JB: Hello everyone, and thank you for joining today's webinar, “Using the Online Work Readiness Assessment Tool to Address Significant Barriers to Employment.” I am James Butler with the Office of Family Assistance, and I serve as one of three program specialists in the self-sufficiency branch under the leadership of our branch chief, Lisa Washington Thomas, and I will be facilitating today's webinar.

We are delighted to have a team of expert presenters for you today. But before we get started, I'd like to give a quick review on how to use GoToWebinar. In your upper-right corner of your screen is the control panel. You can minimize or enlarge the control panel by clicking on the orange arrow. By expanding the control panel, you can scroll to the bottom to type any questions you may have and provide responses to our polling questions.

Please enter your questions throughout the webinar and indicate which speaker you'd like to address to respond to your question. We will be monitoring your questions throughout the webinar and address them during the Q&A session. At the end of the webinar, we will also share the OWRA website URL so that you can later access the transcript and audio recording for today's webinar, as well as useful resources about OWRA.

As mentioned, we will launch several polls throughout the presentation, which you can respond to by clicking on the radio button next to your preferred response. And we will leave each poll question open for approximately 30 questions--I'm sorry--30 seconds for you to respond.

Today's webinar explores how organizations use OWRA tool to successfully support customers experiencing significant barriers to employment by connecting them to a variety of resources and services, as well as employment and training opportunities that are tailored to the unique needs of the individual.

By sharing those strategies and lessons learned, other programs can gain insight into how to more effectively serve customers facing significant barriers to employment and lead them toward a level of self-sufficiency.

During today's webinar, it's our hope that you will understand the correlations between living in poverty and the significant barriers to employment, identify research-informed approaches that reduce risks of significant barriers and address existing barriers. Consider the OWRA tool, we hope, and we think you will, as a vital component of a comprehensive employment-focused service delivery approach; and explore some real-world examples for addressing significant employment barriers and improving employment outcomes.

As mentioned, we are delighted to have a variety of presenters who will guide us through our discussion today. And I'd like to tell you a little bit about each of them before they present.

Pamela Loprest is a labor economist and senior fellow at the Urban Institute. Her research focuses on policies to enhance the economic well-being of disadvantaged persons through work, including removing barriers to work, improving skills, and provision of work support benefits.

Her work includes research on policies and programs to address barriers to work among low-wage workers, current and former welfare recipients, and adults with disabilities; analyzing labor demand for low-wage workers; understanding how welfare-to-work programs are addressing the needs of people with disabilities, the employment prospects of former welfare recipients, and the needs of youth with disabilities.

Tamitha Davis currently serves as deputy administrator with the Department of Human Services. She leads the division of customer workforce employment and training. Her experience includes workforce development, career coaching and training, business development, program development, project management, child welfare, and community engagement. And she has also worked with the children and families in the District of Columbia for over 25 years.

Along with her will be Agnes Venson, who is a licensed professional counselor with over 25 years' experience in management, providing therapy and treatment for sex offenders, persons with substance use and behavioral health disorders, planning, problem-solving crises, interventions, clinical assessments, and developing programs.

She currently serves as the supervisory vocational development specialist with the D.C. Department of Human Services, and manages a staff that uses a family-centered coaching approach to provide individualized guidance to TANF customers.

Erica Nelson is a policy analyst at the Council of State Governments Justice Center. She oversees initiatives focused on improving collaborations between corrections and workforce systems, and provides training and technical assistance to federal grant programs on evidence-based and best practices in corrections and workforce development arenas.

Chantell Jewell builds strategic partnerships, leveraging employment resources for justice-involved individuals while overseeing programs integrating re-entry and employment strategies. Previously, Ms. Jewell worked for the Wisconsin Department of Corrections, assisting with policy development in the areas of homeless, sex offenders, evidence-based responses to violations, and crime victim protocols. So we will go ahead and start the presentations off with Pamela Loprest. Pamela, you have the floor.

PL: Thank you so much for that overview. So today, I'm going to give a background, an overview of challenges to work and poverty for individuals that may be served or assessed with the Online Work Readiness Assessment. I'm going to--there's a lot of research to talk about in terms of both what are the barriers, how they're related to work and poverty, and then what are the evaluations of successful intervention.

So I'm going to go kind of quickly, but I know we can have questions at the end. So here is just an overview of the facts about personal challenges, poverty and work, and there's a large literature on each of these facts. But just so you know.

People in poverty with low incomes have higher rates of many personal challenges that make work more difficult than higher-income individuals. And I'll tell you a little bit about which--what I mean by personal challenges on the next slide.

These personal challenges make finding and maintaining work more difficult, and they--we have research to show that it does reduce the probability of work. Poverty itself increases the likelihood of some of these personal challenges. So being in poverty itself leads to an increase in challenges.

Less work, of course, increases the likelihood of being in poverty, which then can cycle to a creation of challenges. So you'll see that it's a multidimensional integrated problem. And then poverty is strongly intergenerational. So it's not just with adults that there's a circle, but the children born into poverty have a high chance of staying in poverty, which is something to be concerned.

This is just my limited, very poor visual, but trying to show that these three things relate. Poverty, challenges to work, less work, poverty. And that child poverty leading to adult poverty is all part of it. Next slide.

Some of the challenges to employment among low-income individuals that have been researched and looked at in terms of high prevalence among low-income families and individuals, as well as related to lower probability of work, include low education levels, low functional literacy beyond the highest grade that someone's attained, having small children, poor health, and disability, mental health problems and mental illness, having children who have chronic health issues and disability.

We could include they are taking care of elderly people that have that. There's less research on that, but that is a part of the issue. Substance use and addiction, experience of domestic violence, either now or in the past, and involvement with the criminal justice system or a record of involvement with the criminal justice system. These are some of the challenges that we're talking about.

Just a little bit on prevalence. It varies a lot from studies and depending on what population you're looking at. These are figures taken from TANF populations. That's a high level of individuals without even a high school degree, with a child on SSI, which is having a high--a serious disability, themselves having work-limiting health conditions or having emotional mental health problems.

There's a large literature for each of those challenges that could give us more details, too. And then it is true that studies show that having those challenges is associated with a lower probability of work, and then a lower number of hours of work if you're working. Also it's higher probability of losing work.

The challenges that make it difficult to find work, you know, just having low education, having a criminal background. Challenges that make it difficult to maintain work. You know, these are all the same things that we were just talking about. And research shows that the greater number of challenges, the lower the likelihood of work.

So it is important to do that comprehensive look. Assessments that just look at one challenge may miss this fact that two individuals with the same challenge may have different needs because of this consolation of other challenges, and those with multiple challenges have a harder time working. Next slide.

So this is just to show--to talk about that poverty and personal challenges are multidirectional. The risk factors that lead to some individuals having these challenges we've talked about are more prevalent in poor families and in geographic areas with lower socioeconomic populations than others. So they're--the poverty of an area can lead to challenges that then leads to low work that then leads to poverty, and it's a circle.

And then I just draw your attention to the last two things on this list, which there's a lot of research that's been going on recently, about the stress of being poor and being in poverty and the chronic--the effect of that chronic stress on infants, pregnant women and infants and children, as well as the effects of stress on the health of adults.

And then this area of research called the effect of scarcity on decision-making, which suggests that people in poverty and with a lot of immediate challenges due to poverty may have--it may affect their decision-making so that they make choices in certain ways that are different than individuals who are not in poverty. So both of those things show how poverty can affect--challenges can affect work, then can increase poverty. Next.

And then, I'm not going to read all this slide, but it's true that persistently poor children are more likely to be poor adults. I think this is common. We know this in common sense in being in the field, but research backs it up that there is a persistence, multi-generationally, of poor children becoming poor adults. Just another reason to be able to think about this and break this cycle.

So some of the approaches that have--programs have used and the evaluation of them to reduce challenges and address challenges and promote work. Next.

So I kind of talk about four different kind of approaches that are particularly focused on individuals with the challenges we've talked about. There's a much broader sense of approaches, right, that are trying to improve peoples' skill levels, especially for those with low basic skills, to increase their education levels. I'm not talking about that here but, of course, those are important as well.

These models explicitly take into account that individuals have other personal challenges as well. These approaches fall into some kind of treatment that's access and paired with trying to help people find and maintain work, coaching, which is trying to comprehensively look at people increase employment.

Some other models that are focused on individuals’ challenges, and then transitional employment models that are targeting on providing people with work experience but taking into account peoples' challenges. So I'll talk a little bit about each of these quickly.

So treatment-based programs in case management address--these are usually focused on people who have physical health challenges, mental health challenges, substance abuse challenges. Those have been the sets of different approaches that have worked. I talk about a couple here that have been with TANF recipients, looking at those who have substance abuse.

There's many, many evaluations of substance abuse programs themselves. These try to couple that kind of a treatment approach with employment services. One of these--all of these have had some success in alleviating the challenge and in decreasing substance abuse use, and there's some others who have increased treatment access, both for people with mental health problems and substance abuse.

But they have been less successful in also improving employment, even though that was one of their focuses. I think, you know, there is issues with how long the interventions are and how long we follow them. But there is promising, I think, results here to pairing some of these treatment-type approaches with employment-type approaches. Next.

So the next approach is--call it broadly here “coaching.” It goes under a bunch of different names and there's a lot of focus on evaluating and looking at these strategies now. And really there's some multiple definitions, but some of the key parts of these approaches are that it generally involves a one-on-one, a little bit longer-term relationship than maybe a typical case manager might have. Little more intensive.

The approach incorporates working with the individual to set specific attainable goals. The participant is very involved. It's not put on them. It usually looks at multiple life domains, not just employment, and tries to understand a little more holistically both the challenges but also the goals. And participant-driven, very involved.

Often, the individuals who are providing get specific training if they're called coaches or navigators, whatever, but maybe more than case management and some other programs.

It can include this approach called motivational interviewing. Special training around that, which is a way of trying to get to this goal-setting. And then it may have a focus on self-regulation, which is the current brain studies around how individuals are able to set goals and make progress towards them, and understanding and using the work that's been done on that--in that area in neurology and brain science to bring to program development and structures.

ACF has a project called the Goals Project that reviews a lot of these strategies, and it's a great report to look at and see what are some of the pieces of these coaching models. They differ in intensity. Often, though, it is part of the model to have fewer participants to coaches, right?

So it can be a more expensive intensive because of that and [unintelligible] longer term. There's currently--ACF is doing an evaluation of some of these coaching-focused interventions. But there is some promising practices out there. I think I have them in the next slide.

So these are three examples that are out there that are currently being evaluated or have been evaluated. The executive skills coaching model. So this includes this assessment, and often these have some kind of comprehensive assessments that go across people's lives about what's happening across different parts of their life.

This includes a specific assessment on executive skills, the ability to be able to form plans and carry them out and do those kind of skills that are necessary to be able to meet goals. Helps people set goals, includes environmental modifications, both for the program and for the person to make the goals be able to be achieved and provide some incentives.

This was implemented as a pilot and looks promising and is currently being evaluated in several places. Mobility Mentoring is a program in Boston that has also been doing a coaching model based on brain science that includes these kind of--these set pieces as well.

It has some promising outcomes. Data hasn’t been rigorously evaluated yet, but it is--it looks promising. And then Building Nebraska Families is an older program. It no longer exists, but it was part of the “hard to employ” evaluation and had very promising results.

It was a home-visiting model and it was called Life Skills Program, but it had trained individuals who went out to families and looked at multiple domains for their children and for themselves and tried to work with them on the life skills in addition to employment. It had very positive impacts on earnings for those individuals who were deemed in the--in that model as very hard to employ.

So, some other models that have--that are focused on people with challenges. The individual placement and support model focused on individuals with serious mental illness was the main initial way where this was developed. It's been highly evaluated in that population and very, very successful.

It's been used in one TANF pilot, which was promising, but was small and so didn’t have significant impacts.

But it is really using a rapid placement model, putting people into private-sector jobs but with a scaffolding of a team around them to help them--coach them to maintain the job and to deal with other challenges that come up. So it's a more intensive model of kind of some of the retention supports that have been out there, but focused on people who have certain challenges.

Jobs Plus is also within public housing, intensive based services that are place based, for people who live in public housing and trying to provide a comprehensive set of services. And this has also been shown to have positive employment and earnings.

Both of these two involve both assessments to get at the holistic set of problems that people might have that are limiting their ability to work and to think about services that might be necessary.

Transitional Subsidized Jobs is the last one, which is a specific approach to provide people temporary, often subsidized jobs. Again, like IPS, it's the idea of getting people into work and then working with them on challenges that they have and providing additional services.

One example of a successful program with this, at least initially, people were four days on the job and one day receiving intensive services of other types. These--there's a lot of evaluations ongoing from ACF and from the Department of Labor on these. So far, most of these programs have shown increases in employment as the people are working. But the results have faded over time, so there's still--the jury's still out, kind of, on those programs.

But the conclusions, overall, I'd say, from all this research to take away is that, you know, poverty, work challenges, and low work are interconnected, and we need to address the work challenges to try and break that interconnectedness.

People with multiple challenges are more likely to--or have lower probability of work. Of course, I've just lost my screen. Isn't that wonderful? Let me try and get it back here. See if I can remember in my head. Hold on. I'm very sorry that my screen has just died. Is that unbelievable? So--oh. Here. It came back. Okay.

So because people with multiple challenges have a harder time finding work, it speaks to the appropriateness of comprehensive assessments to understand. There are multiple approaches that address work challenges and that include employment, and that's important and that some of them have shown some promise.

Assessments can be used not only once people are in the programs to figure out the services, but also to figure out what kind of a program. So understanding that people have substance abuse issues to be able to connect them to a substance abuse program that has some comprehensive services within it.

I'd just add here at the end that a lesson--a lot of research on creating assessments after TANF was first implemented. And I think one of the lessons we had from that period was that just assessing doesn’t really necessarily help if there's nothing to come after it. And, in fact, if it gets people’s hopes up that something might be coming and there isn’t anything, it can have kind of this negative or feeling effect on the participant, so that--we need to have assessments that are paired with services and programs that help to address the challenges.

Sometimes, of course, the capacity in the area for services programs is limited, so I think that's something to think about in connection with the types of assessments that are done. So I'll stop there. Thank you. I will be on later when we go to questions.

JB: Thank you so much, Pamela. And as promised, you will see now your first polling question before you. And we will have Christina Techico from ICF guide you through the polling question.

CT: Thank you, James. So yes. Please feel free to click the radio button that's most applicable for you. We'll leave enough time for people to vote, and I will summarize the results. All right. So as we can see, people have indicated--it was like a--almost a three-way tie between substance use disorder, mental illness, and criminal background. I will turn this back over to James.

JB: Thank you. Okay. So we'll now turn it over to the D.C. Department of Human Services, so that they can share how they use OWRA to identify and address significant barriers to employment among their TANF families. Tamitha?

TD: Yes. Good afternoon, everyone. My name is Tamitha Davis, and I will be speaking with you today about the DHS's approach to harnessing the power of assessment. And I also have with me Agnes Venson, and she's one of our vendors, who will talk about the services that families receive once they've completed the assessment and how the assessment is utilized in the overall service delivery, which I think really feeds off of Pam's note earlier about assessments aren’t really viable unless there's a means to an end. So next slide, please.

So in 2011, D.C. made a decision to really revamp our TANF program. Unlike most jurisdictions, D.C. had not implemented a timeline. In addition, we wanted to move away from an open contract vendor process and to really have more of a performance-based process for our contractors in providing service to our families.

So recognizing that we needed to be very intentional in our approach with engaging and matching customers, we knew that in servicing individuals and families, case managers and coaches make very key decisions that impact customers’ overall success in service delivery. And as the PowerPoint indicates, the work or the role of the caseworker can really influence many components of a family's success, path to success. Next slide, please.

So with that in mind, we recognize that in order to support the family, we make--we have the assumption that caseworkers, we're skilled at our jobs, we understand our customers, we have the appropriate expertise, qualifications, we are experienced, we're doing--we've been doing it for a long time, et cetera.

But we also know that if we rely solely on that, that the outcome or the impact on a family could be very subjective, and we did not want that. So, questions that we asked ourselves before deciding on utilizing the OWRA assessment tool were four.

What is it that we want to assess? What do we want to do with the information that's obtained from the assessment? What tool is right for us to use and why? And how would we execute the tool?

So we were very intentional. We had a team to come together over a series of months to really kind of dig through these layers of questions. And we decided to use the OWRA, but we also noted that we needed to customize it based on the needs and kind of the service-delivery models and the principles that we held here in the District of Columbia.

So in reference to kind of like the--next slide--okay. The history of D.C.'s assessment tool. So our business process moved from a one-size-fits-all. So, you know, a customer can go to any vendor that we paid for. They can switch. I mean, so it was very just a cookie-cutter approach, and we really wanted to move away from that.

We wanted to be very intentional on our referrals based on a customer's needs, strengths, and successes. And we wanted to have it very person-centered. The other thing, as we were developing our TANF redesign, we recognized that we were going to operate in what we call four quadrants. That if we were to kind of categorize where our customers fail, we came up with four quadrants.

One was the education occupational training. Basically, a customer who may have low work experience, low education, and so they needed that extra educational support, workforce development support. And if they received that, then they would be ready to go into the market--job market.

The other category or quadrant was job placement. This was for our customers who had high education, high work experience, but just needed direction, support to make that connection with an employer. But we also recognized that, again, kind of reiterating Pam's discussion about challenges to employment and also from the polling question, some customers were coming to us with multitude of barriers. So we recognized that we also had to plan according to that.

So we had one quadrant that was really geared toward assessing or working with those customers who would be assessed that had significant barriers that would prevent them from looking at educational training or even at a job market. And if we could address those barriers, then they would be at a better place to be more successful with finding employment.

So we had a quadrant that addressed that. Then we also had another quadrant that would work with families who, regardless of the additional support, they--because of their disabilities, they may not be successful in our kind of employment service model, and we wanted to ensure that they received those individual needs. So we wanted an assessment tool that would help us incorporate our kind of redesign method. Next slide, please.

So with our initial TANF redesign, we identified supports for customers and their families that may present as barriers to employment and education attainment. So, day care, transportation. Not just transportation, but incentives. We also recognize that individual head of household is not an island, so we really needed to be prepared to provide support for their household members.

So in creating and customizing the OWRA, we knew we wanted those elements in the tool. What our customization that we did back in 2012 does not do or does not assess is child's--individual child's development. It does not assess customer's literacy and numeracy skills, and it's no skill attainment. So all of the information that we received to complete the assessment is solely self-report by the customer. Next slide, please.

So, another thing that was very important to us, and just based on where we were going as a city, was having a very interagency collaboration in providing services for our residents. So it was important to us that as we--as our assessment tool identified a need or a barrier for a customer that is--that would be met by another city agency, that the degree of which the benchmark to receive that service from that agency was met.

Because what we did not want is we did not want to refer a family to, let's say, DBH, which is our mental health and substance abuse entity, and they didn’t meet the--and they did not meet the benchmarks to receive that service.

So with our customization, we included partners, our partners from our sister agencies, in helping us developing the questions. So as the tool, because it is a weighted tool that, based on how the questions are answered, will produce a recommendation, that we wanted to include the questions that are stemmed from that service, from that sister agency.

So we're using very specific questions that the child welfare agency uses when they're assessing the need for intervention. We're using very specific questions that is needed to receive behavior health services, domestic violence. So all of that was incorporated into our customization of our OWRA tool.

And this slide--I'm sorry. The slide that was previously up, this showed what service delivery we connected to the various sister agencies. And we also, within our own agency--because we provide TANF and eligibility benefits. But we also--we are--DHS is also the city's agency that addresses our homeless services needs. So all of that is covered there. Okay. Next slide, please.

So, what do we--how do we use the assessment tool now? So, we currently use the assessment because we've made it through regulations, and city council and the mayor agreed with this, that it’s part of our TANF application process. So before a customer or a resident can be approved for TANF, they have to complete the assessment.

The other way that we use the assessment is for--to have immediate connection to critical services, as those outlined in the previous slide. So, if a customer is already in our TANF continuum but they're experiencing a challenge, a behavioral health challenge, we will then do what we call a reversion.

So they will come in and we will address that area of the assessment, so we can get them directly connected to that service. Also, it helps us to identify the work readiness status where customers are, what their education attainment is, what their training experience or history and what their job experience has been.

And last but not least, it also really influences the initial goal-planning stage. Once a customer completes the what we call the TCA, TANF comprehensive assessment, once they complete that, with the worker, they are given, at a very high level, next steps of goal planning based on the recommendations from the tool, that they then will kind of guide them as we connect them to their--to the next stage of the continuum, which is the service delivery. Next slide, please.

So, we've been doing--using the TCA since 2012. So, we're constantly evaluating, okay, is it working? How is it working? You know, what are our lessons learned? So, these are just a few of the lessons learned, is that we have yet to really determine the right fit as far as the frequency.

So, we definitely mandate that it happens at the front door of receiving TANF benefits, and we mandate that it happens when a customer is re-engaging. But outside of that, there's no kind of structured predetermined frequency.

We also recognize our lesson learned before we--that, again, the assessment is self-report, and it's happening based on where the customer is at that moment in time. So if a referral from that assessment doesn’t happen sooner than later, things could have changed. So there has to be a significant short enough time between when the assessment is completed to when the customer is connected to the next step service provider.

We also kind of use the TCA to help us understand our programming, where there may be gaps, where we're seeing, you know, trends that we anticipate. So it really helps with our program development. And are we still assessing the right thing? And one of the areas that we identify that, with our domestic violence, just because how society has changed since 2012, how the domestic violence kind of arena with language and expansion, to not just male-female partners but, you know, just that whole scheme, really making sure that the questions are relevant to how the discussion is happening today. Next screen, please.

Other lessons learned is recognizing that information, as I stated earlier, is really based on customer self-report. So it really recognizes where the customer falls, and understanding, wanting to share and their perspective. So looking at the different theories, the executive decision theory, the client centered perspective, and the self-determination theory, recognizing the impact of caseworker skills, communication theory, motivational interviewing, recognizing that personal information is being asked or really understanding the importance and the skillset of our workers and with the engagement therapy, the solution focus therapy and the strength-based therapy.

And also recognizing that--the assessment that we have developed is relatively long, about 90 minutes. So what impact does that have on the momentum and the conversation, and how the customer is receiving it at that point in time? Next slide, please.

So as I indicated, you know, our TANF started--our redesign with TANF started in 2011, so we have yet--we're in the midst of actually redoing our TANF redesign 2.0. So from lessons learned, we moved from just having a job placement service provider and work readiness placement service provider, to recognizing, especially here in D.C. with our workforce, that some of our customers, we really need to put a stronger emphasis on education and occupational training.

So we added that component to our program, and really looking at the--what we call the high-impact employment element of our city, as far as where jobs are. And not just jobs, but jobs where families can really be self-sufficient or self--to support themselves, and kind of exit off of TANF. Next slide, please.

So unexploited potential. So there are still some areas that we're still trying to figure out. Again, as I mentioned earlier, the frequency of how we administer the assessment, improving the platform. Because right now, our tool is kind of a--it's outdated. It's very, like, solid, and we are looking at expanding a platform that we can add additional assessments based on the individual need of the customer, to go--to do a deeper dive.

And I think Agnes is going to kind of talk about some additional assessments her team uses with families once they are engaged with them. The other thing that we're looking at is also just how can we incorporate technology into this? What's the pros and cons of an app? You know, having a customer utilize an app to complete information versus a face-to-face. So just really looking at those kind of avenues. Next slide, please.

So next steps for DHS. So where we are, as additional assessments, we recognize that there is some assessments we have to do a deeper dive with, specifically career, financial, child well-being, motivation, trauma, adult education. We're also want to be able to compare customer’s change over time and really determine kind of where there's movement; or if there's no movement, why there isn’t. And also kind of get a customer's perspective of their family's well-being and educational gain.

The other thing is, within our city, because we have the framework of no wrong-door entry. So if a customer goes to another agency but are in need of a service that our agency provides, that there is an immediate connection. So we are looking at creating some type of universal assessment tool with our sister agency, so we're not having the family to retell their story.

And then also looking at just data-sharing elements and how that can, again, maximize the overall service delivery and timeliness for our families to receive. Next slide, please.

So what happens next? What--after the assessment is done, after the high-level recommendations are discussed and shared and, you know, talked with a customer, what happens with that? And we also--what happens with that, not just from the head of household perspective every--who receives TANF, but their overall family. So we're really emphasizing a two-generational approach, and the slide kind of outlines the kind of high-level categories of how we're looking at the two-generational approach. So I'm going to turn it over to Agnes now.

AV: Good afternoon, everyone, and I will be talking about the target mobility coaching team that we have here. And we use the assessment all the time. It's a vital part of the process of the targeted mobility coaching team. So I was delighted to hear Pamela talk about coaching, because it's truly the right way to go with our customers at this time.

So the targeted mobility coaching, it empowers the customer to change their situation by building skills and behaviors through peer mentorship, which we try to obtain--customers would like situations together in small groups, kind of. And modeling, which is individualized targeted comprehensive coaching.

And so this process, it starts with the customer self-identifying their needs, and we then work to develop a plan. So as we go to the next slide, we're going to talk about how the OWRA, which now in this day, we call it the TANF comprehensive assessment work. And as you see on this slide, there is many targeted moving parts, and I'm only going to touch on three of these and how we use the TCA, which is the TANF comprehensive assessment. You may hear me say that.

Starting with the workforce development at the bottom left. The workforce development, we use the TCA to discuss the reasons why a person is not working if they're not. Could the reason be being laid off? They did not pass the drug screen, or was the wages too low? So we use that part of the assessment to target that. And this is the main focus of the targeted mobility coaching team, the education and the occupational training, and hopefully job placement.

We use this part of the TCA also to talk about the job history. What's your job history? So we know where to send them and how to help them train, and what their career interest is so we can build a career pathway. Next, right above that is barrier remediation. We use the TCA to help us identify the barriers in the customer's lives, be it legal, health, substance abuse, mental health.

So this helps us to further develop plans. And for us, if the barriers are too severe, we have another team called our Bridges team, which they are transferred to them and they will help address the barriers so they can get--help get them ready for their training and for the education to become self--become employed. So the TCA plays a big part with the barrier mediation for us in developing plans.

The last part of the targeted movement parts I'm going to talk about is the family planning. The TCA helps us with the family planning. It's a part in there that speaks to the child well-being, so we get to target in on the children if they have specific needs, behavior issues, disabilities. And from that, we can further talk to the customer about family. So we target that whole family, because targeted mobility coaching is the targeted approach for the whole family.

And we use echo mapping and genograms, and we talk about the whole family. And the TCA kicks off that discussion for us. So the TCA helps us to identify and observe these components that we need for planning.

So as we go to the next slide, for our--the implementation model--after the outreach and then the intake, again, we back at assessments. But before we can go to that second role of goal setting, we have to hone in on the assessments. And like Ms. Davis said, in addition to the TCA, we have to use other assessments so we can just do a deeper dive.

So we do a career assessment to help the customer to identify their interest and build a career path. We do a financial assessment, where we talk to them about the importance of checking accounts and budgeting and saving, and we also do an executive function exercise, which you also heard earlier.

So right there on the assessment block, the TCA helps us before we can move to that bottom level of goal setting and continuing mobility coaching, so we can get the outcomes that we target. So the TCA, which is formerly the OWRA for us, is truly vital.

So the next slide is basically what we come up with a clinical road map. So now the TCA has helped us determine a direction with this family. It's helped us to set up our plan or our--with intervention, and now we continually version or update the TCA when things change or situations change in the customer's lives. So this is just a road map we share with our staff to ask them to continue to use the assessment to engage and focus and evoke the customers to help them plan.

So we use, continue to use tools like motivational interviewing, and we have tools called the feelings wheel and the needs wheel, and we make sure we develop a trauma-informed environment so we can continue to provide this clinical feedback and support the customers through transition.

So in sum, right here, we don’t want the TCA to be a one-time tool, but we want them to use it as we continue to assess and continue with the coaching process. So that is the end of our presentation, but in all, the TCA is truly a vital tool to what we do. We want to continue to educate and advise and give feedback, skills, building, and training for our customers. Thank you very much.

JB: Thank you both, Tamitha and Agnes. And just a note for those who may have questions for Tamitha, she will not be with us at the end of the--or at the Q&A session. But if you have questions, please still send them, and we will make certain that those questions are sent to her and we will get a response back to you. And so you should now see the second polling question, which, again, Christina will guide you through.

So as you see, our second polling question is, what percentage of your caseload is currently experiencing one or more significant barriers to employment? And we'll give you a few moments to respond to those.

CT: Sorry James. I was talking on mute. I'm sure that was really helpful.

JB: No problem. You can take over once the--

CT: The good news is there was no background noise. There was just no me. Okay. All right. So, let's see. Folks have indicated that it is--wow. Anywhere between 50 to 75 percent or more than 75 percent. Back to you, James.

JB: Thank you. Okay. So we will now hear from Erica and Chantell from the Council of State Governments Justice Center on how Employee Milwaukee incorporates the OWRA tool in supporting returning citizens. Erica and Chantell?

EN: Oh, thank you, James. As mentioned in the opening, I'm Erica Nelson, a policy analyst with the Council of State Governments Justice Center. The CSG Justice Center is a national nonprofit organization comprising of about 120 employees. Our professional backgrounds vary extensively, but together, we have decades of experience in law enforcement, community corrections, court administration, housing, mental health and addiction services, state prisons, local jails, juvenile justice, law, education, workforce development, and victim advocacy.

What bonds us together is our shared commitment to our mission, which is to provide research-driven strategies and tools to increase public safety and strengthen communities. Next slide.

At the Justice Center, we operate the National Reentry Resource Center, also known as the NRC. The NRC is funded by the Second Chance Act and overseen by the U.S. Department of Justice, Bureau of Justice Assistance. NRC staff provide individualized intensive technical assistance, training, distance learning to support Second Chance Act grantees, maximize their efforts to reduce recidivism, and help people succeed in their communities after incarceration.

The NRC also produces a number of publications to the field and web-based tools to advance the knowledge base of the reentry fields and promote what works. To learn more about the NRC, including funding opportunities, please visit CSGJusticeCenter.org/nrrc. Next slide.

So I'm going to talk a little bit about the framework that led to the development of using the OWRA. So a lot of questions that we get in terms of working with the re-entry population is, how do you build the skills necessary for the labor market and reduce the likelihood of re-offending?

And you do this by bridging it, integrating best practices from corrections and workforce development skills, and building collaboration between corrections, workforce development, and community-based service providers. And I know Pamela talked a little bit about bridging and building those connections, and that's pretty much what you should do in any type of framework when you're helping people gain services of employment in other areas.

In 2013, the Integrated Reentry Employment Strategy Framework, or what we call IRES for short, was published to assist policymakers and practitioners from corrections and workforce development fields, collectively determine how to prioritize resources to improve the recidivism and employment outcomes of people returning to communities after incarceration or who are on parole or probation. Next slide.

The IRES framework is heavily based on risks, needs, and responsivity, or the R&R model. The R&R model is perhaps the most influential model of assessing and treating offenders. The diagram shown to you now is called the resource allocation and service measure tool, which utilizes a validated criminogenic risk and needs assessment, along with a job readiness assessment or screening, to recommend the delivery of targeted and integrated employment intervention.

Because this tool groups people by risk first, then by readiness for work, resources can be more efficiently focused where they can be more effective. Next slide.

The types of employment services provided should really describe based on a participant's level of job readiness. Employment programs providing service to hard-to-employ populations, which have characteristics such as challenges with transportation and housing, education, skill deficiencies, and health or other needs, which can often be found in most TANF populations and people with criminal records.

For these populations, employment programs generally aim at achieving two broad goals, either getting people ready for work or helping them find and retain employment. For people who are more ready for work, the services should focus on job development, coaching, job retention, and advancement.

For people who are less ready for employment, their services should focus on soft skill development and supportive services, such as transitional jobs, which Pamela had mentioned a little bit earlier. Next slide.

Now, the factors that put--just one slide prior. Great. So the factors that put a person at a higher risk of re-offending can have a significant impact on employability. Therefore, beyond what types of services are provided, agencies must also consider how those services are delivered to impact recidivism. And this includes efforts to engage people in programming, the timing of services, incentives that are provided, coordination with other support, and then use of pro-social activities. Next slide.

So what does that look like in practice? Say you're an agency that provides employment services and you have two individuals in needs of services. Through intake, conducting assessments, a risk or needs assessment as well as the job readiness screening, you discover that their needs are different.

So we have Joseph and Michael here shown on the slide before you. They are about the same age, have a felony conviction and the same level of education. When assessed for risk to reoffend, we find that Joseph has no prior convictions, maintained family ties; whereas Michael has three prior convictions and a history of substance abuse.

Although criminogenic risk and needs assessment will tell you a bit more about these two individuals, we can assume that Joseph right now is low risk to reoffend, and Michael is at a higher risk to reoffend. When assessments in job readiness, we discovered that Joseph was employed at the time of arrest and worked in correctional industries while incarcerated, whereas Michael was unemployed at the time at arrest and had gaps in his employment history and had limited work skill.

Based on this information, which I'm sure that employability assessments, such as the OWRA, will tell you a lot more about these two individuals, we can assume that Joseph is more ready for work, whereas Michael is less ready for work.

So the services for Joseph really should focus on job attainment and retention; and the intensity of services and supervision, if he is on community supervision, should be low. For Michael, he would benefit from more intensive engagement and structured programming, and his employment intervention should focus on soft skill development and building job readiness. And he could actually benefit from a transitional job program, which has been shown through research to actually impact recidivism.

So in 2015, the NRC began piloting this client-matching model on the systems level in Palm Beach County, Florida, and Milwaukee County, Wisconsin. And more specifically, what we were trying to figure out is what works in terms of making better connections to re-entry and employment services, prior to someone's release, and then after they are released from prison or jail. And this is all based on their individualized assessed needs.

We gathered a lot of information during the three years of the project, but there were four key areas that we found necessary to implementing a collaborative and coordinated approach, and that was buy-in from leaderships, timely risk and needs and job readiness assessment, knowledge about the landscape of employment services that are available in the institution, whether it's through the actual Department of Corrections or through community-based partners, and also what's available in the community.

And the coordinated--whether or not they had a coordinated process to make service referrals and actually track those referrals and report on outcomes. We actually are currently wrapping up the third year of the project, which would end with a process evaluation and a report. It's scheduled to be produced this fall. If you want to learn more about the integrated re-entry employment strategies project, please visit the NRC website. Now, I'll turn it over to Chantell to talk about Employee Milwaukee's experience with the IRES project and how they've used the OWRA tool to identify the needs and barriers to employment for their clients and maximize Milwaukee County's resources.

CJ: Thank you, Erica. Once again, my name is Chantell Jewell, and I'm the re-entry services manager for Employee Milwaukee. Employee Milwaukee manages workforce for Milwaukee County and is the largest workforce board in the state of Wisconsin. It's one of 11 boards that receive federal WIOA funding.

So to--next slide. To provide a little background on re-entry in Milwaukee County, we currently have 14,000 individuals on community supervision. We have anywhere from 25 to 27 individuals releasing back to Milwaukee County from the state prison system annually, and 25 daily releases from the House of Corrections.

So in 2016, there were approximately 22,759 individuals released from prison back to Milwaukee County. Seventy-four percent were assessed as medium to high risk to re-offend, and 56 percent were assessed to have a probable or highly probable work readiness need.

So in 2016, Employ Milwaukee created a re-entry department to assist these individuals to overcome barriers to employment and make sure that employers could draw from this pool of talent. The re-entry department integrates evidence-based practices from corrections with the best and most promising practices from workforce. Next slide, please.

So what we've done here at Employ Milwaukee is developed a partnership with our Department of Corrections and created a formal referral process. This process involves community corrections as well as the division of adult institutions. Our goal is to assess and identify strengths as well as barriers to employment, and administer services based on the risk needs and responsivity principle in a coordinated process to facilitate a smooth transition from prison to the community.

For the purposes of the IRES pilot, the OWRA was administered and the individual employment plan was created pre-release. This was done to make sure that there was a solid plan with buy-in from the participant before they got out. We also wanted to make sure that they could be connected to services almost immediately upon release.

The plan was shared with the supervision agent, also so that services could be delivered in a coordinated fashion that address all criminogenic needs. Next slide.

So why did we choose OWRA? Well, in 2015, Employ Milwaukee was initially introduced to OWRA when working with the Safer Foundation as a subgrantee on the Midwest Reentry Employment Network Grant. This tool was subsequently adopted by Employ Milwaukee and utilized in our re-entry program.

It was attractive because it's web-based, which got us away from paper and pencil assessments; assessments that are not always shared as often as they should be. Since the OWRA is administered by the career coach, it forces engagement and conversation, which leads to more--to a more accurate identification of strengths and barriers, thus aiding in the development of an effective case plan or employment plan.

The tool also pulls together information so that we can get a comprehensive look at what the needs of our customers are and deliver the most appropriate services in a way that makes sense. Next slide, please.

So how do we use OWRA? Well, I previously mentioned that we use it pre-release. When we use it pre-release, we can--this information can also be used to connect individuals with services before they actually return to the community. It also helps the career coach to have a better understanding of the services and supports needed.

The OWRA gives a comprehensive look at strengths, barriers, employment history, and career interests, which helps to make appropriate training and/or employment connections. The tool also assists with the development of career plans, of a career plan that an individual can visualize based on labor market information.

Lastly, the OWRA gives a collective report of barriers that can be used to inform programming and pursue future funding opportunities targeting the most appropriate interventions. Next slide, please.

So I wanted to share some successful program strategies to effectively support customers with significant barriers. The first [unintelligible] find ways to increase social capital. In order to build social capital, give participants as many opportunities as possible to connect with employers.

This could potentially be employers facilitating some type of fields-related sessions, facility tours, job shadows, et cetera. These types of activities may help to build confidence and increase motivation. Another suggestion is also to create a bureau of business volunteers. Utilize MI, or motivational interviewing, to increase intrinsic motivation and operate from a strength-based approach.

Career coaches and case managers have to figure out what's important to the participants and fuel that. Figure out their “why.” It's also important to make sure that staff are trained to recognize trauma and how to appropriately respond when they see it. Also, make sure that staff are aware of the resources in the community that can help participants work through their trauma.

We found that it is important to develop--we also found that it is important to develop formal relationships and a referral process for agencies that we use. This keeps the communication flowing both ways and ensures that participants are getting required services.

Incentives are evidence-based and are used to increase motivation, so whenever feasible, develop a monetary and nonmonetary--develop monetary and nonmonetary incentives. Whenever possible, have former participants share their story. This makes it real for individuals and instills a sense of hope that they can overcome their barriers. Create videos of these stories that can also be played in waiting areas.

Lastly, come up with creative ways to celebrate success and make a big deal out of it. The celebration should be something memorable and put a smile on the faces of participants. And I'm going to let Erica talk about the next slide.

EN: Okay. Great. Thank you, Chantell, for that information. As a part of the IRES project, the Council of State Governments Justice Center, they did like a snapshot of the people that they were serving. So Employ Milwaukee served about 84 males assessed as high risk to re-offend. They were releasing from four state prisons between July 1st and December 31st, 2017, and on community supervision, either parole or probation.

The Justice Center conducted an analysis using a random subsample of the population that was about 19 individuals, and we reviewed the OWRA self-sufficiency plans; which the assessment tool actually generates these plans that are used to refer people to services and so forth.

It was discovered that actually 79 percent of clients had previous work experience and also 70 percent--79 percent had a high school diploma or equivalent. Common work interest for this group includes building things, working indoors, fixing objects, working outdoors with tools or objects, and cleaning and organizing rooms or areas.

A large proportion of the group had a career interest in construction or extraction, which was about 74 percent. Next slide. A trend in regards to barriers to employment, including financial management, currently--being currently unemployed, transportation issues, and the likelihood of having a substance addiction.

In addition to assessing barriers, Employee Milwaukee actually customized their screening tools, or their OWRA assessment, to screen for areas where additional services may be needed; such as if a person was a single parent, the self-sufficiency plan would give a recommendation for childcare services that are in the area and connections to other federally funded programs and provide linkages to materials that would be needed to be completed in order to enroll in services.

So it gave alerts to the case manager of things that they should be looking for, other additional resources that they should be using. Overall, this information is not only helpful in terms of building their individualized employment plan, but as Chantell mentioned, it's really important in terms of identifying trends and needs for the entire population, which ultimately can be used to reallocate resources and funding to support the services that are needed most amongst their population. So now I'll turn it back over to Chantell to talk a little bit about lessons learned from using the OWRA assessment.

CJ: So what we learned is really having a clear understanding of the barriers. As mentioned on a previous slide, we knew about transportation barriers. However, we were less informed about financial literacy, which helped us to understand that we needed to allocate more resources to that area. But it does make sense based on Pam--the information that Pam shared earlier.

The OWRA also helps us to understand our resources and gaps in resources, which helps us guide our planning. We also use information from the tool for grant applications that Erica previously mentioned. We found--so an example of this is we found that driver's license to be such a huge barrier that we were able to go back and have a conversation with Department of Corrections, one of our partners, and reallocate some funding to address driver's license recovery. Next slide.

So some of the lessons that we've learned along the way. Staff must be adequately trained and retrained on MI and trauma [unintelligible] to work with people with significant barriers. Staff should be equipped to explain to participants why they are doing the assessment and what happens with the results.

Especially in corrections, people are not always trusting of the system. So we need to be able to articulate clearly what's going to happen with the tool. And, again, making sure that the clients understand that it's a very individualized tool, and we don’t want to use a cookie-cutter approach with them, and making sure that they get the services that they actually need.

We need to make sure that staff have a clear understanding of how to use the tool, how to analyze the results, and how to build an effective employment plan, develop strong relationships with organizations that specialize in different barrier removal services and support, making sure that communication flows both ways so that the customers get the intended services, and then once again, use incentives to reward the behavior that we want to see. Sanctioning doesn't always work and more punishment is not always the most effective.

Lastly, as a workforce board, we cannot solely focus on placement. We can place people into jobs or connect people with employment, but if we don’t holistically understand and address the individual barriers, employment will not be retained. We can't afford to continue to work in silos. We must work comprehensively.

We recognize the same barriers that cause individuals to become involved in criminal behaviors are the same barriers that keep them from becoming positively engaged in the workforce. So we need to figure out how to do more systems integration. And that's the end of our presentation.

JB: Thank you, Erica and Chantell. And so you should now see our next polling question, which Christina will guide you through.

CT: Thank you. This is actually not a polling question. You actually have to type this into the question box. But it basically--as a result of this webinar, what is one thing you will do differently to better support customers experiencing significant barriers to employment? I'll give folks a minute or two to type that into your question box. In the meanwhile, if you also have questions that you would like to pose, please type that into the question box as well.

Excellent. I am seeing the responses come in. Thank you so much. Please continue typing that in, and also, if you have any questions, please pose that as well, and we can actually move to the next slide for questions. The most burning question--sorry, James. Were you going to say something?

JB: Go ahead.

CT: Oh, okay. I was going to say, the most burning question we are getting is “Will we get a copy of the slides?” After we're done with the question and answer session, James is going to come back on and provide some information about how you can get a copy of today's PowerPoint.

So, actually, the first question that we have goes to Pam. Pam, the question is--give me one second. If Building Nebraska Families was such a promising model, why is it no longer in place? Pam?

PL: Well, it wasn’t under my control, but it was part of a demonstration program that the state did. It was--the cost was quite, as you might imagine, high. I'm not--I don’t think there was a cost-benefit analysis just for that piece of it, but the--I think that was part of why it wasn't continued. But you'd really have to talk to Nebraska more about why they decided not to include it.

It is an important example, though, because it has, I think, spurred other programs around the country to do at least pieces, similar pieces.

CT: Okay. Thank you. The next question--sorry. We're having a lot of comments and questions and I'm trying to read as fast as I can. The next question, Pam, that might as well go for you first: “Is there one challenge that impacts TANF population more than others?”

PL: So when you do analysis that tries to look at the effect of different challenges on the probability of work, a lot of things move together, right? So it's hard to separate things out. But if you include lack of prior work experience, that is huge, and of course, that is affected by some of these other challenges, so that's why I say they move together. That's very important. And low education is always very important. But--I mean “important,” meaning it impacts employment and hours a lot.

But like I said, because the things move together, it's hard to pull out any one other that's more important. Really, we found the multiple, having multiple, no matter what they are, stepwise really decreases the probability of work. So it's that more than an individual one.

CT: Thank you, Pam. This question is for Agnes. Agnes, how many TANF applications, roughly, are seen by case managers on a daily basis?

AV: Can you repeat that one more time, please?

CT: Sure. How many TANF--hang on. I just moved my screen away. One second. Oh. Here we go. How many TANF applications roughly are seen by case managers on a daily basis?

AV: I will have to get that number and get back with you. And I can probably do that by the end of this webinar, so I'll get back to you and type it in.

CT: Okay. Thank you. Let's see. The next question is--hold on one second. This is a question for Agnes. How long does it take to assess individuals? How long does--for TCA?

AV: It's approximately 90 minutes, and it can be longer depending on the discussion, but usually 90 minutes.

CT: Okay. Let's see. There's also some questions about getting more information about OWRA. Also, in James slides coming up after this session, after Q&A, there's contact information for the OWRA help desk, so we encourage you to do that. Or if you want to type in your email, the OWRA help desk will follow up with you as well.

So, also for you Agnes. What are best practices or tips that D.C. used to establish effective data sharing with other agencies?

AV: Effective data sharing with other agencies. Of course there's a whole legal process around what we can share. So with our agencies, it's usually from the executive-level management and there's a type of reporting, but it can be limited depending on what it asks for.

CT: Okay. And do you have--also for you Agnes. Do you have any tangible data that participants are moving into self-sufficiency through the use of TCA?

AV: Tangible data. I would have to find out about that. I know we keep a lot of data and supervisor level as well as management level has to report monthly. So I'll have to ask that specific question to our data team, and that'll be one of the answers that I'll have Tamitha provide back to us.

CT: Okay. Perfect. Thank you. So this is both for Agnes and for Chantell. How effective is motivational interviewing in combination with OWRA? Does OWRA facilitate more discussion with participants? I don’t know, Chantell or Agnes, which one of you would like to take that first.

CJ: Well, you're only going to get--you really have to have a skilled interviewer to administer OWRA, because it's going to be really necessary to try to tap into what's going on with that individual. So motivation, you know, interviewing is critical to making sure that you get enough information so that you're targeting the appropriate barriers, identifying the strengths, and building an effective case plan.

You can do it if you just ask the questions. But if you don’t have a skilled interviewer, I don’t know how effective that employment plan will be.

CT: Okay. And Agnes, do you want to add in?

AV: Yes. I agree. And because of that, what we did, we really purposefully set up trainings for our staff. So we have trainings right now once a month, and one of the big ones, which we're going to do again before the end of the year, is motivational interviewing with OWRA and how to create a trauma-informed environment, because it is long and you need to use targeted and skilled questions doing the TCA process to get the answers that you want.

So motivational interviewing is a huge part far as affirming and knowing how to use open-ended questions. So we had to take the approach of training and retraining.

CJ: And to add to that, sometimes we're not dealing with the most innovated--the most motivated population. So it's important that people are skilled at learning how to increase that intrinsic motivation to get people moving more toward work and addressing the necessary barriers.

CT: Okay. Thank you. This is for all our speakers. How much cultural--how much does cultural sensitivity play in terms of a role and the development of creating a plan for customers to be successful in their employment? Does anyone want to take that first?

CJ: I'll start. This is Chantell.

CT: Go ahead. I think, Chantell, you said you were going to start first.

CJ: Okay. I'll--well, I think, especially in terms of dealing with the re-entry population, it's research-based that we do need to take into account responsivity and sometimes cultural awareness or a cultural diversity plays a major factor into it. You really just have to, again, through interviewing and working with those individual participants, learn what they're going to be the most responsive to and create plans surrounding that.

CT: Okay. Does anyone else--

AV: This is Agnes. Yeah. Culture sensitivity, cultural competency with sensitivity plays a huge part. And, again, we had to go back to training. So we require our staff, especially those that are administering the TCA, to take a training in cultural sensitivity. We actually have one coming up and it's a huge requirement for us here at DHS.

CT: Okay. This is a question for, I guess, Chantell and/or Erica. How do you handle assessments pre-release?

CJ: So as I previously mentioned, we've developed a partnership with our Department of Corrections. And so we had to work with community corrections, as well as the adult institutions, to develop a process for my staff to enter the institutions and complete those assessments. And the Department of Corrections actually gave us access to their institution records, too, where we could utilize that in our assessments. But it was a process and, Erica, you can add on if you want to.

EN: I mean, I think you explained it well. It definitely was a process, and it goes back to that relationship building. With the Department of Corrections having a clear understanding of, you know, their policies and their procedures and being able to work with them to identify a plan to administer the assessment.

The OWRA is online-based, so some of the staff has to bring in laptops or, you know, have to need excess computers within the institution that have internet access. So it's really about that strong partnership with your Department of Corrections to be able to do it pre-release.

CT: Okay. Thank you. I'm going to do one more question and then I will turn it back to James. I know there's still more questions coming in. Please continue typing in your questions and we will make sure they all get answered. And, again, once I turn it back to James, all of the information from today's webinar will be posted on the OWRA website.

I know I saw some requests for more information about OWRA as well as for a demo of OWRA. Please reach out to our help desk. You will get that information shortly. So the last question for anyone, any of our speakers, was, regarding motivational interviewing for your staff, how were you able to measure effectiveness and implementation with your staff?

AV: This is Agnes. For us, once the training is over, the staff, we ask them to do a three-question questionnaire that we created in Google, and they respond to that. And also doing that supervision time. I know for the coaches and case managers and social workers, we observe them with a customer and in their peer groups or whatever they're doing, and we actually do an assessment. And we talk about it in individual as well as our team meetings.

CT: Okay.

EN: This is Erica.

CT: Go ahead.

EN: I was going to add that, just like with any skill, it requires repetition. So just having one training in motivational interviewing may not be enough. We've seen where it's kind of built into the training plans the agencies, so they may have the training annually or every six months with that opportunity, like what was mentioned before, to review how that person was actually doing the skill.

CT: Okay. Well, thank you so much. I'm going to turn this back to James. And, again, we will post everything from today, including any unanswered questions, on the website. James?

JB: Yes. Thanks, Christina. So, Pamela, Tamitha, Agnes, Erica, and Chantell, thank you all so very much for sharing with us today. And a special thanks to those who joined the webinar to hear this great information.

As mentioned already, a transcript and audio recording of today's webinar will be available shortly on the OWRA website. The next screen should show you that link. Please also help us expand our network and reach a greater number of people by directing any interested colleagues from your local and state networks and agencies to our website.

And if you are interested in learning more about OWRA, as Christina mentioned, please visit the OWRA website or call the OWRA help desk. The screen has not shown up yet, so I will give you the link. That is http://peerta.acf.hhs.gov. If you--and then the other is peerta.acf.hhs.gov/owra, and that should guide you to where you need to be.

Last but not least, as the webinar closes out, you will see a pop-up screen asking for your feedback. That will help us inform for future webinars. It asks you to please complete the survey or questionnaire. It will take about two minutes. And we thank you for your time today. So thanks again everyone and enjoy the remainder of your day.