What is this report?

This is the second in an annual series of snapshot reports on the employment of people with disabilities in Massachusetts developed by the Medicaid Infrastructure and Comprehensive Employment Opportunities (MI-CEO) grant. It is intended to provide people with disabilities, advocates, policymakers, researchers, and other interested parties an overview of the state and trends in employment of people with disabilities.

The report includes information on the employment of people with disabilities overall in Massachusetts as well as data on particular sub-populations of people with disabilities: those on Supplemental Security Income; MassHealth (Medicaid) members; and people receiving disability services from the Department of Mental Retardation, the Department of Mental Health, the Massachusetts Rehabilitation Commission, or the Commission for the Blind. Data are also given on services provided to people with disabilities through One-Stop Career Centers. These centers constitute the workforce development system for the general population.

Since each agency has a distinct population, mission, budget, and data collection mechanism, collecting consistent data across agencies is not possible at this time. A committee of the Executive Office of Health and Human Services, with support from the MI-CEO grant, is in the process of developing and implementing a common set of measures across agencies. In the meantime, this snapshot is intended to provide an overall view of the “state of the state” and should not be used for comparison across agencies.

Why report these data?

As the data in this report show, the unemployment and underemployment of people with disabilities is a significant issue in Massachusetts, as it is throughout the United States. The employment rate of people with disabilities is less than half that of people without disabilities, despite the fact that many people with disabilities want to work.

How is “employment” defined in this report?

Each agency has its own definition of “employment,” so the definition may vary slightly across data sets. For this report, however, we have defined “employment” as working for pay in an individual, community-based job where the individual is paid directly by the employer. A stricter definition, used in research on evidence-based employment practices, defines “competitive employment” as working for pay in an individual, community-based job where the individual is paid directly by the employer and the job is not specifically set aside for a person with a disability. Transitioning employment, one of the categories included in the Clubhouse Coalition (Department of Mental Health) employment total for this report, would not meet this stricter definition because the jobs are set aside for the clubhouse.

Overall, employment in Massachusetts declined in the early 2000s, with the employment rate dropping from 77% to 73% between 2000 and 2003. Since then, the rate has remained between 73% and 74%.

The employment rate for people with disabilities is considerably lower than the rate for the general population. In 2005, 37% of people with disabilities were employed, compared to 73% of all working-age adults. Incomes were also lower for people with disabilities: In 2005, 25% of working-age adults with disabilities had incomes at or below the poverty level, compared to 8% of working-age adults without disabilities.

* Part of the drop in employment rate from 2002-2003 was due to a change in survey wording. The 2003 version of the survey is considered more accurate; employment participation may have been overestimated in 2000-2002.

As of late 2005/early 2006, 16% of MassHealth members with disabilities were employed. Among those who were working, nearly 90% earned less than $20,000 per year.

One-Stop Career Centers, which provide services to job seekers in the general population, reported that 1494 customers with disabilities entered employment in fiscal year 2005. This figure includes only those who self-reported a disability.
In fiscal year 2005, approximately 3400 people with severe disabilities entered competitive employment and stayed employed for a minimum of 90 days after receiving services from MRC under the state/federal vocational rehabilitation program. On average, people who became employed worked 28 hours per week and earned $11.66 per hour. In addition, in fiscal year 2005 181 individuals in the state-funded Community-Based Employment Services program became employed in individual competitive jobs. Another 237 individuals in competitive jobs received ongoing supports from the same program.

In fiscal year 2005, the Department of Mental Health provided services to over 2700 people in employment, including 865 in Services for Education and Employment (SEE) and 1862 through clubhouses. People in the SEE program worked an average of 18 hours per week and earned an average of $7.74 per hour.

In fiscal year 2005, DMR supported 1591 individuals in individual integrated employment. People in integrated employment worked an average of 54 hours per month and earned an average of $7.39 per hour.

* Some of the apparent increase from 2004-2005 may be due to changes in data collection and analysis techniques in the SEE program.
What is the Massachusetts Medicaid Infrastructure and Comprehensive Employment Opportunities grant?

The Massachusetts Medicaid Infrastructure and Comprehensive Employment Opportunities grant (MI-CEO) is a collaborative project aimed at improving employment outcomes for people with disabilities. The partners are the Massachusetts Executive Office of Health and Human Services, the Institute for Community Inclusion at UMass Boston, and the Center for Health Policy and Research at UMass Medical School. A goal of the project is to increase the availability of useful information to policymakers, advocates, and anyone working to improve employment outcomes for people with disabilities in Massachusetts. The grant is funded by the Centers for Medicaid and Medicare Services (CFDA #93-768).

About this report

This report was developed by the Institute for Community Inclusion with input from the Center for Health Policy and Research and the MI-CEO leadership team.

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