

<b>TRAINING AND EMPLOYMENT NOTICE</b>	<b>NO.</b> 2-21
	<b>DATE</b> July 23, 2021

**TO:** STATE WORKFORCE AGENCIES  
STATE WORKFORCE LIAISONS  
STATE WORKFORCE DEVELOPMENT BOARDS  
LOCAL WORKFORCE DEVELOPMENT BOARDS  
ALL AMERICAN JOB CENTER PROGRAMS

**FROM:** SUZAN G. LEVINE /s/  
Acting Assistant Secretary

**SUBJECT:** Serving Individuals and Communities Impacted by Opioid Addiction and Other Substance Use Disorders

1. **Purpose.** To provide information to states and local areas regarding the role of the public workforce system in addressing the economic and workforce impacts associated with the high rate of opioid addiction and other substance use disorders.<sup>1</sup>
2. **Action Requested.** The Department of Labor’s (DOL or the Department) Employment and Training Administration (ETA) requests State Workforce Administrators to provide information in this Training and Employment Notice (TEN) to appropriate programs and other staff in the state’s workforce system.
3. **Summary and Background.**
  - a. Summary – The public workforce system complements the role of health, law enforcement, and social service agencies to address the impact of opioid addiction and other substance use disorders, especially as they are compounded by the COVID-19 pandemic. Improving outcomes for individuals with substance use disorders depends on state and local policies, program design and awareness of the complex challenges faced by these individuals.

Based on experiences of grants targeted to address the opioid addiction, and preliminary information and findings from an evaluation of a series of demonstration grants, this TEN

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<sup>1</sup> A substance use disorder (SUD) is a mental disorder that affects a person’s brain and behavior, leading to a person’s inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. Symptoms can range from moderate to severe, with addiction being the most severe form of SUDs. (National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/>)

Opioid addiction, also referred to as opioid use disorder (OUD), is a specific substance use disorder and refers to a class of drugs that includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others. (National Institute for Drug Abuse: <https://www.drugabuse.gov/drug-topics/opioids>)

provides information to state and local workforce agencies regarding service delivery, customer outreach, business engagement, and partnerships to assist individuals who have been affected by opioid addiction or other substance use disorders. Attachment I of this TEN provides additional resources for states and local workforce systems in serving individuals and communities impacted by opioid addiction or other substance use disorders.

- b. Background – While the United States faces recovery from the public health and economic impacts of COVID-19, another public health crisis, which began years before, continues to persist and escalate. The continued widespread misuse of and addiction to opioids and other drugs, including illicit drugs, remains a nationwide crisis. Data suggest overdose deaths accelerated during the coronavirus pandemic.<sup>2</sup> Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020; the highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from the Centers for Disease Control and Prevention (CDC). Those in recovery from addiction may have faced additional challenges during the pandemic through disruptions of daily life and isolation from support systems. These disruptions may continue to impact their recovery.

As a result of the ongoing rates of opioid addiction and increase in overdose deaths, the Secretary of Health and Human Services declared the opioid crisis a national public health emergency since October 26, 2017 and has continued to renew the declaration every 90 days thereafter. Since 2018, the Department of Labor has issued three grant opportunities addressing the workforce impacts of the opioid addiction and other substance abuse disorders. Under these programs, grantees provide reemployment services for individuals impacted by the crisis; train individuals to transition into professions that can impact the crisis, such as alternative pain management, mental health treatment, and addiction treatment; and create temporary employment opportunities for peer recovery counselors and other positions that have a direct impact on the crisis.

- In 2018, the Department awarded \$22 million across six Phase One National Health Emergency (NHE) Dislocated Worker Demonstration Grants. These innovative grants respond to the opioid crisis and were awarded to six states: Alaska, Maryland, New Hampshire, Pennsylvania, Rhode Island and Washington.<sup>3</sup>
- From 2018 to the present, the Department has awarded over \$54 million across 22 Phase Two NHE Disaster Recovery DWGs to states and tribal entities.<sup>4</sup> NHE Disaster Recovery DWG funding continues to be available, per Training and Employment Guidance Letter (TEGL) 4-18, to respond to the opioid crisis, and these grants are reviewed on a rolling basis.
- In September 2020, the Department awarded \$20 million in grant awards under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment

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<sup>2</sup> “Overdose Deaths Accelerating During COVID-19 Expanded Prevention Efforts Needed,” Center for Disease Control and Prevention, December 17, 2020. <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>

<sup>3</sup> <https://www.dol.gov/agencies/eta/dislocated-workers/grants/health-emergency/phase-1-demonstration>

<sup>4</sup> <https://www.dol.gov/agencies/eta/dislocated-workers/grants/health-emergency/phase-2-disaster>

for Patients and Communities Act (SUPPORT Act)<sup>5</sup>, to respond to opioid addiction and other substance use disorders. Grants were awarded to four states: Florida, Maryland, Ohio and Wisconsin.<sup>6</sup>

States and eligible applicants can continue to apply for NHE grants at [www.grants.gov](http://www.grants.gov). These opportunities build on the existing service capacity and partnerships in the public workforce system. In addition to these specific funding opportunities, the Adult, Dislocated Worker, Youth, and Wagner-Peyser programs under the Workforce Innovation and Opportunity Act (WIOA), and the partnerships established through the American Job Center (AJC) Network, can be instrumental in responding to public health emergencies related to substance use disorders and the COVID-19 pandemic.

Ensuring that coordinated services are effectively matched to the customer's specific needs will be as important as ever, as public health emergencies continue to affect our communities. Collaboration, cooperation, and seamless connection across the spectrum of workforce development services offered at the federal, state, and local levels will be paramount.

As part of the NHE Demonstration grant activities, the Department of Labor is conducting an implementation evaluation, which will be completed in fall 2021. The Department plans to disseminate the completed study widely to share promising practices and lessons learned. Interim information from the evaluation includes a literature review and a resource guide, both of which can be found on the Department's website and at [www.WorkforceGPS.org](http://www.WorkforceGPS.org):

- The Role of the Workforce System in Addressing the Opioid Crisis: A Review of the Literature.<sup>7</sup>
- The Role of the Workforce System in Addressing the Opioid Crisis: A Resource Guide.<sup>8</sup>

The final report from the NHE Demonstration Grant evaluation will be similarly posted to the Chief Evaluation Office's website, the ETA Publications Database, and the WorkforceGPS database.

In November 2020, ETA hosted a presentation by the National Institute for Occupational Safety and Health (NIOSH) on the impact of opioids on the workplace and the impact of COVID-19 on opioid addiction and other substance use disorders, and some preliminary data to characterize and address the opioid crisis that includes cultivating a supportive

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<sup>5</sup> Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act), Public Law 115-271, enacted October 2018.

<sup>6</sup> <https://www.dol.gov/agencies/eta/dislocated-workers/grants/supportact>

<sup>7</sup> <https://strategies.workforcegps.org/resources/2020/11/23/15/11/The-Role-of-the-Workforce-System-in-Addressing-the-Opioid-Crisis-A-Review-of-the-Literature>

<sup>8</sup> <https://strategies.workforcegps.org/resources/2020/11/23/15/21/The-Role-of-the-Workforce-System-in-Addressing-the-Opioid-Crisis-A-Resource-Guide>

workplace. This presentation, entitled “NIOSH Responds to the Opioid Overdose Crisis and an Update on Workplace Supported Recovery” is also publicly available.<sup>9</sup>

In June 2021, ETA held a series of in-person and virtual presentations during the 2021 National Association of Workforce Board, (NAWB) Conference, featuring Robert Drake, M.D, Ph.D., Vice President for Social Policy and Economics Research at Westat, Inc. to present on Supported Employment and Substance Use Disorder (SUD). Dr. Drake spoke on how Job Centers can successfully place individuals with substance use disorders (SUD) in employment through Individual Placement and Support (IPS). Individual Placement and Support is evidence-based supported employment for people with behavioral health conditions and places them in job opportunities that interest them and play to their strengths.<sup>10</sup>

4. **Role of the Workforce System.** ETA encourages state workforce agencies, local workforce development boards, outlying areas and tribal organizations to develop comprehensive partnerships to creatively align and deliver career, training, and supportive services that will best serve workers impacted by substance use disorders and opioid addiction. Employment services and supports work in tandem with evidence-based treatment for substance use disorders. As noted in the literature review, “Substance use treatment programs generally focus on stabilizing patients’ physical and behavioral health. However, without focused employment services and supports, people undergoing or who have completed treatment, might not be well prepared to find and keep a job.”<sup>11</sup>

As described in the literature review of the NHE Demonstration Grant evaluation, people with opioid addiction or other substance use disorders may face a variety of challenges in obtaining and maintaining employment, such as:

- Potential stigma and discrimination in the workplace from coworkers or employers;
- Periodic relapses that an employer could find difficult to manage, and that might affect an employer’s willingness to retain workers who are in recovery or be a deterrent to hiring others who are in recovery;
- The lack of employer supports for managing recovery and other personal responsibilities, such as dependent care; and
- Other challenges such as drug-related criminal history, loss of a driver’s license, continuing health concerns, or probation or treatment program requirements that make it difficult to adhere to work schedules.

The workforce system’s role in responding to substance use disorders generally falls into three main strategies: supporting impacted jobseekers, engaging supportive employers, and funding training for the healthcare workforce providing treatment and assistance to individuals with substance use disorders. These strategies are described further below, including examples from the implementation of the NHE Demonstration Grants and NHE

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<sup>9</sup> <https://www.workforcegps.org/events/2020/10/14/13/34/NIOSH-Responds-to-the-Opioid-Overdose-Crisis-and-an-Update-on-Workplace-Supported-Recovery>

<sup>10</sup> [What is IPS? – The IPS Employment Center \(ipsworks.org\)](https://ipsworks.org/index.php/what-is-ips/) <https://ipsworks.org/index.php/what-is-ips/>

<sup>11</sup> The resources cited above, as well as State Narrative Quarterly Reports for the NHE Demonstration Grant and NHE Disaster DWG, are referenced in the recommendations and examples described in section 4 of this TEGL.

Disaster Recovery DWGs. Unless otherwise specified, the activities described below are allowable under WIOA.

- a. ***Supporting Individuals Impacted by Substance Use Disorders.*** Given the widespread occurrence of substance use disorders and the complex array of underlying causes, successful models form comprehensive partnerships across the spectrum of workforce, health, justice, and community organizations, as well as other organizations. Two main approaches strengthen enrollment and services for individuals with substance use disorders: bringing individuals into the AJC for tailored services; and bringing AJC services to providers of behavioral health services. Partnerships support both of these approaches by building trust and helping to align and coordinate the form and delivery of employment and related services that best meet the needs of impacted individuals and create opportunities for reemployment. Local workforce boards can engage community partners to address the economic effects of widespread substance misuse, opioid use, addiction, and overdose in significantly impacted service areas. Local areas can develop a tailored combination of career, training, and supportive services to meet the needs within their area. Career, training and supportive services are described in detail in TEGl No. 19-16, *Guidance on Services provided through the Adult and Dislocated Worker Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service (ES), as amended by title III of WIOA, and for Implementation of the WIOA Final Rules.*

Below are examples of how partnerships and tailored services can serve individuals who are impacted by opioid addiction or other substance use disorders.

- i. Strategic Partnerships: Strategic partnerships beyond those established by WIOA are key to adapting services provided to individuals in the AJC and connecting those services to individuals in the community. NHE Demonstration Grants and NHE Disaster Recovery DWGs have shown that these partnerships may include behavioral health agencies, family services, public health departments and schools. A number of grantees embedded workforce services within partner agencies offering mental health and substance use treatment. These co-location strategies reduce the need for outreach and are less intimidating to participants, who may receive employment and training services immediately. Grantees also reported that courts and justice-related agencies are strong partners. These may include juvenile, family court, drug courts, as well as prison and probation offices. The workforce system can connect individuals who have been involved by the juvenile and/or adult justice system to Reentry Employment Opportunities grant programs (where available) to receive services and resources. These partnerships help to bridge the gap between recovery services and employment and self-sufficiency.

Below are examples of strategic partnerships with local AJC networks to better meet the needs of individuals with opioid addiction or other substance use disorders.

- Through its NHE Disaster Recovery DWG, Ohio has developed partnerships with children services agencies in an effort to change the trajectory of the lives of parents with opioid use disorder who are at risk of losing, or who have already lost, custody of their children. Peer recovery coaches in these settings are developing strong relationships with the parents and children, resulting in families being reunified. In addition, under its NHE Demonstration grant funds, Ohio created special staff positions to be navigators between these parents and the workforce system, so that the parents receive the individualized employment and training services they need to provide financially stable and safe homes for their children.
  - In Maine, as a result of its NHE Disaster Recovery DWG, an extensive outreach campaign is on-going which connects the workforce programs to Recovery Centers, Recovery Residencies, substance use treatment facilities, behavioral health organizations, adult drug courts, and Department of Corrections facilities. Additionally, each region in the state is using multiple media approaches to reach potential clients: print media, social media, virtual information sessions, and direct outreach through staff presence in recovery centers.
  - As part of its NHE Disaster Recovery DWG, Mississippi created a Communication In-take Plan to provide guidance to all all partners for making referrals, asking questions, and informing progress on all participants. The Communication In-take Plan was forwarded to all partners and service providers across the state. The Administrative Office of Courts (AOC) refers candidates for the program to Mississippi Department of Employment Security (MDES). MDES reviews referrals and sends those potential candidates to the Labor and Workforce Development Agency to assess and enroll in WIOA and provide an initial service.
- ii. Tailored Supportive Services: As local areas set policies for supportive services, these policies may be reviewed with an eye toward better addressing specific needs of individuals in recovery. Traditional supportive services, such as transportation vouchers, work supplies, and mileage reimbursement can be combined with living expenses, such as rental assistance, vehicle repairs, fees and deposits on utilities, physicals for employment, and recovery supports.
- iii. Educating the Workforce System and Employers: Training for professionals in the workforce system increases awareness, and also provides important tools for improving outcomes for individuals in recovery. Many resources are included in the attachment to this TEN. Ohio, in particular, has developed materials available to the public which help to raise awareness among the workforce system and community partners:
- The *Ohio Office of Workforce Development Tool Kit* includes general information about opioid use disorder and specific resources for the workforce system, such as tips for tailoring services for individuals in

recovery and tracking their employment, tools for developing recovery friendly workplaces, training information, sample policies, lists of local organizations who may serve as partners, and key action steps and sample documents to initiate a program.<sup>12</sup>

- Supported by the State Targeted Response/CURES grant from SAMHSA, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) provides an *Opioid Online Curricula Series* -- a 23-part series of free training courses to provide general education about addiction for a variety of systems that encounter individuals with an opioid use disorder.<sup>13</sup>

iv. Establishment of Peer Support Counselors and Navigators: One promising strategy that many NHE grantees, in both demonstration and Disaster Recovery DWGs, have implemented, is the training and placement of Peer Support Counselors, or Peer Recovery Navigators. These initiatives train individuals with personal experience in substance use disorders and recovery to serve as guides and mentors to others going through similar challenges, providing a potentially meaningful career path to these individuals, and strengthening their own recovery as they assist others in doing the same. Training and certification requirements vary across states, as well as the role of Peer Support Counselors or navigators. Below is a sampling of grantees that have used this strategy.

- In Connecticut, members of the Workforce Opioid Advisory Board oversee the statewide initiatives of hiring and placing qualified individuals as Peer Recovery Navigators in each AJC. Peer Navigators receive apprenticeship training through providers listed on the State’s Eligible Training Provider List (ETPL). Currently, two providers offer classes, “CT Community for Addiction Recovery” (CCAR) and “Connecticut Counseling Centers.”
- In Mississippi, peer support counselors are deemed eligible for WIOA services and assessed for an initial service, hired, and trained. The peer support counselors provide services to assist eligible drug intervention court potential participants, family, and friends with accessing and/or setting up their Mississippi Department of Employment Security MS Works Profile to search for employment.
- Under the Rhode Island NHE Disaster Recovery DWG, a Peer Recovery Specialist specifically working with people living in recovery houses and on-job-development is helping people in recovery obtain full time employment.

b. ***Business Engagement to Support Those in Recovery.*** The workforce system can assist employers in adapting opioid-related programs and policies to the specific needs of their workers and occupations, taking into account considerations such as workplace safety.

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<sup>12</sup> <https://jfs.ohio.gov/owd/WorkforceProf/Docs/OWDOpioidToolkit.stm>

<sup>13</sup> <https://jfs.ohio.gov/owd/WorkforceProf/Docs/OpioidSeries.stm>

One way that employers can support employees in recovery is to foster a *recovery-supportive workplace*. As defined by NIOSH, “a recovery-supportive workplace aims to prevent exposure to workplace factors that could cause or perpetuate a substance use disorder while lowering barriers to seeking care, receiving care, and maintaining recovery. A recovery-supportive workplace educates its management team and workers on issues surrounding substance use disorders to reduce the all too common stigma around this challenge.”<sup>14</sup>

When implementing workplace-based interventions, employers may consider the nature and types of job-related risks and recognize that opioid misuse varies by industry. The literature review for the NHE Demonstration Grant Evaluation found that medication-assisted treatment should not be a disqualifier for employment. When used appropriately, medication-assisted treatment has no adverse effects on peoples’ intelligence, mental capacity, physical functioning, or employability. However, accommodations might be necessary for workers using these medications due to side effects that can impair their ability to drive, operate heavy machinery, or perform other duties safely.

In supporting employers in developing recovery-supportive workplaces and hiring and retaining individuals in recovery, the state and local workforce agencies can:

- i. learn about and provide the support needed by employers to obtain their commitment and test creative solutions to employ and retain program participants and individuals with substance use disorders;
- ii. connect small to mid-size businesses with community resources such as the Employer Resource Network to provide participants with job retention services, work supports, and training opportunities to support entry-level employees;
- iii. connect employers to program participants receiving concurrent outpatient treatment and job training services;
- iv. encourage hiring individuals with barriers to employment by promoting programs to support their employment, such as the Federal Bonding Program<sup>15</sup> and the Work Opportunity Tax Credit<sup>16</sup>, when those individuals meet relevant eligibility criteria;

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<sup>14</sup> NIOSH website on Recovery-Supportive Workplace definition <https://www.cdc.gov/niosh/topics/opioids/wsrp/default.html#:~:text=A%20recovery%2Dsupportive%20workplace%20aims,receiving%20care%2C%20and%20maintaining%20recovery.>

<sup>15</sup> The [Federal Bonding Program](#) provides bonds that cover the first six months of employment for “at-risk,” hard to place job seekers, including individuals in recovery from substance use disorders. Employers receive these bonds for free as an incentive to hire these applicants, and the bond protects the employer against losses caused by any fraudulent or dishonest acts of the employee. <https://bonds4jobs.com>

<sup>16</sup> The [Work Opportunity Tax Credit \(WOTC\)](#) is a Federal tax credit available to employers for hiring individuals from certain targeted groups who have consistently faced significant barriers to employment <https://www.dol.gov/agencies/eta/wotc>. The Work Opportunity Tax Credit (WOTC) is authorized until December 31, 2025 (Section 113 of Division EE of P.L. 116-260 -- Consolidated Appropriations Act, 2021). The [WOTC fact sheet](#) offers an overview of key information about the tax credit. [https://www.dol.gov/sites/dolgov/files/ETA/wotc/pdfs/WOTC\\_Fact\\_Sheet.pdf](https://www.dol.gov/sites/dolgov/files/ETA/wotc/pdfs/WOTC_Fact_Sheet.pdf)

- v. assist employers in identifying and providing reasonable accommodations for individuals with disabilities, including those in recovery from a substance use disorder;
- vi. explore the flexibilities available through WIOA to support work-based training, such as On-the-Job Training (OJT) and Incumbent Worker Training, and to expand the list of Eligible Training Providers;
- vii. consider transitional jobs, which are among the individualized career services that may be well suited for individuals struggling with substance abuse. Transitional jobs are time-limited and wage-paid work experiences that are subsidized up to 100 percent. These jobs are in the public, private, or nonprofit sectors and are only available for individuals with barriers to employment who are chronically unemployed or have an inconsistent work history, as determined by the Local WDB. TEGL 19-16 further describes the requirements around transitional jobs; and
- viii. consider whether waivers of WIOA requirements would be a useful tool in supporting service delivery. Waivers allowing for raising the allowable OJT employer reimbursement rate for small employers could serve to fill unmet areas of opportunity. Please consult the WIOA waiver web-page which describes currently approved waivers and available flexibility at <https://www.dol.gov/agencies/eta/wioa/waivers>.

The following are examples of states and local initiatives to engage employers in creating recovery-supportive workplaces and other strategies for supporting employees in recovery. A number of states that have created a designation to recognize employers who are working to support employees during treatment and recovery, as discussed below:

- In 2018, New Hampshire (an NHE demonstration grantee) launched the Governor’s Recovery Initiative, which encourages employers to foster a safe and healthy recovery environment. The initiative offers trainings on how to create and support a Recovery Friendly Workplace culture for all employees, supports Partnerships with a Recovery Friendly Advisor to meet customized business needs related to substance use disorders, and connects employers to prevention, treatment, and recovery resources. Recovery-friendly workplace information is found here: <https://www.recoveryfriendlyworkplace.com/>
- In 2018, Rhode Island (another NHE demonstration grantee), joined the New Hampshire initiative in order to provide training and resources to employers that are willing to hire and work intentionally with people in recovery from substance use disorder. The Recovery-Friendly Workplace Committee is developing a recovery-friendly best practice guide for employers. Rhode Island has leveraged its sector partnership model, “Real Jobs RI” to help make direct connections for job seekers that are in recovery through training and direct placement. More information is found here: <https://dlt.ri.gov/realjobsri/>.
- The Kentucky Chamber Workforce Center launched the state’s Opioid Response Program for Business, which offers to audit existing employer policies and recommend best practices for recovery-friendly policies.

- The Connecticut Department of Labor (CTDOL) and the Connecticut Department of Mental Health and Addiction Services (DMHAS) coordinated to produce an Employer Recovery Friendly Workplace Toolkit. The creation of the toolkit was funded through the CT National State Opioid Response grant from SAMHSA, which works in tandem with the state’s NHE Disaster DWG. The Employer Recovery Friendly Workplace Toolkit is available at <http://www.drugfreect.org>. CTDOL and DMHAS are in the process of establishing an official Recovery Friendly Workplace designation program.
  - The Ohio Chamber of Commerce offers a five-module course, “A Dose of Reality for Employers” that provides an overview of the legal and operational issues that employers should consider in responding to the opioid crisis, including developing a drug-free workplace policy and determining when and how to test employees for drug use.
- c. ***Training for the Health Care Workforce.*** The need for a health care workforce to address substance use disorders spans a wide range of settings, including general medical care, specialty treatment providers, social services, and community-based settings. There is a national shortage of providers across the behavioral health workforce including psychiatrists, psychologists, mental health and substance use social workers, and mental health, substance use, and behavioral disorder counselors.

The workforce system can be instrumental in addressing the shortages in behavioral health occupations.

- i. State and local workforce boards can use labor market information to assess occupational shortages and collaborate with employers and industry groups to identify additional training needs for behavioral health professions. One resource is the University of Michigan’s Behavioral Health Workforce Research Center which is one of seven centers nationally that collects, analyzes and reports health workforce data. The Michigan center focuses on behavioral health with an emphasis on the mental health and substance abuse workforce. This portal includes publications related to the behavioral health workforce, and data visualizations to explore state-by-state characteristics of the behavioral health workforce (<https://www.behavioralhealthworkforce.org/>).
- ii. State and local workforce boards can collaborate with training partners including community colleges to develop new training programs and expand training slots in existing programs. Among training resources, the SAMSHA Providers Clinical Support System (PCSS) is a national training and clinical mentoring project that includes trainings for primary care providers and other health care staff on identifying, preventing and treating opioid use disorder (<https://pcssnow.org/>)
- iii. American Job Center staff can identify job seekers who might be appropriate for these occupations, and connect them to training and financial support.

Examples of initiatives by grantees to increase the numbers of health care workers:

- In Rhode Island’s NHE Demonstration Grant, participants may achieve Community Health Workers certification through a combination of volunteer, work experience and education requirements. The combination of Peer Recovery Specialists and the Community Health Worker training continues to be the most effective approach for the program and recruitment and employment of individuals in the recovery-related fields. Community Health Workers are frontline, public health professionals who often have similar cultural beliefs, chronic health conditions, disability, or life experiences as other people in the same community. As trusted leaders, they often serve as a link between their community and needed health or social services.
- In Indiana’s NHE Disaster Recovery DWG, the Workforce Development Boards worked with community healthcare and addiction services organizations to educate them on available training and certifications for Community Mental Health Workers and Peer Counselors. The program created opportunities for Disaster Relief Employment as well as ‘earn and learn,’ work-based learning with OJT, and direct placement.
- In Ohio’s NHE Disaster Recovery DWG funding has been provided for individual training accounts for training nurses, chemical dependency counselor aides, social workers, peer recovery supporters, and other jobs related to mental health and addiction treatment.

5. **Inquiries.** Please direct inquiries to the appropriate Regional Office.

6. **References.**

- Workforce Innovation and Opportunity Act (WIOA) (Pub. L. 113-128) (July 22, 2014);
- Workforce Innovation and Opportunity Act; Final Rule (WIOA DOL Final Rule) published at 81 FR 56071 (August 19, 2016), specifically 20 C.F.R. parts 680 and 687;
- Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the “Stafford Act”);
- The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act), (Pub. L. 115-271) (October 2018);
- Uniform Administrative Requirement, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) published at 82 FR 22609, March 17, 2017, (2 CFR Part 200);
- Wagner-Peyser Act Staffing Flexibility Final Rule (85 FR 592, available at <https://www.govinfo.gov/content/pkg/FR-2020-01-06/pdf/2019-27260.pdf> (January 6, 2020);
- Training and Employment Notice (TEN)13-19, *Announcing the Release of the Wagner-Peyser Act Staffing Flexibility Final Rule and Amended Information Collections Associated with this Rulemaking* dated January 13, 2020, [https://wdr.doleta.gov/directives/corr\\_doc.cfm?DOCN=6994](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=6994);
- Training and Employment Guidance Letter (TEGL) 19-16, *Guidance on Services Provided through the Adult and Dislocated Worker Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service*

*(ES), as amended by title III of WIOA, and for Implementation of the WIOA Final Rules, dated March 1, 2017 [https://wdr.doleta.gov/directives/corr\\_doc.cfm?DOCN=3851](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=3851);*

- *TEGL 12-19, National Dislocated Worker Grant Program Guidance, dated March 18, 2020. [https://wdr.doleta.gov/directives/corr\\_doc.cfm?DOCN=9054](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=9054); and*
- *TEGL 12-19, Change 1, Change 1 to TEGL 12-19, National Dislocated Worker Grant Program Guidance dated November 2, 2020, [https://wdr.doleta.gov/directives/corr\\_doc.cfm?DOCN=5028](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=5028).*

**7. Attachment.**

- Attachment I – Resources for Serving Individuals and Communities Impacted by Opioid Addiction and Other Substance Use Disorders