Amanda:

Now, I would like to introduce today's moderator for The Impacts Of Opioid Addiction on the Rural Workforce webinar. Ashley N. Moore is a workforce analyst in the Innovation and Partnership Unit of the Office of Workforce Investment for the US Department of Labor. Please welcome Ashley.

Ashley N. Moore:

Thank you, Amanda. Next slide, please. Hello, and welcome. My name is Ashley Moore, and I'm a workforce analyst with the Office of Workforce Investments, within the employment and training administration at the US Department of Labor. On behalf of the Office of Workforce Investments, my colleague, Amy Ambrose, and I welcome you to this webinar on the topic of The Impacts Of Opioid Addiction on the Rural Workforce. This is the last of seven scheduled webinars featured in our Spring 2023 Opioid Webinar Series. These webinars, on serving individuals with opioid addiction and other substance use disorders, bring professionals throughout the public workforce system together for partner agencies to discuss innovative strategies and effective solutions.

So thank you all for being here today. According to the American Farm Bureau Federation, 45% of rural adults say they have been impacted by the opioid epidemic. And 74% of farmers and farm workers have been directly affected. Rural communities encounter unique challenges when combating substance misuse in the community and in the workplace. Rural areas typically have a high poverty rate, are sparsely located, and some lack access to healthcare, mental health and recovery service. To tackle opioid misuse, strong community partnerships, quality programs connect to connect people and recovery to employers, and supportive services are central to ensuring a productive and strong workforce and community. Next slide, please.

We have an exciting webinar planned for you today. We are pleased to welcome Kellie Kubena and Carol Wetuski from the US Department of Agriculture, who will present on the USDA programs that support rural communities with substance use, workforce development, and economic development, and in particular, the Rural Workforce Innovation Network, which is a forum for public and private partners to help increase access to workforce opportunities across rural America. Next, we will have Lauren Wood, with the Appalachian Regional Commission, who will provide an overview of what ARC does and present on the investment supporting partnerships and recovery ecosystems, also known as the INSPIRE Initiative.

The INSPIRE Initiative addresses the substance use dysphoric crisis across Appalachia by creating or expanding a recovery ecosystem that will lead to the workforce entry or reentry. And last, we will have Lottie Ryans, from the First Tennessee Development District and their partner organizations to speak on the impact of substance use in their local rural communities and how FTDD, through collaborative efforts with their many partners, support individuals and recovery in the workplace. First Tennessee Development District is a recipient of the Department of Labor's Workforce Opportunities for Rural Communities Grant, which is also known as the WORC Grant. As part of the WORC program, the Appalachian Regional Commission partners with the Department of Labor to provide technical assistance and comprehensive approaches, addressing economic distress and workforce development activities throughout the region. I want to thank all our presenters for being here today. And so, let's get started. Kellie and Carol, you may begin.

Kellie Kubena:

Thank you, Ashley, and thank you for having us as part of this webinar. So if you can, move to the next slide please. While we're getting that done, my name is Kellie Kubena, as Ashley said, and I serve as the USDA Rural Health Liaison, and I'm going to be presenting with my colleague, Carol. And I'll let you know a little bit more about what a rural health liaison is in just a minute. But I want to move to the next slide please. And just to set the stage a bit, before I talk about USDA and Rural Development, I wanted to share some context. So rural areas often have lower workforce participation, more so than urban areas, and sometimes, that's unemployment and [inaudible 00:04:44]. But it can also be because folks are older in retired or they may have caregiving responsibilities or other limitations that can reduce their ability to participate in the workforce.

Along with that lower participation, we also see lower rates of employer-sponsored health insurance, which you might imagine would go along with that. And even folks that are farmers and ranchers often have health insurance through an employer, as part of their day job or through a spouse's job. We also see a lower supply of mental health care providers in rural areas. Fewer caregivers also make it harder to access care. And we see, substance use disorder rates are not consistently greater or lower in rural areas versus urban, but we do see higher opioid prescriptions in some rural areas. So that's what these charts are here. This is from the Rural Health Research Gateway Rural Population Health Chartbook, and there's a link to that on this slide. All of these factors together combine to make it harder to seek care for behavioral health or substance use issues for individuals and their families, and those barriers can impede the ability to get and keep a job. So with that, I wanted to talk today about USDA and how we support rural communities with substance use issues, workforce development, and economic development. Next slide please.

So I'd like to start with an organizational chart of USDA. USDA is a big agency, and a lot of times, people are only aware of one or two parts that maybe they've had exposure to. So this is the whole enchilada here. We work with almost every aspect of rural communities. We have eight mission areas. So that's that kind of top line set of organizations you see there. And I'm just going to highlight a few things that you may not know about. And then, I'm going to focus, lastly, on Rural Development, which is where I and Carol sit in USDA. So the first little yellow circle you'll see there is the Forest Service. You may think of the Forest Service only as a land management agency. "I drive in and I go see the national forest," and that's really cool to do.

But they're also a significant employer in rural communities around the national forest, and they're a big part of their local rural community development. Earlier this year, in fact, the Forest Service, Rural Development, and the National Institute of Food and Agriculture agreed to partner to develop annual plans to expand economic opportunities related to recreation in the communities that surround America's national forests. Next is the National Institute of Food and Agriculture, or NIFA, as we call it. They provide a lot of great support through education, technical assistance, and other programs.

NIFA promotes workforce development and employability through national program leadership, funding for integrated research education and extension activities, and strategic partnerships and collaborations. For example, the Agriculture and Food Research Initiative Education and Workforce Development Program focuses on developing the next generation of research education extension professionals in food and agricultural sciences. Additionally, the Rural Health and Safety Education Program funds education and training, related to health promotion and safety for individuals and families, and they do that through community-based education programs. And lastly, 4-H and positive youth development helps young people develop the capacity to act as responsible citizens and meet the challenges of transitioning to adulthood, like being workplace ready. That's just a sampling of some of the programs. And next, I want to talk about Rural Development. Next slide, please.

The Rural Development has three agencies, the Rural Business and Cooperative Service, the Rural Utility Service, and Rural Housing Service. And you see that little blue box hanging off to the side up there at the top. That's where I and Carol sit, in the Innovation Center in Rural Development. So we work to support those three agencies and all of the programs that they operate to help rural America. So I want to mention just a few of those programs. First, in the Rural Business and Cooperative Service, we have our Rural Economic Development Loan and Grant Program, or REDLG, as we call it, that supports projects that maintain and create jobs in rural communities. That program provides significant support for health related projects, particularly those that are privately oriented.

Second, our Distance Learning and Telemedicine Program and the Rural Utility Service provides critical infrastructure and equipment needed for telehealth and distance learning, including projects like mobile mental health care facilities or in-school facilities for students that need to seek care or distance learning to provide for workforce development opportunities. And last and definitely not least, I want to highlight the Community Facilities Program and the Rural Housing Service. Community Facilities is one of our most flexible programs, but it's also our largest supporter of rural health related projects. This program can support hospital construction to ambulance purchases to higher education facilities, and a whole lot more. Next slide, please.

So a key thing to know about Rural Development is we are primarily staffed out of our 47 state offices, where our staff live and work in the rural communities that we serve. So when you get these slides or download them, I'm not sure how we're getting those out, there's a link embedded in the slides in the map, sorry, that will take you to the website with all of our state offices. So you can find your state office there. There's also some green text down there on the lower right hand side, that also has a link embedded in it, that will take you to any of our open funding announcements. So those are two important links on this particular slide. Next slide, please.

Something else I wanted to share today is the key priorities for Rural Development. This is a recent effort for us to align all of our programs along a group of priorities that have quantitative measures to assess how projects meet those priorities. You can find out more, again, on the link on the slide. And the priorities include addressing climate change and environmental justice, creating more and better market opportunities, and advancing racial justice, place-based equity, and opportunity. If you're considering applying for Rural Development Funding Program, it pays to be familiar with key priorities and how they're measured. Next slide, please.

All right, so as promised earlier, I said I serve as the Rural Health Liaison. So you may be asking yourself, "What in the world is a rural health liaison? And why do we have them?" And that is a great question. So in 2018, Congress created the role in the Farm Bill and directed that the role be really focused on increasing coordination and collaboration across USDA, between USDA and the Department of Health and Human Services particularly and between USDA and other partners, stakeholders, and customers. The Rural Health Liaison was also tasked with sharing information about USDA programs with customers and partners and sharing data related to rural health across USDA and its partners and stakeholders. So I've been in the job a bit over a year, and I'm excited to share some of the accomplishments.

For Mental Health Awareness Month, last year, I worked with colleagues in NIFA and Farm Services and Rural Development, as well as our colleagues in Health and Human Services, to hold a virtual behavioral health conference. So there's, again, a link to that in this slide. All the presentations and recordings are up there. And then, this month, for Mental Health Month, we've held a series of webinars starting May 9th and finishing next Tuesday around different groups of folks and how rules and resources that would be available to help them dealing with mental health.

Another big accomplishment, which is not mine, I can't claim credit for it, but I use it every day, is the Rural Data Gateway, that was recently launched by the folks at the Innovation Center. And it is a great site to find information about Rural Development's investments and information about the communities where we work. So I highly recommend that. Again, link will be on the slide. And you can also keep up to date with the work that we're doing around rural health by subscribing to the GovDelivery email list. You can also send questions or comments to me or to our rural health email. Next slide, please.

Another key initiative I wanted to highlight before I racked it up and let Carol take over is our Rural Partners Network. This is, really, a whole of government initiative to work with 36 communities over 10 states and Puerto Rico, supporting those communities and navigating the resources, leveraging partnerships, and building capacity for community economic development. The Rural Partners Network communities have identified substance use, behavioral health, and rural health in general, as issues that they really want to address, particularly the healthcare workforce. Also, support for recovery and prevention. And you can see more about that at rural.gov. And this is just a taste of the kinds of work that we do at USDA to support rural health. And I hope that you'll take some time to explore the resources that we have to offer. And I want to hand it off to my colleague, Carol, to talk about another really fun Rural Development initiative, the Rural Workforce Innovation Network. Thank you.

Carol Wetuski:

Next slide, please. And just to let you know, my name is Carol Wetuski. I am the team lead for the USDA Rural Development Rural Workforce Innovation Network. Otherwise, we like to call it RWIN, a lot easier to say and a lot less of a mouthful of words. To talk about RWIN, I just want to start us off with our webpage. So you have the link, and you will be able to access the webpage. And this is what you're going to bring up. And it kind of goes in order of items that I would like to discuss with you today. The whole purpose of RWIN is to connect members and to connect people and resources to address workforce opportunities, to have access, and to increase their workforce programs and the rural communities that they serve. How we did this was through a series of areas.

Like I said, this is truly just a network of collecting a lot of people, bringing people together, but also, for these rural partners is to share and make them informed of what resources, especially in the federal arena, that is available to them. And so, how we do that is through our workshops. Over the past two years, we've been holding a series of workshops. All our workshops are recorded and posted on our webpage here. And what we did is we bring in our federal partners, such as Department of Labor here, Health and Human Services. We've done two healthcare workshops, bringing in different partners, to include Department of Energy. I'm just trying to think of... There's very few federal agencies we have not partnered with, but it was to bring together programs around specific topics, like healthcare, like placemaking, like energy programs, and to let people know what's available for the funding.

Listening to our network, what we did last year, and you can get access to them, there's multiple recordings, one is a two-part series that you'll see in April, 2022. And then, this last fall, you'll see regional recordings, and it's what we call our Grants Workshop. And it's the basics of grants, where we say Federal Grants 101. And what this workshop does, you'll have a two-part, and then, we condensed it down to a two hour workshop is what we did for the four regionals. And we partnered with Health and Human Services, Department of Housing and Urban Development, Federal Emergency Management Agency, FEMA, and Economic Development Administration, EDA. So it's five federal agencies. We come together, and we put together this Grants Workshop. And it really covers some really great basics. So as you hear about federal funding, a lot of the questions is, "How do I access it? How do I apply? What do I need to do?"

And this will give you the basics to get you started. So we do cover extensively, grants.gov, the system that the grants are advertised in, as well as a little bit on the SAM system, tips on applying and doing your application, as well as an overview of what to expect if you do get a grant and how to manage your funds. So please, these are out there, take advantage of them as you're working through this process. Next, we talk about the network, and I'm going to go into a little bit more detail on the following slides of what the network looks like. But I just want to let you know, when you click here, it'll drop down, and it'll have a message. And there, you'll have an opportunity to join, and anybody's able to join the network.

And what does it mean by "join the network?" You'll be the first to be notified of upcoming workshops. We always put it out to the network first, over a period of days prior to putting our workshops out to the general public. And yes, our workshop's available for everyone to attend, but we like to let the network have that opportunity to register first, in case we run out of space in the workshop. Also, we send out series of emails and email notices of USDA funding and webinars and workshop opportunities, as well as our federal partners, such as Department of Labor. As they provide these workshops and announcements too, we share that with the network to let them know of opportunities and upcoming opportunities. You can also download a PDF document of a listing of the network members. And this, you can see who is a member in your state.

So if you want to connect locally or reach out and connect with different organizations, you can see, and it is listed alphabetical order by state that you're able to tap into that. Tools and resources are just that. They're links to other USDA opportunities and announcements. And we also have a USDA Rural Workforce Resource Guide to help tie you to and make you aware of what programs are there to support workforce opportunities and workforce training, things that you are trying to implement in your communities, and what's available to support you. Next slide.

And so, this next slide coming up, I just want to show you the RWIN membership map. And when we put this together, it's really nice, because when you look, we have representation from all across the nation. It's not just isolated to different segments in different parts, but all states are representative. And to include, we have territories such as Puerto Rico and America Samoa. So it's really important, because we do realize and recognize the importance of workforce and the driving need, especially in our rural communities, of getting resources and tapping into and connecting across. Next slide, please.

And then, just to wrap up, what does the network look like? Who's the members of the network? We had people, when you do register, you're asked to select from four different types of organizations, whether you're an educational institution, the nonprofit, private business, or public entity, such as local, state, federal, or tribal governments. So as you can see, we have a really good breakdown, and I'm really happy to see the number of private businesses. Because these are pretty much having a large view of who's representing and supporting and training our workforce out there. And so, it's really great to have that representation. And when you look across the nation, you look at the totals, it's pretty evenly distributed too, so it's not dominant. So [inaudible 00:20:08] so it's a program well represented. So I'm sure you can find somebody in your local state that is a part of this network, if you want to develop it on your own or just be a part of the national one with us. And so, with that, thank you for your time, and I will turn it back over to Ashley.

Ashley N. Moore:

Thank you so much, Carol and Kellie. Next, we'll have Lauren Wood with the Appalachian Regional Commission. Lauren, you ready?

Lauren Wood:

Yeah. Thank you, Ashley. If we can go to the next slide here to start ARC's portion, that'd be great. I do appreciate the lag time. I think it gives all presenters a moment to take a deep breath in between things. So hi, everyone. I think, before we even start to get through the slides, just want to give Kellie and Carol a huge kudos to the efforts that they are spearheading. It is a lot of work, and you ladies are doing it gracefully. So appreciate all of the work that USDA is doing. But again, hello everyone. It's great to be with you today to discuss the Appalachian Regional Commission. And really, our work within the context of INSPIRE is, as Ashley had mentioned, its Investments Supporting Partnerships In Recovery Ecosystems and that initiative and, really, just largely, our economic and workforce related efforts.

If we can go to the next slide here, I'll tell you a little bit about our mission and who ARC is. So for those that are not familiar, the Appalachian Regional Commission is an economic development partnership agency of the federal government. And then, as you'll see on the slide here, the 13 state governments that are focusing on 423 counties, we just added three more counties this year, but 423 counties and 26 million people across the Appalachian region. And our mission is really to innovate, to partner, and invest, to build that community capacity, and to strengthen economic growth in Appalachia, to help the region achieve socioeconomic parity with the rest of the nation. If we can go to the next slide as well. And similar to what USDA had presented on, so ARC's organizational structure is not as complex.

We are certainly small, but mighty, but we are led by a commission composed of governors from each of the region's 13 states, and then, a federal co-chair, who is appointed by the president and then, confirmed by the Senate. So each year, the governors select a state's co-chair to lead the commission, in partnership with our federal co-chair. So for everyone's awareness, ARC's new state co-chair, that replaced Governor Larry Hogan last year is Kentucky's governor Andy Beshear. So he is our new state co-chair. And then, ARC's federal co-chair, again appointed by the president, is the mighty Miss Gayle Manchin, from West Virginia. Next slide, please.

And then, just to give you a high level of ARC's focus areas, so in this next slide, you'll see the buckets here reflect our 2022 to 2026 strategic plan. So under this new plan, all of ARC's activities, again, fall within these five broad areas. So it's building Appalachian businesses, building the workforce ecosystem, building infrastructure, building culture and tourism, and then, building community leaders and capacity. And I mentioned this, I think this slide is paramount to setting the stage on who ARC is, because every project that is awarded funding by ARC must tie back, in some way, to the strategic plan and its priorities, as well as each state's strategic plan for the state in which you're applying for funding. Could speak a lot more to that, but I'll leave it here for right now. Happy to answer any questions later.

If we can move to the next slide. And we'll start diving into ARC's INSPIRE Initiative. So again, the Investments Supporting Partnerships In Recovery Ecosystems or INSPIRE Initiative was really created with the unfortunate knowledge that individuals across Appalachia are and have been historically disproportionately affected by a number of chronic health disparities, especially that of drug use, other behavioral health and mental health disorders. And in an effort to really support our Appalachian communities in tackling the drug use epidemic, back in 2019, ARC hosted just a litany of listening sessions across Appalachia, from Southern New York all the way to northeast Mississippi, with the help of an SUD Advisory Council. We pulled representatives from each of the states across the region, but we hosted these listening sessions to really understand the region's challenges and successes and, most importantly, its assets in really moving the needle to not just reduce those substance use rates, but also increase recovery capital and this population, the recovery population's chances at engagement and meaningful employment.

So here, you'll see from this slide or this visual, it's kind of through that lens of building and strengthening economically resilient communities. We see this ecosystem as a complex linkage of multiple sectors. So you've got your recovery communities, your health and human services agencies, there's faith-based entities, criminal justice, housing, transportation, education, and of course, those employers with the foundational goal of the ecosystem. And each grant that we fund via INSPIRE being driven by helping those individuals in recovery access their support services and the training they need to maintain that recovery as much as possible and successfully enter or reenter the workforce. If we go to the next slide here. And I always like to show, when I give these presentations, especially for our visual folks, just really a visual of INSPIRE's reach over the last two years, that the initiative has been up and running, because I think this visual speaks just absolute volumes to the need that our Appalachian communities have and the geographical impact that our grantees are making.

So as you'll see from this slide, you've got your cumulative county serve to date through INSPIRE. So in total, there's 289 counties, again, across 423 counties that ARC serves for a total investment to date of a little over 28 million dollars, and that's across 84 projects. And then, the map on the left, especially for our folks there in Pennsylvania, West Virginia, and Kentucky, you've got an additional talking point to go home to today. But this map just kind of shows our heat map of the three states that are tied at having the most involvement so far with the INSPIRE Initiative. And if we can go to the next slide, please.

And as I stated before, we have 84 grantees across the region. So I think, for the 500 plus people that are on today, it's probably intuitive to you all that most of our projects are tackling their own piece of the puzzle or piece of the pie, when it comes to addressing substance use and workforce engagement for the recovery population within their own community ecosystem. However, we are seeing some very common evidence-based and promising strategies that grantees are using to either craft, expand, or improve their programs. So for example, we've got a number of them that are really working to understand their own community needs, barriers, and assets, to inform that continuum of recovery services. So such as connecting folks to the SUD services, but a lot of them recognize it goes beyond that. So it's not just SUD and workforce training, but it's also this other services that promote access to housing, transportation, family reunification, and legal supports, all of which we know has a direct impact on an individual's success, in their job and meaningful job attainment.

We have a number of other grantees that are really creating sustainability by starting or expanding social enterprises. So that provides, hopefully, the financial gain to the organization, but it also leads to a lot of that financial literacy and kind of promotion of an entrepreneurial spirit within their clients. We have, again, a number of, to the extent, they have the capacity and knowledge, but a number of grantees and organizations that are working with Medicaid to try and get reimbursable services as another line for creating sustainability. But all of that to say, what I consistently hear from, give or take, our 84 grantees is that all of them really understand the value and the need for fostering those strong partnerships, not just within their community, but to the extent it's feasible, partnering across their state and across their region.

And equally as important is really cultivating those partnerships with non-traditional entities, such as local development districts. They go by different names in different states. Or council of governments is another way to describe them. We've also got those non-traditional partners in this space, like economic development agencies, drug courts, and then, again, those local and regional employers really being at the bedrock of those partnerships. Next slide, please.

And then, last but not least, because ARC does have a number of other funding opportunities outside of INSPIRE. So I just wanted to give you an overview of those mechanisms that are available, as each one can really support obviously economic development and workforce development, but health related efforts across Appalachia at large. So in addition to INSPIRE, there's our POWER Initiative, so that's Partnerships for Opportunity and Workforce and Economic Revitalization Initiative. I'm sure as it's been clear in the last 32 minutes, the federal government loves their acronyms, but the POWER Initiative is aimed at addressing the needs of coal impacted communities in the region. POWER priorities are going to tie back to ARC's strategic plan. We also have something that is very exciting and new to ARC, which is the ARISE Initiative. So Appalachian Regional Initiative for Stronger Economies. This is funded through infrastructure dollars provided to ARC last year by the Biden administration.

And this initiative really aims to drive very large scale regional economic transformation through multi-state collaborative projects. And then, lastly, and something that our states are very honored to support and proud of is the Area Development Funding, which is kind of considered a flexible bottom up approach to economic development, thus kind of empowering Appalachian communities and folks like yourself to work with their state governments to really design those impactful investment opportunities that support states and ARC's investment priorities. And I believe that is it for me. So if we can go to the next slide there, and my contact information's available. Always happy to talk shop about all things ARC, definitely our SUD and our INSPIRE work. I live and breathe this every day and love my job. So please don't hesitate to reach out with any questions or feedback you might have. But with that, Ashley, I'll turn it over to you, and thanks to DOL for having ARC on today.

Ashley N. Moore:

Thank you so much, Lauren. You all, make sure you download this PowerPoint presentation [inaudible 00:32:16]. We have lots of links on here that will take you to our presenter's websites, so you can learn more about their programs. So next, we have Lottie Ryans from the First Tennessee Development District and her partner organizations. Good to go. Thank you, Lottie.

Lottie Ryans:

Thank you. I appreciate the opportunity to participate today. We're very honored to be able to share information about the Caring Workplace Initiative with everyone on the screen today. Next slide, please. So I have a few objectives, as we put this together today. The first one is introduce you to the Caring Workplace Rural Opportunities Initiative. The second is to allow you to hear from our partners, while I can share information, to really hear from the people who are doing the work, in addition to my team, to the people who are doing the work in the field and what their experiences have been, either as you will hear, CPRS, as we work with our clients or employers who hire our clients, I think that's a really important piece of this discussion today. And finally, we will share some challenges from a rural region's perspective, but also, how we've tried to address those challenges.

Next slide, please. So the Caring Workplaces Rural Opportunities Initiative is funded through the Department of Labor. It's a 1.3 million dollar grant that was awarded to the First Tennessee Development District. So probably, like many of you've experienced, there are lots of things we sit around and talk about and we lament and we say, "What can we do about it?" And we have put together a learning cohort that had the person I call the Dean of our Chambers in the region. He's been in leadership longer than the other chamber leaders, and he also has a reach across the state. We had our healthcare providers, we had some of our mental healthcare providers. We had a number of people who were part of a learning cohort to say, "What can we do about these things we keep talking about?" And fortunately, for us, as we were convening that group, this funding opportunity came available.

Fortunately, for me, I was able to put together an incredible team that we have one person, our manager for the program, has a probation and corrections background. The person who goes out and does a lot of business recruitment actually worked for the Department of Labor and was a recruiter for business initiatives through the Department of Labor and the AJCs in our region. He's also a veteran, so a different kind of connection for us. And then, our administrative person has a great marketing background, so we were able to put together a really strong team to help lead this, but we also have partners that help us actually get the work done. Next slide, please.

So why is this important? You heard some information at the very beginning about some of the statistics, and so, you can see, for Tennessee, our high opioid prescription rate and the decline in the labor force participation rate. When I started working for the development district, we had some mayors who were really looking at, "What is going to make a difference in our region?" And they recognized that, very often, recruiters know more about you than you think they do. So as they were trying to recruit new businesses to the region, what were they seeing? What were some of the impacts they were seeing? They were seeing some terribly high opioid use rates. We had some of the highest children born with neonatal abstinence syndrome. In fact, high enough that our children's hospital had to put another wing on. We were just seeing some numbers that were just not the trajectory we wanted to see our region go.

Again, we are a rural region. So those numbers had really devastating impacts to us. So there was a great need to say, "How are we going to tackle this?" And actually, one of the mayors had brought in some programming to the region to talk about the opioid crisis in our region. So hence, there was an economic and business side to "What do we need to do?" Of course, there is the human side of this, and we want lives restored. We want to make sure that we don't have people dying of overdoses and those sorts of things. But there was a particularly important business impact that a mayor can see and drive that conversation across his or her constituents. Next slide, please.

So what we recognized is 75% of individuals with addiction were already in the workforce. So we can't deny that the problem exists. Go ahead and hit button again, please. Thank you. Approximately 70,000 Tennesseans suffer from some form of dependence on prescription narcotics. Again, our opioid death rates and overdose rates were just way too high. 75% of employers know that this is costing them in the billions each year, and only 17% of employers believe their organization is well prepared to help people who are dealing with opioid use in the workplace. Next slide, please. So some additional information. So we talked about the labor force participation rate, which I know is a big deal for everyone is, are people going to work? And why are they not going to work? And how do we move the needle on that? Well, about 43% of the decline in the men's labor force participation rate between 99 and 2015 was attributed to opioid use, and 25% of women.

And the next one shows you that the unemployment rate, if you'll hit the button please, the unemployment rate for those with substance use disorder is three times higher than the average rate. Well, those are numbers we wanted to have a change on. One of the things we know is that having a job is important to recovery. We also know that we were also in a situation, we had a declining an aging population. So if you put all of that together, we had the declining population, we were losing some of our students. When they would graduate, they would leave the region, and then, we have this drug addiction issue at the same time.

So all of those things compounding were at a really important intersection to say, "This is really important. How are we going to deal with this in our region?" And what's important, when you look, our region happens to be eight counties, eight rural counties. So it's a regional problem. It had to be addressed from a regional perspective. If you look at the commute rates across our region, the number of people that live in one community and drive to another for work is pretty significant. And that's really important when you think about a rural community and how do you address these issues from a rural perspective. Next slide, please.

So when we put our program together, we had a few very specific partnerships in mind, and these were also people who were part of the learning cohort I mentioned earlier. Ballad Health, which is our original healthcare provider, came to the table with PEER navigators, and you're going to hear from actually the manager of that program a little bit later. We specifically began our focus on 90 days pre-release from incarceration, recognizing that we wanted people to be able to walk out with a plan as they were leaving incarceration. And then, we also wanted to develop this pipeline of potential employees. In addition, we also were focusing, not only on those who are incarcerated, but those who are dealing with SUD. And many times, that's the same population. So it was a natural fit that we would have those conversations about those pre-release. And then, as you'll see in a few moments, also some referral partners, who work very specifically both post-release, but also, dealing with or helping those who are in recovering. The American Job Centers has been a critical element of our success.

This is the Department of Labor grant. So they had expectations of people going to work, number one, and number two, "How are we tracking that?" You probably have heard of Wagner-Peyser, and so, "How are we getting people into something that we could track and say, "Who are we serving? Where are they getting jobs at the end?"" That has been a pivotal relationship and, I would say, evolving. We had to develop processes and procedures that didn't exist. And I think one of the things I'm very proud about is how this team of our partners will see "That's working, but could we do it better?" Or "We're not capturing that" or "What other things can we do to help our clients? To help our employees?" And I think that's been evolving and, again, a very strong partnership with the American Job Centers. And then, finally, the Addiction Science Center at ETSU, a great resource that actually has done some work with ARC and others on a national scale. And they have a group that's dedicated on a daily basis.

That's the work they do. What are the ecosystems in place? What are the support systems that need to be put in place? Well, what they do for us with Caring Workplaces is they either help create policies, if an employer doesn't have any policies around drug and alcohol, or they do a policy review, they go in and they look for, "Are there things you need to tighten up? Is there language you using that might be stigmatizing?" Just really trying to offer suggestions. There's no requirement that the company would change their policies, but what we have found is that companies are interested in, "What can I do? How can I get better? How can I support my employees better?" They also are training partner, as are other parts of the university, and they also will help us with our data analysis. So what are the trends and things we're seeing in the work we're doing?

Next slide, please. Let you go ahead and put... Thank you. So I call this two swim lanes, in terms of the work we're doing. One of those is that we want employers to take care of their current employees. Turnover can be an issue. We want them to retain their strong employees, and they've already made an investment in them. So there could be people that say, "I may not be ready to hire somebody that's coming through the program, either out of incarceration and/or in recovery, but what can I do for my current employees?" So that's part of the program. We want people to know what resources are available in our community, how can they refer them out, if there's somebody that either they are dealing with an issue or somebody in their family is? We know that people are distracted if something's happening with their children, their spouse, their parents.

So we wanted to be able to help employers help those that they already have on their payroll. The second piece of that is people who are willing to hire our pipeline, those, again, who are coming out of incarceration or are in recovery. And part of that also is that we want you to change the culture, if your culture needs to be changed. Part of that is just growth and learning. So it's not necessarily your culture is bad, but if you haven't addressed language, if you haven't thought about an EAP program, if you really haven't started thinking about how to be supportive, that's important to us. We are not just a staffing agency. If you are not willing to take a hard look and to put your leadership through training, to put your employees through training, maybe it's stigma reduction, maybe it's mental health first aid, that's really important, if you're not willing or ready to do that, then we are not the program for you.

And I'm not ashamed to say that, because we want people to walk into a place where they can be successful. Will there be people who relapse? Absolutely. That's just part of life. But we want to set everybody up for success. We want employers to be proud to be a Caring Workplace, so that they know they're making an investment that is going to be a good return for them. At the end of the day, they either have stockholders or somebody they answer to, and we want them to be successful, as well as the individuals we're serving. So to be a participant, a company will sign a letter of agreement and intent and let their employees know "We are signing up to be a Caring Workplace." So a declaration statement that says, "This is a commitment we're making." And they want to shout it out to their employees and make it part of their onboarding process.

To be certified, They go through the policy reviews, and again, they do leadership and employee training. One of the things that happened, we had a couple things, jails were shut down, because of COVID. And then, employees, people were not letting people into their businesses or maybe we have a really large employer, so it's kind of hard to get to everybody. So one of the things that happened for us is we ended up having to develop a learning management system, so that people could do online trainings, if they wanted to. And then, finally, gold certification. So there are employers, you'll hear from one of them today, who are gold standard. Those that either do additional trainings or they might do things in the community, they do things that are above and beyond the certification that everyone is expected to do within their first year. They go above and beyond and really help champion this work for us. Next slide, please.

So what are some of the benefits? Having access to a new pipeline of individuals, who are supported and ready to work, have access to free resources for their current employees and their family members. And we've helped people retain jobs that maybe they were not someone who'd come through the actual program but their company was participating. And then, we were able to help be that resource that helped maybe save a life or help save a family member's life and then, help them to be able to get their services and supports they needed and to be able to keep their job. Again, that free trainings and policy reviews, retention resources, I've just described.

And then, something we kind of stumbled upon is employer networking sessions. So we started realizing, it was probably smart to put people together. So if those HR professionals needed to have an understanding of "How's this working over here?" or "I wish somebody could talk to me about X, Y, Z," so now, we do quarterly employer networking sessions. I actually had one this morning, where stigma training that was specifically designed for employers was on the agenda. So we try to keep those, as well as our learning cohort meetings, to one hour, but to make those really strong meetings where people can network and share best practices. Next slide, please.

Again, our networking sessions are... Again, we are eight counties. So there might be somebody in Johnson County and somebody else in Green County that may never have a chance to meet otherwise, but they can talk about what's working for the program and just what some of their needs are across disciplines, across sectors. We actually had a labor attorney come talk to them about employment law, because there's that sticky wick of "Am I doing something for this person I'm not doing for that?" or "How do I handle this question? What can I talk about openly?" Just so that people are not stumbling and that they feel confident walking into this new program with Caring Workplaces. Mental health in the workplace. Certified peer recovery specialist spoke to the employees, because we wanted them to recognize what supports are the people we're bringing to you receiving. And we wanted people with lived experience to say "This is important, and having that job is important. And here's how you can help support the people that are coming into your workplace." Next slide, please.

So we have 27 partnering and referral agencies. Go ahead and hit the next slide please. Just to give you a quick list, you heard Lauren mention things like recovery courts or we have the jail or day reporting centers. Just a lot of things, because when you are in a rural environment, then you've got to piece apart, you're trying to pull together who's helping in this space and who's helping in that space. So we're really trying to bring everybody together, so we are not missing opportunities, number one, to serve individuals and, number two, to bring more employees as potential employees to our employers. Next slide, please.

So the proof's in the pudding. Actually, we now have 63. When this slide was sent in, we had 62, and now, we have 63 employers across the entire region and across different sectors in the economy. Next slide, please. The next few slides are just some of the logo, so you can see the variety. And there are lots of different sizes. Some mom and pop, all the way to some really large employers in our region. Next slide. Thankfully, this is several slides. And again, I think an important piece for today is for you to hear from some of our partners. So let me introduce Jennifer Jones, who is with Ballad Health and are the PEERhelp navigation program. That's a real critical piece to doing the work. My team recruits your employers, and they actually work with the clients. Thank you, Jennifer.

Jennifer Jones:

Thank you, Lottie. Hi, everyone. My name is Jennifer, and I'm a person in long-term recovery, a certified peer recovery specialist. And I'm the recovery program manager for Ballad Health, and I oversee the PEERhelp program. So as you see here, and as has been mentioned before, we employ certified peer recovery specialist as our staff. And these individuals come from a wide variety of backgrounds and experiences, but all who have lived experience. And so, we can move to the next slide please. So what is a certified peer recovery specialist? So it's a person in recovery, at least 12 to 24 months, depending on the state that you reside in.

We operate in two states, currently, as a program. And so, we cover Southwest Virginia and Northeast Tennessee. Virginia is 12 months of sustained recovery, whereas, Tennessee is 24. It's an evidence-based practice and certified by the Tennessee Department of Mental Health and Substance Abuse Services, as well as the Virginia Certification Board. So the training for this certification requires also, in addition to the training itself, there's a 500 hour internship that's required in order to sit for the exam and obtain certification. Next slide, please.

So this is just an example of the model of the program and some of the different implements that we do cover. As you can see, there are trainings, classes, community navigation, which would include the employment aspect of that, as well as navigation to resources within the community. We also have a warmline that we operate. So between 8:00 AM and midnight, you are able to access a peer recovery specialist. Folks call for different reasons. Maybe they need support, because they're experiencing depression or maybe some significant life changes. Maybe they're struggling with substance use. So they can call and speak directly to a peer recovery specialist. After those hours, it goes to the respond line, and they are always able to reach someone if they need to talk. We also have recovery meetings, so that's those mutual support group meetings. We offer those both in-person and virtual. And so, our peer recovery specialist, or navigators is what their title is, they're out in the communities, they're meeting with the people, they're engaging with them. And this becomes a huge piece of what we do with employment is making those connections. And next slide, please.

So this is the model that we kind of use as a template. As you can see, we're starting out at the bottom. Members of the community in recovery or post-incarceration, and as mentioned before, a lot of times, that is the same population. So the referrals come in through many different avenues, whether it be probation offices, jails, or prisons, employers, treatment facilities, through the warmline that we operate, or the jail email programs that we have. And that person would then be introduced to a peer recovery specialist that they're assigned to, that they can work with one-on-one, and have mutuality with that person, and be able to navigate that person's specific needs.

So we would go into the navigation with employment, identifying maybe some of the things that they might need. If they need clothes or they need shoes or they're struggling with transportation or housing, we try to make sure that all of those needs are met, so that, when that person is either released from incarceration or maybe from a treatment facility or if they're working with a local probation office, that they have what they need in order to be able to be successful at that job.

Because obtaining a job is not the hard part. It's being able to maintain that. And if you're sleeping in a ditch or you're unhoused and struggling with clothes to wear, you don't have shoes on your feet or food to eat, that becomes a barrier. So it's hard to maintain that employment after that. So our peer recovery specialists work directly with those individuals to meet their unique specific needs. [inaudible 00:53:14] "pants to fit me." So that part of it is a huge part of it too. But we try to just connect them with all of the community resources that they would need in order to be successful. And that includes soft skills. We facilitate soft skills classes.

We currently have a couple going in a couple of our different jails right now. And right before this meeting, I was able to go through and look at some of their presentation work that they had completed from one of the jails. And the intelligence there would blow your mind. So very happy to have them be a part of that program and to see their growth as they progress through the curriculum there with the soft skills and be able to be job ready and ready for an interview, when that time comes. So as soon as they're released, they'll have the skills that they need. Next slide, please.

So this is just some of our community engagement. As Lottie mentioned, working with the day reporting center and the Department of Corrections, multiple jail facilities, prisons, and with local courts and judges, to help bridge those gaps that are needed. Have that person, have someone maybe to advocate for them, so that they can get treatment, as opposed to maybe incarceration time, so that they can become ready to be productive citizens. Next slide, please.

And so, why is this important for the individual? Having employment means stable, meaningful employment, that encourages independence and accountability and, ultimately, leads to greater success in long-term recovery. For employers, in the business community, it leverages an untapped talent pool. And my goodness, I wish I could just show the world how talented some of these individuals are that we work with and how just the intelligence is mind blowing. And it reduces stigma around recovery in the workforce and in the communities too. A lot of times, maybe someone isn't open to working with a person at first, but once they get to know them and they see their skills and they see that development in them, and next thing you know, they're working side by side and they're partnered up, making lots of progress. And it's always a great thing to see. Next slide, please.

So "Many employers fear that people in recovery will threaten a company's success. In reality, they offer unique strength you can't find in other candidates." And that's so true. People in recovery, we're more grateful, because we're on a mission, in a lot of ways, to make up for lost time, for lack of better way of putting it. And we're driven, and we're out there trying to make our path in life. And so, people in recovery tend to be more grateful, and they're more dependable, because they really want that responsibility. They want a sense of belonging, they want a sense of purpose, and that's so important. So those daily responsibilities, that's another thing is having a purpose, having something to do to keep your mind occupied and keep your hands busy.

Socialization. If you've either experienced mental health challenges or addiction, in either one, you know that isolation component is the enemy. And so, for a lot of these folks, just being able to socialize with other people, it just makes it all worth it and makes it all come together there. And it just boosts up that confidence and the loyalty and the dedication with those individuals, because they want to be a part of, they want to have a sense of purpose. They want to have a meaningful life. And so, I'm so happy to be a part of that work and to get to see the transition in these folks. And next slide, please.

So individuals served so far. 2,873 encounters with PEERhelp's support groups, 843 served through the jail email, which is our tier one program, 299 served through navigation, which is tier two, 214 individuals connected to fair chance employment, 201, which is 94% of individuals that we've worked with, at three month employment mark, 144, which is 67% of individuals, at a six month employment mark, and 67, which is 67% of individuals, at the one year employment. And we recently had one that hit their two year. We actually have two folks that are at two years, which is not on there, but just wanted to throw that out there. Very happy for those folks and the life that they've created for themselves. But for both of those individuals, employment and having a purpose was the key. And that does include individuals from previous fiscal year that we're connected to employment. So next slide, please. And that's all for me, and I will just hand this over now to BJ, one of our employers.

BJ Gott:

That's a tough act to follow, Jennifer. So this is the only slide that I have. Lottie invited me to speak as an employer. And I want to start off with a story. I arrived in Northeast Tennessee at the end of 2018 for a job change, as a plant manager. Walked into our company, RiteScreen, and not long afterwards, in early 2019, I was approached by Ballad Health about second chance employment, I believe, is what we called it at that time. It was something I had some experience with in two previous roles that I've had, that weren't necessarily rural. But the second chance type employments I did in the state of Georgia, about a half hour south of Atlanta and about an hour north of Atlanta in those two roles, were very successful.

And just some of the things that both Lottie and Jennifer talked to in their slides is these aren't just people that want to work, that they have to work, whether it be a probationary thing, whether they were in recovery and are just trying to improve life. And Jennifer really added another strong point too. It's easy to get a job. The hard part is keeping it, whether it be external circumstances in your environment, family, transportation, housing. Stigma, in general itself, are things that I've learned about since I've gotten to Tennessee. I'd never heard the word "stigma" until about two years ago.

So Ballad Health didn't have a hard time selling me. I jumped right on it. You can see my first bullet there, HR philosophy. That is something that has really changed in manufacturing since COVID. If you go back, when the baby boomers started retiring in mass, and there's not enough people to replace those experienced employees leaving manufacturing, this was another tool in the toolbox that we could accommodate to try to help a different layer of possible employees. My first experience was with a temp agency in Gainesville, Georgia. This person hired basically everybody coming out of incarceration, and we had some rules we established. From an HR philosophy, I worked for a global company at the time, and if you had a background check done and you came back with a felony, you were 100% disqualified. And in today's world, we deal with those on a case by case basis, in my facility right now, because there are things that show up as a felony that are rehabilitated, they happened a long time ago, whatever the case is.

There's obviously violent offenders and multiple repeat offenders that a little harder to justify that. That event worked out so well that I offered a probation officer full-time office space that he could come by whenever he wanted to do interviews, so I didn't lose those people out of production, but for about 10 or 15 minutes, versus having to leave to go visit him for two hours. So I've really brought that philosophy into what we're doing at RiteScreen. And another part is this is my first real job in a real rural area. We definitely play a part in the community. We don't just operate for profit. In order to be part of what we do, you got to be part of the community. And this program is something that, number one, it reduces our tax base, if we can keep these people from going back to jail or prison.

The stigmas that I challenged in my plant, I was all on board when I first presented it to my plant leadership, I got a lot of "Why are we doing this?" And I sold them on it. And then, we did some town halls with the employees, that says, "Hey, we're signing up for Caring Workplaces. This is what it is. It's not just about giving other people's opportunities. It's about educating our workforce." And the advantages that I saw on it, at the end of the day, is these folks come with a support ready organization, that has been with them. I've got the easy job. These guys are, and gals, at the end of whether it was incarceration or the first phases of their recovery, that all I've got to do is give them an opportunity. But the flexibility that you have to do that, whether they come with training requirements, probationary requirements, you've got to be flexible in a standpoint, that some of these folks, who, their first 6, 8, 12 months, may have to miss work to meet these accommodations.

And we were very successful with it. I think we've had a total of seven come through our facility. We still currently have two. They're doing fantastic work. I love the fact that they're supported and ready. I have a long list of people I can pick up the phone to get them help if they need it. And then, if you are an employer, the biggest thing I would suggest is I am not shy about giving plant tours in my facility. We're really proud of it. And the first thing I did with my first peer recovery specialist was get her in the plant, see what we did, because not everybody's cut out for what we do, and selling that.

And one word that I really haven't heard a lot today is collaboration. When I got here in 2018, there wasn't a lot of that. It was just starting to grow. First Tennessee Development District was doing some things. ETSU was doing some things. Ballad Health was doing some things. As the collaboration started is where it really took off. Lottie mentioned the chambers, our local mayors, all the people that are involved, they're just unbelievable and very passionate about what they do. And I just consider it a privilege to help some of them be successful. So I will turn it back over to Lottie and let her conclude for the First Tennessee Development District.

Lottie Ryans:

Thank you, BJ. I'm sure it's very evident why we love having BJ be a part of our program, and he has really stepped in in many levels. He also does some great program with our high school students as well. The next slide, please. I want to talk a little bit specifically about the topic that we were asked to really focus in on, which is rural challenges. So first thing I'm going to do is cover the challenges, and then, we'll go back and talk about how we're trying to address those challenges. Multiple smaller counties and often large land mass. So the driving time between the areas, you have all kinds of other things like food deserts and transportation challenges and things, because of the geography, in addition to the fact that we're trying to serve multiple smaller counties. Housing, which many of you may also be faced with some of those challenges.

Affordable housing is a challenge. Just having housing after the pandemic, we had a lot of people who heard about how beautiful our region is, and it is. And they came and took up a lot of the housing, so glad to have them, but it's created an even bigger gap, in terms of having housing available. Transportation. Stigma, as BJ just described. The types and size of our employers, I think, would be very different than maybe a more urban area. And then, a new thing that we really have started saying, as we try to move on with this program, needing bilingual materials, something we don't have today, that we would love to be able to find funding to help move that forward. So if you go to the next slide, I'll talk how we've addressed some of these challenges.

Thank you. So under multiple smaller counties, creating partnerships and organizing by work area, that can mean different things. That might mean that, are we doing things specific to a community? Or creating partnerships, in Tennessee, we have organizations that have been funded partially through the state and [inaudible 01:07:12] drug coalitions. And so, are we creating partnerships with those organizations? Are we looking at our chambers or our churches? Just a variety of places that we can create partnerships, because there may not be large organizations that are handling something in a small community. Housing. We've actually held two housing summits, where we brought partners in to talk about funding streams. We've talked about what some of the zoning issues are. We've talked about what some of the challenges are. Are they MAT supported housing or not? So we've had those conversations. We may not be the doers, but we believe it is our responsibility, as the Caring Workplaces Rural Opportunities Initiative, to bring people together.

Collaboration, as BJ just talked about. So because we do have these partnerships, bring people into the same room, look for some solutions together, and then, we try to look at how might we be able to group potential employees. We do have some people who have, the last two years, stepped into trying to create some recovery housing programs. There's a lot more to do, but we have seen some things starting to happen as, and we were able, through the support of ARC and the development district organizations, to take field trips to show people what are happening in, for example, Louisa, Kentucky, so they can see social enterprises. So we really appreciate those partnerships across the states, so that we can see some things that are working well and how might we replicate that in our area. Transportation, we are working on solutions. We've applied for a planning grant.

Fingers crossed. Again, sometimes, you just have to stop and say, "We've had all these conversations, but are we focusing time to find solutions?" When you're rural, I don't think there's going to be one solution for transportation. I think that we're going to come back, if we get this grant, we're going to come back to say, "Okay, what solutions might work in the larger of our small counties or in our more rural? And how might that look?" Because I don't think there'll be just one answer. We're going to work with our employers, and because we've had some partnerships in other spaces and places, for example, with the COVID-19 issues, then we have some folks who are car dealers who are going to be part of this solution building with us, people who have different assets and relationships and contacts that we don't have, that are willing to come together to help our rural area.

Stigma. So I mentioned, when I started working for the development district, that was back in 2016, we had some very forward looking visionary leaders who were saying, "How do we tackle some of these issues?" Well, fortunately, they allowed us to tackle that head on. We were involved with some work early on, some work called Holy Friendship summit, where we actually brought together healthcare providers and churches. And we worked with the state of Tennessee. They actually have, through the Department of Mental Health and Substance Abuse, they have somebody that, as a director over the faith initiatives. So we wanted to bring people together. In our area, there would've been this stigma that says, "You can pull yourself up by your bootstraps." It's a moral failure. So we addressed those issues head on. Have we changed everything? Absolutely not. But did we make some headway? I believe we did, because it's not uncommon now for us to have the faith community as part of our solution, for our churches to be part of housing meetings or helping us get the word out.

That's a really important thing is to address it head on and try to give facts and science to dispel some of the stigma. And again, some of the things that just really aren't true, that people didn't wake up and say, "Today, I want to be addicted. Today, I want to ruin my family." So we believe it is a disease of the brain, and we've been trying to have those messages. Going out to the rotary clubs and churches or whatever to have the conversation. Again, I believe the conversation today is different than it was when I started this work in 2016. And I mentioned, today, we actually had customized training by one of professors from ETSU, that's really talking about stigma in the workplace. She had a specialty about stigma in jails and people that are incarcerated, but to talk about those in recovery and also bring it to how can we train people in the workplace. Was done specifically for Caring Workplaces. And then, types and sizes of employers.

We work with all employers. We might have a two-man show, we might have somebody that hires hundreds of people. So we have to recognize the impact may be different, but the need is still there. And the need to serve those communities, the need to be able to be in that rural community and help that small restaurant and to help people in that community is as great as it is to be in one of our larger cities that has employers who have a lot of resources, if they choose to spend the time and money working with us. So we recognize that everybody has value and all work has value. And how can we play into that space? Next slide, please.

And then, I'm sorry, finally, with the new challenge of having some bilingual materials, we do hope to be able to start moving into that space, so that we recognize that our employers that have hired people, Spanish being one of the stronger languages in our region. But how can we make sure we're helping everybody in those spaces and places? I will now turn it back, I think, maybe to Ashley, but again, thank you for allowing us to talk about Caring Workplaces. And we'll look forward to answering any questions there might be, when you head our way.

Ashley N. Moore:

Thank you. We're now going to pass it over to Amy for Q&A. Next slide, please. And next slide. Thank you. Amy?

Amy Ambrose:

Thank you, Ashley. Our first question goes back to Caring Workplaces. "Do you happen to have templates and/or a toolkit that outlines your program that is shareable?"

Lottie Ryans:

Actually, we're in the process of working with Tennessee Department of Labor to help us to be able to do that. That is our goal to be... We try to provide technical assistance whenever we can, but we are really working on having funding to put together something that we could actually do that in a very easy manner. But Kristina, whose contact information was up there before, and myself, we're very open to doing whatever we can, but we're hoping to have a formal toolkit available.

Amy Ambrose:

Thank you so much. They also said, "Great presentation!" I wanted to make sure I added that. Our next question, "Earlier, it was mentioned that opioids are prescribed more so in rural areas in comparison to urban areas. Do we know why that is?" And I think any of our presenters who might want to respond to that question, please chime in. I'm not sure who I should send it to.

Lottie Ryans:

I can begin responding, and if others would like to as well, please do. Just some of the research and information. We had a couple things. One, just in general, not necessarily prescription opioids, but just opioids in general, because of our geography and the fact that we had multiple highways intersecting seemed to make us ripe for a lot of people coming in and selling opioids, unfortunately. The second piece is many of our rural communities have had jobs, for example, in Southwest Virginia, a lot of coal miners. So there was a lot of backbreaking painful work that physicians were helping people, whose bodies were just challenged, because of some of the physical work they had done, that really made that an issue, where people were, because of the work they had done, being prescribed opioids. I think the problem became when they became so readily available and prescribed. But I'm sure there are other experts on the call that can also talk about the findings they know.

Lauren Wood:

Thanks, Lottie. If I can jump in with that, it's a great question. I'm just thinking back to a HITDA report. HITDA is High Intensity Drug Trafficking Area. Again, federal government loves our acronyms, but they do annual reports. But I'm thinking back to one, a couple years ago, showing that West Virginia, Kentucky, and Ohio had significant increases in drug overdose deaths rates. I think that was like 2015 to 2018, and largely due to those diseases of despair. So it's the overdoses, the suicide, and I'm forgetting the third that's considered the disease of despair. But I think, at least within Appalachia, when we look to why we still have high overdose rates or substance use and misuse, a lot of the time, it stems back to socioeconomic status. Again, that family unification. Are these folks engaged, or have they been engaged in meaningful employment?

That kind of holistic way of looking at, I think all of us do of, what makes us healthy and well connected to ourselves in our broader community. And when you start to get out in a lot of those rural areas, they might be very connected in some ways with their community, because they're tight knit. But say, they don't have access to Naloxone, maybe they're not as connected to a faith-based entity or just other local services to help provide or shield, I think, from some of the issues that folks face, that cause them to use and then, eventually, in certain situations, lead to overdose.

Amy Ambrose:

Thank you. Our next question is for Jennifer Jones, I believe. This has to do with the peer recovery specialist programs. The question says, "For the presenter who said Tennessee and West Virginia have a 12 month or 24 month recovery requirement, how is that measured? How is that reinforced?"

Jennifer Jones:

So just to clarify, and I know it can be really confusing, it's Southwest Virginia. So like the state of Virginia, not West Virginia. I know that's really, really confusing, especially if you're like me and you say it fast. So it's Tennessee and Southwest Virginia, so that we cover, so it would be the Commonwealth of Virginia. But as far as their being a mechanism to measure that, there is not. It depends upon, solely, really, the honor system. However, there are ethics boards, that are implemented in both states, that require a person to meet certain requirements, in order to renew their eligibility and their certifications.

And now, Tennessee has shifted also with Virginia to do it's every two years to continue education and to be able to be involved with their communities and to meet other standards. And they vary between the two states. So there's an ethics committee, that would be implemented, if someone were to call into question a person's behaviors or their activities or their sobriety. If that were to be brought up, there would be an investigation by that board, that would then follow up with that person and maybe their employer or other organizations that they would work with. But as far as just a system of measurement, there's really not. I hope that answers the question.

Amy Ambrose:

Thank you so much. Now, this is a question, I'm not sure if this is actually a question for us in the federal offices. It says, "Any plans to extend this work out outside of Appalachia? We are facing tremendous opioid problems and unemployment in rural Oklahoma. Do any of these efforts extend outside this region? Are you working in partnership with other areas of the country?" Otherwise, I might take this question from the standpoint of federal grants that are available.

Lauren Wood:

Yeah, if you don't mind, I'll chime in from the Appalachian Regional Commission side. And Connie, I appreciate your question. So with respect to the INSPIRE, the SUD Recovery to Work model that we're building, that one is very unabashedly focused on Appalachia, because that is ARC's charge is 423 counties in the 13 states in Appalachia. However, I would highly encourage you to look into, because there's a number of states across the country that, from a governor led kind of policy and program position, there's a number of other states that are doing great very similar work in this space. The two that immediately come to mind, well, first and foremost is New Hampshire. Governor Sununu, about four or five years ago, started the New Hampshire Recovery to Work statewide initiative. And that has just kind of taken the nation by storm.

They're working very closely with the Office of National Drug Control and Policy, to help standardize some of that, because again, from a national perspective, they certainly are setting the stage in that model. The other state is Nevada, who also, a number of years ago, started something that you would be wildly impressed. There are, at this point, within the New Hampshire community of practice, because again, they're trying to extend their model nationwide, I want to say, at this point in time, there's 33 or 37 states that are, in some way, shape, or form, working in this space. So happy to talk offline and provide you with contact information to those folks as well, Connie, so you can just email me at lwood@arc.gov if you're interested. Thanks.

Amy Ambrose:

Perfect answer. Another question along those lines, "Have you worked with out-of-state organizations that have created some great community awareness programs?"

Lottie Ryans:

I'll answer it from the Caring Workplaces perspective. Lauren mentioned New Hampshire, and they were very much a mentor to us. And we are part of that community of practice. So I think that's been really powerful is to see what different states are doing, and based on the size of their states and all those sorts of things and what employers have been able to add on. I think one of the differences with Caring Workplaces is we also do that employer recruitment and placement and client side. So we went a little bit further than some of the others, but again, that was because we had some great funding from Department of Labor.

Amy Ambrose:

Thank you so much. This probably also goes to Lottie. The question is, "How do you get buy-in from employers other than becoming certified Caring Workplace?"

Lottie Ryans:

No, I think what's really important, we have a couple things, you have people like BJ that, if we need an employer voice, because employers are going to listen to employers more than somebody that's trying to sell the program, what's worked and what hasn't worked. I think, when you look at the statistics, that you've had somebody that's working for two years, how impressive is that? So I tease, when I do a presentation that says, "Wouldn't some of HR people love to have the kind of stats we have?" A lot of that is driven by because we do have these supports in place. It does take a village. We do have people holding accountable. I think that's one of the really beautiful things about having the certified peer recovery specialists. They know what people need. They also know somebody's bluffing and if somebody needs talking to, to put it in a Northeast Tennessee vernacular.

But I think that's been the beauty is you have people that know what's needed and how to help people. We have people that our employers are certified or certifying, so we know that they're genuine about it. But there's also the National Safety Council. I think that's right, and I can get that to you later. I actually have a website that we utilize, and it will say, "If you're in Tennessee and maybe you're a construction company and you have a hundred employees," and they will help you run the map to show, generally speaking, "Here are the stats that say how much time away from work you have, here's how much time it takes and how the cost of your having to recruit new employees," all the things financial. Because again, businesses have people they're accountable to, whether it's stockholders or whoever. And so, they're going to know the financial side of this, in addition to the helping people side of this, as BJ described that community building.

So having that tool at our resource, so when our employees, our manager, and our coordinator out trying to recruit employers, they can show them some numbers and say, "Here's what it's costing you if you don't do this." So I think there's been a lot of things that have been very positive about how we've tried to approach it. But having that employer voice, like the BJ, and we also have a state rep in Tennessee, who is well known. He also is in recovery, and he's on our website. He helps us try to sell this to others. So I think that's important too is just having many people in your space who are helping to share why it's important from their perspective.

Jennifer Jones:

And I was just going to kind of tail on what Lottie said there toward the end is having other people in recovery that are in successful positions to speak out on that, it reduces stigma and it promotes just an awareness within the community. And when people in the community, as well as employers, can see those successes with the individuals that we work with and see them go from being on the street to living in their own home and being employed for consecutive years and having their children back in their home and their care, all those things, that really changes a lot of minds as well. So a lot of times, it's just showing them that it's possible. Thank you.

Lauren Wood:

Thank you. And sorry, if I might chime in. Lottie and Jennifer made outstanding points. And so, just to follow up on that, from a really high level, I think what I've heard from grantees is it's not necessarily a simple answer or a simple process, but finding employer champions and communities, who are working in the space, know who they are, and bringing those employer champions to meetings with other employers, that's been a huge success factor amongst many of our communities. The other is just bringing in SUD, behavioral health, mental health, educational packets on, what is SUD? What do wraparound support services look like in the community?

And most importantly, as an organization, if you're trying to bring employers in, if you're, say, a recovery care organization and you're trying to advocate to them, describe to that employer how it's not their responsibility. Certainly, they have to take an active effort in supporting these individuals, but how you, as an individual or an entity, are going to be there to constantly provide that continuum of support. There's referral services to that employee, and that definitely goes a long way. To Lottie's point, teamwork makes the dream work.

Amy Ambrose:

Thank you so much. I think that we'll just take one more question here and before we close. "Can anyone remind us, what were the grant funds that were used for this?" Maybe that goes to Lauren.

Lauren Wood:

The grant funds used for... And Lottie, I think that question actually might be directed to you, but INSPIRE, for all of ARC, we get a federal appropriations every year, so our grant funds come from your hard-earned taxpayer dollars. So thank you very much.

Lottie Ryans:

And ours specifically was a Federal Department of Labor funded program, but ARC has been real supportive in helping to get that grant out. But there are other programs, as Lauren's described, that I believe we would equally qualify for with the right information in your grant writing.

Amy Ambrose:

Awesome. Thank you so much everyone. Ashley, I think I'll turn it over to you for the closing. Do you want the honors of the closing?

Ashley N. Moore:

Oh, yes, ma'am. Thank you, Amy. Next slide, please, Amanda, and speaking of federal funds, please, you going to look out for our current DWG funding opportunities. The work grant that Lottie talked about is now available. Closing date is coming up on June 13th. We have a critical sector job quality grants. Closing date is July 17th. And our QUEST two is coming up. Closing date is July, August 4th, I'm sorry. Next slide, please. This webinar, all of our resources can be found on our Dislocated Worker Grants Community of Practice. Please go to the link. You can find our past webinars to our opioid series in this one in two weeks in other TA materials. Next slide, please.

We have a list of our spring opioid webinar series. Again, this is our seventh, our last webinar for our spring. Please be on lookout for our future webinar series in upcoming months. And one more slide. Thank you. Here's our contact information. I'm Ashley Moore, my colleague, Amy Ambrose. We work on the opioid related dislocated worker grants. Please feel free to contact us if you have any questions or would like more information about our webinars or other materials.