



***Working Well,
Learning Well***

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What is “Working Well?”



- The Texas Demonstration to Maintain Independence and Employment (DMIE)
- Rigorous, scientific design (randomized, controlled trial) with 1600+ participants in Houston, TX (Harris County)
- Working Well began serving people on 4/30/2007, 6/2/2008 all participants were enrolled. Interventions ended 9/30/09.
- Findings provide lessons for improving our approach to working people with serious health conditions

Working Well Candidates

- Working adults < 60 yrs. enrolled in the District's indigent health program
- Significant health problems: Serious mental illness or behavioral + **serious** physical problems
- Not on disability (SSI, SSDI) or Medicaid

Working Well Participants

- Poor – 78% were <138% FPL, 100% <250% poverty, 30% < SSI income
- Low education: High school or less (63%)
- Uninsured: Few (20%+) had employer-offered insurance. Very few were insured
- Functional Limitations: 41% reported limitations with Activities of Daily Living (ADL). 50% reported issues with Instrumental Activities of Daily Living (IADL).

Working Well Participants

- Diagnoses - Serious mental illness (11%), behavioral + serious physical problems (89%)
- Personal health concerns - high blood pressure, depression, chronic fatigue, chronic pain, etc.
- Occupations: health care workers, office workers, food prep and serving, sales, building maintenance, etc.
- Work Motivation/identification - Very high. work of great importance to identity, health

The Interventions

- No co-payment for physical health care, behavioral health care, or prescription medicines
- Expedited appointments
- Dental and vision care
- Substance use treatment services
- **Case Management**

Case Management

- Individual planning, empowerment, advocacy and coordination (used motivational interviewing techniques)
- **Navigation** of health system
- Connection to community resources
- Individual employment/vocational support

Significant Outcomes

Increased access to and use of appropriate health services, including -

- More use of preventative care
- More outpatient visits
- Less delay in seeking / receiving care due to cost
- Greater adherence and persistence in taking prescribed medications for chronic conditions, more medical stability for chronic conditions
- greater satisfaction with healthcare received

Avoiding Disability

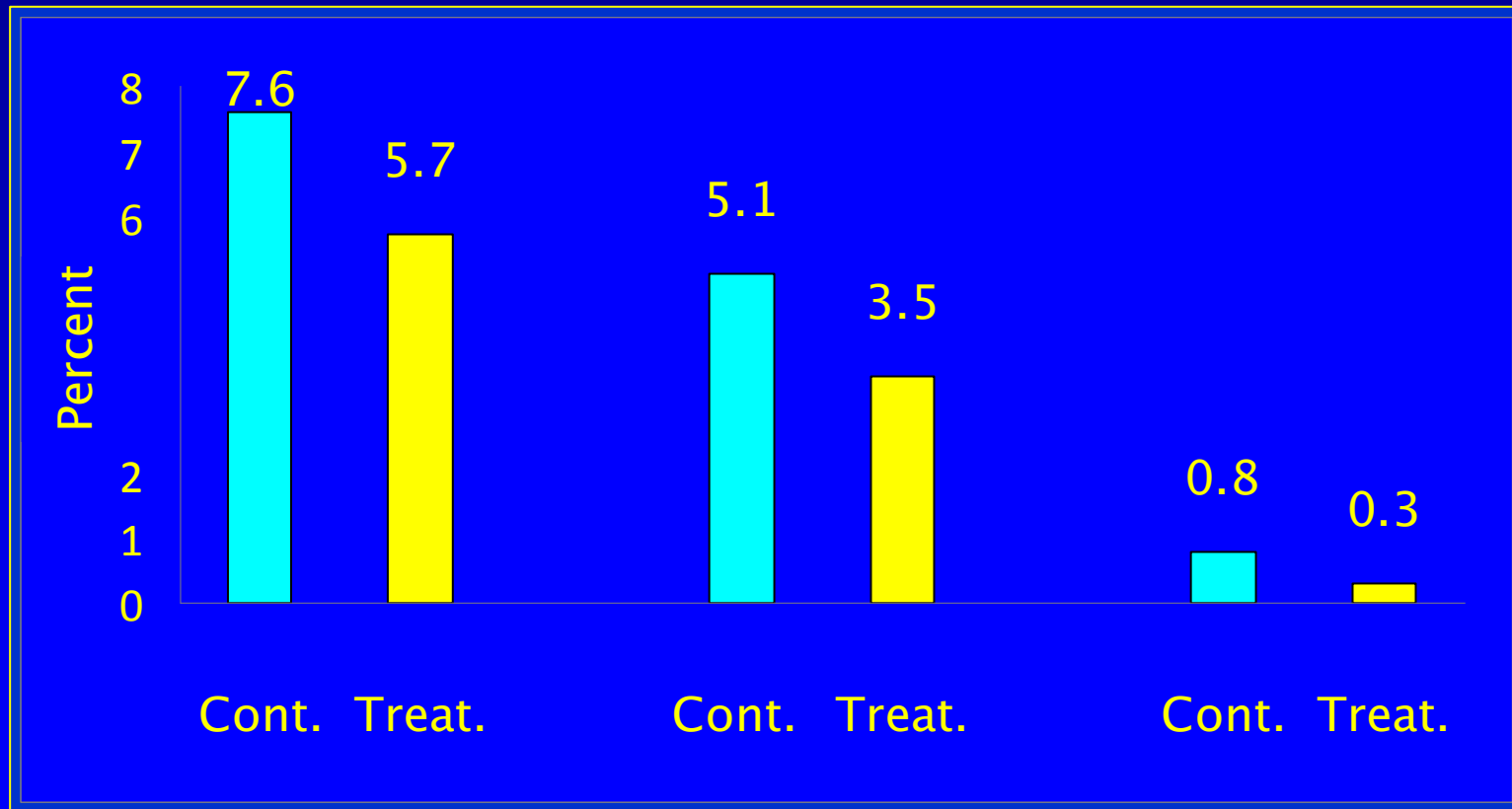
- Working Well **significantly** reduced SSI / SSDI applications and receipt of disability
- The largest cohort of intervention group participants (60%) were **half** as likely to receive SSI/SSDI as the control group.

Disability Applications Reduced

Texas

Minnesota

Kansas



12 month national evaluation findings

Empowering Workers

- **Higher case management hours were related to:**
 - ↑ outpatient physical health services (*encounters*)
 - ↑ requests for routine medical appointment (*self-report*)
 - ↑ seen in a mental health treatment location (*encounters*)
 - ↑ utilizing mental health services (*self-report*)
- **Very high case management was related to:**
 - ↓ total emergency room visits (*encounters and self-report*)
 - ↓ outpatient visits (*encounters*)
 - ↑ urgent care visit (*self-report*)
 - ↑ at least one outpatient and emergency visit (*encounters*)

Empowering Workers

- **Case managers focused on people with greater needs:**
 - ↓ hours worked over the past six months*
 - ↓ months worked over the past six months*
 - ↓ household income*
 - ↑ percent reporting problems with work due to physical or mental health*
- **Very high case management was related to:**
 - ↑ Texas Workforce Commission reported earnings
 - ↑ number of months worked in the past six months*
 - ↑ working the same or more as the previous six months*
- ** Based on participant self-report*

Lessons for Transformation

- People with severe mental illness (SMI) were less likely to qualify for DMIE due to lack of employment and more likely to become disabled before enrollment in DMIE.
- Workers with disabilities, have a **strong commitment** to work but a **fragile** connection to work. Over 80% of working age adults with SMI in the public mental health system are not currently working.
- Local, state and federal supports, **complex and difficult** to navigate. Building the **relationships** and connections to effectively navigate these systems is an essential and continuous process.
- **Navigation** of health and employment services via trained individuals empowered with knowledge and **evidence-based** skills is very important in maintaining health and independence.

Learning Community Project

- Developed an executive level steering committee to coordinate vocational and mental health policies across state agencies.
- Developed / initiated a four year plan to improve employment for mental health consumers.
- Offered two-day regional trainings on the Dartmouth Individual Placement and Support (IPS) evidence-based supported employment (EBSE) model to local mental health authorities (LMHAs) and vocational rehabilitation providers state-wide.
- Implemented the employment learning community (LC). The LC provides monthly training and technical assistance calls, webinars and quarterly expert conferences with the state team and four local teams.
- Applied for a grant from the National Association of State Mental Health Program Directors (NASMHPD) to develop the infrastructure to expand and sustain the LC process / partnerships.