**WorkforceGPS**

**Transcript of Webinar**

**Northeast States Peer Meeting**

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LAURA CASERTANO: And with that, let me get myself right out of the way. Again, I want to welcome everyone to today's webinar. And I want to turn things over to your moderator today, Ronesha Bacon (sp). She's a federal project officer, Region 2, with the U.S. Department of Labor, Employment and Training Administration. Ronesha, take it away.

RONESHA BACON: Thank you, Laura. Good morning, everyone. My name is Ronesha Bacon, federal project officer for the State of Maryland and Commonwealth of Virginia. I will be moderating today's presentation and will be introducing today's presenter. After the presentation we will open the call for questions and answers, and then Jennifer Freeman will follow up with a brief overview of next month's Peer Exchange.

Again, as Laura stated, if you have not already done so, please say hello in the chat box located to the left of your screen and let us know how many people are with you. Additionally, we strongly encourage you enter any questions you may have for the presenter and/or the topic in general in the chat as well.

I want to thank you all for joining our four peer exchange discussion today. Your peer, Dr. Unique Morris-Hughes, will be presenting today's topic on integrating mental health strategies in the workplace. Dr. Unique Morris-Hughes is the director of the District of Columbia, Department of Employment Services, in her role as state labor commissioner directly responsible for local, federal, and specific-purpose funds administered by the District of Columbia and the Federal Government for workforce programs, unemployment compensation, universal paid leave administration, and labor standards enforcement, as well as active capital projects.

Dr. Morris-Hughes' career spans the for-profit and nonprofit sectors. She has several years of experience in education, program development, evaluation, and compliance. We welcome you, Dr. Morris-Hughes. If you're ready, the floor is now yours.

DR. UNIQUE MORRIS-HUGHES: Thank you, Ms. Bacon. I am completely ready. I want to say good morning to everybody out there. And I hope everyone is taking care of themselves and is well.

I'm really excited to bring you this presentation from the District of Columbia. I'm going to move right on to the next slide. So let's unpack mental health and mental health strategies in the workplace. For the purpose of this discussion, we're going to distinguish between mental health and mental illness. The reason why I want to call attention to this is because both terms are usually used interchangeably.

Mental health and mental illness are not the same thing. Mental health is really the foundation for emotions, thinking, communication, learning, and self-esteem. It's also key to relationships – both personal and professional – and emotional well-being. The Mayo Clinic defines mental illness as also a mental health disorder and a wide range of mental health conditions and disorders that affect your mood, thinking, and behavior. So it's really important that we distinguish between mental health and mental illness while talking about our strategies in the workforce.

So mental health by the numbers – according to the CDC, mental health disorders are among the most burdensome health concerns in the U.S. Nearly 1 in 5 U.S. adults aged 18 or older – which is approximately over 44 million people – reported some form of mental illness in 2016. In addition, 71 percent of adults reported that at least one symptom of stress, such as headaches or feeling overwhelmed or even anxiousness, existed or persisted in their lives.

At the DC Department of Employment Services in the beginning of our fiscal year this year, I released what we called a Vision Forward plan. And the Vision Forward plan is really somewhere in between a strategic plan and an action plan. It leaves out the direction for the agency; and it also has some areas that we will evaluate and measure and update the public. One of the key areas is expanding access and equity. And the reason why we chose access and equity is because, one, it was important for us to rethink about how we were delivering services and how we can expand access to those services.

And equity was important because we wanted to make sure that we had a strategy for every individual who would walk through our job centers or walk through the agency doors despite who they were, their set of circumstances, barriers, perceived barriers, or any challenges that existed. So my amazing team, who I think many of you all may know – one of my deputies, Vanessa Weatherington, has gone to work and helped to lead the efforts in our American Job Centers to make sure that we are thinking innovatively and creatively on how we're going to provide access.

So we have established partnerships and collocating agreements with several District of Columbia government agency partners – the Department of Behavioral Health, the Department of Disability Services, the Department of Health, and our Department of Human Services. The Department of Behavioral Health, especially in this presentation, is extremely important, because by having individuals collocated on site, we're able to connect any of our customers to someone immediately. And there are two ways that the Department of Behavioral Health connects into our customers and our program participants.

The first is really this referral process – we wanted to make sure that our referral processes are customer-centered and customer-focused and provided by trained customer service staff. So we attempt to be very clear and understanding about what it means to have a referral to have someone help and assist with mental health strategies. Our referrals are made electronically, which some of you all may or may not be surprised that there are many places that are still using paper referrals. So we have tried to come to the 21st century and do it electronically. And we try to make sure that there's a direct link.

So one of my biggest pet peeves when it comes to administration of a program is not having so many touch points that our customers get frustrated. Having direct communication and limiting the unnecessary number of touches is particularly important when we talk about mental health strategies. One of the worst things that you can do is someone who has self-identified and presented as needing some mental health assistance is send them to multiple people and make multiple referrals before they even receive the service. So we aim to make sure that that does not occur.

Once referrals are done in working with our Department of Behavioral Health, we use a certified provider list to connect our customers to receive diagnostic assessment – even times medication if warranted or desired – counseling and community support, and then quality substance abuse prevention. This is also particularly important, especially in the opioid epidemic. We want to make sure that we have every single strategy in place in terms of mental health to prevent opioid substance abuse.

The second way that we connect directly to our customers is directly through our programming. At the Department of Employment Services in the District of Columbia, our division of state initiatives runs two programs. One is called Project Empowerment and the other is called DC Career Connection. Our Project Empowerment Program is for customers that are between the ages of 21-65 who have multiple barriers. So you have to have multiple barriers to participate in this program. And it's nationally known for working with individuals who have been recently released and returning home from incarceration, and individuals who may be dealing with substance abuse issues.

The other program is called DC Career Connections and it's identical to our Project Empowerment Program, except it's for our younger customers. They're between the ages of 20 and 24. They may be court-involved but have some of the same challenges as the older program – substance abuse and recently returning home from incarceration. We serve about 1,200 District of Columbia residents annually. And we also coordinate with local jails – if you're a prison and in some cases federal prison – the release of individuals.

So when they are being released, there is an immediate plan – often the very next day – required to come to the DC Department of Employment Services to start receiving job training services in which we have Department of Behavioral Health clinician on staff full-time working with our participants. So this is a partnership that we are super, super proud of. As the research and best practices continue to evolve on mental health strategies, we think that our practice is pretty noteworthy and pretty strong. And we're proud about it.

As you can imagine, if you are recently released from jail or prison, you may need some additional support, especially if you are returning back home from an extended time in incarceration. So having somebody on staff full-time, five days a week, dropping into our training classes and our programs, taking appointments from and requests for appointments from participants and customers while on site makes the difference.

I mean, we've had our behavioral health clinicians deescalate people who were in crisis. We've had them provide assistance when a job interview doesn't go that well and someone comes back to us and we need to help them and assist them and deescalate and help them see kind of the bright light; because we remind people that you don't necessarily always get your first job on your first interview. And so that could be a trigger for some individuals. So it has been amazing having a clinician on staff. The licensed clinician also provides a comprehensive behavioral assessment using a behavioral health questionnaire; additionally, counseling sessions, which I've already mentioned before.

I talked a little bit about being in crisis for assessment of participants who are in crisis, referrals for more extensive services, and then also which is equally important, the clinician provides training to our staff. So we want to make sure that our staff is equally trained to respond to our customers. And so this has also been very, very helpful as well. So everybody on staff in these programs – whether you're a job coach, a case manager, you're doing intake, doesn't matter – you get training.

So next is just a quote that we like. "Improving health and well-being of our employees offers a 'win-win' all around. Employees benefit from better support for their health. Companies benefit from less absence and improved productivity. And society benefits from improved public health." That's from Steve Flanagan from the Fremantle Trust. So it's important to us that we are sending people into the workplace that are not only competitive candidates for jobs, but also that we are sending them into the workplace and we know that they will be successful, that they have everything that they need to be of benefit and value add to an employer.

So really that concludes my presentation. And I can take any questions. And maybe if anybody out there has some best practices that they'd like to share, we are an open book and are happy to answer anything that you may have.

MS. BACON: Thank you, Dr. Morris-Hughes. Do we have any questions? As far as I can tell, there are no questions in the chat yet. But do we have any questions? The floor is open for attendees to ask any questions and/or share any of your experiences in how you're integrating mental health strategies in the workplace in your state. Does anyone have any comment? Okay. Well, if not, then I will turn the floor over to Jennifer Freeman, who will talk about next month's presentation. Jennifer, are you there?

JENNIFER FREEMAN: Yes. Thank you, Ronesha. I do have a comment. Unique, thank you so much for sharing this information and presenting it. It is often a topic that is hard. Most people don't want to talk about it, and how you integrate it in having an open conversation it's just great to see. I'm very impressed, so thank you for sharing.

DR. MORRIS-HUGHES: Thank you, Jennifer, for having us.

MS. FREEMAN: Sure. Yeah. The next month we actually have our colleagues from the Commonwealth of Pennsylvania joining us on the Peer Exchange. They're going to be talking about some of the planning they've done for the last, at least eight weeks. I've been talking to them about reopening the American Job Centers reopening themselves for business. We had a little preview last month when we heard from Massachusetts, Maryland, and New Jersey about how they're responding to COVID-19. But now we're talking about the planning that had gone – and a lot of planning, I would say. It's something they've been sharing with me.

So I'm excited to hear from the colleagues. I'm actually talking to them tomorrow about their planning. So it will be the last Thursday of the month in July. So it will be July 30. We will have Pennsylvania presenting how they've actually planned. So maybe by that time they'll have some of the centers open and they'll even let us know how that's been going.

So thank you guys for joining. Once again, these sessions came out of a conversation we had last September – it seems so long ago – in New York, when we had a combined state leaders meeting. And the states said, we want to hear from each other a little bit more. And so that's how these have evolved. I know our original schedule was a little sidetracked because of COVID-19. But I think these are all important topics we want to talk about. So thank you again today's DC And we're looking forward to Pennsylvania.

MS. BACON: Thanks, Jennifer. If there's nothing else, everyone have a good day.

DR. MORRIS-HUGHES: Ronesha, there's a couple of questions in the chat box it looks like. If we wanted to, I could answer quickly if you'd like me to still.

MS. BACON: Absolutely. Go ahead.

DR. MORRIS-HUGHES: Okay. Robin Zumgardener (sp) asked – this is a fantastic example of the one-stop concept in action. I'm wondering how it could be accomplished in a state that expands a much wider geographic stance. I think that's an awesome question because the District of Columbia is much smaller than Maryland and Virginia, which are our neighbors to the north and south of us.

One of the ways that we have been engaging with our customers that could be part of the normal operations for a larger state is through Telehealth, which are virtual phone calls, text messages, or even video conferencing providing mental health supports to your customers that way. Due to COVID-19, that's how we have been interacting, and we're still seeing the same level of interest as if we were in person.

And then we have another question from Ruben Parche (sp) that says, is it possible for DC to share the curriculum that was used to provide training to their AJC staff concerning mental health? Ruben, I'll send it to Ronesha. And perhaps she can share with the group.

MS. BACON: Yeah. Just send it to me, and I'll disseminate it amongst everyone.

DR. MORRIS-HUGHES: Thanks. Awesome. Great. So I think those are the only two questions in the chat box.

MS. FREEMAN: Yeah. So I don't see any. Ruben, thank you. I don't see anything else. Last call for questions. You have Unique here. She said she's an open book. She's here for you.

DR. MORRIS-HUGHES: I'll just say one final thing as I conclude. The work that we're doing in our Project Empowerment Program really focusing on returning citizens and individuals that have been impacted by the opioid crisis, I think is some of our most rewarding and profound work. And I just wish – I'll have to see if we have a video of some of the instructors working with our participants because we may, but it's just really inspiring to see people that in many cases society has given up on really defy the odds.

But they do it because they have all of the wrap-around support, including and most importantly, mental health support to reinforce the other parts of the work that they're doing in their life. So it's very rewarding. I will try to find a video clip or an article or something that we have about the program I can share. But I want to encourage everybody in workforce to think about kind of pulling back the veil and incorporating mental health strategies in their workforce development.

MS. FREEMAN: We actually do have another question. Are services different for youth participants?

DR. MORRIS-HUGHES: The key difference in the youth participant is our in-person classroom training. So the way the program is designed is that you do soft skills work readiness component in person, in classroom style. And then you move on to your work readiness, which is you are going to an actual job every day. We pay everyone a wage. And then after you complete successfully your work – like you're actually physically going to work – then you work with a job coach toward the end of your work experience and we help connect you and help you interview and find a job.

The key difference for the youth participants is that the in-classroom learning at the beginning is a little shorter than the adult in-person training. We also offer some more academic options, versus just going to work in the youth and younger portion of the program.

(Crosstalk.)

MS. FREEMAN: This is Jennifer. I actually do have another question for you, Unique, for myself. It was a good comment you made about how you've been moving to Telehealth with COVID. And you've actually seen people still – you go to user services. So that's been positive. So that worked out well, you're saying?

DR. MORRIS-HUGHES: Yes. Because just like for many of us, and I'll admit for myself, there was a little bit of concern and angst when COVID first presented itself. What do we do? How do we operate? What are the kids going to do in school? And I'm employed and I'm thinking those thoughts.

So can you imagine for somebody who is not employed? They're not eligible to collect unemployment insurance, and the same sort of feelings and concerns that you have. So we have seen an equal number of participants interested. And we find that it is really helping people navigate, especially during COVID-19.

MS. FREEMAN: Thank you. Okay. Ronesha, I'll turn it back to you. Sorry.

MS. BACON: Okay. Well, we have someone typing. I don't know if she has a question or not. So we'll give her a couple of seconds here. Right now we don't have any more questions in the queue, but let's see. OK, I guess not. So we'll ask again. Are there any more questions that anyone has for Unique? (Pause.)

All right. Well, Unique, thank you, again for the presentation this morning.

DR. MORRIS-HUGHES: Thank you.

MS. BACON: It was a lot of great information. We do appreciate your time. And once again, once Unique sends me the information that was requested, I'll disseminate it amongst the group. And we will expect to talk to everyone next month.

(END)