

StateData: The National Report on Employment Services and Outcomes Through 2017

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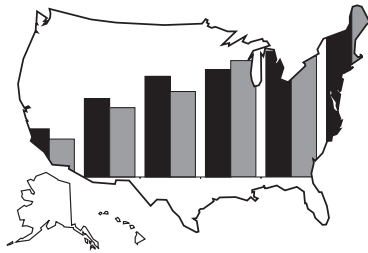
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EXECUTIVE SUMMARY

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 adoption of Employment First policy at the state level, 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 2017 American Community Survey estimates that 36.3% of working-age adults with disabilities are employed, compared with 74.8% of people without disabilities (Winsor et al., 2019). Labor force statistics for 2018 estimate that 30.4% of people with disabilities ages 16 to 64 are employed, compared with 74% without disabilities. When people with disabilities are employed they are more likely to work part time (31%) compared to people without disabilities (17%) (Bureau of Labor Statistics, 2019).

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 2016–2017, only 20% of working-age adults supported by state IDD agencies were employed in a paid job in the community, and only 15% worked in individual competitive integrated jobs (National Core Indicators, 2018).

A survey of 190 U.S. community rehabilitation providers reported that only 17.5% of 33,874 adults with IDD served in FY2014–2015 worked for pay in individual jobs with either time-limited or ongoing supports (Domin & Butterworth, 2016). Those who are employed typically work limited hours with low wages (National Core Indicators, 2017). At the same time, participation in facility-based and non-work services has grown, suggesting that employment services remain an add-on rather than a systemic change (Winsor et al., 2019; Nord et al., 2016; Mank, 2003; Domin & Butterworth, 2012).

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

This report is divided into two sections:

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

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

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

data sources, 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 20.3% in FY2017, while investment in non-work services continues to expand. FY2017 data do suggest slight growth in the number of people in integrated employment services over the last five years. Several states reported an increase of more than 500 individuals in integrated employment services over that period.

In the VR system, the rehabilitation rate, defined as the percent of people who entered employment out of those who completed an individual plan for employment (IPE), was 47% in program year 2017 for people with intellectual disabilities. For 2017, 33% of VR closures with intellectual disabilities exited with a job within one year of when they applied for services. This is down from a peak of 36% of closures in 2008.

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

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

Data for FY2017 highlight the economic and employment disparities for individuals with IDD. While some data suggest progress, overall data demonstrate the continuing need to strengthen policies, practices, and initiatives that prioritize employment. The shift towards Employment First policies and actions to implement federal policy from the Centers for Medicare and Medicaid Services, WIOA, and the Department of Justice can make an important contribution to raising expectations, improving outcomes, and increasing self-sufficiency for individuals with IDD in every state.

INTRODUCTION

DISPARITIES IN EMPLOYMENT

Significant disparities exist in the employment of people with and without disabilities. The 2017 American Community Survey (ACS) indicates that the employment rate for working-age adults without disabilities (74.8%) is more than twice the rate for working-age adults with disabilities (36.3%) (Winsor et al., 2019). Labor force statistics for 2018 estimate that 30.4% of people with disabilities ages 16 to 64 are employed, compared with 74% without disabilities. When people with disabilities are employed, they are more likely to work part time (31%), compared to people without disabilities (17%) (Bureau of Labor Statistics, 2019). 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; Schur 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 2016–2017, only 20% of working-age adults supported by state IDD agencies were employed in a paid job in the community, and only 15% were employed in an individual integrated job (National Core Indicators, 2018). A survey of 190 U.S. community rehabilitation providers (CRPs) reported that only 17.5% of 33,874 adults with IDD served in FY 2014–2015 worked for pay in individual jobs with either time-limited or ongoing supports (Domin & Butterworth, 2016).

For individuals with IDD who do obtain employment, data consistently show that the majority work part-time in entry-level positions, have low income, and have limited access to employee benefits. People in individual supported jobs included in NCI data worked an average of 13 hours per week, and earned \$117 per week (National Core Indicators, 2018).

Despite these low rates of labor force participation and limited outcomes when employed, individuals with IDD clearly express a desire to fully participate in the typical labor force, and an increasing expectation for competitive employment as an outcome of formal education (Barrows et al., 2016; Self-Advocates Becoming Empowered, Green Mountain Self-Advocates, & ThinkWork! at the Institute for Community Inclusion at UMass Boston, 2018). Research documents the desire of individuals with IDD to be employed in the community (Migliore et al., 2007; Timmons et al., 2011; Nonnemacher & Bambara, 2011; Walker, 2011). However, data from the NCI found that while 48% of people who are not working want a job in the community, only 40% of those who wanted a job had this goal documented in their service plan (National Core Indicators, 2018).

Although individual desires for employment have not been met, there is some evidence of progress in the delivery of employment services. In FY 2017, Connecticut, Massachusetts, Mississippi, New Hampshire, Oklahoma, Oregon, Rhode Island, and Washington reported that at least 40% of individuals with IDD receiving day and employment services were receiving integrated employment services (employment supports that are intended to directly result in paid integrated employment, and services to maintain integrated employment¹). Surveys of CRPs conducted by the Institute for Community Inclusion (ICI) in 2002–2003, 2010–2011, and 2014–2015 suggest there has been a shift in the employment services CRPs deliver to individuals with IDD from facility-based to integrated settings. In the 2002–2003 survey, 18% of individuals received employment services in integrated settings, compared to 28% in the 2010–2011 survey and 38% in the 2014–2015 survey (Domin & Butterworth, 2016). There are several caveats, however:

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

EMPLOYMENT SERVICES AND SUPPORTS

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

¹ Integrated employment services include both (a) job development services (including discovery and career planning as part of a job development process) that are intended to directly result in paid integrated employment and (b) services to maintain paid integrated employment (including job training, job coaching (both individual and group), ongoing supports, and services for self-employment).

STATE IDD AGENCIES.

State IDD agencies are the primary source of long-term funding and service coordination for adults with IDD. They provide, fund, and monitor a wide range of day and employment services, including employment supports, facility-based options (prevocational services often based in sheltered-workshops and non-work day habilitation programs), community integration services, and self-directed options.

Funding for state IDD agency day and employment services comes from two main sources: Medicaid and state general revenue funds. Medicaid services are jointly funded by states and the federal government. Most long-term day and employment supports are administered by state IDD agencies and delivered by community-based providers under contract.

STATE VOCATIONAL REHABILITATION AGENCIES.

State VR agencies provide services to over one million people annually, closing approximately 550,000 case records per year. In 2017, a program year that only included 9 months, a total of 38,642 people with an intellectual disability² exited the VR program³ (Winsor et al., 2019), representing 9.2% of all closures.

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

Secondary data analysis of the RSA-911 dataset found that it often takes a long time for job seekers with intellectual disabilities to go through the steps from application for VR services to determination of eligibility, completion of an Individualized Plan for Employment (IPE), and closure into integrated employment (Migliore, Nwangwu, & Butterworth, 2016). Furthermore, a large proportion of individuals who exit VR without employment were reported as either having lost interest in receiving services (29%), or unable to be located by VR staff (17%). These two reasons combined represented 46% of the total number of case closures of adults with intellectual disabilities in 2014, nationally (Migliore & Landa, 2017). Interviews by Eckstein et al. (2017) with VR applicants found that the one of the most common barriers to employment cited by applicants was health issues, particularly related to unpredictability of symptoms, pain, and lack of physical energy and adequate time.

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

COMMUNITY REHABILITATION PROVIDERS (CRPS).

CRPs and their staff are the primary source of day and employment supports for people with IDD. The ICI estimates that between 5,000 and 6,000 CRPs nationwide offer vocational services to individuals with disabilities (Haines, Domin, & Butterworth, 2013). Most (over 80%) of those served in employment and day services are people with IDD, with the majority supported in facility-based and non-work services (Domin & Butterworth, 2016).

Over two thirds of CRPs provide both work and non-work services (Domin & Butterworth, 2013). Under federal policy, including WIOA and the HCBS Settings Rule, and state Employment First initiatives, CRPs are under increasing pressure to shift from providing facility-based work and non-work services to a focus on competitive integrated employment and community life engagement. ICI's Rehabilitation Research and Training Center (RRTC) on Advancing Employment

²Individuals with a primary or secondary impairment code of intellectual disability in the RSA 911.

³RSA program year 2017 data are based on a 9 month data collection time period, October 1, 2016 through June 30, 2017. Prior to 2017 RSA reported data for October 1st through September 30th. The program year for RSA data beginning in 2018 is July 1st through June 30th.

for People with IDD worked with a Delphi panel to identify ten elements critical to the transformation to competitive integrated employment, ranked in order of importance (Timmons & Lyons, 2016). The three most important include the establishment of clear and consistent goals; the development of an agency culture that values inclusion; and maintaining an active, person-centered job placement process focused on moving individuals one person at a time into integrated employment (Lyons, Timmons, Hall, & Leblois, 2018). Interviews with providers who have completed a transformation indicated the need for key actions, including committing to the change, translating the commitment into a plan, strategic implementation, and engaging stakeholders in the transformation process (Lulinski, Timmons, & Leblois, 2017).

Sulewski et al. expanded upon the RRTC findings to focus on provider-level changes that are needed not only to reduce sheltered employment but to expand community life engagement services. Combining findings across projects to support organizational transformation in both employment and day services offers guidance for providers of day and employment services in their efforts to support competitive integrated employment and meaningful community life engagement for individuals with intellectual and developmental disabilities.

AMERICAN JOB CENTERS.

Established and supported under the Workforce Investment Act and its reauthorizations, American Job Centers (formerly called One-Stop Career Centers) provide an underused resource for individuals with IDD and other disabilities. In 2015, 484,025 individuals with disabilities registered as job seekers for Wagner Peyser-funded services through these centers (U.S. Department of Labor, Employment & Training Administration, 2016). The FY2017 RSA-911 dataset indicates that 549 individuals with IDD who closed out of state VR services in 2017 (1.4% of all VR closures with IDD) were identified as referrals from American Job Centers.

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

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

MEDICAID.

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

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

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

Friedman and Rizzolo (2017) examined Medicaid HCBS spending on supported employment for 2014 found wide variability across available supported employment services, payment rates, total and average per person spending. Over the long term the 2014 Final Rule has the potential to lead to major changes in how Medicaid HCBS funds are used for integrated employment services.

Lastly, other elements of Medicaid policy including increasing access to health care have the potential to strengthen employment outcomes. Hall et al. (2018) examined states that have implemented the Affordable Care Act Medicaid Expansion option. Studying data from 2013–2017, the authors observed an upward trend in employment for individuals with disabilities in Medicaid expansion states.

SOCIAL SECURITY.

The Social Security Administration (SSA) supports employment participation through several programs including work incentives targeted at individuals who receive Supplemental Security Income or Social Security Disability Income, the Ticket to Work program, and the Work Incentive Planning and Assistance program. 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 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 the SSA to provide or coordinate the employment supports such as career counseling, job placement, and ongoing support at no cost to beneficiaries. Assigning a Ticket to an Employment Network allows the entity to receive payments based on the job seeker's success in obtaining and maintaining a job. A Ticket may be used along with other employment support services funded with state, Medicaid, or VR resources.

Finally, the Work Incentives Planning and Assistance Program enables beneficiaries to receive free benefits counseling to help them make informed choices about work. SSA contracts with local community-based organizations that provide in-depth counseling about working, earning more money and how working may affect your benefits. Despite the SSA's initiatives, work incentives and the Ticket to Work program remain underused (Winsor et al., 2019), and workforce participation among beneficiaries remains extremely low (Domin & Timmons, 2017).

PUBLIC PRE-K-12 EDUCATION.

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

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

POSTSECONDARY EDUCATION.

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

Additionally, opportunities to pursue postsecondary education continue to expand for students with IDD. In 2019, a national directory of PSE programs enrolling students with ID reflected 266 programs in 49 states. An estimated 6,200 students with ID are enrolled in these colleges and universities and the numbers are growing every year (Think College, 2019). Emerging studies consistently show that postsecondary education improves employment outcomes for individuals with IDD (Sannicandro, 2016).

RECENT POLICY DEVELOPMENT

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

HCBS guidance in 2011 and in the 2015 1915(c) Technical Guide make it clear that individual competitive integrated 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, p.152). HCBS rules governing community settings were issued in 2014, and support “full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS” (CMS, 2014, p. 249).

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

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

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

THE RISE OF EMPLOYMENT FIRST POLICIES.

In addition to federal policy under CMS, WIOA, and the Department of Justice, Employment First has become a national initiative, with policies in 38 states (Hoff, 2019). These policy commitments take the form of executive orders, state agency policy statements, or legislation making community employment the first outcome considered for people with disabilities who receive state services. Regardless of whether an Employment First initiative is a formal effort, a grassroots effort, or a combination of the two, states use it as an opportunity to present their definition, goals, and values around employment (Bose & Winsor, 2018).

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

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

RECENT FEDERAL INVESTMENTS

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

The Administration on Intellectual and Developmental Disabilities (AIDD) has issued three rounds of multi-year system change grants (2011–2016, 2012–2017, 2016–2021) to support 14 states in cross-system collaboration to increase employment outcomes for youth and young adults with IDD. AIDD also issued grants to establish community of practice opportunities for states engaged in Employment First efforts. The U.S. Department of Labor’s Office of Disability Employment Policy has issued policy statements and developed grant opportunities and communities of practice to support implementation of Employment First in states, and provides technical assistance to 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 (U.S. Dept. of Education, 2013). PROMISE is designed to improve the education and career outcomes of low-income children with disabilities, ages 14–16, who receive Supplemental Security Income through the SSA. An interim evaluation of the program found that state policy and practice impacted the outcome of the projects (Mamun et al., 2019).

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

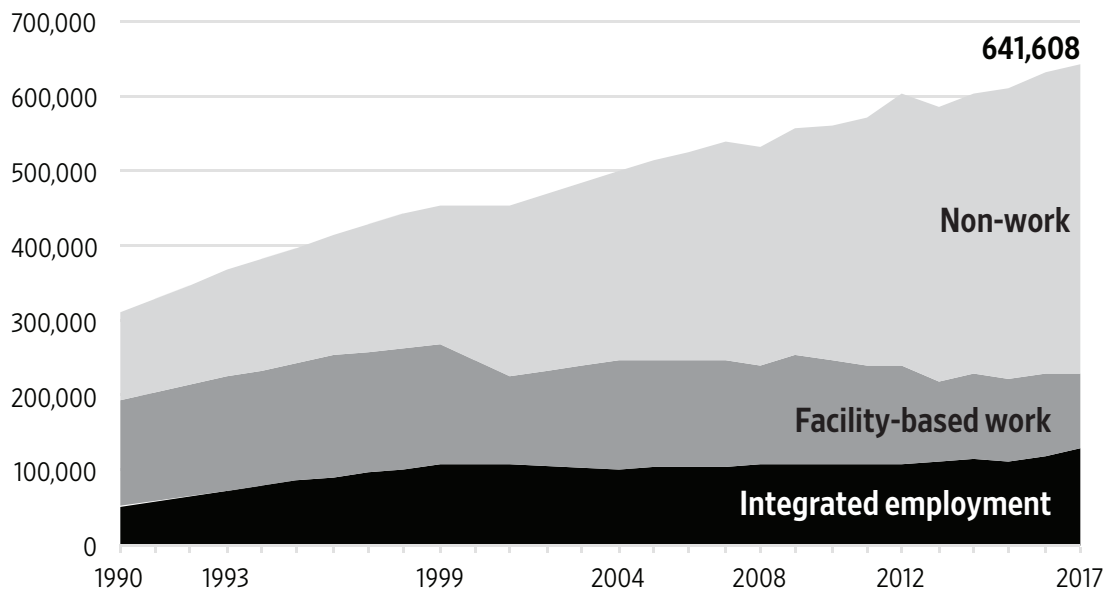
Many supports cultivate the participation of families, whose expectations and ability to navigate systems, beginning in early childhood, can be key to attaining competitive integrated employment outcomes for individuals in adulthood (Kramer, Bose, & Shepard, 2017). A five-year grant (2012–2017) from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

CHALLENGES TO SYSTEMS CHANGE

Despite state and federal initiatives, policy change, and emerging leadership, widespread integrated employment for people with IDD has not occurred. Nationally, an estimated 20.3% of individuals receiving day supports from state IDD agencies participated in integrated employment services during FY2017 (see Figure 1.) This number declined between 2001 and 2012 after reaching a peak of almost 25% in FY2001, and has only recently shown signs of modest growth. 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., 2018). Continuing challenges for systems change include inconsistent policy, variable allocation of CRP resources, problematic funding mechanisms, and insufficient professional development for staff. Transition-age youth and young adults continue to face challenges in preparing for and acquiring competitive employment in integrated settings.

Figure 1. Number Served by IDD Agencies



STATE AND FEDERAL POLICY DO NOT CONSISTENTLY PRIORITIZE EMPLOYMENT.

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

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

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

CRPS HAVE NOT REALLOCATED RESOURCES TO COMMUNITY EMPLOYMENT.

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

Research also suggests continued service and philosophical variation within the provider community, making the creation of a unified vision for service delivery difficult (Office of Disability Employment Policy, 2014). Inge et al. (2009) found that almost 89% of respondents to a national survey of provider administrators believe that facility-

based programs are essential for individuals with disabilities who are having difficulty getting or maintaining real work in the labor force, and only 47% had a formal plan to expand integrated employment.

The most cited challenges to successful organizational transformation were related to the transition of organizational finances and resources to integrated employment (Office of Disability Employment Policy, 2014; Rosenthal et al., 2012; West & Patton, 2010). As providers are asked to deliver more services that lead to competitive integrated jobs and fewer facility-based work and non-work services, it requires a substantial change to their business models. For example, facility-based work and non-work services typically have more predictable staffing levels and funding streams when compared with integrated employment.

The transformation away from segregated settings is compounded by a lack of planning, leadership, and communication (Timmons, et al 2019). Resistance can also be met from stakeholders, including family members (Rogan & Rinne, 2011). Research on organizational transformation suggests that successful organizations implement an approach that addresses ten critical elements: 1) clear and consistent goals, 2) a culture that values inclusion, 3) an active and person-centered job placement process, 4) a strong internal and external communications plan, 5) the reallocation and restructuring of resources, 6) ongoing investment in staff professional development, 7) a focus on customer engagement, 8) methods for ensuring employment performance measurement, quality assurance, and program oversight, 9) a holistic approach, and 10) multiple and diverse community partnerships (Timmons et al., 2019; Lyons et al., 2018).

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

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

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

BEST PRACTICES IN JOB SUPPORTS ARE NOT CONSISTENTLY IMPLEMENTED.

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

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

While continued research on effective employment strategies for individuals with IDD is vital, the strategies are only as successful as the workforce delivering them. The success of job seekers depends in large part on the knowledge, skills, and abilities of employment specialists (Hewitt & Larson, 2007; Migliore et al., 2012). Employment support professionals experience high turnover, low salaries, and limited opportunities for both formal and informal development (Lyons, Migliore, Nye-Lengerman, Nord, & Butterworth, 2016; Hall, Bose, Winsor, & Migliore, 2014). Research has demonstrated that when employment specialists receive appropriate training combined with mentorship, they improve the number and quality of the jobs they develop, suggesting the importance of both formal learning and effective supervision and coaching (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 (Butterworth & Migliore, 2015).

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

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

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

Poor employment outcomes for youth with IDD are a result of a confluence of issues. For example, interagency collaboration is well established as a predictor of employment outcomes during transition (Haber et al., 2016), yet insufficient linkages between the education, rehabilitation, and adult IDD systems are primary factors in the low employment outcomes of youth with IDD (Certo et al., 2008; Martinez et al., 2010; NCD, 2008; Plotner & Marshall, 2015; Haber et al., 2016). Research has found that there is a need for the clarification of roles between education and rehabilitation professionals and for the documentation and dissemination of guidelines for collaboration across systems (Stevenson & Fowler, 2016; Oertle & Seader, 2015).

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

LIMITED FAMILY ENGAGEMENT.

Family engagement is a key component not only in successful transition planning, but in employment in general. However, parents report that they do not receive enough information to support their children in the transition process, that transition 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). Gibson et al. (2018) researched employment-related expectations, preferences, and concerns of family members of adults with IDD. Families prioritized paid integrated employment over sheltered options, and valued their family members' opportunities for personal satisfaction and social interaction more highly than fiscal benefits of employment.

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

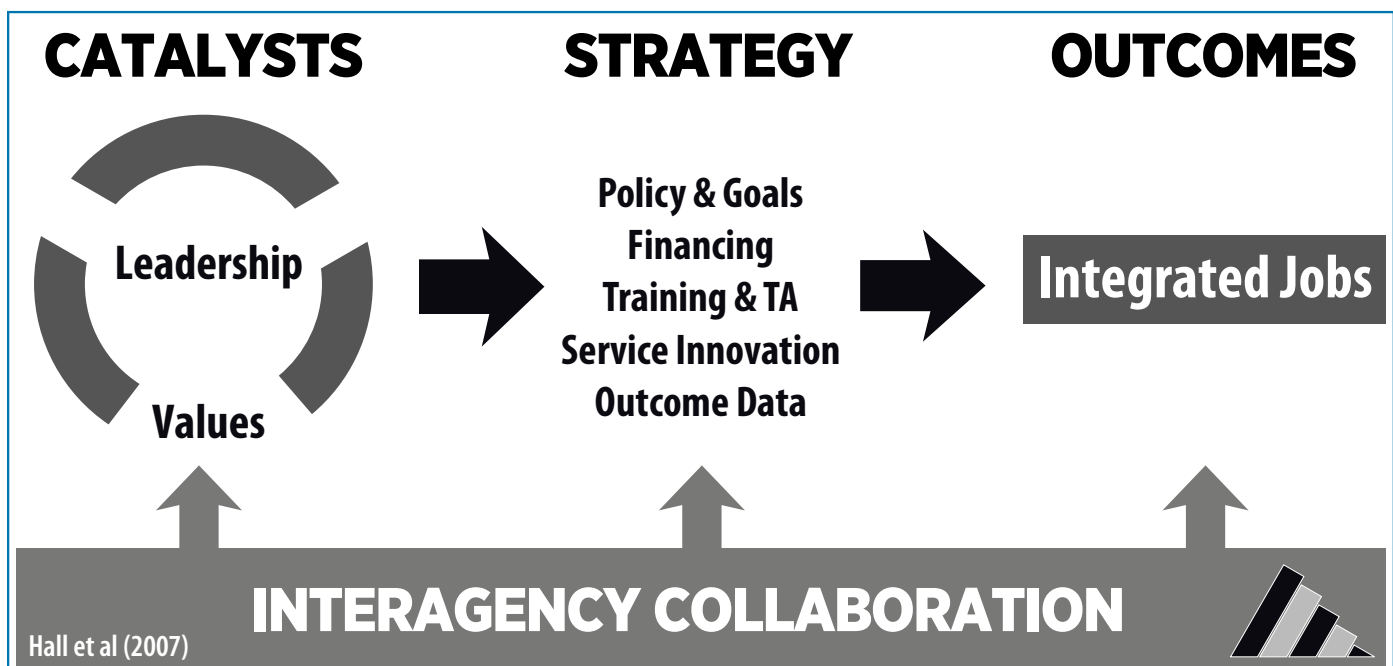
Family members also shared that they were frustrated by the service system's low expectations for their family member and the lack of clear guidance on how to support their family member's employment goal (Kramer, Bose, & Shepard, 2017). Another barrier they identified was a lack of alignment and continuity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

A FRAMEWORK FOR SYSTEMS CHANGE

Since 2007, the ICI, in partnership with the National Association of State Directors of Developmental Disabilities, has used the High Performing States (HPS) framework (see Figure 2) to guide systems change to expand integrated employment in its work with the SELN. Twenty-five states are currently active members of the SELN, a membership roundtable of state IDD agencies that use the model to structure their efforts to expand integrated employment for individuals with IDD (<http://www.selnhub.org/home>).

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

Figure 2: High Performing States Model



These high performing states maintained a consistent focus on employment in policy, procedure, and infrastructure within each of the elements, suggesting that meaningful change requires a holistic approach. Outcomes and experience suggest this framework is a helpful guide to systems change. Between 2010 and 2017, the percentage of individuals receiving an integrated employment service increased from 20.6% to 23.0% (an 11% increase) for SELN states, and decreased from 18.5% to 16.7% (a 10% decrease) for non-member states (SELN, 2019).

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 IDD is conducting a series of state-level case studies to 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 the findings of Hall et al. (2007), but also seek to identify the elements that support these state agencies to work collaboratively to support employment for individuals with IDD across the lifespan. Preliminary findings across the RRTC have focused on the importance of integrating processes for informed choice throughout the lifespan, best practices in supporting individuals with significant support needs, assisting community rehabilitation providers to shift emphasis to integrated employment, and the role of states in structuring policy and practice to investment in Employment First policy and strategy (Hall et al., 2018).

METHODOLOGY

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

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

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

DATA SOURCES

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

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

The survey is designed to provide the following information:

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

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

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

The survey was most recently administered in June 2018 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 in day and employment services during the fiscal year; 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 the total of the percentage served across services may sum to greater than 100%.

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

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

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

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

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

REHABILITATION SERVICES ADMINISTRATION 911.

The Rehabilitation Services Administration 911 (RSA-911) is a public access database that captures individual characteristics, services provided, and employment outcomes at the point of closure from VR services. Records are at the individual level, covering roughly 550,000 case closures in recent years. In 2017 RSA changed from reporting for the federal fiscal year to reporting for a program year than runs from July 1 to June 30, because of this transition the FY2017 data capture a 9 month period from October 1, 2016 to June 30, 2017.

Table 2. RSA Service Definitions

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

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

AMERICAN COMMUNITY SURVEY.

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

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

Table 3. ACS Service Definitions

Term	Explanation
Employment rate	The percentage of civilian, non-institutionalized working-age (16–64 years old) individuals who have a job.
Disability categories	<p>The ACS classifies individuals as having a disability based on answering affirmatively to one or more of the following items:</p> <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. Work Incentive Program Definitions

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

STATE DEMOGRAPHICS.

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

National Survey of State Intellectual and Developmental Disabilities Agencies' Employment and Day Services (1988-2017)

The data reported here are the core elements of the Institute for Community Inclusion's National Survey of State Intellectual and Developmental Disabilities Agencies' Employment and Day Services. These data focus on participation in integrated employment, community-based non-work, and facility-based services (both work and non-work). Data are solicited from all 50 states and the District of Columbia. Between 2010 and 2017 between 44 and 47 states completed the survey in each year, and in FY2017 46 states responded.

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

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

- » National estimates suggest that, after remaining flat between 1999 and 2009, there has been modest growth in the number of individuals in integrated employment services between 2010 and 2017.
- » The number in integrated employment services grew by 4% between 2016 and 2017.
- » The estimated percentage of individuals participating in integrated employment services was 20.3% in FY 2017, an increase from 19.4% in FY2016.
- » Growth in integrated employment primarily occurred between the mid-1980s and mid-1990s, and between 2004 and 2012 there was a gradual decline in the percentage of people with IDD in integrated employment. The percentage has hovered around 19-20% for the past decade.
- » There is large variation across states in participation in integrated employment.
- » Individuals who receive an integrated employment service include those who are receiving services with an immediate goal of entering employment such as job development and those receiving long-term services to support maintaining employment.
- » There continues to be evidence that individual states are taking steps to reduce facility-based work, and the number and percent of individuals in facility-based work is declining.
- » As community-based non-work services continue to grow, more data is needed about the quality of outcomes and implementation of service delivery practices.
- » Funding for integrated employment services continues to lag.
- » Medicaid Title XIX Waiver dollars have not transitioned to integrated employment services.

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

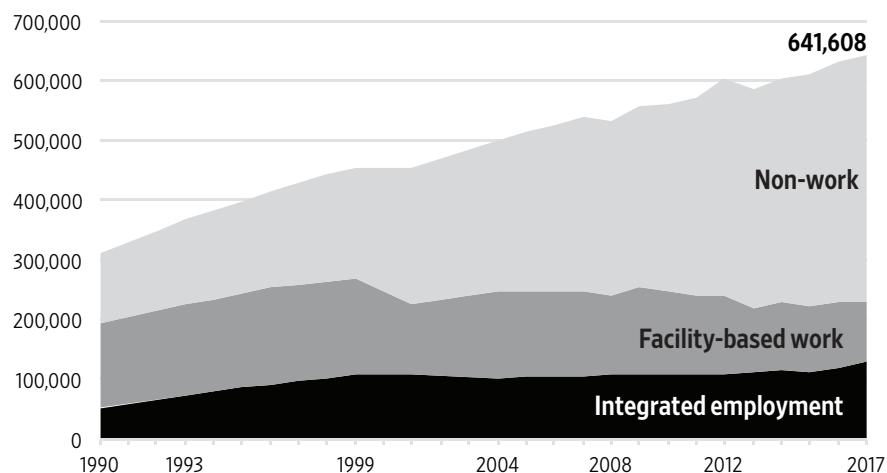


Table 5. Participation in Employment and Day Services in FY2017

State	Total Served	Percent Integrated Employment	Percent Community-Based Non-Work	Percent Facility-Based Work	Percent Facility-Based Non-Work
AK	n/a	n/a	n/a	n/a	n/a
AL	5,270	12%	1%	9%	78%
AR	n/a	n/a	n/a	n/a	n/a
AZ	12,535	19%	0%	10%	86%
CA	90,746	12%	79%	9%	0%
CO	15,110	18%	45%	5%	32%
CT	10,751	42%	10%	2%	47%
DC	1,303	29%	41%	14%	39%
DE	2,295	32%	8%	19%	42%
FL	20,659	10%	24%	n/a	n/a
GA	15,842	14%	20%	15%	51%
HI	2,495	2%	58%	0%	57%
IA	16,015	29%	n/a	12%	n/a
ID	4,750	11%	89%	0%	48%
IL	24,325	7%	n/a	1%	92%
IN	14,266	11%	70%	34%	56%
KS	7,477	12%	52%	37%	61%
KY	9,506	34%	36%	21%	8%
LA	4,951	31%	50%	20%	52%
MA	17,103	40%	38%	0%	54%
MD	13,235	30%	7%	16%	68%
ME	4,997	18%	81%	n/a	n/a
MI	16,046	27%	80%	21%	22%
MN	30,396	10%	33%	48%	8%
MO	6,041	11%	67%	0%	64%
MS	4,608	42%	29%	3%	27%
MT	1,961	26%	11%	25%	61%
NC	16,637	18%	59%	15%	37%
ND	n/a	n/a	n/a	n/a	n/a
NE	4,426	5%	25%	20%	80%
NH	3,630	46%	62%	0%	0%
NJ	n/a	n/a	n/a	n/a	n/a
NM	5,045	25%	91%	0%	10%
NV	2,498	17%	1%	49%	33%
NY	63,041	18%	6%	6%	77%
OH	32,976	28%	0%	55%	50%
OK	3,885	64%	31%	55%	0%
OR	7,906	57%	53%	23%	41%
PA	30,461	18%	49%	27%	40%
RI	4,281	40%	47%	n/a	32%
SC	8,127	23%	12%	35%	31%
SD	2,476	22%	34%	60%	32%
TN	6,962	17%	92%	0%	39%
TX	26,241	6%	0%	0%	94%
UT	3,662	26%	74%	n/a	n/a
VA	15,477	25%	11%	7%	40%
VT	3,409	37%	63%	0%	0%
WA	9,149	86%	17%	2%	<1%
WI	16,547	20%	20%	41%	52%
WV	n/a	n/a	n/a	n/a	n/a
WY	2,016	13%	28%	0%	55%

0% indicates that the state IDD agency reported it did not provide this service during FY2017

n/a = data not available

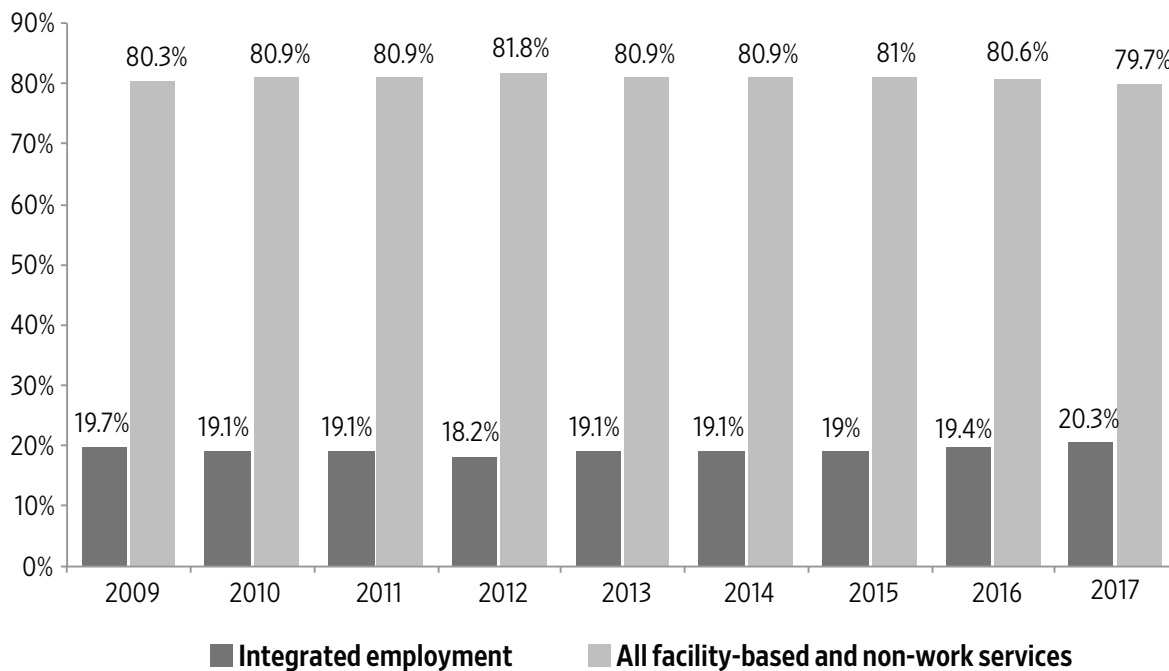
Figure 3 shows that in FY2017, an estimated 641,608 individuals received day or employment supports from state IDD program agencies. This number grew from 455,824 in FY1999. The estimated number of individuals in integrated employment services increased from 108,227 in FY1999 to 130,402 in FY2017.

Between FY2016 and FY2017, there was a slight increase in the number of individuals reported as receiving an integrated employment service by state IDD agencies. However, when comparing the percentage of individuals, the rate has hovered around 19–20% since 2001, increasing to 20.3% in 2017.

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

Figure 4 shows trends in the percentage of people served in integrated employment and in facility-based and non-work settings between FY2008 and FY2017. In FY2017, an estimated 20.3% of individuals receiving day supports from state IDD agencies received integrated employment services. The estimated percentage of people served in integrated employment services declined from 24.2% in 2001 to 18.4% in 2012, suggesting that the growth seen in employment as a result of the RSA Supported Employment Systems Change Grants between the mid-1980s and mid-1990s did not continue. The current modest growth in the percent in integrated employment services likely reflects the implementation of state-level Employment First strategy and policy.

Figure 4. Estimated IDD Agency Service Distribution by Year



The percent of individuals served in facility-based and non-work settings has stayed fairly stable since 2008, varying between 79.7% and 81%. Variability in the number of states that 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 report data in each of the three service categories suggests that participation in facility-based work has steadily declined, and the percentage of individuals served in non-work settings is increasing.

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

Data from the survey were examined for 37 states that provided the total number of individuals served and the number of individuals in integrated employment services for each year between 2007 and 2017. Twenty-six states reported an

increase in the number of individuals in integrated employment services, with an average increase of 820 individuals (range: 3–3,838). States that reported increasing the number of individuals served in integrated employment by more than 500 individuals between 2007 and 2017 were CA, CO, KY, MN, MS, NH, NY, OH, OR, and WA. Each of these states has engaged in strategic efforts and systematic changes to their service delivery system to make integrated employment the preferred service outcome for adults with IDD in their state. However, the number of individuals reported as receiving integrated employment services declined in 11 states, with an average reduction of 456 (range: 28–2,191).

What do 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.

In FY2017, the majority of states (n=32) that responded to the survey reported collecting data on the number of individuals working for pay in the community. Table 6 shows states that identified how many of the individuals who are participating in any employment and day service also work for pay in the community.

Table 6. Individuals Working in the Community in FY2017

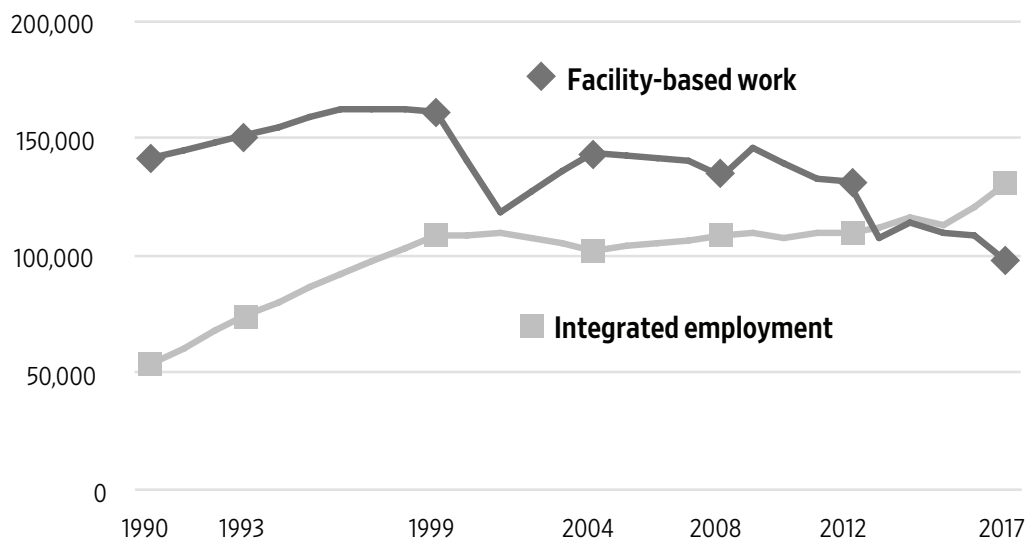
State	Total Served	Total in Integrated Employment Services	Total Receiving Any Employment or Day Service and Working in the Community
AL	5,270	618	633
AZ	12,535	2,345	2,345
CA	90,746	10,903	10,903
CO	15,110	2,772	2,725
CT	10,751	4,477	4,477
DC	1,303	384	410
FL	20,659	2,149	2,869
HI	2,495	39	155
KS	7,477	893	893
KY	9,506	3,253	3,253
LA	4,951	1,534	1,521
MA	17,103	6,852	4,569
MD	13,235	3,951	3,449
MI	16,046	4,379	3,243
MO	6,041	662	737
NE	4,426	216	216
NH	3,630	1,684	1,684
NV	2,498	429	429
NY	63,041	11,170	8,623
OH	32,976	9,222	9,222
OK	3,885	2,497	2,497
OR	7,906	4,542	4,542
PA	30,461	5,584	3,724
RI	4,281	1,713	839
SD	2,476	556	1,744
TN	6,962	1,190	1,190
TX	26,241	1,523	949
UT	3,662	938	787
VT	3,409	1,256	1,256
WA	9,149	7,886	5,617
WI	16,547	3,388	3,388
WY	2,016	265	227

Thirty-two states reported on the total number of individuals served in any day and employment service who were working for pay in community jobs. In some states, the number of individuals working is greater than the number who receive integrated employment services. This is possible because there are individuals with IDD working for pay in the community who are not receiving funded employment supports from their state IDD agency, but who receive other funded day services. Similarly, in other states the number of individuals in integrated employment services is higher than the number working for pay. These states may be providing job development and other direct supported employment pathway services to individuals who are not yet working. The total number of individuals who worked in paid integrated employment in FY2017 as reported by these 32 states was 89,116. In these states, 19.5% of individuals who received any day and employment service were working in the community in integrated jobs. This is an increase from FY2016, when 18% were working for pay.

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

As Table 5 indicates, in FY2017, 19 state IDD agencies did not report individuals in facility-based work services. However, this does not mean that those 19 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. In order to distinguish states that have eliminated facility-based work services, the table contains 0% for those states whose IDD agency did not provide the service in 2017 and n/a for states who indicated not being able to report on this specific service. Participation in facility-based work services has declined steadily since 1999, and reached a benchmark in 2013 when it dropped below participation in integrated employment. Overall the number of individuals reported as participating in facility-based work settings dropped by an estimated 64,000 individuals between 1999 and 2017 (Figure 5).

Figure 5. Change in Facility-based Work and Integrated Employment over Time



Vermont's IDD agency is nationally recognized for not funding facility-based or group supported employment services, and a review of active 14(c) subminimum wage certificates indicates that there are no active certificates in the state. Other states that have strong IDD agency policies for not funding facility-based work services are the District of Columbia, Maine, Massachusetts, and New Hampshire. In 2015 New Hampshire voted to end subminimum wage; Maryland passed legislation in 2016 that will phase out the use of subminimum wage by 2020; Alaska legislation ended payment of less than minimum wage effective February 2018; and the City Council of Seattle eliminated subminimum wage in the city in April 2018. Wyoming has also stopped providing facility-based work services through their Medicaid waiver. Many other states and cities have pending legislation to address this issue.

State IDD agencies are making other policy decisions to reduce the number of individuals in facility-based work services. For example, Washington State is no longer funding facility-based work services as of 2019. Other states are placing limitations on the time that an individual may receive facility-based work services. Some are requiring that an individual's service plan describe the specific skills that the person will gain in the sheltered workshop, and how those skills will improve the likelihood that the individual will be employed in the community.

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

As illustrated in Figure 4, participation in facility-based work has steadily declined, and the percentage of individuals served in non-work settings is increasing. First added to the survey as a service option in FY1996 in response to state feedback, the number of states that report providing community-based non-work (CBNW) services has grown from 18 in FY1996 to 42 in FY2017. Nationally, reported participation in CBNW has grown steadily for states that report it as a service, from 18.7% in FY1999 to more than 40% in FY2017 of all employment and day services. CBNW services accounted for a reported 41% of state IDD agency expenditures for FY2017, for states that reported expenditures for this service (n=38).

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

While some states report service requirements for how much time CBNW participants spend in the community, it is possible that some states have reclassified services from facility-based to community-based as the emphasis on community participation grows, even though substantial time is still spent in facility-based settings. The trend toward CBNW services also raises concerns about the clarity of the service system's goals for community employment. It is 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 services, the disparity raises concerns about how integrated CBNW services are in practice and the capacity of IDD agencies to distinguish non-work service experiences.

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

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

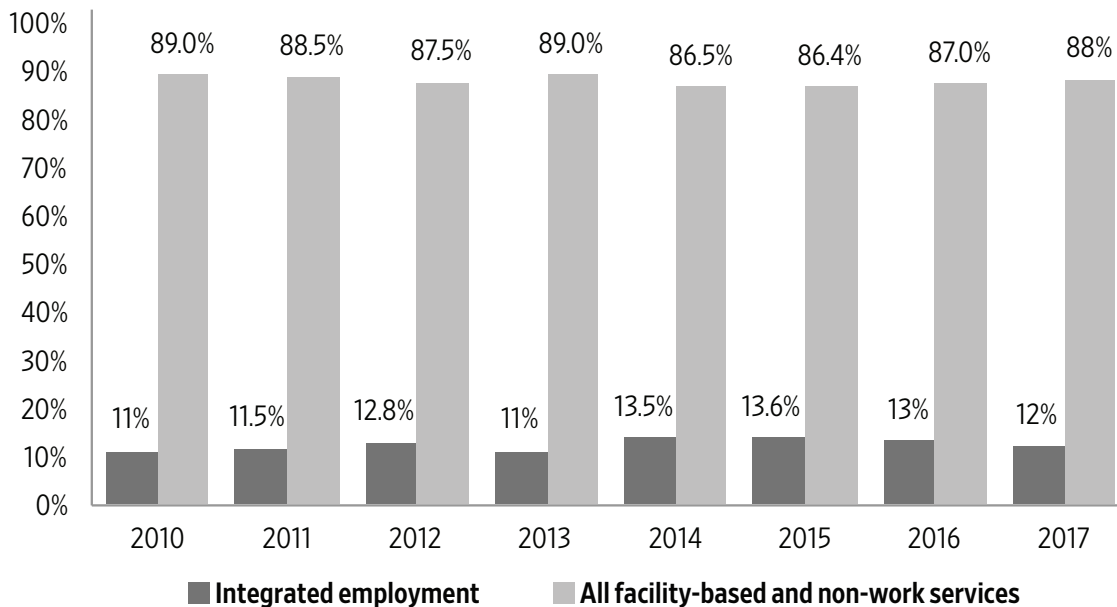
As emphasis on CBNW services grows and states implement their home and community-based services transition plans, additional research is needed on how state IDD agencies are translating best practices at the provider level into state policy and quality service monitoring.

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 6 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 allocated 88% of day and employment service funding in FY2017 to services that are not integrated employment including community-based non-work, facility-based work, facility-based non-work, and other services (n=45). In contrast, states that reported funding for integrated employment

(n=45) allocated 12% of the funding for all day and employment services to integrated employment services in FY2017. 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 6. 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 82.5% of total reported funds in FY2017 (out of 39 states that reported the amounts of Medicaid Title XIX waiver dollars). Medicaid waivers as a funding resource to support individualized integrated employment have received significant attention in recent years. Based upon recommendations provided by State Employment Leadership Network member states, CMS released an information bulletin in September 2011, “1915(c) Waiver Technical Guidance Revisions.” The bulletin emphasized the importance of integrated employment and person-centered planning, and distinguished between pre-vocational and supported employment services.

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

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

Additionally, many states are making use of technical assistance available through the State Employment Leadership Network, AIDD-funded grants, and the Office of Disability Employment Policy’s Employment First State Leadership Mentoring 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 (n=39), 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 FY2017, 40 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%, closely mirroring the percentage of all day and employment dollars spent on this service. Title XIX expenditures reported for facility-based non-work services declined slightly from 2016, but still made up the greatest percentage of Title XIX dollars spent (47%), and Title XIX expenditures reported for community-based non-work services increased slightly and made up 42% of Title XIX dollars spent, representing a continued investment in all non-work services.

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

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

REHABILITATION SERVICES ADMINISTRATION 911 (2008–2017)

This section uses data from the Rehabilitation Services Administration 911 (RSA-911) database to describe the employment and postsecondary education outcomes of adults with an intellectual disability⁴ who exited from the vocational rehabilitation (VR) program during fiscal years 2008 through 2017, in the 50 states and the District of Columbia (DC). For context, we compare the findings with the corresponding outcomes of people with other disabilities. We also describe selected state-level employment outcomes in FY2017.

Data for the RSA-911 are collected at exit, the point at which an individual's case is closed and considered complete. In 2017 RSA changed from reporting for the federal fiscal year to reporting for a program year that runs from July 1 to June 30. Because of this transition the FY2017 data capture a 9 month period from October 1, 2016 to June 30, 2017.

Key findings regarding people with intellectual disabilities who exited the VR program between 2008 and 2017 included the following:

- » The percentage of people who received services from VR prior to exit slightly increased.
- » The rehabilitation rate declined, but may have been impacted by the change in the reporting year.
- » Weekly work hours have not changed.
- » Time from application to exit with employment decreased.
- » The percentage of people who attained a postsecondary outcome remained low.
- » The majority of people with intellectual disabilities are male, white, and transition-age young adults.
- » Outcomes varied considerably across states.

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

In 2017, a total of 38,642 people with intellectual disabilities exited the VR program. As Table 7 shows, the 2017 figure is smaller than in previous years because it is based on nine months only. In general, the number of case closures for people with intellectual disabilities has declined since 2008, when it was 53,974. The corresponding figure for people with other disabilities was 361,601 in 2017. The highest figure was reported in 2010, with 511,441 people with other disabilities who exited the program.

Table 7. Trends in Employment Outcomes

	Total closures		Received services		Rehabilitation rate		Hourly wage*		Weekly hours*		Got a job in one year	
	ID	Other	ID	Other	ID	Other	ID	Other	ID	Other	ID	Other
2008	53,974	506,005	69%	62%	56%	55%	\$8.24	\$12.54	25	33	36%	39%
2009	49,382	488,824	66%	59%	53%	53%	\$8.59	\$12.66	24	32	35%	37%
2010	49,697	511,441	65%	58%	48%	49%	\$8.78	\$12.49	24	32	33%	37%
2011	47,812	494,273	66%	60%	51%	51%	\$8.57	\$12.11	24	32	32%	36%
2012	46,672	484,330	65%	60%	52%	53%	\$8.51	\$11.95	24	32	30%	35%
2013	48,847	492,247	66%	62%	50%	51%	\$8.44	\$11.79	24	31	30%	34%
2014	45,443	495,293	67%	58%	56%	54%	\$8.39	\$11.68	23	31	30%	33%
2015	47,390	470,289	68%	62%	56%	57%	na	na	na	na	32%	35%
2016	47,595	459,141	70%	63%	55%	57%	na	na	23	30	33%	37%
2017**	38,642	361,601	72%	67%	47%	49%	na	na	23	30	33%	38%

Note: ID = intellectual disabilities; Other = other disabilities

*In 2014 dollars

**2017 data is based on a 9-month data collection time period, October 1, 2016 through June 30, 2017.

⁴ Intellectual disability refers to code 25 ("mental retardation" in the RSA-911 case report description) as either a primary or secondary cause of an impediment to employment.

Percentage of people receiving VR services slightly increased.

Receiving services from VR is a key step toward an employment outcome. As Table 7 shows, in 2017, 72% of the people with intellectual disabilities who exited the VR program received services. This is the highest percentage in ten years, confirming a growing trend that started in 2012. The corresponding figure for people with other disabilities was 67%, a meaningful increase compared to earlier years (e.g., 58% in 2014).

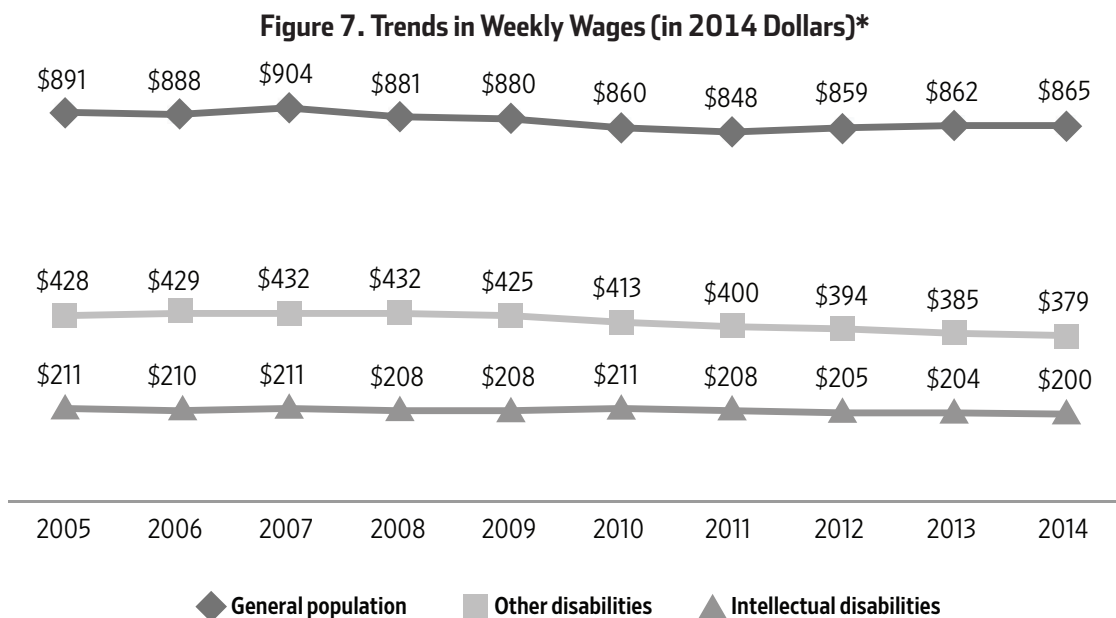
The most frequent reasons reported for people with intellectual disabilities to exit the program without a job and without receiving services in 2017 included the individuals' refusal of services or failure to cooperate (29%); VR counselors' inability to locate or contact the individual (18%); and other reasons, including disability too significant, death, job seeker's relocation, no disability-related need for services, or other non-specified reasons (53%). Similar reasons for exiting the program without receiving services were reported for people with other disabilities.

Rehabilitation rate has decreased.

The rehabilitation rate is the percentage of people who gain employment divided by the total number of people who receive services. As Table 7 shows, the rehabilitation rate of people with intellectual disabilities was 47% in 2017, a decline compared to 55% in 2016. The corresponding figure for people with other disabilities (49%) reflected a similar decline from 57% in 2016. Part of the reason for the decline could be the shorter number of months included in FY2017. Overall, the rehabilitation rate has remained fairly stable, ranging from 48% to 5% since 2008.

Weekly wages slightly declined.

Data on hourly earnings are available only for the years before 2015. As Figure 7 shows, inflation-adjusted weekly wages of people with intellectual disabilities who exited with an employment outcome in 2014 were slightly lower compared to the previous years: \$200 in 2014, compared to \$204 in 2013. The weekly wages of people with other disabilities have also declined over time, though this group earned almost twice as much as people with intellectual disabilities (\$379 in 2014). In contrast, the wages of the general population of people without disabilities have been slightly increasing since 2011 (\$848), reaching \$865 in 2014. Over the 10 years examined, the weekly wages of people with intellectual disabilities in 2014 are 5% lower than in 2010 (\$211). The wages of people with other disabilities are 12% lower than in 2008 (\$432). Finally, the general population wages in 2014 are 4% lower compared to 2007 (\$904). Tracking earnings is important for understanding the impact of employment on financial self-sufficiency. We hope that the Rehabilitation Services Administration will release these data to the public again soon.



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

Weekly work hours have not changed.

In 2017, people with intellectual disabilities who exited the VR program with employment worked an average of 23 hours per week; this number has not changed since 2016. However, in earlier years the average was 24, peaking at 26 hours in

2006. People with other disabilities reported more weekly work hours: 30 hours in 2017, the same figure as the previous year but lower than 34 hours in 2005–2006.

Time from application to exit with employment decreased.

On average, people with intellectual disabilities who exited the VR program with an employment outcome in 2017 took about 686 days from application to exit. This shows a continued reduction from the maximum of 718 days in 2013. However, the shortest amount of time was reported in 2008, when exiting VR with employment took 655 days.

People with other disabilities reported a longer timeframe: 734 days from application to exiting the program with an employment outcome in 2017, a decrease compared to 744 days in 2016. The shortest amount of time was 720 days reported in 2010.

Another way of looking at this outcome is to examine the percentage of people with disabilities who exited the VR program with employment within one year from application. For people with intellectual disabilities, the figure in 2017 was 33%, a slight increase in the percentage of people compared to earlier years. However, the percentage has declined compared to the years 2008–2009, when the percentage of people with intellectual disabilities who exited the VR program with employment and within one year from application was about 35%. The corresponding figure for people with other disabilities was 38% in 2017, a slight increase compared to earlier years.

While exiting VR with employment in a short time indicates rapid job placements, a longer time from application to exit with employment is not necessarily an indicator of a slow process to employment. For example, some people may have obtained a job within one year from application, but elected to exit the VR program in later years. One possible reason for delaying the exit from the program, even though employment was achieved, is to resume employment services more rapidly if the job is lost. Moreover, in 2014 the Workforce Innovation and Opportunity Act extended the time frame for the provision of supported employment services from 18 months to 24 months.

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

In 2017, about 3% of people with intellectual disabilities who did not have a postsecondary outcome when they applied for VR exited the VR program with one of the following postsecondary education outcomes: postsecondary education no degree; associate degree or vocational/technical certificate; or bachelor's, master's, or a higher degree. This is consistent with earlier years.

The figure was higher for people with other disabilities. In 2017, about 7% of people with other disabilities reported exiting the program with greater postsecondary education outcomes than at application. This figure was slightly lower than in earlier years, when it reached 11%.

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

The majority of people with intellectual disabilities who exited in 2017 were male (58%). Similar figures were reported for people with other disabilities (56%; Table 8).

Table 8. Trends in Demographic Characteristics

	Gender				Race and ethnicity							
	Male		Female		White (Non-Hispanic)		Black (Non-Hispanic)		Hispanic		Other	
	ID (%)	Other (%)	ID (%)	Other (%)	ID (%)	Other (%)	ID (%)	Other (%)	ID (%)	Other (%)	ID (%)	Other (%)
2008	55%	56%	45%	44%	58%	66%	33%	22%	7%	9%	2%	3%
2009	56%	56%	44%	44%	58%	66%	33%	23%	7%	9%	2%	3%
2010	57%	57%	43%	43%	56%	64%	34%	24%	8%	9%	2%	2%
2011	58%	57%	42%	43%	56%	64%	34%	24%	8%	10%	2%	3%
2012	58%	57%	42%	43%	55%	64%	35%	24%	7%	10%	3%	3%
2013	58%	56%	42%	44%	54%	63%	35%	24%	8%	10%	2%	3%
2014	57%	56%	43%	44%	56%	63%	33%	24%	9%	11%	3%	3%
2015	57%	56%	43%	44%	56%	62%	33%	24%	9%	11%	3%	3%
2016	57%	56%	43%	44%	56%	62%	33%	24%	9%	12%	3%	3%
2017*	58%	56%	42%	44%	55%	61%	33%	25%	9%	11%	3%	3%

*2017 data is based on a 9-month data collection time period, October 2016 through June 2017.

The majority of people with intellectual disabilities who exited VR in 2017 were white non-Hispanic (55%). This has changed slightly from a high of 58% in the years 2008–2009. The second-largest racial group for people with intellectual disabilities in 2017 was black non-Hispanic: 33%. This group also changed slightly, from a maximum of 35% in 2012–2013. Hispanics represented 9% of the total in 2017, a slight increase from 7–8% in earlier years.

People with other disabilities included a greater proportion of white people: 61% in 2017. Also in the case of people with other disabilities, the second largest racial group was black: 25% in 2017, slightly up from 22% in 2008. Hispanics represented 11% of the total in 2017.

Individuals with an intellectual disability who participate in vocational rehabilitation services are much more likely to be transition-age youth and young adults than individuals with other disabilities. The majority of people with intellectual disabilities who exited the VR program in 2017 were between 16 and 26 years old at application: 57%. However, this figure was smaller compared to earlier years when it reached 63%. In contrast only 35% of the people with other disabilities who exited the program in 2017 were between 16 and 26 years old. This figure was relatively stable over the years.

Outcomes varied considerably across states.

Table 9 shows that the services provided by the VR program and employment outcomes achieved by people with disabilities varied widely across states. For example, Alabama and Vermont reported 90% of people with intellectual disabilities receiving services (the highest percentage across states), compared to Connecticut, where 39% of people with intellectual disabilities received services (the lowest percentage across states). In the case of people with other disabilities, the percentage of people receiving services ranged from a high of 84% in Alabama to a low of 45% in Utah. Receiving services is important because it is a necessary step toward employment.

The rehabilitation rate is a key indicator that shows how many people who received services exited the VR program with a job. Washington reported the highest rehabilitation rate for people with intellectual disabilities (74%), compared to DC, which reported the lowest figure (22%). For people with other disabilities, the highest rehabilitation rate was reported in North Dakota (70%), and the lowest in Rhode Island (22%).

The hourly wage data for 2017 was not available. The most recent available data (2014) shows that the hourly wage of people with intellectual disabilities varied from \$7.54 in California to \$10.59 in DC. For people with other disabilities, earnings varied from \$10.02 in South Dakota to \$18.22 in Connecticut (2014 data). These figures overall are low and most likely influenced by state-level minimum wage legislation. The authors are hopeful that in the future wage data will again be available through the RSA-911 database.

In 2017, weekly work hours varied greatly across states as well. People with intellectual disabilities in South Carolina worked the most hours per week (31 on average), whereas their peers in Maine reported the lowest amount of hours per week (14 on average). Among people with other disabilities, the highest work hours were reported in Mississippi (36 weekly work hours), and the lowest work hours in Illinois (23 weekly work hours).

For people with ID who exited VR with a job in 2017, people in South Dakota were the most likely to exit within one year from application (57%). Their peers in Mississippi were the least likely to exit the program within one year (7%). In regard to people with other disabilities, exiting the VR program within one year was most likely in Michigan (64%), and least likely in Utah (5%).

State VR agencies vary widely in the emphasis on individuals with ID in their caseload. In FY2017, 9% of all closures nationally were for an individual with ID. This percentage ranged from 3% in Massachusetts to 24% in North Carolina. This figure is influenced by a variety of factors, including the structure of the state service system and interagency roles in the employment process.

Table 9. State Outcomes in 2017*

	Total Closures		Received Services		Rehabilitation Rate		Hourly Wage		Weekly Hours		One Year to a Job	
	ID	Other	ID (%)	Other (%)	ID (%)	Other (%)	ID	Other	ID	Other	ID (%)	Other (%)
AK	61	1,170	80%	56%	63%	46%	20	32	26%	39%	35%	41%
AL	1,638	12,354	90%	84%	25%	30%	27	33	39%	37%	37%	37%
AR	348	7,083	59%	71%	37%	42%	24	35	30%	28%	32%	33%
AZ	353	4,784	61%	62%	44%	36%	23	30	31%	24%	18%	20%
CA	1,858	26,374	74%	68%	48%	51%	26	28	38%	27%	48%	30%
CO	598	4,296	68%	58%	44%	56%	19	27	48%	47%	54%	44%
CT	394	2,965	39%	79%	34%	53%	20	30	21%	57%	19%	58%
DC	190	1,611	70%	65%	22%	27%	30	33	21%	33%	28%	37%
DE	152	1,814	75%	64%	70%	62%	22	31	13%	37%	24%	36%
FL	1,722	16,690	75%	70%	39%	42%	21	30	14%	25%	11%	19%
GA	1,493	9,419	73%	69%	50%	49%	30	32	34%	38%	30%	35%
HI	66	769	67%	50%	43%	50%	24	28	16%	30%	11%	17%
IA	650	3,459	88%	77%	50%	43%	21	32	15%	12%	17%	7%
ID	243	4,114	66%	62%	50%	52%	18	32	38%	54%	48%	61%
IL	912	9,810	83%	75%	51%	53%	21	24	43%	33%	39%	38%
IN	1,178	7,918	66%	66%	44%	50%	21	29	22%	45%	24%	44%
KS	302	2,979	70%	51%	50%	41%	22	29	46%	38%	38%	33%
KY	698	6,310	67%	73%	52%	61%	21	33	20%	30%	22%	46%
LA	451	5,951	65%	61%	33%	36%	22	33	28%	39%	34%	43%
MA	195	6,478	78%	74%	58%	56%	19	27	36%	27%	29%	25%
MD	695	6,167	72%	67%	36%	29%	22	27	21%	32%	30%	29%
ME	232	2,511	75%	58%	44%	36%	14	26	21%	28%	19%	40%
MI	1,060	12,539	70%	66%	52%	55%	24	32	41%	64%	50%	63%
MN	491	4,113	77%	75%	58%	55%	23	28	45%	34%	40%	31%
MO	1,428	8,883	59%	62%	64%	61%	25	29	51%	59%	50%	58%
MS	505	5,821	66%	72%	24%	62%	29	36	7%	42%	7%	34%
MT	122	1,567	80%	68%	41%	33%	16	28	18%	17%	29%	23%
NC	4,252	13,462	72%	61%	39%	36%	25	29	27%	32%	27%	32%
ND	112	1,048	66%	54%	64%	70%	23	32	49%	56%	33%	47%
NE	337	3,657	65%	64%	50%	55%	25	33	41%	57%	41%	59%
NH	115	1,893	81%	70%	44%	43%	16	27	17%	39%	20%	34%
NJ	447	8,984	56%	52%	54%	57%	23	29	36%	33%	31%	33%
NM	133	2,790	54%	58%	51%	42%	15	29	14%	33%	30%	34%
NV	148	1,733	70%	66%	48%	46%	25	30	48%	49%	43%	51%
NY	1,751	27,563	74%	70%	43%	41%	22	29	36%	27%	41%	29%
OH	2,517	11,878	75%	59%	48%	50%	21	28	42%	49%	36%	46%
OK	483	4,615	66%	57%	44%	49%	28	34	24%	35%	18%	34%
OR	1,431	9,689	73%	59%	66%	64%	19	28	39%	55%	45%	56%
PA	1,433	17,921	78%	71%	49%	50%	22	32	26%	25%	27%	26%
RI	305	2,721	86%	81%	29%	22%	19	29	20%	20%	24%	19%
SC	573	12,479	81%	72%	43%	56%	31	36	23%	58%	27%	53%
SD	227	1,691	79%	63%	55%	50%	21	28	57%	51%	66%	50%
TN	756	3,809	62%	56%	53%	51%	22	30	27%	28%	22%	24%
TX	1,512	21,952	69%	75%	61%	67%	26	33	32%	45%	34%	44%
UT	254	5,461	59%	45%	61%	50%	20	31	11%	5%	5%	2%
VA	1,250	6,770	70%	69%	53%	53%	25	29	35%	38%	25%	29%
VT	265	2,769	90%	80%	49%	42%	17	29	55%	59%	64%	64%
WA	688	7,152	63%	46%	74%	60%	15	27	39%	43%	41%	42%
WI	1,101	8,780	72%	59%	61%	53%	19	27	20%	28%	20%	26%
WV	421	3,632	74%	77%	33%	44%	25	34	17%	20%	25%	18%
WY	96	1,203	71%	58%	53%	44%	17	31	33%	34%	42%	34%
Average	758	7,090	71%	65%	48%	48%	22	30	30%	37%	32%	37%
Min	61	769	39%	45%	22%	22%	14	24	7%	5%	5%	2%
Max	4,252	27,563	90%	84%	74%	70%	31	36	57%	64%	66%	64%

* 2017 data is based on a 9-month data collection time period, October 2016 through June 2017.

ID=intellectual disabilities; Other=other disabilities.

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

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

THE AMERICAN COMMUNITY SURVEY (2017)

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

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

Analysis of the ACS dataset revealed these key findings:

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

Labor market terminology

In assessing employment outcomes, we focus primarily on employment rate as an indicator of successful employment outcomes for people with disabilities. Because a large proportion of people with disabilities are not in the labor force, an employment-to-population ratio is a more useful descriptive measure of this population’s economic situation than the more commonly used unemployment rate that only considers individuals who are actively looking for work (Brault, 2010).

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)

ACS Disability variables

- The ACS identifies presence of a disability using six broad questions. We emphasize presence of a cognitive disability, although the definition is much broader than the presence of an intellectual disability.
- An individual is categorized as having any disability if they answer yes to one or more of six questions that address hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty.
- Someone with a cognitive disability has indicated that because of a physical, mental, or emotional condition lasting six months or more, they have difficulty learning, remembering, and concentrating.

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

People with disabilities are much less likely to work than people without disabilities, with the lowest employment rate being attributed to people with a cognitive disability who are receiving Supplemental Security Income (SSI). Table 10 displays indicators of labor market success for four groups of working-age individuals: people who do not have a disability, people who indicated they have at least one disability (any disability), people with a cognitive disability, and people with a cognitive disability who received SSI in 2017. To meet SSI eligibility requirements, one needs to have a disability significant enough that they cannot reasonably be expected to work for pay. Therefore, the group of people with a cognitive disability who received SSI is likely to include people who have the most significant cognitive disabilities living in community settings.

The ACS data illustrate the low levels of employment for individuals with disabilities. People with any disability or a cognitive disability are employed at much lower rates (36.3% and 27.1% respectively) than those without disabilities (74.8%). People with cognitive disabilities who receive SSI have the lowest employment rate (8.7%).

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. People with disabilities are significantly less likely to be in the labor force, and those who are in the labor force experience higher levels of unemployment compared to people with no disability, indicating they have more difficulty finding a job.

Table 10. Labor Market Success Indicators by Disability Status in 2017

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

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

Among working-age Americans, people with any disability and people with a cognitive disability are more likely to be living in a household that is below the poverty line than people without a disability. In 2017, only 11.2% of all people without a disability lived in a household that was below the poverty line, compared with 26.1% for people with any disability, 31% for people with a cognitive disability, and 37.9% for people with a cognitive disability who received SSI payments as part of their income. It is not surprising that this last group has the highest percent living in a household below the poverty line, since eligibility for the SSI program includes having limited financial resources.

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

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

The difference in poverty rates between people who are employed and people who are not shows how critical work is to economic self-sufficiency. Nearly half of the people who had a cognitive disability received SSI payments as part of their income, were not working (40.1%), and were living in a household that was below the poverty line, compared with 15.1% 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 2017 for Disability Subgroups by Employment Status

	Percentage living below the poverty line (poverty rate)	
	Not employed	Employed
People with no disabilities	26.6%	6.2%
People with any disability	34.9%	10.5%
People with a cognitive disability	36.7%	15.4%
People with a cognitive disability who received SSI	40.1%	15.1%

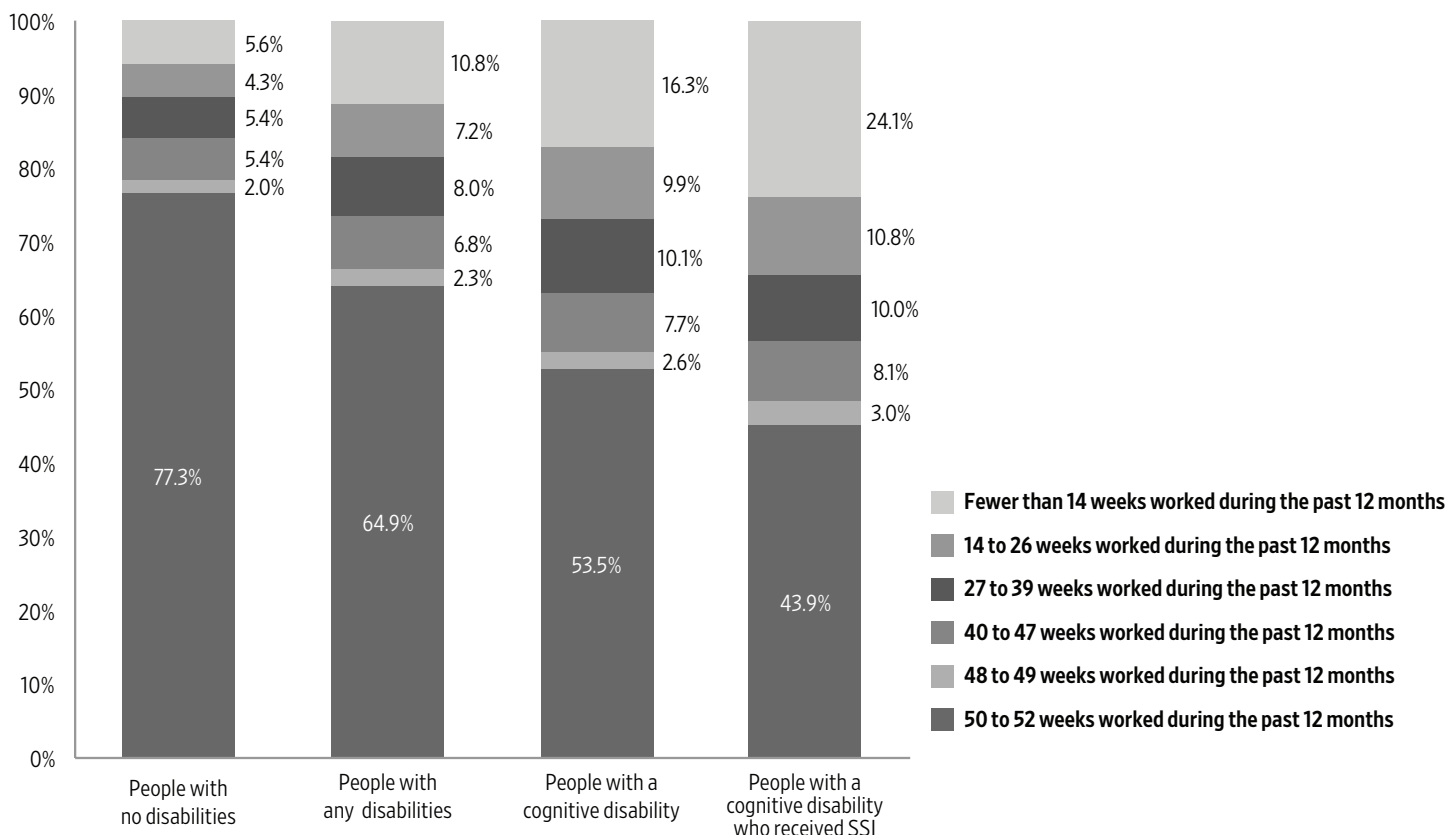
People with disabilities work less than individuals without disabilities.

Individuals with disabilities who are employed work fewer weeks per year on average than individuals without disabilities. Figure 8 shows that in 2017, individuals from disability sub-population groups who were employed were more likely to work fewer total weeks out of the year, on average, than their counterparts without disabilities. The majority of employed people from each subgroup except individuals with a cognitive disability who received SSI worked between 50 and 52 weeks in 2017.

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 15.3% of individuals without a disability worked fewer than 40 weeks.

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

Figure 8. Number of Weeks Worked in the 12 Months Prior to Responding to the ACS Among Employed Individuals



SOCIAL SECURITY ADMINISTRATION (2010–2017)

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

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

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

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

Analysis of the SSA dataset revealed these key findings:

- » SSI recipients with disabilities underutilize work incentives.
- » SSI recipients with intellectual disabilities are more likely to work than their counterparts with other types of disabilities.
- » SSI recipients with intellectual disabilities who work participate in work incentive programs less frequently than their counterparts with other types of disabilities.

SSI recipients with disabilities underutilize work incentives.

In 2017, the SSA reported that 324,920 blind and disabled SSI recipients (including section 1619(b) participants) ages 18–64 were working. As shown in Table 12, the number of recipients enrolled nationally in any work incentive program between 2001 and 2017 remains low and has been declining. In particular, the PASS incentive program has seen decreased enrollment in the last 16 years—a 60% decrease from 2001 to 2017 in the number of individuals who participate. Overall, BWE program participation declined 72% from 2001 to 2017, and IRWE participation declined by 65% in the same time span.

Table 12. Number of People Enrolled Nationally in Work Incentive Programs from 2001–2017 (Odd Years Only)

	2001	2003	2005	2007	2009	2011	2013	2015	2017
PASS	1,600	1,700	1,578	1,495	1,455	1,271	948	821	635
IRWE	8,798	7,602	6,309	5,155	3,862	3,323	2,982	3,188	3,065
BWE	3,642	3,070	2,547	2,133	1,638	1,555	1,284	1,161	1,022

SSI recipients with intellectual disabilities work more than their counterparts with other types of disabilities.

Nineteen percent of all SSI recipients with disabilities ages 18–64 in 2017 were individuals with an intellectual disability (n=903,361). This is the largest disability subgroup among SSI recipients, followed closely by individuals with mood disorders (16%).

In 2017, the number of SSI recipients with ID who worked was 112,422. This group has had relative success with employment participation compared to recipients who do not have an ID. As noted in Table 13, the rate in 2017 at which SSI recipients with ID worked was almost two and a half times that of SSI recipients without ID (12.4% versus 5.4%). The rate of employment among SSI recipients with ID was fifth among all diagnostic groups and subcategories (Table 14).

Table 13. Employment Outcomes and Participation in Work Incentives for SSI Recipients with Disabilities in 2017

	Intellectual disability	All other disabilities
Percentage of SSI recipients with disabilities who work	12.4%	5.4%
Percentage of working SSI recipients who participate in 1619(a)	3.4%	5.3%
Percentage of working SSI recipients who participate in 1619(b)	19.2%	29.8%
Percent of working SSI recipients who participate in IRWE	0.9%	0.9%

Table 14. Rate of Employment Among SSI recipients by Diagnostic Group in 2017

Diagnostic group/subgroup	Percentage of working SSI Recipients
Autism	17.6%
Congenital anomalies	16.9%
Childhood and adolescent disorders not elsewhere classified	14.2%
Development disorders	13.5%
Intellectual disability	12.4%

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

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

Despite the higher employment rate, Table 13 also shows that SSI recipients with ID participate in the 1619(a) and 1619(b) work incentive programs at lower rates than SSI recipients with other disabilities: 3.4% vs. 5.3% in 1619(a) and 19.2% vs. 29.8% in 1619(b). SSI recipients with ID participate in the IRWE program at the same rates as recipients with other disabilities. This is also confirmed by Mann, Mamun, and Hemmeter (2015), who found that “the primary impairments that are positively correlated with employment are not always positively correlated with being in a higher earnings category or with having earnings above the annualized SGA level. This result suggests heterogeneity across primary-impairment types in the ability to work a certain number of hours at a given wage level or the ability to obtain a higher wage level” (p. 32).

A number of factors could explain differences in 1619(a) and 1619(b) participation. Analysis of other data sources has shown that people with ID often work fewer hours and earn less than individuals from other disability subgroups. Based on the most recent available RSA-911 data from 2017, people with intellectual disabilities worked an average of 23 hours per week, while people with other disabilities reported working 30 hours per week at exit from VR services (Winsor et

al., 2019). Similarly, National Core Indicators project data for 2016–2017 suggest that individuals who receive support from a state IDD agency and work in an individual job on average worked 13 hours and earned \$116 per week (Hiersteiner, Butterworth, Bershady, & Bonardi, 2018). As a result, individuals with ID who work are less likely to have earnings close to Substantial Gainful Activity and may be at lower risk of losing benefits because of earnings.

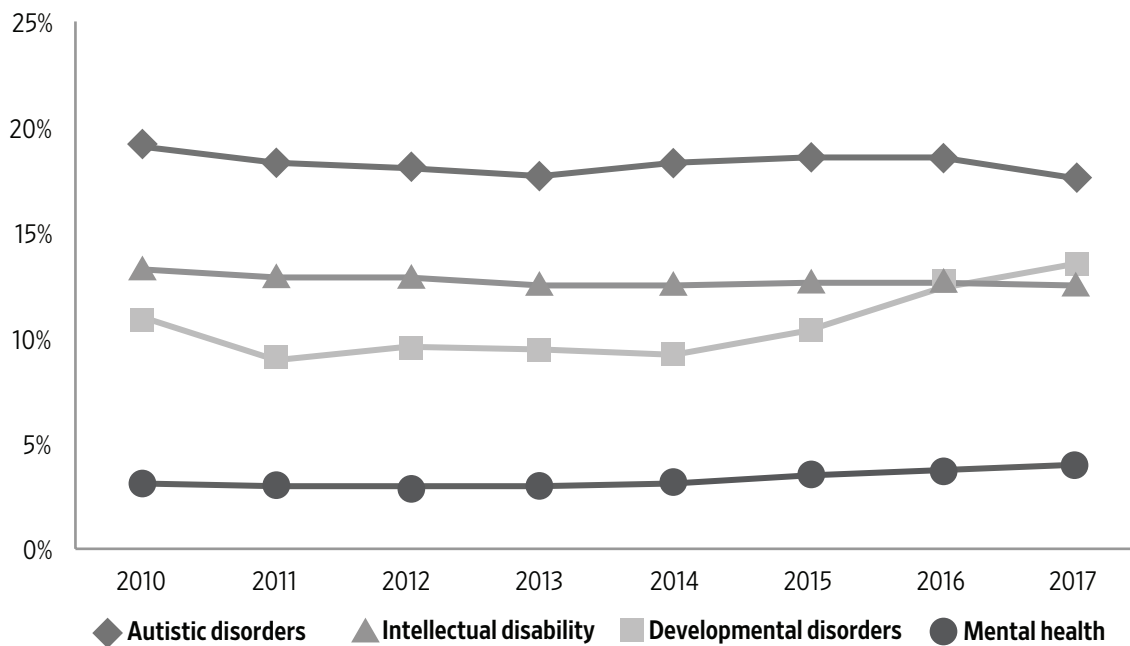
The low rates of participation in work incentive programs by SSI recipients with ID should not overshadow the overall impact of these programs. For instance, in 2017, section 1619(b) benefits allowed more than 21,553 individuals with ID to work and to continue receiving Medicaid benefits. Better explanations of incentives and greater encouragement of participation in incentive programs by employment and disability services professionals could lead to higher rates of employment and better employment outcomes for individuals receiving SSI. While research on the value of work incentives for individuals with ID is scarce, the benefits of working outweigh the alternative of not working (Shapiro, Greenstein, Trisi, & Blank, 2017). This perspective is echoed by Hoff (2011), who states that “individuals with disabilities will be financially better working than not working” while on SSI (p. 3).

The rate of employment among SSI Recipients by diagnostic group (2010–2017).

Beginning with the 2010 SSI Annual Statistical Report, the SSA provided data with more detail for mental disorders by diagnostic group for the following 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. Prior to 2010, the mental disorders category was comprised of just three disorders: retardation, schizophrenia, and other.

A trend analysis was conducted to explore the rate of employment among SSI recipients aged 18–64 from the expanded mental disorders diagnostic group by the following subcategories: intellectual disability (ID), developmental disorders (DD), and autistic disorders. In addition, mood disorders, organic mental disorders, and schizophrenic and other psychotic disorders were grouped together to represent mental health disorders in order to view trends going back to 2010 and compare its pattern to SSI recipients with ID. The rate of employment of these diagnostic subcategories were compared to each group’s overall proportion of all blind and disabled SSI recipients. To reference the findings, please view Figure 9 and Table 14.

Figure 9. Employment rate of SSI recipients by diagnostic group, 2010–2017



Intellectual Disability.

The rate of employment among SSI recipients with ID as well as this group’s proportion of total SSI recipients has been trending in the same direction. Since 2010, the rate of employment has decreased from 13.2% to 12.4%, while total recipients decreased from 20.2% to 18.8%. Although the rate of employment has decreased in the last seven years, it has dropped at a slower rate compared to this group’s overall participation in the SSI system.

Developmental Disability.

The developmental disability subcategory under mental disorders has seen an overall increase in both its proportion of total SSI recipients aged 18–64 and the rate of employment in the last seven years. From 2010 to 2017 the rate of employment has increased at a higher rate than this group’s total percentage of SSI recipients (2.6% compared to 0.2%), possibly indicating that current enrollees have been moved from unemployed to employed status. From 2014 to the present, there was a 4.3% increase in the rate of employment for this group.

Autistic Disorders.

As the rate of individuals with autism aged 18–64 who receive SSI has increased from 2010 to 2017, the rate of employment has decreased. Participation of individuals with ID and DD in SSI has remained flat since around 2013–2014, while participation of individuals with autism almost doubled from 2013 to 2017. In 2013, 88,817 out of 4,934,272 SSI recipients had autism. Compared to 2017, 144,153 out of a total of 4,805,112 SSI recipients aged 18–64 had autism. The increase in overall participation in the SSA system could be attributed to an increase in proper diagnoses as has been observed in other datasets. Individuals with autism may have been categorized as having ID or DD by SSA; however, in the last several years they are being properly diagnosed and put in the autistic disorders category.

Mental Health Disorders.

The rate of employment among SSI recipients with mental health disorders has only minimally increased since 2010 to the present day, while this group’s proportion of total SSI recipients has been trending down (30.2% in 2010 to 27.8% in 2017). Compared to individuals with ID, DD, and autism, people with mental health disorders have much lower rates of employment. In 2017, only 4.8% of SSI recipients from this diagnostic group were employed compared to the other 3 groups: individuals with autism were employed at a rate of 3.5 times more and individuals with ID and DD at rates of almost 3 times more than this group.

Table 15: Total SSI Recipients and Rate of Employment Among SSI recipients by Diagnostic Group, 2010–2017

Diagnostic subcategories	SSI Recipients	2010	2011	2012	2013	2014	2015	2016	2017
Autistic disorder	Employed	19.1%	18.3%	18.0%	17.7%	18.3%	18.6%	18.5%	17.6%
	Total SSI Recipients	1.2%	1.4%	1.6%	1.8%	2.0%	2.3%	2.6%	3.0%
Developmental disability	Employed	10.9%	8.9%	9.6%	9.5%	9.2%	10.4%	12.4%	13.5%
	Total SSI Recipients	0.6%	0.7%	0.7%	0.7%	0.8%	0.8%	0.8%	0.8%
Intellectual disability	Employed	13.2%	12.8%	12.8%	12.5%	12.4%	12.6%	12.6%	12.4%
	Total SSI Recipients	20.2%	19.8%	19.1%	18.9%	18.8%	18.8%	18.8%	18.8%
Mental health	Employed	3.9%	3.7%	3.8%	3.7%	3.9%	4.2%	4.6%	4.8%
	Total SSI Recipients	30.2%	30.0%	29.4%	29.2%	29.0%	28.7%	28.4%	27.8%

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