





The Stay-at-Work/ Return-to-Work Playbook

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RETAIN | Retaining Employment and Talent After Injury/Illness Network

Contents

Introduction 1
RETAIN Overview 1
How to Use the Playbook 3

SECTION 1: Planning 4
Gathering Information and Mapping Assets 4
Setting Goals and Objectives 6
Developing a Timeline 7
Developing Partnerships 7
Funding and Sustainability 10

SECTION 2: Service Delivery 13
Designing Service Delivery 13
Training Programs for Health Care Providers and Employers 18

SECTION 3: Data and Program Improvement 22
Creating a Data Environment 22
Using Data for CQI 24
Monitoring and Managing Program Risks 29

SECTION 4: Staffing 31
Role of RTW Coordinators 32
Training and Support 34

SECTION 5: Outreach, Recruitment, and Engagement 36
Relationship Between Outreach, Recruitment, and Engagement 36
Using Data to Refine Outreach and Recruitment 36
Developing an Outreach Strategy 37
Engagement Plans 39
Recruiting Participants 39
Engaging Health Care Providers and Employers 41

SECTION 6: Conclusion 43

APPENDIX: Resources 44

Tables

Table 1. Sample Asset Map (Table Format) 5

Table 2. RETAIN Elements and Example Planning Goals and Objectives 6

Table 3: Key Decisions 14

Table 4. Example SAW/RTW Key Performance Indicators 26

Table 5. The SAW/RTW Program Expertise Panel 32

Figures

Figure 1. RETAIN Service Model 1

Figure 2. Types of Partners 8

Figure 3. SAW/RTW Services 18

Introduction

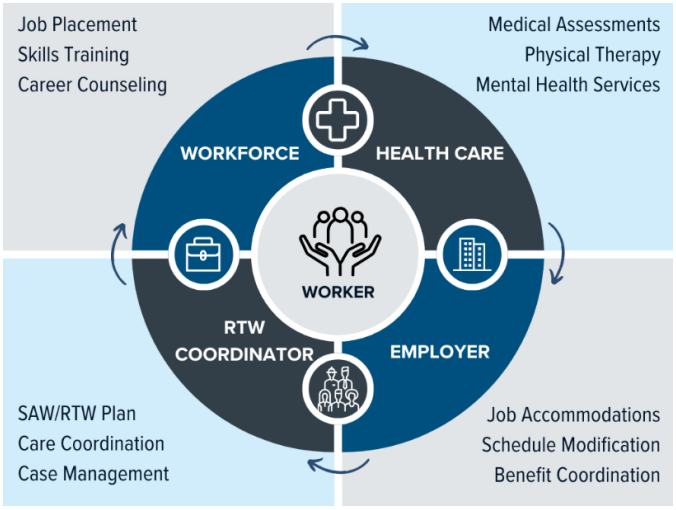
An injury or illness that limits a person's ability to work can have significant consequences for not only that individual worker, but also their family, employer, and community. Stay-at-work/return-to-work (SAW/RTW) programs can alleviate these consequences by using early intervention and coordinated services to help workers remain employed or return to work when medically able.

This playbook draws on lessons from the **Retaining Employment and Talent After Injury/Illness Network (RETAIN)** demonstration to help state agencies, health care systems, workforce organizations, nonprofits, and other organizations develop and implement SAW/RTW programs. Rather than prescribe a single program model, it provides strategies and examples that organizations can adapt to their populations, resources, partners, and existing systems.

RETAIN Overview

RETAIN was a federally funded demonstration designed to test early intervention strategies that coordinated health care and employment services for workers experiencing work-limiting injuries or illnesses. The initiative was led by the U.S. Department of Labor (DOL) Office of Disability Employment Policy (ODEP), in partnership with DOL's Employment and Training Administration (ETA) and the Social Security Administration (SSA).

Figure 1. RETAIN Service Model



Five states – Kansas, Kentucky, Minnesota, Ohio, and Vermont – developed RETAIN programs that brought together health care systems, workforce organizations, employers, and other partners to help workers stay at or return to work after injury or illness. Although the programs shared common requirements, each state developed its own service delivery model and partnerships based on its specific workforce, health care system, available resources, and community needs.

RETAIN built on lessons from Washington State's Centers of Occupational Health and Education (COHE) and an ODEP SAW/RTW Policy Collaborative. Three principles helped inform the RETAIN approach:

- **Intervene early.** Connect workers with services while they remain attached to the workforce whenever possible.
- **Communicate across systems.** Facilitate communication among workers, health care providers, employers, workforce organizations, and other partners.
- **Coordinate services.** Help workers navigate health care, employment, and other systems so that gaps between services do not become barriers to staying at or returning to work.

Key Elements of RETAIN

RETAIN programs incorporated six key elements that provide a framework for SAW/RTW program development:

1. **Early intervention:** Identify workers with work-limiting injuries or illnesses and connect them with services early to reduce the likelihood of prolonged work disability.
2. **Health care provider training:** Help health care providers understand SAW/RTW practices and recognize work as an important health outcome.
3. **RTW coordination:** Use RTW coordinators to connect workers, health care providers, employers, workforce organizations, and other services and support individualized SAW/RTW plans.
4. **Effective collaboration:** Establish partnerships, communication processes, and information-sharing systems that support coordinated service delivery.
5. **Worker retraining and rehabilitation:** Connect workers with rehabilitation, retraining, and workforce services when needed to remain employed or transition to new employment.
6. **Accommodations and job modifications:** Help workers and employers identify accommodations, modified duties, schedules, or other strategies that support continued employment or return to work.

These elements were implemented differently across RETAIN programs. This flexibility is an important lesson for organizations developing their own SAW/RTW programs: **the core principles can remain consistent while the program model is adapted to local needs, resources, and systems.**

How to Use the Playbook

This playbook translates RETAIN's implementation experiences into practical considerations and options for developing a SAW/RTW program. It is organized around five areas:

1. **Planning:** Establish program goals, partnerships, funding, and other foundations for implementation.
2. **Service Delivery:** Design and coordinate individualized SAW/RTW services.
3. **Data and Program Improvement:** Use data to monitor implementation and outcomes and continuously improve the program.
4. **Staffing:** Identify the expertise needed to operate the program and develop effective RTW coordinators and program teams.
5. **Outreach, Recruitment, and Engagement:** Build awareness, establish referral pathways, identify workers early, and engage participants, providers, employers, and partners.

The appendix provides additional tools and resources that can be used throughout program development and implementation.

Organizations do not need to follow the playbook as a fixed sequence or replicate the RETAIN model exactly. Rather, use the sections most relevant to your program's stage of development, build on existing systems and resources, and adapt strategies to the workers and communities you serve.

SECTION 1:
Planning

Planning a SAW/RTW program requires more than designing services. Successful programs establish partnerships, workflows, funding, and infrastructure needed to coordinate workers, employers, health care providers, workforce service providers, and community organizations. This section outlines the key planning decisions informed by lessons from the RETAIN demonstration.

Gathering Information and Mapping Assets

Before designing your SAW/RTW program, identify the existing resources, services, and partnerships that can support workers with work-limiting injuries or illnesses. Such asset mapping helps identify service gaps, avoid duplicating existing efforts, and determine where new partnerships or resources are needed.

Focus on information that will shape your program design, including:

- Existing health care providers, rehabilitation services, workforce development programs, vocational rehabilitation (VR) agencies, and community organizations
- Employers and industry partners willing to support workplace accommodations and RTW efforts
- Referral pathways between health care, workforce, and community organizations
- Available funding sources and existing programs that could support or complement SAW/RTW services
- Gaps in services, particularly for workers who experience barriers to remaining at or returning to work

Table 1 provides an example of a simple asset map. Update your inventory periodically as partnerships evolve and new resources become available.

The information gathered through asset mapping provides the foundation for the next step: defining your program's goals, priorities, and scope. Understanding existing resources and gaps helps ensure your objectives address unmet needs rather than duplicate existing services.

Table 1. Sample Asset Map (Table Format)

Asset Category	Example Assets
People	• Your staff • Staff at partner organizations • Volunteers • Health care providers
Workforce Development Programs	• Vocational rehabilitation • Local workforce development office • State department of labor programs
Government Programs and Resources	• Medicaid/Medicare • Housing assistance programs • Utility assistance programs
Educational Institutions	• High schools • Community colleges • Technical schools and apprenticeship programs
Health-Care Institutions and Systems	• Private hospital systems • Health-care practices • University health-care systems
Nonprofit Programs and Resources	• Unions • Advocacy groups • Food banks
Physical Space	• Office space • Public-use spaces • Libraries • Conference and meeting spaces
Business and Industry Groups	• Small and large employers • Local industry organizations • Local offices for national employers
Data Sources	• Research organizations • U.S. Department of Labor • U.S. Census Bureau • Electronic medical records

Setting Goals and Objectives

Establish goals that reflect the core purpose of your SAW/RTW program: helping workers remain employed or return to work safely and as early as appropriate. Develop measurable objectives that align with your program model and can be used to monitor implementation and outcomes. Whenever possible, define objectives that are measurable.

Table 2. RETAIN Elements and Example Planning Goals and Objectives

RETAIN Element	Example Planning Goals and Objectives
Early Intervention	**Goal:** Establish referral and enrollment processes that connect workers to services as early as possible after a work-limiting injury or illness. **Objective:** By the end of the first quarter, develop an enrollment protocol that ensures participants are connected to services within 12 weeks of injury or illness onset.
Health Care Provider Training	**Goal:** Train participating providers to incorporate work as a health outcome and routinely discuss work participation with patients. **Objective:** By the end of the second quarter, develop a specialized training module for health care providers on SAW/RTW best practices and principles.
RTW Coordination	**Goal:** Develop a coordinated case management process that connects workers, employers, health care providers, and service partners. **Objective:** By the end of the third quarter, appoint and train at least five RTW coordinators to act as liaisons between workers, employers, and health care providers.
Effective Collaboration	**Goal:** Establish formal partnerships and data-sharing processes that support coordinated service delivery. **Objective:** By the end of the second quarter, secure data sharing agreements from all partner organizations to ensure all parties have access to relevant information.
Worker Retraining and Rehabilitation	**Goal:** Create referral pathways to workforce development, VR, and other employment supports when workers cannot immediately return to their previous jobs. **Objective:** By the end of the first quarter, develop protocols for referring participants to retraining and rehabilitation programs tailored to their needs.
Accommodations and Job Modifications	**Goal:** Develop processes to assess workplace accommodation needs and connect workers and employers with appropriate resources. **Objective:** By the end of the second quarter, create or adapt an assessment tool to provide personalized recommendations for accommodations or job modifications to help workers perform their duties effectively.

Broad goals help to define what you want to achieve, and specific objectives provide actionable steps and benchmarks to meet those goals. Examples include referral timeframes, provider participation, employer engagement, participant enrollment, or successful SAW/RTW outcomes. As seen in Table 2, the six core elements of RETAIN provide a useful framework for setting priorities.

Once program goals are established, translate them into an implementation plan. A timeline helps organize the activities, responsibilities, and milestones needed to move from planning to program launch.

Developing a Timeline

Develop a timeline that identifies key planning milestones, assigns responsibilities, and establishes realistic target dates. Because SAW/RTW programs typically involve multiple partner organizations, use a shared project management tool or workplan that all core partners can access and update. Review progress regularly (e.g., biweekly or monthly) to identify delays, adjust priorities, and coordinate activities across organizations. When developing your timeline, prioritize milestones critical to launching a SAW/RTW program, such as:

- Establishing the backbone organization and core partnerships
- Executing partnership and data-sharing agreements
- Designing referral and enrollment processes
- Recruiting and training RTW coordinators and participating health care providers
- Developing participant workflows and case management procedures
- Creating data collection and evaluation processes
- Launching participant enrollment and monitoring early implementation

Developing a timeline also helps clarify which organizations need to be involved and when. Because SAW/RTW programs rely on coordinated service delivery, establishing effective partnerships is one of the most important planning activities.

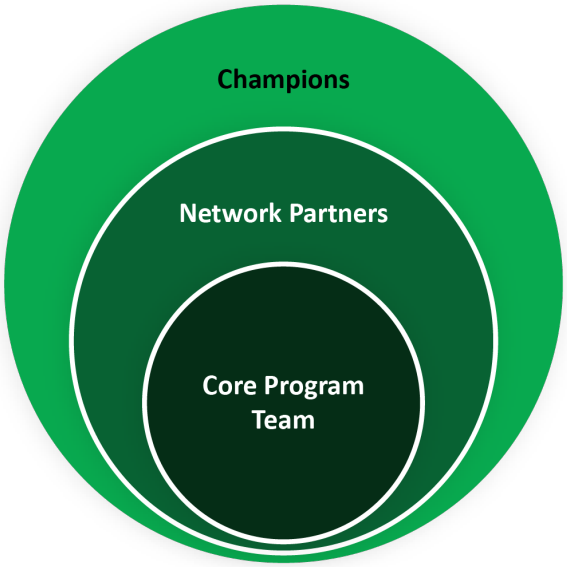
Developing Partnerships

No single organization can deliver a comprehensive SAW/RTW program. Successful programs require coordinated efforts among health care providers, employers, workforce agencies, community organizations, and other partners. Collaboration supports each of RETAIN's six core elements by enabling early identification, coordinated service delivery, timely workplace accommodations, and access to employment and support services.

RETAIN programs generally organized partners into three groups (Figure 2): **core program team partners**, **network partners**, and **champions**.

Core Program Team

Figure 2. Types of Partners



Core program team partners are responsible for designing, implementing, and delivering SAW/RTW services. These organizations should have clearly defined roles, regular communication, and formal partnership agreements (e.g., memoranda of understanding).

Core program team partners commonly include:

- **Health care systems and providers** to identify eligible workers, make referrals, deliver clinical care, and incorporate work-focused practices into patient care
- **Workforce development and VR organizations** to provide career counseling, job retraining, employment services, and workplace accommodation expertise
- **Employers and industry partners** to implement workplace accommodations, transitional work, and RTW plans
- **Worker and community organizations** to connect workers with supportive services such as transportation, financial assistance, childcare, housing, or peer support

Network Partners

Network partners expand the program's reach by providing referrals, specialized expertise, or complementary services. As program needs evolve, network partners may be added or their roles may change. For example, several RETAIN programs partnered with state VR agencies to create two-way referral pathways and coordinate employment services for workers with disabilities.

Example: *One RETAIN program partnered with the state VR agency to provide education, training, job placement, and workplace accommodations for program participants. The VR agency referred people to RETAIN and vice versa.*

Champions

Champions promote the program within their organizations and communities. Although Champions may not deliver services directly, they build awareness, encourage referrals, and increase program credibility. Champions may include clinicians, employers, workforce staff,

community leaders, policymakers, and former program participants who can share their experiences with others.

As partnerships develop, periodically review your network to identify gaps. For example, if employer engagement is limited, recruit business associations or large employers. If participants face barriers outside your program's scope, consider adding community organizations that provide transportation, childcare, financial counseling, or other supportive services.

Example: *Each RETAIN program had champions, including program graduates who provided peer mentoring, providers who referred patients, workforce development office staff who recommended RETAIN, and community members who advised on outreach strategies.*

Identifying a Backbone Organization

One lesson from RETAIN was the importance of a strong "backbone" organization to coordinate the work of multiple partners. The backbone organization provides overall leadership, facilitates communication, manages program operations, oversees data collection and continuous quality improvement, and helps partners stay aligned around shared goals.

When selecting a backbone organization, consider whether it:

- Has experience managing multi-partner initiatives
- Has established relationships with employers, health care providers, workforce agencies, and community organizations
- Has sufficient staffing and infrastructure to coordinate program operations
- Can support data sharing, performance monitoring, and partner communication
- Is committed to advancing SAW/RTW as a long-term systems change effort

The backbone organization does not need to provide every service directly. Its primary role is to coordinate partners, remove barriers, and ensure the program functions as an integrated system.



Lessons from RETAIN

RETAIN programs consistently found that participants often needed services beyond medical care or employment assistance. Programs that established strong partnerships with community organizations were better able to address barriers such as transportation, childcare, housing, and financial instability—factors that can significantly influence a worker's ability to stay at or return to work. Building these relationships before participants need them allows programs to respond more quickly and comprehensively.

With the partnership structure in place, the next planning decision is how to support program implementation. This includes identifying funding sources, defining cost-sharing arrangements, and planning for long-term sustainability.

Funding and Sustainability

Most SAW/RTW programs rely on multiple funding sources rather than a single grant or organization. For example, one organization might fund RTW coordinators, while another provides rehabilitation services, workforce training, or data infrastructure.

Potential funding sources include:

- **Government funding**, including federal, state, and local workforce, health, and disability employment programs (e.g., Workforce Innovation and Opportunity Act and VR)
- **Employer and industry partners**, which may contribute funding, staff time, workplace accommodations, or other in-kind resources
- **Private foundations and nonprofit organizations** that support employment, health, or disability initiatives
- **Health care organizations and insurers**, which may support activities that improve health and employment outcomes and/or reduce disability-related costs

Rather than creating entirely new services, look for opportunities to align your program with existing initiatives and leverage resources already available through partner organizations.

Cost Sharing

Cost sharing can improve program sustainability and partner commitment. Contributions may include direct funding, dedicated staff time, office space, technology, training, or other in-kind resources. Clearly document each partner's roles and contributions through memoranda of understanding or other formal agreements and periodically review these commitments as the program evolves.



Lessons from RETAIN

RETAIN programs found that funding timelines often influenced partnership development. Many partner organizations operated on annual or multi-year budget cycles, making early engagement essential. Programs that began discussions with prospective partners well before funding decisions were made were better positioned to secure staff support, finalize agreements, and coordinate implementation once funding became available.

Planning for Sustainability

Sustainability should be considered from the beginning of program planning rather than after initial funding ends. Focus on embedding SAW/RTW practices into existing systems and organizations instead of creating parallel processes that depend entirely on grant funding.

Strategies for long-term sustainability include:

- Integrating SAW/RTW practices into existing clinical, workforce, and employer workflows
- Building strong partnerships that continue beyond a single funding source
- Using data and continuous quality improvement to demonstrate program value and attract future investment
- Pursuing policy and systems changes that institutionalize successful practices, such as incorporating work-focused screening into routine clinical care or expanding eligibility within existing workforce programs
- Diversifying funding by combining grants, partner contributions, and existing program resources

Planning for Growth

As your program matures, consider whether your goal is to **scale** or **expand**. Scaling increases the number of participants served while maintaining the same program model, often by improving efficiency or leveraging technology. Expansion broadens the program's reach by adding new services, geographic areas, and/or target populations and typically requires additional staff, infrastructure, and funding.

Before growing your program, assess whether you have:

- Sufficient staffing and infrastructure to maintain service quality
- Partnerships that can support additional participants or services
- Data systems that can monitor implementation and outcomes at a larger scale
- Sustainable funding to support long-term growth

Growth should be driven by demonstrated program effectiveness and partner capacity rather than funding opportunities alone.

Conclusion: Planning

Successful SAW/RTW program implementation begins long before the first participant enrolls. Programs that invest in planning are better positioned to coordinate services, engage partners, and sustain their efforts over time. Before moving to service delivery, use the checklist below to confirm that the essential planning elements are in place.

Planning Checklist

✓ Goals and objectives defined

✓ Partners identified

✓ Backbone organization selected

✓ Timeline completed

✓ Referral process designed

✓ Funding identified

✓ Sustainability strategy develop

SECTION 2:

Service Delivery

Service delivery begins when an eligible worker is identified and enrolled in the program. From that point forward, the RTW coordinator works with the participant, health care providers, employers, and community partners to develop and implement an individualized SAW/RTW plan. This plan serves as the foundation for service delivery, guiding decisions about the supports, accommodations, and interventions needed to help the participant remain at or return to work safely and successfully.

This section describes how to design participant-centered SAW/RTW services, beginning with defining your target population and eligibility criteria. It then outlines the role of the RTW coordinator, the development and implementation of individualized SAW/RTW plans, and the range of services that can support participants throughout the process. The section concludes with strategies for preparing health care providers and employers to support SAW/RTW through effective training and engagement.

Designing Service Delivery

Begin by defining the population the program will serve and establishing eligibility criteria that align with program goals. These decisions will shape the services, referral pathways, partnerships, and resources needed to support participants.

Target Population and Eligibility Criteria

A key design decision is determining which workers are most likely to benefit from SAW/RTW services. Eligibility criteria should support early intervention while targeting workers at meaningful risk of prolonged work disability. Criteria that are too broad may direct resources toward workers who would return to work without additional support, while overly restrictive criteria may exclude workers who could benefit.

RETAIN programs chose their target populations based on local needs while also operating within core eligibility requirements. Participants generally:

- Were employed, or at minimum looking for work, when an injury, illness, or worsening condition began limiting their ability to work. Conditions could be work-related or non-work-related
- Were not receiving or applying for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) at the onset of the condition

RETAIN also emphasized early intervention, with programs aiming to enroll at least 80 percent of participants within 12 weeks of work disability onset.

Identifying workers who are both early in the work-disability process and at risk of prolonged work disability can be challenging. Some RETAIN programs enrolled participants who were likely to return to work without SAW/RTW services, in part because of the demonstration's evaluation sample-size requirements. When establishing eligibility criteria, consider how the program will distinguish workers who primarily need medical care from those who may benefit from additional SAW/RTW support.

Programs can use factors such as time away from work, functional limitations, job demands, accommodation needs, or other barriers to remaining at or returning to work to help target services. For example, a program might require that a worker has experienced some period of work disruption before receiving more intensive services. Whatever approach is used, eligibility criteria should preserve the opportunity for early intervention rather than waiting until prolonged work disability has already occurred. Table 3 identifies key questions to consider when defining the target population and eligibility criteria.

Table 3: Key Decisions

Decision	Questions to Consider	Why It Matters
Target population	Which workers is the program designed to serve? Are particular conditions, industries, occupations, or geographic areas a priority?	Helps align services and resources with the workers most likely to benefit
Timing of intervention	How soon after an injury, illness, or worsening condition should workers become eligible?	Balances the benefits of early intervention with the need to target workers at risk of prolonged work disability
Connection to employment	What level of recent employment or labor force attachment is required?	Determines whether the program focuses primarily on staying at work, returning to an existing job, or returning to employment more broadly
Work disruption or functional limitations	Must a worker have missed work, reduced hours, experienced functional limitations, or identified a need for workplace accommodations?	Helps identify workers who may need SAW/RTW support rather than medical care alone
Other program requirements	Do funding sources, partner programs, or other requirements affect who can participate?	External requirements may limit or shape program eligibility

Eligibility criteria may need to evolve as the program gains experience. Monitor whether the criteria are reaching workers who need SAW/RTW support and adjust them when appropriate, while considering any requirements established by funders or partner programs.



Lessons from RETAIN

RETAIN programs provided a wide variety of services to enrollees. Some programs focused on services for workers with musculoskeletal injuries, and others targeted workers with mental health conditions. Throughout their evolution, RETAIN programs ensured that services followed the needs of the people they were serving, rather than trying to fit those needs into existing services.

For example, two RETAIN programs determined that typical SAW/RTW assessment tools focused too heavily on physical accommodations and did not fit well for people who needed support for conditions affecting their mental and neurological health. These programs developed their own tools for health care providers to assess and recommend accommodations (e.g., reduced or flexible work schedules, work-from-home options). By centering the needs of participants and being ready to think outside the box, RETAIN programs were able to meet participant needs more effectively.

SAW/RTW Coordination

SAW/RTW coordination uses a case management approach to connect participants with the people, services, and resources needed to remain at or return to work. RTW coordinators serve as a central point of contact, working with participants, health care providers, employers, workforce programs, and other partners to assess needs, develop and implement an individualized SAW/RTW plan, address barriers, and monitor progress.

Effective coordination depends on timely access to relevant information. RETAIN programs used shared processes and tools to keep appropriate partners informed about participants' functional abilities and limitations, SAW/RTW plans, progress, and changing needs. Consider establishing:

- Standard forms, templates, and documentation practices to support consistent information exchange
- Protocols that define what information can be shared, with whom, and under what circumstances
- Processes for notifying appropriate partners when important milestones, barriers, or changes occur

Establish clear standards for documentation, timely recordkeeping, confidentiality, and compliance with applicable federal and state requirements. RTW coordinators should also be familiar with services outside the program—such as VR, mental health services, transportation, and other community supports—and have established referral pathways for connecting participants to these resources.

Lessons from RETAIN

RETAIN participants often experienced long wait times for specialist appointments and other referrals, and the resulting delays in treatment or diagnosis negatively affected participants' SAW/RTW plans. To mitigate these challenges, RETAIN programs advocated for expedited referrals, worked with health care providers' offices to monitor schedules for cancellations or other unexpected openings, and sought other opportunities to facilitate timely access to health care and other services.

Developing and Implementing a SAW/RTW Plan

The individualized SAW/RTW plan is the foundation for coordinating services. RTW coordinators should begin developing the plan as early as possible, even when the participant does not yet know when they will be able to return to work.

The coordinator begins by assessing the participant's needs, functional abilities, employment situation, barriers, and goals. This may involve conversations with the participant, review of relevant medical information, and consultation with health care providers and employers. Based on this assessment, the coordinator develops a plan that identifies:

- Employment and functional goals
- Services and supports needed to achieve those goals
- Potential workplace accommodations or job modifications
- Key milestones and expected timelines
- Roles and responsibilities of the participant and other involved parties

Some employers have their own SAW/RTW plans or absence-management requirements. When possible, RTW coordinators should align the participant's individualized plan with employer processes while ensuring it addresses the participant's broader needs and employment goals. If an employer's required plan does not capture these needs, the coordinator may maintain a more comprehensive individualized plan alongside the employer's documentation.

The RTW coordinator then works with the participant and appropriate partners to implement the plan, monitor progress, address barriers, and revise the plan as circumstances change.

Read "Role of RTW Coordinators" in ***Section 4: Staffing*** for information about the role RTW coordinators play in developing SAW/RTW plans and supporting participants throughout the implementation of their individual SAW/RTW plan.

Characteristics of an Effective SAW/RTW Plan

SAW/RTW plans should be:

- **Collaborative and iterative:** Develop with the participant and update over time with input from health care providers and employers, as appropriate.
- **Individualized and person-centered:** Tailor to the participant's circumstances, goals, functional abilities, and work environment.
- **Asset-based:** Build upon the participant's strengths and available supports, including workplace and community resources.
- **Clear about expectations:** Identify milestones, accommodations or modifications, and responsibilities of the people involved.
- **Focused on functional goals:** Emphasize the activities needed to perform work rather than clinical outcomes alone.
- **Monitored regularly:** Use ongoing check-ins to assess progress and adjust goals, timelines, services, and strategies.

Monitoring Progress and Completing Services

RTW coordinators should regularly check in with participants and, as appropriate, health care providers, employers, and other partners to monitor progress and adjust the SAW/RTW plan. Changes in health, functional abilities, workplace circumstances, or service needs may require revisions to goals, accommodations, services, or timelines.

When a participant achieves their employment goals or exits the program for another reason, document the participant's final employment outcome and close the SAW/RTW plan. If the participant has unmet needs, provide referrals to appropriate services or partners before closing the case.

Completed cases can also provide useful information for improving service delivery. Consider:

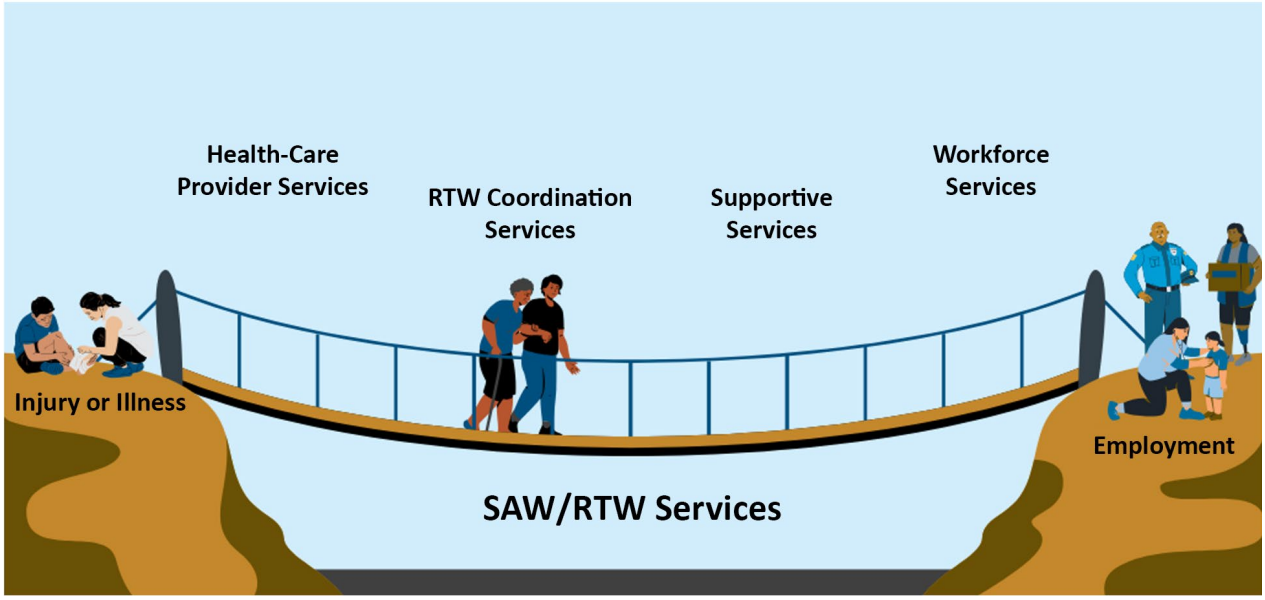
- Where did implementation proceed smoothly or more quickly than expected?
- Where did delays or barriers occur?
- Were needed services or resources unavailable?
- What could have been done differently earlier in the SAW/RTW process?

Types of Services

The individualized SAW/RTW plan determines which services a participant receives. While every participant should receive RTW coordination, the specific mix of services will depend on the participant's needs, functional abilities, employment goals, and workplace circumstances. RETAIN programs generally provided services in four categories:

- **Health care services** addressed physical and mental health needs that affected the participant's ability to work, such as medical assessment and treatment, physical or occupational therapy, pain management, and mental health services.
- **RTW coordination services** helped participants navigate the SAW/RTW process through case management, workplace accommodation support, communication with health care providers and employers, assistance with forms and policies, coaching, and referrals.
- **Workforce services** helped participants prepare for or obtain employment when additional employment support was needed, including retraining, career counseling, job-search assistance, résumé development, and job coaching.
- **Supportive and wraparound services** addressed other barriers that affect employment, such as transportation, childcare, housing, financial concerns, social support, and self-advocacy.

Figure 3. SAW/RTW Services



Training Programs for Health Care Providers and Employers

Health care providers and employers play distinct but critical roles in helping workers stay at or return to work. Training can help both groups understand SAW/RTW principles, their role in the process, and how to work effectively with participants and RTW coordinators.

Training should be tailored to the audience and designed to minimize burden. RETAIN programs found that health care providers and employers often had limited time for training, making brief, accessible, and practical formats particularly important.

Training Health Care Providers

Health care providers can influence whether and how quickly a worker returns to work through treatment decisions, recommendations about functional abilities and restrictions, and discussions with patients about work. RETAIN programs found considerable variation in providers' understanding and application of SAW/RTW principles, making provider training an important component of the initiative.

Training should help providers understand work as an important health outcome and focus on what a patient **can do**, rather than only on limitations or diagnosis. Core training topics may include:

- SAW/RTW principles and the relationship between work and health
- Assessing functional abilities and work-related limitations
- Identifying appropriate workplace accommodations and job modifications
- Incorporating SAW/RTW goals into treatment and rehabilitation plans
- Understanding program eligibility and referral processes
- Communicating and collaborating with RTW coordinators, employers, and other providers

Training may need to be adapted for different clinical disciplines and levels of familiarity with SAW/RTW. Medical directors or other clinicians with occupational health expertise can help develop relevant content, engage other providers, and build credibility for SAW/RTW practices.



Lessons from RETAIN

RETAIN programs found that provider participation improved when training was brief, convenient, and integrated into activities providers were already attending. For example, one program initially offered a three-hour training but substantially increased participation after shortening it to less than an hour. Other programs incorporated training into existing conferences or events.

Programs also used incentives and ongoing support to increase the value of training. Some offered continuing medical education (CME) credits, while one program provided clinicians with real-time access to an occupational physician who could help them address SAW/RTW questions. Requirements for offering CME vary, so programs should weigh the potential benefit against the resources required for approval.

Scenario-based training can also help providers apply SAW/RTW principles to complex cases. One RETAIN program used anonymized cases to present participant barriers and engage providers in identifying potential solutions.

Training Employers

Employers are essential partners in SAW/RTW because many successful plans depend on their ability and willingness to modify job duties, provide accommodations, communicate with workers, and coordinate with RTW coordinators.

Employer training should demonstrate both **how to support workers** and **why doing so benefits the organization**. Topics may include:

- The SAW/RTW process and the employer's role within it
- Common workplace accommodations and job modifications
- Communicating with employees during the SAW/RTW process
- Working with RTW coordinators and health care providers
- Relevant legal requirements and employer responsibilities
- Business benefits such as employee retention, reduced turnover, and avoiding the costs associated with recruiting and training replacement workers

Keep training practical and relevant to employers' needs. Resources such as the Job Accommodation Network (JAN) and Employer Assistance and Resource Network on Disability (EARN) can provide additional guidance on accommodations and supportive workplace practices.



Lessons from RETAIN

RETAIN programs found that employer engagement was stronger when SAW/RTW was connected to employers' existing priorities, such as employee retention and workforce stability. Programs used a variety of approaches to reinforce employer commitment. For example, one offered a certificate that employers could display after completing SAW/RTW training, while another asked employers to sign a pledge demonstrating their commitment to SAW/RTW principles.

Training formats should reflect employer needs and the topic being covered. Some RETAIN employers preferred self-paced training on working with RTW coordinators, with coordinators then reinforcing key concepts during subsequent interactions.

Conclusion: Service Delivery

Effective SAW/RTW service delivery is individualized, coordinated, and focused on helping workers remain at or return to work. RTW coordinators play a central role by working with participants, health care providers, employers, and other partners to develop and implement individualized SAW/RTW plans, connect participants with needed services, address barriers, and adjust strategies as circumstances change.

RETAIN demonstrated that successful service delivery also requires building the capacity of the systems surrounding the worker. Training health care providers in work-focused care and engaging employers in accommodations and other SAW/RTW practices can strengthen support for workers within and beyond the program.

For additional tools and information, see the Appendix.

SECTION 3:

Data and Program Improvement

Data are essential for managing and improving a SAW/RTW program. RETAIN programs collected and shared information across health care, workforce, employer, and other partners to coordinate services, monitor program performance and participant outcomes, and identify opportunities for improvement.

This section describes how to establish a secure and reliable data environment, including data governance, data-sharing agreements, and systems for collecting and managing information. It also provides guidance on selecting key performance indicators (KPIs) to measure progress toward program goals and using data to support continuous quality improvement (CQI) and program decision-making.

Creating a Data Environment

SAW/RTW programs often need to combine information from health care, workforce, employment, and program partners. A well-designed data environment allows appropriate staff and partners to access the information they need to coordinate services, monitor participant progress, measure program performance, and support CQI.

Before implementation, identify the information needed to manage the program and measure progress toward its goals. Then, establish a data governance framework that defines how program data will be collected, managed, shared, protected, and used.

Establishing Data Governance

Because SAW/RTW programs may collect sensitive health, employment, and personally identifiable information, the data governance framework should address applicable privacy, security, and legal requirements.

At a minimum, establish:

- Clear roles and responsibilities for managing and protecting data
- Common data definitions and standards across partners
- Processes for monitoring and improving data quality
- Rules governing data access, use, sharing, retention, and security
- Procedures for complying with applicable federal and state requirements

Before developing new processes, determine whether a core partner already has a data governance framework or infrastructure that can be adapted for the program. Review how partners currently collect and define information to identify inconsistencies that could interfere with data integration or analysis.

Consider developing a **data dictionary** that defines key data elements, formats, and measures used across the program. RETAIN used a common data dictionary to help participating organizations consistently collect, manage, and interpret program data.



Lessons from RETAIN

Protecting participant information is not only a compliance issue—it can affect program participation. RETAIN programs found that some potential participants were reluctant to provide sensitive health information or dropped out of enrollment when asked for private information too early. Clearly explain what information is being collected, why it is needed, who will have access to it, and how it will be protected.

Establishing and Testing Data-Sharing Processes

SAW/RTW programs that involve multiple organizations will likely need data-sharing agreements that establish what information can be exchanged and the requirements for its use, privacy, and security. Accessing electronic medical records or other protected information may require additional agreements and security requirements.

Begin developing these agreements early. Agreements involving personally identifiable or protected health information may require review by legal, information technology, privacy, and organizational leadership teams. Even after agreements are approved, additional time may be needed to establish access and operationalize data-sharing processes.



Lessons from RETAIN

A signed data-sharing agreement does not guarantee that organizations will be able to exchange and use data effectively. RETAIN programs encountered interoperability problems even after agreements and centralized repositories were established. ***Test data flows, system access, and reporting processes before serving participants*** *so that technical and operational problems can be identified and resolved early.*

Selecting Data Systems

Select or adapt systems that support both participant-level service coordination and program-level monitoring. Whenever possible, leverage secure systems already used by partner organizations rather than creating new infrastructure.

Depending on the program model, systems may need to support:

- **Case management:** Track participant interactions, SAW/RTW plans, services, referrals, progress, and outcomes.
- **Enrollment:** Maintain participant eligibility and enrollment information.
- **Provider and partner engagement:** Track referrals, outreach, training, and participation by health care providers, employers, and other partners.
- **Outreach and recruitment:** Monitor outreach activities and their effectiveness.
- **Participant feedback:** Collect satisfaction data and other feedback that can inform program improvement.
- **Follow-up outcomes:** Track employment and other outcomes after participants complete services.

Systems should allow appropriate staff to see relevant participant information and document interactions consistently. One RETAIN program used an internal records management system to track participant contacts, case notes, and changes to records. In addition to supporting coordination, this allowed another staff member to more easily assume responsibility for a participant when the primary staff member was unavailable.

Once the data environment is established, identify the measures needed to monitor whether the program is being implemented as intended and achieving its goals.

Using Data for CQI

Continuous quality improvement (CQI) provides a structured process for using data and feedback to identify implementation challenges, test solutions, and improve program performance. For SAW/RTW programs, CQI can help identify problems such as delays in enrollment or service delivery, low provider or employer engagement, gaps in referrals, or barriers preventing participants from progressing toward their employment goals.

Build CQI around the program's goals, objectives, and KPIs. Establish a regular process for reviewing performance, identifying areas that need attention, determining the causes of problems, implementing changes, and assessing whether those changes improve results. Include relevant partner organizations in CQI when they are responsible for delivering program services or contributing to program outcomes.

Lessons from RETAIN

RETAIN programs used CQI to identify and address implementation challenges. For example, one program's routine monitoring revealed low participation among health care providers, including limited interaction with RTW coordinators and use of the program's case management protocols.

The program conducted a root cause analysis and determined that its standard outreach methods were not effectively reaching providers. In response, it increased direct engagement through phone calls, personalized emails, and in-person presentations. Provider participation subsequently increased, demonstrating how performance data can be used to identify a problem, understand its cause, and guide program improvements.

A CQI plan should identify:

- **Measures to monitor:** Identify the KPIs, participant feedback, and other information that will be routinely reviewed.
- **Roles and responsibilities:** Determine who will review performance, investigate problems, implement changes, and monitor results.
- **Review process and frequency:** Establish when and how the program will review data and identify areas for improvement.
- **Methods for addressing problems:** Identify approaches, such as root cause analysis, for understanding why problems occur and developing potential solutions.
- **Documentation and follow-up:** Document improvement actions, monitor their effects, and communicate results to appropriate staff, partners, leadership, and funders.

CQI should be an ongoing cycle rather than a one-time assessment. As changes are implemented, continue monitoring the relevant measures to determine whether they are working or whether additional adjustments are needed.

Lessons from RETAIN

Many RETAIN programs found that changing systems was often more sustainable than changing individual behavior alone. For example, several programs worked with health care organizations to incorporate employment-related questions into existing social determinants of health screening tools. Embedding employment into routine clinical workflows increased provider awareness of work as a health outcome and created more consistent opportunities to identify workers who could benefit from SAW/RTW services.

Key Performance Indicators

KPIs help programs monitor implementation, identify problems, assess progress toward program goals, and support continuous quality improvement. Select a manageable set of KPIs that align with your program's goals and objectives, service delivery model, and any funder requirements.

For each KPI, consider:

- What question will this measure help answer?
- How will the information inform program decisions or CQI?
- Where will the data come from?
- How frequently should the measure be reviewed?

SAW/RTW programs should consider measures across five areas: **reach and early intervention, service delivery, partner engagement, participant outcomes, and program completion.** The examples below can be adapted based on program goals and available data.

Table 4. Example SAW/RTW Key Performance Indicators

Area	Example KPIs	What They Help Assess
Reach and early intervention	Number of participants enrolled; time from work disability onset to enrollment; percentage enrolled within the program's early-intervention target	Whether the program is reaching its intended population and intervening early
Service delivery	Time from enrollment to initial services; time to complete SAW/RTW plans; referrals and referral completion; services received; RTW coordinator caseloads	Whether participants are receiving coordinated and timely services
Provider and employer engagement	Number of providers and employers referring participants; training participation; interactions with RTW coordinators	Whether the partners needed to support SAW/RTW are actively participating
Participant progress and outcomes	Progress toward SAW/RTW goals; whether participant stayed at or returned to work; time to RTW; employment status and hours; accommodations or job modifications implemented; wages, when available	Whether participants are progressing toward and achieving employment goals
Program completion	Reason for program exit; reasons participants did not stay at or return to work; referrals at exit; participant satisfaction or feedback	What happens when participants leave the program and where improvements are needed

When possible, examine KPIs by relevant participant or program characteristics to identify differences in access, service delivery, or outcomes. Measures should be clearly defined and consistently collected across staff and partner organizations. Include KPI definitions, data sources, and calculation methods in the program's data dictionary.

Documenting Program Outcomes

Document employment outcomes when participants complete the program and, when feasible, follow participants after program exit to understand whether SAW/RTW outcomes are sustained.

At a minimum, consider documenting:

- Whether the participant stayed at or returned to work
- Whether employment is full-time or part-time
- Whether the participant remained with the same employer and in the same job or transitioned to another job or employer
- Reasons the participant did not stay at or return to work, when applicable
- Services and accommodations received
- Referrals provided at program exit
- Wage information, when available

Programs may also consider longer-term employment measures, such as employment retention and wages after program completion. Administrative wage records or follow-up surveys may provide this information when feasible.

Participant outcome information can support CQI, demonstrate program results to partners and funders, and help identify which services and approaches are associated with better outcomes.

Identify Areas for Improvement

Use KPIs and other program data to identify where performance differs from expectations, changes over time, or varies across participants, providers, employers, or other parts of the program. Establish benchmarks or targets for priority measures when appropriate so that the program can more easily identify areas requiring attention.

For SAW/RTW programs, potential indicators of an implementation problem include:

- **Declining SAW/RTW rates**, which may indicate a need to examine service delivery, eligibility criteria, or barriers affecting participants
- **Delays between enrollment and initial services**, which may indicate workflow problems, insufficient staffing, or difficulty coordinating services
- **Low participant, provider, or employer engagement**, which may indicate problems with program processes, communication, or accessibility of services
- **Unexpected differences in services or outcomes across participants or program sites**, which may indicate inconsistent implementation or unmet needs

When a potential problem is identified, examine the underlying data and gather additional information to understand its cause before determining how to respond.



Lessons from RETAIN

RETAIN programs used performance data and needs assessments to identify gaps in staffing and service delivery. For example, one program determined that employer engagement required dedicated staff, while another added social workers to its team to meet identified participant needs related to social determinants of health, financial assistance, and transportation.

Gather Stakeholder Feedback

Performance measures can show **what** is happening, but feedback from participants, staff, health care providers, employers, and partners can help explain **why**. Incorporate stakeholder feedback into CQI to identify barriers, understand participant experiences, and develop potential solutions.

Programs can gather feedback through:

- Participant and partner satisfaction surveys
- Provider and employer training evaluations
- Exit interviews or surveys
- Interviews, focus groups, or meetings with staff and partners
- Processes for reporting concerns or suggesting improvements

Make feedback mechanisms easy to access and appropriate for the audience. When feasible, provide options for confidential or anonymous feedback, particularly when asking about sensitive experiences or concerns.

Review stakeholder feedback alongside program KPIs. For example, data may reveal delays in completing SAW/RTW plans, while participant or staff feedback may help identify whether those delays result from difficulty obtaining medical information, employer communication, staffing capacity, or another barrier.

Use findings from performance data and stakeholder feedback to inform the CQI process, test improvements, and monitor whether changes produce the intended results.

Monitoring and Managing Program Risks

SAW/RTW programs depend on multiple organizations, systems, and funding sources working together. Disruptions in any one area—such as the loss of a key partner, delays in data sharing, insufficient employer participation, staffing changes, or funding disruptions—can affect service delivery.

As part of ongoing program monitoring, identify dependencies and risks that could prevent the program from meeting its goals. For priority risks:

- Assess the likelihood and potential impact.
- Identify actions that can reduce the likelihood or impact of the risk.
- Establish contingency plans for critical program functions.
- Identify indicators that provide early warnings of emerging problems.
- Assign responsibility for monitoring and responding to the risk.

Pay particular attention to **single points of dependency**. For example, if participant referrals rely heavily on one health care system, consider how enrollment would be affected if referrals declined and whether alternative referral pathways could be established. Similarly, if a partner provides an essential service, determine how participants would receive that service if the partnership ended.

Understand Your Dependencies

As you build your program, you will discover many areas where the success of program operations depends on a single partner or process working smoothly. Identify these dependencies early and create plans for what your team will do should one of these vital processes fail.

Risk monitoring can be incorporated into the program's CQI process. Regularly review priority risks alongside KPIs and other performance information and update mitigation strategies as program conditions change.



Lessons from RETAIN

RETAIN programs encountered challenges that affected implementation, including delays establishing health care partnerships, difficulties sharing data across organizations, and constraints associated with time-limited funding. Programs responded by adjusting timelines, developing alternative approaches, and creating contingency plans to maintain program operations.

These experiences underscore the importance of identifying critical dependencies early and planning for how the program will continue operating when circumstances change.

Conclusion: Data and Program Improvement

Effective SAW/RTW programs use data to not only measure outcomes, but also manage and improve program implementation. A strong data environment allows programs to coordinate information across partners, monitor KPIs, identify emerging challenges, and assess whether participants are achieving their employment goals.

Use performance data and stakeholder feedback as part of an ongoing CQI process to understand what is working, identify where improvements are needed, and determine whether changes lead to better results. Establishing these processes early also helps programs demonstrate their value to partners, funders, and other stakeholders and supports long-term sustainability.

For additional tools and information, see the Appendix.

SECTION 4:
Staffing

Effective SAW/RTW programs require a multidisciplinary team with expertise across health care, workforce development, rehabilitation, employer engagement, and other areas relevant to helping workers stay at or return to work. Programs should identify the functions and expertise needed to deliver services and determine how those needs will be filled across staff and partner organizations.

RTW coordinators play a central role on this team by connecting participants with health care providers, employers, workforce services, and other supports. RETAIN programs used staff from a variety of professional backgrounds in this role and provided training to build the cross-disciplinary knowledge needed for effective SAW/RTW coordination.

This section describes how to identify staffing needs, define the role and competencies of RTW coordinators, and provide initial and ongoing training to support the program team.

Staffing Needs

SAW/RTW programs require expertise across multiple disciplines and functions. Table 5 highlights areas of expertise RETAIN programs drew on to support program operations and service delivery. These needs do not necessarily correspond to individual positions: one staff member may fill multiple functions, and expertise may be provided by staff from partner organizations.

When developing the staffing structure, identify the functions and expertise needed to achieve program goals and determine which staff or partner organizations are best positioned to provide them. Consider both participant-facing functions, such as RTW coordination, health care, workforce development, rehabilitation, and employer engagement, and operational functions, such as program management, data, finance, and information technology.

Table 5. The SAW/RTW Program Expertise Panel

Area of Expertise	Function
Workforce Development Expertise	Integrate program services into state and local networks of agencies and community-based organizations providing workforce development services (e.g., American Job Centers, training providers).
Health-Care Expertise	Connect with health-care providers and systems and communicate with providers to manage SAW/RTW timeline and related activities.
Vocational Rehabilitation, Accommodation, and Disability Expertise	Assess and recommend services, resources, and accommodations to support SAW/RTW; communicate and gain buy-in from employers and provider teams.
Outreach and Communications Expertise	Develop clear, targeted program messaging to help participants, providers, and employers understand program goals; develop strategic processes for managing referrals.
Business Engagement Expertise	Collaborate with employers to build program awareness and collaborate on participant SAW/RTW service planning.
Provider Engagement Expertise	Collaborate with health-care provider teams to build program awareness and collaborate on participant SAW/RTW service planning.
Data Collection and Analysis Expertise	Collect and analyze data for performance outcome reporting, trend identification, and clear reporting to leadership and partners.
Continuous Quality Improvement Expertise	Develop and implement tools and processes to ensure continuous quality improvement based on experiences of participants, providers, and employers.

Role of RTW Coordinators

RTW coordinators are a central point of contact for participants and connect the health care, employment, and other systems involved in the SAW/RTW process. Although RETAIN programs used different titles for this role—including nurse navigator, RTW case manager, and work health coach—the core functions were similar.

RTW coordinators typically:

- **Coordinate the SAW/RTW process:** Work with participants to develop and monitor individualized SAW/RTW plans, identify barriers, coordinate services, and adjust strategies as needs change.
- **Connect participants and partners:** Facilitate communication among participants, health care providers, employers, workforce programs, and other service providers.

- **Help participants navigate systems:** Connect participants with available benefits, programs, accommodations, and community resources and help address administrative barriers.
- **Support employment goals:** Help participants remain focused on functional abilities and the steps needed to stay at or return to work.



*Go to **Section 2: Service Delivery** for detailed information about creating and implementing SAW/RTW plans and case management.*

Skills and Knowledge of RTW Coordinators

There is no single professional background required for effective RTW coordination. RETAIN programs hired coordinators from fields including nursing, social work, and VR counseling. More important is ensuring that coordinators have the skills and cross-disciplinary knowledge needed to navigate health care, employment, workforce, and community systems.

Key competencies include:

- Strong communication, active listening, and relationship-building skills
- Critical thinking and problem-solving skills
- Case management and organizational skills
- Knowledge of SAW/RTW principles and workplace accommodations
- Familiarity with health care, workforce development, VR, worker benefits, and community resources
- Ability to collaborate effectively with participants, health care providers, employers, and other partners
- Understanding of confidentiality, ethical practices, and applicable program requirements

Programs should consider the strengths coordinators bring from their professional backgrounds and use training and cross-disciplinary learning to address gaps in knowledge.

Training and Support

SAW/RTW programs bring together expertise from health care, workforce development, rehabilitation, employment, and other systems. Staff may enter the program with deep knowledge in one area but limited experience in others. Initial and ongoing training should therefore build both a common understanding of the program and the cross-disciplinary knowledge needed to coordinate SAW/RTW services effectively.



Lessons from RETAIN

RETAIN programs took different approaches to building the RTW coordinator workforce. Rather than relying on a single professional background, programs hired staff with complementary experience and provided training to develop the cross-disciplinary skills required for the role.

For example, one RETAIN program partnered with a local college to develop an RTW coordinator certificate program covering health care coordination, workforce development, case management, mental health, and complex cases. The program also incorporated practical experience so coordinators could apply these skills in real-world settings.

Initial Training

Before serving participants, ensure that staff and relevant partners understand:

- The program's goals, target population, and SAW/RTW approach
- The roles and responsibilities of staff and partner organizations
- How participants move through enrollment, SAW/RTW planning, service delivery, and program completion
- Processes for communication, referrals, documentation, and information sharing
- Relevant legal, privacy, and program requirements

Whenever possible, train staff and partners together. Joint training can establish shared expectations and help organizations understand how their roles fit together before they begin coordinating services.

Ongoing and Cross-Disciplinary Training

Provide ongoing training as program practices, policies, and participant needs evolve. Prioritize areas that directly affect SAW/RTW service delivery, including:

- **SAW/RTW practices:** Keep participant-facing staff informed about current approaches to early intervention, functional abilities, workplace accommodations, and other SAW/RTW practices.
- **Cross-disciplinary knowledge:** Help staff understand the systems outside their primary field. For example, health care professionals may need training on workforce services and employment supports, while workforce professionals may need greater familiarity with health care processes and functional limitations.
- **Case management and program processes:** Reinforce procedures for coordinating services, documenting participant progress, sharing information, and using program tools.
- **Legal and regulatory requirements:** Provide training on relevant requirements, such as disability employment, leave, workers' compensation, privacy, and confidentiality requirements.

Use CQI findings, staff feedback, and emerging participant needs to identify additional training priorities. Cross-training can also help programs maintain continuity when staff are unavailable or responsibilities change.

Conclusion: Staffing

Effective SAW/RTW programs need multidisciplinary expertise, but that expertise does not have to reside with a single person or organization. RETAIN programs used RTW coordinators from varied professional backgrounds and relied on training, cross-disciplinary learning, and partnerships to build the range of knowledge needed to support workers effectively.

For additional tools and information, see the Appendix.

SECTION 5:

Outreach, Recruitment, and Engagement

Effective outreach, recruitment, and engagement help SAW/RTW programs identify workers early and connect them with services before a work-limiting injury or illness leads to prolonged work disability. RETAIN programs used multiple pathways—including health care providers, employers, workforce organizations, community partners, and direct outreach—to reach potential participants and build awareness of available services.

These efforts also help programs build and maintain the relationships needed to support workers. Strategies should be tailored to the needs and motivations of different audiences, including workers, health care providers, employers, workforce organizations, and community partners.

This section describes how to develop outreach and engagement strategies, establish pathways for identifying and recruiting participants, engage health care providers and employers, and use data and feedback to improve these efforts.

Relationship Between Outreach, Recruitment, and Engagement

Outreach, recruitment, and engagement are distinct but closely connected activities. **Outreach** builds awareness of the program among workers, health care providers, employers, and other potential partners. **Recruitment** turns that awareness into action by encouraging eligible workers to enroll and organizations to participate. **Engagement** builds and maintains the relationships needed to support referrals, service delivery, and continued participation.

For SAW/RTW programs, these activities are particularly important for **early identification and intervention**. Workers may enter the program through multiple pathways, including referrals from health care providers, employers, workforce organizations, and community partners or through self-referral as a result of direct outreach. Building awareness and maintaining strong relationships across these pathways can help programs identify workers soon after a work-limiting injury or illness and connect them with services.

Using Data to Refine Outreach and Recruitment

Use data to understand which outreach and recruitment strategies are reaching your intended audiences and generating referrals and enrollment. Track a small set of measures that can help you compare approaches and adjust your strategy over time.

Consider tracking:

- **Sources of referrals and inquiries:** Identify how potential participants heard about the program and which health care providers, employers, partners, or outreach channels generate referrals.
- **Recruitment results:** Track inquiries, referrals, eligibility, and enrollment to identify where potential participants may be dropping out of the recruitment process.
- **Participant feedback:** Ask participants about their recruitment and enrollment experience to identify barriers or opportunities to simplify the process.
- **Provider and employer engagement:** Track activities such as referrals, training participation, and other interactions to identify where engagement is strong or additional outreach may be needed.

Use these data to focus resources on approaches that are most effective and modify or discontinue strategies that are not producing results.



*Go to **Section 3: Data and Program Improvement** for an in-depth discussion of KPIs and other sources of data to measure and refine outreach and engagement efforts.*

Developing an Outreach Strategy

Develop an outreach strategy that builds awareness of the SAW/RTW program among workers and the organizations that can identify, refer, or support potential participants. Tailor outreach to each audience and use multiple channels to reach workers before or soon after a work-limiting injury or illness occurs.

Identify Key Audiences and Develop Tailored Messaging

Identify the audiences that can help the program reach and support workers, including workers themselves, employers, health care providers, workforce organizations, and community partners. Existing partners can help identify priority audiences and provide insight into the messages most likely to resonate with them.

Tailor messages to each audience's role, needs, and motivations. For example:

- **Workers:** Emphasize available support for staying at or returning to work, addressing concerns such as job security, lost income, and navigating services and workplace accommodations.
- **Employers:** Emphasize employee retention, practical approaches to accommodations and job modifications, and the support available to employers through the program.

- **Health care providers:** Explain how SAW/RTW supports patient health and employment outcomes, how providers can identify and refer eligible workers, and what participation requires of them.
- **Workforce organizations:** Explain how the program complements existing workforce services and creates pathways for workers who may need employment, retraining, or rehabilitation support.
- **Community organizations:** Explain who the program serves, how to identify and refer potentially eligible workers, and how the program can connect with community supports.

Messages should include a clear next step, such as how a worker can inquire about services or how a provider, employer, or partner can make a referral.

Select Outreach Channels

Match outreach channels to the audiences you are trying to reach rather than relying on a single approach. RETAIN programs used combinations of partner communications, health care and employer networks, digital and traditional media, and community events to reach different populations.

Whenever possible, use existing communication channels and trusted organizations to extend the program's reach. Health care systems, employers, workforce organizations, community organizations, and other partners may already have established relationships and communication platforms that can reach potential participants.



Lessons from RETAIN

RETAIN programs adapted their outreach approaches to different populations and settings. Strategies included:

- ***Reaching workers before they needed services:*** *One program partnered with human resources departments to share information with state employees during benefits open enrollment, building awareness of RETAIN before workers experienced a need for the program.*
- ***Using trusted messengers:*** *One program recruited a well-known local sports announcer to produce statewide public service announcements to increase program awareness.*
- ***Adapting channels to geography:*** *One program combined television advertising with a hyperlocal social media platform to reach both rural and urban populations.*
- ***Meeting audiences where they were:*** *Programs participated in state fairs, job fairs, conferences, and other events where they could speak directly with potential participants and partners.*

Use data on referral sources, inquiries, and enrollment to determine which outreach approaches are reaching the intended audiences and adjust the strategy over time.

Engagement Plans

Ongoing engagement with health care providers, employers, workforce organizations, community organizations, and other partners helps maintain referral pathways and the relationships needed to support participants. Tailor engagement strategies to each audience and use existing relationships whenever possible.

Engagement may include regular communication and check-ins, designated points of contact, advisory groups, or other opportunities for partners to provide feedback and participate in program activities. Focus on approaches that make it easy for stakeholders to remain involved and understand their role in supporting SAW/RTW.



Lessons from RETAIN

RETAIN programs found that trusted relationships were particularly important when working with communities traditionally hesitant to engage with government programs. Rather than trying to establish new relationships directly, programs sometimes worked through community organizations and leaders that already had credibility with the populations they were trying to reach.

For example, two RETAIN programs established advisory groups with community leaders to help reach populations that had been difficult to engage. Other programs met directly with community leaders and organizations to better understand community needs and determine how the program could work through existing relationships. Programs also learned that building trust takes time and that some communities may initially prefer to engage through organizations they already know.

Recruiting Participants

Effective participant recruitment should create multiple pathways for identifying workers soon after a work-limiting injury or illness and connecting them with the program. RETAIN programs recruited participants through referrals, direct outreach, self-referral, trusted partners, and available data systems.

Consider the following recruitment pathways:

- **Health care and partner referrals:** Establish simple referral processes for health care providers, employers, workforce organizations, and community partners that may encounter workers who could benefit from SAW/RTW services.
- **Self-referral:** Allow workers who learn about the program through outreach or other sources to easily inquire about services or begin the enrollment process themselves.

- **Trusted messengers:** Engage health care providers, employers, community leaders, program participants, and other champions who can connect potentially eligible workers with the program.
- **Data-assisted identification:** When appropriate and permitted, use existing data sources to identify workers who may meet program eligibility criteria. Potential sources may include electronic medical records (EMRs), workers' compensation records, short-term disability records, or paid family and medical leave data.

Using Health Care Data for Early Identification

RETAIN programs found that EMRs could be particularly useful for identifying potential participants early. Some programs worked with health systems to automatically screen records for characteristics associated with program eligibility. Program staff then reviewed potential matches and contacted individuals who appeared likely to qualify.

Access to EMRs was easier when a health system was a core program partner. Programs without these relationships encountered greater administrative barriers to accessing and using health information. Programs that implemented automated EMR screening later experienced substantial increases in recruitment, illustrating the potential value of integrating participant identification into existing health care systems.

Streamlining Enrollment

Once a potential participant is identified, make it easy to determine eligibility and enroll. Unnecessary steps, difficult forms, or early requests for sensitive information can create barriers at precisely the point when the program is trying to connect workers with services quickly.

Consider the following practices:

- **Offer multiple enrollment pathways:** Allow participants to enroll or seek assistance online, by phone, or through other accessible methods.
- **Make the process easy to navigate:** Use clear instructions, accessible and mobile-friendly materials, language assistance, and a clear point of contact for questions.
- **Collect only necessary information:** Minimize requests for sensitive information and, when possible, wait until needed to collect it.
- **Explain how information will be used:** Tell participants why information is being collected, who may receive it, and how it will be protected.

Information sharing is particularly important in SAW/RTW programs because health care providers, employers, workforce organizations, and other partners may need to exchange information to coordinate services. Establish an informed consent process that clearly explains

what information may be shared and with whom, including whether and under what circumstances medical or functional information may be shared with an employer.

See the Appendix for more information on informed consent.

Engaging Health Care Providers and Employers

Health care providers and employers are essential to SAW/RTW programs and can also serve as important pathways for identifying and referring workers. Engaging them requires understanding their different roles, priorities, and potential barriers to participation.

Engaging Health Care Providers

Health care providers can identify and refer workers who may benefit from SAW/RTW services, provide treatment and information about functional abilities, and support participants as they stay at or return to work. Focus engagement efforts on providers and health systems that are likely to encounter the program's target population and make it easy for them to participate.

Consider the following strategies:

- **Target relevant providers:** Prioritize health systems, specialties, and geographic areas likely to serve workers who could benefit from the program.
- **Make referrals easy:** Establish clear eligibility criteria and simple referral processes that can be incorporated into existing clinical workflows when possible.
- **Minimize administrative burden:** Clearly define what is expected of providers and use RTW coordinators or other program staff to facilitate communication and documentation.
- **Demonstrate value to patients:** Explain how SAW/RTW services complement clinical care and can help patients maintain employment, income, and other benefits associated with work.
- **Build ongoing relationships:** Maintain communication with providers so they understand available services, referral processes, and how the program can support their patients.



Lessons from RETAIN

Health care providers were an important source of referrals to RETAIN. Programs engaged providers across specialties, including orthopedic surgeons, neurologists, physical therapists, and others who were likely to encounter patients with work-limiting conditions.

RETAIN programs also looked beyond immediate recruitment. One program partnered with local medical schools to incorporate SAW/RTW principles into medical education, helping build awareness of work-focused care among future health care providers.

Engaging Employers

Employers play a critical role in helping workers stay at or return to work by providing accommodations or job modifications, maintaining communication with workers, and supporting implementation of SAW/RTW plans. Employers may also refer workers to the program or provide employment opportunities for participants who cannot return to their previous jobs.

Tailor engagement to employers' business needs and concerns. Consider the following strategies:

- **Target relevant employers and industries:** Prioritize employers likely to employ the program's target population or industries where work-limiting injuries and illnesses are common.
- **Demonstrate the business value:** Emphasize how SAW/RTW strategies can support employee retention, workforce stability, and continued productivity.
- **Provide practical support:** Explain how the program and RTW coordinators can help employers navigate accommodations, job modifications, and the SAW/RTW process.
- **Address concerns and minimize burden:** Make participation straightforward and provide clear information about what the program does—and does not—require from employers.
- **Use trusted intermediaries:** Engage organizations that already have relationships with employers to introduce the program and build credibility.



Lessons from RETAIN

RETAIN programs worked through workforce boards and systems that already had relationships with employers. Programs also partnered with chambers of commerce and industry groups. These trusted intermediaries helped programs establish credibility and reach employers that may have been difficult to engage directly.

Conclusion: Outreach, Recruitment, and Engagement

Effective outreach, recruitment, and engagement create pathways for identifying workers early and connecting them with SAW/RTW services. RETAIN programs demonstrated the importance of tailoring strategies to different audiences, leveraging trusted partners and existing systems, reducing barriers to participation, and using data and feedback to improve these efforts over time.

Together with effective planning, service delivery, data use for program improvement, and staffing, these strategies provide a foundation for developing and sustaining a SAW/RTW program.

SECTION 6:
Conclusion

RETAIN demonstrated that effective SAW/RTW programs require more than a single service or intervention. They bring together health care providers, employers, workforce organizations, and other partners to identify participants early, coordinate individualized services, address barriers to employment, and help workers stay at or return to work.

The six key elements of RETAIN—**early intervention, health care provider training, RTW coordination, effective collaboration, worker retraining and rehabilitation, and accommodations and job modifications—**provide a framework for developing this coordinated approach. Programs can adapt how they implement these elements based on their populations, resources, partners, and existing systems.

The lessons and strategies in this playbook are intended to provide options rather than a single model for implementation. Use them to build on existing resources, test and refine approaches, and develop a SAW/RTW program that responds to the needs of the workers and communities you serve.

APPENDIX:

Resources

The resources linked in this section provide additional tools, context, and details for the information included in each section this playbook. The list includes resources created by the RETAIN initiative and resources from other organizations that are relevant and useful for building your own SAW/RTW program.

Section 1: Planning

- The Texas State Office of Risk Management RTW Program page discusses high-level goals and objectives for SAW/RTW programs.
- The Role of Goal Setting in Integrated Service Delivery on WorkforceGPS discusses goal-setting strategies.
- This SMART goals worksheet from Lake Superior State University in Michigan provides a template for mapping out goals.
- This policy brief by Third Sector outlines six lessons learned from workforce boards and other interest holders who are implementing sector strategies in rural U.S. communities. It provides tips and tools for anyone looking to build, maintain, or strengthen sector strategies in rural areas.
- This toolkit for creating and working with multidisciplinary teams on the topic of elder justice includes practical tools to evaluate partnerships, recruit partners, and hire a multidisciplinary team coordinator as well as advice about legal and ethical considerations around partnership.
- The Sector Strategies Framework Implementation Guide and Self-Assessment and Action Planning Tool (WorkforceGPS) can help you implement the Sector Strategies Framework, a collaborative approach to addressing and meeting the workforce needs of a critical industry within a regional labor market. It involves partnerships between multiple employers, workforce systems, and community organizations.
- This Sample Memorandum of Understanding (MOU) and Infrastructure Costs Toolkit (WorkforceGPS) serves as a guide to developing your own MOU, including your one-stop operating budget, Infrastructure Funding Agreement, and cost allocation methodologies.
- The Partnership Self-Assessment Tool, created by the University of Guelph in Canada, is a questionnaire that various partners can complete to examine the strengths and weakness of the partnership.
- The Center for Health Care Strategies created a guide for financing programs that integrate medical care and social services.
- The National Institutes of Health created a guide for developing a budget.
- The Government Finance Officers Association created a guide on the priority-driven budget process approach for governmental budgeting.

- This page from grants.gov discusses different types of grant programs available to organizations.
- This infographic from the city of Roanoke, Virgina, illustrates the PBB process.

Section 2: Service Delivery

- RTW Models and Strategies: Findings in Brief discusses different models for SAW/RTW programs and the evidence supporting those models.
- This comprehensive SAW/RTW toolkit from the Council of State Governments, developed through ODEP's State Exchange on Employment and Disability (SEED) initiative, offers strategies, policy frameworks, and best practices for implementing SAW/RTW programs. It includes sections on recruitment and enrollment as well as cost-benefit analyses and state-specific guides.
- This infographic shows different SAW/RTW strategy examples.
- The Job Accommodation Network (JAN) provides free, expert, and confidential guidance on workplace accommodations to employers as well as employees, job seekers, family members, and service providers. This resource outlines the criteria for distinguishing between essential and marginal functions and provides examples of reasonable accommodations.
- The Employer Assistance and Resource Network on Disability (EARN) developed a toolkit to support employer efforts to strengthen their workplace accommodation and accessibility policies.
- This Case Manager Interviewing Toolkit from Workforce GPS offers comprehensive resources for case managers, including best practices for conducting interviews, building rapport with clients, and effectively managing case files. It is designed to enhance the skills of workforce development professionals and improve client outcomes.
- The My Reemployment Plan template from Workforce GPS is an interactive job search guide that outlines proven steps to successful reemployment. It can be adapted to meet the specific needs of different states and regions, serving as a valuable resource for job seekers and workforce professionals.
- This video from the ADA National Network explains the concept of essential job functions. It provides guidance on how to determine which functions are essential and the legal implications under the ADA.
- This webpage provides detailed information on the Family and Medical Leave Act (FMLA), including employee eligibility, the types of leave covered, and the rights and responsibilities of both employers and employees.

- This article from the U.S. Chamber of Commerce explains the differences between short-term and long-term disability insurance, including coverage length, benefits, and qualifying conditions. It helps employees understand their options and the responsibilities of employers in providing disability coverage.
- This resource from the National Conference of State Legislatures provides an overview of state-specific family and medical leave laws, including paid family leave policies. It highlights the differences between state and federal regulations and offers guidance on compliance for employers.
- The Workplace Safety and Insurance Board (Canada) Sample SAW/RTW Plan Package includes templates and samples for developing a SAW/RTW plan. It provides a comprehensive guide for employers and employees to collaboratively create individualized plans that facilitate a safe and effective return to work.
- ODEP published How to Mitigate Risk Factors for Long-Term Musculoskeletal Work Disability as a tool for frontline professionals to use when interacting with those experiencing musculoskeletal pain.
- These case studies for successful cost-effective pilot intervention programs to prevent work disability after musculoskeletal injury discuss successful interventions.
- The American Medical Association provides guidance on designing skills training for CME credit.

Section 3: Data and Program Improvement

- This data governance toolkit from NetHope guides nonprofit organizations through the steps and best practices for implementing data governance. It includes template policies, roles, roadmaps, and KPIs.
- This data governance workbook from data.org provides nonprofits with key questions and areas to consider when developing a data governance framework. It is designed to help organizations practice safe, ethical, and responsible data governance.
- This RETAIN practice brief provides an in-depth look at CQI, including processes, activities, and the identification of the root causes of problems.
- RETAIN Resource: Continuous Quality Improvement Strategies provides an in-depth look at different CQI processes including Six Sigma, Process Maps, the Plan-Do-Study-Act (PDSA) Model, and the Lean Management Approach.
- This resource from the Administration for Children and Families (ACF) offers a self-assessment tool to help organizations understand their CQI processes and identify areas for improvement. It includes factors that support strong CQI practices, such as improving mindset, program monitoring, and feedback management.
- This tip sheet from ACF provides practical steps for using CQI principles to navigate change and complexity. It includes a CQI plan template to help document and track CQI efforts.

- The Agency for Healthcare Research and Quality has a resource that outlines the PDSA cycle in the context of health care.
- The Institute for Healthcare Improvement has a PDSA Worksheet to help you document a test of change.
- The Environmental Protection Agency has a guide to help government programs implement the Lean Six Sigma framework.
- The International Society of Six Sigma Professionals offered a webinar about the Lean Six Sigma framework.
- This article published in *Productivity in Review* in 1995 discusses lessons learned from total quality management in business and government.
- The U.S. Department of Health and Human Services has a guide on developing effective program improvement strategies.
- This resource from ACF provides insights into building CQI capacity using collaborative learning methods. It emphasizes the importance of integrating CQI into daily work habits and developing CQI leaders.
- The National Institute of Standards and Technology (NIST) created a Risk Management Framework to help programs assess and manage risks.
- This worksheet from the U.S. Department of State can help you analyze the risks to your program.
- The Project Management Institute published a practical risk management approach, which includes tools and techniques for developing risk evaluation criteria, holding risk identification sessions, evaluating risks, applying risk response strategies, and monitoring risk response plan execution.
- This Guide to Conducting State Pilot Programs to Improve SAW/RTW Outcomes in Occupational Health provides a guide for policymakers and state administrators on how to put a pilot SAW/RTW program in place.
- This guide developed by the World Health Organization contains 12 recommendations on how to design pilot projects with scaling up in mind as well as a checklist that provides a quick overview of the scalability of a project that is being planned, proposed, and implemented.

Section 4: Staffing

- The Office of Disability Employment Policy published a Synthesis of SAW/RTW Programs, Models, Efforts, and Definitions that discusses models for SAW/RTW programs that existed in 2020.
- A qualitative study conducted in 2016 looked at managers' and RTW coordinators' views on the strengths and tensions in implementing SAW/RTW programs.

- The University of Kansas developed a Community Toolbox to support organizations with community development efforts. This resource includes a section titled Organizational Structure: An Overview that describes what organizational structure is and why and when you should develop it.
- The YouthBuild program has a Staffing and Staff Roles Resource Collection with links to resources on staffing various positions, such as case managers and program directors.
- The YouthBuild Program Design/Management: Required Core Staff and Occupational Training Staff resource page lists core program staff roles and links to supplemental technical assistance by role.
- This study by Dr. Glenn Pransky and colleagues discusses the development and validation of competencies for RTW coordinators.
- The Case Manager Interviewing Toolkit (WorkforceGPS) provides resources, tools, and guidelines for conducting interviews that support goals and remove barriers to these goals.
- The Interviewing Strategies for Effective Case Management Webinar (WorkforceGPS) discusses interviewing techniques for case managers.
- Resources on Trauma and Trauma-Informed Care (WorkforceGPS) provides several resources to help RTW coordinators provide better care.
- The Job Accommodation Network provides information and resources regarding workplace accommodation for various health conditions and disabilities.
- The U.S. Office of Personnel Management has resources for training and development of government personnel.
- This slideshow from WorkforceGPS is a how-to guide on the elements of customer-focused case management and the role of the case manager. The information will help staff motivate the customer, build rapport, and understand the difference between helping and empowering.
- This sample training plan documentation (WorkforceGPS) provides resources for planning and implementing on-the-job training plans.
- The U.S. Army Research Institute for the Behavioral and Social Sciences has an Active Listening Learning Resource designed to help people improve their ability to communicate effectively.
- The American Society for Public Administration posted this article on effective internal communications strategies.

Section 5: Outreach and Engagement

- RETAIN's Strategic Communications Plan Guide and Template provide step-by-step guidance for developing a strategic communications plan.
- Section508.gov has many resources to help you ensure your outreach materials are accessible.

- The webinar "Elevate Your Outreach!" on WorkforceGPS highlights proven strategies and promising practices to increase customer outreach and expand engagement with the business community.
- These outreach and recruitment resources from the H1-B Workforce Grant program can help you identify, utilize, and evaluate outreach and recruitment strategies to attract and effectively serve people in your program.
- This paper published by DOI.org discusses audience segmentation techniques for health communications.
- This article from the Centers for Disease Control and Prevention (CDC) discusses communications channels for health messaging.
- This training from the Next Level Now Collaborative provides information for using social media platforms in your outreach and communications strategies.
- This blog post from WorkforceGPS provides strategies for recruiting a large pool of eligible participants and selecting the most committed individuals.
- This webpage from the CDC and this webpage from the U.S. Department of Health and Human Services (HHS) provide detailed information on informed consent and related FAQs.

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