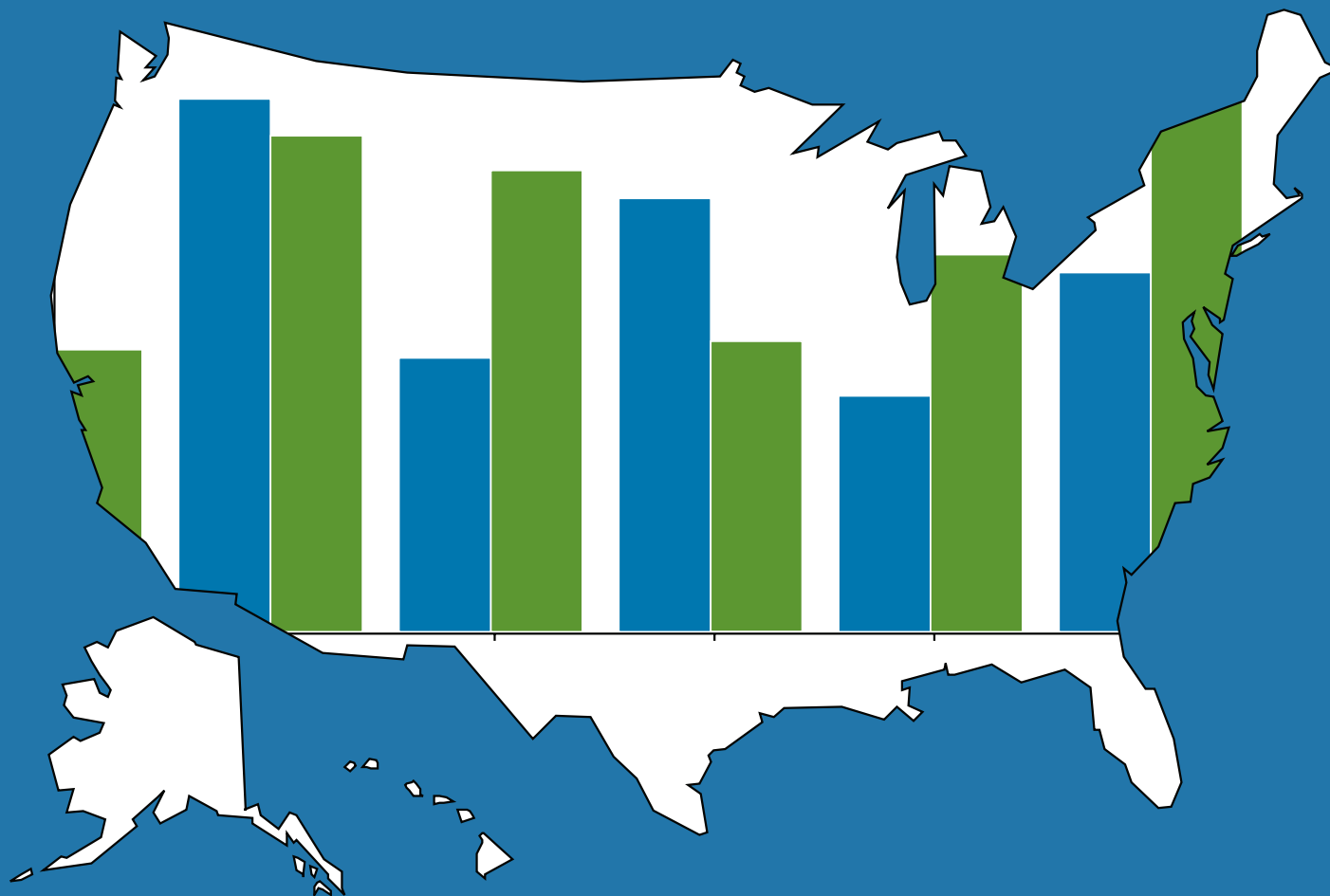


StateData: The National Report on Employment Services and Outcomes

2016

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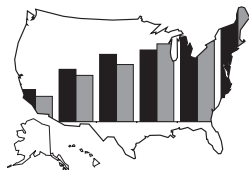
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ThinkWork!

Advancing employment and opportunity for people with intellectual and developmental disabilities



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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 2015 American Community Survey estimates that 34.3% of working-age adults with disabilities are employed, compared with 73.6% of people without disabilities (Winsor et al., 2017). Labor force statistics for March 2017 estimate that 30.9% of men with disabilities, ages 16 to 64, are employed, compared with 78.4% of men without disabilities. For women 16 to 64, these figures are 26.3% and 68.4% respectively (Bureau of Labor Statistics, 2017).

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 2014–2015, only 16% of working-age adults supported by state IDD agencies were employed in a paid job in the community (Hiersteiner et al., 2016).

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 (Boeltzig, Timmons, & Butterworth, 2008; Human Services Research Institute, 2016). 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., 2017; Nord et al., 2016; Mank, 2003; Domin & Butterworth, 2012).

For over 25 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 2015), and datasets from the Social Security Administration, state vocational rehabilitation (VR) programs, 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 18.6% in FY2015, similar to the figure of 19.1% for FY2014, while investment in non-work services continues to expand. FY2015 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.

The section of data from the VR system is a reprint from last year's report because—at the time of this writing—the Rehabilitation Services Administration had not released the dataset for FY2015. In the VR system, the rehabilitation rate for FY2014 increased when compared to 2013, but was only slightly higher than in 2010, the year following the recession of 2007–2009. Hourly wages have declined slightly over time. For the last three years, 2012–2014, 30% 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.

American Community Survey 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), the group likely to include people who have the most significant cognitive disabilities, 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 IDD 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 FY2015 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

Significant disparities exist in the employment of people with and without disabilities. The 2015 American Community Survey (ACS) indicates that the employment rate for working-age adults without disabilities (73.6%) is more than twice the rate for working-age adults with disabilities (34.3%). Labor force statistics for March 2017 estimate that 30.9% of men with disabilities, ages 16 to 64, are employed, compared with 78.4% of men without disabilities. For women 16 to 64, these figures are 26.3% and 68.4% respectively (Bureau of Labor Statistics, March, 2017).

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 2014–2015, only 16% of working-age adults supported by state IDD agencies in the community were employed in a paid job in the community, and only 9% were employed in an individual integrated job (Heirsteiner et al., 2016). A survey of 190 U.S. community rehabilitation providers 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 \$113 per week (Hiersteiner et al., 2016).

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). 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 suggest that only 45% of those who wanted a job had this goal documented in their service plan (Hiersteiner et al., 2016).

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 2015, Connecticut, Oklahoma, and Washington reported that at least 40% of individuals with IDD receiving day and employment services were receiving integrated employment services. Surveys of community rehabilitation providers (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.
- In addition, 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.

With promise for the future, 26 states are currently active members of the State Employment Leadership Network (SELN), a membership roundtable of state IDD agencies, co-managed by the ICI and the National Association of State Directors of Developmental Disabilities Services, that focuses on expanding integrated employment for individuals with IDD (<http://www.selnhub.org/home>).

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. Employment supports are provided by a network of over 8,000 CRPs.

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 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.

State VR agencies

State VR agencies provide services to over one million people annually, closing approximately 550,000 cases per year. As of 2014, approximately 7.6%, or 45,443, of those case closures can be identified as individuals with IDD, a person with a primary or secondary impairment code of intellectual disability (formerly categorized as mental retardation) (Winsor et al., 2017). This figure was the lowest reported during the past ten years. Additionally, about 65% of the people with IDD who exited the VR program in 2012 received services, compared to 72% of those exiting the program in 2004.

In 2014, the Workforce Innovation and Opportunity Act (WIOA) began requiring that each state's public VR system 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.

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 WIOA establishes guidelines that must be addressed before an individual can enter 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 over 8,000 CRPs nationwide offer vocational services to individuals with disabilities. The majority (over 70%) of those served by CRPs are people with IDD (Metzel et al., 2007; Domin & Butterworth, 2012).

Over two thirds of CRPs provide both work and non-work services (Metzel et al., 2007; Domin & Butterworth, 2012). CRPs are undergoing a shift from providing sheltered employment to achieving community-based integrated

employment for all individuals served. ICI's Rehabilitation Research and Training Center (RRTC) on Advancing Employment for People with IDD studies this process of organizational transformation and is developing tools to aid in this process. The RRTC has worked with a Delphi panel to identify elements critical to success (Timmons & Lyons, 2016).

American Job Centers

Established and supported under the Workforce Investment Act and its reauthorizations, these 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 Peysner-funded services through American Job Centers (U.S. Department of Labor, Employment & Training Administration, 2016). The FY 2014 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, formerly called One-Stop Career 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.

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 under the Home and Community-Based Services waiver program. 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 shift away from employment 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 the 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 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., 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 federal 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 Disability, and this initiative was extended in 2016.

Additionally, a growing number of state legislatures have expanded postsecondary options for students with IDD. In March 2016 there were 246 postsecondary education programs for students with IDD in 48 states, with more than 5,000 students enrolled (ICI, 2017). 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 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.

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 optimum outcome. 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 new 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.

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.

In October 2016, the Department of Justice issued further clarification on how the integration mandate of the ADA and Olmstead should be applied to publicly-funded services. The memo statement clarifies the definition of “most integrated setting” and the importance of informed choice for individuals with disabilities, who have traditionally been steered towards segregated options. The memo makes clear that the mandate extends to people currently served in segregated settings, as well as to those at risk for segregation. Guidance on access to services addresses individualization, intensity and duration, and access to integration and necessary supports during non-work hours (U.S. Department of Justice, 2016).

The Rise of Employment First Policies

In addition to federal policy under CMS, WIOA, and the Department of Justice, 46 states have some form of an Employment First initiative. These initiatives take the form of policies or other official legislation making community employment the first outcome considered for people with disabilities who receive state services.

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).

Many states have adopted Employment First policy statements, including agency directives, executive orders, and specific legislation (APSE, 2016). These 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 individuals 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. 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 (2009) has issued policy statements and developed grant opportunities and communities of practice to support implementation of Employment First in several states, and supports select 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 Social Security Administration. Outcomes of Wisconsin’s Promise Grant show that teens enrolled in PROMISE work on average 16 hours per week and earn \$128 per week (Wisconsin Promise, 2016).

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).

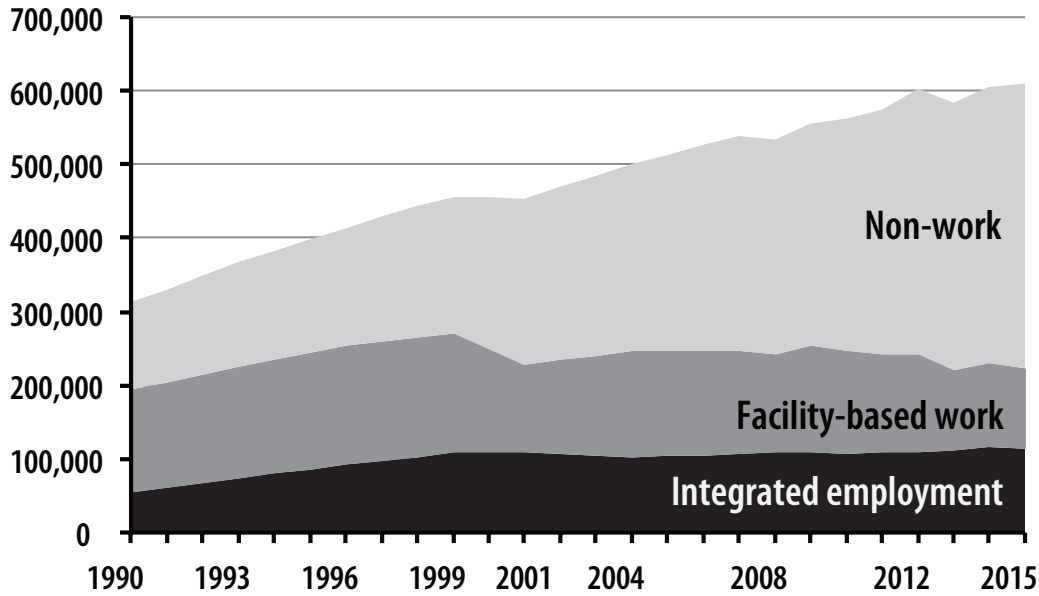
Many supports cultivate the participation of families, whose expectations and ability to navigate systems, beginning in early childhood, can be key to attaining competitive integrated employment outcomes for individuals in adulthood. A five-year grant (2012–2017) from the federal Administration on Intellectual and Developmental Disabilities 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 support states in developing 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 18.6% of individuals receiving day supports from state IDD agencies participated in integrated employment services during FY 2015 (see Figure 1.) This number has slowly declined after reaching a peak of almost 25% in FY 2001. 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-four out of 42 state IDD agencies providing data reported supporting individuals in CBNW services in FY 2015. 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 (Sulewski, Butterworth, & Gilmore, 2008). There is increasing interest in supporting community 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. 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 engagements can, in turn, support employment outcomes (Sulewski & Timmons, 2015; Timmons & Sulewski, 2016).

CRPs have not reallocated resources to community employment.

Respondents to the ICI's 2014–2015 National CRP Survey indicated that 20.2% of individuals with IDD participated in individual employment services, a slight increase from the 18% reported in 2002–2003. An additional 7.4% of individuals were reported to be working in mobile work crews or enclaves. The majority of individuals participated in facility-based or non-work services (24.4% and 39.4%, respectively). The largest growth was in non-work services

(facility-based or community-based). Between 2002 and 2010, participation in non-work services grew from 33% to 43%, offset by a decline in the percentage of individuals in facility-based work (Domin & Butterworth, 2016).

Research suggests continued variation of services and philosophies within the provider community, making the creation of a unified vision for service delivery extremely difficult. Inge et al. (2009) found that almost 89% of respondents to a national survey of CRP 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.

Providers perceive inadequate funding and community resources to provide individual employment (ODEP, unpublished; West & Patton, 2010; Rosenthal et al., 2012). Front-line staff 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 (West & Patton, 2010; Migliore et al., 2011; Rosenthal et al., 2012).

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 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 (Butterworth, Kennedy-Lizotte, & Winsor, 2013).

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). Findings also suggest that job developers have limited opportunities for effective professional development, including both formal and informal chances for learning (Hall et al., 2014), though employment specialists who receive training and mentorship do improve the number and quality of the jobs they develop (Butterworth et al., 2012).

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.

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; Migliore et al., 2007; 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 routed away 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 a primary factor 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 reveals a need for defined collaboration models and roles between education and rehabilitation professionals (Stevenson & Fowler, 2016; Oertle & Seader, 2015).

In addition to inadequate models of collaboration, family engagement is a key component in successful transition planning, with a focus on building relationships and information sharing between families and professionals. 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).

Confirming findings from previous research, Carter et al. (2011) found that many students with severe disabilities lack early vocational experiences. Other education system factors include low teacher expectations of students working (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).

A Framework for Systems Change

Since 2007, the ICI, in partnership with the National Association of State Directors of Developmental Disabilities, has used a “High Performing States (HPS) Framework” to guide systems change to expand integrated employment in its work with the State Employment Leadership Network (SELN). The HPS framework 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



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 2014, in SELN states, the reported percentage of individuals in integrated employment services steadily increased, whereas it declined in non-SELN states (SELN, 2016).

Research continues to examine the HPS 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 Intellectual and Developmental Disabilities is conducting a series of state-level case studies to deeply investigate the ways in which the elements of the HPS 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 build expectations for and support employment for individuals with IDD across the lifespan.

Methodology

This report provides statistics over 25 years from several national datasets that address the status of employment and economic self-sufficiency for individuals with intellectual and developmental disabilities. The authors use abbreviations for both intellectual disability (ID) and intellectual and developmental disabilities (IDD) in this report. This is because data sources vary in the specific target groups that can be described. Please refer to each chapter for the disability definition used in that chapter.

We provide a comprehensive overview that describes national trends in employment for people with IDD, and the appendices provide individual state profiles with data from several sources. These include the ICI's IDD Agency National Survey of Day and Employment Services, as well as datasets from the Social Security Administration, Rehabilitation Services Administration, Bureau of Labor Statistics, and American Community Survey (for most data sources, the most recent data are through 2015).

Data Sources

IDD Agency National Survey of Day and Employment Services

This survey is part of a longitudinal study commissioned by the Administration on Intellectual and Developmental Disabilities to analyze community-based day and employment service trends. Data is available for services received between FY 1988 and FY 2015 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 FY 2015.

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 2010. States are now asked not only to provide the number of individuals in each service category, but also to indicate if they provided each service. Additionally, 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. Since FY 2001, 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 2016 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 on 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 Survey Service Definitions

Type of Setting/ Service	Work	Non-Work
Community	Integrated employment: Integrated employment services are provided in a community setting and involve paid employment of the participant. Specifically, integrated employment includes 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 46 states complete the IDD survey. The authors produce figures for total served in day and employment services and total served in integrated employment by estimating these data points for states that did not report these data in a particular year. The researchers used the linear trend method for estimating missing values that is available in Statistical Package for the Social Sciences (SPSS) Version 21.0 to produce these estimates. 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. For more information on the Replace Missing Values algorithm applied by SPSS, go to http://www-01.ibm.com/support/knowledgecenter/SSLVMB_21.0.0/com.ibm.spss.statistics.help/alg_rmv_lineartrend.htm.

To increase stability of the estimates for states that did not report on these data points, data from the literature were added to the IDD survey observations, with FY 2013 data drawn from the most recent literature available (Braddock et al., 2016).

Rehabilitation Services Administration 911 (RSA-911) Database

The 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 600,000 case closures per year. Table 2 offers terminology and definitions used in the RSA-911.

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), and closure without an employment outcome after receiving services (formerly Status 28).
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) was reported as the cause of either a primary or secondary impairment to employment. Access to data for FY 2015 is more limited than previous years, because the RSA had not released the full data at the time of this writing.

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 coded 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 percent 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> <ul style="list-style-type: none"> • Is this person deaf or does he or she have serious difficulty hearing (hearing disability)? • Is this person blind or does he or she have serious difficulty seeing even when wearing glasses (vision disability)? • Does this person have serious difficulty walking or climbing stairs (ambulatory difficulty)? • Does this person have difficulty dressing or bathing (self-care difficulty)? • 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)? • Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions (cognitive disability)?

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 provides an overview of work incentive programs along with their definitions.

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 (SGA) 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).

IDD Agency National Survey of Employment and Day Services (FY 1988–2015)

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. Data are solicited from all 50 states and the District of Columbia. The number of reporting states varied from 37 to 46 over the time studied (1988–2015).

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 2015.
- The estimated percentage of individuals participating in integrated employment services was 18.6% in FY 2015, a slight decrease from the previous year (FY 2014).
- Growth in supported employment primarily occurred between the mid-1980s and mid-1990s, and there has been a decline in the percentage of people with IDD in integrated employment since 2001.
- There is large variation across states in participation in integrated employment.
- More individuals receive an integrated employment service than are working in the community.
- Reducing facility-based work is becoming a state-level priority.
- As community-based non-work services continue to grow, more data is needed about the outcome and implementation of this service.
- 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

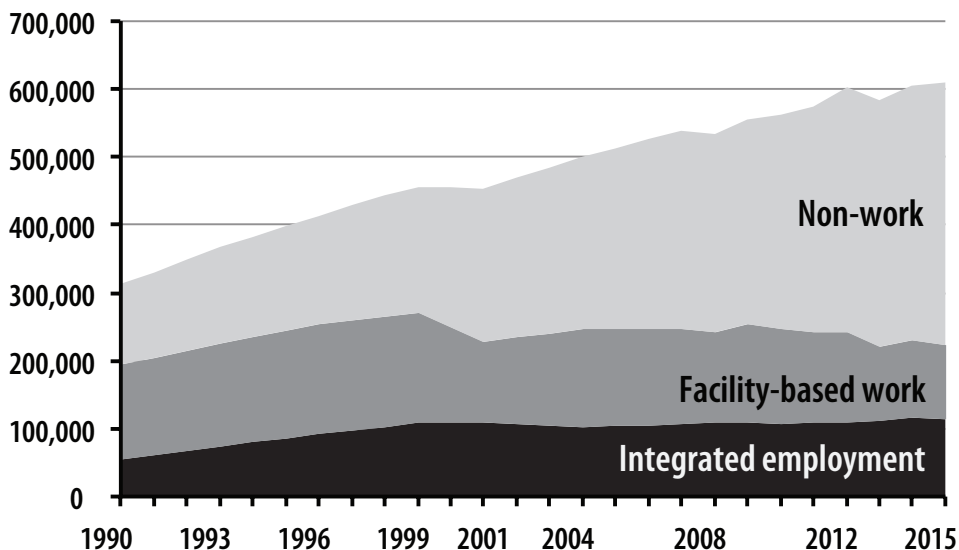


Table 5. Participation in Employment and Day Services in FY 2015

State	Total Served	Percent Integrated Employment	Percent Community-Based Non-Work	Percent Facility-Based Work	Percent Facility-Based Non-Work
AK	2021	23%	0%	0%	98.5%
AL	4847	3%	0%	3.5%	93.5%
AR	na	na	na	na	na
AZ	10375	20%	0%	13%	68%
CA	85921	12%	77%	11%	0%
CO	9016	28%	76%	0%	55%
CT	10189	46%	8%	3%	46%
DC	1642	10%	22%	0%	68%
DE	2075	30%	9%	25%	35%
FL	19610	12%	na	na	na
GA	19019	12%	22%	0%	66%
HI	2113	1%	38%	0%	60%
IA	15453	19%	0%	24.5%	56.5%
ID	4269	7%	55%	0%	na
IL	24198	7%	0%	1%	92%
IN	15451	12%	74%	31%	44.5%
KS	6011	14%	56%	50%	63.5%
KY	6581	10%	92%	0%	12%
LA	5240	30%	0%	25%	45%
MA	16217	38%	32%	7%	55%
MD	13143	37%	na	na	na
ME	3670	32%	96%	0%	0%
MI	17938	24%	36%	27%	27%
MN	25760	9%	31%	51%	8.5%
MO	6131	10%	66%	0%	61.1%
MS	na	na	na	na	na
MT	1890	14%	53%	13%	52%
NC	18820	15%	56.5%	13.5%	31%
ND	na	na	na	na	na
NE	4707	2%	16%	20%	75%
NH	na	na	na	na	na
NJ	na	na	na	na	na
NM	3610	30%	72%	0.00%	12.5%
NV	2386	16%	1%	47%	37%
NY	62418	13%	4%	11%	74%
OH	35948	23%	0%	52%	40%
OK	4118	60%	28.5%	56%	0%
OR	7462	32%	33%	29%	36%
PA	29774	17%	47%	31%	35.5%
RI	3735	19%	57%	11%	55%
SC	na	na	na	na	na
SD	2533	20%	34%	65%	43%
TN	7057	18%	89%	0%	48%
TX	30477	9%	0%	0%	91%
UT	3501	23%	77%	0%	0%
VA	15110	27%	6%	4.5%	63%
VT	3168	38%	62%	0%	0%
WA	8707	85%	14%	4%	<1%
WI	16878	19%	20%	44%	48%
WV	2086	28%	0%	1%	63%
WY	1307	26%	48%	9.5%	88.5%

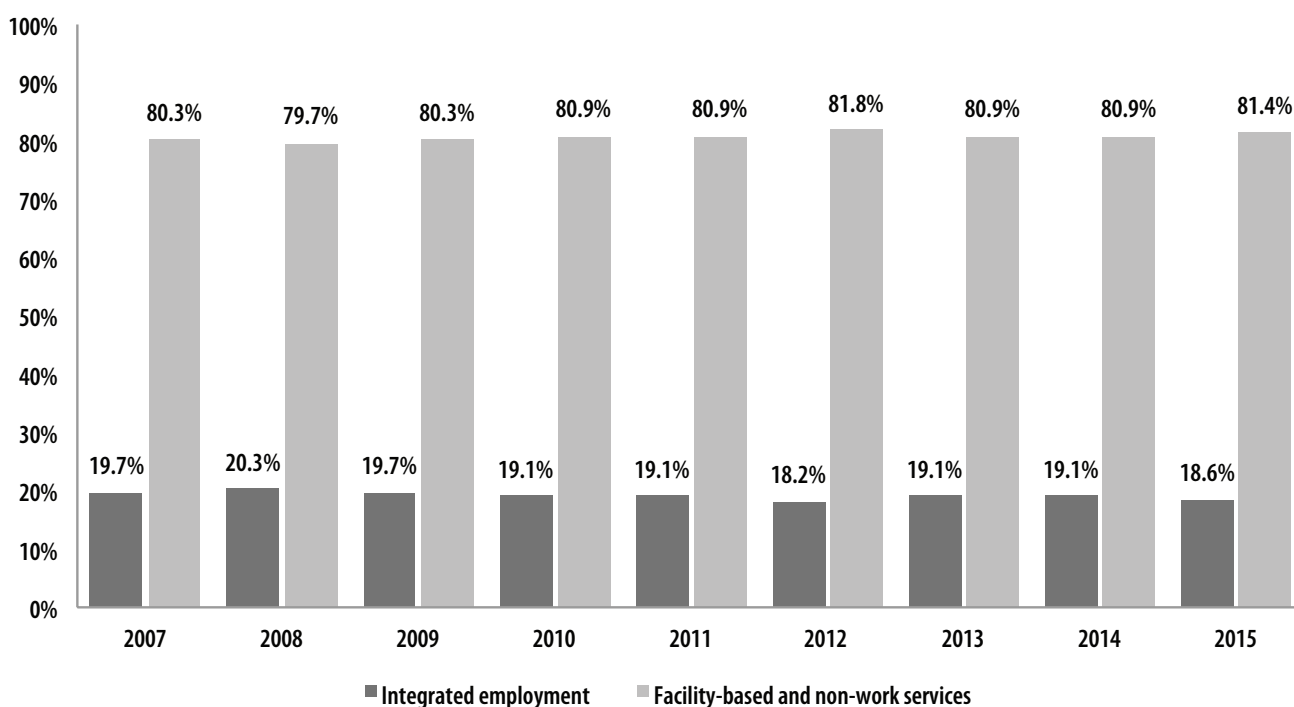
* Data reported as a combined total for all non-integrated employment services
na = data not available

In FY 2015, an estimated 610,188 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 FY 1999 to 113,226 in FY 2015.

Between FY 2014 and FY 2015, there was a slight decline in the number of individuals reported as receiving an integrated employment service by state IDD agencies. It is possible that the number of individuals receiving integrated employment services has been depressed in recent years as states implement the 2011 and 2014 CMS pre-vocational services guidance and the Settings Rule. 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. 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 FY 2007 and FY 2015. In FY 2015, an estimated 18.6% 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 has not continued.

Figure 4. Estimated IDD Agency Service Distribution by Year



The data in Figure 4 also demonstrate an increase in the percentage of people served in facility-based and non-work settings. 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 35 states that provided the total number of individuals served and the number of individuals in integrated employment services for each year between 2007 and 2015. Eighteen states increased the number of individuals in integrated employment, with an average increase of 593 individuals (range: 51–3,110). States that reported increasing the number of individuals served in integrated employment by more than 500 individuals between 2007 and 2015 were CO, MA, MD, MN, OH, and VA. 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 35 states declined in 16 states with an average reduction of 444 (range: 4–1,883).

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. These questions were added because the percentage of individuals in integrated employment services does not always reflect the number of individuals working. For example, data from the National Core Indicators (NCI) Project suggest that, in 2014–2015, only 17% of working-age adults supported by state IDD agencies worked in integrated employment, and NCI data has consistently reported a lower percentage of adults working than the ICI survey has reported in integrated employment services.

In FY 2015, more than half of states (n=33) that responded to the survey reported collecting data on the number of individuals working for pay in the community.

Thirty-two 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 FY 2015 as reported by these 32 states was 67,011. In these states, 16.8% of individuals who received any day and employment service were working in the community in integrated jobs. 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 employment or day services.

Table 6 shows states that were able to identify how many of the individuals participating in integrated employment services work for pay in the community. Thirty-two states were able to report on the total number of individuals receiving integrated employment services who were working in paid integrated employment positions in FY 2015 (n=63,601). In these 32 states, 83% of individuals who received integrated employment services were working in the community in integrated jobs.

This indicates that the number of individuals earning wages who received integrated employment services from their state IDD agency was lower than the total number receiving these services. In other words, not every person who received integrated employment services was working for pay. However, there are state-to-state differences, and these may grow in future years as states add integrated employment services such as Discovery and Career Exploration that are intended to support individuals to transition into individual integrated jobs.

States are making significant efforts to reduce facility-based work.

As Table 5 indicates, in FY 2015, fourteen state IDD agencies reported that their state agencies did not support individuals in facility-based work services. However, this does not mean that those 14 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.

Table 6. Individuals Working in the Community in FY 2015

State	Total Served	Total in Integrated Employment Services	Receiving Integrated Employment Service and Working in the Community
AL	4847	153	153
AZ	10375	2100	2100
CA	85921	10285	10285
CO	9016	2519	2519
CT	10189	4655	4655
DC	1642	168	81
FL	19610	2416	1697
HI	2113	31	28
ID	4269	306	306
IL	24198	1698	1698
KS	6011	843	843
MA	16217	6222	4103
MD	13143	4916	3673
ME	3670	1178	1139
MI	17938	4250	1059
MN	25760	2224	1900
MO	6131	604	418
MT	1890	270	427
NE	4707	105	na
NV	2386	377	377
NY	62418	8016	8016
OK	4118	2475	2475
OR	7462	2395	1359
RI	3735	691	691
SD	2533	502	441
TN	7057	1268	1268
TX	30477	2819	904
UT	3501	812	497
VT	3168	1213	1213
WA	8707	7424	5368
WI	16878	3221	3221
WV	2086	583	583
WY	1307	337	104

na = data not available

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, New Hampshire, and Massachusetts. Maryland passed legislation in 2016 that will phase out the use of subminimum wage over a four-year period.

Furthermore, 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 150 as of January 2017, 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, and 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 an 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 FY 1996 to 34 in FY 2015. Nationally, reported participation in CBNW has grown steadily for states that report it as a service, from 18.7% in FY 1999 to more than 40% of all employment and day services. In FY 2015, 43% of individuals were reported to receive community based non-work services. CBNW services accounted for 48.5% of state IDD agency expenditures for FY 2015, for states that reported expenditures for this service (n=31).

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 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 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.

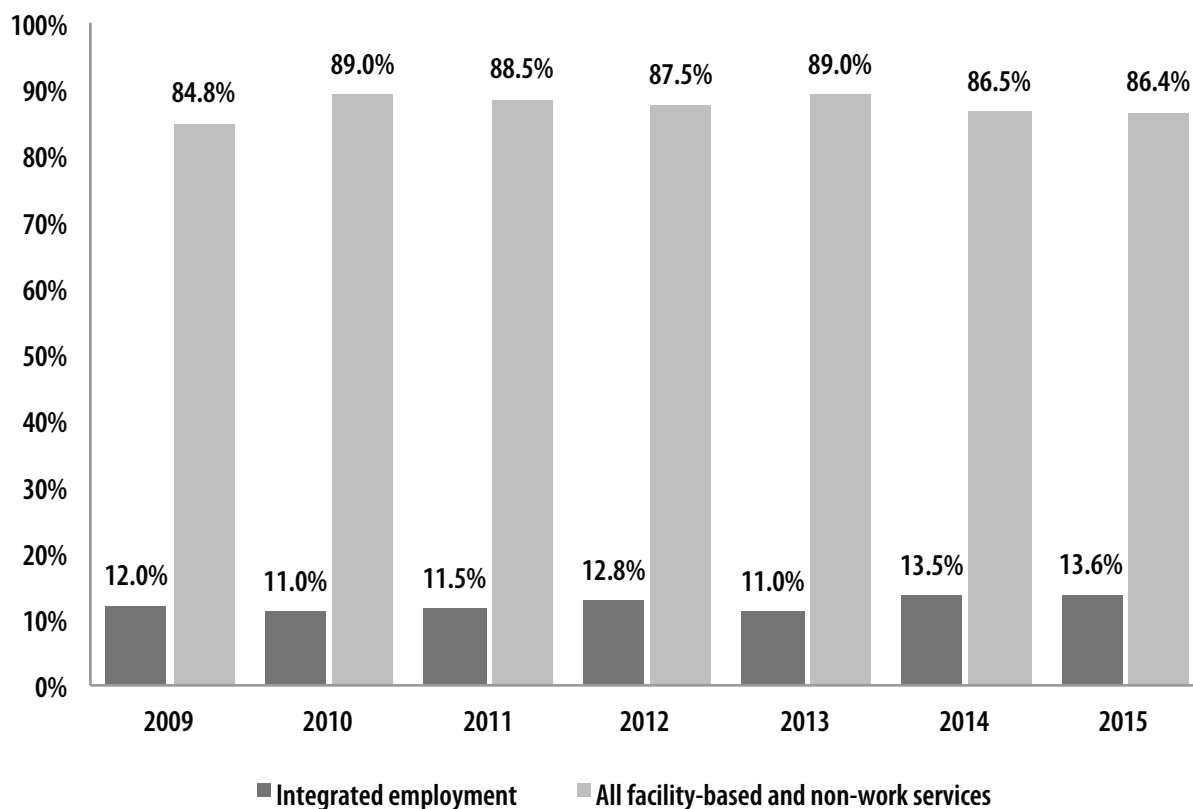
Research by staff at the Institute for Community Inclusion on CRPs has found that some are developing innovative ways to support individuals to be engaged members of their community as a way to improve integrated employment outcomes. Sulewski et al. (in press) found that best practices at the provider level may include 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. They 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. 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=40) allocated 86.4% of total funding for all day and employment services in these settings in FY 2014. In contrast, states that reported funding for integrated employment (n=40) allocated 13.6% of the funding for all day and employment services to integrated employment services in FY 2015.

While Figure 5 shares trend data between 2009 and 2015, 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 72% of reported funds in FY 2015. Medicaid waivers as a funding resource to support individualized integrated employment have received significant attention in recent years. Based upon feedback from State Employment Leadership Network member states, in September 2011, CMS released an information bulletin, “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. 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).

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 (CMS, 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 FY 2015, 34 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 made up the greatest percentage of dollars spent (42.3%), and expenditures reported for community-based non-work services made up 33% of dollars spent, representing a continued investment in all non-work services.

Butterworth, Kennedy-Lizotte, and Winsor (2012) 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.

Trends in Vocational Rehabilitation: 2005–2014

This section is a reprint from last year report because—at the time of this writing—the Rehabilitation Services Administration (RSA) had not released the dataset for FY 2015. Therefore, with the exception of a few data points for which 2015 data were available, this section describes the employment and postsecondary education outcomes of all adults with intellectual disabilities who exited the state and territory VR programs during fiscal years 2005 through 2014.

Intellectual disability refers to code 25 (“mental retardation” in the RSA-911) as either a primary or secondary cause of an impediment to employment. To provide context, this report compares the findings with the corresponding outcomes of people with other disabilities. It also describes selected employment outcomes disaggregated at the state level for fiscal year 2014. This section focuses on integrated employment, defined as work in integrated settings with or without support.

Major findings regarding people with intellectual disabilities included the following:

- The number of people who exited the VR program has remained fairly stable since falling between 2005 and 2011.
- The percentage of people receiving services slightly increased.
- The rehabilitation rate has increased.
- Hourly earnings and weekly wages continued to decline.
- Weekly work hours slightly decreased.
- Time from application to employment slightly decreased.
- The percentage of people who attained a postsecondary outcome remained low and about the same.
- The majority of people were male, most were white, and most were transition-age young adults.
- Outcomes varied considerably across states.

The number of people who exited the VR program increased in 2015.

In 2015, a total of 47,390 people with intellectual disabilities exited the VR program. As Table 7 shows, the 2015 figure is greater than in 2014 and in 2012. The maximum figure was reported in 2006, when 56,487 people with intellectual disabilities exited the program.

The corresponding figure for people with other disabilities was 499,534 in 2015, a higher figure compared to the previous years going back to at least 2010 when 511,441 people with other disabilities exited the VR program.

Table 7. Trends in Employment Outcomes in 50 States and DC: 2005–2014

	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
2005	56,332	498,250	71%	63%	55%	55%	\$8.08	\$12.32	25	34	35%	37%
2006	56,487	500,072	71%	62%	56%	56%	\$8.03	\$12.39	26	34	35%	37%
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	499,534	na	na	na	na	na	na	na	na	na	na

Note: ID = Intellectual disabilities; Other = Other disabilities

*In 2014 dollars

The percentage of people receiving services slightly increased between 2014 and 2015, but has remained below historical levels since 2011.

Receiving services is the first step toward an employment outcome. As Table 7 shows, 67% of the people with intellectual disabilities who exited the VR program in 2014 received services, a slightly larger figure compared to 2013 (66%), but overall similar to figures reported in the previous years. Higher values were reported in the first part of the period examined. For example, in 2005, about 71% of people with intellectual disabilities received services.

Nevertheless, the percentages of people with intellectual disabilities who received services were consistently higher compared to the corresponding figures for people with other disabilities across the years examined. In 2014, only 58% of people with other disabilities who exited the program received services, a slight decline compared to earlier years (e.g., 63% in 2005).

The most frequent reasons for people with intellectual disabilities to exit the program without receiving services in 2014 included refusal or failure to cooperate (43%); inability to locate or contact applicant (33%); and other reasons, including disability too significant, death, job seeker's relocation, no disability-related needs for services, or other non-specified reasons. People with other disabilities reported similar reasons for exiting the program without receiving services.

The rehabilitation rate has increased.

The rehabilitation rate is the percentage of people who gain employment out of the total number of people who receive services. As Table 7 shows, the rehabilitation rate of people with intellectual disabilities was 56% in 2014, a sizable increase compared to previous years (e.g., 48% in 2010). The rehabilitation rate is getting closer to the maximum figure reached over the 10 years examined (58% in 2007). Overall, 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 54% in 2014, a slight increase compared to 51% in 2013.

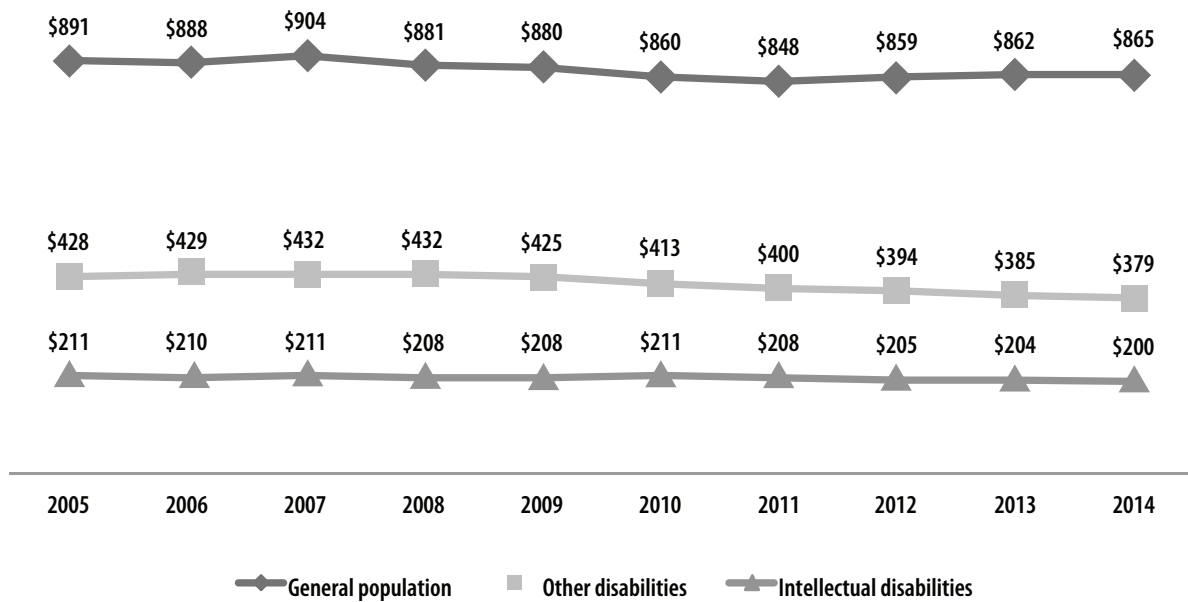
Hourly earnings and weekly wages continued to decline.

The hourly earnings of people with intellectual disabilities, adjusted for inflation, continued to decline from the maximum of \$8.78 in 2010 to \$8.39 in 2014. 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 their peers with intellectual disabilities (\$379 in 2014). In contrast, the wages of the general population have been slightly increasing since 2011 (\$848), reaching \$865 in 2014. (Note: 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.)

Over the 10 years examined, the weekly wages of people with intellectual disabilities in 2014 are 5% lower compared to the maximum of \$211 in 2010. The wages of people with other disabilities are 12% lower compared to the maximum of \$432 in 2008. Finally, the general population wages are 4% lower compared to the maximum of \$904 in 2007.

Figure 6. Trends in Weekly Wages (in 2014 Dollars)



Weekly work hours slightly decreased.

In 2014, people with intellectual disabilities who exited the program with employment worked an average of 23 hours per week. However, in 2013, the average was 24 hours, the same amount of hours reported in the previous four years. Weekly work hours peaked at 26 hours in 2003, 2004, and 2006. People with other disabilities reported more weekly work hours: 31 hours in 2013 and 2014, and 32 hours for each of the previous four years.

Time from application to employment slightly decreased.

People with intellectual disabilities who exited in 2014 took about 714 days to gain employment, on average, from application. This is similar to 2013, which averaged 718 days. The shortest amount of time to an employment outcome was reported in 2003, when finding employment took only 637 days.

With respect to the time it takes to gain employment, people with intellectual disabilities fared better than those with other disabilities. In 2014, people with other disabilities reported 783 days from application to closure in an employment outcome, compared to 772 in 2013. The shortest amount of time was reported in 2003, with 691 days.

Another way of looking at this outcome is to examine the percentage of people with disabilities who gained employment within one year from application. Of the people with intellectual disabilities who exited the program in 2014 with an employment outcome, about 30% reported gaining employment in one year or less. This percentage has remained consistent since 2012. However, it has decreased compared to earlier years, when it was 35%. The corresponding figure for people with other disabilities was 33% in 2014, continuing a steady decline from 39% in 2008.

The percentage of people who attained a postsecondary outcome remained low and about the same across the years examined.

Between 2005 and 2014, about 3% of people with intellectual disabilities exited the VR program with one of the following postsecondary education outcomes after reporting that they had no postsecondary outcome at application: postsecondary education, no degree; associate degree or vocational/technical certificate; or bachelor’s, master’s, or a higher degree. In earlier years, only 2% reported a postsecondary education outcome.

The figure was higher for people with other disabilities. Between 2007 and 2014, about 11% 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 12%.

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

The majority of people with intellectual disabilities who exited in 2014 were male (57%). Similar figures were reported for people with other disabilities: 56% were male in 2014 (Table 8).

Table 8. Trends in Demographic Characteristics in the 50 States and DC: 2005–2014

	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 (%)
2005	55	55	45	45	60	67	32	22	7	9	2	3
2006	55	55	45	45	60	68	33	22	7	9	1	1
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

The majority of people with intellectual disabilities who exited VR in 2014 were white (56%), a slight decline from 2005 when the corresponding figure was 60%. The second largest racial group for people with intellectual disabilities was black. This group decreased slightly, from 35% in 2013 to 33% in 2014. Hispanics represented 9% of the total in 2014, a slight increase from 7–8% in earlier years.

People with other disabilities included a greater proportion of white people: 63% in 2014, down from 68% in 2006. Also in the case of people with other disabilities, the second largest racial group was black: 24% in 2014, slightly up from 22% in 2005. Hispanics represented 11% of the total in 2014, a slight increase from 9–10% in earlier years.

A substantial number of VR closures for people with intellectual disabilities take place during the transition from school to adult life. About 62% of the people with intellectual disabilities who exited the VR program in 2014 were between 16 and 26 years old at application, a figure slightly lower than previous years.

These figures contrasted with the figures reported for people with other disabilities from the same age group: only 36% of people with other disabilities who exited the program in 2014 were 16 to 26 years old at application.

Outcomes varied considerably across states.

As Table 9 shows, the extent of services provided by the VR program and employment outcomes achieved by people with disabilities varied considerably across states. Some of these differences can be attributed to the size of each state's general population. For example, whereas North Carolina reported 4,362 people with intellectual disabilities exiting the program in 2014, a smaller state like Alaska reported only 88. For people with other disabilities, the highest number of people exiting a state program was 34,176 in Florida, whereas the smallest figure was 1,348 in Hawaii.

Other differences across states require more research to clarify the causes of such disparities. For example, whereas Florida reported the highest percentage of people with intellectual disabilities receiving services (86%), Georgia reported the lowest percentage (38%). In the case of people with other disabilities, the variation in percentage of people receiving services across states ranged from a high of 72% in Vermont to a low of 29% in Georgia. These figures are important because receiving services is a necessary step toward employment, and those who do not receive services exit the program without employment.

South Dakota reported the highest rehabilitation rate (percentage of people who gained employment out of the total number of people who received services) for people with intellectual disabilities (77%), whereas Florida reported the lowest figure (29%). For people with other disabilities, the highest rehabilitation rate was reported in Alabama (69%), and the lowest in Hawaii (26%).

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.

Weekly work hours varied greatly across states as well. People with intellectual disabilities in the District of Columbia worked the most hours: 32 on average. In contrast, people with intellectual disabilities in Maine reported the lowest amount of hours: 10 on average. Among people with other disabilities, the longest work hours were reported in West Virginia (36 weekly work hours), and the shortest work hours in Maryland (27 weekly work hours).

People with intellectual disabilities in Vermont were the most likely to find jobs within one year of application for services (60%), whereas their peers in Iowa and Florida were the least likely to find jobs within one year (11%). In regard to people with other disabilities, finding jobs within one year was most likely in Vermont (58%), and least likely in Iowa (6%).

Table 9. State Outcomes in 2014

	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 (%)
AK	88	1,619	75	56	52	61	\$9.93	\$14.47	20	32	41	38
AL	978	8,608	82	68	64	69	\$8.08	\$10.17	28	33	37	37
AR	271	7,772	59	63	49	65	\$8.01	\$11.58	23	35	31	35
AZ	317	4,654	55	50	55	48	\$8.51	\$11.00	22	31	19	13
CA	2,833	30,437	78	63	68	54	\$7.54	\$11.84	27	30	48	28
CO	658	6,621	55	54	47	39	\$8.59	\$11.93	18	30	16	14
CT	254	3,654	56	63	43	62	\$9.65	\$18.22	22	31	18	55
DC	227	2,695	55	36	70	56	\$10.59	\$12.12	32	34	41	35
DE	259	2,471	73	58	73	65	\$8.50	\$10.61	26	32	20	26
FL	2,555	34,176	86	68	29	31	\$8.44	\$11.19	22	31	11	18
GA	1,054	7,130	38	29	58	64	\$7.93	\$10.40	29	33	15	11
HI	180	1,348	63	57	30	26	\$8.88	\$12.19	26	28	12	9
IA	758	5,112	69	64	59	58	\$8.83	\$12.47	25	34	11	6
ID	306	5,756	71	57	62	56	\$8.03	\$11.45	19	33	42	53
IL	1,243	13,894	80	69	43	49	\$8.83	\$10.78	19	28	32	40
IN	1,752	11,106	64	56	56	58	\$8.29	\$12.42	22	31	36	48
KS	613	6,185	72	52	55	38	\$8.12	\$10.04	22	31	31	30
KY	1,366	11,797	59	58	45	55	\$8.47	\$12.71	23	33	15	34
LA	500	6,295	57	48	64	68	\$7.81	\$11.87	22	33	30	36
MA	286	10,342	76	63	62	55	\$9.27	\$13.22	18	28	22	20
MD	806	7,259	61	53	70	54	\$8.76	\$10.62	22	27	32	31
ME	302	3,635	57	49	61	50	\$7.87	\$12.71	10	30	20	34
MI	1,116	17,080	72	67	53	54	\$8.05	\$12.31	24	32	52	55
MN	561	7,271	65	62	69	60	\$9.02	\$11.11	27	29	24	27
MO	2,124	12,811	53	56	65	59	\$8.33	\$10.75	25	30	38	49
MS	909	7,977	58	71	42	62	\$8.11	\$11.61	30	36	12	35
MT	170	3,231	76	59	58	39	\$8.89	\$11.66	18	29	38	32
NC	4,362	18,366	69	47	58	57	\$8.18	\$10.02	26	30	26	32
ND	139	1,422	44	40	77	61	\$9.81	\$13.49	26	34	17	17
NE	436	4,945	65	58	70	65	\$8.63	\$10.86	27	33	41	54
NH	134	2,887	76	62	55	55	\$8.38	\$13.20	16	29	25	40
NJ	657	14,246	53	49	53	65	\$8.75	\$12.47	23	29	37	36
NM	150	3,322	73	55	35	38	\$8.21	\$11.83	17	30	38	36
NV	131	3,000	66	53	52	56	\$8.95	\$11.80	23	30	44	52
NY	2,380	33,315	74	59	61	57	\$8.79	\$11.63	21	30	38	26
OH	2,504	19,937	60	46	46	40	\$8.36	\$10.21	23	28	22	21
OK	607	7,084	69	51	46	53	\$8.66	\$11.09	29	34	19	17
OR	650	6,876	56	51	64	60	\$9.49	\$12.28	18	28	44	54
PA	1,362	20,344	83	69	49	55	\$8.32	\$12.48	23	32	19	23
RI	104	2,215	64	43	57	59	\$8.73	\$11.53	22	30	13	35
SC	745	16,642	76	69	43	55	\$8.26	\$10.69	30	35	14	44
SD	256	2,283	76	52	77	68	\$8.15	\$10.04	21	30	54	46
TN	1,617	7,584	48	39	60	54	\$7.97	\$10.26	23	30	27	21
TX	1,649	33,188	69	62	58	65	\$8.30	\$12.42	22	33	28	42
UT	332	11,171	77	61	57	51	\$8.20	\$11.43	20	33	16	16
VA	1,481	9,109	76	63	67	58	\$8.41	\$10.09	25	30	30	36
VT	339	4,275	82	72	68	54	\$9.32	\$11.48	15	29	60	58
WA	928	9,427	64	46	74	59	\$9.67	\$12.55	15	28	43	40
WI	1,469	14,795	54	44	64	60	\$8.53	\$11.58	20	28	12	11
WV	410	5,990	53	60	57	68	\$8.10	\$13.10	28	36	31	31
WY	115	1,934	72	57	61	59	\$8.85	\$12.71	18	33	18	27
Average	891	9,712	66	56	57	55	\$8.60	\$11.78	23	31	29	33
Min	88	1,348	38	29	29	26	\$7.54	\$10.02	10	27	11	6
Max	4,362	34,176	86	72	77	69	\$10.59	\$18.22	32	36	60	58

Note: ID = intellectual disabilities; Other = other disabilities

Trends from American Community Survey (ACS) Data (2009–2015)

The 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 in order 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 counterparts without disabilities.

ACS Terminology and Determining Indicators

In assessing employment outcomes, it is important to review the ACS terminology and indicators to get a full understanding of the employment experiences of people with disabilities. Indicators used 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)

Reporting meaningful indicators of 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. Additionally, the use of the unemployment rate typically reported by the Department of Labor as an indicator of labor market success for people with disabilities leaves people who are not in the labor force out of the calculation. This is a significant group when it comes to subpopulations of people with disabilities.

For this reason, this report focuses 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 descriptive measure of this population’s economic situation (Brault, 2010).

While the ACS does not collect information on people with IDD specifically, it does allow people to self-report on six disability questions. Any individual who answers yes to one or more of these six items is categorized as having any disability. 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.

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.

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 Supplemental Security Income (SSI) in 2015. This last group is likely to include people who have the most significant cognitive disabilities.

Table 10. Labor Market Success Indicators by Disability Status: 2015

	No disability	Any disability	Cognitive disability	Cognitive disability with SSI
A. Percentage employed (employment rate)	73.6%	34.3%	24.8%	8.4%
B. Percentage unemployed	4.7%	5.6%	6.9%	2.9%
C. Percentage not in the labor force	21.7%	60.1%	68.3%	88.7%
Total (A+B+C)	100.0%	100.0%	100.0%	100.0%
Unemployment rate (number unemployed / number employed + number unemployed)	6.0%	14.1%	21.8%	25.9%

Source: 2015 American Community Survey

Table 10 confirms the low levels of employment for individuals with disabilities. People with any disability or a cognitive disability are employed at much lower rates (34.3% and 24.8% respectively) than those without disabilities (73.6%). People with cognitive disabilities who receive SSI have the lowest employment rate (8.4%).

There are striking differences in outcomes between disability subgroups and their nondisabled counterparts with regards to the percentage not in the labor force, as displayed in Table 10. All disability subgroups are much less likely to be in the labor force when compared to people without disabilities.

The high rate of individuals with disabilities who are not in the labor force suggests that a significant proportion of this population is not actively looking for work, and this extrapolation is supported by self-reported data. According to a 2010 survey of Americans with disabilities, only about half of unemployed people with disabilities reported that they were actively looking for work. By comparison, nearly all of the unemployed respondents without disabilities reported that they were looking for work (Harris Interactive, 2010). The comparatively low proportion of individuals who are actively seeking work persists despite the fact that, according to a previous survey, the majority of individuals with disabilities who were unemployed reported that they would prefer to work (Harris Interactive, 2004).

These 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 to gain a full understanding of the employment experiences of individuals with disabilities.

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 2015, only 12.5% of all people without a disability lived in a household that was below the poverty line, compared with 27% for people with any disability, 32.3% for people with a cognitive disability, and 39.1% 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.

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 categorical variables, were run for each subgroup, and the results in each instance showed that a statistical relationship exists. 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, and were not working (41%) were living in a household that was below the poverty line, compared with 17.8% 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 2015 for Disability Subgroups by Employment Status

	Percentage living below the poverty line (poverty rate)	
	Not employed	Employed
People with no disabilities	28.2%	7.1%
People with any disability	35.1%	11.5%
People with a cognitive disability	37.2%	17.3%
People with a cognitive disability who received SSI	41%	17.8%

Source: 2015 American Community Survey

Individuals with disabilities who are employed work fewer weeks per year on average than their counterparts without disabilities.

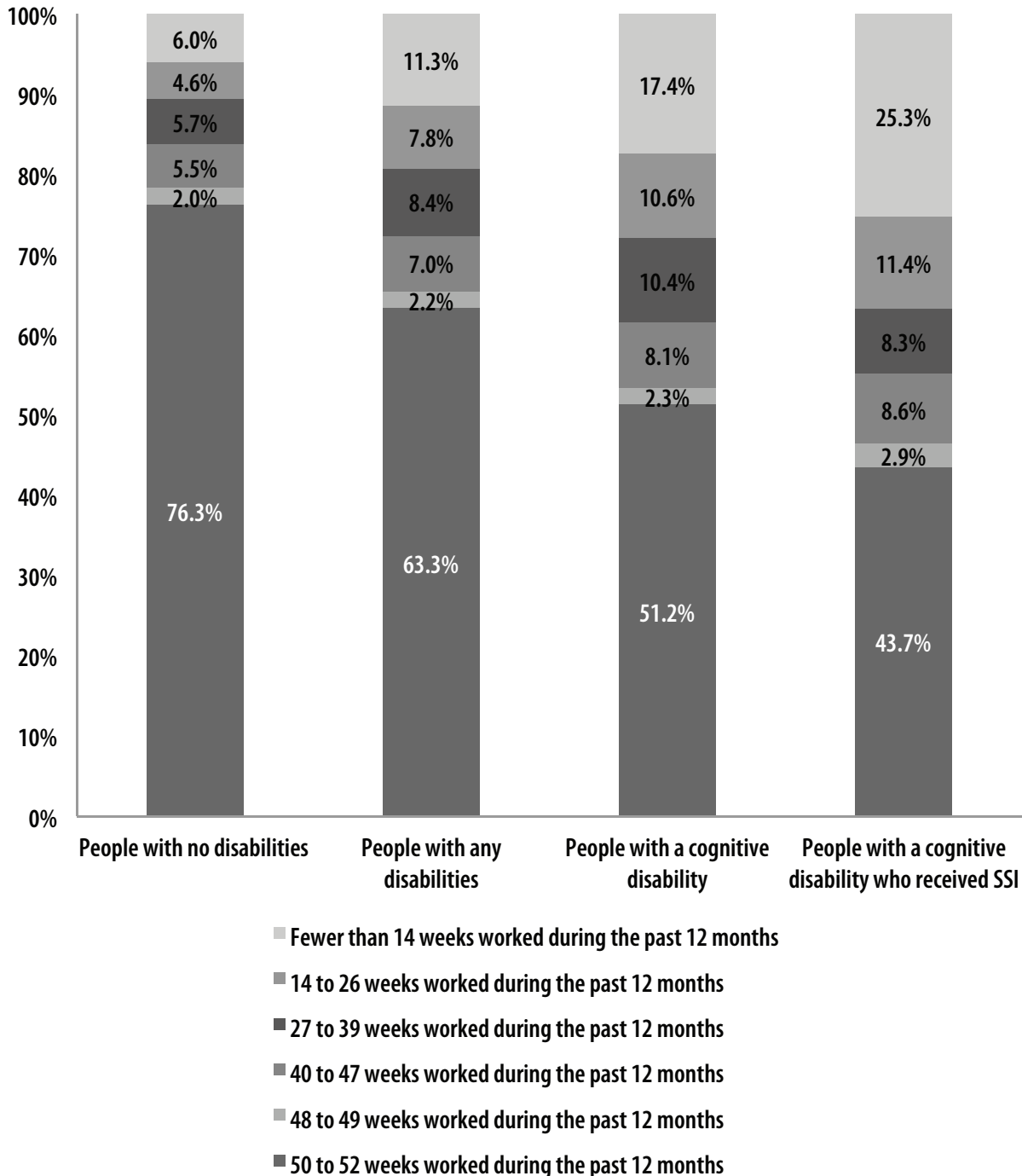
Figure 7 shows that in 2015, individuals from disability sub-population groups who were employed worked fewer total weeks out of the year, on average, than their counterparts without disabilities. The majority of employed people from each subgroup worked between 50 and 52 weeks in 2015.

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 6% of individuals without a disability worked fewer than 40 weeks.

These data show that the lack of consistency with which individuals with disabilities, particularly cognitive disabilities, maintain paid employment (measured here in number of weeks worked per year) is an additional barrier to economic self-sufficiency. 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



Trends in Social Security Administration Data (1999–2015)

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. A number of work incentive programs for SSI recipients with disabilities have been enacted, after SSA concluded that additional incentives were necessary to help these individuals become self-supporting. These incentives are in response to the notion that individuals who could work in integrated employment might have been discouraged from doing so by the fear of losing their benefits.

To encourage employment for individuals with disabilities, SSA offers special provisions that limit the impact of earnings from work on eligibility for SSI or Social Security Disability Insurance (SSDI) benefits. These work incentives 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) 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) 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:

- Work incentive programs for SSI recipients with disabilities remain underused.
- SSI recipients with intellectual disabilities 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.

Work incentive programs for SSI recipients with disabilities remain underused.

In 2015, the Social Security Administration reported that 311,922 blind and disabled SSI recipients were working. (The Social Security Administration uses the terminology “blind and disabled recipients” in its publication of data on SSI recipients who work). As shown in Table 12, the number of recipients enrolled nationally in work incentive programs between 1999 and 2015 remains low. In particular, the PASS incentive program has seen decreased enrollment in the last decade. Between 2005 and 2009 there was a steady decline (between 2.7% and 7.2% every two years), while 2011 to 2015 saw more dramatic declines, with 2013 enrollment decreasing by 25% from 2011. Overall, there was a 21% decrease from 1999 to 2015 in the number of individuals who enrolled in PASS.

Overall, BWE program enrollment declined 71% from 1999 to 2015. The declines every two years have ranged from 5% between 2009 and 2011 to 23% from 2007 to 2009.

Table 12. Number of People Enrolled Nationally in Work Incentive Programs from 1999–2015 (Odd Years Only)

	1999	2001	2003	2005	2007	2009	2011	2013	2015
PASS	1,045	1,600	1,700	1,578	1,495	1,455	1,271	948	821
IRWE	9,520	8,798	7,602	6,309	5,155	3,862	3,323	2,982	3,188
BWE	3,972	3,642	3,070	2,547	2,133	1,638	1,555	1,284	1,161

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 2015 (18.8%) were individuals with intellectual disabilities. With the expansion of additional “mental disorders” categories by the SSA, this is now the largest disability subgroup among SSI recipients.

In 2015, employment of SSI recipients with ID reached over 115,000. This group has had relative success with employment participation compared to recipients who do not have ID. As noted in Table 13, the rate in 2015 at which SSI recipients with ID worked was over twice that of SSI recipients without ID (12.6% versus 5%). The rate of employment among SSI recipients with ID was third among all diagnostic groups and subcategories, behind people with autism (18.6%) and people with congenital anomalies (17.7%).

This finding is supported by Mann, Mamun, and Hemmeter’s (2015) 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” (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). 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 13 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. SSI recipients with ID participate in the IRWE program at the same rates as recipients with other disabilities. This is 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” (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. As a result, individuals with ID who work are less likely to have earnings close to SGA, and may be at lower risk of losing benefits because of earnings.

Table 13. Employment Outcomes and Participation in Work Incentives for SSI Recipients with Disabilities (2015)

	Intellectual disability	All other disabilities
Percentage of SSI recipients with disabilities who work	12.6%	5.0%
Percentage of working SSI recipients who participate in 1619(a)	2.8%	4.9%
Percentage of working SSI recipients who participate in 1619(b)	16.7%	27.4%
Percentage of working SSI recipients who participate in IRWE	1.0%	1.0%

Findings from 2015 continue to show the ongoing trend that SSI recipients with ID have consistently been employed at higher rates than their counterparts with other disabilities (see Table 14). The percentage of SSI recipients with ID who are employed has been more than twice the percentage of people with all other disabilities in each year since 2010. Despite this positive outcome, the percentage of individuals with disabilities working has been gradually declining since 2010, from 13.2% to 12.6% for people with ID (see Table 14).

Table 14. Percentage of SSI Recipients with ID and Other Disabilities Who Work and Receive Work Incentives (2010–2015)

	2010		2011		2012		2013		2014		2015	
	Intellectual Disability	All Other Disabilities	Intellectual Disability	All Other Disabilities	Intellectual Disability	All Other Disabilities	Intellectual Disability	All Other Disabilities	Intellectual Disability	All Other Disabilities	Intellectual Disability	All Other Disabilities
Percentage of SSI recipients with disabilities who work	13.2%	4.9%	12.8%	4.6%	12.8%	4.6%	12.5%	4.5%	12.4%	4.6%	12.6%	5.0%
Percentage of working SSI recipients who participate in 1619(a)	2.6%	4.4%	2.7%	4.7%	2.7%	4.7%	2.7%	4.8%	2.8%	5.1%	2.8%	4.9%
Percentage of working SSI recipients who participate in 1619(b)	16.7%	27.3%	15.4%	25.1%	16.0%	25.7%	15.9%	25.8%	16.3%	26.3%	16.7%	27.4%
Percentage of working SSI recipients who participate in IRWE	1.3%	1.0%	1.2%	1.0%	1.1%	1.0%	1.0%	0.9%	1.0%	1.0%	1.0%	1.0%

Between 2010 and 2015, participation for people with other disabilities in 1619(b) remained stable, with a slight dip in 2011. The trend for people with ID follows an almost identical trend during the same time period. There has not been an increase in participation in 1619(a) and IRWE for recipients with ID and other disabilities since 2010 (see Table 14).

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 2015, section 1619(b) benefits allowed more than 19,226 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 et al., 2017).

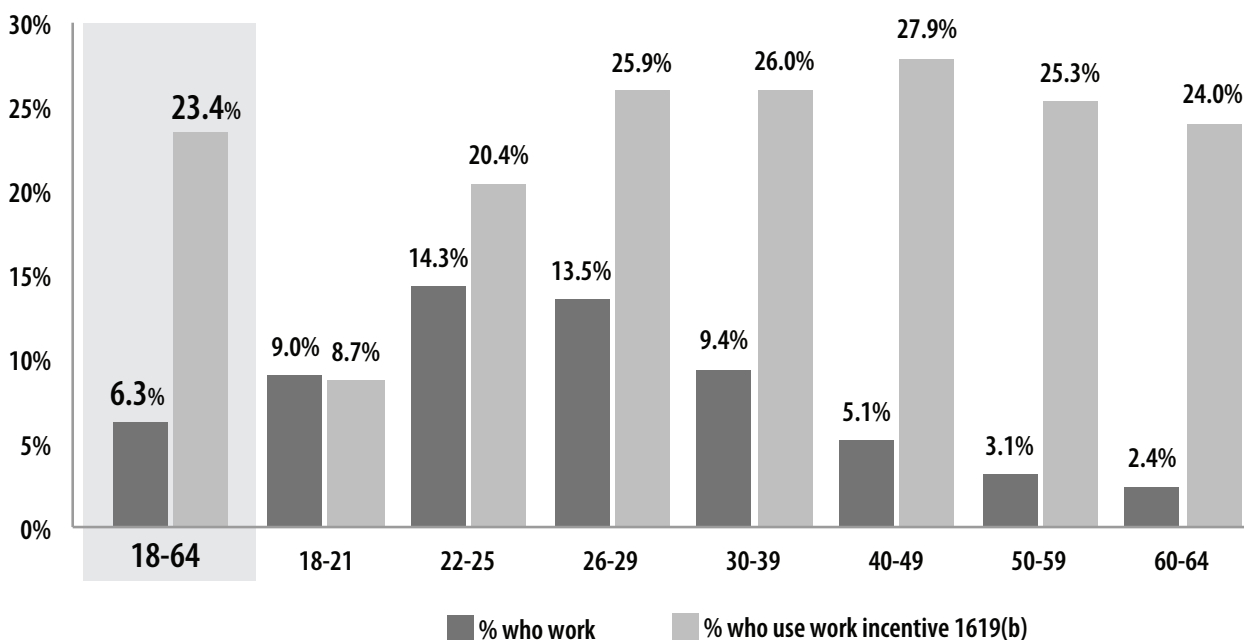
Older SSI recipients work less frequently than their younger counterparts, but use work incentive 1619(b) at higher rates.

According to the Social Security Administration, in 2015 there were a total of 4,961,659 blind and disabled recipients receiving SSI benefits. Out of the almost 5 million people receiving benefits, 311,922 (6.3%) worked. Out of those who worked, 73,104 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 2015 (64%). However, only 3.5% of SSI recipients with disabilities between the ages of 40 and 64 work. Out of those recipients who work, 26% participate in 1619(b).

As noted in Figure 8, younger SSI recipients—those between the ages of 18 and 39—are three times more likely to be working than SSI recipients 40 and older (11.2% compared to 3.5%). Younger SSI recipients (ages 18–39) have had higher workforce participation going back to 2010 (Table 15). Interestingly, their participation in 1619(b) is lower (22%) compared to the 40–64 age group. The lowest participation is reported among 18- to 22-year-olds at 9%, but increases to 20% for the 22–25 age group.

Figure 8: Percentage of SSI Recipients Who Work and Use Work Incentives by Age (2015)



Despite overall low trends in workforce participation among SSI recipients (6.3%), there was a slight change in 2014, with SSI recipients between the ages of 18 and 39 increasing their workforce participation. The same trend was not evident in recipients between ages 40 and 64. Instead, their workforce participation declined. However, the most recent available data from 2015 show that there were slight gains in employment among all age groups from the prior year (Table 15). Younger SSI recipients joined the workforce at slightly higher rates compared to their older counterparts, but it is a promising trend that there were slight gains across all age groups from the prior year.

Table 15: Percent of SSI Recipients Who Work by Age Group

Age Groups	2010	2011	2012	2013	2014	2015
18–21	8.3%	8.2%	8.0%	8.2%	8.6%	9.0%
22–25	13.6%	13.1%	13.1%	13.2%	13.6%	14.3%
26–29	12.8%	12.5%	12.4%	12.3%	12.8%	13.5%
30–39	9.4%	9.0%	8.8%	8.7%	8.9%	9.4%
40–49	5.7%	5.3%	5.2%	5.0%	4.9%	5.1%
50–59	3.6%	3.4%	3.3%	3.2%	3.1%	3.1%
60–64	2.7%	2.6%	2.5%	2.4%	2.3%	2.4%
18-64	6.4%	6.2%	6.1%	5.9%	6.0%	6.0%

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Employment First Snapshots: Cross-State Analysis Summary

By Jennifer Bose, Lydia Landim, and Jean Winsor

Introduction

For more than a decade, many states have begun to advocate for integrated employment and the development of strategic goals and operating policies that prioritize employment as the first choice and preferred outcome for individuals with intellectual/developmental disabilities (IDD). Collectively, these actions have been united under the idea of Employment First. This paper presents the evolution of Employment First legislation in seven states, and includes findings related to the effect of these initial efforts on later steps to implement it as policy. These findings present contextual factors that stakeholders can recognize as their states work toward expanding employment opportunities for people with IDD.

Employment First strategies consist of a clear set of guiding principles and practices promulgated through state statute, regulation, and operational procedures that target employment in typical work settings as the priority for state funding and the purpose of supports furnished to persons with IDD during the day (ODEP, 2015). Employment First policies anchor a service delivery system, focusing funding, resource allocation, training, daily assistance, and even the provision of residential supports on the overall objective of employment, strengthening the capacity of all individuals receiving publicly financed supports to enter the workforce and become contributing members of society (Moseley, 2009). Employment First represents a commitment by states, and state IDD agencies, to the propositions that all individuals with intellectual and developmental disabilities (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.

The implementation of Employment First policies requires that significant changes be made in the program structure and funding of traditional systems to extend employment supports to all. The achievement of Employment First goals rests on a state's ability to create flexible person-centered support options for people with the most complex needs. This means implementing advanced support alternatives that lead individuals along a path toward integrated employment by fostering personal and social development, active community engagement, and social participation. Achieving the goal of employment requires substantive improvements to day and non-work services based on a commitment to ensuring that people with intensive needs continue to receive all necessary supports as the system changes (Winsor & Kennedy-Lizotte, 2013).

Framing Employment Systems-Change Efforts

For over 30 years, the Institute for Community Inclusion's (ICI) Access to Integrated Employment project has described day and employment services for individuals with IDD, and has considered the factors that influence employment outcomes at an individual, direct support, service provider, and state policy level. As part of this project, ICI conducted research on states that demonstrated high levels of participation in integrated employment, resulting in the High-Performing States in Integrated Employment Model (Hall et al., 2007). Researchers initially examined 13 state IDD agencies, which in 1999 each reported over 30% of individuals in integrated employment. Research staff conducted in-depth case study research in three of these states (Colorado, New Hampshire, and Washington).

This led to the development of a theoretical model that identified how contextual factors, system-level strategies, and system goals support integrated employment outcomes (Hall et al., 2007). The model illustrates the common strategies and approaches found across states with high levels of integrated employment outcomes, identifying seven characteristics seen as essential (see Table 1). These elements provide the framework for this article’s examination of states’ Employment First policies and practices.

Table 1: Elements of High Performing States

Leadership	Local and state level administrators are clearly identifiable as “champions” for employment.
Strategic goals and operating policy	State mission, goals and operating policies emphasize employment as a preferred outcome.
Financing and contracting methods	Funding mechanisms and contracts with providers emphasize employment as the preferred outcome.
Training and technical assistance	There is a sustained and significant investment in employment-related training and technical assistance.
Interagency collaboration and partnership	Through interagency agreements and relationships, provider collaboration, and outreach to stakeholders, employment is shared as a common goal.
Services and service innovation	The state IDD agency works to create opportunities for providers, individuals, and families to make optimum use of the resources available for employment; includes disseminating information related to creative strategies to support individuals in employment.
Performance measurement and data management	Comprehensive data systems that are used as a strategic planning tool to further the state’s goals of increasing employment.

A key finding of the model is that successful states are defined not by any one strategy or policy, but by a consistent focus on integrated employment within each of seven model factors. This consistency establishes a clear message and structure that communicates employment as a priority.

Trends in Integrated Employment Services

Employment services have long been available through state IDD agencies. An estimated 19.1 percent of individuals with IDD participated in integrated employment services in 2014 (Butterworth et al., 2016). While there was steady growth in participation in integrated employment through the 1990s, the number participating in integrated employment has remained largely unchanged since 2001, and the percent of individuals supported in integrated employment has decreased from a peak of 24.6% in 2001 (Butterworth et al., 2016). Of pressing concern are data suggesting that the focus of service provision has, in many states, shifted away from employment and job supports to non-work services that do not assist participants in accessing a productive career path and meaningful work in the community (Butterworth et al., 2016). A recent survey of community rehabilitation providers suggests that between 2002–2003 and 2014, participation in non-work services grew from 33% to 45.8% for individuals with IDD (Butterworth et al., 2015).

The Status of Employment First Initiatives

The focus on improving the numbers of individuals with IDD working in integrated jobs in the community as a priority goal has varied over time and across states. Currently, more and more state IDD agencies are exploring, legislating, or implementing employment policies. As of November 2016, 33 states have a formal Employment First policy based on legislation, an agency policy directive, or a governor’s executive order (Hoff, 2016).

The Federal Landscape

At the national advocacy level, the Association of People Supporting Employment First (APSE), Self-Advocates Becoming Empowered, and the National Association of State Directors of Developmental Disabilities Services have

issued policy statements emphasizing the importance of integrated employment, as has the Office of Disability Employment Policy at the U.S. Department of Labor (2015). The Centers for Medicare and Medicaid Services (2011) released guidance to the field clarifying their commitment to individual integrated employment as an outcome of employment-related services under the home and community-based services waiver program. The CMS information bulletin “1915(c) Waiver Technical Guidance Revisions” 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. 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).

Many states have been called upon to address violations of the Americans with Disabilities Act (ADA) as they relate to access to employment. In Oregon, the U.S. Department of Justice (DOJ) settled with the state to resolve a complaint impacting approximately 7,000 Oregonians with IDD who want to work in typical employment settings in the community. The DOJ has also entered a settlement agreement with the state of Rhode Island and the city of Providence to resolve violations of the ADA for approximately 3,250 Rhode Islanders with IDD. This agreement addresses the rights of people with disabilities to receive state- and city-funded employment and daytime services in the broader community, rather than in segregated sheltered workshops and facility-based day programs (DOJ, 2014). In addition, the DOJ has extended the *Olmstead vs. L.C.* decision related to the unnecessary segregation of people with disabilities in segregated employment settings in several states (DOJ, 2014).

In July 2014, the Workforce Innovation and Opportunity Act (WIOA) was passed, which requires partnership between state and local employment and training programs for greater availability of funding and performance oversight in supporting increased competitive employment for all Americans with disabilities. 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 optimum outcome. The legislation dramatically expands the role of state vocational rehabilitation (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 subminimum wage under Section 511. The new section requires as of July 2016 a series of steps before an individual under the age of 24 can be placed in a job paying less than minimum wage. It also prohibits schools from contracting with subminimum wage providers, and requires that all subminimum wage recipients receive annual employment counseling from the designated state unit, typically the state VR agency. As states implement WIOA regulations by funding expanded employment efforts, an understanding of the achievements of states with similar policy backgrounds may facilitate interagency partnership and the resolution of other challenges.

Methods

The sample used for this report consisted of the 17 states whose efforts to either develop an Employment First policy or implement an existing one had been studied by ICI since 2011. Information about these states was collected from data sets maintained by ICI, and analyzed to establish each state’s policy development timeline and present employment outcomes. ICI collects data on employment services and funding annually from state IDD agencies, and maintains and analyzes data from the Rehabilitation Services Administration, Social Security Administration, U.S. Census including the American Community Survey, U.S. Department of Labor, and Center for Mental Health Services Uniform Reporting System. This quantitative data affords an understanding of the effectiveness of states’ employment

strategies. The longitudinal nature of the data enables assessment of trends in integrated employment outcomes, and cross-referencing of certain data points with the implementation of Employment First policies and initiatives across states from 2011 to the present time.

Using a purposive sampling strategy, qualitative data was collected to construct profiles of a subset of seven states: Connecticut (CT), Delaware (DE), Kansas (KS), Minnesota (MN), Missouri (MO), Tennessee (TN), and Washington (WA). These states were selected because they represent a wide range of implementation strategies, not necessarily because they were currently experiencing high rates of integrated employment. A research team member updated the state profiles by conducting web research and document review, and by requesting that stakeholders in each state review and edit the profile of their state. Stakeholders included state agency staff members and members of state Employment First groups when available. All feedback was provided in written form, and respondents had the option to comment further over the phone or via email.

These profiles highlighted the states' efforts in each of the key elements set forth in the Higher-Performing States Model, described above. The information from each profile was then reformulated by the research team into a matrix to compare the states' efforts according to each of these elements. The findings from the comparison matrix form the basis for the cross-state findings (below).

Findings

The following section explores similarities and differences across the seven states (CT, DE, KS, MN, MO, TN, and WA) according to the data sets, integrated with findings from a review of the profiles of the seven states updated by ICI and state contacts.

States' approach to Employment First varies from formal to grassroots.

A formal, top-down approach means that government agencies take the initiative to implement policy. Grassroots states take a more bottom-up approach, with efforts beginning at the community level. The majority of states studied have implemented Employment First policies using formal approaches, including Connecticut, Delaware, Missouri, and Washington. Minnesota can trace implementation to grassroots efforts, and Kansas and Tennessee can trace implementation to a combined grassroots and formal approach. With the exception of Tennessee in 2003 and Washington in 2006, these states adopted their Employment First policies within the last six years.

States have similar definitions for their Employment First policies.

Connecticut, Delaware, Missouri, and Washington, the states with formal policies, all emphasize that employment in an integrated setting shall be the first service option explored for people with disabilities of working age. Washington's definition is detailed, establishing the working-age limit at 62 and stating that funds for people aged 16–62 will be spent primarily on employment support services. Connecticut also emphasizes beginning to explore employment services during individuals' early school life, and both Connecticut and Missouri include focusing employment services on career advancement beyond the initial integrated employment placement.

Kansas and Tennessee, states whose policies have both formal and grassroots elements, both define Employment First as a coordinated or unified effort by all state agencies to ensure that people with disabilities of working age are offered services with the goal of competitive employment in an integrated setting. Kansas authorizes state agencies to adopt regulations to make interagency collaboration stronger, and is unique in this group of seven states in defining "competitive employment" and "integrated setting." Competitive employment is defined as "work in the competitive

labor market that is performed on a full-time or part-time basis in an integrated setting; and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.” Kansas’s act defines an integrated setting as, “with respect to an employment outcome, a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals, other than non-disabled individuals who are providing services to those applicants or eligible individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons.”

Tennessee’s definition includes a focus on individual goals and preferences, the availability of formal and natural supports, career advancement, and job satisfaction. Minnesota, the state with the policy originating in a grassroots movement, defines Employment First as raising the expectation that everyone of working age who has a disability can work, wants to work, and can achieve successful integrated employment, and that they be offered the opportunity to work and earn a competitive wage before other services are considered.

There are also common themes in states’ definition of Employment First, regardless of the type of policy development strategy. One theme is the focus on the importance of individuals earning at least minimum wage, and preferably the prevailing wage (KS, MN, MO, and WA). Another theme is career planning and advancement, reflected in Missouri’s and Tennessee’s definitions.

The goals of the states’ policies center on different elements about expanding integrated employment for people with disabilities. The goals in Tennessee and Kansas, the two states with policies combining formal and grassroots origins, center around coordinating and tracking the efforts of state agencies and stakeholder work groups to implement policies that encourage competitive employment and remove barriers to employment. The goal of the policy for Minnesota, where a systematic grassroots effort led to a formal policy, is closing the gap in employment by facilitating dialogue and transferring more decision-making power to individuals and families around employment through consumer-driven services with individualized self-directed budgets. The goals of states with formal policies emphasize the IDD agency’s partnership with other agencies to accomplish a broad policy goal, such as moving people with IDD out of poverty and receiving support from the Office of Disability Employment Policy’s Employment First State Leadership Mentoring Program (Connecticut), setting goals through the IDD agency to require steady increases in the number of people with disabilities in competitive employment (Delaware), and establishing values-based services around the expectations that people of working age who have disabilities will work in integrated settings and earn competitive wages (MO and WA).

The type of policy within the state affects the scope of the policy. Minnesota, Kansas, and Tennessee, the states with grassroots or formal/grassroots policies, define Employment First as covering all people with disabilities. In Tennessee, where the Department for Intellectual and Developmental Disabilities (DIDD) played a strong role in policy development, integrated employment is the first option considered for people receiving services from DIDD, Medicaid, or the state. States’ formal Employment First policies emphasize the value of employment as a means of including people with IDD in their communities.

Structures for tracking and overseeing policy implementation are beginning to emerge. A few states have outlined comprehensive approaches to managing and monitoring implementation. Delaware and Washington’s IDD agencies developed and monitored monthly data collection toward a five-year goal to increase the quantity and quality of employment placements at the regional, county, and vendor level. Other states have multi-stakeholder groups that meet regularly to monitor implementation, such as Kansas’s oversight commission, TennesseeWorks in Tennessee, and work groups in Delaware. Connecticut, Minnesota, and Missouri have focused on strengthening and developing their data-sharing systems to monitor their progress.

Collaboration for Employment First

States' Employment First efforts emphasize the development and strengthening of interagency collaboration. Memoranda of understanding, development of interagency committees, collaborative funding for employment services, joint training, and data-sharing initiatives are all examples of interagency collaboration. Specific examples include:

- *Agreements:* In Connecticut, a memorandum of understanding was recently developed with the state between the state IDD agency and VR agency which requires joint training and data sharing between the two agencies.
- *Initiatives:* Delaware's Early Start to Supported Employment program, a collaboration between the state IDD agency, education agency, and VR agency, was started to smooth the transition to employment for students leaving high school. End-Dependence Kansas, a collaboration between the state departments of children and families, health and environment, commerce, corrections, and aging and disability services, was begun to streamline data on consumers receiving services from multiple agencies and measure the impact of employment on service recipients' earnings. In Washington, the Jobs by 21 project, conducted between 2008 and 2010, brought together county-level IDD agency offices, school directors, VR, employers, service providers, people with IDD, and families to increase job opportunities for students leaving high school. By 2009, although participants worked a similar number of hours to nonparticipants, they earned more than nonparticipants and were more likely to be employed before or right after graduation.
- *Committees:* In Minnesota, the Interagency Employment Panel was established by the Olmstead Subcabinet, and includes representatives from the state departments of employment and economic development, human services, and education. The panel increased funds for programs serving people with disabilities in integrated employment, and consults stakeholder advisory groups that include people with disabilities. Missouri's IDD agency convened an ad hoc committee with representatives of contracted employment service providers, case management entities, VR, and DDD. This committee developed recommendations on new services, service definitions, expected outcomes, and training requirements for employment service providers.
- Collaboration between state agencies and other stakeholders was also emphasized in several states. In Delaware, cooperation between residential day programs and families has been prioritized. Minnesota's Employment 1st Coalition is a loose affiliation of members in positions of influence all over the state who are on the statewide workforce investment board, developmental disabilities council, and rehabilitation council. Members also come from local nonprofit agencies, such as the ARC MN. Missouri's IDD agency has built a partnership with businesses through the creation of the Missouri Business Alliance, coordinated by the president of AIM, Missouri's network of business trade organizations. The Statewide Tennessee Employment Consortium (STEC) includes representatives from the IDD agency, the Tennessee Council on Developmental Disabilities, the ARC of Tennessee, the Center on Disability and Employment at the University of Tennessee, community rehabilitation providers, family members, and other stakeholders. In 2013, the structure of STEC was changed to focus on giving community rehabilitation providers, independent support coordination agencies, and other stakeholders the resources needed to continue increasing competitive integrated employment for Tennesseans with disabilities.

Funding to Support Employment First

Funding Employment First efforts has meant examining priorities and redirecting funds:

- Delaware is currently working on service definitions and their funding structure.
- In Kansas, each state agency that serves people with disabilities must reassess how it allocates service dollars to comply with the policy. This probably means that the state Medicaid agency will need to realign its payment system to support greater integrated employment outcomes for individuals on the Medicaid waiver.

Other states mentioned changing rate structures to encourage providers to focus on competitive integrated employment:

- Connecticut: In 2012, a work group implemented a rate structure they had designed to encourage competitive employment and reward providers for supporting individuals to find and maintain community employment. A payment system was developed to continue to fund the provider's infrastructure for participants who achieve stable employment. Providers received outcome payments in addition to a standard fee for service when they achieved specific outcomes.
- Tennessee: the IDD agency changed its pay rates for service providers from hourly to daily for all day services, and paid providers at a higher rate for integrated employment services. This made it easier for people with IDD to transition to integrated and longer-term employment.

Some states chose to focus on how their current funding structures support integrated employment services:

- Missouri provides funding for employment services through three home and community-based waiver services.
- Washington: Ongoing state funding for employment, county property tax funds (local property tax dollars that could be used flexibly), and additional state legislative provision dollars support students with IDD graduating from high school to enter employment.
- Minnesota: The 2015 Minnesota legislature reallocated funding for 2015–2017 to programs that serve people with disabilities in integrated settings. This included \$2 million for individual placements and employment supports; \$500,000 for extended employment services; and \$2 million for deaf and hard-of-hearing services to youth and adults. In the wake of these allocations, funding policies are being reformed to promote competitive, integrated employment. Beginning in the 2015–2016 school year, any new special education funding for vocational evaluations and/or employment placement will be used to follow and support individuals' informed choice of employment in competitive, integrated settings.

Changes to State-Level Policy and Practice

Many states' operating procedures highlighted policy changes leading to new recommendations and programs. Each state developed a multi-stakeholder group to support these changes. In states with formal policies or access to a network providing training on employment and disability, the IDD agency played a significant role in bringing together these groups. Connecticut, Delaware, and Tennessee highlighted the importance of the stakeholder groups they had created to review and redefine service delivery and to encourage agencies to share the responsibility of implementing Employment First.

- Connecticut's Employment Steering Committee has been part of the development of career assessment activities (including face-to-face interviews and observations) that the IDD agency funds to determine individuals' employment support needs. Connecticut also assigned existing staff to newly created regional positions that are focused on self-determination and employment. These coordinators provide training and technical assistance to IDD agency and provider agency staff on self-determination regarding employment, and help self-advocates with disabilities coordinate their efforts to expand employment opportunities. The IDD agency has also been purchasing services through the VR agency to provide benefits counseling to people with IDD who are not receiving services from the VR agency. Having developed a tool that tracks monthly referrals for these services, the IDD agency has decided to continue funding them.
- Delaware's IDD agency established a policy instructing service providers to include a plan for community employment in the individual service plans for people in day habilitation programs. The agency also instructed service providers to assess people with IDD in day habilitation programs for community employment every three years. The IDD agency continues to collaborate with the state education and VR agencies to serve transition-age students through the Early Start to Supported Employment program. The IDD agency, the other agencies serving people with disabilities, and the Division of Medicaid and Medical Assistance, all under the Delaware Department of Health and Social Services, are collaborating to offer the Pathways to

Employment waiver. Transition-age youth, including youth with IDD who are enrolled in Medicaid, receive comprehensive services to find and maintain community employment.

- Tennessee joined the Employment First State Leadership Mentoring Program and established an Employment First task force to make recommendations and policy changes. The state's IDD agency revised their service provider manual to reflect employment as a priority area in all individual service plans. The task force also made policy changes to Medicaid's funding of services to give greater support for employment, and drafted a cross-agency memorandum of understanding to expand competitive employment opportunities for transition-age youth. Additionally, the task force supported mental health agencies to use the individual placement and support model of evidence-based practices that increase community employment.

Missouri and Washington highlighted policy changes they had made to give stronger support to employment:

- Missouri joined the State Employment Leadership Network, and established its own state-level network to drive Employment First policy implementation. As of 2014, new individual service plans address employment and career readiness for people ages 14–64, rather than waiting until age 16 to begin addressing employment.
- Washington: Beginning in the 1980's values-based training on employment has been widely available. In 1992 the employment as a civil right was formalized through the development of the County Guidelines. The guidelines form the basis of the contractual relationship between the state IDD agency, county administrative agencies, and service providers.

Kansas and Minnesota, both states with policies that have grassroots elements, also highlighted the need for policy change and oversight:

- Kansas's Employment First policy included the requirement that the state establish an employment oversight commission to track policy implementation by public agencies.
- Minnesota's APSE chapter has been a catalyst for more systemic state agency level changes. The state chapter met shortly after their adoption of Employment First and wrote a list of strategic goals and action steps to implement the policy. Goals included: Support Olmstead and Employment First implementation; increase board diversity; promote positive messaging about employment; increase MN APSE visibility and host collaborative events.

Innovative Strategies to Implement Employment First

Service innovations for Employment First have included education initiatives, pilot programs, trainings, conferences, and workshops. These methods have helped to train and prepare staff to meet the needs of individuals seeking employment and transition services, and have educated families and individuals about community employment.

- Connecticut offered resources to support both organizational change and employment staff development to strengthen the implementation of Employment First. Infrastructure development funds were awarded to six agencies to help enhance the employment services they deliver.
- Delaware: In 2014, a subcommittee of the Day Provider Committee drafted a new Individualized Day Habilitation Service: Community Participation. At the time this data was collected, Delaware's IDD agency was preparing to submit this draft definition and service guidelines to the Center for Medicare and Medicaid Services (CMS) as part of a waiver amendment package. The IDD agency also began revising quality standards for day services, with a much stronger focus on outcomes versus other factors, and incorporating elements from the CMS Community Rule.
- Kansas: The Great Expectations Initiative was a two-year pilot program to increase the competitive integrated employment of individuals with significant intellectual disabilities. At the end of the two years, 192 people applied to participate in the program. Kansas developed the Family Employment Awareness Trainings (FEAT) using funds from a state Medicaid infrastructure grant from 2010 to 2012. The state has held these

trainings through the Parent Training and Information Center (Families Together, Inc.), a statewide nonprofit agency that receives funds from the Kansas departments of education and health and human services to educate families about employment. The purpose of FEAT is to raise expectations for integrated competitive employment, and to increase knowledge of resources (state and national) available to support employment for people with disabilities. The training not only educates families about employment, also helps create demand for employment services across the state.

- In Minnesota, stakeholders through their state APSE chapter have engaged in a number of efforts to educate families and individuals about community employment. These efforts have included workshops with presentations by individuals about their community employment successes. Advocates have also written articles and given local-level presentations that explain how Employment First affects individuals' options, and to dispel myths about policy implementation. The state publication "Olmstead Plan: Work and Benefits Family Outreach Plan" includes a tool called Disability Benefits 101 (<https://www.db101.org>) to estimate the effects of earnings on disability benefits. Originally developed by the World Institute on Disability (WID), this tool was designed specifically for Minnesota through WID in collaboration with the state's departments of employment and economic development, human services, and education. Through Disability Benefits 101, over 1,000 youth with disabilities received benefit summaries and disability benefits estimator sessions with counseling regarding their integrated employment choices.
- Missouri's IDD and VR agencies and the state Office of Special Education collaborated on the development of the Transition Capacity-Building Institute, a three-day summit to improve transition education and services.
- Tennessee: The TennesseeWorks partnership and the Employment First Task Force led to wider adoption of best practices and newer employment models. The Council on Developmental Disabilities partnered with VR to support expansion of the Project SEARCH program for transition-age individuals with IDD. Another strategy for transition-age youth has been the occupational diploma, created by the Department of Education to increase the work experience, skills, and knowledge of individuals with IDD to help them become more employable.
- Washington: The Community Summit has allowed for all levels of agency staff, from front-line day and employment staff to administrators, to learn about innovations in the field. Other current projects include the iPad Learning program to train individuals with IDD to use the iPad as an employment support; the Roads to Community Living Autism cohort, through which individuals participate in a demonstration project for people with complex long-term support needs to live in the community; the Employment Professional certificate program through Highline Community College; and a variety of school-to-Work transition projects throughout the state.

Performance Management and Quality Assurance

States are developing systems to monitor and evaluate their performance related to Employment First. In some states, the IDD agency is developing its own data-tracking system:

- Connecticut: The IDD agency is developing an integrated employment data system to review employment and day services throughout the state, data on outcomes and wages, and input and outcomes related to people referred from VR.
- Delaware's Employment First Commission will provide oversight to guide implementation of the law. The IDD agency is also developing a new electronic case record, which will help create a data-collection structure for employment.
- Missouri's IDD agency, VR agency, and Department of Labor have a memorandum of understanding that aids in sharing employment outcome data. Data is also collected through individual service plan allocation on requests for employment services and utilization of those services to support monitoring of the implementation of Employment First. Processes are in place to ensure compliance with directives that support the IDD agency's employment efforts, including the requirement that employment be in service

plans for individuals ages 14 to 64. As of 2014, the Missouri IDD agency developed new performance measurement reports and data collection practices to assist with the analysis of service utilization, efficiencies in employment service delivery, effectiveness of services, and amount of technical assistance provided.

- Washington: Since the early 1980s, the state has collected and tracked wage and hour information for individuals on a monthly basis. Data collection is included in the provider billing process, and must be submitted for a provider to receive payment. Early on in the development of the state's integrated employment system, the IDD agency developed measurable monthly goals to increase the quantity and quality of employment placements. Data was collected on individual employment outcomes, and used to assess whether monthly goals were met at the regional, county, and vendor levels. Washington collects monthly data online on employment outcomes, wages, hours, benefits, places of work, etc., and has collaborated with the State Employment Leadership Network to make the data available across the state. While continuing to improve its comprehensive data system to measure progress, benchmark performance, and document outcomes, the IDD agency is also working with the Institute for Community Inclusion on a data study that investigates agency expenditures on employment supports.

Kansas and Tennessee both took steps to improve interagency data sharing, and Minnesota has a plan to share data to increase the number of people moving into integrated employment settings.

- Kansas's Employment First policy requires all state agencies to share data and information across systems whenever possible to track progress toward full implementation. The oversight committee is working to develop and implement this requirement. Their 2014 Employment First report was the basis for the Kansas Council on Developmental Disabilities to fund an employment systems change grant. Deliverables of the grant include engaging stakeholders to develop a roadmap leading to better employment outcomes, creating an employment supports library, and building a simple-to-use system that redirects existing resources to community employment.
- Tennessee: In 2013, the Employment First Task Force expanded the Tennessee Longitudinal Data Collection System to include the state IDD and human services (VR) agencies, as well as the Department of Children's Services, to facilitate interagency cooperation and data-sharing. Beginning in 2014, the Employment First Task Force developed a strategic plan to sustain their efforts at continued implementation of the Employment First policy, including a focus on common metrics and data-sharing. The task force has created a dashboard administered by the Vanderbilt Kennedy Center to monitor their efforts through the sharing of state and national Employment First data.
- Minnesota's interagency employment panel completed a report that identified settings that primarily provide segregated employment. The Department of Employment and Economic Development initiated changes in the state rule governing the Extended Employment program. These changes cap non-integrated and subminimum wage subprograms, and define procedures that shift funding to integrated competitive employment. While carrying out the goals developed from this analysis, the Minnesota Department of Human Services developed a data dashboard: <http://rtc.umn.edu/waiver/>

The data system is compatible with the system used by the state vocational rehabilitation agency and includes:

- » Employment Type/Work Setting (Facility-based, Crew, Competitive Employment, Self-employed);
- » Hourly Wage;
- » Number hours worked per week;
- » Benefits provided (health care, dental, etc.);
- » Employer of record (Provider or employer);
- » Number of people currently in segregated settings who do not oppose moving into Competitive Employment;
- » specific information on subpopulations; and
- » Individual level identifying information to track outcomes over time.

Capacity-Building for Employment First

States' efforts to provide training and technical assistance include training staff to guide individuals through the competitive employment process, and educating individuals and families about Employment First and competitive employment. States often applied for and used comprehensive employment Medicaid Infrastructure Grant funds, either to develop a training program or to allow people to participate in an existing one. Table 2 summarizes capacity-building efforts related to Employment First.

Table 2: Capacity-building efforts reported by states

Effort type	States reporting on effort
Training and technical assistance	DE, KS, MN, MO, WA
Conferences	CT, DE, MO
Staff development	CT, MO, TN
Resource development	CT, MN
Self-advocacy	CT
Peer advocates	CT

- Connecticut used multiple strategies including:
 - » Staff development: One-time state level allocation was offered to providers to send staff to trainings, and this funding included support for substitute staff and cost of training. Infrastructure development funds were recently awarded to enhance employment services from six agencies.
 - » Resource development: ConnectAbility Medicaid Infrastructure Grant funds were used to develop a variety of employment materials while the project was active. DDS developed a website where these and other employment resources can be found. The IDD agency also worked with People First of Connecticut to develop Employment Idol, a video highlighting the experiences of people in competitive integrated employment.
 - » Self-advocacy: The IDD agency is involved in the Youth Leadership Forum, which provides training on self-advocacy and leadership skills to youth with IDD.
 - » Peer advocates: The IDD agency supports ten self-advocacy coordinators, peer advocates working regionally with employment staff at state agencies and service providers to promote employment.
 - » Conferences: The IDD, VR, and education agencies partnered on three employment conferences from 2013 to 2015, with a total of 600 participants. The IDD agency also supports an annual self-advocacy training conference.
- Delaware's efforts include:
 - » Training and technical assistance: During 2013, the state education agency entered into agreements with the National Secondary Transition Technical Center (NSTTAC) and the National Post School Outcomes Center (NPSO). A primary focus is to strengthen the collaborations between the Early Start to Supported Employment (ESSE) program and the 19 Local Education Agencies (LEAs) in Delaware. Ten of the LEAs are participating in a pilot program established by the Department of Education (DOE), with technical assistance from NSTTAC and NPSO.
 - » Conferences: In May 2013, the DOE pulled together a team, including IDD agency day and transition staff, to attend the NSTTAC Annual Capacity-Building Institute.

- Kansas’s state activity has focused on providing technical assistance:
 - » Kansas VR funded the Great Expectations Employment Initiative in 2011. Working with 12 employment providers in two areas of the state, the project looked at what interventions were needed at the individual, provider, and systems–funding levels to improve integrated employment outcomes. The goal was to collect data on the challenges to employment at all three levels, and to use the data to make systematic changes to the service system.
- Minnesota’s capacity-building efforts made use of:
 - » Resource development: The state used MIG funds in 2009 to develop the Minnesota Employment Training and Technical Assistance Support Center to provide statewide training and technical assistance, and to educate leadership on disability and employment policy. The project also supported local community action teams to engage in cross-stakeholder collaborative planning to support individuals with disabilities to become employed.
 - » Technical assistance: The Employment First Coalition supported state-funded grants that include communities of practice, which offer training and technical assistance to state agencies. In collaboration with the state’s departments of employment and economic development, human services, and education, along with individuals from the Employment First Coalition, technical assistance and training was provided to 12 local education agencies through the Employment Community of Practice during the 2014–2015 school year.
- Missouri has provided training and technical assistance through:
 - » Conferences: In March 2012, an IDD agency-sponsored conference with an employment strand drew more than 300 participants. In 2014, the IDD agency, VR agency, and state office of special education collaborated on the development of the Transition Capacity-Building Institute, a three-day summit to improve transition education and services. The event engaged special education directors and teachers, general education administrators, teachers, counselors, and staff from the local VR and IDD agencies. The summit focused on continuous improvement models used to support strategic planning at the school or district level. Participants learned how to review data, highlight strengths and needs, and develop a plan to provide quality transition services.
 - » Training and technical assistance: In 2014 and 2015, the IDD agency conducted statewide training on service definitions, best practices in supported employment services, the impact of the home and community-based settings rule on employment, and national trends related to DOJ enforcement efforts of ADA and Olmstead. The state IDD agency, with assistance from the State Employment Leadership Network, set requirements for mandatory training for vendor agencies providing employment services. Employment coordinators now provide training and technical assistance on topics such as employment policy, service plan guidelines, and career planning.
 - » Training and technical assistance: Missouri developed new individualized support plan guidelines mandating that employment/career readiness be addressed for individuals from 14–64 years of age, with statewide training to support those efforts.
 - » Training and technical assistance: The Show-Me-Careers project, which targets youth ages 16 to 30, is part of the Administration on Intellectual and Developmental Disabilities Partnerships in Employment grant, and was funded from 2011 to 2016. Show-Me-Careers developed a framework to identify, expand, and share effective school-to-work practices and guide local consortium efforts. The framework is also used to review and identify funding, policy, and other changes to expand these practices on a community and statewide basis. Eight Missouri pilot communities have tested ideas to improve the transition from school to adult

life. Pilot communities tailored plans to their local needs and resources. Each community pilot site has begun activities around the guiding principles of the Partnerships in Employment framework.

- » Staff development: The Missouri IDD agency and key partners such as the Show-Me-Careers project have invested in increasing the competency of employment specialists by offering free access to the web-based College of Employment Services (CES) training. Two certified benefits management specialists were trained through collaboration with the Region VII Technical Assistance and Continuing Education Center. All Employment First specialists in the state have completed the CES training, and a quality enhancement process is in place to track compliance and ensure additional training in areas of challenge.
- Tennessee has focused on:
 - » Staff development: The state IDD agency requires training on job development, job coaching, implementation of supports, customized employment, and discovery for community rehabilitation provider (CRP) staff who provide employment supports. Office of Disability Employment Policy subject-matter experts and consultants from Marc Gold and Associates have trained CRPs since 2013. Regional employment and day service coordinators are also available to assist day service providers with billing, documentation, and customized employment, and with the process of discovery.
- Washington's capacity-building efforts have been long-term:
 - » Training and technical assistance: The Washington Initiative on Supported Employment (WISE) manages state efforts and includes a wide range of training, technical assistance, and capacity building. Strong investment in employment-related training and technical assistance has been in place for over 25 years. WISE brokers most of the training and technical assistance in Washington, including direct training opportunities at Highline Community College and the Community Summit, and other online opportunities: <http://gowise.org/what-we-do/washington-state-training-and-technical-assistance/>

Outreach to Stakeholders

All states have depended upon stakeholders across their state employment system to strengthen interagency collaboration, influence changes in procedures, develop and participate in trainings, redefine services, and oversee implementation efforts. Stakeholders initiated the development of Minnesota's grassroots Employment First policy, and advocacy organizations in Kansas and Tennessee used position papers to advocate for their IDD agencies' efforts to develop and adopt an Employment First policy. Delaware and Washington engaged stakeholders before their formal policies were implemented. Washington engaged stakeholders to develop county-level support and implementation strategies, and Delaware held meetings to explain the impending policy change to people with disabilities, service providers, and employers and to build support. By the time Employment First was implemented, each state had a steering committee or work group that met regularly to monitor progress.

Since adopting Employment First, states have been engaging stakeholders in a variety of ways. Some of the approaches include the development of state Employment First websites giving stakeholders access to training and resources; peer mentoring programs in Connecticut and Tennessee; outreach to employers through business leadership networks and conferences in Delaware, Kansas, and Missouri; training opportunities offered to people with IDD and service providers through grants such as the Disability Employment Initiative in Kansas and the Show-Me-Careers project in Missouri; and community conversations to prioritize employment over day services and discover the needs of families and employers in Tennessee. The importance of systems-change grants has served as a catalyst to support stakeholder engagement.

Discussion

Together, state Employment First policies show the national shift toward community employment for people with disabilities, framed by the expectation that people of working age should be expected to work, and that given the right supports, people with disabilities can contribute economically. However, Employment First efforts have been implemented within the unique context of each state. Additionally, the way in which Employment First efforts have developed predicts very little about the outcome. For instance, the origin of a state's Employment First effort as grassroots or government-based (formal) did not influence how that state defined Employment First, whether it considered employment the first service option to be explored for individuals of working age, or to what extent individuals would be supported to explore integrated employment options. Nonetheless, states commonly view Employment First as raising expectations for employment in the community, committing to improvement in access to integrated employment and prioritizing integrated employment in the array of services for working-age individuals.

This in-depth look at seven states gives no evidence that states with older Employment First policies have had more employment success. It also does not indicate that states with one type of policy will be more successful than states with another type. Rather, it indicates the importance of strong leadership and support. In the case of a state with a grassroots policy, the adoption of Employment First was made easier through the careful planning that focused on including stakeholder perspective and engagement during the creation of the policy. States where the IDD agency initiated movement toward Employment First also benefited when agencies entered into partnerships, shared data easily, and created the infrastructure and engagement to support policy changes.

Policies that are both formal and grassroots would seem to be ideal, given the early buy-in from all constituencies. However, Kansas and Tennessee's policies are more broadly defined as compared to the other states profiled. Minnesota's highlight steps being taken to improve data-sharing. There is likely to be a greater need in these cases for agency administrators and stakeholders to maintain good communication to ensure a shared understanding of how Employment First is defined and what goals are to be achieved.

Interagency collaboration patterns did emerge based on the origin of the policy. In Connecticut, Delaware, Missouri, and Washington, where the IDD agency was a key player from the beginning, the IDD agency recognized almost immediately that a collaboration with key partners such as their state's departments of education, mental health, and VR was critical. States with more grassroots Employment First efforts developed more local-level collaborations and more quickly enlisted a diverse array of private-sector partners such as employer organizations or community rehabilitation providers. However, the collaborations eventually became more similar, as each state recognized that a number of key players have important roles in bringing about increased community employment outcomes.

The reprioritization of funds toward implementing a policy is a particularly concrete, powerful way to support its implementation. Our findings bear out a connection between systematic reprioritization or legislative appropriation of funds and significant progress in implementation of Employment First. The states profiled here differ in the availability of funds for employment first implementation, which may limit their overall ability to implement.

There also appears to be a stronger focus on building the capacity of staff in states where the IDD agency and other government-level partners initiated the Employment First policy, while the grassroots-policy states' efforts emphasize educating individuals and families to advocate for service innovation. States were more uniform in areas such as developing data-collection systems to monitor their performance. This process was overseen by the IDD agency in states where Employment First originated as a legislative effort. States also showed similarities in how they changed

their operating procedures to align services with Employment First implementation, especially in the area of transition from school to employment, with a strong focus on providing community work experiences and planning for careers.

Outreach to a broad range of stakeholders has been important from the beginning in states with grassroots-level policies, and has increased the momentum of implementation in states with formal policies. All the states have recognized that individuals, families, service providers, the business community, government agencies, and the legislature must understand how they benefit from Employment First implementation. However, only a few states appear to be making use of innovative outreach strategies such as peer trainings, community conversations between stakeholder groups, and engaging business leadership networks. Further study of states where these strategies are in place may clarify ways in which these strategies are useful to Employment First implementation.

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