Empowerment: From Evidence to Practice

Dena Stoner, Senior Policy Advisor
Texas Department of State Health Services
dena.stoner@dshs.state.tx.us

Working Well, Learning Well
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

12 month national evaluation findings

Texas | Minnesota | Kansas
--- | --- | ---
7.6 | 5.1 | 0.8
5.7 | 3.5 | 0.3
Percent

10
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.