



FINAL REPORT: 2024

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Executive Summary

In the summer of 2024, the Vermont Department of Labor (VDOL) and VT RETAIN hosted a Work Disability Prevention Summit which brought together individuals across sectors, organizations, and geographic areas of Vermont. The participants met between June and October to collaboratively create a sustainable model for addressing and preventing work disability in the state after Vermont's federal funding to prevent work disability ends in May, 2025. The participants narrowed down the list of recommendations to three which should be prioritized. Collectively, the summit participants decided that (1) a state Work-Health Hub to support workers and care teams and (2) Resilient Workplace Certification for employers were priorities for reducing work disability in Vermont. Ongoing work by Vermont Department of Labor and Invest EAP Centers for Wellbeing will focus on awareness, infrastructure, and funding for these key initiatives.

Summit Summary

What is Work Disability and Why Host a Summit?

Work disability is a limitation in the ability to work due to a physical or mental health condition. Work disability often can be prevented and mitigated through Stay-at-Work and Return-to-Work strategies, such as care coordination, early communication, job modifications and retraining, access to work-health services, education, etc.

Work disability is a major cause of economic and health inequality. Only 55% of Vermonters with disabilities ages 18-64 years are employed versus 82% of those without disabilities. Vermont has untapped potential to expand its workforce.¹ Vermont has one of the highest rates in the U.S. of young people receiving Social Security Disability Insurance (SSDI) benefits for long-term work disability. Vermont has the third highest percentage of disabled workers with mental health diagnoses in the U.S. (49%) behind New Hampshire (50%) and Massachusetts (53%). This rate has been increasing in Vermont for more than 20 years.²

Work disability is a preventable problem. Application for SSDI benefits should be reserved for non-preventable work disability or when appropriate stay-at-work or return-to-work strategies have not restored ability to work. If the percentage of Vermonters receiving SSDI benefits was reduced to the national average, our workforce would increase by 3000 workers. The most common reason for receiving SSDI benefits in Vermont is a mental health diagnosis.

¹ Thomas, N., Paul, S, Bach, S. & Houtenville, A (2024). Annual Disability Statistics Compendium: 2024. Durham, NH: University of New Hampshire, Institute on Disability.

² Social Security Administration. (2023). *Annual Statistical Report on the Social Security Disability Insurance Program*. Social Security Administration. (2023). *Annual Statistical Report on the Social Security Disability Insurance Program*.

These statistics should make us consider how we can reduce long-term work disability in Vermont and improve access to stay-at-work and return-to-work strategies.

Research consistently shows that the longer an employee is out of work for a health condition, the less likely they are to return.³ Early intervention reduces employee absences, prevents loss of employees, reduces rehiring and retraining costs, improves productivity and workplace morale, and decreases time spent on work disability paperwork. Additionally, unemployment is associated with poor health and increased health care utilization; it is an independent risk factor for adverse physical and mental health outcomes (including higher rates of anxiety, depression, suicide, chronic diseases, substance use, infant mortality, stress-related illnesses, and high-risk coping behaviors) for both the unemployed person and their family.

All of this to say that a guiding principle of Vermont's Work Disability Prevention Summit was: *Work is a health outcome and health is a work outcome.*

Commissioner Harrington's Charge:

In early 2024, Vermont Department of Labor Commissioner, Michael Harrington, issued a charge to bring together constituents across Vermont to collaboratively create a sustainable model for addressing and preventing work disability in the state that would meet the needs of Vermont's workforce, employers, clinicians, and other professionals involved in return-to-work. after VT RETAIN's (Retaining Employment and Talent After Injury/Illness Network) federal funding ends in May, 2025. The sustainable model would:

- a. Equitably reach a broad population
- b. Identify appropriate providers and settings for services
- c. Identify funding sources
- d. Enhance public awareness
- e. Facilitate collaboration among constituents in the return-to-work process

Summit Overview

To tackle this charge, the Vermont Department of Labor's VT RETAIN team organized and facilitated a Work Disability Prevention Summit. The Summit was designed as a series of in-person workshops and remote workgroup meetings to engage the wide range of constituents needed to draft a cross-sector solution unique to the needs of Vermonters.

2024 Summit Meetings:

- June 12, 2024 (in-person workshop day), Rutland, VT
- July-September, 2024 (remote workgroup meetings), Virtual/Online

³ Barry, S. Workers Compensation Managed Care: Costs, Controls, Outcomes. Journal of Workers Compensation. Vol 6, 1996

- October 23, 2024 (in-person workshop day), Norwich, VT

A summary of resources and data used to guide the initial Summit meeting can be found in the Appendix of this document and full versions can be found on the Summit website here:

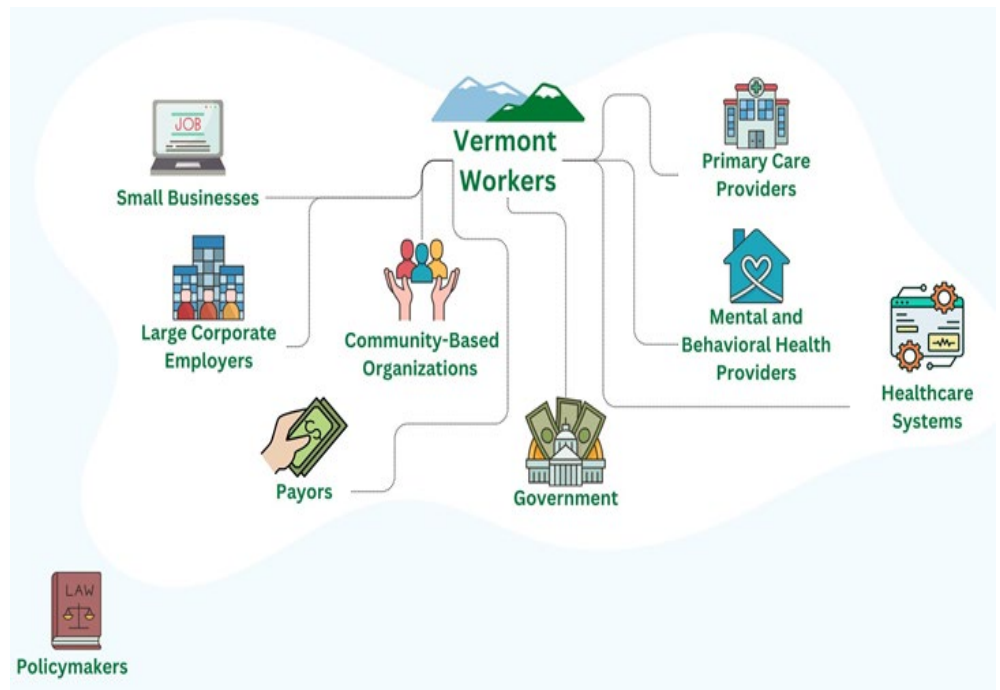
<https://sites.dartmouth.edu/vtworkdisabilitysummit/>

At the initial in-person workshop (June 12, 2024), participants across sectors gathered to learn about the landscape of work disability in Vermont and existing stay-at-work/return-to-work services in the state. These constituents or actors (defined as a participant in a process) are captured in the system map below.

The system operates for the benefit of **Vermont Workers**.

Two primary actors influencing the system are **Care Providers and Employers**.

Additional actors influencing the system are **Government, Healthcare Systems, Payors, and Community-Based Organizations**.



Influencing the environment in which all these actors exist are **Policymakers** who have the ability to create conditions that enable change.

Summit participants agreed that the current system is not designed for early intervention or prevention of work disability.

They identified four root causes:

1. lack of awareness of services
2. siloed communication across groups
3. lack of knowledge of roles, responsibilities, and processes
4. difficulty navigating the system and accessing services

Participants then formed workgroups around three key system actors:

- clinical care providers
- employers
- policymakers

Some participants were encouraged to join workgroups outside of their regular scope of work to ensure diversity in the voices contributing to the work. These work groups met between July and September to explore, from their system actor's point of view, how to continue to provide coordinated work-health services after VT RETAIN funding ends in May 2025. Their discussions, actions, and initial recommendations are summarized in the Appendix of this report.

During the final in-person workshop on October 23, 2024, participants reviewed data and insights from the June summit and the collective workgroup findings to identify gaps and prioritize action areas, notably addressing work disability as a health and workforce issue. Small groups blended participants from various sectors (e.g., care providers, policymakers, employee resource professionals, nonprofit sectors, etc.) to explore the initial recommendations from the workgroup sessions. Recommendations included actions such as enhancing workplace mental health supports, improving dissemination of resources to small employers, and supporting legislative efforts to prevent work disability.

The participants also took steps at the final meeting toward strategic planning and consideration of actionable next steps, including embedding work-health coordination within existing health services through a proposed State Work-Health Hub. This initiative was identified as supporting early intervention by connecting healthcare providers with an occ-doc hotline, work-health coaches, behavioral health clinicians, and other relevant resources.

Participant Representation

An essential element of the Summit was including individuals across sectors, organizations, and geographic areas of Vermont. This ensured a diverse array of perspectives on the challenges as well as a robust knowledge base that helped inform the process, identify existing resources, and align policy priorities.

Representation in the Summit included:

- **Government Agencies:** Vermont Department of Labor, Vermont Blueprint for Health, Vermont Disability Determination Services, VA Whole Health Program, Vermont Department of Health, Vermont Department of Disabilities, Aging and Independent Living and Invest EAP Centers for Wellbeing, Vermont Department of Mental Health, Vermont House of Representatives, Vermont Governor's Office, and Vermont General Assembly.
- **Medical and Community Health Organizations:** Northeast Medical Practice Management, Dartmouth Health, Northeastern Vermont Regional Hospital, United Way Rutland County, Springfield Regional Development Corp, OneCare Vermont, Goodwill of Northern New England, and Haig Consulting.

Advocacy and Workforce Organizations: Disability Rights Vermont, Resources@Work, Society for Human Resource Management (SHRM), Tandem Workforce Collaborative, and, Working Fields

Summary of Work group Discussions & Initial Recommendations

Work group discussions included a broad list of topics pertaining to work disability. They considered the challenge of integrating with existing structures and services while still filling gaps. Discussions recognized the need for policy change, sustained funding, and leadership and explored existing teams that could be included in the work. Work groups looked at how to best provide services and disseminate information in ways that would meet the needs of Vermont's rural and small business environment as well as whether there are groups not represented in current data collection. The work groups also discussed the type of messaging that was needed for each of the actors. A more comprehensive table of discussions, by work group, can be found in the appendix.

Through their discussions, each of the work groups developed initial recommendations and began acting on some of them. A table of all of the recommendations and their status, by work group, can be found in the appendix of this report.

The **clinical care work group** recommendations focused on continuation of the existing return-to-work care coordination services established through the federal VT RETAIN grant. The group designed the concept of a state Work-Health Hub model that would support Vermont hospitals, clinics, and providers. They also endorsed creation of a Work-Health Guide for care teams to align with the new OneCare-required social determinants of health screening that will include a question about work.

The **employers work group** reviewed the VT RETAIN gap analyses, which assessed unmet needs of workers with mental health and substance use disorders. The group's recommendations focused on how to meet the needs of all Vermont employers, regardless of size, and how to effectively disseminate information and tools to these employers. This work group also recommended the continuation and expansion of mental health and recovery friendly workplaces through the Resilient Workplace Certification Program, an early-stage effort underway through VT RETAIN and managed by Invest EAP Centers for Wellbeing.

The **policy work group** recommendations focused on evaluating existing state policies around work disability. The group wanted to understand the current role of employer engagement, how to best align with existing workforce development and healthcare efforts, and explore public private partnerships. Finally, they recommended creating a policymaker outreach strategy and advocated for legislation that would support stay-at-work/return-to-work care coordination and services.

Prioritized Recommendations

At the October 23, 2024 in-person Summit Meeting, the collective work group recommendations were reviewed and narrowed down to the following prioritized recommendations, which will be developed and initially implemented by Vermont Department of Labor's VT RETAIN team, and Invest EAP Centers for Wellbeing.

- 1) Develop Infrastructure for Work-Health Care Coordination
 - Implementing a State Work-Health Hub
 - Engage specific legislators and influencers
 - Developing a mini-white paper with the business case for a Work-Health Hub
 - Establish legislation that advocates for work disability
- 2) Develop Recovery and Mental Health/Psychologically Healthy Workplaces
 - Resilient Workplace Certification Program for employers that includes:
 - On-Demand Return-to Work Modules for employers
 - Mental Health First Aid training for employers
 - Recovery Friendly Workplace education for employers
- 3) Raise awareness of the importance of Stay-at-Work/Return-to-Work among employers, government, the public, and other constituents
 - Determine effective dissemination methods to reach employers
 - Build understanding of the problem and cost surrounding work disability among employers
 - Finalize and disseminate return-to-work stories
 - Expand public understanding of return to work not just return to job.
 - Map individual supports (coaching, vocational rehabilitation and Hireability Services, prevention with youth and peer mentoring) to build an understanding of the navigation process through the lens of an individual needing these types of services.

Ongoing Work and Sustained Leadership

Additional information about the ongoing work and sustained leadership can be found in the Appendix.

Develop Infrastructure for Work-Health Care Coordination:

This would include the development of a state Work-Health Hub, consisting of a team of return-to-work experts led by an Occupational Medicine Physician who would support Vermont clinicians, care coordinators, community health workers, and care teams with patient work-health issues. The hub would also provide best practice trainings support the required Vermont social determinants of health survey work question, and participate in state initiatives related to work disability as well as program evaluation to measure impact. Finally, the hub program

would include 12 specialized Work-Health Coaches available to or integrated with AHS Local Interagency Teams, Blueprint for Health Community Health Teams, and other care teams in the state.

It is estimated that a one-year investment would result in an estimated 2500 workers retained or added to the workforce, \$6.25 million in income tax revenue for the state, a 30% reduction in use of health services which equates to \$11.25 million in savings⁴, and \$65 million saved in lost productivity and rehiring costs^{5,6}. Temporary federal funding in the form of a one year no-cost extension of the RETAIN grant from the USDOL is currently being pursued. It is hoped that the extension of the grant will allow time to explore sustainable funding options going forward.

Develop Recovery and Psychologically Healthy Workplaces:

VT RETAIN and Invest EAP Centers for Wellbeing worked together to develop a Resilient Workplace Certification Program for Vermont employers. This pilot program provides employers with the necessary knowledge, tools, and resources to create physically and psychologically safe workplaces. Phase one of the program was completed in January with nine employers completing the pilot program.

On-demand return-to-work modules for employers have been developed and Mental Health First Aid training is being provided by Invest EAP Centers for Well Being. Employers are being introduced to Behavioral Screening and Intervention to reduce behavioral risk factors are associated with anxiety, depression, substance use, and can contribute to employee absence from work.

Phase two will engage another 10 employers with the pilot Resilient Workplace Certification Program. Invest EAP Centers for Wellbeing hope to include the addition of employer education and resources to create recovery friendly workplaces in collaboration with Recovery Vermont, United Way of Northwest Vermont, and other recovery organizations in the state.

Raise awareness of the importance of Stay-at-Work/Return-to-Work among constituents:

Invest EAP Centers for Wellbeing and Vermont Department of Labor will develop core messaging about the interconnectedness of work and health outcomes. This messaging will be used to communicate with employers, care teams, state officials, the public, and other

⁴ Li K, Lorgelly P, Jasim S, Morris T, Gomes M. Does a working day keep the doctor away? A critical review of the impact of unemployment and job insecurity on health and social care utilization. *Eur J Health Econ.* 2023 Mar;24(2):179-186. doi: 10.1007/s10198-022-01468-4. Epub 2022 May 6. PMID: 35522390; PMCID: PMC9985560.

⁵ Conway , C. (2024, December 23). Poor Health Costs US Employers \$575 Billion and 1.5 Billion Days of Lost Productivity Per Integrated Benefits Institute: <https://news.ibiweb.org/poor-health-costs-us-employers-575-billion>

⁶ Pendell, R. (2024, December 23). *Employee Engagement Strategies: Fixing the World's \$8.8 Trillion Problem*. From Gallup: <https://www.gallup.com/workplace/393497/world-trillion-workplace-problem.aspx>

constituents to promote awareness about work disability and support program and policy development.

The messaging will include sharing of Vermonters' return-to-work stories that paint the full picture of work disability beyond success stories. These stories will focus on the individual experiences of people with work disabilities, emphasizing that return-to-work is sometimes more than returning to the same job. The stories will highlight the various resources available, such as Work-Health Coaching, HireAbility services, private Vocational Rehabilitation, Career Resource Centers, and prevention of work disability through youth and peer mentoring and education.

The VT RETAIN team will develop a map of similar individual supports for clinical care teams. By consistently promoting this messaging, we can coordinate efforts to reduce work disability in Vermont.

Appendix: Documents & Resources Created

Background and Supporting Materials Used to Inform the Summit Work

The Workbook used by Summit Participants during the June Meeting and the presentation given to those who wanted to participate but could not attend the June meeting can be found on the Summit Website <https://sites.dartmouth.edu/vtworkdisabilitysummit/agenda/>

In 2015 and 2017 the Vermont Legislative Joint Fiscal Office produced two legislative briefs examining work disability in Vermont. Vermont Department of Labor's VT RETAIN team updated these legislative briefs in a white paper which can be found on the Vermont Department of Labor's Website <https://labor.vermont.gov/sites/labor/files/documents/Updated%20Legislative%20Brief-Final%20white%20paper.pdf>

Summary of Work group Discussions & Initial Recommendations (July to September 2024)

Clinical Care Work Group

Participants: Vermont Blueprint for Health, Vermont Department of Health Access, Vermont Department of Health, VT RETAIN, OneCare Vermont, Northeastern Vermont Regional Hospital Community Connections, Invest EAP Centers for Wellbeing, Goodwill of Northern New England

| Questions Explored | Summary of Discussion | Relevant Resources |
|--|---|---|
| <p>How can Vermont integrate work-health coaching into existing health, care coordination, and social determinants of health (SDOH) initiatives?</p> | <ul style="list-style-type: none"> ● Considered the challenge of integrating coaching into existing care structures without duplicating efforts or resources and recognizing the need for a tiered approach – not everyone needs a work-health coach ● Identified AHS Local Interagency Teams and Blueprint Community Health Teams as key partners ● Reiterated importance of worker perspective in designing services | <ul style="list-style-type: none"> ● Vermont Work Disability Summit Workbook ● VT RETAIN Funding Opportunity Announcements and references therein ● Centers for Occupational Health and Education ● Vermont Disability Innovation Fund proposal |
| <p>What funding and policy changes are needed to support integrating work-health coaching into these initiatives?</p> | <ul style="list-style-type: none"> ● Acknowledged that without legislative support implementation will be inconsistent across regions ● Considered possible grant opportunities and strategies | <ul style="list-style-type: none"> ● VT RETAIN white paper on work disability ● Council of State Govt Return-to-Work Toolkit ● Grant search strategies |
| <p>What education, training, and resources are needed to support this integration?</p> | <ul style="list-style-type: none"> ● Identified need to describe existing care coordination and employment services for cross-sector understanding of available services ● Considered new OneCare-required Social Determinant of Health survey that includes a question about work | <ul style="list-style-type: none"> ● Workgroup participants ● VT RETAIN training materials and resources |

Employer Work Group

Participants: United Way Rutland, Vermont Department of Labor (VDOL), VT RETAIN, Tandem Workforce Collaboration, Springfield Regional Development Corp, Society for Human Resource Management (SHRM), Resources@Work, Invest EAP/Centers for Wellbeing

| Questions Explored | Summary of Discussion | Relevant Resources |
|--|---|--|
| What is the most effective way to disseminate resources to Vermont’s diverse range of employers? | <ul style="list-style-type: none"> Discussed various channels (VDOL, SHRM, Secretary of State Business Services Division, Chamber of Commerce) and the existing need to determine the most efficient method for disseminating resources, especially to small employers | <ul style="list-style-type: none"> VDOL communication strategies SHRM outreach reports |
| How can small employers (those with fewer than four employees), who make up 75% of Vermont’s workforce, best access expert advice and resources? | <ul style="list-style-type: none"> Gaps remain in resource accessibility for small employers Planned to collaborate with the Vermont Chamber of Commerce and small business associations to begin addressing gap | <ul style="list-style-type: none"> Vermont Chamber of Commerce Secretary of State Business Services Division |
| What policies and supports are most effective for integrating mental health and substance use prevention in the workplace? | <ul style="list-style-type: none"> Highlighted the importance of these supports but noted gaps in small and rural employer participation Reviewed RETAIN Mental Health and SUD Gap Analyses to understand barriers faced by workers | <ul style="list-style-type: none"> Vermont Recovery Network Pathways Vermont and VT RETAIN resources |
| What are the most practical steps employers can take to create “Recovery Friendly” and “Mental Health Friendly” workplaces? | <ul style="list-style-type: none"> While certifications and training were suggested, the feasibility and implementation strategies require further development | <ul style="list-style-type: none"> Vermont Recovery Network reports Working Bridges resources Resilient Workplace Certification |
| How can VT RETAIN success stories and case studies be structured to best influence employer behavior and policy change? | <ul style="list-style-type: none"> Explored creating compelling portraits of employee journeys like those used in Resources@Work, showing variation in experience aligned with broader policy goals | <ul style="list-style-type: none"> VT RETAIN success stories Employee Assistance Programs (EAP) reports Resources@Work |

Policy Work Group

Participants: Vermont House of Representatives, Vermont Governor's Office, Vermont Department of Mental Health, Vermont Department of Labor (VDOL), VT RETAIN, Haig Consulting, Disability Rights Vermont

| Questions Explored | Summary of Discussion | Resources |
|---|--|---|
| How effective are Vermont's existing policies in preventing work disability before it leads to SSDI enrollment? | <ul style="list-style-type: none"> Planned to engage with Hireability VT and Workforce Development to identify policies to review and determine whether they meet best practices | <ul style="list-style-type: none"> SSDI statistics for Vermont VT RETAIN white paper on work disability VT Coalition for Disability Rights |
| How can Vermont better align its workforce development and work disability prevention efforts across sectors? | <ul style="list-style-type: none"> The new Workforce Development Office (per HB707) offers an opportunity, but it's unclear if the scope includes disability prevention | <ul style="list-style-type: none"> Workforce Development Board Legislative Report Past State Workforce Development Board reports |
| Is there sufficient data on work disability among Vermont's at-risk populations (e.g., low-wage workers, manual labor sectors)? | <ul style="list-style-type: none"> Current data collection has focused on existing VT RETAIN participants (mostly women due to mental health), but gaps may exist for manual labor and low-wage workers Learned that most data focus on people out of work not on those at risk, and state-level data is collected on people out of work with injuries | <ul style="list-style-type: none"> VDOL injury and illness data VT RETAIN participant demographics |
| Are employers aware of & using available resources to support employees with mental health conditions? | <ul style="list-style-type: none"> Discussion revealed that many employers might not know about resources and considered surveys and employer toolkits | <ul style="list-style-type: none"> VDOL surveys on employer awareness and engagement |
| What role can healthcare providers play in early intervention for work disability prevention, particularly for those with mental health conditions? | <ul style="list-style-type: none"> Care providers workgroup is addressing further strategies for engaging community health workers and other providers Policy work can support this | <ul style="list-style-type: none"> VT RETAIN resources for care teams Evidence-based mental health intervention strategies |
| What is the best approach to engaging policymakers effectively to drive legislative action on work disability? | <ul style="list-style-type: none"> Debated whether concise materials (elevator speech) or comprehensive reports (white papers) would be most effective | <ul style="list-style-type: none"> Past legislative briefs VT RETAIN white paper on work disability VT RETAIN's outreach Policy advocacy best practices |
| How can we facilitate greater collaboration between public and private sectors for work disability prevention? | <ul style="list-style-type: none"> Discussion of various collaboration efforts, including engaging employer associations instead of individual employers A concrete plan for engaging the private sector remains to be defined | <ul style="list-style-type: none"> VDOL and Workforce Development Board materials Best practices from other states' models |

Initial work group recommendations (*in advance of Oct meeting*)

Employer Work Group

| Recommendation | Activity Type | Necessary Inputs | Desired Outputs | Work Started |
|--|---------------|---|---|--------------|
| Review of VT RETAIN gap analyses of workers with mental health and substance use disorders | Research | VT RETAIN Mental Health and Substance Use Disorder Gap Analyses | Understanding of and clear articulation of barriers faced by Vermont workers with mental health and substance use disorders | Completed |
| Determine effective dissemination methods | Research | Multiple channels for reaching employers (VDOL, SHRM, VT Chamber of Commerce, Secretary of State Business Services Division) Feedback from small business groups Dissemination plan and information hub | A best method for dissemination is identified Useful information is widely available More employers exhibit knowledge of available resources in the state | Started |
| Enhance Access for Small Employers | System Change | Collaboration with Vermont Chamber of Commerce and other associations to expand resource availability tailored for small businesses | More small business employers access resources and expert advice | Not started |
| Develop Recovery and Mental Health Friendly Workplaces that Integrate Relevant Resources | System Change | Work with EAPs and community organizations to create training and support materials focused on integrating mental health and substance use services into workplaces Leverage existing criteria for certifications and develop employer training modules Pilot certifications w/ selected businesses | Pilot programs with feedback Mental health and substance use services are observably integrated into the workplace by employers completing the Resilient Workplace certification program | Started |
| Finalize and Disseminate Return-to-Work Stories | System Change | Compile and refine case studies to align with policy objectives, ensuring stories resonate with employers and demonstrate the benefits of supportive workplace practices | Employers moved to learn and implement supportive workplace practices Use as a marketing tool for Resilient Workplace Certification and SAW/RTW | Started |

Clinical Care Work Group

| Recommendation | Activity Type | Necessary Inputs | Desired Outputs | Work Started |
|--|---------------|--|---|--------------|
| Describe existing care coordination and employment services in Vermont | Research | Inventory existing programs Map referral pathways | Streamlined access to work-health resources Cross-sector understanding of existing services Findings reported to workgroup members Findings included in trainings and resources | Started |
| Implement a State Work-Health Hub model with work-health coaching embedded into existing care coordination programs | System Change | Alignment with Blueprint for Health, Local Interagency Teams, VDOL Job Centers, Invest EAP, and HireAbility State Work Health Hub description Implementation plan Long-term funding strategy Coordination with employer and policy work group activities | Pilot programs with feedback Long-term sustainable work disability prevention program Care teams use the State Work-Health Hub and Work-Health Coaching resources Improvement in Vermont work and health outcomes | Started |
| Include retention of health care workers in rural areas | System Change | Partner with rural hospitals and healthcare providers Partner with employer associations | State Work-Health Hub that addresses rural healthcare workforce needs Availability of functional restoration program for chronic pain in rural area | Started |
| Create a Work-Health Guide and Training for care teams that align with the OneCare-required social determinants of health (SDOH) screening | System Change | SDOH screening survey Secondary screening questions for work-health issues Curated resources in centralized repository (e.g., standalone website) Updated clinician guide with “quick guide to return-to-work” on the back Training content and materials Scheduled training sessions for care coordination teams | Work status included in SDOH surveys and medical record dashboards Care teams identify patients facing work disability and are aware of and can access resources for patient work-health issues Work disability prevention is integrated into care protocols and plans Improvement in Vermont work and health outcomes SDOH survey data on work question reported to Workforce Development Division and Board and other relevant employment and policy partners | Started |

Policy Work Group

| Recommendation | Activity Type | Necessary Inputs | Desired outputs | Work Started |
|--|---------------|--|--|--------------|
| Evaluate Existing Policies | Research | SSDI data RETAIN data Policy inventory | Written policy inventory including: Understanding of impact of current policies Identification of policy gaps List of areas for improvement | Started |
| Understand Current Employer Engagement and Role | Research | Surveys and focus groups with employers (e.g., at SHRM) | Understanding of employers' awareness and use of available resources | Not started |
| Broaden Data Collection Efforts | Research | Current data collection mechanisms, updated to include specific high-risk, underserved populations | Data collected and analyzed from high-risk, underserved groups | Not started |
| Explore Best Practices in Public-Private Partnerships | Research | List of successful public-private partnership models in other states | Framework for public-private partnership in Vermont | Started |
| Create a Policymaker Outreach Strategy | System Change | List of stakeholders, Talking points (e.g., elevator speech), Handouts | Policymakers are informed about and prioritizing worker disability issues | Started |
| Advocate for Legislation Supportive of Care Coordination | System Change | Tiers of RETAIN Services | VT RETAIN services are aligned with Vermont Blueprint for Health, funded, and pilots are active | Started |
| Align Workforce Development Efforts | System Change | Meet with interim Executive Director of the Workforce Development Office and Workforce Development Board Talking points about how to integrate work disability prevention | Work disability prevention is integrated into workforce development at state level | Started |
| Align Healthcare Providers | System Change | Materials and trainings for care teams | Integrated early intervention approach for care teams focused on mental health | Started |

Outcomes, Goals, Strategies, and Measures Table

The following table was initially developed during the October 23, 2024 meeting and has been refined by VDOL, Invest EAP Centers of Wellbeing, and VT RETAIN since the final Summit Meeting to further map development of the prioritized recommendations.

| Objectives | Goals | Strategies | Measures | Owner / Hopeful Owner |
|---|--|--|--|-----------------------|
| Develop Infrastructure that Provides Work-Health Care Coordination | 1. Create a Statewide Work-Health Hub to reduce work disability in Vermont (with at a minimum a Medical Director, 2 Work-Health Coaches, and Program Coordinator in place) 2. Create a program evaluation strategy (to include measures such as # of calls to Hub, # of days off per illness/injury, use of services, # served, equity goals, referral pathways, and outcomes services) | Identify long-term funding source for Work-Health Hub | Draft of funding plan with steps and timelines for group review | VDOL & Invest EAP |
| | | Engage specific legislators and influencers | 1-time appropriation to bridge to sustainable funding | |
| | | Develop a mini-white paper with business case for Work-Health Hub | Draft of white-paper or business plan for group review | |
| | | Establish legislation that advocates for work-disability prevention | Outreach team and strategy in place | |
| Develop Recovery and Mental Health Friendly Workplaces | Resilient Workplace Certification Program (RWCP): # employers participating in RWCP - 19 # of managers receiving training on psychologically safe leadership practices - 370 # employees impacted by the program - 1800 # of employers demonstrating improvements in workplace psychological health and safety through employee survey scores. - 15 On Demand Return-To-Work (RTW) Training: # of employers provided with RTW module Mental Health First Aid (MHFA) Training: # of employees completing training - 130 Brief Screening and Intervention (BSI): # of employees screened using Behavioral Screening and Intervention - 100 # of employee sessions delivered - 25 Recovery & Mental Health Education Resources: # partners connected with to develop or provide education - 5 | Pilot Cohorts 1 and 2 of Resilient Workplace Certification Program (RWCP) | # employers participating # of managers trained # employees impacted # of employers demonstrating improvements in workplace psychological health and safety through employee survey scores | Invest EAP |
| | | On-Demand RTW Modules for Employers | # of employers completing the trainings | Invest EAP & VDOL |
| | | Mental Health First Aid Training | # employees completed training | Invest EAP |
| | | Introduce Behavioral Screening and Intervention practice | Total # of employees screened and total # of sessions post BSI that were held | Invest EAP |
| | | Connect with Recovery Vermont, United Way of NW Vermont, Working Bridges, and other organizations to develop or identify resources to distribute | # of partners connected with to develop or provide education on recovery and mental health for workplaces # of resources developed or identified for distribution to workplaces # of distribution venues identified to reach workplaces with resources | Invest EAP & VDOL |
| | | | | |

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|--|--|--|--|--|
| Raise Awareness of SAW/RTW Importance among Employers and Other Constituents (including the public) | # of employers contacted about RTW/SAW education - 30 # employers contracting for RWCP 6/30/25-12/31/25 - 15 Business organizations Oriented to SAW/RTW, RWCP and Work/Health Hub (e.g., Chambers of Commerce The Richards Group, and construction org etc.) - 5 # of stories created to raise awareness of RTW - 3 | Determine which employers to contact about SAW/RTW, costs and opportunities. Hold info sessions (e.g., educational lunch and learn) | # of accounts to outreach to for sessions and how many accounts we educate - 30 | Invest EAP |
| | | Develop and present one core message (elevator speech) re: work as a health outcome Increase understanding of SAW/RTW and cost savings to state departments, agencies and legislative and executive branches of State Government through outreach | # of times core message (elevator speech) re: work as a health outcome and health as a work outcome is delivered to Invest EAP accounts and to state officials | Invest EAP |
| | | Finalize and Disseminate RTW Stories | # stories documented | VDOL |
| | | Map individual supports for understanding this concept | | Invest EAP in collaboration with VDOL, Workforce Development Board |