# Oregon

John A. Kitzhaber, MD, Governor

**Department of Human Services**
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March 14, 2013

DHS
Oregon Department
of Human Services

The Honorable Nancy Nathanson
900 Court Street, NE, H-280
Salem, OR 97301

Re:   The Nexus Between Health and Employment

Dear Representative Nathanson:

Thank you for your interest in the interconnection between health and employment, and the associated impact on other services. The social determinants of health are part of the discussion as health reform moves forward. Employment is one of the determinants.

We first saw the connection in the early 2000's when Vocational Rehabilitation Programs partnered with mental health centers in Multnomah County to implement *Individualized Placement and Support,* an evidence-based supported employment model. The project tracked hospitalization data, health care usage, and jail time. Individuals in the project all had been hospitalized at least once in the prior year. During the project we saw decreases across all of the variables. The attached documents (Attachments 1a and 1b) provides brief summaries of the emerging evidence that working makes a difference in the overall functioning of individuals with psychiatric illness and the level of care the individual needs.

Vocational Rehabilitation Programs received additional funding through the Medicaid Infrastructure Grant to examine how Medicaid, under health care reform, could be utilized to support employment. An executive leadership team of Agnes Balassa, representing the Governor's Office, DHS Director Erinn Kelley-Siel and myself was created. In turn, a workgroup of state agency leaders, workforce representatives and community organizations was established. The group conducted regional focus groups and issued a set of recommendations in a report called *Closing the Gap* (Attachment 2). The recommendations included exploring the connection between employment and work with the Coordinated Care Organizations.

The final attachment (Attachment 3) describes a demonstration project that established an "employment service" funded by Medicaid as a health care service. The demonstration showed that the availability of the service increased health outcomes and employment status. This is just one potential example of exploring the intersection between health and employment.

If you have questions or need for additional information please feel free to contact me at 503-945-5949.

Sincerely,

Stephaine Parrish Taylor, Director
Vocational Rehabilitation Programs

cc:    Laurie Byerly

PubMed ▾

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Performing your original search, *individualized placement and qsupport*, in PubMed will retrieve *230* records.

# The contribution of IPS to recovery from serious mental illness: a case study.

Crain M, Penhale C, Newstead C, Thomson L, Heah T, Barclay K.

Canadian Mental Health Association Vancouver Burnaby Branch, Vancouver, BC V5Y 1P4, Canada.

## Abstract

**BACKGROUND:** Individual Placement and Support (IPS) is an effective, evidence-based intervention to support transition to paid work for individuals who have a serious mental illness. Currently, there is a lack of qualitative reporting from the people receiving IPS and their support networks.

**APPROACH:** A case study of a 42-year-old-man who has schizophrenia and who attends a community mental health team in a Canadian urban centre is presented. His experience and that of his mother, employer, and clinical supports are shared through semi-structured interviews. The authors of this paper include a peer researcher who has been a participant in an IPS program.

**FINDINGS:** The enduring and individual support of IPS is credited with being central to the study subject's successful acquisition and maintenance of paid employment. His involvement in paid work is also associated with improved health outcomes, including a significant reduction in the frequency of medical appointments to monitor his mental health. Improved social skills and self-efficacy are also reported.

**CONCLUSION:** Provision of IPS services within a multidisciplinary mental health team can promote the acquisition of durable employment for individuals in recovery from serious mental illness. Clinicians are reminded to check their assumptions regarding which individuals could benefit from IPS, and are encouraged to take their lead from clients in determining whether to commence or continue employment services.

PMID: 19923668 [PubMed - indexed for MEDLINE]

**MeSH Terms**

**LinkOut - more resources**

# Individual Placement and Support (IPS)

The most well-established method of 'place then train' in mental health is Individual Placement and Support (IPS). IPS has been shown to be more effective the more closely it follows these eight principles:

1. It aims to get people into competitive employment
2. It is open to all those who want to work
3. It tries to find jobs consistent with people's preferences
4. It works quickly
5. It brings employment specialists into clinical teams
6. Employment specialists develop relationships with employers based upon a person's work preferences
7. It provides time unlimited, individualised support for the person and their employer
8. Benefits counselling is included.

The source of these principles is the Dartmouth IPS Supported Employment Center **website**

**A Fidelity Review** is a way of checking the extent to which a service is follows these principles.

# The evidence base

There is now overwhelming international evidence that 'place then train' models are much more effective than traditional approaches such as vocational training and sheltered work in successfully getting people into work.

The **EQOLISE project** (Burns et al 2007) compared IPS with other vocational / rehabilitation services in six European countries. It concluded that:

- IPS clients were twice as likely to gain employment (55% v. 28%) and worked for significantly longer;
- the total costs for IPS were generally lower than standard services over first 6 months;
- clients who had worked for at least a month in the previous five years had better outcomes;
- individuals who gained employment had reduced hospitalisation rates.

# Centres of excellence

# REPORT TO THE GOVERNOR

# IMPROVING EMPLOYMENT OUTCOMES:
Findings and Recommendations from the Closing the
Employment Gap Initiative

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# I.   Introduction

For the last six months the Closing the Employment Gap Initiative has been working strategies to improve the outcomes for historically unemployed and under-employed Oregonians in obtaining meaningful employment.  The target populations include people of color, people with disabilities, people experiencing extreme poverty, veterans, and individuals exiting the corrections system.

The Closing the Employment Gap (CEG) Initiative has been sponsored by the Governor's Office, the Department of Human Services (DHS) and the Office of Vocational Rehabilitation Services (OVRS) and is funded by a Medicaid Infrastructure Grant awarded to DHS/OVRS.  The initiative is supported by a high level CEG Work Group that includes a number of stakeholders, including governmental agencies, local workforce organizations, community-based programs that serve the target populations, as well as business and community leaders.

Over the last four months, the CEG Work Group, along with the consulting firm Public Works, has identified strategies and opportunities for system and program improvements to achieve better outcomes and service equity within Oregon's workforce system.

That process involved a comprehensive approach to arriving at the recommendations found within this report.  The process included:

- Regular ongoing meetings with the Work Group to discuss, analyze, and prioritize recommendations for improving employment outcomes for the targeted populations.

- Regional stakeholder engagement in four facilitated stakeholder sessions conducted around the state (Portland, Medford, Bend, and Hermiston) to collect input from government service providers, community-based organizations, as well as community and business leaders.

- National best practice literature review of programs and policies implemented outside of Oregon that have been successful in improving employment outcomes for disadvantaged populations.

- Oregon best practice interviews with local leaders throughout the State to identify best practices of successful programs here in Oregon, as well as gaps in the workforce system that are impeding successful outcomes for the target populations.

Finally, the Work Group identified several recommendations that are grouped in two distinct areas: state based recommendations and needed local demonstration projects. In addition, this report provides a three-year timeline for implementation to achieve the following:

- Empower the target populations to obtain meaningful employment.
- Enhance Oregon's workforce system by improving its ability and expanding its capacity to serve people with significant barriers to employment.
- Leverage system transformation efforts – such as Oregon's Health System Transformation – to improve employment outcomes for the target populations.

In submitting this final report to the Governor, the Work Group recommends that the Governor make a three-year commitment to the Closing the Employment Gap Initiative and start by endorsing the following first year-recommendations:

(LIST 1st Year recommendations)

## II. CEG WORK GROUP AND APPROACH

The Closing the Employment Gap initiative is being led by an Executive Team whose members include the Governor's Workforce Advisor, the Director of DHS and the Administrator and the Policy and Program Manager of OVRS. The Executive Team identified two important needs for the initiative: 1) to create a Work Group consisting of a wide range of stakeholders and 2) to look at existing reform and planning efforts within the workforce system to issue recommendations that complement current efforts underway.

**CEG Work Group.**

For the last four months the CEG Work Group met every two weeks to gather input, develop a process for stakeholder engagement, and identify the significant findings identified in this report. During the final month the CEG Work Group met every week to determine recommendations and a timeline for implementation of the recommendations. A list of participants to the CEG Work Group can be found in Appendix A.

The Work Group and the project consultants, Public Works, decided to implement the following process for determining the findings and recommendations identified in the report.

- Identify current data available regarding Oregon's Workforce system.
- Engage local stakeholders to identify gaps and improvements to employment outcomes for people with barriers.
- Research national and Oregon- based best practices
- Frame findings and stakeholder engagement from the perspective of those with barriers.

**Regional Stakeholder Meetings.**

To approach this project from the perspective of the customers Oregon is trying to serve through the CEG initiative, four customer profiles were developed as a framework for engaging stakeholders in the conversation. The four profiles can be found in Appendix B. In addition, workflow diagrams illustrating how services are provided were identified to provide local stakeholders a common understanding of how service delivery occurs within state-level programs (See Appendix C). The regional stakeholder meetings were conducted in the following areas: Portland, Medford, Bend, and Hermiston. Stakeholders participating in the regional meetings consisted of branch managers and front line staff from Department of Human Services, Vocational Rehabilitation, WorkSource Oregon, representatives from broad range of community-based organizations, employers, and advocates of the targeted populations. In each regional meeting the profiles were used to facilitate a planning session around two primary objectives:

- Identify the existing gaps and barriers to helping historically unemployed and under-employed Oregonians in obtaining meaningful employment.
- Identify viable and effective strategies for addressing the needs of targeted populations and improving employment outcomes for these individuals.

**Best Practice Research.**

Two sets of best practice research were completed for this report. First, a literature review was conducted on national best practice research. This literature review consisted of: 1) looking for evidence-based best practice models for improving employment outcomes, 2) state and local examples of model practices, and 3) new models of innovation. In addition, best practice interviews were conducted to collect examples of existing or past programs within Oregon that were designed with the goal of improving employment outcomes.

# CURRENT REFORM EFFORTS

Oregon has undergone several important reform and strategic planning efforts that are critical to improving employment outcomes for the target populations. Most notable are the health systems transformation effort, the 2012-2022 Workforce Development Strategic Plan, and the Prosperity Initiative.

**Health system transformation.**

Oregon is currently undergoing a major transformation of the State's health care delivery system. One of the main features of this transformation is increasing access to health coverage to more than 200,000 low-income Oregonians through implementation of the federal Affordable Care Act. Oregon's effort at creating a health system that will improve care and reduce costs is centered around three objectives.

> Objective 1: Reduce Medicaid costs, saving $11 billion over the next decade while getting better outcomes for patients.
>
> Objective 2: Coordinate care to focus on prevention, wellness and community-based management of chronic conditions.
>
> Objective 3: Create a new health insurance exchange so consumers and small businesses can do apples-to-apples comparisons of health insurance options.

The primary delivery of the new system will reside within Community Care Organizations (CCO's). CCO's will be responsible for providing physical and behavioral care and improving health outcomes, while adhering to a fixed global budget. Through the new coordinated care model, Oregon plans to meet the goal of better health, better care and lower costs.

**2012-2022 Workforce Development Strategic Plan.**

In December 2011, Governor Kitzhaber delivered a powerful charge to the Oregon Workforce Investment Board: transform the workforce development system to achieve better outcomes for Oregon's businesses and for all Oregonians who can and want to work. The Governor challenged the Board to create a strategic plan that results in:

- Greater benefit for businesses and job seekers by eliminating programmatic silos and promoting greater coordination, transparency and accountability.

- Increased opportunities for all Oregonians, including minorities, people of color and those with disabilities.

- Increased decision making about how to use public resources to solve problems at the level closest to Oregon's people – the local level – to the greatest extent possible.

- Expanded public/private partnerships to assure the relevance and long-term sustainability of workforce programs.

The resulting plan is a call to action for transformational change in Oregon's workforce development system - from a number of stand-alone programs and agencies to a highly-aligned and integrated system.  It challenges the system to move in a new strategic direction that will ensure businesses can find the workers they need to prosper and grow, and that Oregonians will have the knowledge and skills required to compete for the jobs of today and careers of tomorrow**.**  The main components of the plan include:

**Vision**

Oregon at Work: *Quality Jobs – Skilled Workers Contributing to a Strong State Economy and Local Prosperity*

**Goals**
- Oregonians have the skills they need to fill current and emerging high-wage, high-demand jobs.

- Employers have the skilled workforce they need to remain competitive and contribute to local prosperity.

- The workforce system is aligned, provides integrated services, and makes efficient and effective use of resources to achieve better outcomes for businesses and job seekers.

**Statewide Strategies**

1. **Industry Sector Strategies**:  Critical industry sectors fuel the state's economy. The workforce system must prepare workers for the higher wage, higher skill, in-demand occupations these sectors have to offer.  This approach creates a mutual benefit for companies and workers.

2. **Work Ready Communities:**  Oregon's communities must have and be able to demonstrate the skilled workforce necessary for companies to locate and grow here. Workers must have the foundational skills to be able to succeed in and grow the companies in their communities.

3. **System Innovation:**  Oregon's workforce system must work to find new ways to operate more efficiently and effectively to meet new challenges and deliver on outcomes in a time of shrinking resources. Partners in the workforce system must work together in new ways, and leave behind the systems and approaches that are less effective at meeting the stated outcomes and goals of this plan.

The Governor approved the plan in summer of 2012 and now Local Workforce Investment Boards are facilitating the development of implementation plans that will translate the statewide plan into real service for Oregonians and employers based on local needs and economies.

**Prosperity initiative.**

The Kitzhaber Administration, led by First Lady Cylvia Hayes, has launched the Prosperity Initiative to increase the prosperity of all Oregonians. This initiative consists of a two-pronged approach. First, ensure people have their basic needs met, specifically food and shelter. Second, address the long-standing, systemic root causes of poverty. The top three priorities the Prosperity Initiative identified to address the root causes of poverty include:

1. Reducing health costs.
2. Transforming public education.
3. Producing living wage jobs.

Currently the Prosperity Initiative is concentrating its efforts around two activities:

- Imbedding poverty reduction strategies into the Ten-Year State Budget Plan and the Early Learning Council.

- Engaging the business community in developing entrepreneurial approaches to improving opportunities for people to achieve prosperity.

It was the intention of both the Executive Team and the Work Group to recognize these efforts and have the report recommendations serve as action items to complement the reform and planning efforts currently underway.

## III.    FINDINGS AND GAPS

**National best practices findings.**

(JENNI)

**Oregon best practices findings.**

There were a number of examples of work being done to provide better quality services and outcomes for Oregonians seeking employment.  Numerous interviews were conducted by Public Works throughout the state to learn and identify examples of successful programs and practices being carried out by government entities and community-based organizations.  Included below are examples of some of the best practices that stood out as models by which future efforts at improving employment outcomes can be shaped.

*Back to Work Oregon program.*

The Back to Work Oregon program was launched in 2011 with the goal of placing at least 1,300 Oregonians that have been unemployed for an average of 11 months into jobs.  The program consisted of two components:

- On-the-Job Training.  The program reimbursed companies for the cost of training a new employee.

- Oregon's National Career Readiness Certificate (NCRC).  Individuals in the program were able to validate the foundational workplace skills they needed to succeed in their training plan and then on the job by earning a Certificate.

With an investment of $3.28 million, the Back to Work Program has placed 1,400 unemployed Oregonians into permanent jobs with 931 earning a National Career Readiness Certificate.   Many of the Oregonians in the program receiving training had faced long-term unemployment and had low levels of education attainment.  Despite these barriers, the Back to Work participants were able, on average, to start their new jobs at 97 percent of their previous earnings.

While relatively new, the Back to Work program offers an example of effective employer engagement that can help individuals with barriers obtain employment.

*Supported Employment.*

Central City Concern (CCC) is a nonprofit agency that serves those impacted by homelessness, poverty, and addictions in the Portland Metro area.  CCC provides affordable housing options and social services including health care, recovery and

employment.   The Supported Employment program with CCC offers an intensive job development and individualized placement support for individuals with significant barriers.

The Supported Employment program consists of a three phase process: assessment, placement, and retention.

> Assessment.  During the assessment phase a standard assessment is used. The assessment covers work history and employment goals but also includes information about barriers, such as medical challenges, mental health challenges, criminal background, and credit history.  Support systems and education history are also covered.
>
> Placement.  The employment specialist staff within CCC go into the community and meet with employers and establish close relationships. Employment specialists meet weekly and have weekly target contacts with employers.  A key component to the placement phase is making sure the customer has all the tools they need for their job search, such as a resume, a master application, interviewing skills, interview clothing, and transportation assistance.  Finally, employment specialist staff operate on the notion the sooner an individual has a face-to-face meeting with an employer, the more they will remain motivated and engaged in the process.
>
> Retention.  After an individual has been placed in a job, follow up contact and work with the customer continues.  During the initial start of work, a plan for the first day is produced and follow-up with both the employer and customer are made during the first week.  Then every couple of weeks for the first couple months contact is made with both employers and customers.

The Supportive Employment program is based of the following principals:

- Competitive employment is a goal.
- Eligibility is based on consumer choice.
- Rapid job search.
- Service integration.
- Long-term support.

During the period of July 2007 through June 2009 detailed service and outcome data were collected on CCC's Supported Employment Program.  During the two-year study period 94 percent of participants lived in CCC's Alcohol and Drug Free Community, while the remaining 6 percent lived in other alcohol and drug-free housing.  100 percent of the individuals had primary substance abuse disorders and 28 percent met HUD's definition of chronically homeless.  The majority (70 percent) had felony convictions.

During the reporting period, seven employment specialists each worked with up to 30 individuals at one time. The following placements and outcomes were determined:

Total enrollments: 319
Placed in employment: 227
Median wage: $8.70
Average wage: $9.96

A study of the program reported $1,754 in annual costs per person for supported employment programming and average expenditures of $4,434 per year for supported housing and treatment.

This program offers an example of how effective supportive employment practices can lead to positive employment outcomes for individuals facing significant barriers.

*Pathways out of Poverty project.*

The Pathways out of Poverty project was implemented in the Portland Metro area and focused on green careers. The project received $4 million in federal funds through a highly competitive USDOL grant. (over 600 applicants applied and only 38 grants were awarded.) The purpose of the project was to provide training and career coaching with the goal of providing entry into living wage Green Career Jobs to communities of color, ex-offenders, the homeless, and veterans. Of the participants 63 percent received public assistance, 61 percent were people of color, 19 percent had a criminal history, and 12 percent were homeless. By building a diversity of partners and recruiting over 100 employers to participate in the project, a pool of qualified workers was created to benefit local businesses.

The project, during the grant period, included 403 participants, of which 240 were hired at average wage of $15.75.

The lessons learned by those participating in the project included:

- Complex collaboration requires new and flexible approaches, increased transparency, and ongoing communication.
- Shared decision making results in empowerment of partners and co-ownership of the outcomes.
- The WorkSource system can be used as an effective platform on which to build new resources, partnerships and services.

The above examples are just a sampling of the type of efforts being conducted throughout the state. Other best practice programs that were reviewed included veterans advocates, Local Workforce Investment Board (LWIB) collaborative partnerships, and prisoner re-entry, to name just a few. Collectively, what these

various efforts posses are some of the key characteristics needed to improve employment outcomes.  Some of main features of the Oregon best practice examples include:

- Collaborative partners.   These efforts were not possible with just one agency or community-based organization –  a team approach was required.

- Customer oriented.  The goal was serving the customer rather than serving prescribed rules or by-the-book answers.

- Active employer engagement.  Employers were viewed as central partners as well as customers.

- Progress was measured and reported.

**Regional stakeholder findings.**

The purpose of the regional focus groups was to engage local stakeholders who serve the target populations in identifying:

- existing gaps and barriers to helping historically unemployed and under-employed Oregonians in obtaining meaningful employment, and

- viable and effective strategies for addressing the needs of the targeted populations and improving employment outcomes for these individuals.

Stakeholders participating in the focus groups identified more than 50 factors or barriers that influence the ability of historically unemployed or under-employed individuals to prepare for, obtain, and retain employment (see the Appendix D for complete documentation of each focus group).  While the barriers vary in number and in type depending on the target population, individual and geographical location, a few were identified as significant across all target populations:

- Access to appropriate health care.
- Stable housing.
- Stigma and stereotypes associated with being poor, homeless, disabled, having a certain health condition or a criminal background.
- Low self esteem and lack of adequate aspirational support that inspires and motivates.
- Lack of social and life skills (for example, managing personal finances, ability to self assess, ability to communicate effectively and market oneself).
- Some job skills but episodic work history or little/no job experience or certifications.
- Inadequate access to workforce training.

Focus group participants were asked to identify possible strategies for addressing these barriers by responding to the question:

> *"Given what we know about the current service delivery system and considering what we typically see as the most significant challenges for the target populations, what will be the most effective strategies for improving employment outcomes?"*

While each group had unique responses to this question, several recommended strategies were common across all four groups.

- **Collaboration.** Increased coordination, communication, and integration of resources, data, and service delivery systems are needed to successfully serve the target populations. Greater levels of collaboration will be required to provide effective referrals and build the continuum of services and supports necessary for individuals in the target populations to achieve ongoing and stable employment.

- **Incentives and supports.** Un- and under-employed individuals in the target populations need incentives that motivate and empower them to obtain employment and the on-going supports that help them sustain their employment over time. These include: strengths-based approaches and role models, peer mentoring and coaching, follow-along services and monitoring for a full year post-hire, 1:1 workplace mentors, adequate and effective treatment of on-going health conditions, benefits planning, and the basic supports of housing, transportation, and child care.

- **Education and awareness.** Employers need to overcome misconceptions they may have about hiring workers from the target populations. This can be accomplished through awareness and education about the advantages of hiring these individuals, including tax credits and incentives that are available to businesses. Two of the focus groups recommended a marketing campaign that focuses on success stories of employers hiring and retaining individuals with barriers to employment.

- **Work readiness.** In order to address the self esteem issues common to the target populations, disadvantaged individuals need an opportunity to acquire practical workplace and job-related skills quickly so they can experience the tangible benefits and positive experience of having a job. Some things that will help facilitate a faster-paced progression toward employment are workshops for job seekers followed by "job clubs," computer job search skills, rapid or short term training/educational opportunities, paid work experience, short-term vocational training for those with GED or no diploma, apprenticeship models for soft skills and literacy, job carving, and rapid job search (vs. lots of classes/training).

- **Client-centered service delivery**.  Too often services for disadvantaged populations are designed from the standpoint of the client's greatest risks and deficits or "what needs to be fixed" rather than the assets the customer has to offer an employer.   Many individuals from the target populations have been through or are going through significant trauma in their lives and the prospect of navigating a maze of fragmented and disconnected programs and services is simply too overwhelming.  The idea is for providers to establish intake processes that help clients feel safe and to implement practices that boost client self esteem.  These practices include strengths-based assessment, group processes and meetings where clients can feel comfortable with and learn from their peers, simplification and streamlining of processes from the client's point of view, and self-directed services.

**Highest impact strategies and practices.**

Finally, participants in the regional focus groups were asked to identify the strategies that would be most effective in reducing and eliminating barriers for the target populations.  Specifically, participants considered:  1) what strategies they wanted to see implemented most of all, 2) which strategies would have the greatest overall impact on the target populations, and 3) which strategies align well with other workforce development efforts within their region.  The four groups identified the following as "high impact" strategies:

- Education of employers and partners about the advantages/possibilities of hiring disadvantaged individuals/workers and the available work incentives and tax credits.
- Seamless service delivery from the point of intake, whatever the entry point.
- On-going mentorship and coaching of individuals after they are hired.
- Creation of a needs assessment and referral wizard connected with 211.
- Identification and implementation of effective peer supports.
- Messaging to clients and providers within the system(s) the powerful, positive, therapeutic benefit of work.

**System findings.**

Based on the research gathered during the course of this project, as well as discussions and presentations made during the Work Group meetings, a number of findings emerged about the worksource delivery system as a whole.  Those findings revealed a number of areas that if strengthened, could improve the outcomes of all utilizing the workforce system.  However, if those with barriers were to equally benefit from improved system outcomes, service equity needed to be a core component to each improvement area.

The areas identified were improvements can be made are described below:

Education and Awareness.  This was perhaps the most commonly mentioned area in which Oregon's workforce system could be strengthened.   Most of the comments centered around two needs: better communication to customers (individuals and employers) and improved internal communication between state agencies.  For individuals and employers it was how to ensure the information and referrals that are made are correct.  Internal communication between various agencies came up as an issue repeatedly.  The common refrain was either, "no one knows what we do" or after meeting with other staff from different agencies "I wish we had more time or opportunities to share information."

Professional development.  Opportunities to learn best practices, get training on how to recognize barriers (i.e. mental illness), and know how to best refer individuals to the best place within the workforce system were some of the main comments regarding professional development and staff training.

Access.  Apart from communication this was perhaps the second most common topic discussed.  Access issues centered around two areas.  One was making it more comfortable or easier for customers to access the system.  The second was access related to geography.   Those in rural or less urban areas expressed a desire to have one-stop access locations that included DHS, Vocational Rehabilitation, and WorkSource Oregon.

Supports/incentives.  When it came to greater employer engagement and more effectively offering support to individuals the issue of supports and incentives was universally discussed.  For employers, it was incentives that made it easier for employers that want to hire individuals with barriers as well as incentives to recruit additional employers.  The Work Opportunity Tax Credit came up in several discussions as an effective but burdensome incentive for employers.  Supports for individuals often centered on having support past three months, with medium and long-term support needed if individuals are to become self-sufficient.

Case management.  Perhaps the main comment on the workforce system as a whole, was how to best serve people with barriers when Worksource Oregon handles such a large volume and is no longer doing case management.   A better way to balance and coordinate the need for case management for people with barriers and the volume of individuals utilizing WorkSource Oregon needs to be developed.

Information.   The need for better information was expressed in several conversations.  For the entire system the conversation was focused on data.  The sense was there needs to be a dashboard in which information about individuals and their utilization could be determined.   In addition, there is a need to have information or standardization around making proper referrals.

> Collaboration, Partnership, and Integration. This was a central theme about fragmentation within and among systems and its impact on the ability to serve clients holistically. Of all the people and groups included in the needs assessment, all of them indicated there is a need to enhance working relationships, gain clarity about the roles of different providers and try to align and integrate service delivery.

## System Gaps.

When looking at the research, listening to regional stakeholders, and interviewing local practitioners a number of system gaps emerge. They include:

- No identification of WorkSource Oregon and the supported employment service landscape. Certain areas have access to critical support, i.e. disability navigators, while others do not. Equity of services offered remains elusive since there is no clear picture of the type of resources available throughout the state.

- No common identification of programs that work.

- No shared referral system. Almost all providers, be it from a state agency or community benefit organization, have an informal network of referrals and there is no common guide or platform from which to identify quality referrals. Often providers either share how someone was improperly referred to them or they mention "no one" really knows what we do.

- No strong linkage between health and employment.

- Lack of culturally sensitive access points for many communities of color.

- Little, if any, targeted employment models for specific communities of color. While not every employment model was reviewed for this report, it is notable that no specific model emerged that is targeted specifically to a community of color.

- No identified common customer approach.

- No coordinated effort towards employer engagement. Employer engagement is often piecemeal and siloed within a state agency or program.

- Limited opportunity for best practices to be replicated or scaled up. Too often the models of innovation and best practices are funded by temporary sources, most commonly federal grant or one-time state funds. The result is most of the best practices operate "outside" the WorkSource Oregon and

supported employment delivery system rather than becoming imbedded into the system.

In order to close a number of these gaps some essential service needs and system values need to be ubiquitous within the workforce delivery system.

*Essential service needs.*

To best serve individuals with barriers the following services need to be available to the customer.

- Supportive access points – including both hours of operation as well as culturally sensitive access points.
- Proper information and referrals.
- Access to supportive employment.
- Access to training and skill enhancement.
- Peer support.
- Quality employment opportunities.

*System values.*

For individuals with barriers seeking employment the following values need to be a part of any entry point by which an individual engages the workforce delivery system.

- Customer centered.
- Strength based.
- Trauma informed.
- Culturally sensitive and responsive.
- Employment can promote recovery and wellness.
- Practitioners work in collaboration.

## IV.   RECOMMENDATIONS.

Oregon is in the process of creating a 10-year strategic framework aimed at all Oregonians achieving prosperity.  As part of this framework, the state has already embarked upon several important reform and strategic planning efforts that are critical to improving employment outcomes for the target populations, including the health systems transformation effort, the 2012-2022 Workforce Development Strategic Plan, and the Prosperity Initiative.

Economic stability is central to all of these efforts, and for most working-age adults, economic stability depends on having a living wage job.  Having meaningful work depends on many factors.  Nonetheless, research has shown that having and keeping a job depend significantly on:  1) having the right skills; and 2) having access to the supports necessary to fully engage in the workplace – support such as health care, child care, transportation, and stable housing.

Unfortunately, historical data on un- and under-employed people in Oregon shows that certain groups of Oregonians – people of color, people with disabilities, people experiencing extreme poverty, veterans and individuals exiting correctional systems –for many years have had higher rates of un- and under-employment than the general population.  In other words, the groups most likely not to be experiencing prosperity are also the groups that have not benefitted from past economic and workforce development efforts.

As Oregon examines its priorities for economic recovery, the CEG Task Force is recommending strategies to ensure that those groups who have historically failed to benefit from previous economic and workforce development strategies don't get left behind.  The recommended strategies were carefully chosen to align with Oregon's Workforce Development Strategic Plan and achieve the following vision by the end of 2015:

- Increase employment of individuals within the target populations.

- Expand access to existing employment services and realign/redeploy resources from multiple systems to address the employment and training needs of the target populations.

- Improve critical cross-systems (housing, health care, and employment services) linkages so that jobseekers within the target populations have the needed supports to obtain and sustain employment.

In moving toward this vision, the CEG Work Group recommends that the State and all of the local partners involved in serving the target populations commit to the following guiding principles:

- Treat individuals served by multiple providers and systems as "a common customer," allowing these individuals to bridge more easily between providers and systems in seamless manner.

- Get the best data possible on the target populations so limited resources can be targeted intentionally and more effectively.

- Build upon what is already effective through expansion, alignment, and better coordination of resources and activities.

- Prioritize strategies that are low/no cost or where existing resources can be re-deployed.

- Leverage, align, and enhance the flexibility of disparate funding streams in order to move beyond the restrictions that inhibit partnership.

- Support and implement high impact, sustainable strategies that contribute to service equity and equitable outcomes for the target populations.

- Build the capacity of agencies and organizations that demonstrate successful delivery of service to the target populations.

- Create clear and agreed upon metrics to measure employment outcomes and service equity for the target populations.

The Work Group has identified in two distinct categories: state based recommendations and needed local demonstration projects. The table below illustrates how each of the CEG state recommendations aligns with the three statewide strategies identified in Oregon's 2012-2012 Workforce Development Strategic Plan.

| CEG Strategic Recommendations | State Workforce Development Strategies |
|---|---|
| Community Care Organization and employment service linkages | Work Ready Communities |
| Mapping of support services, resources, and access Points | Work Ready Communities |
| Data improvements | Work Ready Communities |
| State work incentives and tax credits for employers | Industry Sector Strategies |
| Employer engagement | Industry Sector Strategies |
| System facilitation | System Innovation |
| Best practices and service equity | System Innovation |
| Federal funding and waiver coordination | System Innovation |

**State recommendations.**

**Community Care Organization (CCO) and employment service linkages.**

*Need:* Many of the individuals in the target populations that are part of the CEG initiative are recipients of Medicaid or one of the other insurance affordability programs that are offered by the state or will be under the federal Patient Protection and the Affordable Care Act. Because employment is a social determinant of health, Oregon's new Coordinated Care Organization (CCO) structure provides an excellent entry point to track employment status and refer individuals who are unemployed or under-employed to employment service and workforce training providers who can assist them.

A Coordinated Care Organization, or CCO, is a network of all types of health care providers who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs have the flexibility to support new models of care that are patient-centered and team-focused, and reduce health disparities. This new model provides the opportunity for early discovery of employment needs within a system that serves a significant number of people within the CEG target populations.

*Recommendation:* Work with the Oregon Health Authority and the CCOs to include employment and economic opportunity as a benchmark in the care planning process.

*First step recommendation.*

- Implement assessment and tracking of employment status in the CCO intake process so that all Oregonians are connected with opportunities for economic security, no matter where they "touch" the human services system. In assessing an individual's needs at intake, employment would be recognized as a determinant of health and included in the health care plans of CCO members.

*Additional follow-up action items needed.*

- Provide information and resources to CCOs so they can make appropriate referrals of their members to qualified organizations providing employment services.

- Explore creation of a 1915(i) employment services packet that includes post-employment support for individuals that need help with at least two Activities of Daily Living (ADLs).

- Explore expanding information and referral to employment service providers for all individuals who are eligible for Insurance Affordability programs under CoverOregon, the state's health insurance exchange.

**Mapping of support services, resources, and access points.**

*Need:* Oregon's workforce and support service landscape needs to be mapped. Currently the resources and access points to individuals with barriers varies greatly. In some areas there are adequate supportive services and resources but in other areas they are sufficiently lacking. Access points for certain populations remain a barrier as well.

*Recommendation:* Begin the process of developing an access and resource map.

*First step recommendation.*

- Interagency and workgroup to identify mapping scope. For example, the scope of the mapping project could include locations of government entities to seek services, community-based organization entities to seek services, and resources available within areas, such as veteran employment representatives.

*Additional follow-up action items needed.*

- Produce resource/access map.

- Identify gaps in resources/access.

- Prioritize gaps that need to be filled.

**Data improvements.**

*Need:* There is a need for better data comparison and data collection in order to track outcomes and utilization of workforce related services and to ensure greater accountability for service equity within and among the programs serving disadvantaged populations. An additional need is the ability to integrate data so it is possible to identify the range of services an individual has been provided or attempted to utilize.

*Recommendation.* Develop a data system that has the ability to track service equity.

*First step recommendations:*

- Identify possible gaps in Oregon's PRISM system. Specifically, steps should be taken to identify other data sets that could identify if there is underutilization of populations accessing Oregon's workforce system.

- The Work Group supports the modernization effort by DHS and recommends those efforts be done with the intention to link DHS's data system with workforces OLMIS system. The goal should be to create interoperability between the two systems.

*Additional follow-up action items needed:*

- Start a community of practice to track outcomes and learning from programs that are doing an effective job of serving individuals in the target populations.

**State work incentives and tax credits for employers.**

*Need:* Oregon has a range of state and federal work incentives and tax credits available to employers to hire, train, and provide support to individuals with barriers.  However, an inventory of those work incentives and tax credits does not exist.

*Recommendation:* Create an employer guide of work incentives and tax credits available to Oregon employers.

*First step recommendations:*

- Create an inventory of federal and state work incentives and tax credits available to employers.   The inventory would then be used to develop an employer's guide.


*Additional follow-up action items needed:*

- Outreach to tax accountants, business organization, and employers about the employer guide.

- Gap analysis on the work incentives and tax credits currently available.  A gap analysis would include identifying the utilization and efficacy of state work incentives and tax credits.

- Increase the resources and capacity to provide benefits planning for people with disabilities so they can learn how work influences their benefits and reduce their fears and concerns about starting/returning to work.

**Employer engagement.**

*Need:* As Oregon recovers from the recession and businesses start to hire again it is critical that employers look at opportunities to hire those with barriers from the available labor pool.

*Recommendation:*  State Government should lead by example by instituting hiring practices that include opportunities for individuals with barriers.   In addition the State should develop an outreach campaign to employers similar to the "Beyond the Label" campaign.

*First step recommendations.*

- Develop a common customer approach to employers regarding hiring of people with barriers.

- State government should develop and implement a "Government as a Model Employer" initiative for the CEG target groups. This would be tailored on the model employer efforts started by the federal government for individuals with disabilities in which several states and cities, including Portland, have adopted. The Governor could create the model by executive order similar to how the executive order issued by President Obama.

- Pilot a "single point of contact" for employers with federal contracts that will need to meet certain hiring goals under the President's executive order and help them tap into state-level workforce programs as a conduit to a ready pool of job applicants/workers.


**System facilitation.**

*Need:* To improve employment outcomes for those with barriers, the workforce system needs to be better coordinated with an emphasis on individual customer service.

*Recommendation:* State government should start with better "warm" hand-offs as individuals move from one agency's set of services to another. In addition, the state should provide support and capacity for greater regional coordination and information sharing.

*First step recommendations.*

- Develop a coordinated referral system for agencies and community-based organizations. The referral system would include a referral guide on the type of services available as well as contact information.

- Regional coordination. The state would sponsor regional coordination workshops and information sessions for local branches/agencies and community based organizations to learn, share information, and identify better ways to coordinate services to those with barriers.


**Best practices and service equity.**

*Need:* There are three areas of need for best practices as it relates to achieving service equity within Oregon's workforce system. These areas include: 1) creating an inventory of best practices available to State and community-based organization

service providers, 2) documenting the efficacy of identified best practices, and 3) replicating and expanding the use of evidence-based best practices.

*Recommendation:* Create a best practice inventory that includes emerging practices, best practices and evidence-based practices. The State should also identify a protocol for program evaluation to identify what becomes a "best practice."

*First step recommendations:*

- Create an inventory of best practices including both evidence-based best practices and best practices that lack evidence-based data. Identify gaps in best practice programs.

*Important next steps.*

- Create an inventory of known emerging practices, possible best practices and evidence-based practices.
- Develop a protocol for program evaluation to become a best practice.

*Additional follow-up action items needed.*

- Collect data on best practices that lack sufficient data to become evidence-based.

- Expand availability and utilization of identified evidence-based and identified best practices.


**Federal funding and waiver coordination.**

*Need:* State federal funding and waiver activity is often identified and pursued within the confines of any given agency. Opportunities to improve service equity or pursue federal funding for all parts of the state (i.e. rural Oregon) can often fall through the cracks. An intentional state-coordinated effort for pursuing federal funding and waivers around service equity and populations with barriers is needed.

Since a large portion of workforce related programs/supports are federally funded the need for better coordination of federal funding and waiver activities to enhance service equity was listed as an opportunity for improvement. Specifically, new and additional waiver and/or federal funding opportunities like the waivers potentially available in the TANF program, should be pursued with an eye toward alignment across workforce programs and delivery systems.

*Recommendation:* The state will have a coordinated federal funding and waiver strategy that makes service equity a priority.

*First step recommendations:*

- Pursue TANF waiver opportunities.

- Draw down federal funds under the SNAP program.

- Establish an interagency workgroup to coordinate federal grant funding and waiver opportunities.

**Local Demonstration Projects.**

The CEG Work Group recommends at least two or three demonstration projects be taken up around the State.   These demonstration projects should be specifically targeted to serve as implementation models to close important system gaps. Recognizing that resources are limited, the intention is for these models to be incubated within the existing system and that expansion and replication of these projects can be accomplished with very limited, if any, additional resources.

The Work Group has identified the following gaps as high priority area for demonstration projects.

1. Connecting CCO implementation with employer supported services.

2. Creating culturally sensitive access points.

3. Developing best practice model for a community of color.

4. Designing a common customer engagement practice.

5. Identifying successful initial engagements for customers with barriers.

For each of the demonstration projects the following characteristics are encouraged:

- Start with the population of interest.
- Determine what you want to accomplish.
- Continuously focus on the customer's experience in the system.
- Be inclusive and participatory in the analysis and planning process.
- Think through how all aspects of the relevant systems affect the customer's experience.
- Measure progress and continually adept.

## V.     CONCLUSION

Gaps in the report.

Next steps.
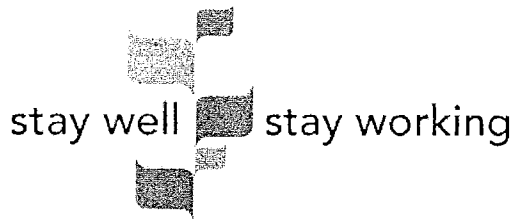
# Opportunities to Apply Effective Components of Stay Well, Stay Working to Populations with Similar Needs
## October 2010

## Background

Minnesota was one of five states that participated in the Demonstration to Maintain Independence and Employment funded by the Centers for Medicare and Medicaid Services. Under this research Demonstration, the Minnesota Department of Human Services (DHS) developed an intervention – Stay Well, Stay Working (SWSW) – that offered working persons with a serious mental illness (SMI) a comprehensive set of health, behavioral health, and employment support services.

The goals of the research Demonstration were to:

1. Create a comprehensive and coordinated set of health care, behavioral health, and employment based supports for employed individuals with SMI;

2. Determine how access to and utilization of these services and supports influences the progression of potentially disabling conditions; and

3. Prevent or delay a person with SMI from becoming disabled and no longer able to work.

## Stay Well, Stay Working Outcomes

The three-year SWSW evaluation used a randomized design and found the following participant outcomes:

- Fewer applications to Social Security Disability Insurance (SSDI)
- Improved functioning, reductions in limitations in ADLs/IADLs
- Improved mental health status
- Higher earnings and greater job stability
- Greater connection to a regular medical provider or clinic for routine care and preventative services
- Lower rates of medical debt
- Less likely to delay or skip needed care because of cost
- Better quality of life

## Introduction

The Stay Well, Stay Working (SWSW) program demonstrated that the provision of Navigation and employment supports as a supplement to health coverage fostered health, employment and independence, and prevented or postponed disability. The success of SWSW with a very diverse service group suggests that its lessons learned are likely to be applicable to other populations who are dependent upon or at risk for dependency on public supports, and who currently experience inconsistent access to health care.

## About this Brief

This brief will explore the principles and elements of the SWSW program that could be valuable and potentially applicable to other

populations, specifically certain groups who will become eligible for health insurance under Health Care Reform, and those receiving cash benefits from the Temporary Assistance for Needy Families program (TANF). We describe aspects of the SWSW model that are well suited to meet the needs of each population, and review lessons learned about aspects of SWSW that are most relevant to these groups.

## SWSW Participants

The SWSW program targeted working individuals with serious mental illness. A mental health assessment was required to verify a diagnosis of a serious mental illness prior to enrollment. The most frequent diagnoses included depression, anxiety disorder and bipolar disorder. Approximately 40 percent disclosed a current substance abuse problem and 22 percent had below average scores on a scale of physical health.[1]

Participants had to work at least 40 hours a month to be eligible. Two-thirds worked in the clerical/sales or service sectors and participants' average annual income was $18,888.[2] More than half were 35 years of age or older, 61 percent were female and only 9 percent were married. They were predominantly white and were fairly well educated, with most having a high school diploma or better. The table in the appendix of this brief provides additional detail on the characteristics of SWSW participants and the other populations discussed in this brief.

## Populations Who could Benefit from the SWSW Approach

### *The Medicaid Expansion Population*

Over 17 million low-income uninsured adults will meet the expanded Medicaid eligibility standards under the Accountable Care Act.[3] They are likely to have had limited access to health care and their employment may be unstable. Since many low income women currently qualify for Medicaid as caregivers of children, many newly eligible adults will be single males.

About two-thirds of the population that will become eligible for Medicaid work full or part-time, although many have very low incomes, with almost half earning 50 percent or less of the Federal Poverty Level (FPL). Almost 70 percent have completed a high school education and the majority is under age 35.[1]

Many in the expansion population can be classified as chronically under- or uninsured and likely have a limited understanding of and experience with health care coverage and how best to navigate the health system. Findings from the SWSW program suggest that health insurance coverage alone is not always enough. SWSW participants benefited from the education and support received from the Navigator to maximize use of their benefit set to reach their goals. This population would benefit from being oriented to their Medicaid benefits and receiving assistance in navigating the service system to establish desirable patterns of primary and preventive care.

A small but significant proportion of this population will have physical or mental health impairments, coupled with chronic medical conditions, putting them at risk for disability. Given their health and employment challenges, they could benefit from working with Navigators trained to recognize the important connections between health and employment. An assessment and goal setting process that addresses both wellness and employment goals can help such individuals get the health care they need to stabilize their medical conditions, allowing them to maintain and improve attendance and productivity at work.

Many of the remainder who are *not* at risk of disability may be at risk for dependency on TANF, General Assistance and/or Supplemental Nutrition Assistance Program (SNAP) because of their low incomes. SWSW showed statistically significant but small reductions in the use of such programs. For example, approximately 12 percent of both the intervention and controls groups ended participation in General Assistance by the end of 12 months. An additional 1.2 percent of the intervention group

could be considered to have ended participation due to SWSW participation. Nearly 5 percent of both the intervention and control groups ended their use of Supplemental Nutrition Assistance by the end of 12 months. An additional 0.12 percent of the intervention group could be considered to have ended use due to SWSW.[5] It may be worth testing whether this positive effect could be replicated or increased for this group through provision of holistic health and employment navigation and supports.

## People with Pre-Existing Conditions

According to Families USA, 52.7 million people, about 22 percent of the population under age 65,[6] have pre-existing conditions that can prevent them from accessing health insurance. Relatively little is known about this group, which draws from all socioeconomic groups and has varied medical conditions. A study by The Lewin Group of a sample of state high risk pools found that only a few conditions, (psychoses, obesity, diabetes, chronic obstructive pulmonary disease and coronary artery disease) exceeded 1 percent prevalence. The study also found that the lowest-income Americans are the most likely to have a pre-existing condition, suggesting that many have employment problems.[7]

A number of people with pre-existing conditions are likely to be at risk for becoming disabled, making them a prime target population for a program designed to maintain health, wellness and employment.

Individuals covered by the high risk pool who are working at relatively low paying jobs, have a diagnosed psychiatric or other disabling condition, and lack a stable, comprehensive source of health insurance would likely benefit from navigation and employment support services. Navigation services could orient users to their services and assist them to access services to address a backlog of unmet healthcare needs, working closely with chronic care management programs. At risk individuals would also benefit from support in negotiating with their employers for accommodations to address chronic health

issues, and a focus on setting employment goals and getting support to meet them.

A subset of high risk pool applicants may be working less than 40 hours per month or not working at all. Some may be disabled and should be assisted to apply for SSI or SSDI, but others may have the potential to improve their health and their employment status. Individuals with chronic conditions may use the goal setting process to focus on better understanding and improving self-management of their conditions. Navigators can also provide advocacy and referrals to assist them to identify, access and coordinate the range of services they need. Some members of this group may benefit from connection to specialized Vocational Rehabilitation services.

## Temporary Assistance for Needy Families Recipients

The Temporary Assistance for Needy Families program (TANF) provides cash assistance to needy families. A substantial proportion of TANF parents suffer from mental health or substance abuse problems. As of December 2009, 43 percent of TANF eligible caregivers in Minnesota had a serious mental diagnosis and 26 percent had a chemical dependency diagnosis over a three year period.[8] A number of them are disabled and others experience their mental health problems as barriers to employment. This is therefore a population with a substantial risk of developing mental health disabilities.

Nationally, roughly a quarter of TANF adults are employed,[9] though for many, prospects for advancement are limited. About half are looking for work, but more than a quarter are not looking for work, often because they are discouraged.[10] Lack of recent employment, limited work experience, and limited education (less than half have a high school education[11]) are barriers to employment for many.

In addition to income support, the TANF program provides a range of vocational supports to support recipients in meeting the requirement that they begin working

or engage in work-related activities within two years. Most TANF recipients are eligible to enroll in Medicaid for health services.

The goals and scope of TANF services are similar to those of SWSW, and certain lessons learned in SWSW are likely to be highly relevant to the TANF program. One key lesson was that SWSW participants often needed to first resolve or stabilize ongoing health and mental health problems in order to effectively address job search or other employment goals. TANF agencies may wish to incorporate a greater focus on actively identifying recipients' health problems and assisting recipients to access needed health services. This may ultimately improve employment outcomes.

Another lesson was the effectiveness of using a strength based and individualized goal setting process with ongoing telephonic follow-up. SWSW Navigators were trained in motivational interviewing to facilitate engagement and empower individuals to pursue their health and employment goals. These techniques may help discouraged individuals to become more motivated, confident and hopeful, and ongoing social support can help individuals to sustain their efforts.

SWSW also demonstrated the value of working holistically with individuals, addressing their needs comprehensively. For TANF caregivers, a holistic focus will need to incorporate attention on children's health or education issues, since caregivers may need to resolve such issues to be free to focus fully on employment or education.

To adopt these approaches TANF agencies may need to consider revising policies and developing innovative strategies to meet regulatory requirements that allow for greater flexibility and individual responsiveness.

# Implications for Implementation

This section describes those aspects of the SWSW intervention most applicable to health and employment programs that serve the populations identified here. These include: outreach and enrollment processes,

wellness and employment navigation services, ensuring a holistic approach, and incorporating employment supports.

## Outreach and Enrollment Processes

Successful implementation of an intervention requires a process to identify, recruit and determine eligibility of individuals most likely to benefit from the services to be offered. The Minnesota Department of Human Services (DHS) was responsible for outreach and recruitment. Their strategies were successful in identifying and enrolling a hard to reach target population — individuals with mental illness who are working and at-risk of pursuing Social Security Disability.

To recruit SWSW participants, Minnesota's Department of Human Services analyzed and compiled data from the Medicaid claims of several state health programs and The Minnesota Department of Employment and Economic Development wage data bases to identify individuals who were potentially eligible for the program. DHS looked for individuals with both mental health care claims (including pharmacy services.) and a sufficient earnings history to meet the requirement of working a minimum of 40 hours/month. Identifying potential enrollees through MMIS claims and wage data bases proved to be a successful and efficient process for the state. This method could be used for TANF recipients who are enrolled in Medicaid. High risk pool application information and health screens are other potential sources of relevant data on individuals who do not have a history of claims.

SWSW applicants responded to targeted mailings, and the state enhanced the response rate by tailoring their outreach letters to be more welcoming and inviting and conducting thorough and intensive follow up efforts.

Like the SWSW target population, individuals who have been without health care coverage, or who have had negative experiences trying to access health care services, will need significant outreach and positive recruitment efforts. State agencies that have traditionally had a

culture of excluding applicants from services due to limited resources now face a paradigm shift to a culture of expanding health care coverage and creating an enrollment process that is seamless and automatic for individuals. DHS provides an example of transforming recruitment letters and streamlining application and eligibility determination processes to minimize barriers to recruitment.

## Wellness and Employment Navigation Services

The purpose of the Navigator in the SWSW program was to educate, support and empower participants to manage their physical and mental health as well as their employment issues, and to learn how to access health, employment and community service providers. Navigators served as neutral guides in assessing participants' physical, behavioral and employment status and matching identified needs to available resources. The primary functions of the Navigator included: assessment, planning, referral, and service coordination for participants.

Goal setting was individualized, with each individual setting their own goals in the domains of wellness and work. Navigators also helped participants to assess barriers to achieving those goals and the steps needed to address any barriers and make progress toward the goal. Qualitative feedback indicated that participants found goal setting to be an empowering process. Ongoing telephonic contact in the following year offered supportive counseling to participants as well as any additional needed referrals or advocacy. This helped participants to be accountable for reaching their goals, and offered them social support. Over time, they gained familiarity with accessing their services and needed less assistance in navigating the service system. Many conducted an annual review with their Navigator to reassess their needs, review progress, get additional referrals and set new goals.

Navigation could be effective for the Medicaid expansion population, people with pre-existing

conditions, and TANF recipients because, like SWSW participants, these groups experience mental illness or other potentially disabling conditions, are underemployed and need additional supports, and they need assistance navigating complex health and social service systems. (See appendix for data illustrating these similarities.) Those individuals with more complex problems or with caretaking responsibilities might benefit even more from an opportunity to develop a plan that systematically addresses multiple needs and to receive ongoing support, referrals and advocacy.

Other publicly funded programs already provide some navigation functions, and may be able to build upon them to provide the scope of services offered by Navigators. For example, case managers, health educators, care coordinators, or community outreach workers are responsible for assistance in navigating the health care system. Similarly, some TANF workers provide vocational counseling and referrals.

## Holistic Approach

SWSW's comprehensive assessment and goal setting process gave equal focus to the three domains of health, mental health and employment, and honored how the domains interacted in the lives of participants. Examples of the kinds of goals that participants set in these different domains provide a sense of the scope of the program. Wellness goals included: find a primary care physician; manage chronic conditions; lose weight; improve sleep; manage depression; maintain medication regimen; and maintain sobriety. Employment goals included: find a better job; maintain current job; improve work/professional skills; improve attendance at work and improve salary/increase hours. Other goals included: save money; pay bills on time; improve close relationships; resolve legal issues; and increase personal time.

SWSW program Navigators referred participants to available mental health and employment supports so they could focus on their ability to stay employed and independent. Reaching

some goals required using community services outside of health or employment.

Historically, public programs have been narrowly defined and constrained by regulation to meet focused needs and ensure accountability. Eligibility often continues to be based on impairment, and planning focuses on addressing deficits. For some populations, employment is not expected; for others it is a strict requirement. Though the field of human services now recognizes that clients need comprehensive, well-coordinated services in order to progress and thrive, regulations and standard operating practices continue to constrain agencies from fully implementing holistic and client-centered approaches.

To fully implement the holistic principle of supporting achievement of clients' own health and employment goals, careful planning will be needed to incorporate holistic principles while adhering to regulatory requirements. To ensure fidelity, holistic principles must be built into any program through a strong infrastructure that includes work specifications, training, tools for working with clients, and effective reporting and monitoring procedures.

### Employment Services

SWSW emphasized employment as the individual's best option for stability and independence and therefore employment support services were an integral part of SWSW. The Navigation subcontractor, the Minnesota Resource Center (MRC), is a local, community-based vocational services provider experienced in serving people with mental illness and other disabilities. MRC was familiar with the employment environment in SWSW's two catchment areas, the Twin Cities and northeast counties, and could give career guidance regarding the best local opportunities. In addition to navigation that addressed employment goals, MRC also offered vocational counseling, vocational programming, and job placement used by approximately a third of SWSW participants. Another third were referred to Workforce Centers and other employment-

related services. MRC's employment services were tailored to the needs of people with serious mental illness and addressed issues they might face in the workplace, including assistance with disclosure of a mental illness to an employer, rights under the Family and Medical Leave Act, ergonomic assessments, and questions relating to discrimination.

Intensive employment services well tailored to the specific needs of the population being served and with staff who are knowledgeable about local employment options was a core component of SWSW. Employment services evolved as participants' needs were better understood, requiring flexibility and responsiveness on the part of both the state and its contractors.

## Conclusion

The holistic approach of SWSW, with its provision of health care, navigation and employment services succeeded in significantly reducing disability applications among working adults with mental health problems. Program participants also demonstrated improvements in their use of preventive and primary care, level of functioning, job satisfaction, and overall wellbeing. Three other groups who are or will be eligible for Medicaid or state supported high risk pools may also benefit from this client-directed approach to work and health. These populations represent significant numbers of individuals at risk of disability due to mental or physical health conditions. The components of the SWSW intervention that are most relevant and applicable to the three populations discussed include:

- Educating participants on their insurance benefit and how best to navigate the health care system;

- Assisting with health and employment goal setting;

- Using a strengths-based, client-centered, holistic approach to wellness;

- Emphasizing the role of employment;

- Referring participants to needed services;

- Encouraging positive self-management behaviors;

- Empowering individuals;

- Providing accountability;

- Advocating the needs of participants with employers, and various service systems; and

- Providing ongoing social support.

Both Health Care Reform and the impact of the current economic crisis call for expansion of services such as those that were offered by SWSW. These services have been proven to be effective for working individuals challenged by mental health problems, and show great promise for expanded populations, in which mental health and other problems are prevalent. Developing a healthier, more productive workforce is a key element of economic recovery as well as the personal and family stability of some of America's most challenged citizens.

## Author Information

This research brief was a joint collaboration of The Lewin Group and DMA Health Strategies. Author collaborators included Karen W. Linkins, PhD, Jennifer J. Brya, MA, MPP, Wendy Holt, MA, and Richard Dougherty, PhD.

[1] Lewin Group, Inc., (2010). Minnesota Demonstration to Maintain Independence and Employment: Evaluation Report – Phase 1. Prepared for the State of Minnesota, January 29, 2010. All the SWSW demographic and outcome data in this brief are from this report.

[2] Lewin Group, Inc., (2010).

[3] The Henry J. Kaiser Family Foundation, Expanding Medicaid under Health Reform: A Look at Adults at or below 133% of Poverty, Focus on Health Reform, April 2010. Accessed at http://www.kff.org/healthreform/upload/8052-02.pdf on August 6, 2010.

[4] Henry J. Kaiser Family Foundation. Op. cit.

[5] Lewin Group, Inc., (2010). Op. cit.

[6] IFAwebnews Staff (2010). Pre-Existing Conditions Affect About 22% of the Non-Elderly Population, May, 2010. http://ifawebnews.com/2010/05/10/pre-existing-conditions-affect-about-22-percent-of-non-elderly-population/

[7] Sebastian, C, Bailey, K, and Stoll, K., Health Reform: Help for Americans with Pre-existing Conditions, Families USA, May 2010.

[8] DeMaster, Dana, (July, 2010) Minnesota Family Investment Program and the Diversionary Work Program: Characteristics of December 2009 Cases and Eligible Adults, Program Assessment and Integrity Division, Minnesota Department of Human Services.

[9] Department of Health and Human Services (2008). Characteristics and Financial Circumstances of TANF Recipients Fiscal Year 2008 from http://www.acf.hhs.gov/programs/ofa/character/FY2008/indexfy08.htm. Accessed 10/20/2010.

[10] U.S. DHHS (2008). Op. cit.

[11] U.S. DHHS (2008). Op. cit

## Appendix Table

| Population/Source | Health | Income & Work | Demographics | Other |
|---|---|---|---|---|
| SWSW Participants[1] | • All with behavioral health problems, depression (52%), anxiety disorder (18%); and bipolar disorder (14%) <br>• Some with co-occurring substance abuse (40% with current problem) | • Working > 39 hrs/month <br>• 2/3 service, sales or clerical <br>• Avg monthly income $1,574 ($18,888 annual) <br>• 14.7% < 100% of FPL <br>• 12.8% 100% -133% of FPL | • Most over age 35 <br>• 9% married <br>• 81% white <br>• 89% HS diploma or higher | |
| Expanded Medicaid Eligibility Group[2] | • 32% with one or more chronic condition <br>• 7% with a chronic mental health condition <br>• 5% with a mental & physical health condition <br>• 8% with depression, 1% with psychoses <br>• 16% in fair or poor health <br>• 10% in fair or poor mental health | • 37% not working, 42% in families with at least 1 full-time worker <br>• 79% under 100% of federal poverty level <br>• 21% between 100-133% of FPL[3] | • 55% under 35 <br>• 26% married <br>• 42% white, 24% Hispanic, 19% Black <br>• 69% HS diploma or higher | Some facing housing issues – foreclosure, having to find cheaper housing |
| Individuals with Pre-existing Conditions[4] | • Varied medical conditions <br>• Most frequent: psychoses (8.5%), obesity (7.5%), diabetes (5.0%), chronic obstructive pulmonary disease (4.1%), and coronary artery disease (2.5%) | • Median family income over 200% of FPL ($44,100 in 2007) | • Median age between 45 and 54 <br>• 70% white, 13% Black, 12.6% Hispanic | |
| Minnesota TANF Recipients[5] | • 43% of caregivers had a serious mental diagnosis over the past 3 years <br>• 26% of caregivers had a chemical dependency diagnosis over the past 3 years | • 33% working in Dec 2009 with median monthly earnings of $785 ($9,420 annually) <br>• Some are newer to the work force | • Avg 2.1 children <br>• Median age youngest is 1 <br>• Avg age of 30 <br>• 40% white, 37% black, 9% American Indian, 6% Hispanic <br>• 13% non-citizens <br>• 61% HS diploma or higher | • 11% had an assessment for child protection, 4% had a child mal-treatment determination <br>• domestic violence; problems with the law |

Sources:
1) Lewin Group, Inc., (2010), Minnesota Demonstration to Maintain Independence and Employment: Evaluation Report – Phase 1. Prepared for the State of Minnesota, January 29, 2010.
2) The Henry J. Kaiser Family Foundation, Expanding Medicaid under Health Reform: A Look at Adults at or below 133% of Poverty, *Focus on Health Reform*, April 2010. Accessed at http://www.kff.org/healthreform/upload/8052-02.pdf on August 6, 2010.
3) Department of Health and Human Services (2009), Annual Update of the HSS Poverty Guidelines. http://aspe.hhs.gov/poverty/09fedreg.shtml.
4) Sebastian, C, Bailey, K. and Stoll, K. *Health Reform: Help for Americans with Pre-existing Conditions*, Families USA, May 2010.
5) DeMaster, Dana, (July, 2010) Minnesota Family Investment Program and the Diversionary Work Program: Characteristics of December 2009 Cases and Eligible Adults, Program Assessment and Integrity Division, Minnesota Department of Human Services.