Welcome and introductions were facilitated by Rob Bongiolatti, Operations Coordinator of the CT DOL WIOA Admin Unit. In opening remarks, Deputy Commissioner Dante Bartolommeo recognized the strides being made by the state workforce development system, including the collaborative design of the state and regional initiatives being funded through the federal NHE DWG Phase II: Dislocated Worker Grants (DWG) to Address the Opioid Crisis. She commended the group for its systemic approach, bringing collaborating partners together to pool resources, eliminate barriers, and create positive change among individuals, communities and workplaces impacted by the crisis.

Through a power point presentation, Rob Bongiolatti provided an overview of the grant-funded program, “CT Works to Recover.” Total amount of grant funding for contract period beginning July 1, 2019, is for $4,757,845.00, of which the state has received an initial award of $1,585,948.00. Upon expenditure of 70% of initial award, it is anticipated that the remaining amount of funding will then be released to the state. Through grant funding, Connecticut is implementing two statewide and five regional initiatives. TEGL 4-28 describes the activities that are and are not allowed to occur under DWG funding.

Through initial funding, the two statewide initiatives will roll out: (1) Disaster Relief Employment of 5 or more Recovery Peer Navigators; and (2) Recovery Friendly Workplaces.

(1) Disaster relief employment: Through region-based activities, a minimum of five individuals across the state will be hired for one-year of temporary disaster relief employment as Recovery Peer Navigators. A minimum of one Recovery Peer Navigator will be placed in each of the five American Job Center hubs. The role of Recovery Peer Navigator is to provide support services that are integrated into American Job Centers; assist individuals to return to work; and make referrals for support services that help eliminate barriers. Grant funding can be used for costs of outpatient care. All care must be referred to an appropriate provider of services.

(2) Recovery Friendly Workplaces: State-level activities are occurring in support of establishing the Recovery Friendly Workplace initiative. Information is being compiled about the initiative, about laws pertaining to substance abuse and employment, and about the Governor’s designation of employers as Recovery Friendly Workplaces. Additionally, Connecticut benefits from having joined a network of states including New Hampshire and Rhode Island that have established Recovery Friendly Workplaces. An interstate agreement is in place for the sharing of templates and other information. OWC presently conducts AJC seminars for employers who are registered for CTDOL services. The seminar topics are dictated by the employers and future topics may include information about substance abuse; working intentionally with people in recovery; eliminating barriers faced by those impacted by addiction; creating healthy and safe environments through the collaboration of employers, employees and communities; and the Governor’s designation as a Recovery Friendly Workplace.
In addition to Rob’s ppt overview, representatives of the five regions provided updates:

- **East**: EWIB will contract with TVCCA to hire a Recovery Peer Navigator who will work out of the Montville AJC but will serve all of the East which includes the two affiliates (Danielson & Willimantic). The Navigator will work with the AJC staff to inform them about the opioid crisis and the regional impact; will help to educate and connect AJC customers to the necessary resources to address the barriers they face. EWIB will be expanding its Healthcare Workshop about healthcare occupations to include pathways to treatment and supportive services for substance use disorders. EWIB also offers 2-week boot camp in the HPOG program that will address this issue. Any training will only be allowed if the training is on the ETPL training providers list. Trainings provide information about preparations and requirements for entry into the field of substance use disorders.

- **SW**: The Recovery Peer Navigator or “Concierge” will assist impacted individuals to find what they need and is requesting the “experts in the room” to assist peer navigators with their questions and concerns. TWP will also address staff understanding of addiction and how these issues can be addressed as a workforce system. The WorkPlace Health Career Academy will work with the Apprenticeship Program to help connect Peer Navigators to the Apprenticeship Program. Additionally, TWP will be replicating the work that began in September in the state of Rhode Island, in offering services based on P2E model to individuals impacted by opioids. TWP has achieved a 40 % placement rate to date among the 52-member cohort in Rhode Island; participants are “peers” who attend daily for more than three weeks.

- **NW**: One Recovery Peer Navigator is hired and is now conducting outreach, making contact and helping to identify candidates for the seven recovery coach positions in the region that need to be filled immediately. Through the Recovery Peer Navigator, AJC participants can address education concerns onsite with options for one-on-one sessions in the office. A “Boot Camp” provides opportunities for out-of-work participants to identify careers of interest, including pathways to careers in substance use disorders.

- **SC**: Recovery Peer Navigator recruit and engage individuals being released from Whalley Avenue Detention Center, helping participants to access AJC services offered onsite as well Medication-Assisted Treatment at a clinic that is part of the facility’s AJC. The Recovery Peer Navigator will work with participants pre-release, continue during and after release and throughout re-entry to community living, also helping staff of Next Step Program.

- **NC**: Plans are to hire Peer Navigator next week, with Best Chance Program providing training and supportive partnerships. Case Management will connect participants to Best Chance Training which begins with Customer Service and also includes various training options such as development of culinary skills.

**Q&A’s/ Open Discussion:**
What is expected of individuals hired as “Recovery Peer Navigator” in an AJC? The Recovery Peer Navigator must have at least completed the classroom portion of required training and must work to attain the entry level credential or more advanced credential as applicable to the individual’s education and experience. To earn a credential, there are a required number of coursework hours, work experience hours and supervision hours under a qualified supervisor, and pass an exam to qualify for certification or licensure.

The Recovery Peer Navigator in Training is expected to enroll in the state of CT Addictions Counselor Apprenticeship Program (CT ACA Program); and must:

- complete coursework training comprised of:
  - 50 training hours in specific domains: Advocacy, Mentoring/ client education; Recovery / Wellness Support;
  - Additional 50 training hours, with 16 in Ethics (comprised of 3 hours on Ethics Training and 13 training hours on Ethical Responsibilities); 4 hours in addiction / mental health recovery electives;
- remain enrolled in the Apprenticeship Program through which to:
  - obtain 500 hours of work experience (paid or volunteer) and receive 25 hours of supervision provided by a Certified Recovery Support Specialist;
  - show competence through passing score on a standardized exam deemed to be a validated and reliable instrument;
- attain the internationally recognized credential, Certified Peer Recovery Specialist, through the Connecticut Certification Board (CCB); and
- retain credential by completing 10 hours of continuing education annually.

In the event that individual hired at Recovery Peer Navigator already possesses one or more credential(s), the individual’s Apprenticeship will lead to next highest level certification, which depending on education may be Certified Addictions Counselor (CAC), as awarded by CCB; or licensure, as granted by the CT Department of Public Health.

What training resources are available locally?

- **Private non-profit providers of training, for example, Connecticut Community for Addiction Recovery Training (CCAR-T) offers 30 hour training over 5 days that covers the stages of change theory of counseling, wellness planning, and advanced 16-hour ethical considerations; 2-day training on spirituality; 2-day training on professionalism; 2-day training on supervision for coaching and training on working in Emergency Rooms. CCART is based in Hartford, its trainings are offered throughout the state. Trainings are arranged in blocks of days and back to back. CCAR-T Contact person: Tracy Charpentier, Director of CCAR Training**
- **Community colleges: also providers of required training**
- **Connecticut Counseling Center (CCC) offers comprehensive training program in all domains for Certified Alcohol and Drug Addiction Counselor (CADAC). Since the number of available peer positions exceeds the number of trained and qualified peers, CCC is undertaking recovery peer coaching at a Norwalk training site and is establishing a second site in Waterbury. CCC Core mission is to increase the number of peer**
Recovery Coaches and to support individuals’ advancement along the “employment ladder” from Recovery Coach to Certified to Licensed counselors in addiction treatment. CCC offers a Practicum through which the student earns the required work experience hours. CCC offers 5 training modules for Recovery Coach, and can piece together additional extensive training resources to complete the levels required. Those who complete the Recovery Coach training program are then enrolled in the Peer Navigators Apprenticeship Program with an employer on the ETPL; they may also take additional courses to advance to counselor positions.

- **Addiction Counselor Apprenticeship Program, State of Connecticut (CT ACA).** Todd Berch, Director, described the registered apprenticeship sponsor program that leads to the industry-recognized credential. More than a training program participant, the Peer Navigator participants in an Apprenticeship, is employed and is typically a new entrant into the occupational field. This position adds an extra layer of credentials for the field. To enter an Apprenticeship, the individual submits a letter of recommendation and a completed application (Rob has sent the application form to the WDBs.) The Apprenticeship Program performs administrative functions, retaining on file: (1) applicant’s letter of recommendation; and (2) the syllabi of coursework completed prior to and during Apprenticeship. CT Certification Board (CCB) functions are evaluatory.

The CT ACA Apprenticeship Program has established a three-year partnership with 26 colleagues to date who are doing similar work in states that include NJ and RI. Above and beyond the 500 work experience hours, there is a competitive process to achieve 8 national standards that CCB references. CCB does not dictate which training provider to use. CCB prefers non-clinical supervision of Peer Navigators; strongly recommends supervision provided by a person in recovery; and is creating an endorsement of this.

**What else is required of the employers?** Nothing else; this program differs from WIOA. The recognized employer is identified, registers, submits the required form.

**Employers’ Recovery Friendly WorkPlaces - Working together on the Statewide Initiative:**

**Construction:** Kyle Zimmer, Health and Safety Director of IUOE Local 478, discussed this employer-oriented initiative from the perspective of the construction industry of 2400 construction workers. Kyle discussed the joint efforts of his company’s labor and management in addressing the industry’s struggles with opioid crises. He notes their current readiness to be involved and work with additional employers and partners in response to the opioid crisis. Ten years earlier, when Kyle’s company experienced the explosion of a power plant, Kyle directed the emergency response and is well prepared to contribute to the development of broad-based industry responses to the current opioid emergency disaster.

**Mental Health and Addiction Services:** Lauren Siembab, DMHAS Director of Substance Abuse Disorders Services, described how 3 ½ years earlier, CT DMHAS was awarded $17 million for opioid services through Substance Abuse and Mental Health Service Administration (SAMHSA) and brought in other state agency partners: DOC, DCF, Judicial Branch, Criminal Justice System, and DPH, all of whom has benefited, with assistance for start-up and support work to respond to opioid disaster emergencies. SAMHSA funding is being used for four types of programs: (1) medication-assisted treatment for substance use disorders that extends beyond
detox; (2) recovery support services such as 12-step or residential; (3) prevention through education, wellness, housing; (4) overdose prevention: distributing narcan kits and providing naloxone training about life-saving interventions. DMHAS has used several approaches to get actual services out to members of the public:

- mobile services provided in four cities to engage individuals with SUDs, with peer support and provider treatment services available on-board vans and R.V.’s;
- delivering Employment Services on-site at residential treatment centers;
- making presentations to captive audiences of halfway houses, inpatient treatment centers and rehab residential programs, and encouraging individuals in attendance to talk and think about employment and training services such as getting the GED etc.;
- interfacing with area Substance Abuse providers; and
- hiring Recovery Coaches and Recovery Specialists to meet needs

**DMHAS-supported Recovery Friendly Communities** have been established in Bristol and Danbury, through which these communities are prepared to embrace Recovery Friendly Workplaces, and to serve as a bridge for rolling out this initiative. A DMHAS rubric illustrates the meaning of a Recovery Friendly Community.

**CCB:** Jeff Quamme, Director, who serves on Bristol’s Recovery Friendly Community Board, is aware of gainful jobs that require training relevant to the opioid crisis. The National Institute of Health and Safety has instituted a Worker Safety Training Program for the construction field, with recognition of the opioid crisis as a safety issue and as a hook for workers’ buy-in. He proposed using grant funds to cover costs of training that is required for these jobs.

**DPH:** Deb, representing DPH, shared their department’s work through the five Regional Behavioral Health Action Organizations which function as the prevention arm of DMHAS.

**Connecting services and the process of making referrals**

One goal of CT DOL statewide initiatives is to map out where to get help and to bring information all together. DPH and DSS are working on bringing into the workforce individuals known to have been affected by the opioid crisis. Over the past two years, policy was developed for language to be used with employers. In a white paper (published November 2018, in a blue cover), 250 stakeholders from Connecticut, 30 speakers including Kyle; and 30 authors identified employer issues and worker issues that extended beyond homelessness. (CT DOL proposal for NHE DWG funding referenced this white paper.) Presently, policy updates are being developed, and employer input is being gathered about employer flexibility, how employers are doing, and how state agencies may be able to help. Employer responses are being sent to Rob who will pool together the information being collected.

**DSS Western Region:** DSS Division of Health Services has formed a Strategy Group with several goals: (1) to determine locations of hospitals and nursing homes that accept Medicare; (2) to promote individual recovery at these facilities; and (3) to identify recovery-friendly workplaces in support of individuals who seek to re-enter the workforce. Treatment planning is to include a recovery goal of ending the individual’s substance abuse. Systemic goal is to institute cost
saving forms of care, such as Medication-Assisted Treatment, in skilled facility nursing homes and supportive housing services. Strategy Group is exploring what systemic services can be ready to go within two months. At the start, the State Medicare Plan will be serving 800 people.

**Judicial System**: Brian emphasized the importance of clients’ judicial rights and the department’s justice-involved partners and justice-involved friendly workplaces.

**Dislocated Worker Re-entry Services**: Individuals returning from incarceration to their communities are considered among the long-term unemployed, with potentially a history of job loss related to the opioid crisis. To obtain Employment Services, the applicant must answer yes to one of two questions: ‘have you or a family member been affected by the crisis?’ or ‘are you interested in pursuing a career pathway to occupations in SUD treatment and support?’

**Dept of Corrections (DOC)**: Sandra described working with individuals following release from incarceration, specifically in partnership with the Second Chance Program that offers training programs for individuals to reach goals and have successful re-entries.

**Request made from CT DOL to DMHAS** for background information on the DMHAS budget grant-funded by SAMHSA, budgeted staffing and possible connections between the work of DMHAS staff and that of CT DOL grantees. As being made available through DMHAS Commissioner, DMHAS budget line items 13, 25, 27 provide some back up; e.g., #13 pertains to supportive housing and identifies the service provider. DMHAS Workforce Development is funding professional training, conference attendance and workshops for program staff, with one piece on employers.

**Increased training on OSHA regs and worker safety is made available.** Steve Biasi, Area Director of Federal OSHA, Bridgeport Office, described his agency’s response to the increased fatalities occurring in workplaces: Staff training on OSHA regs has been developed to enhance safety awareness in light of the crisis. Kyle, representing construction field, helped to develop the OSHA regs training and has established a team of specialist trainers who can be a resource for employers. DPH has agreed to share information about staff training on OSHA regs during their employer outreach.

**Closing**: **Planning future meetings**: With grant activities are rolling out and with construction industry seeking help, Rob asked for thoughts about frequency and configuration of future meetings. While “less meetings are ideal,” plan is to meet monthly, then taper, but definitely meet regularly at this time. Options are to schedule full group meetings or to schedule subgroup meetings at the same time or at different time. It was requested to give an explanation of acronyms used during future discussions. Plans are to meet as a whole group for the next meeting when the group will lay out how all the programs work together and how to bridge all the potential interconnections. Next meeting is scheduled as follows:

**Date:** Tuesday, December 10, 2019  
**Time:** 1:30 pm  
**Location:** CT DOL Central Office, 2nd floor Conference Room A/B  
200 Folly Brook Blvd., Wethersfield, CT