RETAIN State-to-State Exchange – Part 2
Presenters: Minnesota and Kentucky RETAIN teams
Facilitator: GeMar Neloms
Wednesday, September 29, 2021, 2:00 p.m. – 3:00 p.m. ET

Live Captioning by Ai-Media

JEREMY RASMUSSEN:

Hello, everyone, I see people are joining. We are going to give people a few more minutes to join. And we will start at the top of the hour, here.

GEMAR NELOMS:

Welcome to everyone, we are glad you are joining. We have one more minute before the top of the hour, and we will start promptly. Thank you for joining us today, please make sure you put in the chat box your name, and where you are joining us from today.

JEREMY RASMUSSEN:

OK, we are at the top of the hour. Hello everyone, and thank you for joining. Before we dive in, I have a few quick things to go over. So, how to participate? Please use the chatterbox throughout the session to make any comments, or communicate any technical problems.

We have AIR tech team on here, so if you have any tech problems at all, just let them know, and they will help you.

You can also communicate through email, at retainta@aifr.org. So any questions you have or any tech problems you can reach us through that email. To access closed captioning, you can click on the link in the chat box, where it appears.

That will make that available to you. To add your state abbreviation to your name, please find your name under participants, click beside your name, and select 'rename'.

This event is conducted by the American Institutes for Research for the US Department of Office of Disability Employment Policy, and retain state guarantees -- grantees.

A little bit about RETAIN. It is a joint initiative led by the US Department of Labor, and the Office of Disability Employment Policy, it is funded by ODEP, and social Summit -- Social Security administration. Just a recording notice here.

By joining this meeting, you automatically consent to being recorded. Any participants who prefer to participate by audio only, you can disable your video camera. And so, that is it for me. I am going to hand it over?

GEMAR NELOMS:

Excellent, thank you Jeremy. Welcome to everyone, I will not spend a lot of time talking. We will get to the heart of the matter, but we are glad that everyone is able to join us today. For those who do not know, I am GeMar Neloms, I am the director at AIR as you can see from my? I see it is flipped, I will change that version.

We wanted to inform everyone about why we are doing this. This is something which was directly asked for by the states. Where AIR and our lead funder for RETAIN, the office of disability employment policy, we had a realization of what is happening in every state, you all might not have a realization of what is happening with your colleagues.

This is to help us build the foundation of what is to come from a peer to peer exchange perspective, so you all have the opportunity to know what the other models are, know what the goals are, of your peer retained -- RETAIN state grantees, and as we go along identifying areas of interest and supports. Related to stay-at-work and return-to-work.

Over the next three years we will definitely be doing a lot more peer to peer exchanges, formally and informally. We strongly encourage that. Particularly now that we are in phase 2.

With that as the context for why we are all here, Jeremy, if you could go to the next slide. We are going to get right into it. Our first team today will be RETAIN Kentucky, and our second team will be RETAIN from Minnesota. The Minnesota team.

So, turning it over to the RETAIN Kentucky team, which will be led by Shirley Kron, and Kimberly Wickert. So Shirley, and Kimberly it is all yours.

SHIRLEY KRON:

Thank you, GeMar. If you could move to the first slide. Good afternoon everyone, thank you for the opportunity to be here today, to share the RETAIN story in Kentucky. I am Shirley Kron, the director of outreach and engagement for RETAIN Kentucky, and the University of Kentucky's human development Institute. A little of my background, basically I grown up in healthcare with a certification as an occupational health nurse, with experience in rehabilitation. I was in a leadership role in a large healthcare organization, and responsible for bringing occupational health services directly to employers across Kentucky prior to RETAIN. I joined the RETAIN team in the beginning of phase 1.

I will turn it over to Kimberly.

KIMBERLY WICKERT:

Good afternoon, everyone. I am Kimberly Wickert, and I echo Shirley's sentiments, thank you for allowing us to be here today. I am the director of organizational partnerships at RETAIN Kentucky. And I am responsible for the expansion and recruitment of employers and absence management organizations, within our program. I come from a background of over 20 years working with employers and individuals nationally, to help them in their stay-at-work and return-to-work programs. In looking at creative ways to allow them to be able to do that.

With that, we are going to go ahead and go to the next slide. And I am going to talk about our program overview. We continue to build upon our successes, and lessons that we learned in phase 1. As we have all experienced, COVID created challenges for us during that time. But we were able to pivot, and meet virtually, with participants often in a more immediate manner. An provided accessibility options, and service provisions to individuals who did not have those previously. At RETAIN Kentucky, we aim to improve employment and health outcomes for employees, and workforce in several ways. One of those is to provide direct service to 3200 workers, at risk of exiting the workforce due to non-work-related injury or illness in Kentucky.

Multiple systems changed throughout a statewide inclusive worker health leadership network, led by medicine, public health, allied health, and workforce professionals. And then capacity building, through interdisciplinary preprofessional and continuing education.

We launched our employment Seminar Series that we are really excited about, and we will talk a little more about that during our presentation. But we launched it in May of this year, and it allows employers a quick 30 minute opportunity every month, to learn ways to develop and enhance inclusive workforce. We present this in a live format, but it is also available on our RETAIN Kentucky media channel, that anyone can subscribe to on YouTube. So, check us out, retain Kentucky media. Our return to work coordinators, many of whom are with us today, will provide early intervention services aimed at getting employees back to work. Or help them stay-at-work, while navigating needed services. Building on our successes in phase 1, we are going to continue to have a strong emphasis on assistive technology, universal design, and Pierce support.

In phase 1 we observed employers using universal design principles to not only speak to the largest array of individuals, but it also supported social distancing and contactless interactions, thereby decreasing the trip -- transmission of the COVID virus in the workplace. The proposal for universal design principles came a necessity during COVID, as you can imagine. RETAIN Kentucky will serve individuals across diagnoses, recognizing that the COVID-19 environment will continue to have invocations on health, including the mental health of our workforce and our participants. And services will address social determinants of health, and reflect strong connections to community supports.

We can go ahead and move onto the next slide. Shirley will take it from here.

SHIRLEY KRON:

Thank you, Kimberly. As we look at statewide service delivery, we are going to talk about the University of Kentucky's extension. RETAIN partnerships with major healthcare providers, employers, and disability management organizations, that is going to continue in phase 2, as we expand statewide. As can really mention, the pandemic impacted phase 1, and continues to impact where and how we work. And how we think about work.

Our ability to continue and offer services, and remain nimble during the pandemic really prepared us to scale up for statewide service delivery. Our relationship with the University of Kentucky's cooperative extensive service will be key in that. The extension offices provide practical education to people, businesses, and communities in every Kentucky county. RETAIN will be working specifically with the family and consumer science program, that team addresses challenges of critical issues that affect people's daily lives. And based on the feedback from the extension leadership, we are preparing articles for their local newspapers, and social media. RETAIN will work with extension staff to educate on RETAIN program and referral processes, extension agents can promote us locally, two groups which may be servicing potential clientele, like the local health department, community advisory councils, and local chambers of commerce.

I am going to share some highlights of phase 1. In Kentucky, we focused on non-work-related injury or illness. At the start of phase 1, eligibility was employees in the healthcare industry, with muscular skeletal injury or illness. In the service area it covered seven counties of the development Board, and our only healthcare partner was the University of (Indiscernible). We eventually expended the criteria to live, work, or receive healthcare in (Indiscernible) County. The service area expended into central Kentucky, and we partnered with the University of Kentucky and UK healthcare. We worked with the medical director at General Electric who had a strong interest in stay-at-work supports for their employees.

In total, 266 workers were enrolled, 20 were assigned randomly to control group, and over 70% of our intervention participants were either employed, their caseload, or they are still working towards reemployment today. The average age of our participant was around 46. Pretty evenly split between male and female. In phase 1, we are really proud of completing training on return-to-work, stay-at-work best practices to 517 healthcare providers, and 673 stakeholders. Those were held both in person, and through online training modules.

Healthcare providers and employers have many priorities, especially during this COVID environment. It is essential to have champions in healthcare, and workforce systems who really understand and appreciate the retained approach. Doctor Matt Adam can, one of our physician champions in the practice of physical medicine and rehabilitation was key to our success in Kentucky. Over 60% of our referrals originated from Fraser rehabilitation Institute, that is part of the U of L system. Let's hear a little bit from Dr. Matthew D Adamkin.

(Captioned video plays)

SHIRLEY KRON:

OK, let's move to the next slide. Thank you. The employer in this success story has agreed to give RETAIN an interview and testimonial for phase 2. But I wanted to share it today, with you, because it really demonstrates the importance of a stay-at-work culture, and the role of communication between the M employer as you just heard from the doctor. John suffered a stroke at age 55, he had worked as a finishing operator painting metal rails on panels with a spray gun for over 20 years. His primary language was Vietnamese. The return to work coordinator works with a translator and included his wife and son in the plan. She also worked with the HR director in the front line supervisor. In the functional job description, with the essential functions of John's job were provided to his physician, who could then clearly outline the activities that John was safely able to perform.

Due to some endurance and strength issues, and assistive technology assessment was initiated, and the company utilize those recommendations, and John was able to return back to his job. The HR director shared John's story at a manufacturing advisory meeting that we attended together. Many of the attendees I am sure, must have thought, I had planted her there. But she volunteered her story without the solicitation. This is only one of many stories of what is truly amazing about RETAIN. But this particular story, the HR director shared with me that she never thought he would return to his job. And that how important it was for his coworkers, and her leadership to see RETAIN in action.

I think we will move on, and I will turn it back over to Kimberly.

KIMBERLY WICKERT:

Thanks, Shirley. So again, so there continues to be uncharted waters related to COVID. For many, it became a workers market. Employers are competing for workers, and RETAIN Kentucky's team has provided capacity building through training, to employers for employee recruitment and retention strategies. To assist with systemic change, and sustainability at the organizational level.

We have used tools such as the win-win approach to reasonable accommodation, the work experience survey, and assistive technology to promote the self advocacy of participants we have served.

We are going to talk about what is exciting in Kentucky. There are other ways that we have promoted sustainability at RETAIN Kentucky, and one of those was to partner with the University of Kentucky, who serves as a model employer in their inclusive workforce, training, as well as their systems change.

Another was, as we mentioned earlier, our inclusive worker health network, it was comprised and continues to be comprised of leaders from state health departments, and equivalent entities who are responsible for managing,

regulating, and influencing the provision of health services. As well as a public and private healthcare systems, practicing coordinated care, and population health management. And the state workforce development Board.

We are also really excited to be able to scale up our peer mentoring services by offering this as an instrumental tool in our employer toolkit in phase 2. We look to promote peer mentoring not only at the traditional employee level, but also at the supervisory, and executive management level. Also in multiple formats, including group mentoring, cascading mentoring, mentoring circles, and also roundtables.

As part of our collaboration with other RETAIN states, in phase 2, we are really excited to learn and share national recruitment opportunities and resources with other RETAIN states. We also welcome the opportunity to connect other states to our employer, and absence management partners. And would hope from the same. Our state and county resources are solid with Unite Us (?) at the helm, we are willing to share processes with other states as well.

We appreciate the opportunity to continue to have this state to state exchange of information and ideas, and learn recruitment strategies from other states. And we are interested in ways to attract individual participants in our research study.

With that, I think we are finished with our content.

GEMAR NELOMS:

Excellent, thank you both so much. I am going to turn it over to our participants. For any questions that you all may have. Feel free to come off of audio. And ask a question, and I am going to make sure I can pull up the screen to see you all.

Feel free to jump in from an audio perspective. And, I do have? One of the things as a side note that I thought was really important to note, was the connection about why the culture of stay-at-work/return- to-work is important. Building a culture that supports that effort. One of the questions that has come up, and actually?

It came up again with RETAIN state liaisons, for your leadership network, who are the partners and how do you identify who actually gets to be a part of that network? And what are the benefits to the employers?

SHIRLEY KRON:

I will start with that, and then Kimberly, you can chime in. We actually had our first meeting of the inclusive worker leadership network, and it was beginning with a small group. As Kimberly mentioned, we are involving healthcare, workforce, public health, employers, Kentucky chamber, RETAIN leadership.

And we will be expanding the group to include more voices, and leaders early in 2022. And we are looking at individuals who are coming from different perspectives, to really how we better connect across systems. How we think about needed change across systems. And how we highlight, and promote best practices in serving individuals in Kentucky. Promoting Kentucky folks to stay in the workforce.

KIMBERLY WICKERT:

I will add on to what Shirley said, to answer your second question about how it benefits employers. And best practices are key there, as Shirley said. The little audio clip that we had from Dr. Matthew D Adamkin, was part of a larger Seminar Series, where he goes on to say how important it is that he has information from employers, such as the participants essential job functions. In order for him to make an informed decision about how they can return to work, and when a participant, an employee can return to work. As Shirley mentioned, we are really just building those

bridges doing healthcare providers, and employers. And allowing them to share both of their perspectives, so that we can continue to provide that inclusive workforce, and promote the best practices.

GEMAR NELOMS:

That is excellent. I think one of the benefits of that is that it is not just public agencies represented, it is the private sector represented. We find often in states, that there is not always an opportunity to convene such different sectors and fields at the same table. Who all have a vested interest, even if that interest is different within those individual entities sitting at the table. This sounds like a great forum to tap into all of that expertise, in a way that can help RETAIN. And your team.

Excellent, I see that? Beth has made a comment, Beth I do not know if you would like to speak out loud about it. But if anyone is interested in receiving the announcements about the HDI RETAIN Kentucky employment Seminar Series, she has put the email address in there, retainemployers@uky.edu. Thank you Beth, and Kentucky for opening that up for everyone to get on that list.

Are there any other questions that are immediate? Folks, feel free to come onto audio to ask any questions specific to the Kentucky team.

SPEAKER:

This is Clay, I am with the Minnesota group, thank you for a wonderful presentation. It is very informative and useful. One of the thoughts that came to mind, in the comments, regarding from phase 1 is that you had mentioned around 60% of your patients had come from one source. I am just wondering, how potentially? Because all of us are trying to recruit quite a few patients in phase 2, what have you done to try to have more of a diversity of geographic locations, within the state?

And excusing, a diversity of various sectors. So it is not just say, healthcare workers, or steelworkers, farmers, or whatever. Have you thought about that at all as you prepare for phase 2?

SHIRLEY KRON:

Yes. I will take that, and as well, Kimberly can chime in. We have started with healthcare, that was our targeted approach for phase 1. And as you mentioned, going state wide to every county in Kentucky, is going to involve adding additional healthcare systems.

We have three additional systems, as I mentioned, University of (Unknown Name) U of L health, that encompasses eight hospitals, 700 multispecialty physicians, and that surrounds the (Indiscernible) market. In the Lexington market we have UK healthcare, on an average annual basis they discharge about 51,000 patients. As well as their outpatient clinic network, on a daily basis sees about 8000 patients across Kentucky.

As well, the University of the Kentucky extension offices does provide services within every county, we are considering key to reach out in local communities. We also have partnered with the Department of Library and archives, from a state level. Who have over 200 branches across Kentucky. So as you mentioned, we are trying to connect to participants directly. We are trying to connect to patients through their healthcare providers, and I will let Kimberly talk about absence management and employers.

KIMBERLY WICKERT:

Yes, so we have partnered with UNUM as a large national absence management organization. They are getting the word out to their members who may be eligible for RETAIN Kentucky's services. At that point, the member can decide if they want to participate, and make a self referral.

We also are talking to employers and educating them about the benefits of early intervention, and as you may be aware some employers will wait out that FML period. We are encouraging them to retain services to have our work coordinators provide needed case management, and social determinant services that can help that person at stay-at-work, as opposed to having to look for a position ? either another position within that same employer, if we do not pursue that early intervention. Or potentially, even having to go outside that employer for employment options. Once that period of time has passed.

GEMAR NELOMS:

Great. Thank you all so much. And again, once Minnesota has presented, and we also spent time having some questions specific for the Minnesota team, we will open it up for large group discussion. But I think that is a great taste of what folks are interested in, based on what Kentucky is doing at this moment. So, thank you both very much.

And now I am going to turn it over to the Minnesota team. Thank you, that is where I wanted to be. Wonderful, so Minnesota's team presenting today we have Nancy Omondi, we have Lensa Idossa, Dr. Laura Breeher, Samantha Westphal, and Cameron Sherrard. So I am turning it over to team Minnesota.

NANCY OMONDI:

Good afternoon everyone, I hope you all can hear me. Can someone give me a sign? Thank you. We are really excited to be part of today's forum, to share what is going on in Minnesota. In the interest of time,

I will move quickly. This slide has all of our members presenting today. Team Minnesota is a larger team than this, and I will let each one of us acknowledge our staff who are also on this call. I am Nancy Omondi, and I am the director with the Department of employment and economic development state of Minnesota. I am the Minnesota RETAIN director. Lensa, can you introduce yourself?

LENSA IDOSSA:

Thank you Nancy, good afternoon everyone, I am Lensa Idossa, I am a supervisor with the Minnesota Department of employment and economic development. And I am the program manager with RETAIN.

NANCY OMONDI:

I also want to acknowledge Amy, and Rita who are also members of our RETAIN team. Dr. Breeher?

LAURA BREEHER:

Thank you, I am Dr. Laura Breeher, I am an occupational medicine, in addition to our team members, we have Dr. play call, who is my counterpart medical director. Eaton Vance Larson (?) and Tammy Green, our program manager and improvement and enrollment lead. We also have several individuals who support us with experience and disability management, as well as research coordination for a large grant such as this. It is wonderful to have the team here. And to get feedback from all of those on the call, thank you for joining. Samantha, I will hand it over to you.

SAMANTHA WESTPHAL:

Hi, my name is Samantha Westphal, and I am one of the Minnesota RETAIN return-to-work case manager, working at the Mayo Clinic. I will hand it over to Cameron.

CAMERON SHERRARD:

Hello everyone, I am Cameron Sherrard, I am the RETAIN coordinator of workforce development in Southeast Minnesota.

NANCY OMONDI:

Thank you everyone.

LENSA IDOSSA:

To give you an overview of the RETAIN program, this is led by DEED and other partners including the Department of Health, the Department of Labor and industry, Mayo Clinic, who is our primary health care partner and also workforce development Inc., which is the workforce development Board of southeastern Minnesota.

Looking at our participant eligibility, anyone who is 18+, is a Minnesota resident, works in the state, is currently in the labor force, or employed, and has an injury or an illness that is impacting employment. Those our -- are our eligibility criteria as we move into phase 2. One of our key components is our return-to-work case managers, who you will hear about shortly.

These guide our workers who face the uncertainty of a injury or illness, through the system, and ensure they retain their employment and stay in the workforce. Our return to work case managers are the ones leading but efficient and early coordination between healthcare services, and employment related support again, to help them remain in the workforce.

NANCY OMONDI:

I think we need a highlights from phase 1, I think that is the next slide. Thank you very much. It has really been a privilege working together, collaborating, problem-solving, on an ongoing basis. Kentucky mentioned it earlier, COVID-19 really impacted our programs in very different ways. And we all pivoted to continue the work. One of the things that team Minnesota is really proud about is our strong collaborative partnerships.

We have maintained most of our partners, except for one, for phase 2. We are very proud of that. And more importantly, it took us a while to start recruiting. And during that time, when we were waiting, we continued to meet, and we continued to problem solve and figure out other solutions to get us to our goal.

One of the things that has really kept us together, the consistent meetings that we have had, to get together. Previously, before the pandemic we had monthly in person meetings where we would rotate between spaces, and we really enjoyed these meetings. During the pandemic, we continued to meet via Zoom, or online using other alternatives, to keep the engagement. If we did not do that, I think we would have really been behind.

So that is one of the things, if you hear from our team, one area we really call out our success is our collaborative partnerships. New development of new data protocols and workforce one custom programs. We mentioned Amy, she is our performance coordinator on the DEED side. One of the things that we really strategized about on the systems side, was to develop a RETAIN custom program. We have workforce one, which is our state management system for workforce development, but we have the ability to create custom programs. So we had to think about, are we going to start creating a custom program, not knowing if we were going to move into phase 2, and we had made the

decision that we would risk to do that. And Amy did a lot of work on behalf of the state, to get us there, and we are really happy that we invested in that during the pilot phase, and we can hit the ground running in phase 2.

Our return-to-work case managers are embedded into the clinical practice. So that really makes it easier, and more efficient to get all the partnerships on the healthcare side together. Even as they help the patient, and also work with the provider. That is a really key area, focus of our program. When we started out, the geographic scope of RETAIN, phase 1 was in the southeast Minnesota. But now, we are expanding across the state, to serve all of Minnesota. We continue to be creative around enrollment processes, including implementing virtual consenting process, to help us meet our goal. In our phase 1. We developed the return-to-work case manager ? and provider education modules. To help our return- to-work case managers, and also our providers. Ultimately, we were able to reach our enrollment goal of 150 workers, and for Minnesota, we recruited more and really rapidly. During the pandemic. And we are very proud of the work that we did.

Thank you.

SAMANTHA WESTPHAL:

Like Nancy was saying, we took the case managers and embedded them into the clinical setting. So, as case managers, we are right there working in the electronic medical record, and that is where we did a lot of our screening for phase 1. We would pull multiple reports and screens through them, and from there we would go on to do our consenting and intake process. By being embedded in the clinical setting, I was able to easily communicate with our providers, by sending them messages through the patient portal. Or the medical record system, which ever worked better with our participants. We were able to easily develop any return to work plans, and communicates that as well.

We helped assist with any follow-up visits that were needed, continued without communication, and the closing out visits. So again, really being embedded in that clinical practice is really what helped Minnesota reach our goal of 150 participants. We have great plans for phase 2, and Dr. Breeher will speak to that in a short bit. I will pass it onto the next slide.

LENSA IDOSSA:

All right, so there are some exciting opportunities that we want to share. The first one is, needs assessment or a market research that our team is currently doing. One is targeting employers with sizable multicultural, multiethnic workers. And the other is developing and testing strategies for outreach and recruitment to diverse communities. So, one of our key areas of focus and interest is equity in programming.

In our state, we have a large number of diverse populations who are in low scale low pay jobs. Those are often the people who are more likely to become long-term unemployed once they are injured. This is an area that we are interested in targeting, and making an impact.

So, we are looking at a needs assessment to look at, what are employers needs to support injured workers that come from these diverse communities?

How do we get nonprofits, or organizations that serve this population to be part of this program? And share information about it with the community members that they serve? So this is a really exciting opportunity for us, and one that we are intentionally working on making an impact in. Dr. Breeher will talk about electronic medical record updates.

LAURA BREEHER:

Thank you, Lensa. As Samantha mentioned, for phase 1, we identified many of our participants by screening the electronic medical record. When we started out, criteria for participation was limited to only those with musculoskeletal injuries. We then expanded to have inclusion criteria very similar to RETAIN Ohio, where an employee with any injury or illness impacting work would be eligible. However, we found that it was very difficult for us to identify those patients within the electronic medical record. For musculoskeletal injuries, it was a bit easier because we could screen the emergency room patients that were coming in, due to motor vehicle collisions. Falls, shoulder injuries, we could identify many of those patients from our orthopedic practice, or physical medicine and rehabilitation.

But we felt like we were missing a lot of people who could really benefit from RETAIN, that may be having strokes, heart attacks, other neurologic or pulmonary conditions, or those things. So, in anticipation for phase 2, we began looking at options within the electronic medical record. And we were able to accomplish two big changes. Within our EMR. One is that we added Bureau of Labor and statistics fields for patient occupation, as well as patient industry, within the demographics. At Mayo Clinic we use EPIC as our electronic medical record, as many healthcare organizations do, throughout the United States.

Within the demographic information in the standard package, there is a field for occupation, but it is free text. Often that is left blank, where there is information that is very hard to track. So, we were very happy to be able to get that change approved. And now, if there are things that we want to look at like? Trying to screen and identify more individuals in a specific occupation, or industry, such as manufacturing or something like that, we would be able to screen our EMR, and get a list of those patients to reach out to.

The second big change was adding employment as a social determinants of health. Within many healthcare organizations they are screening for social determinants of health, either in a limited capacity, or extended capacity. At Mayo Clinic, we have a very robust screening system for social determinants of health. So we ask patients about, alcohol use, caffeine use, nutrition, transportation, housing security, but we realize that there were no questions within social determinants of health questionnaires in our organization about employment.

So, we received approval to add a single question, that single question has eight categories for patients to self identify their level of employment. For example, they might say that they are employed and working with restrictions. Or, they are employed, but not able to work due to a medical condition. We also asked them to list the last date that they worked. And we have developed a registry based on that information, to pull in any patients who answered that question indicating that they may be at risk for employment disability.

For phase 2, we anticipate that this is really going to help us identify patients with the full spectrum of medical conditions. That could be impacting work, to help them. We have also included in our budget, funding allocation for adding this IT enhancement for healthcare subservience if they are coming on using our EMR, and we are planning on outlining the process we use, the questions we implemented, and how we categorize those into low/medium/high risks, into a manuscript that can be shared broadly.

With that, I will hand it over to Cameron to share a bit about the paid work experience.

CAMERON SHERRARD:

Thank you. Paid work experience is something with workforce development that we have found success within other programs. Particularly in our youth and young adult programs. Where they were able to think about it as a paid internship, in a way. Workforce development was able to do all the on boarding with the program participant, complete the I 9's complete all the W fours, and all that, and we were actually able to cover up to 200 hours of their wages for temporary position. We paid those out at the rate the employer would pay new hires, or regular employees. We kept it at roughly 29 hours per week. So if they are using the full amount of time it is equates to 6.5-7 weeks, roughly. We were able to work with local businesses, and smaller employers to find accommodating positions.

I think we found some difficulties, obviously with COVID. A lot of people were getting sent home to work remotely, or hybrid, a lot of employers were hesitant to bring in someone from the outside to work for a few weeks.

But we were able to find success. I think things have changed a little bit for the better, on the COVID side of things, so I anticipate going into phase 2 we will have a lot more program participation. It is something that is available to RETAIN participants, completely voluntary. It is just another way to keep them engaged in the workforce. Keep them engaged, and human interaction is a big thing for a lot of people during the past two years. Just try to get them some wages, while there are out from their permanent position.

NANCY OMONDI:

Thank you. So, for this slide, team Minnesota really wanted to share a little bit about what we are doing within a program sustainability, employer engagement, healthcare partnership and provider training.

We also are looking forward to learning from other states, what they are doing, some of the frameworks or models that they may be exploring, especially for program sustainability. So for team Minnesota, we are still having internal and external discussions on our program sustainability.

This is an area that we are still wanting to know, or learn more about other models, and also exploring other models. One thing we are considering doing is holding down a percentage of money to support our sustainability plans, or initiatives. On our state side, for example this year, we have been successful with our legislative process to have two programs tied to our equity goals be approved through our state legislature. And it is our dream, in the future, but after RETAIN is successful, and once we lay out our model, that in the future we will come back to the legislature and propose RETAIN as a program to get continued funding. We have to start with something, we cannot just go without everything, or a framework. The two programs we have been able to launch this year that are new, it took two years of promotion of the programs with the legislative process to get those funded. So one of the things team Minnesota is very clear about is within four years, we cannot wait until the last year to start conversations around involving our legislative teams around what we are doing.

At DEED we have already had a discussion, because they will ask us to propose new programs, that need consideration, and it is a two-year cycle. So of course, it takes four years, so we want the next cycle, RETAIN to lay out our proposal on the legislative side, to be supported on the legislative process, and funding. We want to show that the program has been successful, and that we have served all of Minnesota, diverse Minnesota, to get them on our side. In terms of engagement, one thing we are happy about is on the state side, we currently have a framework that allows for outreach to employers.

So, we have a division within DEED, employer engagement, and the employer engagement team, correct me if I am wrong, has eight regionally based workforce development strategists that are assigned to different regions across the state, and they have partnerships with different employer groups. And so, when we talked to the team, we are going to add RETAIN as another program. In their toolbox, as they promote already existing state or DEED programs, they will also promote RETAIN in the same framework. So we have individuals with relationships with partners, and DEED has been doing this for years. So we want to promote RETAIN in the same way. One other exciting things that we shared at the beginning, is that when we ran the pilot, on the Minnesota side, at DEED, the state, we had for staff supporting the pilot in addition to our other previous positions or roles. So, we have all been very busy the past three years. With the pilot, we are hiring a new team of seven staff, we already have one staff in the system already on the floor to support the program. So, we have been interviewing very aggressively, the past 2.5 weeks, and we hope to onboard that team before end of October, or sometime early November. We are waiting from approvals from our HR side. So that is an exciting update that we will be better, fully staffed to relate support RETAIN.

For healthcare partnerships and provider training, I will hand that to dock back rear -- Dr. Breeher.

GEMAR NELOMS:

Just a note, I want to make sure we have time for questions.

LAURA BREEHER:

I will try to keep this very brief, because I absolutely want questions. For healthcare partnerships, we have had some preliminary discussions with healthcare agencies throughout the state, all of whom have expressed a lot of interest in RETAIN. The model that we are developing for expanding throughout the state, we are bringing on all of the return-to-work case managers, and training them through Mayo Clinic. Then we plan to work with healthcare so recipients throughout the state to bring them on as contracted employees to allow them to have the same access to the EMR, and the healthcare providers as other allied health staff working in those systems.

We are putting out a request for inquiries from healthcare providers, soon. We have developed multiple options for engagement, because we really want to have it be inclusive, and develop partnerships with every healthcare organization that is interested. Especially those ones that are smaller, and may not have some of the infrastructure that larger organizations develop. So, I would love to hear from other states, what you are doing to bring on healthcare partners, especially those that are smaller, and have not previously participated in research.

For provider training in phase 1, this was one of our big accomplishments, developing three training modules for providers. We are planning to incentivize providers to take that training, by offering a financial reimbursement for providers that have at least one patient in the intervention group, and who have completed that training.

We are having a lot of discussions around what is the correct financial incentive, I think initially we had $100, we heard that some other states had larger financial incentives, so we would love to hear back from other states. What has worked for you, in terms of incentivizing the provider training, so that we can expand that as much as possible. With that, I will hand it over to GeMar to open up for some questions.

GEMAR NELOMS:

Excellent, thank you, and thank you to the whole Minnesota team. I am turning it over to everyone. If folks would like to come off of audio, either to ask a question, and/or to give some broad level insight on areas that both Kentucky and Minnesota indicated that they would love to hear from other states on.

We will definitely have a lot of opportunity for that from this point, at the annual convening and on. But this would be a great place to go ahead, and put it out there.

First I am going to see if there are any questions from the group participants. And I am really great with long, pregnant pauses but? (Laughs) I will ask one question of note, related to social determinants of health. So, this is specific to Minnesota, but Kentucky I know this has also been on your radar as well.

And I know two other states it is on your radar. Related to that, how are you leveraging employment as a social determinants of health? You talked about it a little bit in terms of within RETAIN, and the set of questions that were developed, but even beyond RETAIN, what does that look like? How are you leveraging having formalized that as part of the participant process?

LAURA BREEHER:

That is a great question. So, we actually went to our senior leadership and made a case for the importance of employment as a social determinants of health, for all patients. So, we were successful in getting that implemented into our electronic medical record, not only just in Minnesota, but throughout? Wisconsin, Florida, any patient who seeks care in one of our clinics or hospitals will get that questionnaire, and respond to that question.

We also implemented a strategy to categorize responses, into medium/high/low risk. For those patients that respond as being medium or high risk, we are implementing a letter that will automatically go out to them, through the electronic medical record, to share resources that might benefit them. Like the American job centers, career one stop, which then if you go into career one stop, there is additional information about benefits for veterans, and those sorts of things.

So, it is the first question within our social determinants of health that has an automated resource that is sent to patients. So we are hoping that that will affect, not just Minnesota residents, but our patients throughout the country. And then for those Minnesota residents that are greater than 18, and answer as a medium or high risk, we are going to be putting information in that questionnaire that goes out to ask them, in addition to sharing those resources, to tell them that they may be eligible for RETAIN, and to please contact us.

So we will be proactively reaching out, and hopefully they will be self referring as well.

GEMAR NELOMS:

That is excellent. I think sometimes we realize, that sometimes participants themselves do not recognize that employment is a social determinants of health. They get the childcare piece, they get the housing piece, I think this is a great way to have participants have a level of self reflection, and recognizing how this plays a role in their quick return to work. As part of a strategy.

I do want to call out some of the follow-up pieces, that are in the chat. Dr. Breeher you make sure folks know that they can e-mail retain@mayo.edu, if they have questions about the healthcare initiative. Also if there is questions about reporting, or case management tracking. Amy has extended herself, with her email there at... I want to find out if we have additional questions, if there is one other question. We can take it. We can also go to the next slide.

Is there another question? Anything folks would like to hear from in the short term related to Kentucky's efforts, related to Minnesota's efforts?

I want to quickly let everyone know, please fill out the evaluation survey. We had a high response last time, which is excellent, because we are actually using this to complete part of the annual convening that is supposed to be about you. And completely for you. And it will be again, P2 peer exchange, and a deeper dive into areas that you all want to learn more about. As a reminder, our annual convening, the registration will be up in a couple of days.

It is occurring Tuesday, November 2-Thursday, November 4 from 12:00 PM till 4:30 PM. We strongly encourage completing that survey for feedback, and next steps. Above all else, we really think all of you for your participation.

In both part one and part two, for all of the five states, from Kentucky, Minnesota, Vermont, Ohio, and Kansas. We are really proud to serve as your technical assistant provider, in your efforts. And we are really looking forward to the next three years, and the continued success and supporting each of you in your continued success during that time, and in phase 2. So, thank you everyone for joining us today.

And we look forward to touching base with you soon, in our individual TA meetings, and at our convening in November.

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