

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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- Additional reports and materials available at:
www.staywellstayworking.com