**National Health Emergency (NHE) Disaster Recovery Dislocated Worker Grants (DWG) to address Opioid Crisis**

**Supplemental Justification**

***Supplemental Supporting Statement A: Justification***

This request seeks OMB approval under the Paperwork Reduction Act for the unique information collection requirements in the “National Health Emergency Disaster Recovery Dislocated Worker Grants” solicitation. The Department will announce the availability of grants to address the opioid crisis. The purpose of these grants is to enable eligible applicants to create disaster relief employment and provide career, training, and supportive services to address economic and workforce impacts on individuals and communities caused by or coincident with widespread opioid use, addiction, and overdose.

The United States continues to face an ongoing health crisis due to widespread abuse and addiction to opioid painkillers as well as illicit opioids. According to the Centers for Disease Control and Prevention, deaths from drug overdoses in the United States more than tripled from 1999 to 2015, and this increase has been driven by increased dependency and addiction to opioid painkillers, which are often prescribed to individuals suffering from chronic pain. For some, addiction to prescription opioids has led to abuse of heroin, an illegal opioid that in some circumstances can be cheaper and easier to obtain. In 2016, around 2.5 million Americans had a substance-use disorder involving either prescription painkillers or heroin. In addition to deaths, overdoses from both prescription and illicit drugs were responsible for increasing nonfatal emergency department and hospital admissions. In all, researchers have found that this crisis has cost the United States more than $1 trillion since 2001—and it could have a negative impact of $500 billion more over the next three years if conditions do not change.

The Administration has made addressing this crisis a high priority, making significant investments to support treatment and recovery services, target availability of overdose-reversing drugs, train first responders, and more. The Secretary of Health and Human Services, at the White House’s direction, declared a national public health emergency in October 2017.[[1]](#footnote-1) Consistent with that declaration, in March 2018, Employment and Training Administration (ETA) issued Training and Employment Guidance Letter (TEGL) No. 12-17, announcing a crisis-focused demonstration project, NHE Demonstration Grants. These grants allowed states to provide training to reintegrate workers affected by the crisis, as well as encourage individuals to enter professions that could provide relief to those affected by the crisis: mental health care, addiction treatment services, and alternative pain management services. Additionally, these demonstrations allowed ETA to determine the best approach to make a positive impact on the crisis by using its other DWG funds.

As the second phase of its efforts to respond to the opioid crisis, ETA now announces guidance for how states can apply for Disaster Recovery DWGs to respond to the opioid crisis. This guidance is effective until HHS’ declaration expires.[[2]](#footnote-2) Under the Workforce Innovation and Opportunity Act (WIOA), the Department of Labor (Department) has discretion to award Disaster Recovery DWGs, which are grants aimed at reducing the workforce impacts of federally declared disasters through employment and training activities for dislocated workers and temporary employment opportunities assisting disaster-relief efforts. Disaster Recovery DWGs will create temporary employment opportunities aimed at alleviating humanitarian and other needs created by the opioid crisis. Grantees also may use these funds to provide services to reintegrate into the workforce eligible participants affected by the crisis and train individuals to work in mental health treatment, addiction treatment, and pain management.

The Department expects that successful opioid Disaster Recovery DWG projects will accomplish the following:

* Facilitate community partnerships that are central to dealing with this complex public health crisis;
	+ Provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis: addiction treatment, mental health, and pain management;
	+ Ensure the timely delivery of appropriate, necessary career, training, and support activities to dislocated workers (including displaced homemakers), individuals temporarily or permanently laid off due to the opioid crisis, long-term unemployed individuals, and self-employed individuals who are unemployed or significantly underemployed as a result of the opioid public health emergency—including individuals in these populations who have been impacted by opioid use, to promote successful reemployment; and
	+ Create temporary disaster-relief employment that addresses the unique impacts of the opioid crisis in affected communities.

These grant funds will be awarded to State workforce agencies; Outlying areas; and, Indian tribal governments as defined by the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122(6)).

The individuals eligible to receive services through a Disaster Recovery DWG must be one of the following:

* A dislocated worker;
* An individual temporarily or permanently laid off as a consequence of the disaster or emergency;
* A long-term unemployed individual; or
* A self-employed individual who became unemployed or significantly underemployed as a result of the emergency or disaster.

Applications will include the following information: To receive funding, applicants must submit the following items through Grants.gov at <https://www.grants.gov/>:

* An electronically signed copy of a SF-424 - Application for Federal Assistance (OMB Control No. 4040-0004);
* An SF-424A - Budget Information - Non-Construction Programs (OMB Control No. 4040-0006);
* A Budget Narrative to explain the projected costs reflected in each line item of the SF-424A, demonstrating how grant funds will be used. See Attachment B of the TEGL for instructions on completing the budget narrative;
* A completed Proposal Summary (See Attachment A of the TEGL) or written proposal that addresses the requirements in Section 8 of the TEGL and the Proposal Summary, and any required documentation or materials; and
* Letters of commitment from partners, including at least one local Workforce Development Board or American Job Center and at least one community organization working with individuals who are, or who have been, directly impacted by opioid use.

**Electronic availability:**

This grant solicitation will be available on the www.grants.gov Web site. Based on past DOL experience, the Department anticipates 100 percent of responses will be submitted electronically.

**Small Entities:**

This information collection will not have a significant impact on a substantial number of small entities.

**Assurances of confidentiality:**

These grant solicitations do not offer applicants assurances of confidentiality.

**Special circumstances:**

This solicitation implicates no special circumstances.

**Burden:**

Based on average annual DWG applications in previous years, ETA anticipates receiving about 50 applications annually. The public reporting burden for this collection of information is estimated to average 20 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining needed data, and completing and reviewing the collection of information.

50 applications x 20 hours = 1,000 hours

The DOL has increased the average hourly earnings in the professional and business services industry to $32.32 per hour to monetize this burden.  See The Employment Situation—June 2018, DOL, Bureau of Labor Statistics, Page 33, <https://www.bls.gov/news.release/pdf/empsit.pdf>

1,000 hours x $32.32 = $32,320

The DOL associates no other burden costs with this information collection. In addition to the application, each grantee will be required to submit quarterly financial and performance reports to DOL. Those information collection requirements are cleared under a separate OMB control numbers - 1205-0461 and 1205-0521, respectively.

*Total burden: 50 respondents, 50 responses, 1,000 hours, $0 other cost burden.*

***Supplemental Supporting Statement B: Statistical Methods***

This information collection does not employ statistical methods.

1. For more information on the HHS declaration, visit https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html. [↑](#footnote-ref-1)
2. HHS announced the latest renewal of its declaration on July 19, 2018. <https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx> [↑](#footnote-ref-2)