

The Vermont RETAIN project includes infrastructure and project development activities, a Phase 1 pilot demonstration project, and Phase 2 planning. The Vermont RETAIN project proposal is best understood in the demographic and socioeconomic context of our state. Vermont is the sixth smallest state in area and the second least populous state in the U.S (total population 623,657 and area 9,616 mi<sup>2</sup>). Yet Vermont has one of the highest rates of work disability among working-age adults; the most common reasons for work disability are mental health disorders (46%) followed by musculoskeletal disorders (25%). Vermont has strong local and state-level commitment with a population health focus among our healthcare organizations to support a healthy and productive workforce. On the other hand, Vermont has a limited occupational medicine workforce with few board-certified Occupational and Environmental Medicine physicians in active clinical practice. The majority of early injury and illness care occurs in the primary care setting by health care providers (HCP) who treat both work-related and non-work-related injuries and illnesses (WRII and NWRII) with little or no training in SAW/RTW practices. In the workers' compensation arena, Vermont has multiple independent insurers in a voluntary marketplace with no utilization review system or regulated use of guideline-based care. While experts have defined best SAW/RTW practices for workers with WRII and N-WRII, particularly musculoskeletal injury and illness, it is not known how widely stakeholders in Vermont are aware of these best practices and the extent to which these best practices are being utilized across the state. Moreover, SAW/RTW strategies for non-musculoskeletal injuries and illness and the reasons for high rates of work disability in Vermont remain to be fully elucidated.

Thus, achieving the long-term RETAIN goals of increasing employment retention and reducing long-term work disability in Vermont will require five critical foundational steps: (1) building project and program infrastructure, (2) implementing a work disability prevention program to test

the impact of early SAW/RTW interventions developed in a monopolistic state system, (3) conducting a comprehensive assessment of current SAW/RTW programs, resources, and services, (4) conducting an assessment of barriers to employment due to musculoskeletal and non-musculoskeletal WRII and N-WRII, and (5) strategic planning for Phase 2.

Once robust planning, coordination, communication, data, and education infrastructure has been developed as detailed in the Phase 1 Work Plan, we will have the necessary foundation to launch our Phase 1 demonstration project. This project will create and test a work disability prevention program through the creation of a Vermont Workability Resource Center and Services (VT WRCS). VT WRCS will function as the Vermont corollary of the COHE. The Vermont RETAIN Leadership Team will function as the initial staff for VT WRCS. The target population of the VT WRC demonstration project will be workers with musculoskeletal WRII who are employed or in the labor force at the time of participation in the program and are not applying for or receiving federal disability benefits. We chose this population because workers who sustain WRII typically face more difficulty staying employed after injury or illness than their N-WRII counterparts. To recruit members of this target population, we will work with our partner healthcare system, OneCare, to identify HCP who see a large volume of musculoskeletal WRII. We conservatively estimate recruiting 120 workers with musculoskeletal WRII from over 100 participating HCP. The key services to be delivered through VT WRC in the Phase 1 project will be (1) training HCP, employers, employees, and RTW specialists in best SAW/RTW practices, (2) providing RTW coordination services for workers at risk for work disability, (3) enhancing stakeholder communication to support SAW/RTW, and (4) involving vocational retraining and rehabilitation services if needed. In addition to OneCare, Vermont RETAIN partners include Vermont's Workforce Development Board, Division of Vocational Rehabilitation, Division of Disability

Services, Department of Health, the Governor's Office, and the Chamber of Commerce. Our organization chart, Theory of Change diagram, and Project Logic Model describe the structure of the program and how RETAIN activities support program goals and outcomes. Data will be collected during each of these Phase 1 steps in accordance with Appendix D of the FOA. The overall goal of the demonstration project is to create effective tools for developing a knowledgeable employer, employee, and HCP base and to design a core set of validated interventions available through VT WRC to reduce time Vermonters are out of work for medical reasons and decrease the number of Vermonters at risk for work disability.

To effectively expand and disseminate VT WRC services throughout Vermont, we propose four main Phase 2 planning activities: (1) performing a comprehensive inventory of RTW services and programs in the state, (2) characterizing factors influencing work disability from WRII and NWRII in Vermont, (3) convening an expert panel to develop guideline-based WRII care, and (4) developing improved functional recovery and work rehabilitation services in Vermont. We anticipate that at the end of these Phase 2 planning activities, we will have (1) identified gaps in RTW services, (2) revealed unmet needs for preventing work disability, (3) laid the groundwork for a reimbursement system that rewards HCP for using evidence-based SAW/RTW treatment guidelines and best practices, and (4) created an integrated infrastructure for work rehabilitation and functional recovery and services in Vermont. This will position the VT RETAIN team to be able to expand VT WRCS services strategically throughout the state based on our inventory and needs assessment data. Because we are positioned to influence SAW/RTW outcomes for the entire working population of Vermont, thoughtful and comprehensive foundational work will be critical to a successful Vermont RETAIN initiative. To this end, we are requesting \$2,295,876 in funding for the initial 18-month Phase 1 performance period.