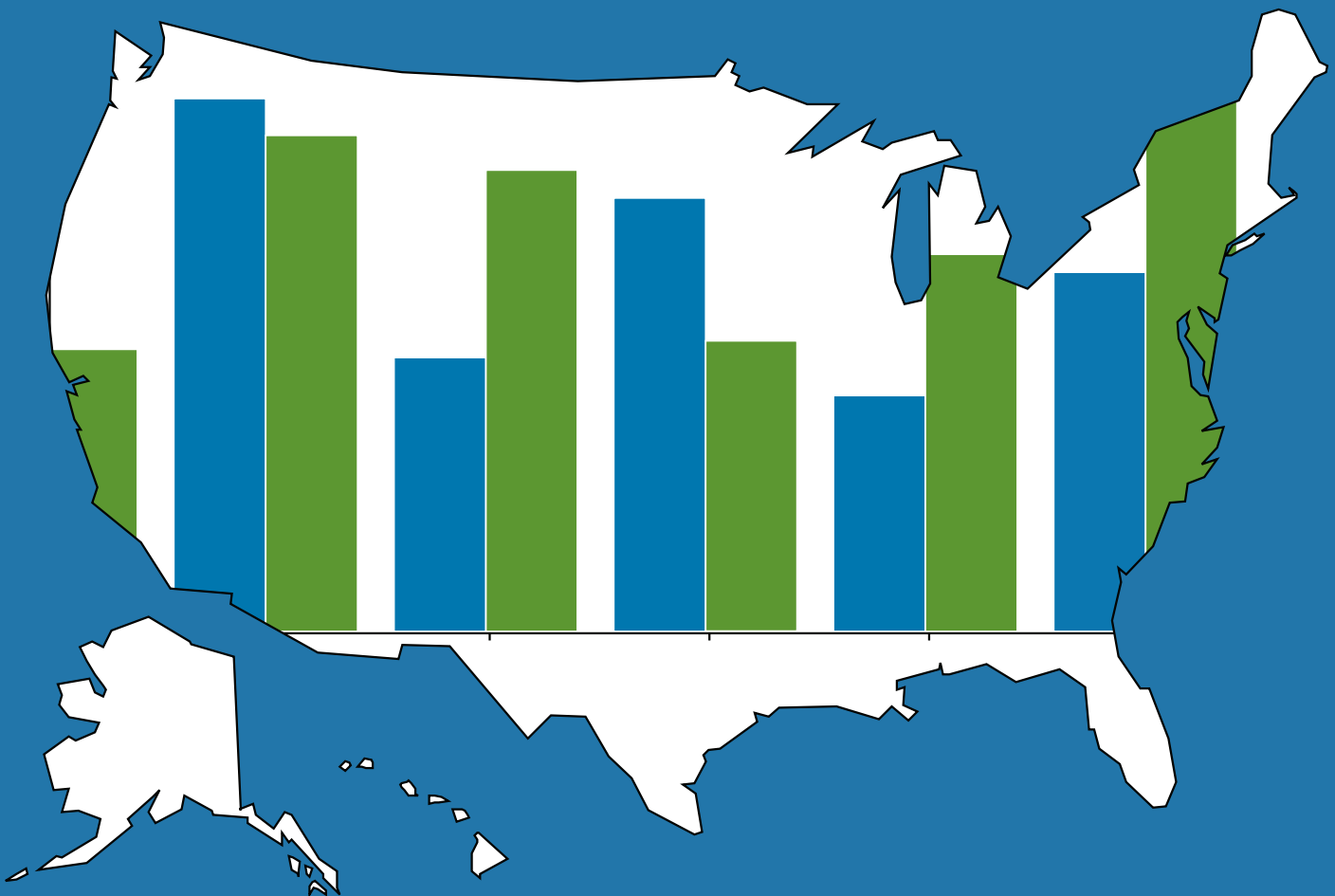


StateData: The National Report on Employment Services and Outcomes Through 2016 (Narrative)

Jean Winsor
Jaimie Timmons
John Butterworth
Alberto Migliore
Daria Domin
Agnes Zalewska
John Shepard



Institute for Community Inclusion (UCEDD)
University of Massachusetts Boston

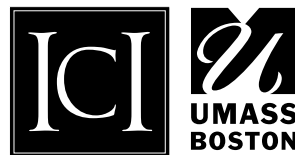


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Institute for Community Inclusion
University of Massachusetts Boston
100 Morrissey Boulevard
Boston, Massachusetts 02125

ici@umb.edu
www.communityinclusion.org
www.facebook.com/communityinclusion
twitter.com/ICInclusion
www.thinkwork.org
www.statedata.info
www.selnhub.org

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EXECUTIVE SUMMARY

Recent legislation and regulation governing Medicaid Home and Community-Based Services (HCBS), the Workforce Innovation and Opportunity Act of 2014 (WIOA), and settlement agreements between states and the U.S. Department of Justice are clarifying federal intent and paving the way to supporting opportunities for people with disabilities to have meaningful jobs in their communities. With an increasing emphasis on integrated employment and an Employment First philosophy, the nation is poised for transformation that could put Americans with disabilities on a path out of poverty and towards self-sufficiency.

However, there remains a significant gap in employment rates between people with and without disabilities. The 2016 American Community Survey estimates that 35.4% of working-age adults with disabilities are employed, compared with 74.3% of people without disabilities (Winsor et al., 2018). Labor force statistics for March 2018 estimate that 34.1% of men with disabilities, ages 16 to 64 are employed, compared with 79.1% of men without disabilities. For women 16 to 64, these figures are 29.3% and 68.3% respectively (Bureau of Labor Statistics, 2018).

For people with intellectual and developmental disabilities (IDD), the disparity in employment participation widens further. Data from the National Core Indicators project suggest that in 2015–2016, only 19% of working-age adults supported by state IDD agencies were employed in a paid job in the community, and only 14% worked in individual competitive integrated jobs (National Core Indicators, 2017).

A survey of 190 U.S. community rehabilitation providers reported that only 17.5% of 33,874 adults with IDD served in FY2014–2015 worked for pay in individual jobs with either time-limited or ongoing supports (Domin & Butterworth, 2016). Those who are employed typically work limited hours with low wages (National Core Indicators, 2017). At the same time, participation in facility-based and non-work services has grown, suggesting that employment services remain an add-on rather than a systemic change (Winsor et al., 2018; Nord et al., 2016; Mank, 2003; Domin & Butterworth, 2012).

For over 30 years, the Institute for Community Inclusion (ICI) has been home to Access to Integrated Employment, a national data-collection project on day and employment outcomes funded by the Administration on Intellectual and Developmental Disabilities. Since 1988, this project has described the nature of day and employment services for individuals with IDD, and has contributed to a comprehensive understanding of the factors that influence employment outcomes at the individual, service-provider, and state-policy level.

This report is divided into two sections:

- 1. A comprehensive overview that describes national trends in employment for people with IDD.**
- 2. An appendix with individual state profiles and a national profile.**

Data from four sources is included: the ICI's IDD Agency National Survey of Day and Employment Services (from FY1988, 1990, 1993, 1996, 1999, 2001, 2004, and 2007 through 2016), and datasets from the Social Security Administration (Supplemental Security Income Annual Statistical Report), state vocational rehabilitation (VR) programs (RSA-911), and the U.S. Census Bureau (the American Community Survey).

Data continue to highlight the economic disparities between people with and without IDD. State investment in supports continues to emphasize facility-based and non-work services, rather than integrated employment services. In the VR system, earnings of adults with disabilities are substantially lower compared to those in the general population, and weekly earnings of individuals served by VR have declined slightly over time. Overall, the findings suggest that across datasets, people with intellectual disabilities experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities.

In the IDD system, national estimates suggest that there has been only modest growth in the number of individuals in integrated employment services since 1988. The estimated percentage of individuals participating in integrated employment services was 18.8% in FY2016, while investment in non-work services continues to expand. FY2016 data do suggest slight growth in the number of people in integrated employment services over the last five years. Several states each reported an increase of more than 500 individuals in integrated employment services over that five-year period.

In the VR system, the rehabilitation rate for FY2016 was 55%, only slightly lower than the peak of 58% prior to the 2007-2009 recession. For 2016, 32% of VR closures with intellectual disabilities exited with a job within one year of when they applied for services. This is down from a peak of 36% of closures in 2008.

The American Community Survey (ACS), an initiative of the U.S. Census, provides a population perspective on employment, including people who do not have a connection with funded services. ACS data continue to show that people with disabilities are much less likely to work than their counterparts without disabilities. People with a cognitive disability who are receiving Supplemental Security Income (SSI) have the lowest employment rate of all disability subgroups examined, and are the most likely to live in a household that is below the poverty line.

Data from the Social Security Administration show that work incentive programs for SSI recipients with disabilities remain underused. SSI recipients with ID work more than their counterparts with other types of disabilities, but participate in work incentive programs less frequently. Younger people who receive SSI appear to work more frequently than their older counterparts.

Data for FY2016 highlight the economic and employment disparities for individuals with IDD. While some data suggest progress, overall data demonstrate the increasing need for policies, practices, and initiatives that prioritize employment. The shift towards Employment First policies and actions to implement federal policy from the Centers for Medicare and Medicaid Services, WIOA, and the Department of Justice can make an important contribution to raising expectations, improving outcomes, and increasing self-sufficiency for individuals with IDD in every state.

INTRODUCTION

DISPARITIES IN EMPLOYMENT

Significant disparities exist in the employment of people with and without disabilities. The 2016 American Community Survey (ACS) indicates that the employment rate for working-age adults without disabilities (74.3%) is more than twice the rate for working-age adults with disabilities (35.4%) (Winsor et al, 2018). Labor force statistics for March 2018 estimate that 34.1% of men with disabilities, ages 16 to 64, are employed, compared with 79.1% of men without disabilities. For women 16 to 64, these figures are 29.3% and 68.3% respectively (Bureau of Labor Statistics, 2018).

In addition to being under-represented in the workforce, research indicates that individuals with disabilities have less job security, receive less company-sponsored training, and have lower rates of participation in decision-making when compared to workers without disabilities (Mitra & Kruse, 2016; Shur et al., 2009).

For people with intellectual and developmental disabilities (IDD), these disparities are far greater. Data from the National Core Indicators (NCI) Project suggest that in 2015–2016, only 19% of working-age adults supported by state IDD agencies in the community were employed in a paid job in the community, and only 14% were employed in an individual integrated job (National Core Indicators, 2017). A survey of 190 U.S. community rehabilitation providers (CRPs) reported that only 17.5% of 33,874 adults with IDD served in FY 2014–2015 worked for pay in individual jobs with either time-limited or ongoing supports (Domin & Butterworth, 2016).

For individuals with IDD who do obtain employment, data consistently show that the majority work part-time in entry-level positions, have low income, and have limited access to employee benefits. People in individual supported jobs included in the NCI Project data worked an average of 13 hours per week, and earned \$115 per week (National Core Indicators, 2017).

Despite these low rates of labor force participation and limited outcomes when employed, individuals with IDD clearly express a desire to fully participate in the typical labor force, and an increasing expectation for competitive employment as an outcome of formal education (Barrows et al., 2016; Self-Advocates Becoming Empowered, Green Mountain Self-Advocates, & ThinkWork! at the Institute for Community Inclusion at UMass Boston, 2018). Research documents the desire of individuals with IDD to be employed in the community (Migliore et al., 2007; Timmons et al., 2011; Nonnemacher & Bambara, 2011; Walker, 2011). However, data from the NCI found that 47% of people who are not working want a job in the community, and only 30% of those who wanted a job had this goal documented in their service plan (National Core Indicators, 2017).

Although individual desires for employment have not been met, there is some evidence of progress in the delivery of employment services to individuals with IDD. In FY 2016, Connecticut, Massachusetts, Mississippi, New Hampshire, Oklahoma, Oregon, and Washington reported that at least 40% of individuals with IDD receiving day and employment services were receiving integrated employment services (job development services that are intended to directly result in paid integrated employment, and services to maintain integrated employment). Surveys of CRPs conducted by the Institute for Community Inclusion (ICI) in 2002–2003, 2010–2011, and 2014–2015 suggest there has been a shift in the employment services CRPs deliver to individuals with IDD from facility-based to integrated settings. In the 2002–2003 survey, 18% of individuals received employment services in integrated settings, compared to 28% in the 2010–2011 survey and 38% in the 2014–2015 survey (Domin & Butterworth, 2016). There are several caveats, however:

- » These figures include use of enclaves and mobile groups within integrated settings.
- » These CRPs provide a higher proportion of individuals with IDD with facility-based non-work services than they do employment services in community settings.
- » This trend is not corroborated in data on services delivered by state IDD agencies, in which the percentage of individuals receiving integrated employment services has remained relatively level, at 19%, since 2010.

EMPLOYMENT SERVICES AND SUPPORTS

Employment supports are provided within a context of state and federal disability policy, workforce development policy, income maintenance policy, and healthcare policy. These include supports related to transportation, housing, income, and childcare. Core supports are funded by state IDD and vocational rehabilitation (VR) agencies, as well as local education agencies.

STATE IDD AGENCIES.

State IDD agencies are the primary source of long-term funding and service coordination for adults with IDD. They provide, fund, and monitor a wide range of day and employment services, including employment supports, facility-based options (prevocational services often based in sheltered-workshops and non-work day habilitation programs), community integration services, and self-directed options. Funding for state IDD agency day and employment services comes from two main sources: Medicaid and state general revenue funds. Medicaid services are jointly funded by states and the federal government.

Most long-term day and employment supports are administered by state IDD agencies and provided by community-based providers with which they contract. Several substantive areas of public policy influence their administration. This includes state and federal disability, workforce development, income maintenance, health, and education.

STATE VOCATIONAL REHABILITATION AGENCIES.

State VR agencies provide services to over one million people annually, closing approximately 550,000 case records per year. In 2016, approximately 9%, or 47,595, of those case closures can be identified as individuals with an intellectual disability—that is, a person with a primary or secondary impairment code of intellectual disability (formerly categorized as mental retardation) (Winsor et al., 2018). This figure was slightly lower compared to the past ten years.

VR policy and services are authorized by the Rehabilitation Act as amended in the Workforce Innovation and Opportunity Act (WIOA) of 2014. Once the WIOA requirements took effect, each state's public VR system was expected to have formal cooperative agreements with the state agency responsible for administering the state Medicaid plan, and with state IDD agencies, with respect to the delivery of VR services, including extended services. This is an emerging requirement for state VR agencies, although policy under the Medicaid Home and Community-Based Services program requires that individuals access VR for employment support prior to receiving Medicaid waiver funding.

Secondary data analysis of the RSA-911 data set found that it often takes a long time for job seekers with intellectual disabilities to go through the steps from application for VR services to determination of eligibility, completion of an Individualized Plan for Employment (IPE), and closure into integrated employment (Migliore, Nwangwu, & Butterworth, 2016). Furthermore, a large proportion of individuals who exit VR without employment were reported as either having lost interest in receiving services (29%), or unable to be located by VR staff (17%). These two reasons combined represented 46% of the total number of case closures of adults with intellectual disabilities in 2014, nationally (Migliore & Landa, 2017).

WIOA also expanded the role of VR in the transition of students with disabilities from school to competitive integrated employment. The act requires states to spend 15% of public VR funds on pre-employment transition services for students served by the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act. WIOA now requires VR offices to collaborate with local schools and workforce development systems to facilitate the transition of students with disabilities from school to competitive integrated employment. Section 511 of the Rehabilitation Act establishes guidelines that must be addressed before an individual can enter subminimum wage employment, and requires annual career counseling for individuals working in subminimum wage employment.

COMMUNITY REHABILITATION PROVIDERS (CRPs).

CRPs and their staff are the primary source of day and employment supports for people with IDD. The ICI estimates that between 5,000 and 6,000 CRPs nationwide offer vocational services to individuals with disabilities (Haines, Domin, & Butterworth, 2013). The majority (over 70%) of those served by CRPs are people with IDD (Domin & Butterworth, 2013).

Over two thirds of CRPs provide both work and non-work services (Domin & Butterworth, 2013). Under federal policy, including WIOA and the HCBS Settings Rule, and state Employment First initiatives, CRPs are under increasing pressure to shift from providing facility-based work and non-work services to a focus on competitive integrated employment and community life engagement. ICI's Rehabilitation Research and Training Center (RRTC) on Advancing Employment for People with IDD worked with a Delphi panel to identify ten elements critical to the transformation to competitive integrated employment, ranked in order of importance (Timmons & Lyons, 2016). The three most important include the establishment of clear and consistent goals, the development of an agency culture that values inclusion, and maintaining an active, person-centered job placement process focused on moving individuals one person at a time into integrated employment (Lyons, Timmons, Hall, & Leblois, in press). Interviews with providers who have completed a transformation indicated the need for key actions, including committing to the change, translating the commitment into a plan, strategic implementation, and engaging stakeholders in the transformation process (Lulinski, Timmons, & Leblois, 2017).

AMERICAN JOB CENTERS.

Established and supported under the Workforce Investment Act and its reauthorizations, American Job Centers (formerly called One-Stop Career Centers) provide an underused resource for individuals with IDD and other disabilities. In 2015, 484,025 individuals with disabilities registered as job seekers for Wagner Peyser-funded services through these centers (U.S. Department of Labor, Employment & Training Administration, 2016). The FY2014 RSA-911 data set indicates that 526 individuals with IDD who closed out of state VR services in 2013 (1.1% of all VR closures with IDD) were identified as referrals from American Job Centers.

A number of provisions in WIOA emphasize and increase the requirements for the general workforce development system and American Job Centers to meet the needs of job seekers with disabilities. WIOA explicitly requires that state and local workforce development boards' members include community organizations that provide or support competitive integrated employment for individuals with disabilities. Since 2010, the U.S. Department of Labor (DOL) has awarded grants totaling approximately \$139 million to 55 projects in 30 states to improve education, training, and employment outcomes of youth and adults with disabilities. This Disability Employment Initiative (DEI) is jointly funded with the DOL's Office of Disability Employment Policy (ODEP) and administered by the Employment and Training Administration (U.S. Department of Labor, 2018).

Efforts at exploring the impact of the DEI in Massachusetts revealed a series of successes around the provision of benefits counseling, improved case management, collaborative endeavors with disability-specific state agencies, the establishment of Disability Resource Coordinators in each center, and using the Social Security Ticket to Work program (Domin, Landim, & Narby, 2017; Landim, Domin, & Narby, 2017; Narby, Domin, & Landim, 2017; Hoff, 2017).

MEDICAID.

Medicaid is both a primary source for health care for individuals with IDD, and the largest federal source of funds for day and employment services. Medicaid day and employment services are primarily funded under one of several Home and Community-Based Services (HCBS) authorities that allow states to provide supports flexibly in community settings. The HCBS authorities are the largest federal source of funds for ongoing day and employment services. Each state designates an agency that administers its state plan. States have a great deal of flexibility in designing their HCBS systems within broad federal requirements.

While historically there has been no clear preference for integrated employment in Medicaid-funded services, in 2011 the Centers for Medicare and Medicaid Services (CMS) issued a policy bulletin that provides guidance for the development of employment-related service definitions in 1915(c) waivers, and this guidance was incorporated into the 1915(c) Technical Guide in 2015. This guidance established individual integrated employment as a priority goal (CMS, 2011).

Over the past decade, CMS has expanded its focus on employment. The Medicaid Buy-in Program gives states the option of maintaining Medicaid coverage for workers with disabilities whose earnings would otherwise make them ineligible for coverage. The 2014 Final Rule, CMS 2249-F and CMS 2296-F, or Community-Based Settings Rule, creates the expectation that Medicaid-funded services will support competitive integrated employment and other community life engagement activities, and that agencies will shift away from service settings that isolate or segregate people with disabilities from the general population (CMS, 2014).

SOCIAL SECURITY.

Social Security Administration (SSA) work incentives, such as the Plan for Achieving Self-Support, Impairment-Related Work Expenses, and Student Earned Income Exclusion, support employment by allowing individuals who receive Supplemental Security Income to exclude money, resources, and certain expenses from total earned income.

The SSA also administers the Ticket to Work program, which lets beneficiaries receive employment support and other support services from a participating employment network or state VR agency. An Employment Network is an entity that enters into agreement with SSA to either provide or coordinate the delivery of services to beneficiaries. Assigning a Ticket to an Employment Network allows the entity to receive payments based on clients' success in entering a job. A Ticket may be used along with other employment support services funded with state, Medicaid, or VR resources.

Despite the SSA's initiatives, work incentives and the Ticket to Work program remain underused (Winsor et al., 2018), and workforce participation among beneficiaries remains extremely low (Domin & Timmons, 2017). The SSA operates the Work Incentives Planning and Assistance Program to enable beneficiaries to receive accurate information and facilitate further use of work incentives.

PUBLIC PRE-K-12 EDUCATION.

The Individuals with Disabilities Education Act (IDEA) requires that students with disabilities are educated in the least restrictive environment consistent with their needs. IDEA also requires schools to include employment-related transition services in the individual education plans (IEPs) of all students who have reached the age of 16. It defines transition services as having a coordinated focus on improving students' academic and functional achievement.

IDEA facilitates movement from school to post-school activities, including postsecondary education and integrated employment. Services include instruction, community experiences, and the development of employment and other post-school goals. Transition services and placements must adhere to least restrictive environment requirements, and Section 511 of WIOA prohibits schools from contracting with programs to serve students when the programs pay employees less than minimum wage. School IEP teams, charged with preparing for transition, can include representation from the VR agency and IDD agencies.

POSTSECONDARY EDUCATION.

Although historically individuals with IDD have not had opportunities to access postsecondary education, this has changed in recent years. The Higher Education Opportunity Act of 2008 contained several provisions to increase the access of individuals with IDD to higher education. In 2010, Congress authorized creation of new model demonstration programs, and awarded grants to 27 higher education institutions to fund Transition and Postsecondary Education Programs for Students with Intellectual Disabilities, and this initiative was extended in 2016.

Additionally, a growing number of state legislatures have expanded postsecondary options for students with IDD. In March 2018, there were 265 postsecondary education programs for students with IDD in 48 states, with an estimated 5,300 students enrolled and the numbers growing every year (Think College, 2018). Emerging studies consistently show that postsecondary education improves employment outcomes for individuals with IDD (Sannicandro, 2016).

RECENT POLICY DEVELOPMENT

Recent legislation and regulation governing Medicaid HCBS, WIOA, and settlement agreements between states and the U.S. Department of Justice are clarifying federal intent and paving the way to supporting opportunities for people with disabilities to have meaningful jobs in their communities.

HCBS guidance in 2011 and in the 2015 1915(c) Technical Guide make it clear that individual competitive employment is the preferred outcome of employment-related supports, including prevocational and group supported employment services. The guide defines the outcome of individual supported employment services as “paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals” (CMS, 2011; 2015). HCBS rules governing community settings were issued in 2014, and support “full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS” (CMS, 2014, p. 249).

WIOA defines competitive integrated employment as full-time or part-time work at minimum wage or higher, with wages and benefits similar to those without disabilities performing the same work, and fully integrated with co-workers without disabilities, and establishes it as the optimal outcome of vocational rehabilitation services. The legislation dramatically expands the role of state VR services in supporting transition-age youth by establishing requirements for pre-employment transition services, and emphasizes interagency collaboration through mandatory agreements between state VR systems, state Medicaid systems, and state IDD agencies.

Finally, WIOA places new restrictions on the use of sub-minimum wage under Section 511. As of July 2016, this section requires a series of steps that an individual under the age of 24 must undergo before being placed in a job paying less than minimum wage. These individuals must first be provided pre-employment transition services, be determined ineligible for VR or have an unsuccessful VR closure, and receive career counseling and referrals to assist with achieving competitive integrated employment. In addition, any individual working in subminimum wage employment must receive career counseling, information and referral services, and information on self-advocacy, self-determination, and peer mentoring every six months for the first year after starting a job that pays less than minimum wage and then on an annual basis.

Finally, in recent years the Department of Justice has initiated legal actions in states related to access to integrated employment. Settlement agreements with Rhode Island in 2014 and Oregon in 2015 extended enforcement of the Americans with Disabilities Act (ADA) and the Olmstead decision to mandate access to integrated community employment supports. Both settlements require that states take action to ensure that employment is offered as a priority outcome, and to improve both participation in integrated employment and the quality of employment outcomes.

THE RISE OF EMPLOYMENT FIRST POLICIES.

In addition to federal policy under CMS, WIOA, and the Department of Justice, Employment First has become a national initiative, with policies in 35 states (Hoff, 2017). These policy commitments take the form of executive orders, state agency policy statements, or legislation making community employment the first outcome considered for people with disabilities who receive state services. Regardless of whether an Employment First initiative is a formal effort, a grassroots effort, or a combination of the two, states use it as an opportunity to present their definition, goals, and values around employment (Bose & Winsor, 2018).

Employment First represents a commitment by states, and state IDD agencies, to the propositions that all individuals with IDD (a) are capable of performing work in typical integrated employment settings; (b) should receive, as a matter of state policy, employment-related services and supports as a priority over other facility-based and non-work day services; and (c) should be paid at minimum or prevailing wage rates (Kiernan et al., 2011; Rogan & Rinne, 2011).

Employment First policies are nationally recognized as a path toward greater community employment for people with IDD. They anchor a service delivery system, focusing funding, resource allocation, training, daily assistance, and the provision of residential supports on the overall objective of employment. This makes it easier for individuals receiving publicly financed supports to enter the workforce and become contributing members of society (Moseley, 2009).

RECENT FEDERAL INVESTMENTS

There has been a recent increase in federal investment in supporting employment outcomes. In September 2016, the Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities, established by WIOA, submitted its final report to the Secretary of Labor on ways to increase participation in competitive integrated employment for individuals with IDD and other people with significant disabilities. This report provides recommendations for building on federal policy and administrative structures to increase the competitive integrated employment of individuals with IDD. The authors emphasize increased interagency collaboration and focus, on the federal level, to build capacity for systems and services that encourage and support competitive integrated employment for individuals with IDD (Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities, 2016).

The Administration on Intellectual and Developmental Disabilities (AIDD) has issued three rounds of multi-year system change grants (2011–2016, 2012–2017, 2016–2021) to support 14 states in cross-system collaboration to increase employment outcomes for youth and young adults with IDD. AIDD also issued grants to establish community of practice opportunities for states engaged in Employment First efforts. The U.S. Department of Labor's Office of Disability Employment Policy has issued policy statements and developed grant opportunities and communities of practice to support implementation of Employment First in states, and provides technical assistance to certain states through the Employment First State Leadership Mentoring Program.

In 2013, the SSA launched a competitive grant program, Promoting Readiness of Minors in Supplemental Security Income (PROMISE). That year, over \$211 million was awarded to five individual states and to a consortium of six states (US Dept. of Education, 2013). PROMISE is designed to improve the education and career outcomes of low-income children with disabilities, ages 14–16, who receive Supplemental Security Income through the SSA. Outcomes of Wisconsin's Promise Grant show that teens enrolled in PROMISE work on average 19 hours per week and earn \$166 per week (Wisconsin Promise, 2018).

In 2014, the National Institute on Disability, Independent Living, and Rehabilitation Research funded the Rehabilitation Research and Training Center on Advancing Employment for Individuals with Intellectual and Developmental Disabilities, establishing a center-based research initiative focused on individuals with IDD. The center, based at the ICI at UMass Boston, addresses individual and family engagement in employment planning, improving employment supports, community provider transformation to enhance employment outcomes, and state-level policy change (www.ThinkWork.org/rrtc).

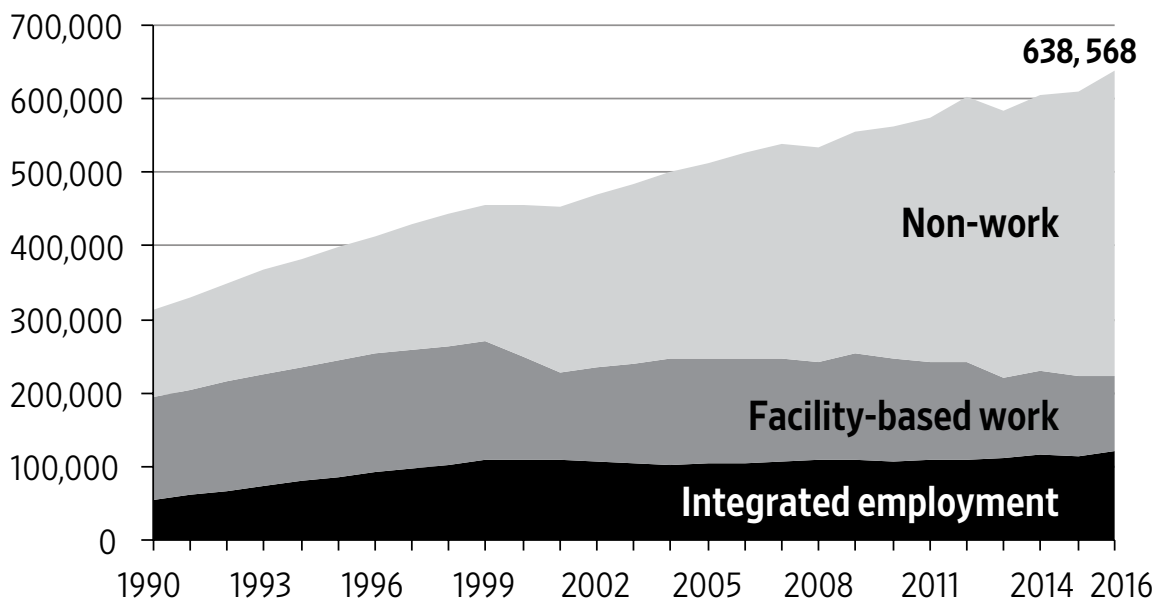
Many supports cultivate the participation of families, whose expectations and ability to navigate systems, beginning in early childhood, can be key to attaining competitive integrated employment outcomes for individuals in adulthood (Kramer, Bose, & Shepard, 2017). A five-year grant (2012–2017) from AIDD funded the National Association of State Directors of Developmental Disabilities Services to work with partners (the University of Missouri Kansas City Institute on Human Development and the Human Services Research Institute) to help states develop systems of support for families throughout the life span (<http://supportstofamilies.org>).

CHALLENGES TO SYSTEMS CHANGE

Despite state and federal initiatives, policy change, and emerging leadership, widespread integrated employment for people with IDD has not occurred. Nationally, an estimated 18.8% of individuals receiving day supports from state IDD agencies participated in integrated employment services during FY2016 (see Figure 1.) This number has slowly declined after reaching a peak of almost 25% in FY2001. Overall growth in integrated employment slowed following the end of the RSA-supported Employment Systems Change grants in the mid-1990s.

At the service delivery level, best practices evolved, including person-centered career planning, customized employment, job creation, and self-employment, but adoption of these practices is limited (Migliore et al., 2017). Continuing challenges for systems change include inconsistent policy, variable allocation of CRP resources, problematic funding mechanisms, and insufficient professional development for staff. Transition-age youth and young adults continue to face challenges in preparing for and acquiring competitive employment in integrated settings.

Figure 1. Number Served by IDD Agencies



STATE AND FEDERAL POLICY DO NOT CONSISTENTLY PRIORITIZE EMPLOYMENT.

While more individuals with IDD are in integrated employment, the number participating in facility-based and non-work services has grown more rapidly. Despite investments in education, income supports, and healthcare for Americans with disabilities, few of these resources encourage or reward integrated community employment (Niemiec, Lavin, & Owens, 2009). Additionally, CRPs that have closed a facility-based program report that state agencies are rarely a catalyst for change (Rogan & Rinne, 2011).

Expansion of community-based non-work (CBNW) services has competed with integrated employment (Sulewski, 2010). Thirty-six out of 44 state IDD agencies providing data reported supporting individuals in CBNW services in FY2016. Respondents to the ICI's 2014–2015 National CRP Survey reported a significantly more modest but still meaningful role for CBNW services, indicating that 12.6% of individuals with IDD participated in CBNW (Domin & Butterworth, 2016). This difference reflects both the ability of CRPs to more accurately report on individual service settings when compared to state IDD agencies, and the inclusion of data from more states.

Data suggest that CBNW services are loosely defined with respect to requirements, activities, populations served, and goals (Lyons & Hall, 2015). There is increasing interest in supporting community life engagement in response to the CMS Settings Rule, and emerging concern about supporting non-work time for individuals who are working a limited number of hours (Sulewski & Timmons, 2015; Timmons & Sulewski, 2016). New research is working to define community life engagement and the outcomes and characteristics of services that support individuals to be full participants in their community. These efforts seek to understand how supports for community life engagement can, in turn, support employment outcomes (Sulewski, Timmons, Lyons, Lucas, Vogt, & Bachmeyer, 2017).

CRPS HAVE NOT REALLOCATED RESOURCES TO COMMUNITY EMPLOYMENT.

For many providers, the organizational change process is a challenge. Beyond societal barriers such as low expectations for individuals with IDD to work, and the belief that people must be “job ready” before receiving integrated employment services, there are issues surrounding funding responsibilities, transportation, confusing definitions of employment models, and lack of training on understanding the business world (Rosenthal et al., 2012). Rogan and Rinne state that “moving to integrated community services necessitates a complete rethinking of mission, vision, values, and practices” (Rogan & Rinne, 2011, p. 250). At the same time, many organizations face myriad external and internal barriers to change, and often lack the strategic planning needed to complete the process successfully.

Research also suggests continued service and philosophical variation within the provider community, making the creation of a unified vision for service delivery difficult (Office of Disability Employment Policy, 2014). Inge et al. (2009) found that almost 89% of respondents to a national survey of provider administrators believe that facility-based programs are essential for individuals with disabilities who are having difficulty getting or maintaining real work in the labor force, and only 47% had a formal plan to expand integrated employment.

The most cited challenges to successful organizational transformation were financial ones (Office of Disability Employment Policy, 2014; Rosenthal et al., 2012; West & Patton, 2010). Whether it was securing stable long-term funding for individuals, or balancing contractual service hours with being an employment service, separating from Medicaid systems left some providers exhausted from having to hunt for the same funds that once came so easily in the sheltered workshops (Butterworth, Fesko, & Ma, 2000; Rogan & Rinne, 2011).

Lack of planning, leadership, and communication was another major barrier faced by providers, as agency leaders had limited experience with organizational transformation and now had to lead a staff scattered all over the community. Resistance was also met from stakeholders, including family members, regarding the change process (Rogan & Rinne, 2011). Research on organizational transformation suggests that successful organizations implement a holistic approach to change that addresses ten critical elements: clear and consistent goals, a culture that values inclusion, an active and person-centered job placement process, a strong internal and external communications plan, the reallocation and restructuring of resources, ongoing investment in staff professional development, a focus on customer engagement, methods for ensuring employment performance measurement, quality assurance, and program oversight, an holistic approach, and multiple and diverse community partnerships (Timmons & Lyons, 2016).

FUNDING MECHANISMS VARY ACROSS STATES AND DO NOT ALWAYS REFLECT POLICY PRIORITIES.

In an environment of increasing fiscal limitations and individualized budgeting, there is a growing need for state employment systems to discuss rate-setting and funding. Analysis of five states’ employment funding structures suggests there is no “best” approach, but there are several key elements for success (Hall et al., 2011). Rate and contracting structures should be selected with a clear intent regarding goals. Unambiguous definitions and service categories should also reflect these priorities. States with policy and funding alignment pay more for desired outcomes (a community job), and less or nothing at all for other outcomes.

Work with State Employment Leadership Network (SELN) member states suggests that changes made to funding rates should be based in the real-world costs of providing high-quality integrated employment services, and should not solely rely on the typical approach of revising funding based upon historical costs. When considering states’ funding methodologies, all state agencies that pay for employment services should be involved in the discussion. Making fragmented changes to one or two service rates is not sufficient to address the underlying funding issues faced by providers and service recipients. Consideration of the entire funding system helps ensure that individuals receive services that support a whole-life, individualized, community-centered approach to employment (Winsor, Lyons, Butterworth, & Kennedy-Lizotte, 2017).

BEST PRACTICES IN JOB SUPPORTS ARE NOT CONSISTENTLY IMPLEMENTED.

Research suggests that employment specialists inconsistently use established promising practices, including spending time with individuals in community settings, working with families, and negotiating job responsibilities with an employer (Migliore et al., 2012; Migliore et al., 2010). Front-line staff often reported difficulties placing individuals with IDD in community employment, particularly those who had high support needs (Butterworth, Fesko, & Ma, 2000; Rogan & Rinne, 2011). Staff also experience confusion about job development responsibilities, do not feel prepared to engage the mainstream business community, and have little training in providing appropriate supports to individuals with IDD in community settings (Migliore et al., 2012; Rosenthal et al., 2012; West & Patton, 2010).

Findings also suggest that job developers have limited opportunities for effective professional development, including both formal and informal chances for learning (Timmons, 2018), although employment specialists who receive training with mentorship to support implementation improve the number and quality of the jobs they develop (Butterworth et al., 2012). Because employment consultants do not always implement best practices and have limited opportunity for training, researchers have begun to explicitly articulate and translate the latest practices into clearer, more easily communicated elements. These practices include building trust, getting to know the job seeker, addressing supports planning, finding tasks or jobs, and providing supports after hire, all in the context of identifying the best job match (Butterworth, Migliore, Bose, Lyons, & Nye-Lengerman, 2017).

While continued research on effective employment strategies for individuals with IDD is vital, the strategies are only as successful as the workforce delivering them. As Luecking, Fabian, and Tilson (2004) explain, “regardless of the job seeker’s level of motivation, skill, experience, attitude, and support system, his or her ability to get a job will often depend on the effectiveness of employment specialists” (p. 29). Research on direct support professionals indicates that they comprise a large labor market segment, but as a group they experience high turnover, low salaries, and limited access to training, making hiring and sustaining quality professionals a challenge (Lyons, Migliore, Nye-Lengerman, Nord, & Butterworth, 2016).

TRANSITION-AGE YOUTH CONTINUE TO FACE CHALLENGES.

Employment is a primary pathway to independence and autonomy, yet research shows continuing disparity between the employment outcomes of youth with and without disabilities. American Community Survey data show that in 2014, the employment rate for young adults without a disability aged 16–21 was 41%, compared to 20% percent for youth with a cognitive disability. For young adults between the ages of 22 and 30, the employment gap widens, with 76% of youth without a disability employed, compared to 41% of youth with a cognitive disability (Butterworth & Migliore, 2015).

Data from the National Core Indicators Project suggest that in 2014, only 4% of youth supported by state IDD agencies aged 18–21 were employed in individual integrated jobs, and only 9% of those aged 22–30. This population also experiences low wages and hours, averaging 12 hours and \$92/week for 22- to 30-year-olds (Butterworth & Migliore, 2015).

Poor employment outcomes have persisted despite the fact that people with disabilities want to work in the community. Individuals with IDD have clearly expressed both a desire to be full participants in the typical labor force and an expectation that they will be employed after graduation (Barrow et al., 2016; Timmons et al., 2011; Nonnemacher & Bambara, 2011; Walker, 2011), and 86% of transition-age young adults with an intellectual disability state that they expect to be employed after graduation (NLTS2, n.d.). However, Timmons et al. (2011) found that individuals with IDD are often discouraged from community employment during the transition from school to adulthood.

Grigal, Hart, and Migliore (2011) found that students with IDD were less likely to have competitive employment goals and outcomes, and more likely to have sheltered employment goals and outcomes, compared to students with other disabilities. NLTS2 data on high school students’ transition plans show that 20% of students with intellectual disabilities had primary goals related to sheltered employment, despite the national focus on integrated employment (Shogren & Plotner, 2012).

Poor employment outcomes for youth with IDD are a result of a confluence of issues. For example, interagency collaboration is well established as a predictor of employment outcomes during transition (Haber et al., 2016), yet insufficient linkages between the education, rehabilitation, and adult IDD systems are primary factors in the low employment outcomes of youth with IDD (Certo et al., 2008; Martinez et al., 2010; NCD, 2008; Plotner & Marshall,

2015; Haber et al., 2016). Research has found that there is a need for the clarification of roles between education and rehabilitation professionals and for the documentation and dissemination of guidelines for collaboration across systems (Stevenson & Fowler, 2016; Oertle & Seader, 2015).

Confirming findings from previous research, Carter et al. (2011) found that many students with significant disabilities lack early vocational experiences. Other education system factors include low teacher expectations for employment (Carter et al., 2010), limited professional development related to transition practices (Mazzotti & Plotner, 2016; Winsor et al., 2010), lack of long-term follow-up of graduates following transition to employment (Rusch & Braddock, 2004; Callahan et al., 2014), and limited diffusion of evidence-based transition practices in schools (Mazzotti & Plotner, 2016).

LIMITED FAMILY ENGAGEMENT.

Family engagement is a key component not only in successful transition planning, but in employment in general. However, parents report that they do not receive enough information to support their children in the transition process, that programs are a poor fit for student needs, and that they have insufficient information about the interaction of work and benefits (Hetherington et al., 2010; Almutairi, 2016; Winsor et al., 2010). Carter et al. (2011) found that the family factor most predictive of paid work experiences in school was parental expectations, but families frequently experience low expectations and support from school programs (Blustein et al., 2016; Henninger & Taylor, 2014; Almutairi, 2016).

A recent comprehensive literature review related to family engagement confirmed the importance of family engagement to employment outcomes: Family members' modeling of roles and expectations shape positive experiences of employment for people with IDD, and build a proactive vision, and engaging with family members leads to employment-focused decisions. When family members have advanced knowledge about the service system and develop partnerships with service professionals, individual outcomes are stronger (Kramer, 2017).

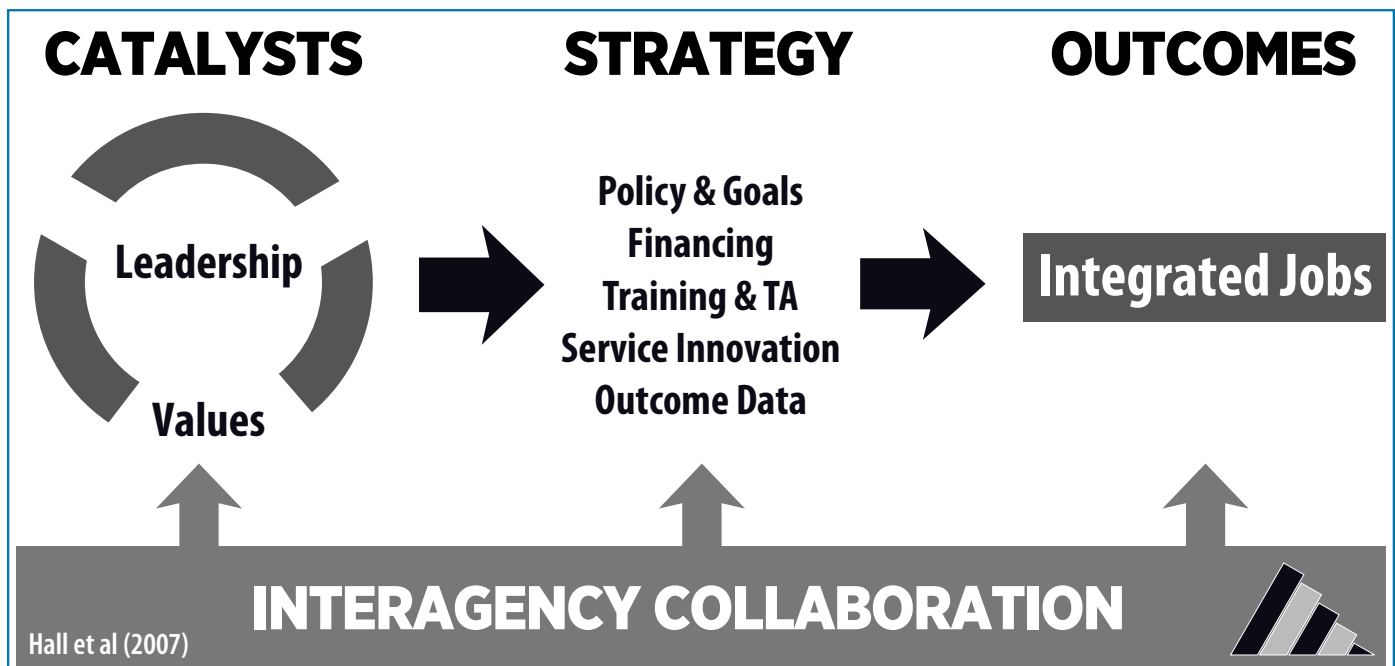
Family members also shared that they were frustrated by the service systems low expectations for their family member and the lack of clear guidance on how to support their family member's employment goal (Kramer, 2017). Another barrier they identified was a lack of alignment and continuity across various service agencies with which they interact. The system's capacity was perceived as inadequate to meet individuals' and families' needs, both in terms of availability of employment supports and the qualifications of personnel.

A FRAMEWORK FOR SYSTEMS CHANGE

Since 2007, the ICI, in partnership with the National Association of State Directors of Developmental Disabilities, has used the High Performing States model to guide systems change to expand integrated employment in its work with the SELN. There are 25 states that are currently active members of the SELN, a membership roundtable of state IDD agencies, which use the model to structure their efforts to expand integrated employment for individuals with IDD (<http://www.selnhub.org/home>).

The High Performing States model was developed through case studies of three states with strong competitive integrated employment outcomes for individuals with IDD enrolled in adult day and employment services (Hall et al., 2007). It identifies seven elements that transmit and maintain commitment to the goals of community inclusion and integrated employment (see Figure 2). The seven elements are leadership, policy and goals, interagency collaboration, financing, training and technical assistance, service innovation, and outcome data.

Figure 2: High Performing States Model



These high-performing states maintained a consistent focus on employment in policy, procedure, and infrastructure within each of the elements, suggesting that meaningful change requires a holistic approach. Outcomes and experience suggest this framework is a helpful guide to systems change. Between 2007 and 2015, the percentage of individuals receiving an integrated employment service increased by 6.2% for the original SELN states, increased by 2.5% for current members, and declined by 3.7% for non-member states (SELN, 2016).

Research continues to examine the framework. Work with states funded by the Partnerships in Employment project (2011–2016) applied the framework to development of the systems that support access of transition-age youth with IDD to postsecondary education and employment. In addition, ICI's Rehabilitation Research and Training Center on Advancing Employment for Individuals with IDD is conducting a series of state-level case studies to investigate the ways in which the elements of the framework operate, not only within state IDD agencies, but also state VR and education agencies. These studies build on Hall et al. (2007), but also seek to identify the elements that support these state agencies to work collaboratively to support employment for individuals with IDD across the lifespan.

METHODOLOGY

This report provides a comprehensive overview of the national trends in employment for people with intellectual and developmental disabilities (IDD). Appendices show individual state profiles with data from several sources, including:

- » The National Survey of State Intellectual and Developmental Disabilities Agencies' Employment and Day Services
- » The Rehabilitation Services Administration 911
- » The American Community Survey
- » The Social Security Administration
- » The Bureau of Labor Statistics

For most data sources, the most recent data are through 2016. The authors use abbreviations for both intellectual disability (ID) and intellectual and developmental disabilities (IDD). We do this because data sources vary in the specific target groups that can be described. Please refer to each section for the disability definition used for that data source.

DATA SOURCES

NATIONAL SURVEY OF STATE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AGENCIES' EMPLOYMENT AND DAY SERVICES.

This survey is administered by the ICI annually. It is part of a longitudinal study commissioned by the Administration on Intellectual and Developmental Disabilities to analyze community-based employment and day service trends. Data are available for services received between FY1988 and 2016 for individuals with IDD and closely related conditions. Between 1988 and 2004, the survey was administered on a semi-annual basis; starting in 2007, information has been collected annually. The most recent version of the survey is focused on state IDD agency data for FY2016.

The survey is designed to provide the following information:

- » Trends in the number of people served in integrated employment, facility-based employment, and facility-based and community-based non-work programs
- » Trends in the number of individuals waiting for services
- » Funding sources being used to support day and employment services
- » The allocation of funds across day and employment services

The survey was developed with input and field-testing support from state IDD agency administrators. Core variables include the number of people served (total and by day and employment service categories), number of people on waiting lists, expenditures by service, and total funding by source. All questions focus on community-based day or employment services monitored by the state IDD agency, including services funded by another state agency (such as the Medicaid agency), even if the IDD agency does not provide or directly contract for the service.

In 1996, the category of community-based non-work services was added to the survey. The most recent changes to the survey occurred in FY2016 data collection. States are now asked specific questions about the number of individuals that they serve who are working for pay in jobs in the community, in order to distinguish between services and employment outcomes. Additionally, the definitions of integrated employment services and community-based non-work services have been updated to emphasize the goal of an individualized community outcome. Since FY2001, states have had the opportunity to complete the survey using a secure website. Each state's responses from the previous year are listed on the website for reference and updating if necessary.

The survey was most recently administered in June 2017 to IDD agencies in all 50 states and the District of Columbia. The agency director from each state and the staff members who responded to the previous survey were contacted to ensure consistency in the data reported. Initial contact was made by email, and follow-up was completed via email and telephone.

The survey home page provides general information and instructions for completing the survey. Additionally, instructions and guidance for responding to the survey questions are included within each question. The survey requests data on the total number of individuals served; however, if a state does not have the capacity to adjust for individuals who enter or exit the system during a fiscal year and can only provide the number served at the end of the fiscal year (or at some other specific point in time), there is a place on the survey to provide this information. States are able to report an individual in multiple service categories, so in those states the percentage served across services may sum to greater than 100%.

Each step of the survey provides an opportunity for states to enter explanatory comments on their data. The final step of the survey offers states the chance to make suggestions for how the survey could be revised in the future. States are also asked to identify the information source used to provide service category data. There is a definitions page that can be referred to from any page of the survey. A summary of the service category definitions can be found in Table 1.

After a state has finalized its response to the survey, ICI staff review the data and follow up with states whose data shows an unexpected increase or decrease in the total number served, number served in a service category, or total funding.

Table 1. IDD National Survey of Employment and Day Services Definitions

Type of Setting/ Service	Work	Non-Work
Community	Integrated employment: Integrated employment services are provided in a community setting and support or lead directly to paid employment of the participant. Specifically, integrated employment includes services that support entering or maintaining competitive employment, individual supported employment, group supported employment, and self-employment supports.	Community-based non-work: Community-based non-work includes all services that are focused on supporting people with disabilities to access community activities in settings where most people do not have disabilities. It does not include paid employment.
Facility	Facility-based work: Facility-based work includes all employment services that occur in a setting where the majority of employees have a disability. These activities occur in settings where continuous job-related supports and supervision are provided to all workers with disabilities. This service category is typically referred to as a sheltered workshop, work activity center, or extended employment program.	Facility-based non-work: Facility-based non-work includes all services that are located in a setting where the majority of participants have a disability. These services do not involve paid employment of the participant.

In a typical year, between 44 and 47 states complete the IDD survey. The authors estimate the national figures for total served in day and employment services and total served in integrated employment by estimating the missing data for states that did not complete the survey. The researchers use linear regression for estimating missing values. To increase stability of the estimates, data are added from the most recent literature, when available (Braddock et al., 2016).

REHABILITATION SERVICES ADMINISTRATION 911.

The Rehabilitation Services Administration 911 (RSA-911) is a public access database that captures individual characteristics, services provided, and employment outcomes at the point of closure from VR services. Records are at the individual level, covering roughly 550,000 case closures in recent years.

Table 2. RSA Service Definitions

Term	Explanation
Closure	Data in the RSA-911 are collected at the time of closure (conclusion) of VR services. The VR closure categories used in this report include closure with an employment outcome after receiving services (formerly Status 26), closure without an employment outcome after receiving services (formerly Status 28), and closure after eligibility but before an individual plan for employment is developed (formerly status 30)
Successful rehabilitation	Closure with an employment outcome, including integrated employment (including supported employment), self-employment, state-agency-managed business enterprise, homemaker, and unpaid family worker.
Rehabilitation rate	The percentage of individuals receiving services who achieve a successful rehabilitation. Calculated as: closures with an employment outcome / closures with an employment outcome + closures without an employment outcome after receiving services.

For the purposes of this report, a person was considered to have an intellectual disability (ID) if code 25 (mental retardation in the RSA-911 dataset through 2016) was reported as the cause of either a primary or secondary impairment to employment.

AMERICAN COMMUNITY SURVEY.

The American Community Survey (ACS) is a national survey designed and administered by the U.S. Census Bureau to better understand changing communities. The ACS collects information from all 50 states and D.C. on topics such as disability, age, race, income, and other demographic and personal data (www.census.gov).

To gather information on people with disabilities, the Census Bureau asks six questions on long-lasting conditions and functional impairments. Any person who indicates having one or more of these conditions or functional impairments is considered as having a disability. The individual items used to collect these data points are outlined in Table 3.

Table 3. ACS Service Definitions

Term	Explanation
Employment rate	The percentage of civilian, non-institutionalized working-age (16–64 years old) individuals who have a job.
Disability categories	<p>The ACS classifies individuals as having a disability based on answering affirmatively to one or more of the following items:</p> <p>Is this person deaf or does he or she have serious difficulty hearing (hearing disability)?</p> <p>Is this person blind or does he or she have serious difficulty seeing even when wearing glasses (vision disability)?</p> <p>Does this person have serious difficulty walking or climbing stairs (ambulatory difficulty)?</p> <p>Does this person have difficulty dressing or bathing (self-care difficulty)?</p> <p>Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping (independent-living difficulty)?</p> <p>Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions (cognitive disability)?</p>

SOCIAL SECURITY ADMINISTRATION (SSA).

These data are from the Supplemental Security Income (SSI) Annual Statistical Report. The SSA reports work-incentive participation and the number of individuals receiving SSI who are working.

Beginning with the 2010 SSI Annual Statistical Report, tables showing data by diagnostic group provide more specific details for mental disorders in these categories: autistic disorders, developmental disorders, childhood and adolescent disorders not elsewhere classified, intellectual disability, mood disorders, organic mental disorders, schizophrenic and other psychotic disorders, and all other mental disorders. Data from previous years use three categories for mental disorders: retardation, schizophrenia, and other.

Table 4. Work Incentive Program Definitions

Program	Definition
Plan for Achieving Self-Support (PASS)	Allows a person with a disability to set aside income or resources to support achieving a specific work goal. Money set aside under a PASS is excluded both as current income and from the SSI resource limits.
Impairment-Related Work Expenses (IRWE)	Allows people to exclude the cost of certain impairment-related services or items needed to earn income when determining the beneficiary’s current earned income for SSI eligibility and benefits.
Section 1619(a)	Allows people with disabilities to continue receiving SSI income even if their earned income is at Substantial Gainful Activity levels, i.e., the amount that would normally make them ineligible for SSI.
Section 1619(b)	Allows individuals to continue receiving Medicaid benefits if their earnings disqualify them from eligibility for SSI cash payments but are not enough to afford medical insurance.

STATE DEMOGRAPHICS.

State demographics are from multiple data sources. State population data is taken from the U.S. Census website (www.census.gov). Unemployment data is taken from the Bureau of Labor Statistics website (www.bls.gov).

National Survey of State Intellectual and Developmental Disabilities Agencies' Employment and Day Services (1988-2016)

The data reported here are the core elements of the Institute for Community Inclusion's National Survey of State Intellectual and Developmental Disabilities Agencies' Employment and Day Services. These data focus on participation in integrated employment, community-based non-work, and facility-based services (both work and non-work). Data are solicited from all 50 states and the District of Columbia. Between 2010 and 2016 between 44 and 47 states completed the survey, and in FY2016 44 states responded.

The researchers calculated national estimates for the total number of people served by state IDD agencies, as well as the total number of people who received integrated employment services. For some states, data reported by service setting represent duplicated counts because individuals were served in multiple settings. For these states, the percentage served across settings may add up to more than 100%. Other services, including services for individuals who are elderly, are not reported.

Analysis of the IDD Agency National Survey revealed these key findings:

- » National estimates suggest that, after remaining flat between 1999 and 2009, there has been very modest growth in the number of individuals in integrated employment between 2010 and 2016. The number in integrated employment services grew by 6% between 2015 and 2016.
- » The estimated percentage of individuals participating in integrated employment services was 18.8% in FY 2016.
- » Growth in integrated employment primarily occurred between the mid-1980s and mid-1990s, and there has been a slight decline in the percentage of people with IDD in integrated employment since 2001. The percentage has hovered around 19-20% for the past decade.
- » There is large variation across states in participation in integrated employment.
- » Individuals who receive an integrated employment service include individuals who are receiving services with an immediate goal of entering employment such as job development and those receiving long term services to support maintaining employment.
- » There continues to be evidence that individual states are taking steps to reduce facility-based work, and the number and percent of individuals in facility-based work is declining.
- » As community-based non-work services continue to grow, more data is needed about the quality of outcomes and implementation of service delivery practices.
- » Funding for integrated employment services continues to lag.
- » Medicaid Title XIX Waiver dollars have not transitioned to integrated employment services.

Figure 3. Trend Line for Estimated Total Number of People Served by State IDD Agencies and Estimated Number Served in Integrated Employment

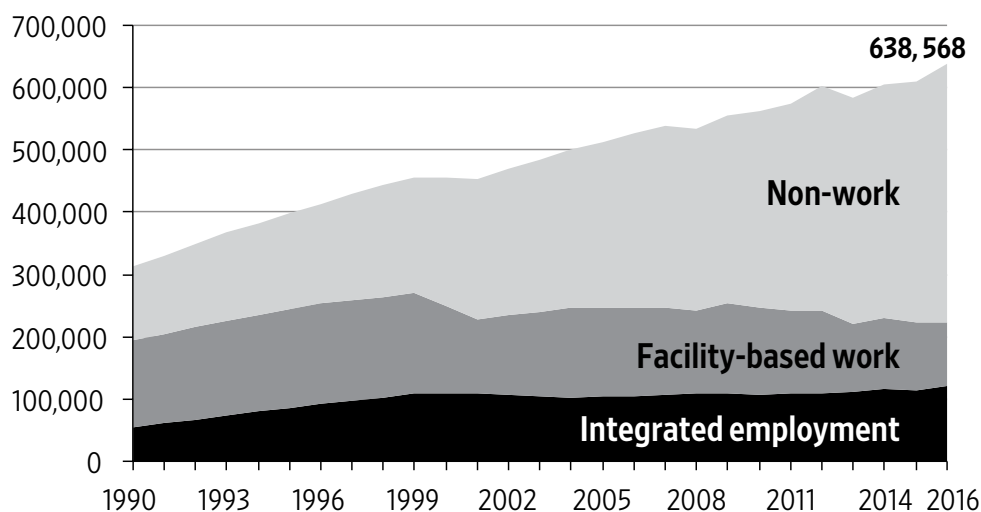


Table 5. Participation in Employment and Day Services in FY2016

State	Total Served	Percent Integrated Employment	Percent Community-Based Non-Work	Percent Facility-Based Work	Percent Facility-Based Non-Work
AK	n/a	n/a	n/a	n/a	n/a
AL	5,765	5%	8%	8%	79%
AR	n/a	n/a	n/a	n/a	n/a
AZ	13,303	14%	0%	8%	77%
CA	88,875	12%	78%	10%	0%
CO	17,026	18%	45%	5%	32%
CT	10,563	43%	8%	3%	46%
DC	1,559	18%	25%	20%	42%
DE	2,117	30%	9%	25%	34%
FL	20,888	11%	n/a	n/a	n/a
GA	12,198	20%	32%	24%	86%
HI	2,173	1%	39%	0%	57%
IA	15,441	17%	n/a	23%	n/a
ID	4,200	10%	90%	0%	40%
IL	23,840	7%	0%	1%	92%
IN	16,337	10%	78%	29%	45%
KS	7,484	11%	48%	38%	54%
KY	8,919	30%	59%	11%	0%
LA	5,228	29%	0%	22%	49%
MA	16,217	42%	39%	4%	56%
MD	13,507	33%	5%	n/a	68%
ME	n/a	n/a	n/a	n/a	n/a
MI	17,185	26%	79%	26%	28%
MN	28,435	9%	31%	52%	8%
MO	6,482	9%	69%	0%	63%
MS	2,375	57%	0%	7%	36%
MT	1,915	n/a	53%	n/a	n/a
NC	19,210	15%	66%	13%	32%
ND	n/a	n/a	n/a	n/a	n/a
NE	4,394	2%	17%	20%	80%
NH	3,469	45%	57%	0%	0%
NJ	n/a	n/a	n/a	n/a	n/a
NM	4,786	24%	66%	0%	10%
NV	2,489	17%	1%	46%	36%
NY	62,350	17%	5%	9%	75%
OH	35,948	25%	0%	53%	43%
OK	4,048	61%	29%	56%	0%
OR	7,833	56%	49%	33%	44%
PA	30,091	18%	47%	29%	39%
RI	4,429	26%	55%	4%	37%
SC	9,800	26%	10%	31%	33%
SD	2,942	19%	30%	55%	28%
TN	7,107	16%	88%	0%	45%
TX	24,747	5%	0%	0%	95%
UT	3,611	28%	72%	0%	0%
VA	n/a	n/a	n/a	n/a	n/a
VT	3,333	38%	62%	0%	0%
WA	8,857	87%	14%	4%	<1%
WI	16,693	20%	20%	42%	51%
WV	2,448	35%	0%	0%	65%
WY	2,004	12%	27%	0%	54%

* Data reported as a combined total for all non-integrated employment services
n/a = data not available

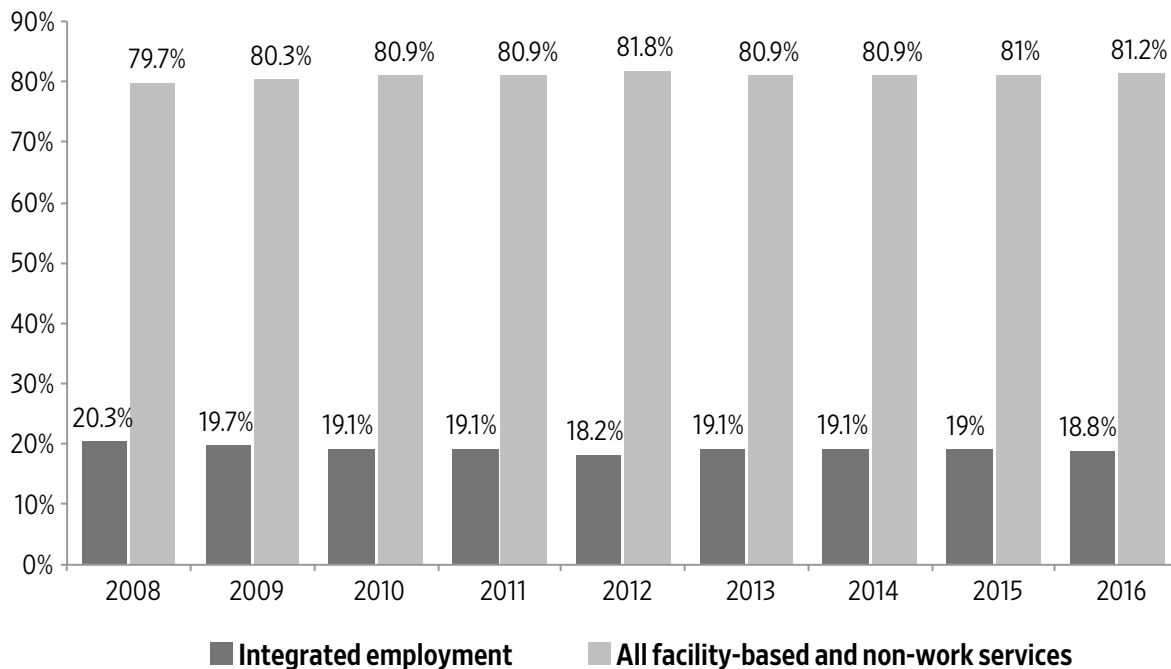
Figure 3 shows that in FY2016, an estimated 638,568 individuals received day or employment supports from state IDD program agencies. This number grew from 455,824 in FY1999. The estimated number of individuals in integrated employment services increased from 108,227 in FY1999 to 120,244 in FY2016.

Between FY2015 and FY2016, there was a slight increase in the number of individuals reported as receiving an integrated employment service by state IDD agencies. However, when comparing the percentage of individuals, the rate has hovered around 19–20% since 2001.

As states implement Employment First policy and revise service definitions to reflect individual integrated employment in the community, there is anecdotal evidence that the definition of integrated employment used by states is being strengthened, and this has led to outcomes previously counted as integrated employment being reclassified to other service types. This suggests that the actual impact of Employment First policies is stronger than the trend in integrated employment suggests. Overall, state investment continues to emphasize facility-based and non-work services, rather than integrated employment services.

Figure 4 shows trends in the percentage of people served in integrated employment and in facility-based and non-work settings between FY2008 and FY2016. In FY2016, an estimated 18.8% of individuals receiving day supports from state IDD agencies received integrated employment services. These data demonstrate a decline in the estimated percentage of people served in integrated employment services from 24.2% in 2001, suggesting that the growth seen in employment as a result of the RSA Supported Employment Systems Change Grants between the mid-1980s and mid-1990s did not continue. Recent federal and state level policy changes may have a positive impact of the number of individuals in integrated employment services.

Figure 4. Estimated IDD Agency Service Distribution by Year



Concurrently, the percent of individuals served in facility-based and non-work settings has stayed fairly stable since 2008, varying between 80% and 81%. Variability in the number of states that are able to report data in these three individual service categories (facility-based work, facility-based non-work, and community-based non-work) limits our ability to pinpoint the specific setting in which growth is occurring. However, analysis using data from states that are able to report data in each of the three service categories suggests that participation in facility-based work has steadily declined, and the percentage of individuals served in non-work settings is increasing.

State-by-state variation masks growth in integrated employment.

Data from the survey were examined for 37 states that provided the total number of individuals served and the number of individuals in integrated employment services for each year between 2007 and 2016. Twenty-four states increased the number of individuals in integrated employment services, with an average increase of 929 individuals (range: 36–3,692).



States that reported increasing the number of individuals served in integrated employment by more than 500 individuals between 2007 and 2016 were CO, KY, MA, MN, MS, NH, NY, OH, OR, and WA. Each of these states has engaged in strategic efforts and systematic changes to their service delivery system to make integrated employment the preferred service outcome for adults with IDD in their state. However, the number of individuals reported as receiving integrated employment services across these 37 states declined in 13 states with an average reduction of 825 (range: 6-3,036).

What does the data tell us about the number of people working?

In FY 2009, the survey began asking states about their ability to provide data on the number of individuals working for pay in integrated community jobs, including competitive employment, individual supported employment, group supported employment, and self-employment.

Table 6. Individuals Working in the Community in FY2016

State	Total Served	Total in Integrated Employment Services	Receiving Integrated Employment Service and Working in the Community
AL	5,765	310	600
AZ	13,303	1,907	1,907
CA	88,875	10,448	10,448
CO	17,026	3,078	3,078
CT	10,563	4,546	4,546
DC	1,559	284	256
GA	12,198	2,474	1,795
HI	2,173	14	87
ID	4,200	406	406
KS	7,484	845	845
KY	8,919	2,689	2,689
MA	16,217	6,733	4,405
MI	17,185	4,452	2,032
MO	6,482	581	1,091
NE	4,394	105	105
NH	3,469	1,573	1,573
NM	4,786	1,151	1,151
NV	2,489	417	417
NY	62,350	10,815	8,320
OR	7,833	4,396	4,396
RI	4,429	1,116	819
SD	2,942	546	1,902
TN	7,107	1,128	1,128
TX	24,747	1,227	705
UT	3,611	1,011	1,230
VT	3,333	1,260	1,260
WA	8,857	7,714	6,036
WI	2,448	3,290	3,290
WV	16,693	848	838
WY	2,004	232	259

In FY2016, more than half of states (n=30) that responded to the survey reported collecting data on the number of individuals working for pay in the community. Table 6 shows states that were able to identify how many of the individuals who are participating in any employment and day service also work for pay in the community.

Thirty states were able to report on the total number of individuals served in any day and employment service who were working for pay in community jobs. The total number of individuals who worked in paid integrated employment in FY2016 as reported by these 30 states was 67,614. In these states, 18% of individuals who received any day and

employment service were working in the community in integrated jobs. This is a slight increase from FY2015, when 16.8% were working for pay. These data indicate that there are some individuals with IDD working for pay in the community who are not receiving paid employment supports from their state IDD agency, but are receiving other day services.

States are making significant efforts to reduce facility-based work. As Table 5 indicates, in FY2016, thirteen state IDD agencies reported that their state agencies did not support individuals in facility-based work services. However, this does not mean that those 13 states have eliminated all funding for facility-based work. A state's ability to report on facility-based work is impacted by service structure and state reporting capacity; many states have facility-based work services embedded within their facility-based non-work services, or rely on other state agencies to fund these services.

Vermont's IDD agency is nationally recognized for not funding facility-based or group supported employment services, and a review of active 14(c) sub-minimum wage certificates indicates that there are no active certificates in the state. Other states that have strong IDD agency policies for not funding facility-based work services are the District of Columbia, Maine, Massachusetts, and New Hampshire. Maryland passed legislation in 2016 that will phase out the use of subminimum wage by 2020, Alaska legislation ended payment of less than minimum wage effective February 2018, and the City Council of Seattle eliminated subminimum wage in the city in April 2018. Wyoming has also stopped providing facility-based work services through their Medicaid waiver.

State IDD agencies are making other policy decisions to reduce the number of individuals in facility-based work services.

For example, Washington State has reduced the number of individuals in facility-based work services to less than 100 as of June 2018, and in 2019 will no longer fund facility-based work services. Other states are developing and implementing limitations on the time that an individual may receive facility-based work services. Some are requiring that an individual's service plan describe the specific skills that the person will gain in the sheltered workshop, and how those skills will improve the likelihood that the individual will be employed in the community.

If people aren't working, where are they spending their time?

As illustrated in Figure 4, participation in facility-based work has steadily declined, and the percentage of individuals served in non-work settings is increasing. First added to the survey as a service option in FY 1996 in response to state feedback, the number of states that report providing community-based non-work (CBNW) services has grown from 18 in FY1996 to 36 in FY2016. Nationally, reported participation in CBNW has grown steadily for states that report it as a service, from 18.7% in FY1999 to more than 40% of all employment and day services. In FY2016, 32% of individuals were reported to receive community based non-work services. CBNW services accounted for a reported 35% of state IDD agency expenditures for FY2016, for states that reported expenditures for this service (n=35).

There is a limited amount of data on the structure, activities, and outcomes of CBNW services, and states have not established clear service expectations or quality assurance strategies (Sulewski & Timmons, 2015; Lyons & Hall, 2015; Timmons & Sulewski, 2016). The rapid growth states report in CBNW services reflects a desire to improve the community presence of individuals with IDD, but the quality of the services being reported and the contribution of this service on a national level to authentic community engagement remain unclear.

While some states report service requirements for how much time CBNW participants spend in the community, it is possible that some states have reclassified services from facility-based to community-based as the emphasis on community participation grows, even though substantial time is still spent in facility-based settings. The trend toward CBNW services also raises concerns about the clarity of the service system's goals for community employment. It is highly likely that as funds transition to the community, due to the lack of specificity of the goals of CBNW services, non-work services are be seen as an alternative to (rather than a complement to or an avenue towards) integrated employment services.

Data reported by community rehabilitation providers (CRPs) in a 2014-2015 national survey suggest that only 13% of individuals with IDD participate in CBNW services (Domin & Butterworth, 2016). While CRP and IDD agency responses are not directly comparable, and may reflect differing approaches to reporting duplication of service, the disparity raises concerns about how integrated CBNW services are in practice and the capacity of IDD agencies to distinguish non-work service experiences.

Research by ICI staff on CRPs has found that some CRPs are developing innovative ways to support individuals to be engaged members of their community as a way to improve integrated employment outcomes. Sulewski et al. (2017) found four guideposts in high-quality Community Life Engagement (CLE) supports. These include the individualization of supports for each person, promoting community membership and contribution, building human and social capital to decrease dependence on paid supports, and ensuring that supports are outcome-oriented and regularly monitored.

Findings from case studies of providers delivering quality CLE practices support individuals in volunteer work; postsecondary, adult, or continuing education; accessing community facilities such as a local library, gym, or recreation center; participation in retirement or senior activities; and anything else people with and without disabilities do in their off-work time. Researchers also found that such activities support career exploration for those not yet working or between jobs, supplement employment hours for those who are working part-time, or serve as a retirement option for older adults with IDD (Timmons & Sulewski, 2016). These findings serve as indicators for states and service providers seeking to increase and improve Community Life Engagement.

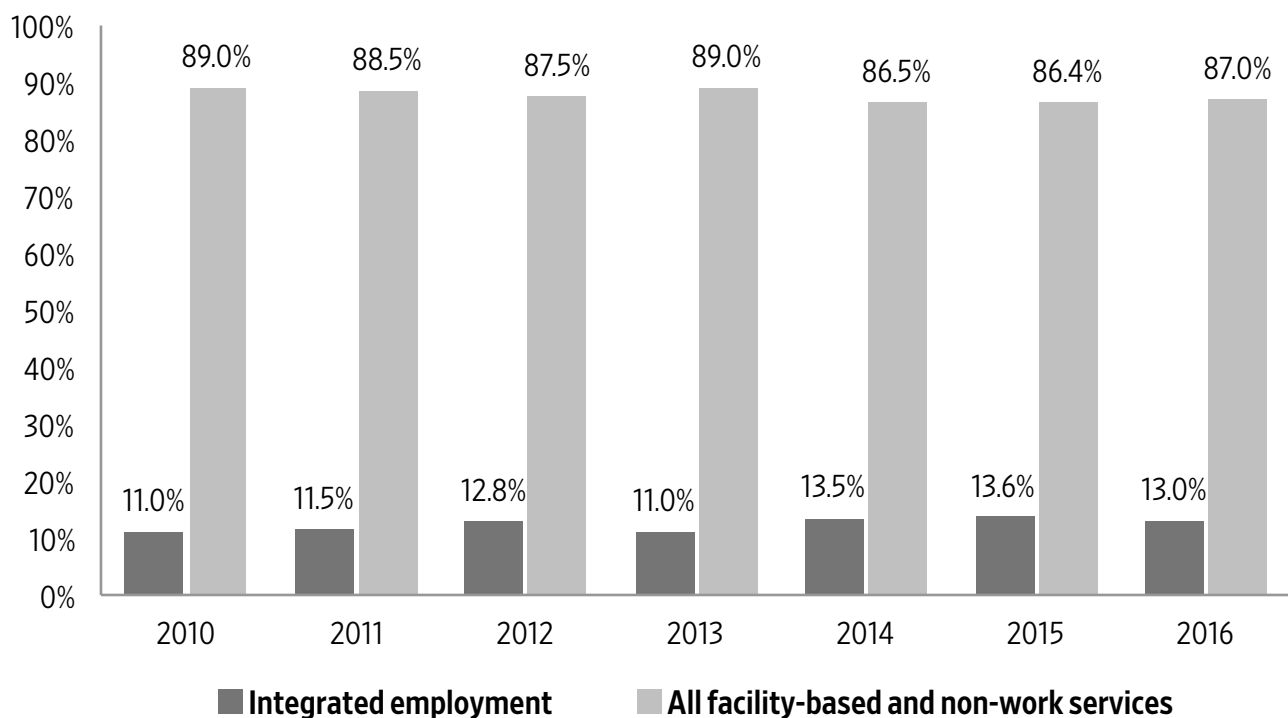
As emphasis on CBNW services grows and states implement their home and community-based services transition plans, additional research is needed on how state IDD agencies are translating best practices at the provider level into state policy and quality service monitoring.

Funding for integrated employment services continues to lag.

States vary in their ability to report on funding for day and employment services by service setting. Figure 5 shows trends in funding allocation by service setting for states that reported these monetary figures. Facility-based and non-work settings continue to comprise the largest percentage of expenditures for day and employment services. Collectively, states that reported funding facility-based work and non-work services (n=41) allocated 87% of total funding for all day and employment services in these settings in FY2016. In contrast, states that reported funding for integrated employment (n=42) allocated 13% of the funding for all day and employment services to integrated employment services in FY2016.

While Figure 5 shares trend data between 2009 and 2016, earlier data show a net decrease in the percentage of reported funds allocated toward facility-based services since 1999. However, there has been little fluctuation over time in the percentage of funding allocated toward integrated employment, which peaked in 2001 at 16.6%, but otherwise has ranged between 9.6% and 13.6% in all other years since 1999.

Figure 5. Percentage of All Day and Employment Funding by Year



Medicaid Title XIX Waiver dollars have not transitioned to integrated employment services.

Medicaid Title XIX Waiver funds are the largest sources of funds for day and employment services, representing 80% of reported funds in FY2016. Medicaid waivers as a funding resource to support individualized integrated employment have received significant attention in recent years. Based upon recommendations provided by State Employment Leadership Network member states, CMS released an information bulletin in September 2011, “1915(c) Waiver Technical Guidance Revisions,” on waiver program employment services. The bulletin emphasized the importance of integrated employment and person-centered planning, and distinguished between pre-vocational and supported employment services.

The bulletin also discussed best practices in employment services. It split supported employment into two core service definitions—individual and small group (two to eight people)—and added a new core service definition for career planning (Kennedy-Lizotte & Freeze, 2012). As states address the role of employment in their Medicaid Home and Community-Based Services Waiver under the Community Rule, the guidance will continue to play a significant role in employment systems change.

In September 2015, CMS offered clarification to state Medicaid authorities on the development of reimbursement strategies to create incentives for integrated employment and specifically individual supported employment (Center for Medicare and Medicaid Services, 2015). Specifically, CMS clarified that benefits planning is an allowable service under Medicaid 1915(i) and 1915(c) waiver authorities, and that states can develop pay-for-performance methodologies, including the use of outcome-based payment, tiered outcome payments based upon level of disability, milestone payments in addition to fee-for-service, and payment for hours the individual works.

Additionally, many states are making use of technical assistance available through the State Employment Leadership Network, AIDD-funded grants, and the Office of Disability Employment Policy’s Employment First State Leadership Mentor Program to support the redesign of their Medicaid Title XIX Waivers to increase individualized integrated employment outcomes.

States vary in their ability to report Medicaid Title XIX Waiver funds on specific IDD agency services. As the number of states able to report these figures increases, it will be important to examine both the cross-sectional and trend data for this type of funding. For states that have been able to report these figures, the allocation of these funds has varied based upon year and service category: integrated employment, community-based non-work, facility-based work, and facility-based non-work.

In FY2016, 39 states reported expenditures by day and employment service for the Medicaid Title XIX Waiver. These funds represent both the federal dollars allocated to the state and the state matching dollars. The percentage of waiver funds spent by state IDD agencies on integrated employment services was 11%, mirroring the percentage of all day and employment dollars spent on this service. Expenditures reported for facility-based non-work services declined slightly from 2015, but still made up the greatest percentage of dollars spent (41.5%), and expenditures reported for community-based non-work services increased slightly and made up 35% of dollars spent, representing a continued investment in all non-work services.

Winsor, Lyons, Butterworth, and Kennedy-Lizotte (2017) suggest several reasons why, despite the increased emphasis on individual integrated employment as a priority in the development and administration of Medicaid Title XIX Waivers, dollars from this source continue to be overwhelmingly spent on non-work services. These reasons include:

- » overly complicated funding systems that are not easily understood by provider agencies, case management staff, resource allocation staff, and individuals and their families;
- » the inability to bill for non-direct services needed for successful job development;
- » the failure to capture the real-world cost of providing individual integrated employment services and an over-reliance on the historical cost;
- » the failure to include the cost of individual integrated employment when developing individual service budget allocations;
- » the expectation that transportation of the individual to a job in the community will be paid for out of the integrated employment rate; and
- » the failure to identify transportation as a separate service that has a distinct payment rate from the payment for an employment or day service.

REHABILITATION SERVICES ADMINISTRATION 911 (2007-2016)

This section uses data from Rehabilitation Services Administration 911 (RSA-911) database to describe the employment and postsecondary education outcomes of all adults with an intellectual disability who exited from the vocational rehabilitation (VR) program during fiscal years 2007 through 2016, in the 50 states and the District of Columbia (DC).

Intellectual disability refers to code 25 (“mental retardation” in the RSA-911 case report description) as either a primary or secondary cause of an impediment to employment. For context, we compare the findings with the corresponding outcomes of people with other disabilities. We also describe selected state level employment outcomes in FY2016.

Key findings regarding people with intellectual disabilities who exited the VR program between 2007 and 2016 included the following:

- » The number of people with an intellectual disability who exited the VR program slightly increased.
- » The percentage of people receiving services slightly increased.
- » The rehabilitation rate has remained fairly stable.
- » Weekly work hours have not changed.
- » Time from application to exit with employment decreased.
- » The percentage of people who attained a postsecondary outcome remained low.
- » The majority of people with intellectual disabilities are male, white, and transition-age young adults.
- » Outcomes varied considerably across states.

The number of people with intellectual disabilities who exited the VR program slightly increased.

In 2016, a total of 47,595 people with intellectual disabilities exited the VR program. As Table 7 shows, the 2016 figure is slightly greater than in 2015 and in 2014, but smaller than in earlier years. These numbers have declined since 2008, when 53,974 people with intellectual disabilities exited the program.

The corresponding figure for people with other disabilities was 459,141 in 2016, a smaller figure compared to previous years. The highest figure was reported in 2010, with 511,441 people with other disabilities who exited the program.

Table 7. Trends in Employment Outcomes

	Total closures		Received services		Rehabilitation rate		Hourly wage*		Weekly hours*		Got a job in one year	
	ID	Other	ID	Other	ID	Other	ID	Other	ID	Other	ID	Other
2007	53,620	491,016	70%	62%	58%	57%	\$8.17	\$12.49	25	33	35%	38%
2008	53,974	506,005	69%	62%	56%	55%	\$8.24	\$12.54	25	33	36%	39%
2009	49,382	488,824	66%	59%	53%	53%	\$8.59	\$12.66	24	32	35%	37%
2010	49,697	511,441	65%	58%	48%	49%	\$8.78	\$12.49	24	32	33%	37%
2011	47,812	494,273	66%	60%	51%	51%	\$8.57	\$12.11	24	32	32%	36%
2012	46,672	484,330	65%	60%	52%	53%	\$8.51	\$11.95	24	32	30%	35%
2013	48,847	492,247	66%	62%	50%	51%	\$8.44	\$11.79	24	31	30%	34%
2014	45,443	495,293	67%	58%	56%	54%	\$8.39	\$11.68	23	31	30%	33%
2015	47,390	470,289	68%	62%	56%	57%	na	na	23	30	32%	35%
2016	47,595	459,141	70%	63%	55%	57%	na	na	23	30	33%	37%

Note: ID = intellectual disabilities; Other = other disabilities

*In 2014 dollars

Percentage of people receiving VR services slightly increased.

Receiving services from VR is a key step toward an employment outcome. As Table 7 shows, in 2016, 70% of the people with intellectual disabilities who exited the VR program received services. This is the highest percentage in nearly ten years.

In 2016, 63% of people with other disabilities who exited the program received services, a slight increase compared to earlier years (e.g., 62% in 2015 and 58% in 2014; Table 7).

The most frequent reasons for people with intellectual disabilities to exit the program without a job and without receiving services in 2016 included the individuals' refusal of services or failure to cooperate (47%); VR counselors' inability to locate or contact the individual (26%); and other reasons, including disability too significant, death, job seeker's relocation, no disability-related need for services, or other non-specified reasons. People with other disabilities reported similar reasons for exiting the program without receiving services.

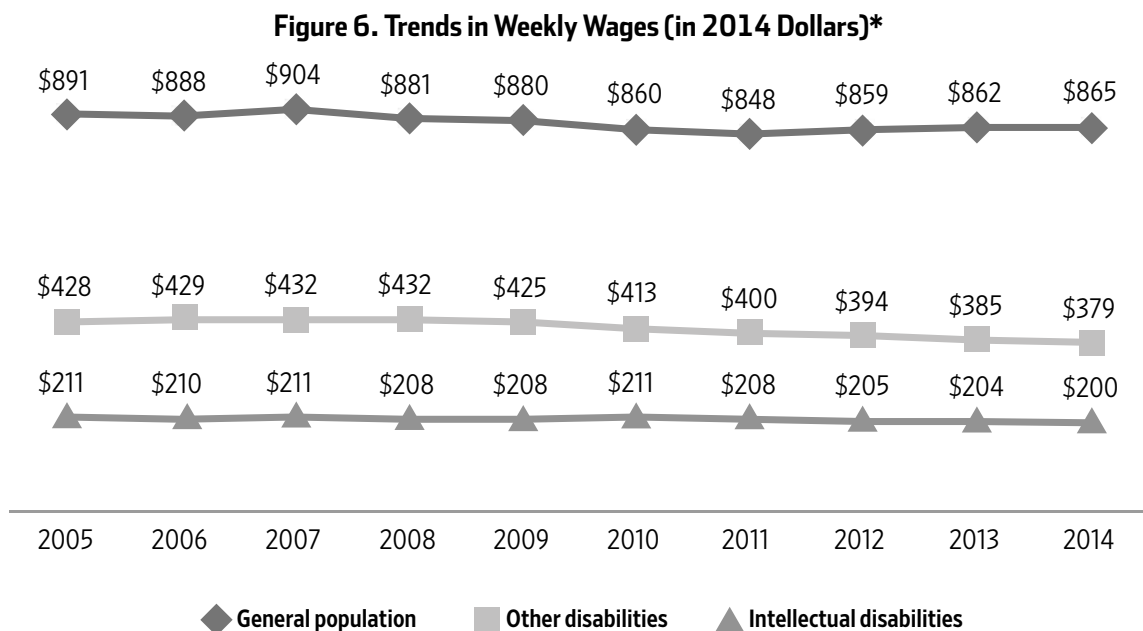
Rehabilitation rate has remained fairly stable.

The rehabilitation rate is the percentage of people who gain employment divided by the total number of people who receive services. As Table 7 shows, the rehabilitation rate of people with intellectual disabilities was 55% in 2016, a slightly decline compared to 56% in 2015, but overall similar to earlier years. The highest figure was 58% in 2007. The figures reported for people with other disabilities reflected a similar trend, although they were slightly lower compared to people with intellectual disabilities: The rehabilitation rate of people with other disabilities was 57% in 2016, the same as in 2015 and the highest reported since 2007.

Hourly earnings and weekly wages declined (2014 data).

Data on hourly earnings are not provided in the RSA-911 database beginning in 2015. The 2014 hourly earnings for people with intellectual disabilities, adjusted for inflation, were lower (\$8.39) compared to earlier years when it reached up to \$8.78 in 2010. Similarly, hourly earnings of people with other disabilities declined from a maximum of \$12.66 in 2009 to \$11.68 in 2014 (in 2014 dollars).

As Figure 6 shows, inflation-adjusted weekly wages of people with intellectual disabilities who exited with an employment outcome in 2014 were slightly lower compared to the previous years: \$200 in 2014, compared to \$204 in 2013. The weekly wages of people with other disabilities have also declined over time, though this group earned almost twice as much as people with intellectual disabilities (\$379 in 2014). In contrast, the wages of the general population of people without disabilities have been slightly increasing since 2011 (\$848), reaching \$865 in 2014. Over the 10 years examined, the weekly wages of people with intellectual disabilities in 2014 are 5% lower than in 2010 (\$211). The wages of people with other disabilities are 12% lower than in 2008 (\$432). Finally, the general population wages in 2014 are 4% lower compared to 2007 (\$904).



* Earnings of the general population were computed by dividing the annual wages of civilians, ages 16–64, by 52 weeks, using data from the American Community Survey.

Weekly work hours have not changed.

In 2016, people with intellectual disabilities who exited the VR program with employment worked an average of 23 hours per week; this number has not changed since 2015. However, in earlier years the average was 24, peaking at 26 hours in 2006. People with other disabilities reported more weekly work hours: 30 hours in 2016, the same figure as the previous year but smaller than 34 hours in 2005–2006.

Time from application to exit with employment decreased.

On average, people with intellectual disabilities who exited the VR program with an employment outcome in 2016 took about 694 days from application to exit. This marks a decline from the maximum of 718 days in 2013. However, the shortest amount of time was reported in 2008, when exiting VR with employment took 655 days.

People with other disabilities reported a longer timeframe: 744 days from application to exiting the program with an employment outcome in 2016, a decrease compared to 772 days in 2015. The shortest amount of time was 720 days reported in 2010.

Another way of looking at this outcome is to examine the percentage of people with disabilities who exited the VR program with employment within one year from application. For people with intellectual disabilities, the figure in 2016 was 33%, a slight increase in the percentage of people compared to earlier years. However, the percentage has declined compared to the years 2007–2009, when the percentage of people with intellectual disabilities who exited the VR program with employment and within one year from application was about 35%. The corresponding figure for people with other disabilities was 37% in 2016, a slight increase compared to earlier years.

The length of time from application to exit with employment is not necessarily an indicator of whether rapid employment has occurred. For example, some people may have obtained a job within one year from application, but elected to exit the VR program in later years. One possible reason for delaying the exit from the program, even though employment was achieved, is to resume employment services more rapidly if the job is at risk or lost.

The percentage of people who attained a postsecondary outcome remained low.

In 2016, about 2% of people with intellectual disabilities who did not have a postsecondary outcome when they applied for VR exited the VR program with one of the following postsecondary education outcomes: postsecondary education no degree; associate degree or vocational/technical certificate; or bachelor's, master's, or a higher degree. This is consistent with earlier years.

The figure was higher for people with other disabilities. In 2016, about 7% of people with other disabilities reported exiting the program with greater postsecondary education outcomes than at application. This figure was slightly lower than in earlier years, when it reached 11%.

The majority of people with intellectual disabilities are male, white, and transition-age young adults.

The majority of people with intellectual disabilities who exited in 2016 were male (57%). Similar figures were reported for people with other disabilities (56%; Table 8).

Table 8. Trends in Demographic Characteristics

	Gender				Race and ethnicity							
	Male		Female		White (Non-Hispanic)		Black (Non-Hispanic)		Hispanic		Other	
	ID (%)	Other (%)	ID (%)	Other (%)	ID (%)	Other (%)	ID (%)	Other (%)	ID (%)	Other (%)	ID (%)	Other (%)
2007	55%	55%	45%	45%	59%	66%	32%	22%	7%	9%	2%	3%
2008	55%	56%	45%	44%	58%	66%	33%	22%	7%	9%	2%	3%
2009	56%	56%	44%	44%	58%	66%	33%	23%	7%	9%	2%	3%
2010	57%	57%	43%	43%	56%	64%	34%	24%	8%	9%	2%	2%
2011	58%	57%	42%	43%	56%	64%	34%	24%	8%	10%	2%	3%
2012	58%	57%	42%	43%	55%	64%	35%	24%	7%	10%	3%	3%
2013	58%	56%	42%	44%	54%	63%	35%	24%	8%	10%	2%	3%
2014	57%	56%	43%	44%	56%	63%	33%	24%	9%	11%	3%	3%
2015	57%	56%	43%	44%	56%	62%	33%	24%	9%	11%	3%	3%
2016	57%	56%	43%	44%	56%	62%	33%	24%	9%	12%	3%	3%

The majority of people with intellectual disabilities who exited VR in 2016 were white non-Hispanic (56%). This has changed slightly from 58–59% in the years 2007–2009. The second-largest racial group for people with intellectual disabilities in 2016 was black non-Hispanic: 33%. This group also changed slightly, from a maximum of 35% in 2012–2013. Hispanics represented 9% of the total in 2016, a slight increase from 7–8% in earlier years.

People with other disabilities included a greater proportion of white people: 62% in 2016. Also in the case of people with other disabilities, the second largest racial group was black: 24% in 2016, slightly up from 22% in 2007. Hispanics represented 12% of the total in 2016.

The majority of people with intellectual disabilities who exited the VR program in 2016 were between 16 and 26 years old (i.e., transition-age youth) at application: 57%. However, this figure was smaller compared to earlier years when it reached 63%. In contrast, transition-age youth represented only 35% of the people with other disabilities who exited the program in 2016. This figure was relatively stable over the years.

Outcomes varied considerably across states.

Table 9 shows that the services provided by the VR program and employment outcomes achieved by people with disabilities varied widely across states. For example, Wyoming reported 88% of people with intellectual disabilities receiving services (the highest percentage across states), compared to Arkansas, where only 44% of people with intellectual disabilities received services (the lowest percentage across states). In the case of people with other disabilities, the percentage of people receiving services ranged from a high of 79% in Vermont to a low of 44% in Arizona. Receiving services is important because it is a necessary step toward employment.

The rehabilitation rate is a key indicator that shows how many people who received services exited the VR program with a job. Washington reported the highest rehabilitation rate for people with intellectual disabilities (78%), compared to Kentucky, which reported the lowest figure (36%). For people with other disabilities, the highest rehabilitation rate was reported in Arkansas (72%), and the lowest in New Mexico (38%).

The hourly wage data for 2016 was not available. The most recent available data (2014) shows that the hourly wage of people with intellectual disabilities varied from \$7.54 in California to \$10.59 in the District of Columbia. For people with other disabilities, earnings varied from \$10.02 in South Dakota to \$18.22 in Connecticut (2014 data). These figures overall are low and most likely influenced by state-level minimum wage legislation. The authors are hopeful that in the future wage data will again be available through the RSA-911 database.

In 2016, weekly work hours varied greatly across states as well. People with intellectual disabilities in Oklahoma worked the most hours per week (30 on average), whereas their peers in Maine reported the lowest amount of hours per week (13 on average). Among people with other disabilities, the highest work hours were reported in Mississippi (35 weekly work hours), and the lowest work hours in Illinois (26 weekly work hours).

For people with ID who exited VR with a job in 2016, people in South Dakota were the most likely to exit within one year from application (66%). Their peers in Utah were the least likely to exit the program within one year (5%). In regard to people with other disabilities, exiting the VR program within one year was most likely in Vermont (64%), and least likely in Utah (2%).

State VR agencies vary widely in the emphasis on individuals with ID in their caseload. In FY2016, 9.4% of all closures nationally were for an individual with an ID. This percentage ranged from 2.9% in Alabama to 23.2% in North Carolina. This figure is influenced by a variety of factors, including the structure of the state service system and interagency roles in the employment process.

Table 9. State Outcomes in 2016

	Total Closures		Received Services		Rehabilitation Rate		Hourly Wage		Weekly Hours		One Year to a Job	
	ID	Other	ID (%)	Other (%)	ID (%)	Other (%)	ID	Other	ID	Other	ID (%)	Other (%)
AK	97	1,655	77%	57%	65%	53%	\$9.93	\$14.47	21	32	35%	41%
AL	966	8,393	83%	72%	62%	68%	\$8.08	\$10.17	27	33	37%	37%
AR	268	6,088	44%	61%	62%	72%	\$8.01	\$11.58	23	35	32%	33%
AZ	427	7,482	55%	44%	48%	42%	\$8.51	\$11.00	23	30	18%	20%
CA	2,548	32,206	83%	66%	59%	58%	\$7.54	\$11.84	27	29	48%	30%
CO	937	5,713	71%	59%	70%	61%	\$8.59	\$11.93	16	28	54%	44%
CT	246	3,769	67%	73%	47%	59%	\$9.65	\$18.22	22	31	19%	58%
DC	216	2,140	75%	63%	38%	41%	\$10.59	\$12.12	29	33	28%	37%
DE	221	2,696	77%	67%	54%	63%	\$8.50	\$10.61	24	31	24%	36%
FL	2,212	24,380	70%	54%	44%	42%	\$8.44	\$11.19	21	30	11%	19%
GA	1,311	8,892	68%	60%	62%	66%	\$7.93	\$10.40	29	32	30%	35%
HI	134	1,443	71%	52%	58%	51%	\$8.88	\$12.19	25	28	11%	17%
IA	928	4,817	83%	74%	55%	53%	\$8.83	\$12.47	22	33	17%	7%
ID	341	5,968	76%	63%	60%	58%	\$8.03	\$11.45	19	33	48%	61%
IL	1,319	13,850	83%	74%	47%	51%	\$8.83	\$10.78	22	26	39%	38%
IN	1,448	9,291	64%	63%	50%	56%	\$8.29	\$12.42	21	30	24%	44%
KS	479	4,191	64%	51%	60%	45%	\$8.12	\$10.04	24	29	38%	33%
KY	1,448	13,250	64%	72%	36%	53%	\$8.47	\$12.71	21	33	22%	46%
LA	655	7,448	68%	57%	43%	49%	\$7.81	\$11.87	23	33	34%	43%
MA	278	9,305	83%	78%	63%	56%	\$9.27	\$13.22	20	27	29%	25%
MD	813	6,465	61%	58%	67%	60%	\$8.76	\$10.62	24	27	30%	29%
ME	391	4,667	62%	52%	47%	48%	\$7.87	\$12.71	13	27	19%	40%
MI	1,274	16,634	69%	65%	57%	59%	\$8.05	\$12.31	25	32	50%	63%
MN	648	7,032	74%	71%	70%	59%	\$9.02	\$11.11	24	29	40%	31%
MO	2,005	12,344	60%	62%	58%	61%	\$8.33	\$10.75	25	29	50%	58%
MS	705	7,940	64%	76%	38%	67%	\$8.11	\$11.61	28	35	7%	34%
MT	152	2,594	72%	57%	56%	38%	\$8.89	\$11.66	16	28	29%	23%
NC	4,906	16,244	67%	53%	56%	54%	\$8.18	\$10.02	26	29	27%	32%
ND	99	1,373	66%	51%	65%	70%	\$9.81	\$13.49	25	32	33%	47%
NE	412	4,513	64%	63%	69%	67%	\$8.63	\$10.86	25	33	41%	59%
NH	184	2,767	79%	59%	64%	58%	\$8.38	\$13.20	17	28	20%	34%
NJ	618	12,074	57%	51%	54%	62%	\$8.75	\$12.47	23	29	31%	33%
NM	163	3,878	75%	56%	41%	38%	\$8.21	\$11.83	15	30	30%	34%
NV	189	2,451	71%	68%	47%	50%	\$8.95	\$11.80	25	31	43%	51%
NY	2,075	30,006	71%	63%	58%	58%	\$8.79	\$11.63	20	29	41%	29%
OH	3,588	18,036	72%	59%	46%	51%	\$8.36	\$10.21	22	27	36%	46%
OK	578	6,580	68%	54%	50%	54%	\$8.66	\$11.09	30	34	18%	34%
OR	938	7,064	69%	57%	66%	64%	\$9.49	\$12.28	18	28	45%	56%
PA	1,492	17,483	79%	79%	54%	56%	\$8.32	\$12.48	23	32	27%	26%
RI	165	1,662	73%	56%	59%	62%	\$8.73	\$11.53	18	28	24%	19%
SC	740	15,573	83%	71%	46%	60%	\$8.26	\$10.69	29	35	27%	53%
SD	278	2,010	80%	61%	68%	60%	\$8.15	\$10.04	19	29	66%	50%
TN	1,171	6,063	56%	49%	62%	58%	\$7.97	\$10.26	22	30	22%	24%
TX	2,030	31,764	66%	72%	58%	65%	\$8.30	\$12.42	24	32	34%	44%
UT	291	7,432	54%	52%	60%	49%	\$8.20	\$11.43	20	32	5%	2%
VA	1,700	9,630	72%	66%	58%	56%	\$8.41	\$10.09	24	30	25%	29%
VT	357	3,388	86%	79%	62%	55%	\$9.32	\$11.48	17	29	64%	64%
WA	991	9,431	66%	47%	78%	61%	\$9.67	\$12.55	15	27	41%	42%
WI	1,556	13,357	67%	55%	61%	54%	\$8.53	\$11.58	20	28	20%	26%
WV	470	4,263	60%	71%	42%	56%	\$8.10	\$13.10	24	35	25%	18%
WY	137	1,446	88%	66%	66%	56%	\$8.85	\$12.71	15	32	42%	34%
Average	933	9,003	70%	62%	56%	56%	\$8.60	\$11.78	22	30	32%	37%
Min	97	1,373	44%	44%	36%	38%	\$7.54	\$10.02	13	26	5%	2%
Max	4,906	32,206	88%	79%	78%	72%	\$10.59	\$18.22	30	35	66%	64%

ID=intellectual disabilities; Other=other disabilities.

Hourly wages are from 2014 data. When current data is available wage data will be updated.

One year to a job=Percentage of people who exited with a job within one year.

THE AMERICAN COMMUNITY SURVEY (2016)

The American Community Survey (ACS) allows the comparison of employment participation and outcomes for civilian working-age people with and without disabilities, and provides a population estimate that includes people who do not receive formal supports from a human service agency. Thus, it offers a broader view of employment outcomes for working-age people with disabilities than system-specific data sources, such as the RSA-911 data.

“Working-age people” are defined in this chapter as civilian non-institutionalized people ages 16–64. The data presented below will emphasize the ACS disability category of cognitive disability as the closest approximation for individuals with intellectual and developmental disabilities. It is important to look at multiple demographic, economic, and employment outcome indicators to get the best understanding of the employment situation for individuals with IDD.

Analysis of the ACS dataset revealed these key findings:

- » People with disabilities are much less likely to work than people without disabilities, with the lowest employment rate being attributed to people with a cognitive disability who are receiving Supplemental Security Income.
- » Among working-age Americans, people with any disability and people with a cognitive disability are more likely to live in a household that is below the poverty line.
- » People with disabilities who are employed are less likely to live in a household that is below the poverty line than people with disabilities who are not employed.
- » Individuals with disabilities who are employed work fewer weeks per year on average than their nondisabled counterparts.

Important notes on ACS terminology and definitions for this report

In assessing employment outcomes, it is important to understand how the ACS defines employment categories as well as disability subgroups. Employment categories in the ACS include:

Employed:

People with jobs.

Unemployed:

People who do not have jobs and have actively looked for work in the past four weeks. These people are considered part of the labor force.

Not in the labor force:

People who do not have jobs and have not actively looked for work in the past four weeks.

Employment rate (also referred to as the employment-to-population ratio):

Number of people employed / number of people in the working-age population

Unemployment rate:

Number unemployed / (number employed + number unemployed)

Using ACS data to report on labor market success for individuals with disabilities, particularly IDD, is challenging for a number of reasons. Questions that allow people to indicate specific disabilities like IDD are uncommon in large national surveys. The method by which ACS collects information on disability is summarized below:

- An individual is categorized as having any disability if they answer yes to one or more of six items: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty.
- Someone with a cognitive disability has indicated that because of a physical, mental, or emotional condition lasting six months or more, s/he has difficulty learning, remembering, and concentrating.
- Unemployment rate reported by the Department of Labor leaves people who are not in the labor force—a significant group when it comes to subpopulations of people with disabilities—out of the calculation.
- We focus primarily on employment rate as an indicator of successful employment outcomes for people with disabilities. Because a large proportion of people with disabilities are not in the labor force, an employment-to-population ratio is a more useful descriptive measure of this population’s economic situation than the more commonly used unemployment rate (Brault, 2010).

People with a cognitive disability who receive SSI have the lowest employment rate.

People with disabilities are much less likely to work than people without disabilities, with the lowest employment rate being attributed to people with a cognitive disability who are receiving Supplemental Security Income (SSI). Table 10 displays indicators of labor market success for four groups of working-age individuals: people who do not have a disability, people who indicated they have at least one disability (any disability), people with a cognitive disability, and people with a cognitive disability who received SSI in 2016. To meet SSI eligibility requirements, one needs to have a disability significant enough that they cannot reasonably be expected to work for pay. Therefore, the group people with a cognitive disability who received SSI, is likely to include people who have the most significant cognitive disabilities living in community settings.

The ACS data illustrate the low levels of employment for individuals with disabilities. People with any disability or a cognitive disability are employed at much lower rates (35.4% and 25.7% respectively) than those without disabilities (74.6%). People with cognitive disabilities who receive SSI have the lowest employment rate (8.2%).

Data suggest the importance of examining both 1) the percentage employed, percentage unemployed, and percentage not in the labor force (indicators A, B, and C in Table 10) and 2) the unemployment rate in order to gain a full understanding of the employment experiences of individuals with disabilities. Individuals with disabilities are significantly less likely to be in the labor force, and those who are in the labor force experience higher levels of unemployment compared to people with no disability, indicating they have more difficulty finding a job.

Table 10. Labor Market Success Indicators by Disability Status 2016

	No disability	Any disability	Cognitive disability	Cognitive disability with SSI
A. Percentage Employed (Employment Rate)	74.3%	35.4%	25.7%	8.2%
B. Percentage Unemployed	4.3%	5.2%	6.4%	2.9%
C. Percentage Not in the Labor Force	21.4%	59.4%	67.8%	88.9%
Total (A+B+C)	100.0%	100.0%	100.0%	100.0%
Unemployment Rate (number unemployed / number employed + number unemployed)	5.5%	12.9%	19.9%	25.7%

People with disabilities are more likely to live below the poverty line.

Among working-age Americans, people with any disability and people with a cognitive disability are more likely to be living in a household that is below the poverty line than people without a disability. In 2016, only 11.8% of all people without a disability lived in a household that was below the poverty line, compared with 26.6% for people with any disability, 31.6% for people with a cognitive disability, and 38.1% for people with a cognitive disability who received SSI payments as part of their income. It is not surprising that this last group has the highest percent living in a household below the poverty line, since eligibility for the SSI program includes having limited financial resources.

When people with disabilities are employed, they are less likely to live below the poverty line.

People with disabilities who are employed are less likely to live in a household that is below the poverty line than people with disabilities who are not employed. Table 11 compares poverty rates for population subgroups of working-age people who are employed and who are not employed. Chi square tests, which determine whether or not there is a statistical relationship between variables, were run for each subgroup, and the results in each instance showed that a statistical relationship exists. Specifically, the chi square test determined whether there was a relationship between people who are working and people who are not working in terms of living below the poverty line. These tests showed that people who are working are less likely to be living in a household below the poverty line than people who are not working.

The difference in poverty rates between people who are employed and people who are not shows how critical work is to economic self-sufficiency. Nearly half of the people who had a cognitive disability received SSI payments as part of their income, were not working (40.1%), and were living in a household that was below the poverty line, compared with 15.3% of people in this same subgroup who were working.

Although people in disability subgroups who worked were less likely to be living in poverty than their non-working counterparts, the poverty rates for disability subpopulations who did work are still higher than the poverty rates for their non-disabled counterparts who work. This finding suggests that people with disabilities may have a greater likelihood of being underemployed, i.e., working in jobs that do not provide them with the earning potential to get above the poverty line.

Table 11. Poverty Rates in 2016 for Disability Subgroups by Employment Status

	Percentage living below the poverty line (poverty rate)	
	Not employed	Employed
People with no disabilities	27.3%	6.7%
People with any disability	35.1%	11.1%
People with a cognitive disability	37%	16.1%
People with a cognitive disability who received SSI	40.1%	15.3%

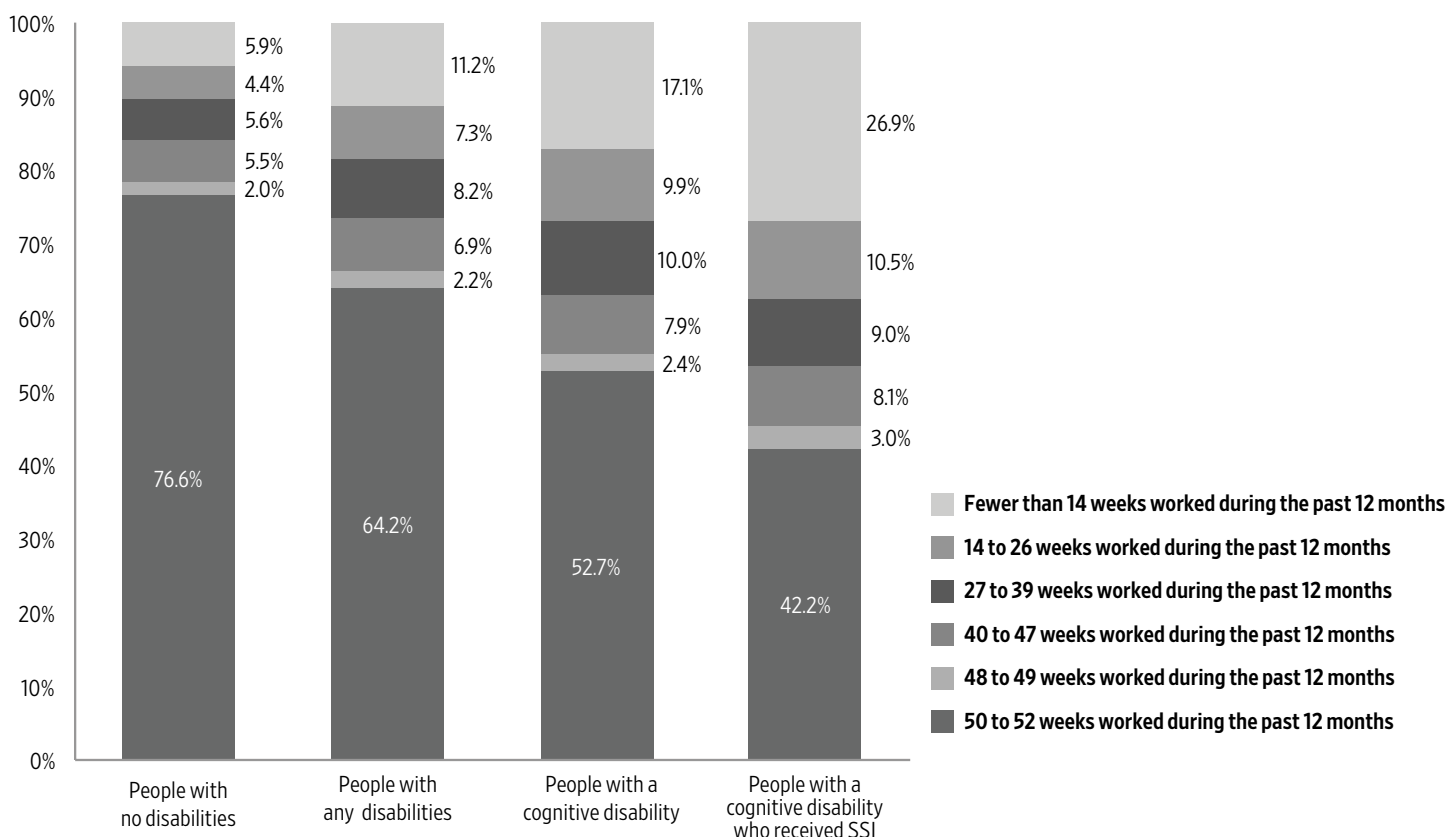
People with disabilities work less than individuals without disabilities.

Individuals with disabilities who are employed work fewer weeks per year on average than individuals without disabilities. Figure 7 shows that in 2016, individuals from disability sub-population groups who were employed were more likely to work fewer total weeks out of the year, on average, than their counterparts without disabilities. The majority of employed people from each subgroup except individuals with a cognitive disability who received SSI worked between 50 and 52 weeks in 2016.

Across the population subgroups, however, individuals in disability subpopulations are concentrated in the top bar segments, which represent less frequent work over the course of the year. Over one third of working individuals with a cognitive disability worked fewer than 40 weeks during the 12 months previous to answering the survey. Nearly half of individuals with a cognitive disability who received SSI worked fewer than 40 weeks in the 12 months previous to responding to the survey. By contrast, only 16% of individuals without a disability worked fewer than 40 weeks.

These data show that the lack of consistency with which individuals with disabilities, and particularly individuals with cognitive disabilities, maintain paid employment (measured here in number of weeks worked per year) is an additional barrier to economic self-sufficiency. In order to achieve a path to self-sufficiency, individuals with disabilities not only need to be employed at higher rates, but also need to be working in jobs that promote stable and long-term employment.

Figure 7. Number of Weeks Worked in the 12 Months Prior to Responding to the ACS among Employed Individuals



SOCIAL SECURITY ADMINISTRATION (2000–2016)

The Supplemental Security Income (SSI) program administered by the Social Security Administration (SSA) provides cash assistance to low-income individuals who are seniors, are blind, or have another disability. The SSA also administers Social Security Disability Insurance (SSDI), another form of cash assistance that is designed as a disability insurance program for individuals who have worked and become disabled or, in some cases, are the children of a worker who became disabled or is deceased. While both programs support individuals who are found to be too disabled to work, they serve different purposes and have different rules and structures. SSA policy for both programs provides programs and incentives designed to support individuals to work.

While individuals with ID may be receive SSI, SSDI, or both, it is common for adults with ID to be SSI participants, and this analysis will focus on that group. SSA's work incentives for SSI recipients include the Plan to Achieve Self-Support (PASS), Impairment-Related Work Expenses (IRWE), Blind Work Expenses (BWE), section 1619(a) benefits, and section 1619(b) benefits.

PASS, IRWE, and BWE allow individuals to set aside money, resources, and expenses to be excluded from total earned income calculations. PASS allows people to set aside money and resources to pay for education, vocational training, assistive technology used for employment-related purposes, or starting a business, as long as the expenses are related to achieving a work goal. IRWE allows people to exclude from their income impairment-related expenses that are necessary for work. Examples include attendant care services, transportation costs, service animals, medical devices, medication, and specialized equipment. BWE allows workers who are blind to exclude expenses related to earning income. These include service animal expenses, transportation to and from work, income taxes, attendant care services, visual/sensory aids, and professional or union dues.

Section 1619(a) of the Social Security Act allows people with disabilities to continue receiving SSI, even if their earned income is at Substantial Gainful Activity levels, i.e., the amount that would normally make them ineligible for SSI. Section 1619(b) of the Social Security Act allows individuals to continue receiving Medicaid benefits if their earnings disqualify them from eligibility for SSI cash payments, but are not enough to allow them to afford medical insurance.

Analysis of the SSA dataset revealed these key findings:

- » In 40 years, there has only been a 3.1% increase in the percentage of blind and disabled SSI recipients working.
- » Work incentive programs for SSI recipients with disabilities remain underused.
- » SSI recipients with ID work more than their counterparts with other types of disabilities, but participate in work incentive programs less frequently.
- » Older SSI recipients work less frequently than their younger counterparts, but use work incentive 1619(b) at higher rates.

An historical perspective on the Supplemental Security Income program.

In the last 40 years, the SSI program has served between 1.7 and 4.8 million individuals between the ages of 18 and 64 who are blind and disabled. The terminology “blind and disabled recipients” is how the SSA describes SSI recipients who work. The number of recipients has grown 183% from 1976 to 2016. While the number of recipients increased steadily until 1990, from that point until the mid-1990s there was a much sharper increase.

Figure 8 and Table 12 demonstrate that the total number of recipients peaked in 2013, then dropped steadily for the next three years (2014-2016). Data from Tables 4 and 40 SSI Statistical Annual Report 2016 was used to calculate the number of blind and disabled SSI recipients who do not work aged 18-65. The number of blind and disabled SSI recipients who work under age 65 was subtracted from the number of blind and disabled SSI recipients aged 18-65.

Figure 8. Number of Blind and Disabled SSI Recipients Who Do Not Work Aged 18 - 65 and Blind and Disabled SSI Recipients who Work under Age 65 1976 - 2016

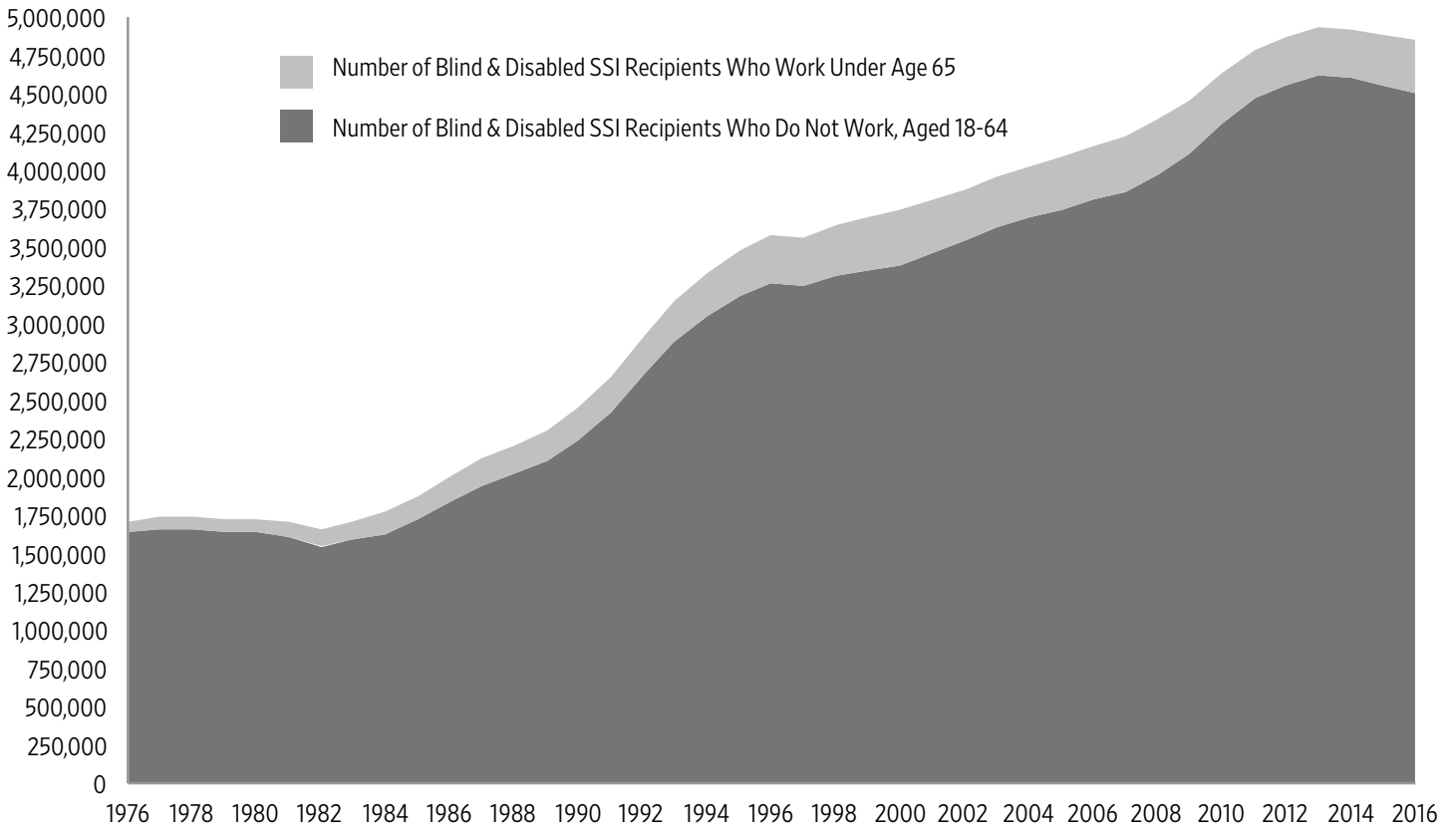


Figure 9. Blind and Disabled SSI Recipients who Work under Age 65 1976 - 2016

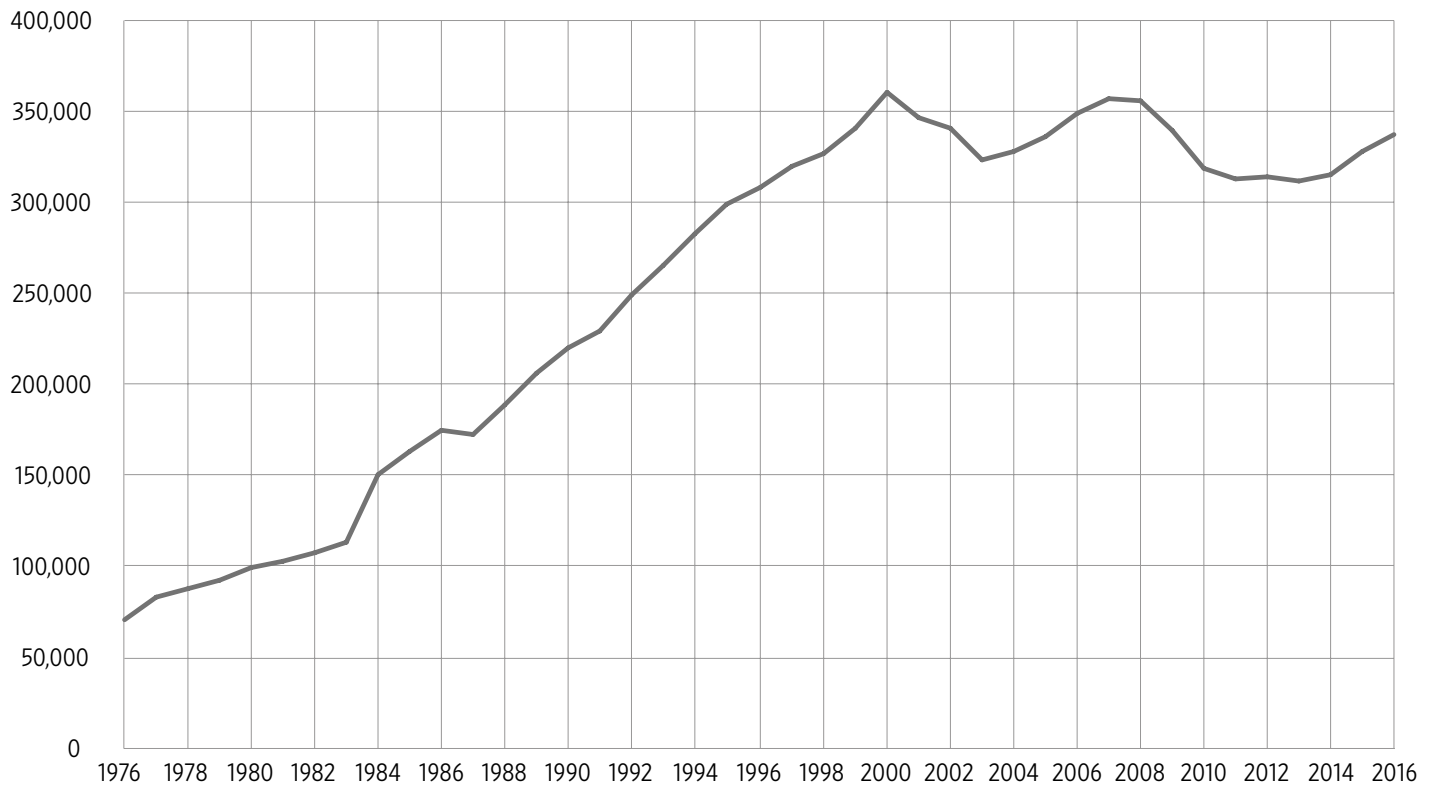


Table 12. Blind and Disabled SSI Recipients 1976 - 2016

Year	Blind and Disabled SSI Recipients Aged 18 65	Blind and Disabled SSI Recipients who Work under Age 65	Percentage of Blind and Disabled SSI Recipients Under 65 Who Work
1976	1,713,594	70,719	4.1%
1977	1,736,879	83,697	4.8%
1978	1,747,126	87,697	5.0%
1979	1,726,553	92,270	5.3%
1980	1,730,847	99,276	5.7%
1981	1,702,895	102,632	6.0%
1982	1,655,279	107,803	6.5%
1983	1,699,774	113,899	6.7%
1984	1,780,459	150,320*	8.4%
1985	1,879,168	162,688*	8.7%
1986	2,010,458	175,056*	8.7%
1987	2,118,710	172,855	8.2%
1988	2,202,714	189,144	8.6%
1989	2,301,926	205,837	8.9%
1990	2,449,897	219,932	9.0%
1991	2,641,524	229,619	8.7%
1992	2,910,016	248,917	8.6%
1993	3,148,413	265,649	8.4%
1994	3,335,255	282,476	8.5%
1995	3,482,256	298,635	8.6%
1996	3,568,393	308,300	8.6%
1997	3,561,625	319,855	9.0%
1998	3,646,020	326,475	9.0%
1999	3,690,970	340,618	9.2%
2000	3,744,022	360,427	9.6%
2001	3,811,494	346,110	9.1%
2002	3,877,752	340,910	8.8%
2003	3,953,248	323,682	8.2%
2004	4,017,108	328,204	8.2%
2005	4,082,870	336,570	8.2%
2006	4,152,130	349,420	8.4%
2007	4,221,920	357,344	8.5%
2008	4,333,096	355,761	8.2%
2009	4,451,288	340,175	7.6%
2010	4,631,507	318,537	6.9%
2011	4,777,010	312,779	6.5%
2012	4,869,484	313,655	6.4%
2013	4,934,272	312,068	6.3%
2014	4,913,072	314,912	6.4%
2015	4,888,555	328,008	6.7%
2016	4,845,735	336,837	7.0%

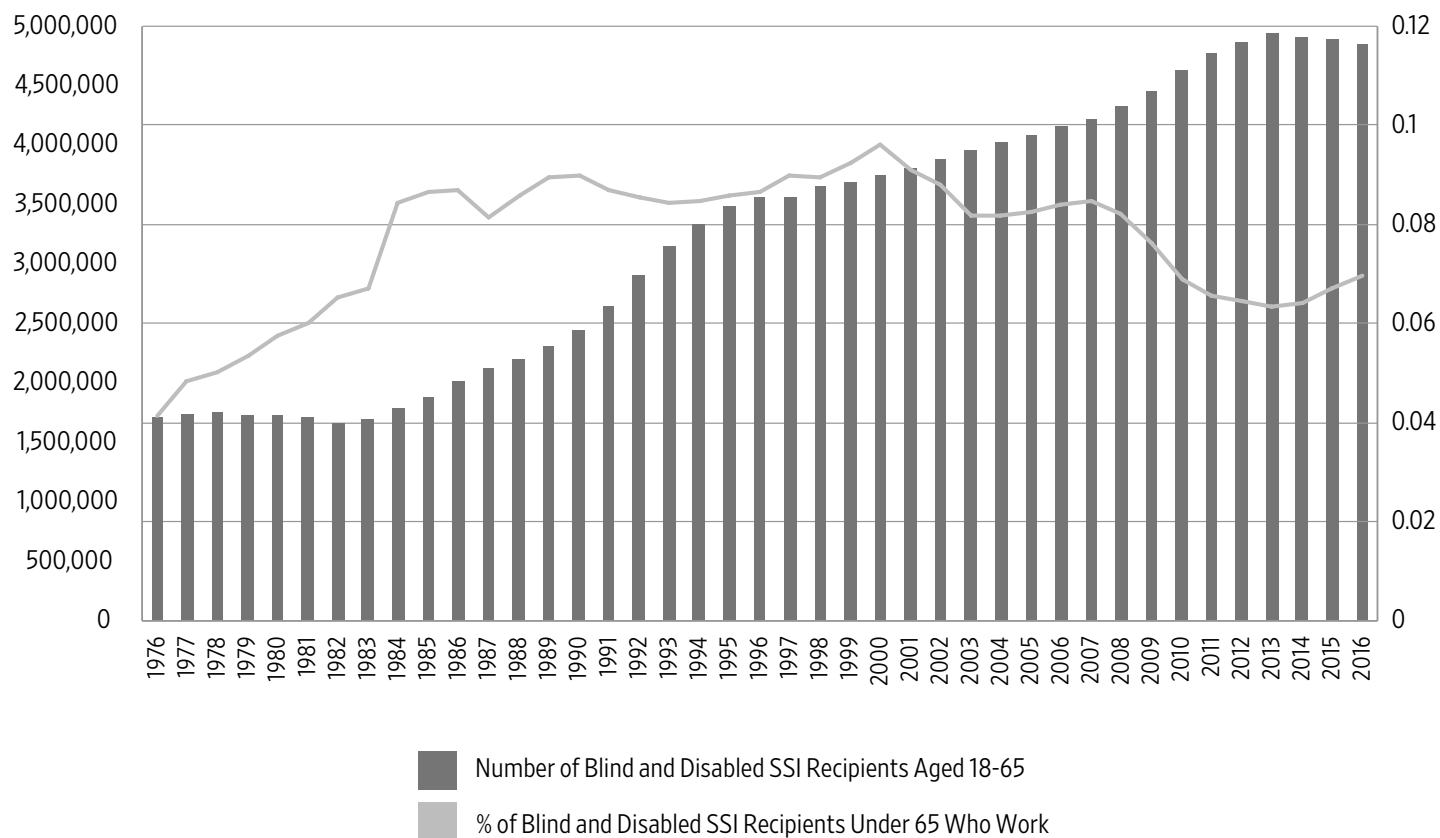
*Estimates for the number of SSI recipients working in years 1984, 1985, and 1986 were created. The researchers used the linear regression method for estimating missing values. This algorithm uses all non-missing observations in a series to fit a regression line and applies a regression equation to replace the missing values. The timeframe used for the regression was from 1976-1997 because they show a more consistent growth trend compared to the full 40-year series.

In 1976, almost 71,000 blind and disabled SSI recipients under the age of 65 worked, their numbers peaking at a little over 360,000 in 2000. The next 16 years saw fluctuations in the number of SSI recipients working. There was a drop between 2000 and 2003, then another dip around the time of the 2008 to 2010 recession. Figures 8 and 9 show that the number of SSI recipients working remained flat from 2011 – 2013, and then started to very slowly increase from 2014 to 2016 (Table 40 of the SSI Statistical Annual Report, 2016.) as the number of total recipients has seen a small decline during that same time period. With the exception of the last three years, the number of SSI recipients has for the most part increased since 1976 while the number of recipients working has been on a slightly different trajectory, and hovering below its peak of 360,427. Throughout its 40-year history, as Figure XX demonstrates, the percentage of SSI recipients of working age working has been a small proportion of all working age recipients.

Until 1990, the number of SSI recipients was increasing as was the percentage of SSI recipients working. While SSI recipients continued to increase in numbers, the percentage working started to flatten out in the next decade (1990-2000). To calculate the percentage of all blind and disabled SSI recipients who work under age 65, the number of blind and disabled SSI recipients who work under Age 65 was divided by the number of blind and disabled SSI recipients aged 18-65.

Between 2000 and 2010 there was a 2.7% decrease in the percentage of SSI recipients working. Around 2004, the number of SSI recipients continued on its upward trajectory, while the percentage working started to decrease. Around the time of the 2008-2010 recession, the two trend lines took divergent paths. Please refer to Figure 10.

Figure 10. Number of Blind and Disabled SSI Recipients Aged 18 - 65 and Percentage of All Blind and Disabled SSI Recipients Who Work under age 65



Work incentive programs for SSI recipients with disabilities remain underused.

In 2016, the SSA reported that 320,132 blind and disabled SSI recipients (including section 1619(b) participants) ages 18-64 were working. As shown in Table 13, the number of recipients enrolled nationally in any work incentive program between 2000 and 2016 remains low and has been declining. In particular, the PASS incentive program has seen decreased enrollment in the last 15 years—a 50% decrease from 2000 to 2016 in the number of individuals who enrolled. Overall, BWE program enrollment declined 73% from 2000 to 2016, and IRWE enrollment declined by 67% in the same time span.

Table 13. Number of People Enrolled Nationally in Work Incentive Programs from 2000–2016 (Even Years Only)

	2000	2002	2004	2006	2008	2010	2012	2014	2016
PASS	1,382	1,721	1,598	1,583	1,559	1,393	1,116	862	692
IRWE	9,402	8,047	6,874	5,650	4,572	3,491	3,157	3,040	3,128
BWE	3,895	3,385	2,827	2,370	1,925	1,847	1,410	1,145	1,068

SSI recipients with intellectual disabilities work more than their counterparts with other types of disabilities, but participate in work incentive programs less frequently.

One fifth of all SSI recipients with disabilities ages 18–64 in 2016 (18.8%) were individuals with ID. With the expansion of additional “mental disorders” categories by the SSA, this is now the largest disability subgroup among SSI recipients. Please view the Methods section for more information.

In 2016, the number of SSI recipients with ID who worked was 114,607. This group has had relative success with employment participation compared to recipients who do not have ID. As noted in Table 10, the rate in 2016 at which SSI recipients with ID worked was over twice that of SSI recipients without ID (12.6% versus 5.2%). The rate of employment among SSI recipients with ID was fourth among all diagnostic groups and subcategories, behind people with autism (18.5%), people with congenital anomalies (16.5%), and childhood and adolescent disorders not elsewhere classified (13.2%).

Mann, Mamun, and Hemmeter’s (2015) support this finding with their analysis of SSI recipients by primary impairment. They found that “beneficiaries with certain primary impairments are consistently associated with relatively higher or lower employment across program types. Beneficiaries with intellectual disability, visual impairments, hearing impairments, neoplasms, and HIV/AIDS were most likely to be employed” (p. 32, 2015). The National Beneficiary Survey, of which the primary purpose was to provide information on the work-related activities of SSI and SSDI beneficiaries, found that SSI beneficiaries with ID were more likely to use employment-specific services and reported more interest in working than did beneficiaries with other impairments (Livermore, Bardos, & Katz, 2017). ICI researchers hypothesize that beneficiaries with ID also may have higher involvement with state agencies that encourage labor participation compared to individuals with other disabilities.

Despite the higher employment rate, Table 10 also shows that SSI recipients with ID participate in the 1619(a) and 1619(b) work incentive programs at lower rates than SSI recipients with other disabilities: 2.9% vs. 5.1% in 1619(a) and 17.2% vs. 29.2% in 1619(b). SSI recipients with ID participate in the IRWE program at the same rates as recipients with other disabilities. This is also confirmed by Mann, Mamun, and Hemmeter (2015), who found that “the primary impairments that are positively correlated with employment are not always positively correlated with being in a higher earnings category or with having earnings above the annualized SGA level. This result suggests heterogeneity across primary-impairment types in the ability to work a certain number of hours at a given wage level or the ability to obtain a higher wage level” (p. 32, 2015).

A number of factors could explain differences in 1619(a) and 1619(b) participation. Analysis of other data sources, e.g., the RSA-911, has shown that people with ID often work fewer hours and earn less than individuals from other disability subgroups. In 2014, people with intellectual disabilities worked an average of 23 hours per week and earned \$200 per week, while people with other disabilities reported working 31 hours and earning \$379 per week (Winsor et al., 2018). As a result, individuals with ID who work are less likely to have earnings close to Substantial Gainful Activity and may be at lower risk of losing benefits because of earnings.

Table 14. Employment Outcomes and Participation in Work Incentives for SSI Recipients with Disabilities 2016

	Intellectual disability	All other disabilities
Percentage of SSI recipients with disabilities who work	12.6%	5.2%
Percentage of working SSI recipients who participate in 1619(a)	2.9%	5.1%
Percentage of working SSI recipients who participate in 1619(b)	17.2%	29.2%
Percent of working SSI recipients who participate in IRWE	1%	1%

The low rates of participation in work incentive programs by SSI recipients with ID should not overshadow the overall impact of these programs. For instance, in 2016, section 1619(b) benefits allowed more than 19,820 individuals with ID to work and to continue receiving Medicaid benefits. Better explanations of incentives and greater encouragement of participation in incentive programs by employment and disability services professionals could lead to higher rates of employment and better employment outcomes for individuals receiving SSI. While research on the value of work incentives for individuals with ID is scarce, the benefits of working outweigh the alternative of not working (Shapiro, Greenstein, Trisi, & Blank, 2017).

Older SSI recipients work less frequently than their younger counterparts, but use work incentive 1619(b) at higher rates.

According to the Social Security Administration, in 2016 there were a total of 4,922,855¹ blind and disabled recipients (including section 1619(b) participants) aged 18-64 receiving SSI benefits. Out of the almost 5 million people receiving benefits, 320,132 (6.5%) worked. Out of those who worked, 77,120 were enrolled in 1619(b) (Social Security Administration, 2017).

Adults with disabilities between the ages of 40 and 64 are a significant demographic of people who receive SSI, constituting almost two thirds of recipients in 2016 (64%). However, only 3.6% of SSI recipients with disabilities between the ages of 40 and 64 work. Out of those recipients who work, 27% participate in 1619(b). Younger SSI recipients—those between the ages of 18 and 39—were three times more likely to be working than SSI recipients 40 and older (11.7% compared to 3.6%) in 2016. Interestingly, their participation in 1619(b) was lower (22.4%) compared to the 40-64 age group (27.2%). The lowest participation was reported among 18- to 22-year-olds at 8.4%, but increases to 20.6% for the 22-25 age group. The highest use of section 1619(b) is among the 40-49 age group at 28.6%.

¹ Includes section 1619(b) participants. Source of data is Table 43 of the SSI Statistical Annual Report, 2016.

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