add one thing that I want to say about making opioid related crises in people's lives a part of what would make somebody eligible for training or supportive services? We really think that the anonymity part of this, not having to divulge whether yourself or your family member or a friend who has this, who has impacted your life, has been really helpful and nonintrusive for our participants who are wanting to engage in training. And, you know, when we ask that question to see when they are if they might be eligible, eligible, we make sure they know it is confidential, it is anonymous. And we are only asking that question so that we can see if they are eligible for additional services under this grant. Thank you.

MS. JONSON: Oh, thank you. That was great. We just want you to know that we do see your questions and we want to answer them next after Lauren speaks. But thank you so much, Sandy, for participating. And I am pretty sure many have benefited from your discussion. But now we have Lauren Robbins from Peg Workforce Development Council. Do you want to introduce yourself right now, ma'am?

LAUREN ROBBINS: All right. Can you hear me, okay?

MS. JONSON: Yes, we can hear you. Thank you.

MS. ROBBINS: Yes, okay. Sorry, a little tricky tack on my end. Sorry about that. Yes, of course. My name is Lauren Robbins and project supervisor of OURR Alliance, which stands for Opioid Use Reduction and Recovery. And also, I was the project supervisor for the Interactive Bond Project which was also an additional program that took place in our lives at Peg Mountain. So, I knew I just wanted to say that there is some additional information related to our [inaudible] if you look in the file share under number four and five and also number one.

That provides some outreach information as far an overview of the program outline provided. I will be doing a brief blurb though, of that just for the sake of all online. So, [inaudible] is the result of a collaborative project between [inaudible] health network and [inaudible]. And our alliance builds on the strong community partnerships and developed pilot project that targeted individuals impacted by opioid [inaudible]. And what we did was connecting employment programs to parents, to families, to programs.

So then [inaudible] paid internships with partner employers. We increased peer counseling providers in the region that are certified counselors, and you get the entry work as well. Inside, I was [inaudible] individuals inside two different jails, and then I will begin a partnership with the recovery helpline and numerous other alignments in the region. So, I just wanted to give an overview and like I said, you can check the file share box and get a better idea. More detailed idea.

MS. JONSON: Thank you, Lauren. You are kind of going in and out a little, just letting you know. We are responding. So let us ask the first question.

MS. ROBBINS: Oh. Sorry about that.

MS. JONSON: Oh, I can hear you better now. Let us start with your success story in implementing your grant. Can you talk about that?

MS. ROBBINS: Oh, yes, of course. So, we had success story with a gentleman who was released from prison -- just a second, I am sorry, I trying to -- I have too many windows open.

So, we had a gentleman that was released from prison after three years, his three-year sentence, and had an extensive criminal record when he met our online secure navigators in all our positions working with individuals and he was seeking support to find employment and basic needs. We are going to call him Joe for the purpose of anonymity.

And Joe had been sent to a Lewis County jail. From the Department of Corrections supervision and was under a great deal of stress when he engaged with services with our alliance, and he was unfamiliar with the area that he moved into -- a lot of times they move people to specific areas -- and he was living in a temporary sober living house, and lacked many basic needs, supplies and clothing, telephone, transportation and real income to pay for any of these barriers. Joe's the paper and various goal was becoming employed as [inaudible] a apprentice to a concrete finisher.

And while he was in prison, he earned a construction trade and apprenticeship certification with credit training and primary grades. He also learned that the industry had a union that he wanted to join, only offered a required in-person applicant test and application once per year. So, this event was near Seattle, Washington, which is about 50 miles from where he was located. And he had about five days to get up there and going literally in five days to get this thing going and in place.

He had zero resources to make this happen. But he was determined to attend training. He had no phone, none of the required books, tools, clothing needed for testing, no options for transportation or housing. And he was not sure that his duty officer would approve his being able to go outside the area.

The OURR alliance secure navigators determined eligibility and enrolled Joe into the OURR alliance program, including the [inaudible]. [inaudible] there were significant barriers that need to be removed very short period of time and very probable that one of these various [inaudible] resistance. However, Joe was determined and motivated to be assisted by a secure navigator, and again, process [inaudible] barriers process after enrollment by getting him a cell phone, basic hygiene materials, clothing, they require tools and clothing, all to take the [inaudible] test.

All the work and resources to fill the need [inaudible] as well. He was not able to speak with his DOT officer at the time to be approved take the entrance test [inaudible]. And this was an issue transportation, travel [inaudible]. [inaudible] car to apprenticeship training in Seattle that you began days after the entrance test. If you were to pass the entrance test and be selected, he would also have to talk to the officer to get approval. So Joe did not really know if he are going to be able to [inaudible] the distance and be able to do this. And we were able to assist with transportation to training. There was able to--

MS. JONSON: Lauren?

MS. ROBBINS: Yes, can you hear me?

MS. JONSON: I am sorry, you kind of -- you get kind of muffled, can you speak up a little bit?

MS. ROBBINS: Sure, hold that, can you hear me better now?

MS. JONSON: Oh, yes, yes, this is good. Thank you.

MS. ROBBINS: I am so sorry. I am having issues on my own with that. Okay, so in the long run, Joe informed his peer navigator after the weekend that he had finished among the top testers of the applicant testing and apprenticeship collection event, and he was one of a small percentage of applicants that were selected to their apprenticeship. Joe's DOC officer was able to approve him to attend the two-week training, he was able to complete the training and officially become an apprentice. And join the union just 19 days after enrollment into the program and 23 days after release from prison.

Joe was dispatched to work for an employer four days after becoming an apprentice and immediately began working full time. Additionally, community service provided transportation to his new job until his first paycheck. To say the least, Joe was very excited he was able to accomplish this goal for a short period of time, and he was more than -- sorry, I just got cut off there for a minute. He was also very grateful to the program and expressed so with his peer navigator. So that was the -- that is the story that I have to share with you. One of many.

MS. JONSON: That is an amazing story. That is an amazing story. Thank you so much. Let us go to the next question, what are the major partnerships you have established and what have they have been the most beneficial one?

MS. ROBBINS: Yes, let us see. We have had several partners. So our alliance partners were identified and developed throughout the project to provide services, training, resources and referral pathways for participants utilizing a competitive procurement process. [inaudible] alliance had a very robust offering, a pilot program to target and serve the highest of good impact populations within the region. There were nine -- there were nine initial pilot projects and 12 contracted partners included in the program. We plan for our -- until July of 2020, which the programing ended then.

And then with the remaining funds, we were able to add two additional projects, one focused on Youth Work-Based Learning, and the other was the Reentry Rapid Response Project that was developed to address the lack of employment resources during the mass release of the justice involved individuals during incarceration with COVID-19 in our region. All of the partners were essential in assisting delivery of services. I would venture to say that the bit of our programing in the U.S. and a DOL correction facilities and craft and reentry academy has been extremely beneficial in the development of the new partnerships due to our line.

MS. JONSON: Thank you. And one more question. What do you think are the most effective aspects of the services and activities undertaken so far?

MS. ROBBINS: I would -- so I have a few of them listed here, and I would say starting with the certified peer counselor training, this has been really beneficial and something that we are going to be continuing on as far as something that is sustaining in partnership with Workforce Alliance and Washington health care authority. Pac Mountain Choice expanded the number of providers in that impact the region by bringing traditional certified peer counselor training for the area, and the CPC on the front lines of case management training program services is also incredibly beneficial.

While the certification historically has benefited the health care and behavioral health players in the region, our allies expanded the focus include workforce services, and found that the level of engagement and the trust between case management, the consent was significantly higher. Pac Mountain, also through our alliance, sponsored retraining to were certified for peer counseling training, and one was the recovery coach training.

This increased the peer counselors in our region by over 50, and an additional eight recovery coaches in the region. So, I sponsored the first VPC training utilizing supplement use disorder focused curriculum, which was convening in Washington.

And then there was the GAGOET program as well, which stands for Gainful and Dependable Goal Oriented Employment Training; and the program model focused on providing comprehensive, cohort based, peer supported employment training, work-based learning opportunities, weekly job club, and guaranteed interview with an employer hire with young adults aged 16 to 24. And that is something that we are continuing as well.

The model has actually been so successful that the daily use providers in our area are currently working with Pac Mountain to bring down program model into the youth program as a permanent fixture of their service offerings available.

And then lastly, I would say the reentry services. I cannot express this enough, but the new entrant category for eligibility that we utilize for our allies funding was a significant game changer in providing services to the Pac Mountain region. And specifics, 30 percent of the total participants in the Alliance program, were just as involved individuals as enrolled on your reentry program.

None of them were eligible for services under the workforce data criteria, due to the nature of the department's workforce situation. So, the significance of being able to target just a small population specifically and eligibility criteria cannot be overstated. And new entrants -- the availability of services, the crucial ways that local DOL will go programs [inaudible].

MS. JONSON: Thank you so much. Thank you, Sandy and Lauren, and just to remind everyone, they did provide some resources for you on the file share, you can download them and review them and they could assist you in your programs as well. We are going to go and follow up on questions that were asked in the chat room -- chat box. Amy, do you want to see that?

AMY: I see there is some questions for Sandra, especially for Alaska, regarding the training of individuals in law enforcement or the police opioid use disorder. And how was that covered under your grant? She is -- we have questions about how much money was Alaska awarded and was incumbent worker money used to train law enforcement trainees?

I would just want to a side note for a second, which is that the demonstration grant did have different categories for eligible participants because of where the funding came for those demonstration grants. Our NHE disaster DWGs have some differences in what they are allowable activities are and the support that grantees also. But with that in mind. Sandy, would you like to respond to those questions?

MS. BURGESS: Yeah, absolutely. Okay, so the first question, how did we pay for individuals on the police department? What we did was we engaged in different grant modifications. Right. So, we started with six components to the grant: at risk or, at risk in school, youth or incarcerated youth, incumbent worker training, direct participants, counselors and teachers, emergency room nurses. And then as the grant evolved and we realized that there were other individuals who wanted this type of training, we requested grant modifications.

And that is how we got the Kodiak Police Department on, that was approved. Then we got the Nome police department. And now for our 10th component of the grant, we have another grant application that provides training to 20 first responder organizations in Alaska, which would include police departments, fire departments, emergency medical technicians and so forth. So, these were not included in the original grant. But like I said, as said in the vault, we were allowed to modify our original grant and fund those types of training.

And I got to say that last when that first responder training, we just had that approved in February and we had all 20 organizations, not all 20. We had 20 organizations signed up within four to five weeks. And we have already trained seven or eight of them. And they are providing really good feedback on the training that they were provided. I do not know that I am -- yeah, I do not know what I am allowed to talk about, how much money was awarded, is that something that you would like me to speak about on this or?

MS. JONSON: I believe it is public information.

MS. BURGESS: OK. We got just over $1.2 million for our grant in Alaska. And some of the money that we -- these were these were no cost extensions that we got for the modifications, and so we did switch around a little bit of our line out in training. So, some of the income of worker training that we had for our original components was switched over to the Kodiak Police Department and Nome Police Department and then the first responder training for the 20 first responder organizations.

AMY: OK. We have some more questions for Alaska about taking out indirect. That must be referring to indirect cost.

MS. BURGESS: And yes, we do.

AMY: All right, any further questions for our demonstration grantee guests? Yes, it speaks a lot of money for. OK.

MS. JONSON: So, we are going to go ahead and transition to -- Sorry, I am sorry, move the slides over. We are going to go ahead and transition to our discussion with the NHE disaster guarantees and support and grantees, I am just going to take the lead on these questions that we are going to ask. And just to see if we can get you all to speak about your experience and your thoughts, Amy, whenever you are ready.

AMY: Yeah. So I am sort of bringing the conversation to our audience now. Energy disaster grantees and support grantees on the phone. Based on these preliminary findings of this evaluation of the demo graphs. What surprises you the most in these preliminary findings? Anything that made you go, aha, or, I was not expecting that many surprises today? And you can put that, your comments in the chat box or you can \*6 two to speak on the call.

And actually, FPO's, national office, anyone on the call for something that surprised you here today in the preliminary findings so far? I see someone is typing. It is the instructions on how to unmute your phone and then remute it.

All right, I think we can get people to think about that while Jon [inaudible] is typing. And my second question is: what rings true for your grant projects in terms of the two main tracks that were described; adapting the work force system or bringing the work force system to the behavioral health providers. Are these strategies that you have seen or that are part of your NHE energy disaster grants or the Support Act grant that you are working on?

Okay, Don Lusk has commented: my surprise is the number of people who want the job and are not interested in any sort of training. Yeah, there may be people who do not have the luxury of time, and so they are very eager. Cathy Williams says we use a combination of both. By that, Cathy, do you mean a combination of training and employment? Or do you mean, a combination of both strategies and number two. I apologize, Sandra, because earlier I think I called you Sandy when I should have called you Sandra.

MS. BURGESS: That is okay.

AMY: That is the best of both strategies. All right. I think that -- it echoes, I think, the findings here today echo what I have heard on other grantee calls.

ERICA MACKIE: Hi there, this is. Can you hear me?

AMY: Yes, I can. Who is speaking?

MS. MACKIE: Oh, hi there. This is Erica Mackie from Washington State. We had -- we had the demonstration grant, and we have two disaster recovery grants. And it definitely rings true, the combination of both. And we have a new a new sub recipient who is just engaging in that space, figuring out work sites and engaging with the health care community and some reentry space.

And I would also say that especially as they are beginning their journey. Getting that trust built

up with the behavioral health community can be tricky as you are navigating that and building trust, the behavioral health folks' kind of put together some training materials for the AJC staff. And so, I think that and having them engaged and part of that training so that they know when they make a referral for a participant, they know kind of what that participant can expect and they can trust that they are going to get a service that they also believe makes sense. You know, was really -- seems to be a very important piece of that relationship building in that pipeline structure too.

AMY: Thank you. And I am seeing some other comments along the same lines. Bringing the services to behavioral health has been a challenge, though, during COVID. As we have noted, COVID have made everything harder in the past year. So, our next question, what was most useful for you from today's presentation, from either the discussion with the demonstration grantees or the briefing from the evaluators? It is weird to sit quietly, but I am letting the words come in, the type on the screens come in.

MS. HARRIS: Amy, while the words are coming in, while the words are coming in, I always find most useful is regarding sustainability because these grants are the funds are time limited and take any opportunities to connect with the American Job Centers or other funding streams to ensure that the hard work done for implementing these grants continue. So, I like what Alaska said about their sustainability plans.

AMY: Thank you, Charlotte. Yes, definitely, and I think that the conversation that will be ongoing, talking about sustainability and opportunities. Laurie commented that I found this very affirming, recognizing that we are employing a variety of the strategies highlighted. Thank you so much. Alice commented that it was useful hearing directly from those designing these service delivery models. Thank you very much. That is what we were hoping for.

And peer navigators are a key, key resource. Robert points out: navigators are key to discovering the barriers people face without judgment. I think it adds a comfort level on all sides. I see Maura King is typing. Okay, Maura asked about any challenges that have been faced due to individuals having potential justice impacted background. Is -- Maura your question for other NHE disaster grantees or back to our demonstration grantees? Yeah, would anyone like to talk about partnerships with the court systems or with the justice systems?

ROB ONGILATI: Hello?

AMY: Yes, hi.

MR. ONGILATI: Hi, this is Rob Ongilati [ph]. I am the operations coordinator and the head of Opioid Recovery Works Grant in Connecticut. And I just wanted to say that we were very effective with some of the relationships that we built in two areas. The first would be that we formed an advisory group very early on in the process of implementing our grants, and we put individuals on there from all the different state agencies that would be impacted. And of course, two of those, two of the largest ones that are on there were corrections and judicial.

And that became really, really important, especially during COVID, when individuals were really not barred, but it was it was very hard to get into the into corrections and into the prisons to work with individuals, especially those that were exiting. So, by having those individuals on there, we were able to make inroads and able to get the kind of partnerships that we needed to move forward.

And then the other thing I wanted to say was we also had the ability here in Connecticut to co-enroll these individuals with some of our state funds that were available for a second chance program that we have here in Connecticut, which applies to individuals who have been negatively affected and have negative and have you have, you know, judicial or criminal backgrounds. And we are able to help those individuals specifically go into certain types of employment training programs that would best serve them based on the fact that, you know, they might have been affected by opioid or might have had loved ones that have.

So, you know, I just say that that helped us to build a great deal of relationship here in Connecticut, too. So those two things were big factors when we worked with individuals who were just as impacted.

AMY: Thank you. Would anyone else like to comment along those same lines?

MS. ROBBINS: Yes, this is this is Lauren with Pac Mountain, and can you hear me?

AMY: Yes, I can hear you.

MS. ROBBINS: Ok, great. I am really sorry about the tech issues with the volume. So, we did we actually had programing as well with inside two jail facilities, addressing with the opioid with our alliance. And what we noticed that was that was a challenge because somebody that is really the challenges of reentry, is the legal obligations that people have when they are released.

Oftentimes we discovered that they were in diversion courts and things like that where they had a lot on their plates, and they had to address. So, we had to work with that. And we did work with that and with the court system, which we did for training and things like that, so they could actually attend and work around the court scheduling.

Another challenge that we thought was due to a lot of the fees and the fines that people were experiencing. They had a lot of they had a lot of fiscal barriers to employment, whether it was child support and things like that, that would stand in the way of getting a driver's license out of suspension. And so how we addressed that was we just tried to identify those barriers to employment and providing support services to help remove those barriers so they can move forward with their employment goals.

AMY: Thank you very much. See, we have more comments coming in, we can continue to dialog about this. And our last question is just to think about what technical assistance going forward would be helpful for these grants. Does not have to be a webinar presentation like this could be a document, or frequently asked questions, document or a decade or guidance. So something to think about.

Robert says we had issues along those lines, as well as individuals placed in a transitional situations. There are many challenges these individuals face. And Allen said it is also important to partner with legal aid because the records of many convictions can be sealed or expunged. Okay, it seems like there is a lot to talk about having to do with justice impacted individuals.

Yes, Don, I sort of -- I could have guessed that this would be our pressing need to have technical assistance on integrating these new services and new skills into the existing AJCs after the grants are over. That is competition for resource resources programs and persons with these barriers will easily fall by the wayside. We do not want to see that happen. The tech should be for decision makers who need some encouragement to keep this going. Interesting. OK.

Laurie has a question: which occupational fields in recovery, substance use disorder were most accessible for participants, certifications, associates, degrees, etc.? I think this is something that we can look into possibly and come back to the group later. I guess I have a follow up question along the lines for a number four, and that is whether it was helpful to have this crossover topic where we brought together these three families of grants. Ordinarily are grant calls are sort of siloed. And that is because each of these grants have slightly different timelines, slightly different allowable activities, et cetera. And we thought today it would be helpful to have this crossover event. I wonder if that was really helpful for people.

MS. MACKIE: This is Erica Mackie from Washington State, I found it really helpful.

AMY: Okay, great. Okay, we have a transcript of the chat so we can take some of these other suggestions back, talking about how other states have addressed some of the foundational challenges, such as affordable housing. Unless anyone would like to chime in right now about addressing the issue of affordable housing.

MR. ONGILATI: Hello, this is Rob Ongilati from Connecticut again. One of our one of our local Workforce Development boards, actually, what they did is they actually took an individual who was working in a transitional housing center and she became a client. And then following that, they placed her full time in National Housing Center to help individuals get and with assistance with housing.

So that was -- that worked really well. That is kind of what you were talking about before when you talked about that cross, you know, the crossing crossings, bringing the problem to where individuals actually need it. So, we found that that was very helpful. And that is something now that many of our other WDBs are actually, Workforce Development Boards are actually copying and they are expanding into that now as a result of that.

AMY: Great. Thank you so much. I think that in all of these areas, bringing the services to where the people are seems to be a key aspect. And Pac Mountain partnered with existing partners that provided housing assistance also. Lauren posted a comment. Well, okay, thank you so much. We are not done, though.

Yes. Okay, yeah, we have to constantly -- regarding the crossover discussion, we have to remind ourselves of the differences and we do actually have a graphic that is under development to very quickly outline the different activities and allowable participants under each of these grant headings so that it is kind of like we can spot it right away when we are talking about disaster relief employment. That is the disaster grant. And when we are talking about incumbent workers or new entrants, that is allowable under the demonstration grants, but not under the disaster grant.

So not every solution is going to work under each project, but they might be inspired. So. All right, I think at this point, Ashley, I am turning it over to Sande for some comments about the DTA valuation, resources and opportunity?

MS. JONSON: Yep. You are.

AMY: Thank you so much. This was a good discussion. It was.

SANDY SCHIFFERES: Amy, do you want me to jump in here then? This is Sande.

AMY: Yes, I believe I do.

MS. SCHIFFERES: OK. Yeah, okay. Well, without any more ado, I wanted just to take all of the people on the on the line here today for providing such a really great input and also for all these questions. Just so you know, here I am again. My name is Sandy Schifferes and I am with the ETA Office of Policy Development and Research. And I work in the Division of Research and Evaluation. And I have been working with the chief evaluation office and their lead person who is been managing this contract since the beginning of it. And even before that, actually. You do not know that person, but her name is Jen Daley and she is helped to keep the evaluation on track and, you know, tremendous input to this whole process.

But I just want to let you know, and kind of building on all those things that we have heard today that ETA also maintains a lot of evaluation resources. And that is on the next slide, which I am going to just let you glance at really quickly. So, one of the great things about evaluations is that they allow a lot of disparate information to be kind of summarized in the same place that is available for other people to use that.

And in a sense, you know, this discussion today has been really helpful because it points the way for how we can possibly make our evaluations more useful and effective and share information, even in this case, when the evaluation findings are just really preliminary because we do not have a final report. So, I think it is been, you know, a really great experience to see how this has worked out and sharing that with both demo grantees last week and also with the disaster and support grantees right now, to try to use information from an evaluation to actually affect how people are thinking about their programing and delivering services.

And, you know, we are really excited about that. So just for those of you who do not know, we have our own publications database. It is within the workforce GPS system and it is all geared towards the workforce system, it is not quite as broad in a sense as what the CEO resources are. But we have a lot of the same resources because we cross-post with CEO and all their terrific information that they have there.

So, I did also want to raise one other point for those of you that working at the state level and if we could just flip to the next slide, please. In case you all didn't know, there is actually an evaluation requirement for states under WIOA that may not directly affect you, but I just kind of wanted to put a bee in your bonnet, so to speak. My office, you probably have figured out, is responsible for trying to get states to conduct evaluations, which is a requirement.

And although this does not directly affect your grants on the opioid crisis, per se, I just wanted to say that one way that your state might actually be able to fulfill that requirement is possibly to look at these grants and try to systematically record information from them in some kind of implementation or process study, which is what the Mathematica study is. And I think -- I just wanted to point the way to say that it is it is, in my view, a really excellent example of a well-done implementation evaluation. And it could be a model for states who want to undertake this, to evaluate other similar grants, which I think the disaster grants are. And even for those demo graphs, that may be continuing past the point of the evaluation that is been conducted itself.

So I think that, you know, this is a really good opportunity for maybe some of you in the field to think about how we can use the evaluation to think systematically about the services and also perhaps to collect and memorialize that information so that it can be useful to others who may be trying to improve and perfect these services and methods, and hopefully learn something, as well as deliver services that are helping a lot of individuals who are affected by the crisis. So just to look ahead really briefly, I hope that you all will actually take a look at the final report that emerges from the evaluation itself, and also to look at the two items that Christina mentioned.

There is like a really good literature review there and as well as a resource guide. And one of the points in the literature review, is that it is really important to try and continue to collect your own data out there in the field. You will have both that which is considered part of the regular grant requirements, but also perhaps the service providers should keep their own records. So ultimately, as we try to get everybody to think more like evaluators and think about what is really working out there, that that could be very helpful overall in the long run.

So, there might be something that would rise to the level of an evaluation if you happen to be in a conversation in your state about that, that these resources, as well as the overall evaluation, I think might be something you would want to look to, to build on. And with that, I just want to thank you all for giving me a few moments to just explain a little bit about this and to kind of close the circle on the evaluation as well as your grants. And I will be glad to take any questions. And if there are not any, I will just turn this back to Ashley to close out the session today. Thank you all very much.

MS. JONSON: Thank you, everyone, for attending, if you have any questions or come up with any other technical assistance, training ideas, please email me at johnson.ashley.n@dol.gov if you have any other questions, we will be happy to answer them for you. I am going to pass it off to Jon. Closing remarks. So, Jon?

(END)