

***Preventing Disability:
“Working Well” in Texas***

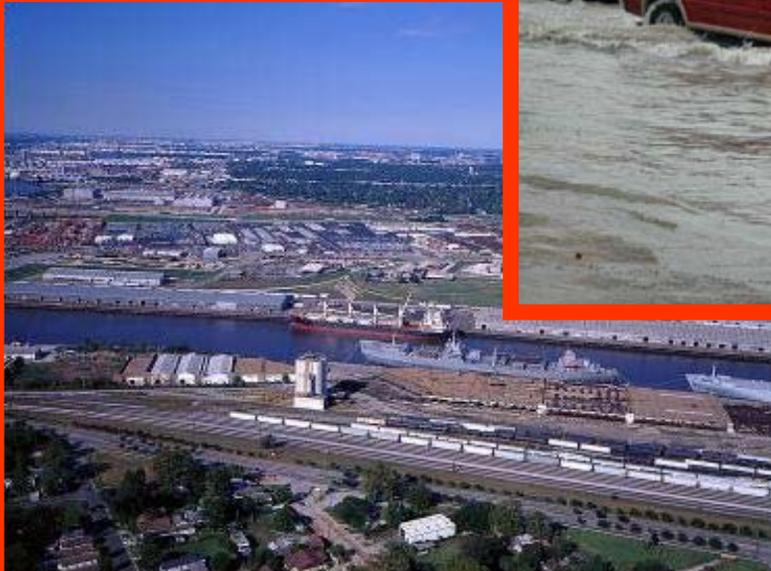


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Texas: The Myth



Texas: The Reality



What is DMIE?



- The Demonstration to Maintain Independence and Employment
- Provision of the 1999 Ticket to Work Act
- Competitive federal grant from the Centers for Medicare and Medicaid Services (CMS)
- All projects have rigorous scientific designs (randomized, controlled studies)
- All projects have the same goals –help working people with significant health conditions stay healthy and employed

Why DMIE?



- Workers are the fastest growing category of federal disability payments (\$65 billion of \$77 billion in 2003)
- Working people with health conditions face significant challenges (lack of health insurance, lack of preventative supports)
- Most federal programs help workers already on disability benefit programs (SSI/SSDI)
- DMIE provides an opportunity to intervene early and **prevent disability and dependence**

In Other Words....

“The future ain’t what it used to be.”
---Yogi Berra

DMIE Projects Vary



- Kansas
 - working adults, in high risk pool insurance program
 - premium support, enhanced health services, case management
- Minnesota -
 - working adults with severe mental illness
 - Medicaid services, employment supports and a “navigator”
- Hawaii
 - working adults with diabetes
 - Life coaching, healthy lifestyle supports
- Texas
 - **working adults with behavioral health conditions in a local hospital district’s benefits program**
 - **enhanced health services, vocational services and case management**

Comparing States



Number / Percent Uninsured 2006

Minnesota	Kansas	Hawaii	Texas	US
441,000	307,000	110,399	5.5 million	47 million
9%	11%	9%	24%	16%

Source: Kaiser Family Foundation, Statehealthfacts.org

Texas Health Economics



- Texas ranks **near last place** in per capita state funding for mental health services
- **28 percent** of working adult Texans are **uninsured** (highest rate in the nation)
- Large county hospital districts are the major providers for those without insurance
- When workers become disabled, the local tax base erodes and federal costs increase



The Price of Disability



- 250,000 working age Texans with disabilities receive SSI (average of \$412/ mo per person in 2005)
- 380,000 Texas workers with disabilities receive SSDI (average of \$924/mo in 2005)
- 345,500 working age Texans with disabilities were on Medicaid in 2007. Expenditures were **\$3.5 billion**
- In **Harris County** 48,600 Texans with disabilities cost Medicaid **\$375.5 million**

Working Well



- The Texas Demonstration to Maintain Independence and Employment (DMIE)
- One of the largest DMIE projects (over 1600 people)
- \$22.1 million federal grant
- Local in-kind match for state share of Medicaid-like demonstration services
- 100% federal funding for evaluation, administration and demonstration services

Texas DMIE Partnership



County Hospital District

Develop/ operate
DMIE Health
System

Provide match
for Medicaid-
like services

State

Oversight
Federal Liaison
Manage Project

UT Austin

Conduct
independent
evaluation

DMIE data
system

Houston



- Largest Texas hospital district
- Fourth largest city in the US
- **31.4%** of residents **uninsured** (1.1 million)
- 500,000 people/ yr are served in the hospital district
- 170,000 Households participate in the district's Gold Card program



Texas DMIE Design



- Randomized controlled trial
 - 906 total in intervention group
 - 700 total in control group
 - Both groups get regular District medical and behavioral services
 - Intervention group receives enhanced medical, behavioral and dental services, case management and vocational services

Selection Criteria



- Has a “Gold Card”
- Employed average of 40 hours a month
- 21 – 60 years of age
- Not receiving or seeking SSI or SSDI
- Diagnoses:
 - schizophrenia, bi-polar disorder, major depression; or
 - behavioral health diagnoses plus a physical diagnosis like those of SSI or SSDI clients

Interventions



- No co-payments for services
- Preventative and restorative dental treatment
- Improved access to outpatient mental health services (expedited office or outpatient visits)
- Community-based chemical dependency treatment services (full complement)
- Expanded Durable Medical Equipment
- Enhanced psychological and neuropsychological assessments

Case Management



- Master's Level Vocational Counselors and RNs
- Individual planning for life and health issues
- Advocacy, direct services, motivational interviewing, coordination and intervention
- Connecting to community resources
- Employment/Vocational Supports

Vocational Interventions



- Vocational Assessment/Evaluation
- Collaboration with an Employer
- Vocational Support Groups
- Collaboration with Family/Friends
- Vocational Planning/Career Development
- Vocational Counseling

Integrating Care



- Electronic health record
- Case management, physical and behavioral health care included
- High level physician champions
- Shadowing and mentoring process
- Community behavioral health providers co-located with physical health

Hypotheses



The intervention group will experience:

- Higher rates of employment
- Greater job satisfaction
- Greater control over their behavioral illness
- Fewer or weaker symptoms of behavioral illness
- Better physical health outcomes
- Less dependence on SSI, SSDI, public mental health system, Medicaid

Evaluation Measures

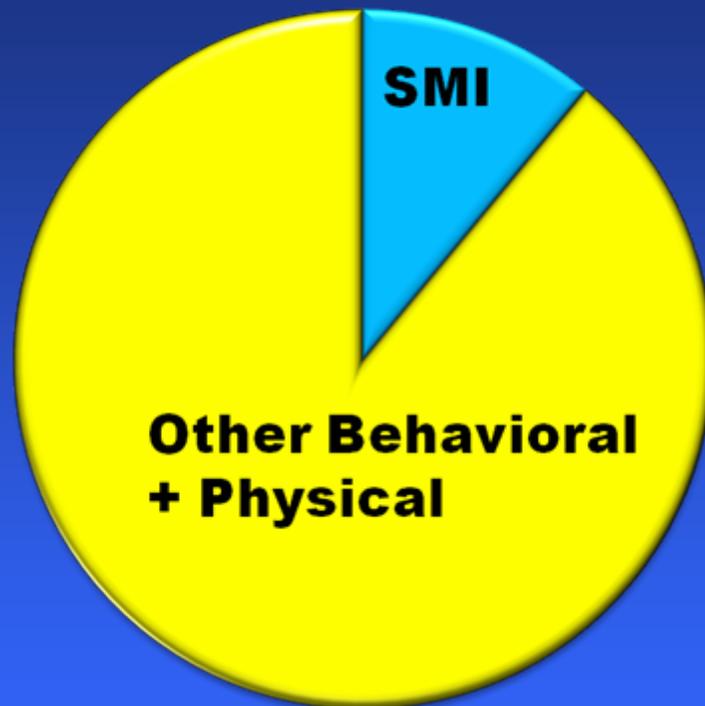


- HPQ: The World Health Organization's Work Performance Questionnaire (HPQ) - baseline / annually
- ADL and IADL scales - baseline / annually
- SF12v2 - annually
- Basis-24 health status survey - at least annually
- HCHD administrative data (demographics)
- State unemployment data - annually
- HCHD customer healthcare cost and utilization data - at least annually
- Focus group and individual interview - at least annually

Who is “Working Well”?



Diagnoses



- Adults (21 – 60) with
 - **Severe mental illness** (schizophrenia, bi-polar disorder, major depression) – **11%**, or
 - **Major physical conditions** (e.g., diabetes, heart disease, MS, etc.) **PLUS** a behavioral health condition (depression, etc.) – **89%**

Risk for Dependence



- 618 candidates applied for SSI or SSDI before they could be recruited into the study
- Almost 40% of participants received public assistance in the past
- Approximately $\frac{3}{4}$ are not married, suggesting a lack of natural supports
- 79% do not have access to health insurance through their employer
- 35% had a past substance use diagnosis

Low Income



- Almost 40% are below the SSI income limit
- 91% are below the HCBS income limit
- 94% are too poor to buy their own insurance

Federal Poverty Level (FPL)	Percent at or Below FPL
73% (SSI Level)	39%
100%	58%
219% (HCBS Level)	91%
250%	94%

Functional Limitations



- 41% of participants have one or more ADL limits
- 50% of participants have one or more IADL limits



ADLs: assess difficulties with: Bathing; Dressing; Eating; Getting in/out of bed; Walking; Getting Outside; Toileting

IADLs: assess difficulties with: Meal Preparation; Grocery Shopping; Money Management; Using Telephone; Heavy Housework; Light Housework; Getting to Places Outside Walking Distance; Managing Medications

Self-Reported Health Issues

- 57% High Blood Pressure
- 51% Depression
- 45% Chronic Back or Neck Pain
- 42% Arthritis or Rheumatism
- 32% Anxiety Disorder
- 30% Obesity
- 29% Diabetes

Very Motivated to Work



- Participants work an average of 29 hrs/wk
- 39% work full time or more
- 80-90% of participants have a strong desire to continue working
- Motivation is equally strong for people with severe mental illness

Barriers to Employment



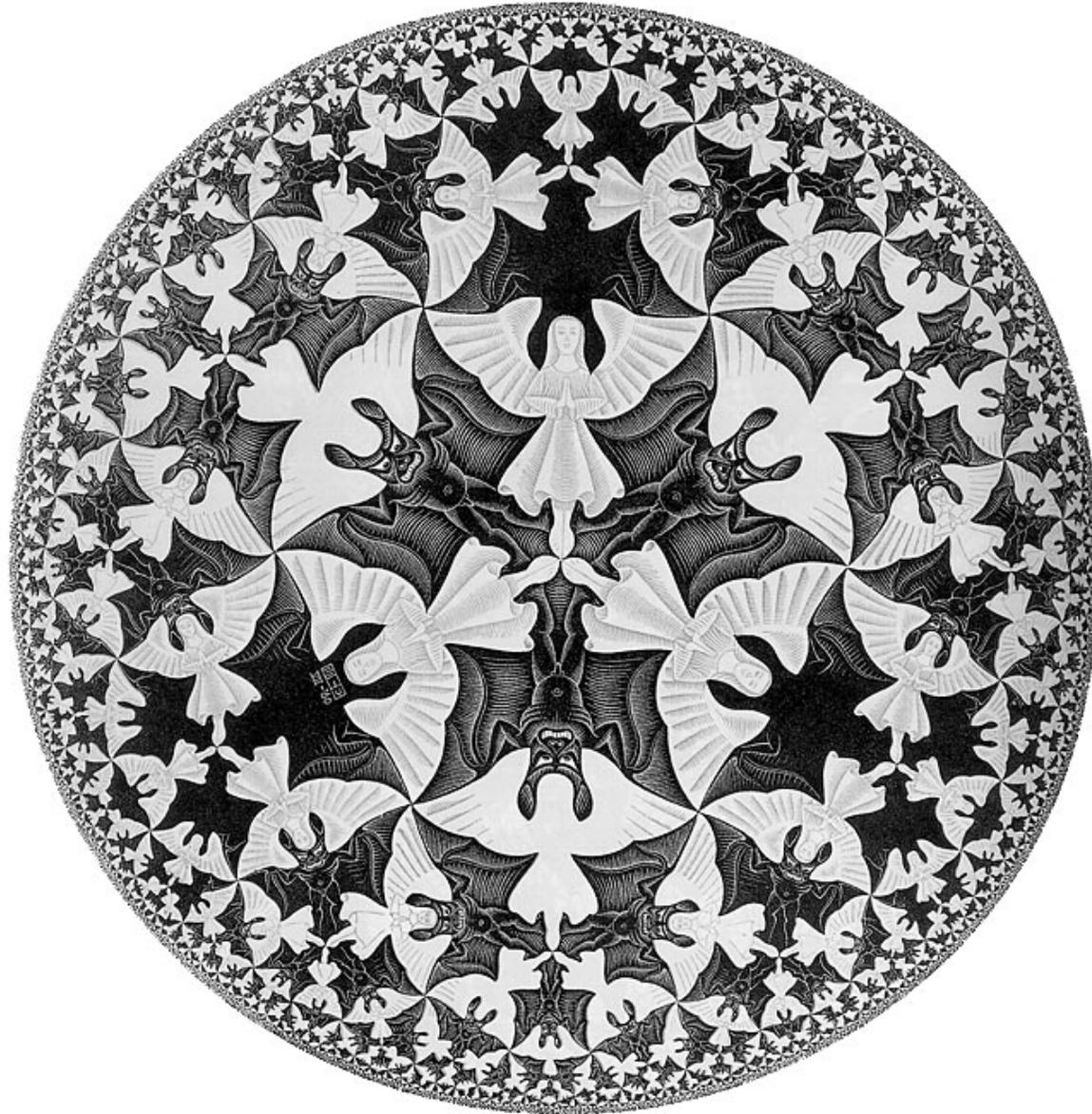
- Medical care can be difficult for workers to access (wait times, distances)
- Lack of benefits- health care, leave, career ladder
- Cost of transportation to work may exceed pay
- Lack of confidence / skills to advocate better working conditions and pay
- Physical danger / challenges of jobs

Employment Assistance



- Via Case Manager – 95%
- Via Vocational Rehabilitation – 4%
- Via Texas Workforce Commission – 0%
- Types of EA services used –
 - Learning self advocacy skills
 - Intervention with employer
 - Resume building
 - Job search / job referral
 - Job training
- Transportation assistance (under development)

A Different Perspective



09.16.08

Working Well Job Categories

Most Common Jobs



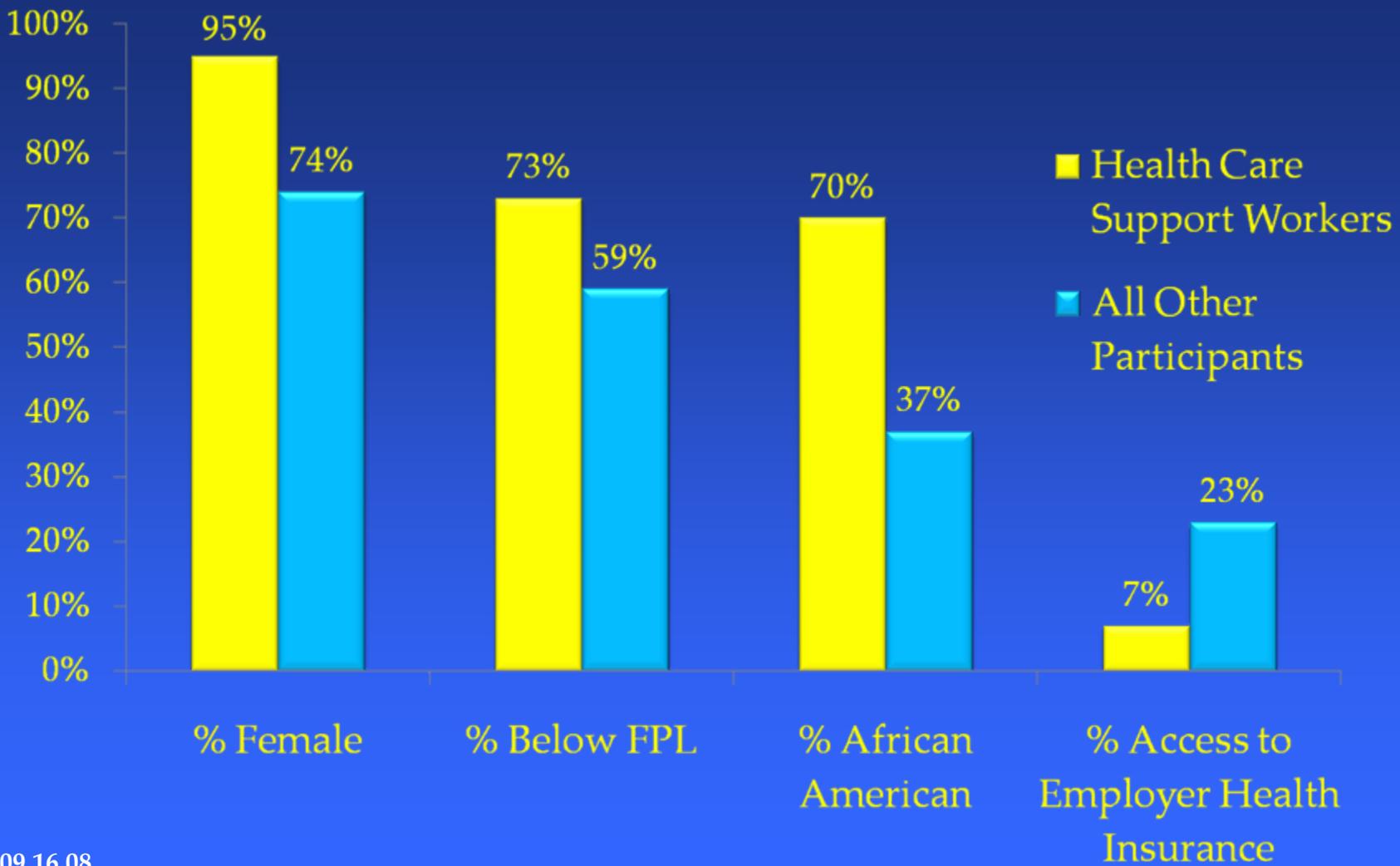
Health Care Support Workers

- Largest job group in *Working Well* (14%)
- Includes:
 - personal care attendants
 - home health workers
 - nursing aides, and
 - nursing facility workers

US Health Support Workers

- Provide the bulk of direct care in US
- Lower wages, fewer benefits, and higher turnover (half leave their jobs each year)
- Higher incidence of injuries and illness

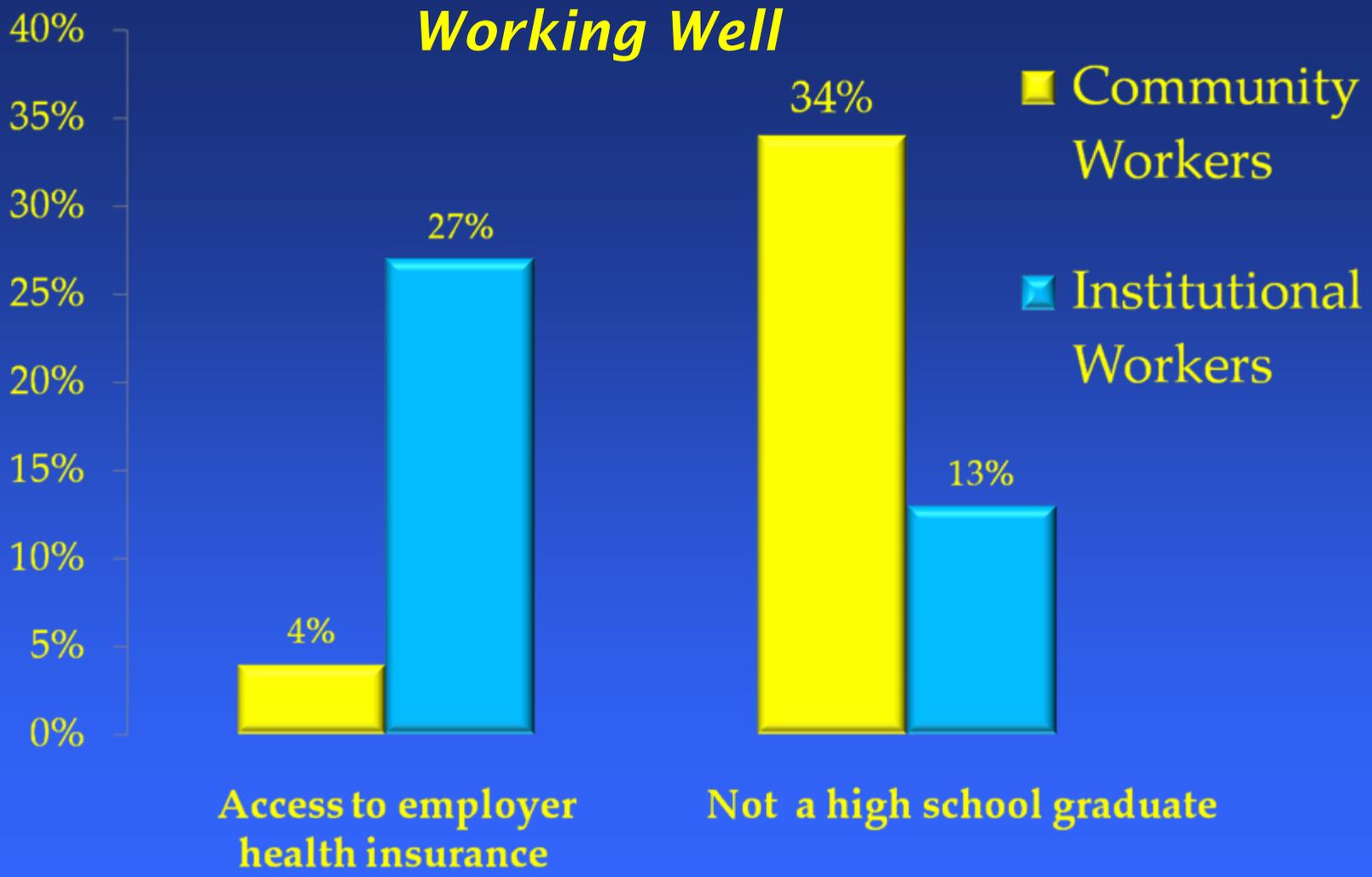
Health Worker Disparities



Institutional vs. Community Workers

- Nationally, institutional care workers such as nursing facility workers fare better than community based workers:
 - Higher pay
 - Better access to health insurance
 - Better working conditions

Home vs. Institutional Workers



Participant Stories



09.16.08



Ellen

was diagnosed with severe mental illness and had recently attempted suicide. Her illness had limited her ability to perform daily activities. She was unemployed and was applying for SSI. Through *Working Well* she obtained psychiatric assessment, a revised diagnosis and the right medications to treat her mental illness. *Working Well* provided regular mental health and vocational counseling and placement assistance. She now has a positive outlook. She works 30+ hours a week in a food service job and looks forward to continued independence and employment



Janie

is a home health aide. She has diabetes, epilepsy, hypertension, chronic depression, anxiety disorder and suffers from debilitating headaches. Janie's case manager obtained *Working Well* vision, dental and medical services for her. The case manager also provided employment counseling and medical education. Janie has been able to start and maintain a diabetic diet. Her symptoms have greatly improved and she is now receiving more money for her work.

Jimmy

had very high blood pressure, was significantly overweight, depressed and abusing drugs. He was admitted for substance abuse treatment. The case manager worked with Jimmy's supervisor to make sure he did not get fired from his warehouse job while he was in treatment. She also connected Jimmy with a psychiatrist who prescribed medication for depression. Today, Jimmy is working, has lost a significant amount of weight and has his blood pressure under control.





Juan

Juan was at risk of losing his delivery job. Before joining *Working Well*, he had poorly controlled diabetes which led to painful foot ulcers that made walking difficult. The *Working Well* case manager obtained orthopedic shoes for him which allows him to work full time. The case manager also worked with Juan to develop a diabetic diet and individual exercise plan. Juan was also linked to a psychiatrist who prescribed medication for his bi-polar disorder. He recently received a raise for exceptional performance.

Working Well Is...



- Linking workers with significant health conditions to critical medical, mental health and dental care
- Providing assistance with gaining, keeping and improving employment
- Helping workers build the skills and confidence to advocate for themselves
- Workers who were at risk for depending on disability benefits have kept working

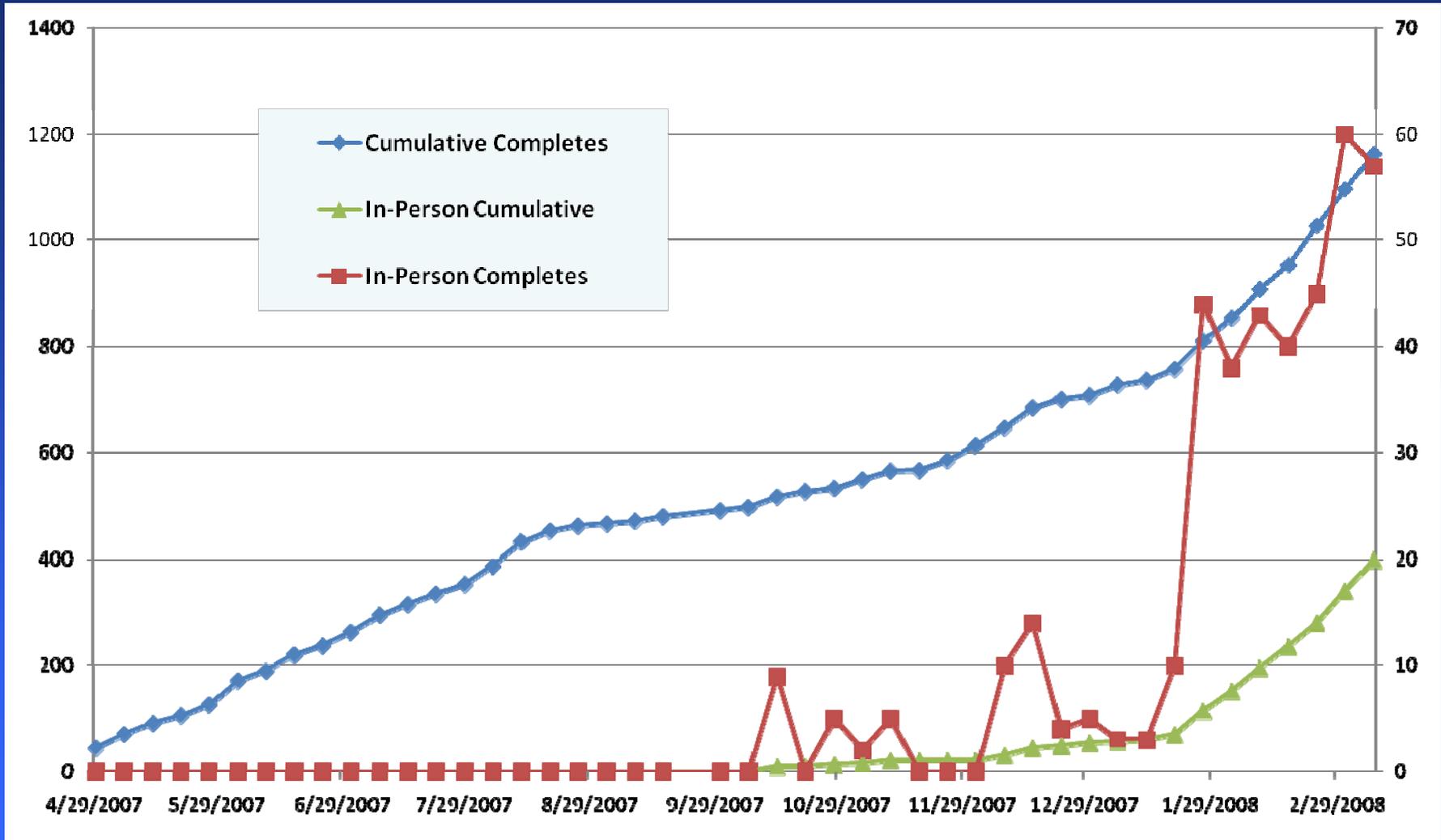
Implementation Challenges



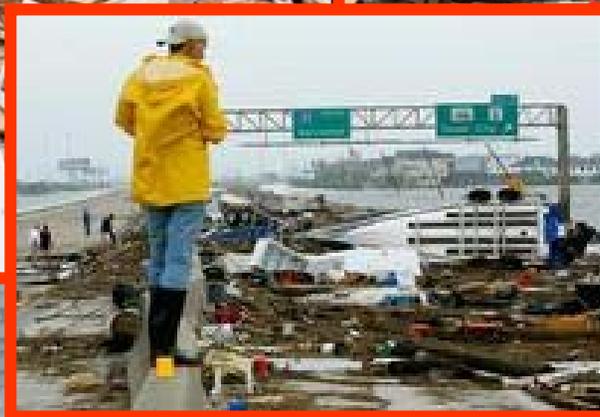
- Negotiating state and local bureaucracies
- Enrolling participants
- Contracting for new services and modifying services as we learn more
- Changing the culture from a “patient” focus to a “worker” focus
- Natural Disasters (**Katrina, Rita, Gustav, Ike**)



Working Well Enrollment



Ike's Aftermath



The Future



- DMIE seems to work! People have decided against applying for disability or withdrawn applications.
- Current federal funding authorization ends 09.30.09. Most state projects became fully operational in 2008.
- Extending projects to 2012 could provide results / data that changes national policy.
- Congress must **act** to enable extension.

For Further Information



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