Demonstration to Maintain Independence and Employment (DMIE): Preliminary Findings from the National Evaluation

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National DMIE Evaluation Goals

- **Address the primary question:**
  - **Can an early intervention program providing medical *and* employment assistance prevent or delay the loss of work and independence due to a physical or mental health condition *before* a person becomes disabled?**
- **Build on state evaluations in Kansas, Texas, Minnesota, and Hawaii**
- **Synthesize lessons learned from cross-state comparisons**

Research Questions

- Who enrolled in the DMIE across the four states?
- What were the early impacts of the program on disability applications and employment outcomes?
- What lessons were learned from implementing the program?

Preview of Early Impacts

- No difference in the percentage employed or average hours worked 12 months after DMIE enrollment
- Lower percentage of participants applying for disability benefits 12 months after DMIE enrollment

DMIE Eligibility Criteria

- Working at the time of enrollment
- Age 18 to 64
- Not currently applying for or receiving disability benefits at the time of enrollment

DMIE Program Components

- **Enhanced medical services**
  - **Wraparound coverage (dental, vision) beyond existing Medicaid coverage; expedited mental health visits**
- **Employment supports**
  - **Peer support; vocational rehabilitation services**

DMIE Program Components (cont'd.)

- Intensive, person-centered case management
  - Wellness navigator; life coaching
- Subsidies
  - Coverage of deductibles and co-payments; premium subsidies

DMIE Target Populations by State

- **Kansas**
  - **Working adults with physical and mental health conditions in state high-risk insurance pool**
- **Minnesota**
  - **Working adults with severe mental illness in public programs**

DMIE Target Populations by State (cont'd.)

- Texas
  - Working adults with severe mental illness or behavioral health/physical conditions in safety-net program
- Hawaii
  - Privately insured working adults with diabetes

DMIE Enrollment Total at Baseline (n=4,099)

	Treatment	Control	Total Enrollment
Kansas	225	275	500
Minnesota	1,493	300	1,793
Texas	904	712	1,616
Hawaii	128	62	190

Baseline Health Characteristics and Age at Enrollment, by State

	Mean Age at Enrollment	Mean Mental Health Score	Mean Physical Health Score
Kansas	50.7 years	50.3	44.8
Minnesota	38.5 years	35.1	48.1
Texas	47.0 years	49.6	37.9
Hawaii	48.4 years	47.4	45.8

Note: SF-12 health scores are norm-based, with 50.0 representing the national average. Lower scores indicate worse health.

Baseline Employment Characteristics and Education, by State

	Percentage with Four-Year College Degree	Mean Earnings in 2008	Percentage Working Full-Time
Kansas	44.4%	$33,874	49.0%
Minnesota	18.8%	$17,391	31.9%
Texas	8.4%	$15,316	35.0%
Hawaii	50.5%	$49,714	54.9%

Evaluation Design and Analysis

- Randomized design in all four states
  - Control group ("business as usual")
  - Treatment group (offered additional services)
- Intent to treat (ITT) analysis
- Regression-adjusted estimates
  - Accounts for participant age, withdrawals, enrollment year, and prior applications or baseline hours worked

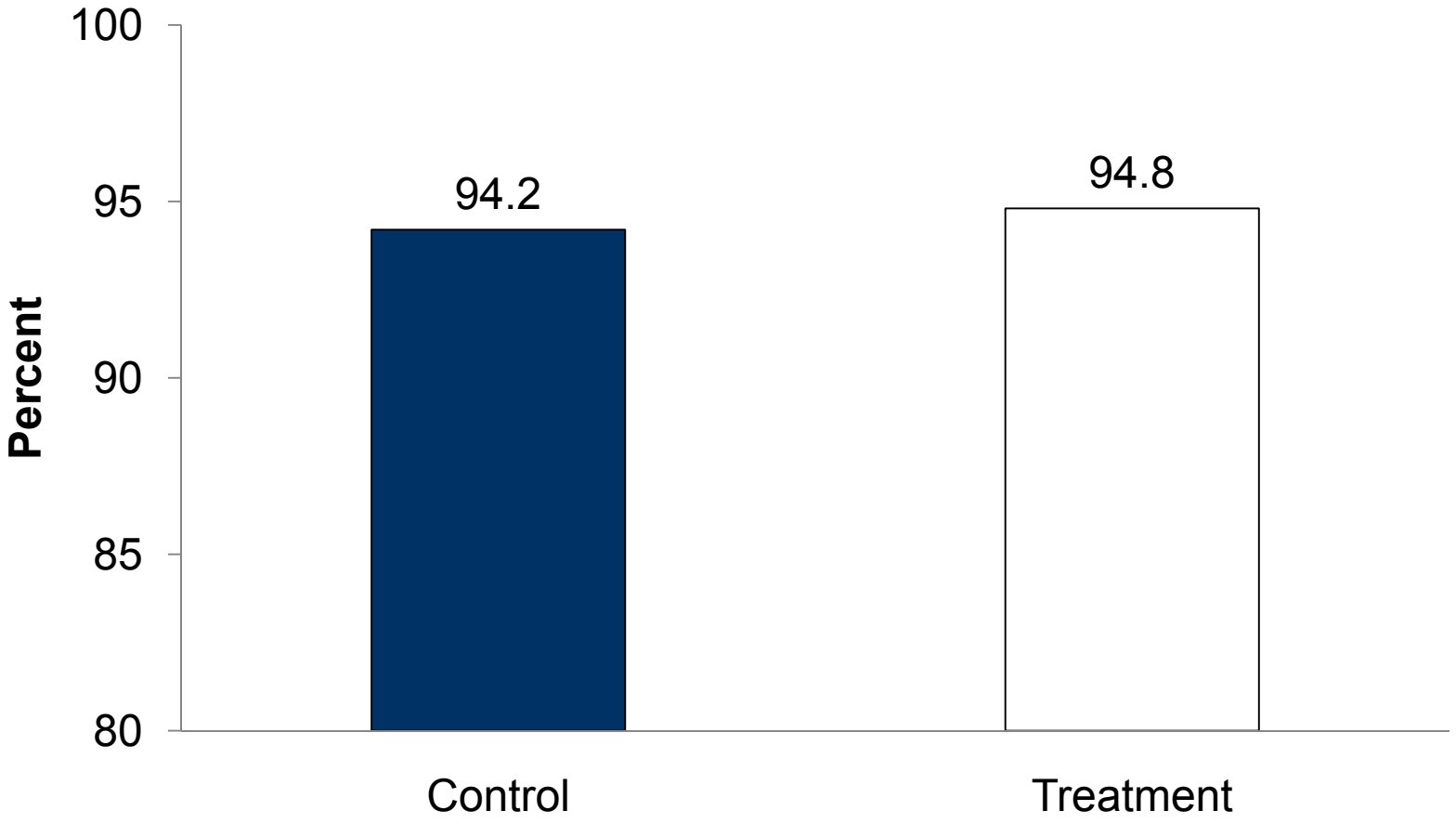
Data Sources

- State-level survey and administrative data
  - Rounds 1 and 2
- SSA 831 file on disability applications
  - Data through fall 2009
- Ticket Research File, Master Earnings File
  - Data through 2008; data to analyze one-year impacts on payments and earnings will be available in fall 2010
- Site visit interviews; descriptive reports

Preliminary Results

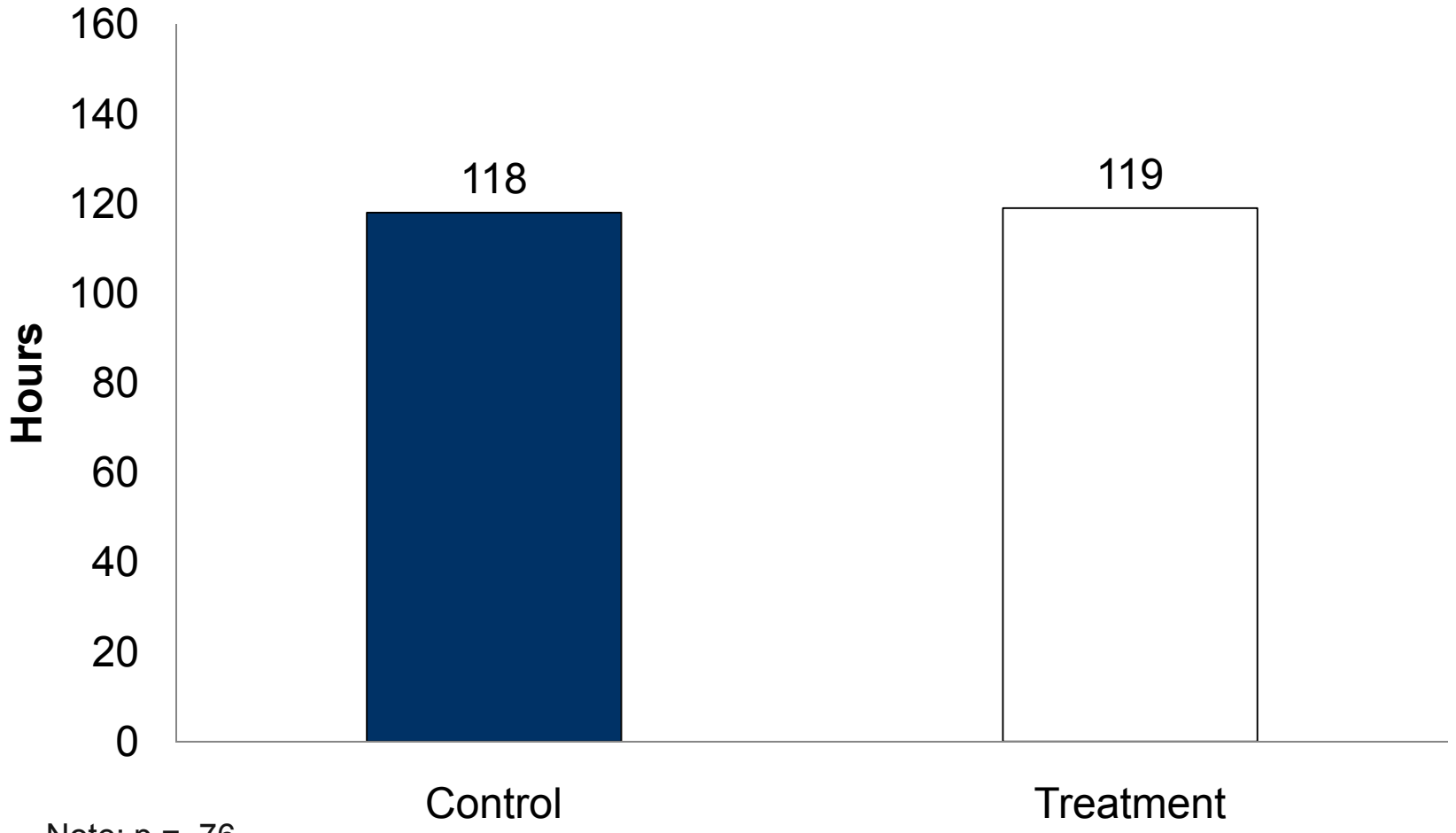
- Impact on employment
  - Percentage employed
  - Monthly hours worked
- Impact on disability benefits
  - Percentage applying for SSA disability benefits
- Lessons learned about implementation

Percentage Employed in Texas and Minnesota, 12 Months After Enrollment



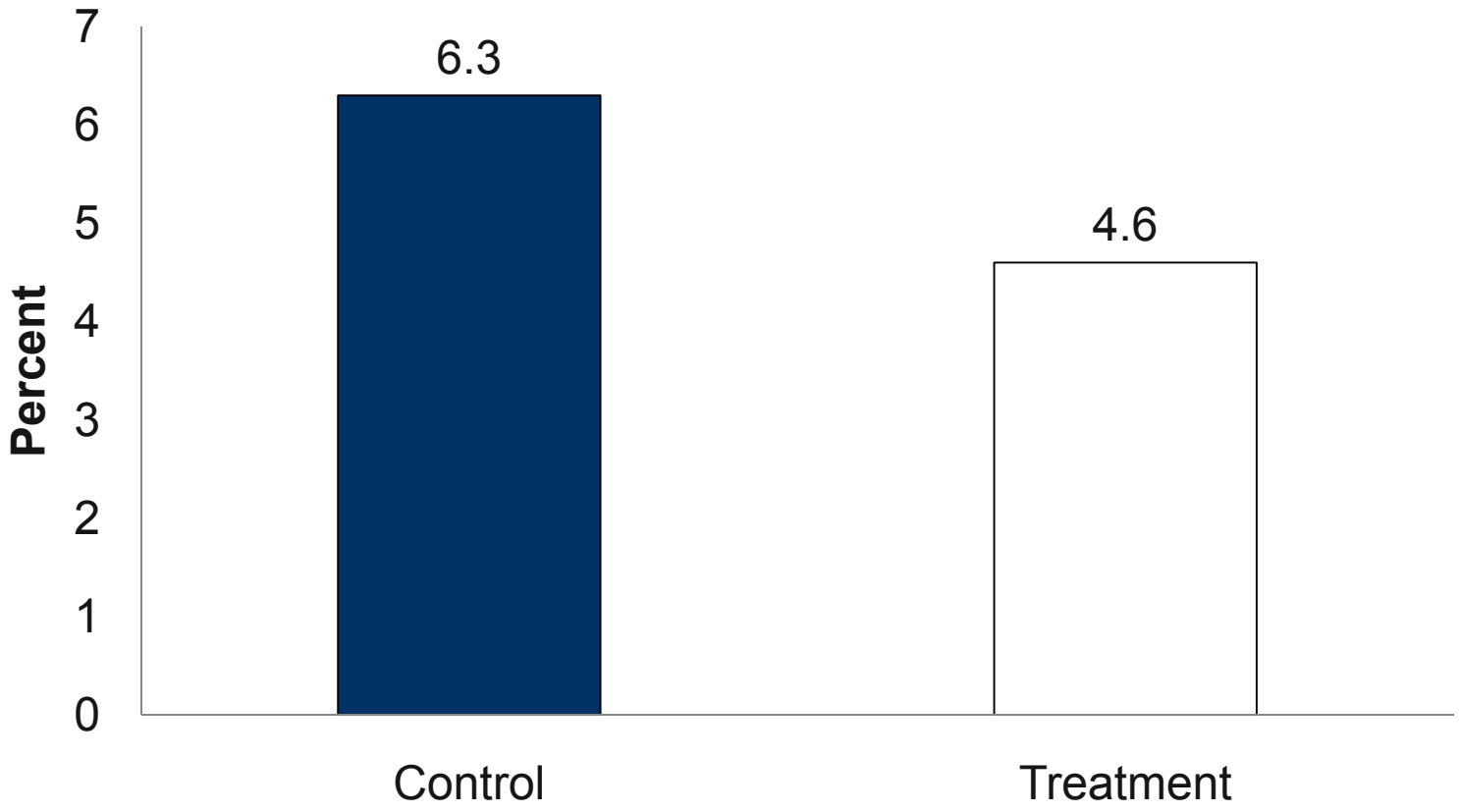
Note: p = .55

Average Hours Worked in Last Month in Texas and Minnesota, 12 Months After Enrollment



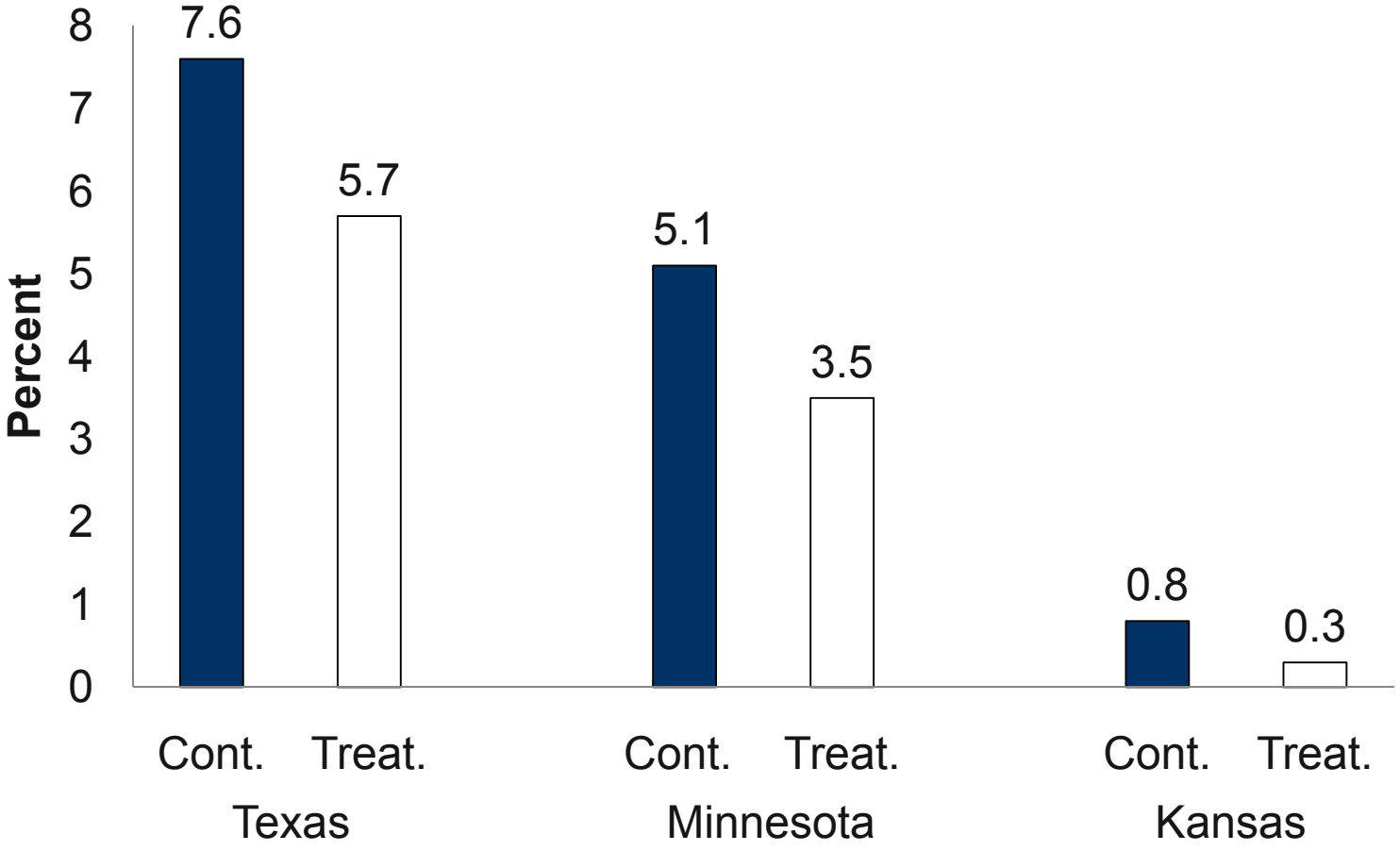
Note: p = .76

Percentage Applying for Disability Benefits in Texas and Minnesota, 12 Months After Enrollment



Note: p = .05

Percentage Applying for Disability Benefits in Three States, 12 Months After Enrollment



Note: p = .12, .20, and .47, respectively

Lessons Learned

- DMIE can be implemented in diverse settings to serve various target populations
  - Flexibility for states to design/customize benefits
  - Program diversity strengthens evaluation
- Building DMIE around existing programs makes it easier to identify candidates from a "captive pool"
  - Obtain information to focus recruitment effort
  - Program services build on existing benefits, can be deployed more quickly with existing network

Lessons Learned (cont'd.)

- **Participants value person-centered case management**
  - **Key component of program design in every state (system navigation, life coaching)**
  - **Helps participants address barriers to employment and obtain services**
- **Working adults must be recruited at the right point on the disability trajectory**
  - **Too early: services may not be needed**
  - **Too late: services may not help prevent disability**

Summary

- Early findings on impacts
  - Evidence that early intervention programs can reduce disability applications
  - No short-term impact on employment
- Robust model for early intervention
  - Can be implemented with diverse populations; flexible enough for states to customize benefits
- Implementation findings
  - Provide initial foundation for "best practices" in early intervention

Final Thoughts

- The power of a good idea
- Evidence matters
- Leadership matters, too

Our Partners

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