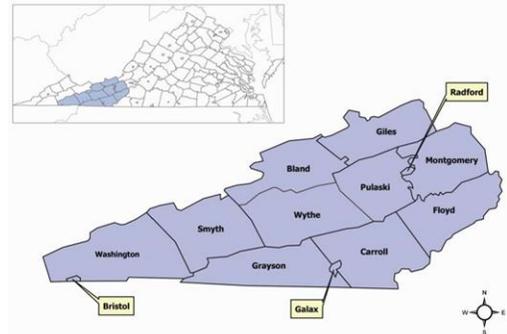


## STRATEGIC RATIONALE

**Description of Community and Needs:** The New River/Mount Rogers Workforce Development Area in southwest Virginia (Planning Districts 3 and 4) is made up of **13 localities** and is an area that can be characterized as being in transition. Figure 1 is a map of our region. 12 of our 13 jurisdictions have an ARC classification as transitional, with Grayson County still classified as At-Risk, having two distressed census tracts. Smyth and Washington, although transitional, each have one census tract that is classified as distressed. Within our region, **nine** jurisdictions have at least one Opportunity Zone for a total of **14 Opportunity Zones** in our footprint. Our region is complex, comprised of natural resources and major interstates but limited access to healthcare and public transportation, poverty rates higher than the state’s average, and lower economic stability as a result of industry declines in coal, tobacco farming, and manufacture of textiles and furniture. With the decrease in coal production, employment in coal mining and coal-related supply chain industries fell steadily and has remained stagnant, seeing an overall 28 percent employment decrease. Coal production in the region averaged a six percent decline per year during the past decade while national coal production decreased 1.9 percent per year during the same period. Mining Machinery and Equipment manufacturing led the region’s coal cluster in decline, eliminating 148 jobs over the time period. There were 22 active coal mining and coal supply-chain businesses in the region that contributed \$103,545,764 to our GRP, which decreased to \$64,740,563 in 2019, slightly above half of the previous decade's production level.

Figure 1  
New River/Mount Rogers Workforce Development Area



Just as our region and its industries have been in transition over the past decade, so have our people. Our labor shed is less dependent on the coal industry; however, our people have been negatively impacted by recent contractions in coal employment, especially in that many of these coal-related occupations paid considerably above the region’s median wages. Employment for displaced workers has been challenging due to wage considerations. The people in our region have also been battling drug misuse and addiction. As stated in the letter from the State Health Commissioner, Norman Oliver, in the *Blueprint for Substance Abuse and Misuse Prevention, Treatment and Control* published by One Care of Southwest Virginia in the Fall of 2019, the epidemic of substance abuse in our region was prevalent “decades before it became a national issue, with little acknowledgement of the problem or assistance in addressing it from state and national agencies and resources at that time” (p. 5). Behavioral health disorders pose one of the largest social welfare and public health concerns that our country has ever experienced, costing billions of dollars each year in health and welfare, criminal justice, and lost productivity worker costs. Further, Mr. Oliver states, “the devastating effects of substance use disorder are not limited to marginalized groups of people, but reach into the intimate spaces of the varied lives of everyone it touches, attacking workforce, community resilience, mental health, family structure, and life itself.” In our region, opioid use disorder (OUD) and substance use disorder (SUD) continue to be a leading cause of **death**, a leading correlate in **crime**, and a leading cause in lost productivity in the **workplace**. Much effort to address the OUD/SUD issues in our region has been spearheaded by the Virginia Rural Health Association, One Care of Southwest Virginia, Ballad Health, and our Community Services Boards. While they are seeing progress, especially grassroots efforts within communities, there is still much work to be done. OUD/SUD is not just a healthcare issue. At its core, it is an economic development issue. Thus, to fully realize a healthy and

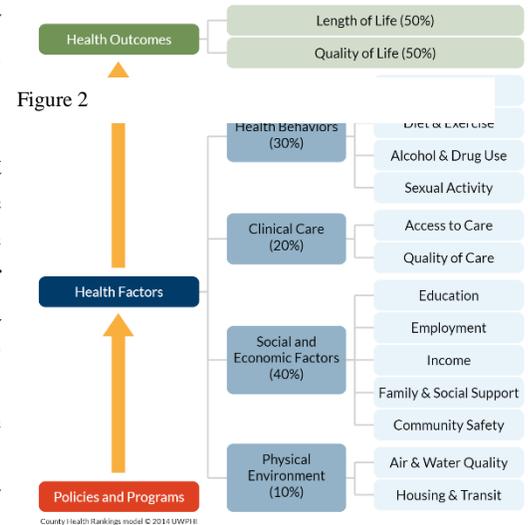
prosperous region, Economic Development and Workforce Development must be active partners in addressing this issue in our region. **Attachment 1: Data** provides the data and source to support the information in this section.

**Description of the Problem:** Lack of coordination between the economic and workforce development sectors with healthcare and human service sectors in tackling OUD/SUD as an economic development issue has inhibited the region from creating continuity among support services, sustaining long-term recovery for individuals, and scaling efforts for greater impact on the individual and family, business and industry, and the region as a whole. Thus, the **goal** of our project, *Pathways to a Strong and Healthy Region*, is to become a **Recovery-Ready Region** to collectively tackle the full-range of the OUD/SUD problem through a cross-sector approach in creating and implementing a **model** and **framework** that provides a basis for **infrastructure development**, moving our region toward better health and economic prosperity.

The New River/Mount Rogers Workforce Development Area Consortium Board (NRMR WDACB), serving as lead applicant, is requesting \$1,500,000 to assist the partnership collaborative in implementing our project. Through a Joint Exercise of Power, the NRMR WDACB is a regional government entity (Va. Code § 15.2-1300) that may enter into agreements for joint or cooperative exercise of any power, privilege or authority. It has designated the New River/Mount Rogers Workforce Development Board (NRMR WDB) as the convener of the region's workforce system to facilitate and coordinate initiatives that deliver a workforce with the skills needed by businesses and provide jobs to workers that pay a sustainable wage. We believe that a coordinated and adaptable workforce is vital for a robust economy, and our strategic plan targets assisting our citizens with OUD/SUD as well as our justice involved, considering the overlap between the two populations. Given the economic and social impact of the opioid crisis, substance use, and other behavioral health disorders, we have a great need for a model informing local leaders and policy makers about the benefits of a **recovery-informed approach** to addressing OUD/SUD, thereby creating a healthy and prosperous region. As a collaborative, we can improve the **economic resilience** in our region. Our approach, discussed further in this application, implements several best practices identified in *Strengthening Economic Resilience in Appalachia*, a guidebook prepared on behalf of the ARC, in particular, exploring what we can undertake to enhance the future economic prospects of our region. We firmly believe that focusing on investing in education, engaging our community over the long-term, identifying and growing our assets, building networks and fostering collaboration, and moving multiple sectors forward will strengthen our economic resilience and lead us toward a strong and prosperous region.

**Local Demand for the Project Activity:** Between 2007 and 2018, there were 738 fatal drug overdoses in our region, which is an average rate of 15.6% of our population. Of the 133 jurisdictions in Virginia, ours rank from 30 (Montgomery) to 131 (Galax) for Health Rankings, a Robert Wood Johnson Foundation project which includes more than 30 measures to help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Figure 2 shows a pictorial view of this work. A deeper dive into the Social and Economic Factors, Clinical Care, and Health Behaviors in our region shows that our region ranks higher (negatively) than many jurisdictions in Virginia. We have a **high prevalence** of unhealthy behaviors, an average **median income** of \$44,653 (as compared to the state's median of \$71,516) as well as almost **31,000** people who are **uninsured**. These data are problematic for our region, especially

in considering that in 2018, the Virginia General Assembly passed legislation to expand Medicaid coverage to individuals with incomes below 138 percent of the federal poverty level. As was seen in other states, a higher proportion of Medicaid eligible individuals have OUD/SUD. Statewide data shows that 36 percent of the individuals being admitted to hospitals are uninsured and their admittance is related to substance use disorders. Medicaid expansion could enable thousands of our residents to access OUD/SUD treatment. The Virginia Department of Medical Assistance Services (DMAS) implemented the Addiction & Recovery Treatment Services (ARTS) in 2017 and projects that in Southwest Virginia, we have an average of 43 percent of individuals who are eligible. DMAS reported that the uninsured are “disproportionately affected by substance use disorders” and that “two-thirds of residents with an opioid use disorder [lack] health coverage.” Further, DMAS reported, “substance use-related admissions account for one-third of all admissions to the hospital for the uninsured.” With Medicaid expansion, many uninsured individuals in our region will now have access to treatment services outside the hospital setting. **Simply put, we must be ready for them.** Currently, individuals in need of recovery services have access to few resources in our region. Community health workers, behavioral health specialists, and peer recovery specialists are several of the most valued, in-demand occupations in our region. Working together toward creating a Recovery-Ready Region will help both the health/human services sectors and the workforce/economic development sectors provide the integrated and quality services and resources (in addition to avoiding a duplication of effort and resources) to help our individuals and their families improve their health and welfare for the long-term. **Attachment 1: Data** provides the data and source to support the information in this section.



For the past few years, a number of organizations have been working together to resolve the substance misuse issues in our region. One Care of Southwest Virginia is a 501(c)(3) established in 2003 that brings together a consortium of community experts and leaders dedicated to reducing overdoses and harm associated with OUD/SUD. Their Board of Directors is committed to decreasing SUD and its related socioeconomic health factors through planning, evidence-based practice, addressing policy, and advocacy. With funding from the Health Resources and Services Administration’s Rural Communities Opioid Response Program, they developed a comprehensive harm reduction approach that improves prevention, treatment, and recovery services. Goals for their three-year strategic plan (October 2019 to September 2022) include: (1) Increase evidence-based prevention efforts to prevent, delay, and identify the risk factors of OUD/SUD; (2) Advocate for increased access to the whole continuum of care, from early prevention through sustained recovery; (3) Advocate for increased access to non-treatment resources to support long-term recovery; (4) Expand harm reduction initiatives; and (5) Reduce stigma and increase community awareness surrounding OUD/SUD. One Care of Southwest Virginia envisions being a model for achieving significant reductions in substance abuse and related social, economic, and health factors by building and supporting community partnerships. As identified in their *Blueprint for Substance Abuse and Misuse Prevention, Treatment and Control*, “Southwest Virginia faces many barriers,” but we can “build successful multi-jurisdictional and multi-disciplinary coalitions and routinely achieve quality outcomes.” Prevention councils, re-entry programs, and faith-based programs and outreach have been launched, and many organizations have come together to expand and enhance the array of treatment services. In the New

River Valley, the New River Valley Community Services Board has created a Day Treatment center for peer recovery services, offering walk-in access to engagement opportunities, sponsors, connection to resources, and weekly meetings. The NRVCS Office of Peer Supports and Recovery has developed into a collaborative agency-wide system of staff, serving hundreds of community members seeking recovery and treatment services. These types of services, however, currently do not exist in the Mount Rogers Region. Using the NRVCS model, the collaborative aims to support the Mount Rogers Community Services Board in developing their own day treatment program to serve the individuals within their own communities. With the current work being done by healthcare and human services organizations in the region, we are primed for unifying our collective efforts through our *Pathways to a Strong and Healthy Region* project.

## **PARTNERSHIP COLLABORATIVE**

**Core Team:** As grant recipient, the **NRMR WDACB** is responsible for project oversight and management and will serve as the backbone agency for the *Pathways to a Strong and Healthy Region* project. The **NRMR WDB** will focus on education and training for individuals with OUD/SUD as well as business and community engagement so individuals in recovery can secure meaningful employment, demonstrating to businesses that they can be accountable, productive, and maintain their sobriety. Strong business and community engagement strategies will focus on educating businesses and the community in understanding and responding to addiction as a chronic, relapsing disorder. Staff will use the Opioid Toolkit, published by the U.S. Chamber of Commerce, and other tools for their business engagement strategy. Further, the Executive Director for the NRMR WDB will lead the team in creating our Collective Impact Action Plan. The **New River and Mount Rogers Regional Commissions** will guide the team in targeting activities that improve the economic wellbeing and quality of life of the individuals, communities, and region. The **Virginia Rural Health Association** will lead the team in the service and resource mapping in our Recovery Ready Ecosystems Model as well as will coordinate the recovery support services ranging from prevention, intervention, and treatment to post-treatment, focusing on four factors that impact rural behavioral healthcare and drive the delivery of recovery support services: Availability, Accessibility, Affordability, and Acceptability. **One Care of Southwest Virginia** will lead the team in designing our Recovery Ready framework, describing the community and institutional services and resources identified in the Recovery Ready Ecosystems model. The **New River and Mount Rogers Community Services Boards** and the three regional hospitals (**Ballad, LewisGale, and Carilion**) will provide recovery services as well as serve to employ participants certified as Peer Recovery Specialists. **Virginia Tech’s Office of Economic Development** will focus on evaluation efforts as well as assisting with the development of Collegiate Recovery Programs. This Core Team will function as the “hub” with the remaining members of the partnership collaborative serving as the “spokes.”

**Partner/Stakeholder Team:** Included in the broader collaborative are local, regional, and state representatives, office of the Governor, local and regional economic development, Virginia Harm Reduction Coalition, Virginia Department of Health, Virginia Department of Medical Assistance Services (DMAS) through their Addiction and Recovery Treatment Services (ARTS) project, business and industry organizations (including healthcare facilities), and the Virginia Community College System.

**Additional Partners** are needed to be able to fully offer the range of services and resources available. We will identify and include, as appropriate, additional human service agencies, local departments of Social Services, law enforcement, housing, faith-based, other community-based organizations (in

particular local medical and treatment centers), and organizations providing prevention and harm reduction services to be able to fully develop and implement the Recovery-Ready region.

Members of the partnership collaborative, along with their roles and contributions, are depicted on **Attachment 2: Partnership Agreement**. Co-investments to meet the 1:1 match for our project are anticipated to be in excess of \$1,500,000.

## PROJECT DESIGN

*Pathways to a Strong and Healthy Region* aligns with the Appalachian Regional Commission’s Five-Year Strategic Plan, which cites five strategic investment goals to help the region “seize opportunities that both reduce disparities and advance prosperity.” Specifically, we will focus on *Ready Workforce* to increase “education, knowledge, skills, and health of residents to work and succeed in Appalachia”; *Economic Opportunities* to invest in “business development strategies that strengthen Appalachia’s economy”; and *Leadership and Community Capacity* to build the capacity and skills of “leaders and organizations to innovate, collaborate, and advance community and economic development.” In addition to building a competitive workforce, we will work to strengthen our substance abuse response in the region. To coordinate services and resources between economic and workforce development sectors with healthcare and human service sectors, the partnership collaborative will come together to work toward creating a more vibrant economic region by devising a **Collective Impact Action Plan** to form a **Recovery-Ready Region**. Our plan will use the *Rural Community Action Guide*, published in February 2020 by the National Drug Control Policy, as a roadmap for our action. Underpinning this plan is the Recovery-Ready Ecosystems Model (RREM) and framework, which builds on the early work of Recovery-Oriented Systems of Care (ROSC) but includes recent support structures such as harm reduction, educational recovery programs, and other traditional support structures in our region, maximizing our efforts by providing a tool to identify assets and gaps and inform policy makers where resources should be allocated. The RREM will help us identify the elements that have been found to support recovery or act as a barrier to the successful navigation of the recovery process. It will also provide a framework to explore the **quantifiable impact** of communities that are more recovery ready. The science that addiction is a chronic, relapsing disorder continues to expand, and the economic and social benefits of a **recovery-informed approach** that promotes **long-term recovery** for individuals in the communities in which they live and work is critical to the overall prosperity of the New River/Mount Rogers Region. Having the knowledge to analyze local resources and services and further improve local recovery infrastructure is important to providing individuals with OUD/SUD the greatest chance of long-term success, thus greater economic prosperity for our region.

**Strategies for Addressing the Problem:** To address our **problem** of lack of coordination between economic and workforce development with healthcare and human services sectors in battling the OUD/SUD issues as an economic development issue, we will embark on various **strategies** to achieve our **vision for the future** of a more vibrant economic region. Table 1 is our **Logic Model** illustrating how *Pathways to a Strong and Healthy Region* will work to fill our region’s need for being recovery-ready.



**Table 1: Logic Model**

INPUTS	OUTPUTS		OUTCOMES & IMPACT		
	Activities	Participation	Short (Grant Cycle)	Medium (Grant End)	Long (Economic Impact)
<ul style="list-style-type: none"> <li>• Staff</li> <li>• Core Team</li> <li>• Partnership Collaborative</li> <li>• Stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Project implementation, management, and sustainability</li> <li>• Occupational Skills training and supportive services</li> <li>• Employability, Educational, and Peer Support Services</li> <li>• Business Engagement and Services</li> <li>• Service and resource mapping</li> <li>• Recovery-ready framework</li> <li>• Collective impact action plan</li> <li>• Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals in recovery</li> <li>• Healthcare/ Human Service Practitioners</li> <li>• Business and Industry</li> </ul>	<ul style="list-style-type: none"> <li>• 250 individuals in recovery are enrolled in the program to receive occupational skills training and supportive services.</li> <li>• 100 individuals in recovery receive Day Treatment employability training and supportive services.</li> <li>• 30 healthcare or human services practitioners receive specialized skills training to support the needs of individuals with OUD/SUD.</li> <li>• 80% of participants complete training and earn credentials.</li> <li>• 75% of participants obtain employment.</li> <li>• 100% of participants receive follow-up/aftercare.</li> <li>• 80% of employed participants in recovery retain employment for one year of follow-up/aftercare.</li> <li>• 90% of employed participants in healthcare or human services retain employment for one-year of follow-up.</li> <li>• 400 businesses receive e-Marketing information to understand and support OUD/SUD.</li> <li>• 150 employers participate in</li> </ul>	<ul style="list-style-type: none"> <li>• Training programs are improved as measured by participant completion rates.</li> <li>• Employment opportunities for individuals in recovery are improved as measured by participant employment rates.</li> <li>• Healthcare/Human Service organizations have greater capacity to serve individuals with OUD/SUD.</li> <li>• Employment retention is improved as measured by participant retention rates.</li> <li>• OUD/SUD services and resources are perceived by participants and others as beneficial as measured by access rates.</li> <li>• Partnership collaborative coordinates resources and services.</li> <li>• New Integrated Education and Training programs are implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased financial and social impacts of OUD/SUD on the criminal justice, health, and workforce sectors.</li> <li>• Individuals with OUD/SUD increasing their earnings potential.</li> <li>• Businesses remaining competitive and growing by being able to hire the skilled talent they need.</li> <li>• The New River/Mount Rogers Workforce Development Area being able to capitalize on skilled worker contributions to the economy.</li> </ul>

			roundtables and workshops. <ul style="list-style-type: none"> <li>• 15 employers make a change to become recovery-friendly.</li> <li>• 200 community members receive engagement to lessen the stigma of OUD/SUD.</li> </ul>		
<b>Assumptions:</b> 36 month grant cycle. Staff already hired and trained. Measurement tools in place. Project design based on research. Project is building on collaborative efforts, resources, and services in place.			<b>External Factors:</b> Funders have participant eligibility rules and performance targets. Reporting periods for various agencies depend on funder calendars. Resources and services are dependent on availability, accessibility, affordability, and acceptability.		

**WORK PLAN DESCRIPTION**

Through the various activities, as described below and depicted in **Attachment 3: Work Plan**, *Pathways to a Strong and Healthy Region* addresses the full range of substance use problems in our region, leverages existing programs and services, tests innovative solutions, determines best practices, and shares results.

**I. PROJECT IMPLEMENTATION, MANAGEMENT, AND SUSTAINABILITY:**

The Core Team is prepared to immediately begin **implementation** of the project upon award. At our **Launch Meeting** scheduled within the first quarter after award, topics for discussion will include, among others: the Implementation Plan, the Logic Model, the Work Plan, how we plan to gather data through B2B Engage® participant and business CRMs, reporting, methods for communication through ProjectHub®, recruitment of participants, working with participants through Integrated Resource Teams, evaluation, professional development opportunities for the collaborative and stakeholders, and sustainability of our efforts for continuation after the close of the project. The tools and resources used to accomplish these tasks will be modeled after our America’s Promise Job-Driven grant, which is exceeding all performance targets (enrollment, training completion, credential attainment, employment obtainment, and median wage). **Attachment 4: Deliverables Report** shows current (March 2020) outcomes data for our project. **Assessments** will be administered to individuals, as appropriate. The Test of Adult Basic Education® (TABE) and WorkKeys® will be used to determine ability to benefit. CareerScope® will be used to determine interest and aptitude. Other alternative forms of assessments can also be used to assist with program admittance and determine periodic program success.

**Professional Development** will be facilitated by the NRMR WDB (and other members of the collaborative, as appropriate) to deepen the knowledge, skills, and relationships of the collaborative. One of our Workforce System Navigators is a Certified Career Specialist Provider from the National Career Development Association and Global Career Development Facilitator from the Center for Credentialing and Education. She will provide trainings free of charge.

**II. COLLECTIVE IMPACT ACTION PLAN:**

*Pathways to a Strong and Healthy Region* will strive to create a strategic approach to collective impact by forming a shared vision for change and collaborative approach to solving the problem.

**Backbone Support** for the project will be provided by the NRMW WDB whose Executive Director will oversee the project and Deputy Director will serve as project manager. The Core Team will also provide backbone support due to their administrative responsibilities in the project. This support structure is accountable for the project’s vision and strategy, aligned activities, shared measurement practices, and mobilized resources.

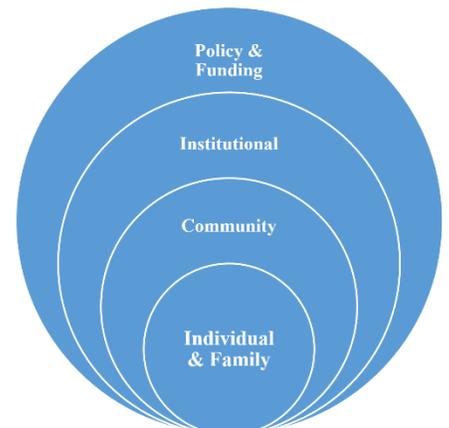
The **Common Agenda** for our project is demonstrated through our shared vision for change, common understanding of the problem, and joint approach to solving the problem through agreed-upon actions. Part of the shared vision is a focus on sustaining and scaling the efforts after project close.

**Continuous Communication and information sharing** will be supported through the use of our project management tool, ProjectHub®, which was developed in our America’s Promise project as a communication and information sharing tool across the region (included four Workforce Development Areas in Southwest and Southern Virginia). This effort will allow the collaborative to co-manage participants through their IRTs. Password protected IRT pages (so only those IRT members can access information about their specific IRT) will be formed. No Personal Identifiable Information will be housed in ProjectHub®. Since there is no single state data system in Virginia, the IRT model will lead to improved communication and coordination of services. Additionally, a Collaborative Funding Agreement (CFA) form will be used as a tool so that each member of the IRT understands what each program is responsible for and for the funding/services offered. **Attachment 5: Collaborative Funding Agreement** is a copy of this form. This living document, aligned with B2B Engage® Participant CRM, records contributions as well as the role and responsibility of each partner in advancing the participant. Through the informal meetings of IRTs and the development of a CFA, an Individual Employment Plan (IEP) will identify milestones and record progress in achieving those milestones. Much of our Strategic Plan is centered on outreach and collaboration efforts showing a strong emphasis on partnership alignment in serving both the region’s business and job seeker customers. As the IRT process becomes standard practice, referral and alignment of programs will happen more consistently. Other referrals happen as front-line staff gather information from the individuals and knowledge is gained about services this individual may need. This information sharing will occur in both the IRTs and scheduled Partner and Business Solution Team (BST) meetings where various partners come together and share information and issues about their respective organizations and programs.

**Mutually Reinforcing Activities** in our *Pathways to a Strong and Healthy Region* project will include the following six activities:

(1) **Recovery-Ready Ecosystem Model (RREM):** Individuals with OUD/SUD are supported when multiple ecologies are linked in ways that are perceived by the individual as supportive of their growth. Transitions between ecologies allow for a system-wide response to the individual’s needs and concerns in person-centered ways thereby orienting the individual toward the mission, vision, values, and goals held by the various organizations. Such linkages may also help bring together the various organizations to address the challenges among the different individual organizations. Our RREM will follow a social-ecological approach by focusing on the **individual and family**, the **community**, **institutions**, and **policy and funding**. Figure 3 depicts the RREM and how the

Figure 3



individual with OUD/SUD is supported. The Virginia Rural Health Association will lead the collaborative in mapping the services and resources available and absent in our region. Through this mapping, additional organizations and agencies will be identified and invited to join the collaborative.

Figure 4

(2) **Recovery-Ready Framework:** From the RREM, One Care of Southwest Virginia will lead the collaborative in devising a framework to develop a Recovery-Ready Region, with primary focus on fully describing the community and institutional services and resources. The Framework will depict (1) the factors impacting rural behavioral healthcare and driving the delivery of recovery support services; (2) the availability, accessibility, affordability, and acceptability of services and resources; and (3) local, state, and federal policies/legislation and funding opportunities. Figure 4 depicts how local, state, and federal policy and funding affect the availability of resources and services in our region, and the available resources and services in the region affect the individual in the recovery process.



(3) **Recovery Support Services:** These integrated services include occupational skills training, employability and peer support services, credentialing opportunities, job placement, and follow-up/aftercare.

A. Integrated Resource Teams (IRTs) were a key strategic service delivery component of our Disability Employment Initiative (DEI), a project of the U.S. Department of Labor. We have also applied the model to the service delivery of all participants, and it has proven to be successful in meeting participants’ needs. The IRT is comprised of representatives from different agencies and service systems to coordinate services and leverage funding to meet the employment needs of an individual jobseeker (most likely those with some type of barrier to employment). The jobseeker is the key member of the IRT and works with service providers to identify and strategize how their combined services and resources can benefit and support the individual’s career and employment goals. IRT’s provide the opportunity for comprehensive, wrap-around services based on the needs of an individual, eliminating duplication of services while braiding funding streams to meet those needs. The collaborative will use the refined methods from our America’s Promise project for participant enrollment through our Intake System, which determines eligibility and suitability.

B. Occupational Skills Training and Supportive Services support individuals in recovery by improving self-esteem, self-efficacy, and increasing long-term gainful employment. They include:

- Postsecondary programs: workforce development, college, and university
- Integrated Education and Training programs (WIOA 34 CFR §463.35): “a service approach that provides adult education and literacy activities concurrently and contextually with workforce preparation activities and workforce training for a specific occupation or occupational cluster for the purpose of educational and career advancement.”
- Collegiate Recovery Programs (Association of Recovery in Higher Education): which have a demonstrated relapse average of less than ten percent, include many elements of recovery support and would be beneficial in our region given that we have three universities (Radford, Virginia Tech, Emory and Henry), three community colleges (New River, Wytheville, and Virginia Highlands), Southwest Virginia Center of Excellence, and the Southwest Virginia Higher Education Center.

In our project, 280 individuals will be accepted into the program to receive occupational skills training and credentialing for employment in an in-demand occupation.

- **80 individuals** will receive training either through a local community college (New River, Wytheville, and Virginia Highlands), university (Virginia Tech, Radford, Emory and Henry), the Southwest Virginia Higher Education Center, or the Southwest Virginia Center of Excellence.
- **170 individuals** with one-year of recovery (requirement) will receive training as a Peer Recovery Specialist through: (1) Ballad Health, a regional health system for women and men to become certified Peer Recovery Specialists, (2) the Community Services Boards, publicly funded mental health, substance use disorder, and developmental services for adult in the region; and (3) Eagles Nest Regeneration, a faith-based nonprofit organization that provides in-patient care to help men live in sustainable recovery as well as provides training for men to become certified Peer Recovery Specialists. Each organization will assist with establishing a rotation in various facility settings for the peers to complete their required 500 hour experience prior to taking the certification exam.
- **30 practitioners** in the healthcare or human services sector will receive specialized training and credentials to help build the capacity of healthcare and human services organizations in our region to better meet the demand and serve individuals with OUD/SUD.

C. **Employability and Peer Support Services** for individuals in recovery will be provided at Day Treatment centers offered through the New River Valley and Mount Rogers Community Services Boards. Such services include Recovery Coaching delivered by peers with personal experience in the recovery process, focusing on helping the individual navigate the recovery process as well as Employment Readiness services, which help individuals write resumes and cover letters, fill out job applications, practice interviewing skills, or secure interview attire. There has been movement at federal, state, and local levels for responding to overdoses and connecting individuals to treatment and resources that educate about and reduce exposure to the affiliated risks of illicit drug use (including STDs, HIV, HBV, HCV, endocarditis, liver disease, and substance addicted infants). In addition to their main behavioral health facility, New River Valley Community Services (NRVCS) has created a center for peer recovery services, offering walk-in access to engagement opportunities, sponsors, connection to resources, and weekly meetings. The NRVCS Office of Peer Supports and Recovery has developed into a collaborative agency-wide system. Presently, these walk-in services for peer recovery are not available in the Mount Rogers area. The

NRVCS model will be replicated in the Mount Rogers area so individuals in need of services in that area can receive those services within their own community.

- **100 individuals** will receive employability support services through the New River Valley or Mount Rogers Community Services Boards' Day Treatment centers.

Given the co-occurrence of criminal activity and OUD/SUD, recovery-informed **Reentry Services** such as expungement of criminal records; navigating educational, employment, and housing needs with a criminal record; and advocacy efforts within the criminal justice system are critical to successful recovery. Recidivism is reduced through reentry support services, and when these are delivered in collaboration with recovery support services, the reduction in criminal activity and recurrence of substance misuse often has a net-benefit on society and the individual in the recovery process. Additionally, as recidivism and relapse are often outcomes despite efforts to support recovery, the presence of drug courts as an entryway back into the recovery process are also important to recovery.

All individuals will be co-enrolled with other programs, as appropriate, to receive the full gamut of resources and services offered in our region. They will also receive, as appropriate, opportunities for **Work-based Learning** (clinicals, internships, apprenticeships, and job shadowing), which provide the individual real-world experience and the employer a “try before you buy” type of service. All work-based learning opportunities will be located in business partner facilities with open jobs so that successful participants may transition into those positions upon completion of the work experience.

Through our work with the Virginia Community College System (VCCS) and the Council for Adult and Experiential Learning (CAEL) in our America's Promise grant, we will review the past work histories of individuals and, as appropriate, facilitate college credit through our **Prior Learning Assessment (PLA)** System with the community colleges. CAEL will continue to support the colleges in cross-walking workforce development courses into college credit. The value of a PLA system is the higher rates of college completion toward employment with family-sustaining wages.

- D. Credentialing opportunities will include Industry-Recognized credentials aligned with the individual's career goals, Conover's Workplace Readiness®, and ACT's National Career Readiness Certificate®.
- **Industry-Recognized Credentials** will be industry-driven. We anticipate the following industries will be included: Advanced Manufacturing, Healthcare, Construction, Logistics and Transportation, Agri-business, etc.
  - **Conover's Workplace Readiness®** training and credential can be used to determine and develop Job Readiness, Job Seeking, and Job Keeping skills (soft skills and emotional intelligence). This program helps to close gaps between hard and soft skills by fostering important skills such as planning, attitude, and social skills. It offers the three components of Job Exploration, Social & Emotional Learning, and Functional & Life Skills, which can help individuals in recovery obtain skills essential for personal and career success. Upon successful completion, individuals will receive a Conover Credential®.
  - ACT WorkKeys® assessments measure quantitative reasoning skills, very much needed by businesses to be competitive and grow. Six content areas are included: Workplace Documents, Graphic Literacy, Applied Mathematics, Business Writing, Workplace Observations, and Applied Technology. The WorkKeys Curriculum® is designed to develop the reasoning skills that are foundational to interpreting and applying higher level technical skills to workplace

processes. Program participants can use this training and credential to demonstrate to employers that they have workplace skills essential for job performance and advancement. Individuals who successfully complete the Applied Math, Workplace Documents, and Graphic Literacy assessments will earn a **National Career Readiness Certificate®**.

- E. Gainful employment is critical to supporting recovery efforts; however, individuals with OUD/SUD are often unemployed. Employment recovery support services are focused on both increasing the vocational and technical skills of individuals and with finding gainful employment opportunities during the recovery process. Increases in employment among individuals in recovery have shown to increase recovery capital. **Job Placement services** will be provided through the work of our Business Services Coordinator and Occupational Skills Analyst who interface with businesses and Business Solutions Teams to provide opportunities for our jobseekers to obtain employment. Through engagement services, they know the hiring needs of businesses and can send resumes of participants to help facilitate the match. Job fairs help give participants facetime with businesses and gives businesses an opportunity to scout out skilled employees for hire. Through our America’s Promise grant, we worked with Lord Fairfax Community College to develop an online portal for job seekers and businesses called KnowledgeToWork.com. We will use this resource as a tool for virtual job fairs in addition to understanding the competencies of jobs and the availability and cost of training programs.
- F. **Follow-up/Aftercare** will be provided for a minimum period of one year. Participants will be contacted monthly to assist them in employment retention and sobriety and will be tracked in our B2B Engage® Participant CRM. Should an individual need to be reconnected with services and resources, the communication will be made through the Workforce System Navigators. The NRMWDB will ensure that individuals in the 12-Month Follow-up at the conclusion of this project, will continue in Follow-up/Aftercare until the 12-Month cycle is completed. We firmly believe that the project will be sustained beyond the funding cycle, so services will continue until all participants receive the full benefit of the project.
- (4) **Business and Community Engagement:** To help businesses become “recovery friendly” and the community lessen stigma and “not in my backyard” thinking, the collaborative will provide strategic business and community engagement activities.
- A. In collaboration with Full Capacity Marketing, Inc. and BusinessU, we will develop a **Marketing Plan** to disseminate information about the regional impact of OUD/SUD and the economic impact of participating in a Recovery-Ready Region. The approach will be three-pronged: (1) Informational, (2) Participation, and (3) Change.
- B. Our B2B Engage® Business CRM will be used to manage **e-Marketing efforts** with businesses. Through our CRM, we can not only send marketing materials electronically but also manage how many businesses are interacting with the marketing materials.
- C. **Business Engagement and Services** will be coordinated by our Business Services Coordinator and supported by our Occupational Skills Analyst. They will strive to help our employers become recovery friendly.
- D. **Business Roundtables and Workshops** will help employers examine current policies and provide guidance/legal reviews on implications of policy change, levels of risk, liability, internal training, and awareness campaigns that may be required for policy changes that are recovery friendly.

E. **Community engagement** will be provided by the NRMR WDB, VRHA, and One Care of SWVA with a focus on efforts to reduce the stigma and “Not in my Backyard” beliefs held by many community members.

(5) **Shared Measurement:** We will use our B2B Engage® Participant Customer Relationship Management (CRM) database, which we developed through BusinessU® in our America’s Promise Job-Driven grant. Note that the participant CRM was built onto our B2B Engage® Business CRM, which was developed through our statewide Rapid Response project. The participant CRM is a comprehensive database that holistically manages participants from prescreening to follow-up and also serves as a tool to manage participant financial requests and expenditures, leveraged resources, and partner contributions. If funded, we will add a module to manage match funds.

(6) **Evaluation:** We will work with Virginia Tech’s Office of Economic Development to **evaluate our innovative solutions** by testing the following hypotheses:

- Integrated Education & Training (IET) programs yield high rates of training completion and credential attainment for individuals in recovery.
- Service delivery to individuals in recovery through Integrated Resource Teams yields high rates of employment obtainment and retention.
- Follow-up/Aftercare for a period of one year following employment positively affects employment retention and sobriety.
- Collegiate Recovery Programs help change the trajectory of recovering students’ lives.
- Localities with available and accessible recovery resources and services are more likely to have a positive impact on recovery outcomes, including quality of life, recovery capital, and length of abstinence.
- Digital communities and telemedicine provide positive alternative support systems to the recovery process.
- Recovery-Ready communities have the systemic capacity to support the recovery process for individuals with OUD/SUD.
- Educating the businesses and community to dispel the fears of recovery services lessens the impact of stigma and “Not in my Back Yard” attitudes.

From our evaluation, we will determine **best practices** and **share results** by writing a White Paper.

## **OUTCOMES AND IMPACT**

The collaborative proposes that through the *Pathways to a Strong and Healthy Region* project, the following **outcomes** are reasonably expected:

- A. For **Individuals in Recovery:**
  - Services and resources are accessed and perceived as beneficial.
  - Long-term recovery is in the community in which s/he lives and works.
  - Employment in an in-demand occupation with family sustaining wages.
- B. For the **Community:**
  - Recovery-informed chronic care approach.
  - Local recovery infrastructure is strengthened.
  - Systemic ability to successfully support the recovery process.

C. For the **Region**:

- Identification of assets, needs, and funding priorities to address the opioid crisis and other SUD issues.
- Integration and communication among services and resources.
- Increased number of recovery services and resources in the region.

D. For **Community Leaders and Policy Makers**:

- Framework depicting the benefits of a recovery-informed approach to treatment and recovery.
- Service and resource assets and gaps and funding recommendations.

**Long-term Impact** of the project is a more vibrant economic region due to:

- Decreased financial and social impacts of OUD/SUD on the criminal justice, health, and workforce sectors.
- Individuals with OUD/SUD increasing their earnings potential.
- Businesses remaining competitive and growing by being able to retain and/or hire the skilled talent they need.
- The New River/Mount Rogers Workforce Development Area being able to capitalize on skilled worker contributions to the economy.

**Attachment 6: References for Theoretical Constructs** is a list of references used to create the design of our project.

## **PROJECT SUSTAINABILITY**

During project launch, the collaborative will devise a Sustainability Plan, using the Sustainability Plan from One Care of Southwest Virginia as a foundation. The Recovery-Ready model and framework and Collective Impact Action Plan help to braid funds in addition to strengthening the partners. Training for individuals in recovery will continue through the work of the IRTs, which bring participant-serving partners together to collaboratively support the training and supportive service needs of individuals. The IRT strategy was also used in our America’s Promise grant, which, to date, has documented over seven million dollars in training and supportive service funds from our partners. We are also currently using IRT’s in a state-funded project, Economic Equity, targeting individuals receiving social services benefits, individuals in recovery, and justice-involved individuals. Multiple funding streams such as: WIOA Title 1; Regional Adult Basic Education programs; Medicaid Waiver; Temporary Assistance for Needy Families (TANF); SNAP Education and Training; local community college foundations; local community college Access Program grants; Virginia Community College FastForward programs; Virginia Community College G3 (Get a Skill, Get a Job, Give Back) programs; Virginia Community College Road to Success in Virginia (RSVP) program; and Federal aid like Pell and Supplemental Educational Opportunity Grants (SEOG) will be leveraged to fully support the needs of the individual in recovery. We firmly believe *Pathways to a Strong and Healthy Region* will further develop IRT’s to include additional partners to even better serve the people in our region.

## **ORGANIZATIONAL, ADMINISTRATIVE, AND FISCAL CAPACITY**

**Staffing and Management Plan:** At the top of our organizational chart is the Chief Local Elected Officials (CLEOs) in each of the 13 jurisdictions in our region, which has authorized us, the New River/Mount Rogers Workforce Development Board, as the convener of the workforce development

system in our region. We have an Executive Director who reports directly to both boards. We also have a Deputy Director, Business Services Coordinator, two Workforce System Navigators, Occupational Skills Analyst, Data Analyst, Grants Finance Coordinator, Operations Manager, and Administrative Assistant. Staff report to our Executive Director. Specific to this project, the Deputy Director will serve as project manager. **Attachment 7: Resumes** is a copy of the Executive Director and Deputy Director’s resumes.

**Organizational Experience:** We have 19 years of experience in successful administration of WIA/WIOA Title I programs and have demonstrated successful project outcomes due to the qualified and skilled staff. In 2017, we received a four-year \$6,000,000 America’s Promise Job-Driven grant from the U.S. Department of Labor (U.S. DOL) and are exceeding all performance outcomes. We have also worked on previous successful federal and state grants, such as the U.S. DOL’s HITE, CREATES, and Apprenticeship; ARC POWER projects; Rapid Response; and the Disability Employment Initiative (DEI). All staff are certified Workforce Development Professionals (National Association of Workforce Development) in addition to having master or bachelor degreed levels of education and multiple years of experience in the Workforce Development sector.

**Fiscal Controls:** Grant finances are overseen by the Deputy Director, who serves as project manager, and managed by the Grants Finance Coordinator, who uses QuickBooks® to complete fiscal tasks and track grants. All expenditures are reviewed by our Operations Manager then submitted to our Fiscal Agent, the New River Valley Regional Commission (NRVRC), who has served as such for 19 years. NRVRC handles all accounting, financial, grant reporting, and payroll duties. Financial procedures are in compliance with all Generally Accepted Accounting Procedures (GAAP), Office of Management and Budget (OMB) policies, Code of Federal Regulations (CFR), Federal Acquisition Regulations (FAR), and any other federal or state regulatory requirements. Technical assistance, monitoring, corrective action plans, reductions in funding, and contract terminations are a part of our contract agreements. We have policies that comply with Part 200 of Uniform Guidance, and we are in good standing with the U.S. DOL and the Commonwealth of Virginia.