Governor Disability Employment TF
Workgroup #3: Expand supported employment availability under the State Medicaid Plan
June 12, 2014
AWB

Mental Health as a Disability

• Overview
  o Health issues are often cyclical
  o This is a subset of the disabled population that is often overlooked or ignored
  o Unemployment is very unhealthy for this group – causes great deals of stress
  o WA’s employment rates are dismal (10% vs. national number of ~20%)
  o Small programs currently offering reimbursements/partnerships with local RSNs

• Needs
  o Wrap-around services
    ▪ Assistance to employees
    ▪ Assistance available to employers who do not know how to deal with employees with mental health issues
    ▪ Rapid-response teams
  o Support services
    o What opportunities are available under the ACA and what resources will individuals get off of SSI and other resources?
    o Keeping those with “stabilized” mental health issues in mind b/c frequently cyclical
  o Messaging & education
    o Around support services
    o Better mechanism to get out messages about how to access mental health and substance abuse support services … especially for small businesses
    o Educating employees - myths and past experiences have negatively affected them – need to know what resources are available.
    o Workforce that supports employers: Would allow support and interventions when employers need support

• Issues/Risks
  o Timeliness
    ▪ Small-businesses often left out of conversation, need support and cannot find it
  o Keep in mind: It is scary to move off of one’s support system (SSI, etc) - need to be mindful of educating individuals how and why it will be okay to get back to work
  o How will this play out at the local level?
  o Funding – many services not Medicaid reimbursable
    ▪ Medicaid could allow better partnerships with local providers, employers and DVR
Other points

- Funding issues:
  - Funding at the local level – how to carry out?
  - State matching program? How much? Will it affect other important programs?
  - Customized support is often less expensive
- Case-management employment services – i.e. case managers need to talk about employment options to patients
  - Long-term care issues
  - Cyclical nature of diseases
  - Wrap-around services
  - Funding issues
- Mentally ill currently employed and the burdens placed on employers
- Education campaign
  - “Selling” these efforts: Engaging and informing families
  - Consumer education
  - Employer education
  - Employee education
  - Embedding practices into state agencies
  - Phasing-in
  - Employers write to other employers about positive experience
- Measuring success/failures
  - Efficiencies
- Advancement and roadblocks – lack of opportunity for promotion = common theme
- Conflicting/competing definitions of supported employment: seems to mean something different at each agency ... need to make sure we are aligning definitions
- Point: Principles that allow success:
  - Make it a “value” to support supported employment
  - Fund it
  - Track results
- Alignment with other workgroups – ex: accommodation workgroup
- Currently keep people loosely in the system so they can get help quickly

Risks

- Seriousness of Medicaid programs: If we water this down too much it will be like treating something with only half the antibiotics needed