

# Health Insurance Access, Employment Supports, and the Disability Trajectory: Lesson from Minnesota's Demonstration to Maintain Independence and Employment

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# DMIE in Minnesota: Stay Well, Stay Working

- MN Department of Human Services developed an intervention - Stay Well, Stay Working (SWSW)
- Comprehensive health/behavioral health services (MA benefit set) through a contracted health plan (Medica)
- Wellness Employment Navigation Services (navigator assigned to each participant; conducted a comprehensive assessment and developed a client centered plan)
- Employment Support Services
  - Job placement, career counseling, work place visits, accommodation assessments, employer/coworker education, financial/budget assistance, 24/7 EAP access, resume/interview skill building, etc.

# SWSW Program Goals

- Create a comprehensive and coordinated set of health care and employment supports
- Provide this benefit set to employed individuals with serious mental illness who are NOT already determined disabled by SSA
- Delay or prevent these individuals from becoming dependent on the disability system

# Evaluation Design

- Randomized Experiment
  - Stratified by: GAF score, Age, Geography, Income
- Control group received “usual care;” included mixed insurance status (e.g., state programs, Medicaid, private insurance, no insurance)
- Outcomes of interest:
  - Disability status (SS application submitted)
  - Employment stability (hours worked annually, job changes, earnings, work motivation)
  - Mental health status (SF-12)
  - Health status (SF-12, Activities of Daily Living limitations (ADL))
  - Service utilization patterns

# MN Eligibility Requirements

- Ages 18-60
- Employed at least 40 hours per month (including self-employment) and earning at least \$5.85/hour
- Certified by a mental health professional as having a serious mental illness
- Could not be certified as disabled by SSA or have any pending SSA applications

# Outreach, Enrollment, and Retention

- Outreach and recruitment strategy (identifying potential eligibles through retrospective health care claims analyses) was successful in identifying and enrolling a hard to reach target population - persons with mental illness who were working and at-risk of pursuing Social Security Disability
- DHS exceeded enrollment target of 1500
- *Total Enrolled in the Demonstration:*
  - *1494 Intervention; 300 Control*

*Program achieved nearly a 75% retention rate over the three years of the Demonstration*

# Participant Characteristics

- Demographics:
  - 61% female; 58% age 35+; 82% white
- Education:
  - 43% high school; 29% some college/2-yr degree; 17% ≥ college
- Occupation:
  - 33% service sector; 32% clerical/sales
- Average Monthly Income: \$1,574
- Top Primary Diagnoses:
  - 52% depression; 18% anxiety disorder; 14% bipolar

# Participant Outcomes: Social Security Applications

- During first 12 months, control group was 4.5 times more likely to apply for SSDI than intervention group
- Baseline characteristics associated with greater likelihood of applying to SSDI:
  - Lower GAF (<50) 3 times more likely to apply
  - Psychotic disorders 5 times more likely to apply than those with depression
- Changes over time associated with decreased likelihood of SSDI application:
  - Increases in hours worked
  - Improvement in SF-12 mental health component score
  - Improvements in functioning (fewer ADL limitations)

# Health Utilization

- **Health Service Utilization:**
  - Increased use of health and behavioral health services – over 80% used physician behavioral health services and 100% used pharmacy
  - 85% reduction in hospitalizations compared to baseline year
  - Factors Associated with Higher Total Health Care Costs:
    - More serious physical health issues
    - History of hospitalizations prior to baseline
    - Age (costs increase with age)
    - Lower GAF
- As time in program increased, total health care costs decreased (*high initial costs due to lack of coverage prior to enrollment*)

# Employment Support Utilization

- 33% of intervention group needed and used more intensive employment supports
- Baseline characteristics associated with use of more intensive Employment Support Services:
  - More ADL limitations
  - More serious employment problems (as identified by navigator through the comprehensive assessment)
  - Participants changing jobs in the first year were 1.5 times more likely to use intensive employment services than those with no job change

# Participant Outcomes: Financial

- **Earnings:**
  - While earnings for both groups increased over time (14% for intervention vs. 8% for control), the increase at 24 months was only statistically significant for the intervention group
- **Medical Debt:**
  - Control group 2.8 times more likely
  - Participants with increased ADL limitations between baseline and 24 months have higher medical debt
- **Delaying needed care** (primary care, surgery, specialist) due to cost:
  - Control group 4 times more likely
  - Uninsured in control group 6 times more likely

# Participant Outcomes: Functioning and Mental Health Status

- **Functional Status -Activities of Daily Living Limitations:**
  - Control group reported more ADLs after 12 months than intervention group
  - Characteristics associated with increased ADL limitations:
    - Lower education levels
    - Gender - women had more ADLs than men (could be associated with job type: 38% of women employed in service jobs (e.g., PCA, housekeeping) compared to 29% of men)
    - Age (# of ADLs increased with age)
- **Mental Health Status:** Both groups showed statistically significant improvements in mental health status (*MH component scores were still well below the national average*)

# Participant Outcomes: Health Promoting Behavior

- **Health Insurance:** 60% of participants in the control group reported having health insurance
- **Regular Medical Provider:** 84% of the intervention group had a regular medical provider compared to 69% of the control group
- **Health Screens:** Intervention group participants were more likely to have preventative health screens (such as pap smears, dental exams, and eye exams)
- **Prescription Cost Management:** Control group participants were more likely to use strategies for managing the cost of prescriptions such as relying on free samples and splitting pills to make prescriptions last longer

# Participant Outcomes: More Engaged Participants

*“More engaged participants” defined as: Intervention participants who completed the optional annual review of their wellness and employment goals*

- Less engaged participants were 2.3 times more likely to apply for SSDI than engaged participants
- More engaged participants increased their earnings in first year (average increase of almost 7%) compared to less engaged
- More engaged participants showed greater improvements in mental health status and overall functioning

# Conclusions

- Outcomes of personal navigation and increased access to, and utilization of, needed health and employment services include:
  - Fewer applications to SSDI
  - Improved functioning
  - Higher earnings
  - Greater connection to a regular medical provider for routine care and preventative services
  - Lower rates of medical debt
  - Less likely to delay or skip needed care due to cost

# Policy Implications

- SWSW was successful in increasing access to health, behavioral health, and employment support services
- A strength of the model was the neutral role of the navigator
- Individuals with mental illness at-risk of going onto SSDI demonstrate a strong motivation to work
- Employment is a protective factor for individuals with mental illness and needs to be incorporated in treatment plans across the various service sectors (e.g., health and mental health)
- Maintaining independence and employment leads to increased productivity and tax revenues and reduced government spending for disability

# For More Information

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