

State to State Learning Exchange Series

Part 1: Sept. 8, 2021 2-3:15 pm ET Ohio, Kansas and Vermont
Part 2: Sept. 29, 2021 2-3:00 pm ET Kentucky and Minnesota

State Overview Resource



RETAIN

Retaining Employment and Talent
After Injury/Illness Network

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ODEP
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Employment Policy

Program name and description of RETAIN model for Phase 2

In Phase 2 of the **Ohio RETAIN** initiative, the service region will be expanded from three counties served in Phase 1 to eight counties. The participating medical system, Bon Secours Mercy Health (BSMH), will employ three regional teams of Health Services Coordinators (HSCs) and other staff to screen and enroll the participants and implement stay-at-work/return-to-work (SAW/RTW) strategies. The HSCs will provide the following services to participants randomly assigned to the care coordination group:

- One-on-one assistance from an HSC and social worker to aid in recovery
- Early intervention, assessment, and a return-to-work plan
- Coordination with the participant's healthcare provider(s)
- Guidance and support to the participant's employer on workplace accommodations, and
- Referrals to other services and resources in the community including the American Job Centers (known in Ohio as OhioMeansJobs centers).

Some new activities being added to the Phase 2 service model include:

- Increase in participant enrollment incentive from \$50 to \$100
- Social workers to assess participant barriers and make referrals to community resources
- Funding for supportive services (rent, travel, tools) for participants in need
- List of community and online resources for participants in the comparison group
- Funding for employers to cover costs of workplace accommodations where necessary; and
- Launching a sustainable model, a non-study implementation of SAW/RTW services outside of the RETAIN service region to identify lower cost solutions for potential on-going funding.

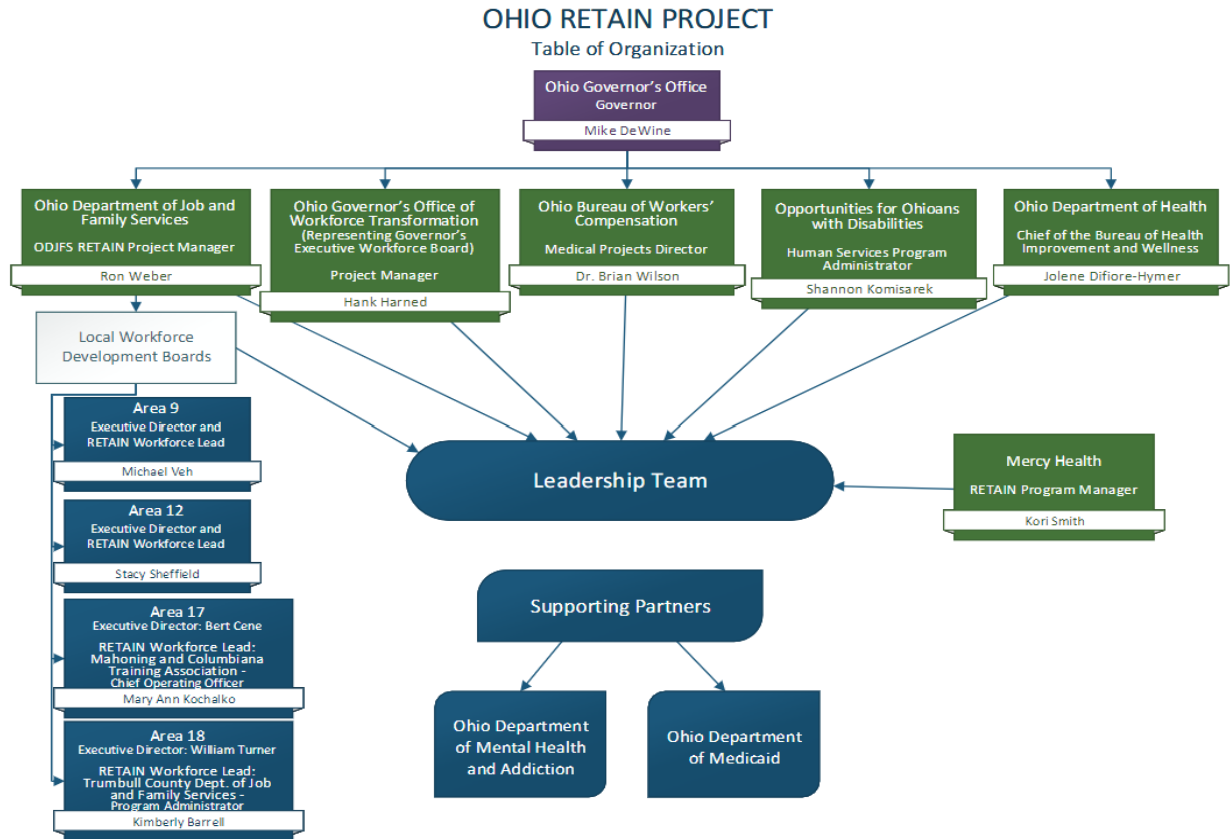
Population served including injury and/or illness

Ohio RETAIN will enroll 3,500 adults in the labor force who experience a non-occupational musculoskeletal or cardiovascular illness or injury (or worsening of a pre-existing condition) within three months prior to joining the project. Additional workers with non-occupational illnesses and injuries will be served under the sustainable model but will not be included in the research study data.

Process Flow (how are participants served, referral sources, screening process)

Using its electronic health record, BSMH staff will screen existing patients for potential enrollment based on the nature and severity of their illnesses or injuries. The staff will then contact the target patients to explain the project, obtain consent from those willing to participate, and randomly assign each enrollee to either the care coordination or comparison group. Each care coordination participant will be assigned to an HSC and begin receiving the services and support listed above. As needed, the HSC will refer patients to local partners for other assistance including job search, career services, vocational rehabilitation, training to enter a new occupation, and additional supportive services.

Organizational structure (visual)



Core partners and (optional) additional partners

The Ohio Department of Job and Family Services is the lead agency, carrying out RETAIN Phase 2 in partnership with BSMH and four local workforce areas. Additional members of the leadership team include the Governor’s Office of Workforce Transformation representing the state workforce board and several state agencies that provide services to Ohioans experiencing illness, injury, or disability. The knowledge, expertise, and support of the esteemed leadership team members were critical factors in our successful implementation of Phase 1 and preparation for Phase 2.

Anything else you’d like to highlight for your peer states

- Using our state’s data lake to store and manage the participant data provides strong HIPAA-compliant security protocols and state-of-the art query and reporting tools, and
- Recruiting motivated and experienced HSCs with excellent customer service skills was a key to success that resulted in the highest possible customer satisfaction scores for friendliness of staff.

Ohio RETAIN Contacts

- Ron Weber, ODJFS RETAIN Project Manager, ronald.weber@jfs.ohio.gov, (614) 644-0821
- Kori Smith, Mercy Health RETAIN Program Manager, KASmith4@mercy.com, (330) 360-7998

RETAINWORKS

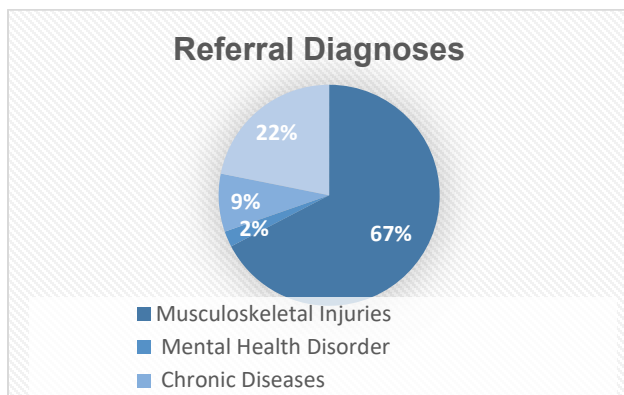
Retaining
Employment
and Talent After
Injury/Illness
Network

RETAINWORKS is part of a grant program funded by the federal government called **RETAIN - Retaining Employment and Talent After Injury/Illness Network**.

RETAINWORKS is a program developed “in Kansas” to test the impact of early intervention strategies that improve stay-at-work/return-to-work (SAT/RTW) outcomes of individuals who experience an injury or illness while employed.

RETAINWORKS is led by the **Kansas Department of Commerce**, in collaboration with the **Kansas Department of Health and Environment**, **Ascension Via Christi Medical System**, and the **Workforce Alliance of South-Central Kansas** (Local Workforce Development Board in the Wichita region) our phase 1 partners.

Early Outcomes from Phase 1



- Approximately 80% of participants were injured or became ill off the job.
- More than half of the participants have stayed at or returned to work.
- Forty-two participating providers

Phase 1: Highlight

A local television station picked up the story of one RETAINWORKS success.



Watch the full story

<https://www.kwch.com/2020/10/28/building-you-program-helps-ill-injured-residents-in-butler-county/>

Phase 2 Targets

- ✓ Enroll 4000 RETAINWORKS eligible participants in the study
- ✓ Recruit 250 health care providers who complete provider education and refer eligible patients to the RETAINWORKS
- ✓ Increase employee retention for employers
- ✓ Increase job retention and advancement for employees
- ✓ Decrease in long-term disability participation
- ✓ Expand the knowledge of SAW/RTW strategies and practices for employers, providers, and workers
- ✓ Increase the awareness of employment as an outcome of medical treatment

Early Intervention

In addition to the criteria listed above, coordinated health and employment services will ideally begin within **12 weeks of work disability onset**, and grantees must enroll at least **80 percent of participants within this**

timeframe. Services may be provided for up to six months after enrollment.

Health Care System Intervention

- Nurse Navigators
- Provider Education
- Patient-Centered Return to Work Planning

Workforce System Interventions

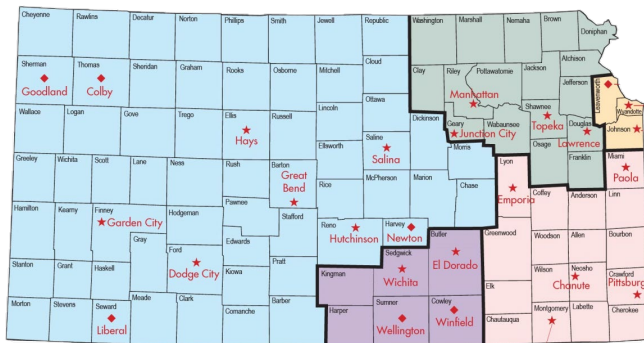
- Employer Coordination
- Accommodations for workers
- Short-term Training or on-site retraining
- Job Search and Job Placement

Phase 2 Expansion

The Phase 2 demonstration project includes all 105 counties and all opportunity zones in the state of Kansas; 74 designated opportunity zones, including 70 low-income communities, and 4 non-low-income contiguous tracts.

Our partnership is in the process of expanding to serve all counties in Kansas and to include:

- All five Local Workforce Development Boards
- Up to four additional Medical Systems, and
- Three business groups; Kansas Business Group on Health, the Mid-American Coalition on Health Care, and the Kansas Society of Human Resources Champion.



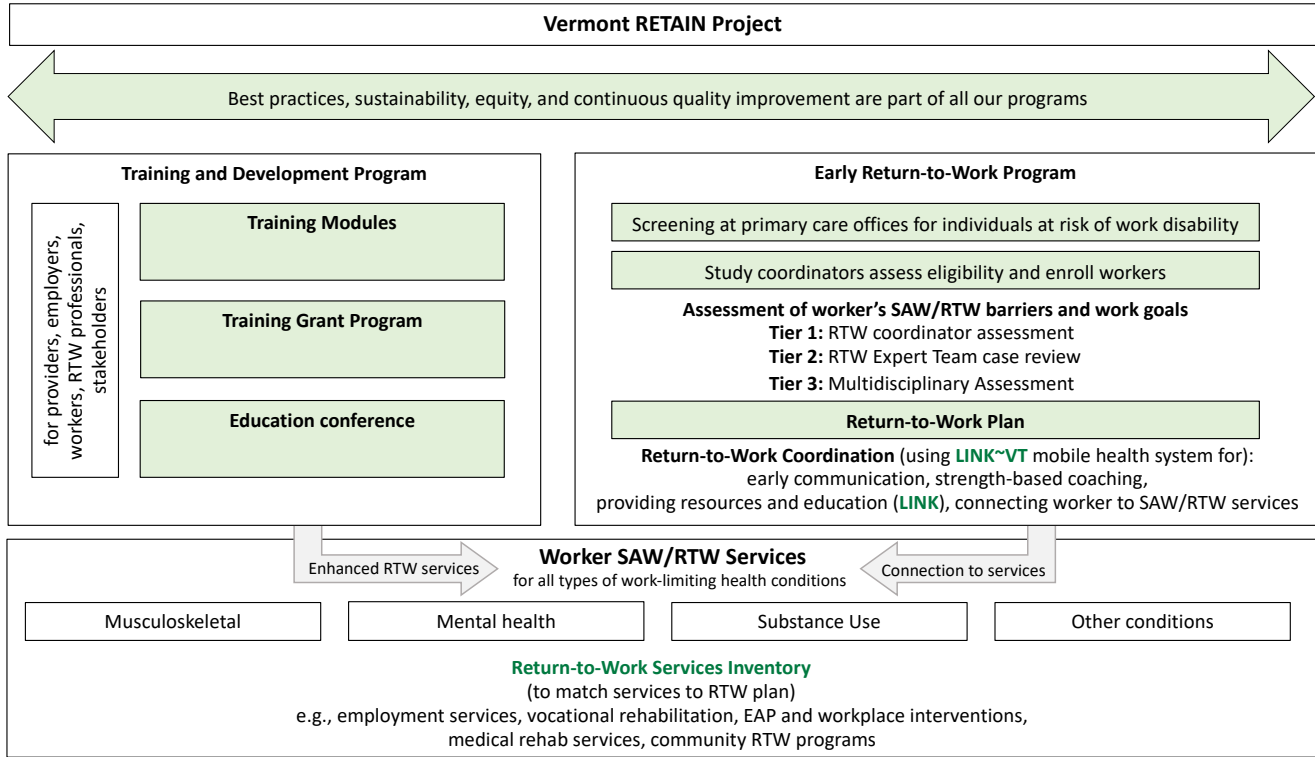
Map of the five Local Workforce Development Boards and American Job Center locations serving the State.

Criteria for participant inclusion in RETAIN study in Kansas:

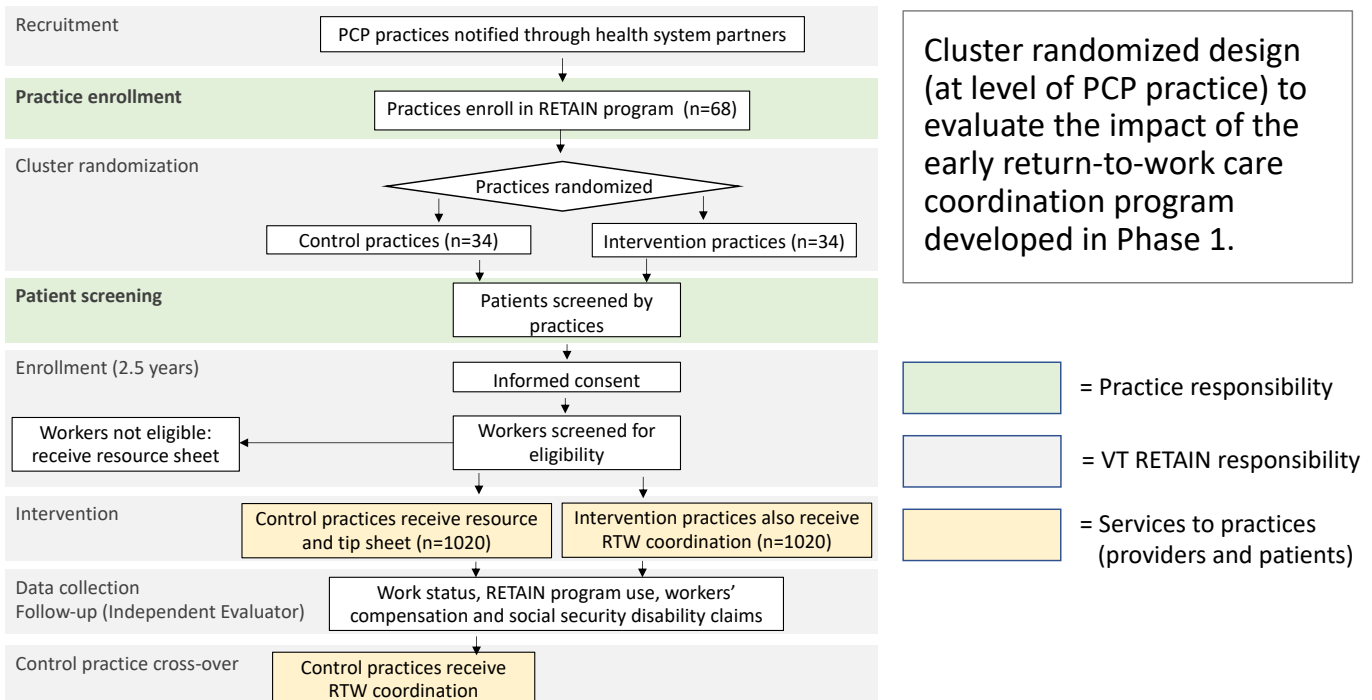
- 1) The participant must have a work disability. Work disability is defined as an injury, illness, or medical condition that has the potential to inhibit or prevent continued employment or labor force participation. Work disability exists when an employee is not able to perform their usual work as a result of a health problem.
- 2) The work disability (i.e., illness, injury, or medical condition) must impact the participant’s employment in one or more of the following ways:
 - a) Participant’s ability to attend work
 - b) Participant’s ability to perform work duties
 - c) Participant’s work performance/productivity
- 3) The condition from Item 1 must be a new condition or an exacerbation of a chronic condition that falls into one or more of the following categories:
 - a) Musculoskeletal injuries
 - b) Mental health disorders
 - c) Chronic diseases such as Diabetes, Chronic Obstructive Pulmonary Disease (COPD), or Congestive Heart Failure (CHF) – this list is not all-inclusive
 - d) Other newly diagnosed illnesses or injuries that affect the individual’s employment
- 4) The work disability may be acquired from or attributed to either on-the-job (occupational-related) or off-the-job (non-occupational-related) factors.
- 5) The participant must meet all the following criteria:
 - a) Be between the ages of 18 and 65 years
 - b) Be currently employed or seeking employment
 - c) Either live or work in Kansas
 - d) Have a valid social security number
 - e) Be legally authorized to work in the United States
 - f) May NOT have application for SSDI or SSI benefits pending or already receiving such benefits at the onset of the injury or illness

Vermont Retaining Employment and Talent after Injury/Illness Network (VT RETAIN)

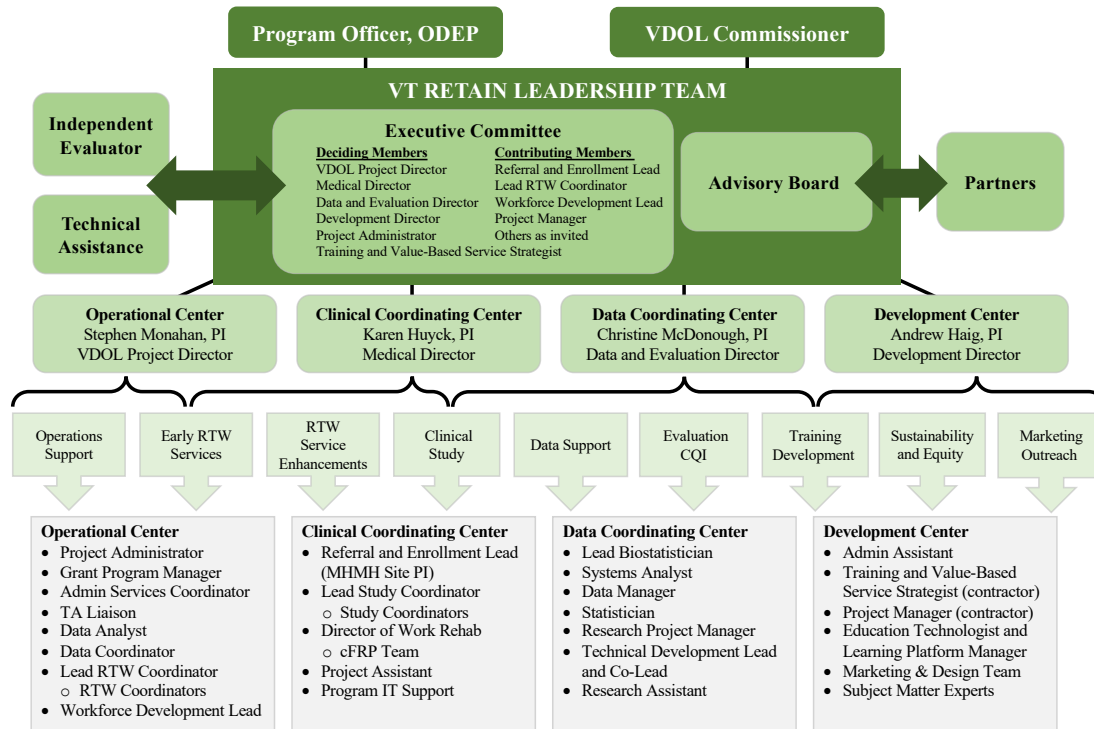
Serving individuals who live or work in Vermont and have any type of injury of illness that limits their ability to work. Program development is based on a statewide needs assessment and is designed to fill identified gaps.



Process Flow: Participants in the Early RTW Program self-screen for risk of work disability at their PCP office.



Organizational structure: Multi-PI project across four centers (operations, clinical, data, and development).



Key activities are accomplished through working groups.

VT RETAIN Key Activities	VT RETAIN Working Groups
Operations Support	Executive Committee Advisory Board Finance & Administration
Early RTW Interventions	Recruitment & Enrollment Early RTW Services
Program Evaluation & CQI	Shared Data Program Evaluation & CQI
Training & Development	Training & Education TA Resource Integration
Sustainability & Equity	Sustainability Equity & Accessibility
Marketing & Outreach	Marketing & Outreach

Partners. Partners are critical to our activities. There isn't a VT RETAIN activity without partner involvement.

1. VT Executive Director of Racial Equity
2. VT Chief Prevention Officer
3. VT Workforce Development Division
4. VT Workforce Development Board
5. VT Division of Employment and Labor Market Information
6. VT Chamber of Commerce
7. VT Division of Vocational Rehabilitation and Invest EAP
8. VT Department of Health
9. VT Department of Mental Health
10. OneCare Vermont
11. Blue Cross Blue Shield of Vermont
12. Recovery Vermont
13. Northern Vermont University
14. VT Cooperative for Practice Improvement & Innovation
15. VT Disability Determination Services
16. VT Department of Libraries
17. Patient Representative
18. Provider Representative
19. Private Vocational Rehabilitation Representative

We are looking forward to adding our co-RETAIN states as partners!

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RETAIN Kentucky

RETAIN Kentucky aims to improve employment and health outcomes for employees and workforce through:

- Direct service to 3,200 workers at risk of exiting the workforce due to non-work related injury or illness across the state;
- Multi systems changes through a statewide Inclusive Worker Health Leadership Network (IWHLN) led by medicine, public health, allied health and workforce professionals; and
- Capacity building through interdisciplinary preprofessional and continuing education.

Return-to-Work Coordinators (RTWCs) will provide early intervention services aimed at getting employees back to work or help them stay at work while navigating needed services. Building on successes in Phase 1, there will continue to be a strong emphasis on assistive technology, universal design, and peer support. RETAIN Kentucky will serve individuals across ICD-10 diagnostic classifications, recognizing that the COVID-19 environment will have implications on the health, including mental health, of our workforce. Services will address the social determinants of health and reflect strong connections to community supports.

Population Served Including Injury and/or Illness

During phase 2, RETAIN Kentucky will provide RTW/SAW services statewide which includes 144 designated qualified opportunity zones. The target worker population is 3,200 people with non-work-related illnesses or injuries that put them at risk of leaving the workforce, with the enhanced intervention group receiving individualized intensive vocational services from RETAIN RTWCs.

Workflow

Referral sources include healthcare providers, employers, disability management organizations, the Kentucky Office of Vocational Rehabilitation, community organizations and self-referrals. Once a referral is received and eligibility is determined, the participant is randomly assigned to the basic or enhanced intervention group.

The basic intervention group receives no more than three hours of services which includes the development of a return-to-work plan based on the participant's employment status, a referral to the Job Accommodation Network, and appropriate community resources.

The enhanced intervention group receives services that includes the development of a return-to-work plan, career counseling, accommodation strategies, assistive technology assessment, peer support, and other resources that support completion of the RTW plan.

Organizational Structure/Workgroup Leads

Overall Leadership Team – **Cora McNabb**

Implementation/ Administrative Lead - **Cora McNabb, Becky Cabe, Dr. Kathy Sheppard-Jones**

Intervention and Capacity Building Lead - **Dr. Phillip Rumrill**

Evaluation and CQI - **Dr. Chithra Adams**

Medical Director/Health Care Co- Leads – **Dr. Priya Chandan, Dr. Sara Salles, Dr. Jessica Sass**

Workforce Development and ILWHN Lead – **Johnny Collett**

Technical Assistance & Training - **Beth Potter**

RETAIN Director of Outreach and Engagement – **Shirley Kron**

RETAIN Director of Organizational Partnerships – **Kimberly Wickert**

Return-to-Work Coordinators – **Amy Rumrill**

Core Partners

Kentucky Workforce Innovation Board

Kentucky Hospital Association

Kentucky Department for Public Health

University of Kentucky

UK Healthcare

UofL Health

Kentucky Chamber of Commerce

The Council of State Governments

Other Partners

Unite Us

CHI St Joseph Health

Unum

Preparation of this item was fully funded by the United States Department of Labor, Office of Disability Employment Policy in the amount of \$3.5 million under Cooperative Agreement No. OD-32548-18-75-4-21. This document does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

Program name and description of your RETAIN model/program for Phase 2

Minnesota Retaining Employment and Talent after Injury/Illness Network (MN RETAIN) Demonstration Project: Phase 2, will serve 3,200 injured or ill workers across 87 urban, rural, and suburban counties, including 22 designated Opportunity Zones, within the state of Minnesota (MN). At least 1,600 individuals will be randomized to receive MN RETAIN services (treatment) and the same number (1,600) randomized into the control group for whom no work-related interventions through MN RETAIN will be offered.

The goal of MN RETAIN is to ensure a resilient and sustainable workforce by providing ill or injured workers with an integrated team of allies who facilitate early intervention strategies support workers, helping them stay at or return safely to work (SAW/RTW) after injury or illness. MN RETAIN is a team of healthcare providers, public agencies, workforce development experts, and specialized case managers who, along with employers and workers, ensure appropriate RTW plans, accommodations, and/or training that keep the worker employed and working after an injury or illness.

Population served including injury and/or illness

The proposed target worker population eligibility includes: >18 years of age; lives and works in MN; has a work-related or non-work-related (personal) injury or illness that acutely affects employment including exacerbation of pre-existing conditions; and employed or in the labor force. A key goal of the program is to ensure that diverse and underserved populations from Black, Indigenous, and people of color (BIPOC) communities access the program.

Process Flow (how are participants served, referral sources, screening process)

MN RETAIN guides workers through the uncertainty of recent illness or injury by Return-to-Work Case Managers (RTWCMS) who, as part of a multidisciplinary clinical care team, ensure an efficient and early coordination of healthcare and employment-related support and services to help ill or injured workers remain in the workforce. This model focuses on work as a social determinant of health; staying active and safely returning to work is known to speed healing and improve outcomes for the worker.

The MN RETAIN team leveraged funding from the Phase 1 to support information technology development that will now recognize employment as a social determinant of health within Epic™, the (EHR), resulting in added efficiency for Phase 2 enrollment by allowing the MN RETAIN RTWCMS to screen thousands of patients who indicate their ability to work is affected by a medical diagnosis. In addition, MN RETAIN is exploring use of an artificial intelligence tool, the NIOSH Industry and Occupation Computerized Coding System (NIOCCS), into the EHR to capture patient occupation and industry as a systematic demographic variable. Program promotion and recruitment efforts will focus on workers who are within 12 weeks of their initial disruption in work; however the inclusion criteria planned for Phase 2 will allow for limited recruitment (up to 20% of the total) for participants whose ability to work was disrupted 12 to 24 weeks before enrollment. It is anticipated this will increase enrollment of post-COVID syndrome patients and those with short-term disability (STD) benefits that may expire at 12 weeks post-illness/injury. A dashboard will be developed to ensure more than 80% of participants are within 12 weeks of work disruption.

The individuals in the treatment group will be assigned a dedicated RTWCM and those in the control group will receive the “standard care” which may include services available through the participants’ employers, or employment and training services available through workforce development agencies. Coordination between employers, workforce development services, and healthcare providers to support RTW is not routine for workers with personal injuries or illness unrelated to their employment. MN

workers' compensation participants do receive routine care coordination through Qualified Rehabilitation Consultants (QRCs) who are assigned at 12 weeks post-injury if the employee has not returned to work. Support for early intervention for workers' compensation patients within the first 12 weeks post-injury is not routine outside of RETAIN.

Core partners and (optional) additional partners

RETAIN Partners	Role
Department of Employment and Economic Development (DEED)	Lead applicant, overall project coordination and administration
Mayo Clinic	Lead healthcare partner
Department of Labor and Industry (DLI)	Workers' compensation expertise
Department of Health (MDH)	Occupational health/injury data and expertise
Workforce Development Inc. (WDI)	Lead workforce development agency
Governor's Workforce Development Board (GWDB)	Strategic alignment across workforce system and employers
Additional Healthcare Institutions	Referral pipeline
Vocational Rehabilitation Services (VRS)	Referral pipeline
Crestview Senior Services	Employer champion
Workforce Development Boards (local)	Employment and training to participants
CareerForce/American Job Centers	Referral pipeline

Anything else you'd like to highlight for your peer states.

In addition to the outcome goals specified by DOL and SSA, MN RETAIN also has the following outcome goals for Phase 2:

More than 75% of workers in the treatment group will return to work at their original employer;

More than 50% of workers will have a primary diagnosis of a musculoskeletal injury or will be individuals with post-COVID syndrome;

More than 80% of participants will be within 12 weeks of work disruption;

More than 15% of total participants will come from Black, Indigenous, and people of color (BIPOC) populations;

At least 8 new RTWCMs (including the Lead RTWCM) will be trained, and will provide SAW/RTW case management services across Minnesota; and

At least 100 providers will complete Continuing Medical Education (CME) training modules covering the health benefits of RTW and how to approach work restriction management.