

STATEDATA: THE NATIONAL REPORT ON EMPLOYMENT SERVICES AND OUTCOMES

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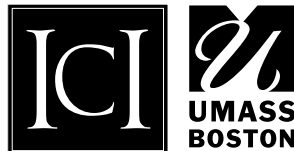
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ThinkWork!

Advancing employment and opportunity for people with intellectual and developmental disabilities



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Executive Summary

Federal and state policy has paved the way to support opportunities for people with disabilities to have meaningful jobs in their communities (Kiernan, Hoff, Freeze, & Mank, 2011; National Association of Councils on Developmental Disabilities, 2011). With an increasing emphasis on integrated employment and an Employment First philosophy, the nation is poised for transformation that could put Americans with disabilities on a path out of poverty and towards self-sufficiency.

However, there remains a significant gap in employment rates between people with and without disabilities. The 2014 American Community Survey (ACS) estimates that 33.7% of working-age adults with disabilities are employed, compared with 72.9% of people without disabilities (Butterworth et al., 2016). Labor force statistics for May 2016 estimate that 28.3% of individuals with disabilities ages 16 to 64 are employed, compared with 72.9% of those without disabilities (Bureau of Labor Statistics, June 2016). For people with intellectual and developmental disabilities (IDD), the disparity in employment participation widens further. Data from the National Core Indicators (NCI) Project suggest that in 2013–2014, only 16% of working-age adults supported by state IDD agencies were employed in a paid job in the community (Hiersteiner, Bershadsky, Bonardi, & Butterworth, 2016).

Community rehabilitation providers reported in 2010 that only 27% of individuals with IDD supported by their organization received integrated employment services, including both individual jobs and group supported employment (Domin & Butterworth, 2012). Those who are employed typically work limited hours with low wages (Boeltzig, Timmons, & Butterworth, 2008; Human Services Research Institute, 2016). At the same time, participation in facility-based and non-work services has grown, suggesting that employment services remain an add-on rather than a systemic change (Nord et al., 2016; Butterworth et al., 2015; Mank, 2003; Domin & Butterworth, 2012).

For over 25 years, the Institute for Community Inclusion (ICI) has been home to Access to Integrated Employment, a national data-collection project on day and employment outcomes funded by the Administration on Intellectual and Developmental Disabilities. Since 1988, this project has described the nature of day and employment services for individuals with IDD, and contributed to a comprehensive understanding of the factors that influence employment outcomes at the individual, service-provider, and state-policy level.

The report is divided into two major 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 2014), and datasets from the Social Security Administration, state vocational rehabilitation (VR) programs, and the U.S. Census Bureau (the American Community Survey).

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

wages, and poverty compared to those without disabilities. This year's data suggest:

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 19.1% in FY2014, similar to the 19.4% for FY2013, while investment in non-work services continues to expand. However, in FY2014, Connecticut, New Hampshire, Oklahoma, and Washington all reported that at least 40% of individuals receiving day and employment services were receiving integrated employment services. FY2014 data do suggest slight growth in the number of people in integrated employment services over the last five years.

In the VR system, the rehabilitation rate for FY2014 increased when compared to 2013, but was slightly higher than in 2010, the year following the recession of 2007–2009. Hourly wages have declined slightly over time. For the last three years, 2012–2014, 30% of VR closures with intellectual disabilities exited with a job within one year of when they applied for services. This is down from a peak of 36% of closures in 2008.

American Community Survey data continue to show that people with disabilities are much less likely to work than their counterparts without disabilities. People with a cognitive disability who are receiving Supplemental Security Income (SSI), the group likely to include people who have the most significant cognitive disabilities, have the lowest employment rate of all disability subgroups examined, and are the most likely to live in a household that is below the poverty line. The positive impact of the economic recovery on employment appears to have been stronger for people without disabilities than it has been for people with disabilities.

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

Data for FY2014 highlight the economic and employment disparities for individuals with IDD. While some data suggest progress (e.g., the four IDD state agencies that are serving over 40% of individuals in integrated employment services), overall data demonstrate the increasing need for policies and initiatives that prioritize employment. The evolving shift in states toward Employment First policies can make an important contribution to raising expectations, improving outcomes, and increasing self-sufficiency for individuals with IDD.

Introduction

Federal and state policy has paved the way to support opportunities for people with disabilities to have meaningful jobs in their communities (Kiernan, Hoff, Freeze, & Mank, 2011; National Association of Councils on Developmental Disabilities, 2011; US Department of Justice, 2016; Centers for Medicaid and Medicare Services, 2011; Workforce Innovation and Opportunity Act, 2014). In particular, 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 Department of Justice have clarified federal intent.

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

WIOA defines competitive integrated employment as full-time or part-time work at minimum wage or higher, with wages and benefits similar to those without disabilities performing the same work, and fully integrated with co-workers without disabilities, and establishes it as the optimum outcome. The legislation dramatically expands the role of state vocational rehabilitation (VR) services in supporting transition-age youth by establishing requirements for pre-employment transition services, and emphasizes interagency collaboration through mandatory agreements between state VR systems, state Medicaid systems, and state intellectual and developmental disability (IDD) agencies. Finally, WIOA places new restrictions on the use of sub-minimum wage under Section 511. The new section requires as of July 2016 a series of steps before an individual under the age of 24 can be placed in a job paying less than minimum wage. It also prohibits schools from contracting with sub-minimum wage providers, and requires that all subminimum wage recipients receive annual employment counseling from the designated state unit, typically the state VR agency.

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 have extended enforcement of the Americans with Disabilities Act and the Olmstead decision to mandate access to integrated community employment supports. Both settlements require that the state take action to ensure that employment is offered as a priority outcome, and that both participation in integrated employment and the quality of employment outcomes be improved.

Despite federal actions and the development of Employment First policy in over 30 states, there remains a significant gap in employment rates between people with and without disabilities. The 2014 American Community Survey (ACS) estimates that 33.7% of working-age adults with disabilities are employed, compared with 72.9% of people without disabilities (Butterworth et al., 2016). Labor force statistics for May 2016 estimate that 28.3% of individuals with disabilities ages 16 to 64 are employed, compared with 72.9% of those without disabilities (Bureau of Labor Statistics, June, 2016).

For people with IDD, the disparity in employment participation widens further. Data from the National Core Indicators (NCI) Project suggest that in 2014–2015, only 16% of working-age adults who are supported by state IDD agencies and who live in the community were employed in a paid job in the community (Hiersteiner et al., 2016). Community rehabilitation providers reported that, in 2012, only 27% of individuals with IDD supported by their organizations worked in integrated jobs, including both individual jobs and group supported employment (Domin

& Butterworth, 2012). Those who are employed typically work limited hours with low wages (Boeltzig, Timmons, & Butterworth, 2008).

People in individual supported jobs included in the NCI Project data worked an average of 13 hours per week, and earned \$113 per week (Hiersteiner et al, 2016). 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 (Nord et al., 2016; Butterworth et al., 2015; Mank, 2003; Domin & Butterworth, 2012).

Individuals with IDD have clearly expressed both a desire to be full participants in the typical labor force, and an expectation that they would be employed after graduation. The national self-advocacy group Self-Advocates Becoming Empowered has a policy statement calling for the end of sub-minimum wage and sheltered employment (SABE, 2009). Further, the research literature has documented the desire of individuals with IDD to be employed in the community (Migliore, Mank, Grossi, & Rogan, 2007; Timmons, Hall, Bose, Wolfe, & Winsor, 2011; Nonnemacher & Bambara, 2011; Walker, 2011). Data from the NCI suggest that 45% of individuals who are not working say that they want a job, but only 40% of those who wanted a job had this goal documented in their service plan (Hiersteiner et al., 2016).

Although resources and priorities have not coalesced nationwide, there is substantial evidence of progress across the country. In Fiscal Year (FY) 2014, CT, NH, OK, and WA all reported that at least 40% of individuals with IDD receiving day and employment services were receiving integrated employment services. As an outgrowth of the Access to Integrated Employment project, 26 states, including the District of Columbia, have committed to expansion of integrated employment by joining the State Employment Leadership Network (SELN, 2016).

The SELN is a membership roundtable co-managed by the ICI and the National Association of State Directors of Developmental Disabilities Services. Its work is guided by the High-Performing States Model, which identifies seven elements that transmit and maintain commitment to the goals of community inclusion and integrated employment (see Figure 1).

More than a decade of research by the Institute for Community Inclusion at the University of Massachusetts Boston (ICI) has found that integrated employment outcomes only improve if all policies and practices are realigned to support employment as the goal for all service recipients (Hall et al., 2007; Butterworth et al., 2016). Between 2004 and 2010, the reported percentage of individuals in integrated employment services grew from 32.1% to 36.4% for SELN states, and dropped from 19.9% to 18.4% in 2010 for non-SELN states (SELN, 2012).

Figure 1. High Performance Model



There is increasing federal investment in supporting employment outcomes. The WIOA Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities submitted its final report to the Secretary of Labor on ways to increase participation in competitive integrated employment for individuals with IDD and other individuals with significant disabilities in September 2016.

The Administration on Intellectual and Developmental Disabilities (AIDD) has issued multi-year system change grants to support states in cross-system collaboration to increase employment outcomes for youth and young adults. AIDD has also issued grants to establish community of practice opportunities for states engaged in Employment First efforts. Employment First strategies consist of a clear set of guiding principles and practices promulgated through state statutes, regulations, and operational procedures. All these practices target employment in typical work settings as the priority for state funding, and the purpose of supports furnished to people with IDD during the day. 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 several states.

In 2013, the Obama administration launched a new competitive grant program, Promoting Readiness of Minors in Supplemental Security Income (PROMISE). That year, over 211 million dollars were awarded to 5 individual states and to a consortium of 6 states (US Dept. of Education, 2013). PROMISE is designed to improve the education and career outcomes of low-income children with disabilities, ages 14–16, who receive Supplemental Security Income through the Social Security Administration. Outcomes of Wisconsin's Promise Grant show that teens enrolled in PROMISE work on average 16 hours per week and earn \$128 per week (Wisconsin Promise, 2016).

In addition to federal policy implementation under CMS, WIOA, and the Department of Justice, every state has some form of an Employment First initiative (APSE, 2016), which is nationally recognized as a policy path towards greater community employment for people with IDD. Employment First policies 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 strengthens the capacity of all individuals receiving publicly financed supports to enter the workforce and become contributing members of society (Moseley, 2009). Employment First represents a commitment by states, and state IDD agencies, to the propositions that all individuals with intellectual and developmental disabilities (a) are capable of performing work in typical integrated employment settings; (b) should receive, as a matter of state policy, employment-related services and supports as a priority over other facility-based and non-work day services; and (c) should be paid at minimum or prevailing wage rates.

Services and Supports Used by People with Intellectual/Developmental Disabilities

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, welfare, and childcare. Core supports are funded by state IDD and VR agencies, as well as local education agencies, and employment supports are provided by a network of over 8,000 community rehabilitation providers.

State IDD agencies.

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

State vocational rehabilitation (VR) agencies.

State VR agencies provide services to over one million people annually, closing approximately 600,000 cases in each fiscal year. As of 2014, approximately 7.6%, or 45,443, of those case closures can be identified as individuals with IDD, a person with a primary or secondary impairment code of intellectual disability (formerly categorized as mental retardation) (Butterworth et al., 2016).

In 2014, the Workforce Innovation and Opportunity Act (WIOA) began requiring that each state's public VR system have formal cooperative agreements with the state agency responsible for administering the state Medicaid plan and with state IDD agencies, with respect to the delivery of vocational rehabilitation services, including extended services. This is an emerging requirement for state VR agencies, although policy under the Medicaid HCBS program requires that individuals access VR for employment support prior to receiving Medicaid waiver funding. There is historical evidence that collaboration between state VR and Medicaid Home and Community-Based Services authorities is impeded by a wide range of systemic barriers, including lack of agreement about target populations and differences in culture and resources (Timmons, Cohen, & Fesko, 2004).

American Job Centers.

Established and supported under the Workforce Investment Act and its reauthorizations, these centers provide an underused resource for individuals with IDD and other disabilities. In 2014, 494,413 individuals with disabilities registered as job seekers for Wagner Peyser-funded services through American Job Centers (U.S. Department of Labor, Employment & Training Administration, 2015). Six hundred and sixty-one individuals with IDD who closed out of state VR services in 2013 (1.3% of all VR closures with IDD) were identified as referrals from American Job Centers (Butterworth et al., 2016). A number of provisions in WIOA emphasize and increase the requirements for the general workforce development system and American Job Centers, formerly called One-Stop Career Centers, to meet the needs of job seekers with disabilities. WIOA explicitly requires that state and local workforce development boards' members can include community organizations that provide or support competitive integrated employment for individuals with disabilities.

Medicaid.

Medicaid is both a primary source for health care for individuals with IDD and the largest federal source of funds for day and employment services under the Home and Community-Based Services waiver program. While historically there has been no clear preference for integrated employment in Medicaid-funded services, in 2011 the Centers for Medicare and Medicaid Services (CMS) issued a policy bulletin that provides guidance for the development of employment-related service definitions in 1915(c) waivers, and this guidance was incorporated into the 1915(c) Technical Guide in 2015. This guidance established individual integrated employment as a priority goal (CMS, 2011). Over the past decade, CMS has expanded its focus on employment through the Medicaid Infrastructure Grant program and expansion of state Medicaid buy-in programs. The 2014 Final Rule CMS 2249-F and CMS 2296-F, or Community-Based Settings Rule, strengthened expectations and requirements for what a community-based employment setting is (CMS, 2014).

Social Security.

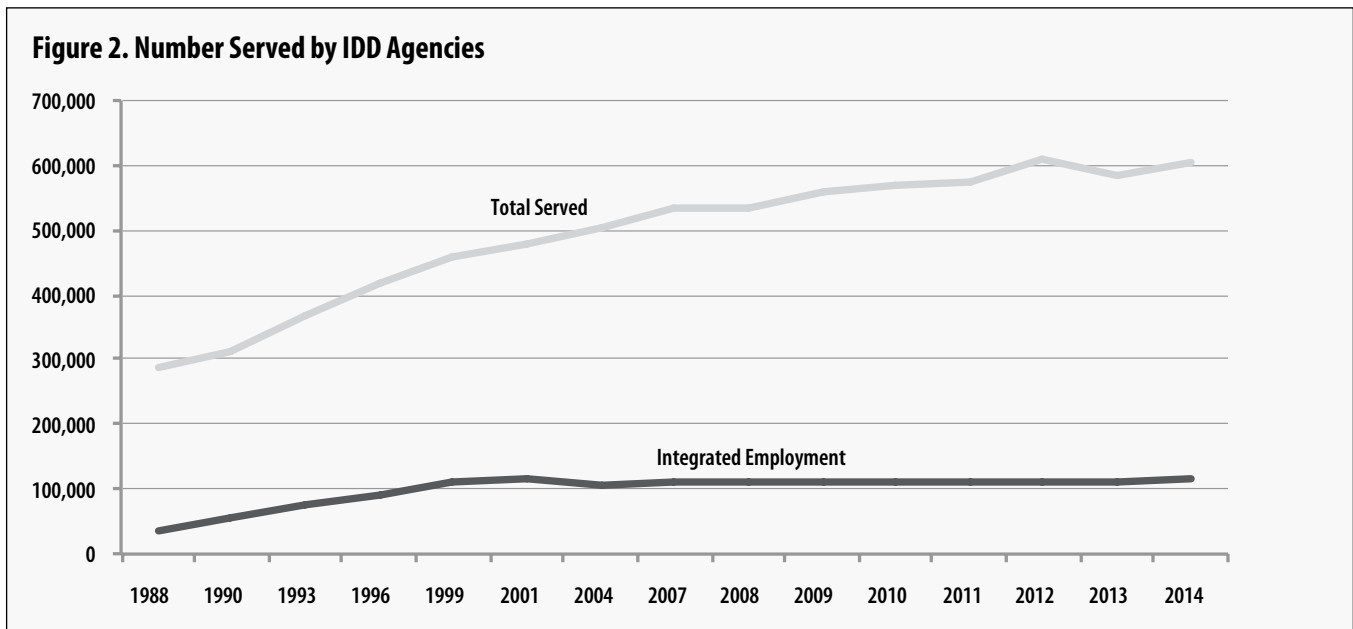
Social Security Administration (SSA) work incentives, such as the Plan for Achieving Self-Support, Impairment Related Work Expenses, and the Student Earned Income Exclusion, support employment by allowing individuals who receive Supplemental Security Income to exclude money, resources, and certain expenses from total earned income. The SSA also administers the Ticket to Work program, which provides beneficiaries with a ticket to purchase VR, employment, and other support services from any participating employment network or state VR agency (Social Security Administration, n.d.). Despite the SSA's initiatives, work incentives and the Ticket to Work program remain underused (Butterworth et al., 2016).

Community Rehabilitation Providers (CRPs).

CRPs and their staff are the primary source of day and employment supports for people with IDD. The ICI maintains a national provider list, and estimates that over 8,000 CRPs nationwide offer vocational services to individuals with disabilities. The majority (over 70%) of those served by CRPs are people with IDD (Metzel et al., 2007; Domin & Butterworth, 2012). Over two thirds of CRPs provide both work and non-work services (Metzel et al., 2007; Domin & Butterworth, 2012).

Factors that Influence Employment Outcomes

Despite state and federal initiatives, policy change, and emerging leadership, widespread integrated employment for people with IDD has not occurred. Nationally, an estimated 19% of individuals receiving day supports from state IDD agencies participated in integrated employment services during FY2014 (see Figure 4). This number has slowly declined after reaching a peak of almost 25% in FY2001. Overall growth in integrated employment slowed following the end of the RSA-Supported Employment Systems Change grants in the mid-990s (see Figure 2). 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., 2012). Continuing challenges for systems change include the following:



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 (Niemic, Lavin, & Owens, 2009). Additionally, CRPs that have closed a facility-based program report that state agencies are rarely a catalyst for change (Butterworth, Fesko, & Ma, 2000; Rogan & Rinne, 2011).

Expansion of community-based non-work (CBNW) services has competed with integrated employment (Sulewski, 2010). Forty-six state IDD agencies reported supporting individuals in CBNW services in FY2014, and indicated that about 30% of those served that year participated in CBNW. 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, in preparation).¹

Data suggest that CBNW services are loosely defined with respect to requirements, activities, populations served, and goals (Sulewski, Butterworth, & Gilmore, 2008). There is increasing interest in supporting community engagement in response to the CMS Settings Rule, and emerging concern about supporting non-work time for individuals who are working a limited number of hours. Emerging 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, and to understand how supports for community life engagement can support employment outcomes (Sulewski & Timmons, 2015; Timmons & Sulewski, 2016).

¹ This difference reflects both the ability of CRPs to more accurately report on individual service settings when compared to state IDD agencies' ability, and the inclusion of data from more states.

CRPs have not reallocated resources to community employment. Respondents to the ICI's 2014–2015 National CRP Survey indicated that 20.2% of individuals with IDD participated in individual employment services, a slight increase from the 18% reported in 2002–2003. An additional 7.4% of individuals were reported to be working in mobile work crews or enclaves. The majority of individuals participated in facility-based or non-work services (24.4% and 39.4%, respectively). The largest growth was in non-work services (facility-based or community-based). Between 2002 and 2010, participation in non-work services grew from 33% to 43%, offset by a decline in the percentage of individuals in facility-based work.

Research suggests continued service and philosophical variation within the provider community, making the creation of a unified vision for service delivery extremely difficult (ODEP, unpublished). Inge et al. (2009) found that almost 89% of respondents to a national survey of CRP administrators believe that facility-based programs are essential for individuals with disabilities who are having difficulty getting or maintaining real work in the labor force, and only 47% had a formal plan to expand integrated employment. Providers perceive inadequate funding and community resources to provide individual employment (ODEP, unpublished; West and Patton, 2010; Rosenthal et al., 2012). Front-line staff experience confusion about job development responsibilities, do not feel prepared to engage the mainstream business community, and have little training in providing appropriate supports to individuals with IDD in community settings (Butterworth & Fesko, 2001; West & Patton, 2010; Migliore et al., 2011; Rosenthal et al., 2012).

Funding mechanisms vary across states and do not always reflect policy priorities.

In an environment of increasing fiscal limitations and individualized budgeting, there is a growing need for state employment systems to discuss rate-setting and funding. Analysis of five states' employment funding structures suggests there is no "best" approach, but there are several key elements for success (Hall, Freeze, Butterworth, & Hoff, 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 SELN 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. Past experience has shown that 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.

Best practices in job supports are not consistently implemented.

Research has investigated competencies and training needs of direct support professionals (DSPs) in residential settings (Larson & Hewitt, 2005; Larson et al., 2007). However, less has been done to examine the same issues regarding DSPs who assist job seekers. These DSPs face complex responsibilities, ranging from meeting business demands to addressing the personal needs of people with disabilities (Test, Flowers, & Hewitt, 2004).

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, Hall, Butterworth, & Winsor, 2010). Findings also suggest that job developers have limited opportunities for effective professional development, including both formal and informal chances for learning (Hall, Bose, Winsor, & Migliore, 2014), though employment specialists who receive training and mentorship do improve the number and quality of the jobs they develop (Butterworth, Migliore, Nord & Gelb, 2012).

Individual employment outcomes have not improved.

Data consistently show that the majority of individuals with IDD work part-time in entry-level positions, have low incomes, and have limited access to employee benefits (Hiersteiner et al., 2016; Boeltzig, Timmons, Gilmore, & Butterworth, 2007; Mank, Cioffi, & Yovanoff, 2003). Outcomes have also declined for individuals with IDD served by state VR agencies. In 2014, a total of 45,443 people with intellectual disabilities exited the VR program. This figure was the lowest reported during the past ten years (see Table 7). Additionally, about 65% of the people with intellectual disabilities who exited the VR program in 2012 received services, compared to 72% of those exiting the program in 2004.

The hourly earnings of people with intellectual disabilities, adjusted for inflation, have remained about the same overall between 2005 (\$8.08) and 2014 (\$8.39). Schur, Kruse, Blasi, and Blank (2009) found that employees 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.

Transition-age youth continue to face challenges.

Data on youth and young adults with disabilities indicate that, similar to the adult population, they lag behind their peers without disabilities in measures of education, employment, and economic well-being. Nationally, compared to youth without disabilities, students with disabilities are less likely to receive a regular high school diploma, drop out twice as often, and enroll in and complete postsecondary education programs at half the rate (Chapman, Laird, & KewalRamani, 2010).

At two years post-high school, four in ten youth with disabilities are employed, compared to six in ten youth in the general population (Chapman, Laird, & KewalRamani, 2010). In 2013, about 20% of young people aged 16-21 with cognitive disabilities were employed, compared to 39% of youth without disabilities in the same age group. According to the NCI survey, in 2014 only about 7% of young adults aged 18-21 with IDD were working in integrated employment (Butterworth & Migliore, 2015). Among students with disabilities, students with IDD in particular have the lowest rates of education, work, and preparation for work after high school. Sulewski, Zalewska, and Butterworth (2012) found that outcomes for youth with IDD lag behind youth without IDD, and that this gap increases with age.

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. National Longitudinal Transition Study 2 data on high school students' transition plans show that 20% of students with intellectual disabilities had primary goals related to sheltered employment (Shogren & Plotner, 2012). Poor employment outcomes for youth with IDD are a result of a confluence of issues, including inadequate collaboration between the adult disability and education systems (Certo et al., 2008); insufficient family engagement in transition and employment planning (Altumairi, 2016); limited vocational experiences while in school (Wehman, 2006; Carter, Austin, & Trainor, 2011), and limited development of self-determination and career-related decision-making skills (Shogren & Plotner, 2012). Other employment system factors include low teacher expectations of students working (Carter et al., 2010), unmet needs for professional development of special education teachers (Winsor, Butterworth, Lugas, & Hall, 2010), lack of long-term follow-up of graduates after transition to employment (Rusch & Braddock, 2004), and limited implementation of best practices such as person-centered planning in schools (Mazzotti & Plotner, 2016; Winsor et al., 2010).

State IDD agencies widely view transition from school to adult life as an important time to establish a pathway into employment. However, National Core Indicator Project data suggest that only 16% of individuals with IDD ages 18–34 are working in integrated employment (Butterworth & Migliore, 2015).

Methodology

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

We provide a comprehensive overview that describes national trends in employment for people with IDD, and the appendices provide individual state profiles with data from several sources. These include the ICI's IDD Agency National Survey of Day and Employment Services (from FY1999, 2001, 2004, 2007, 2008, 2009, 2010, 2011, 2012, 2013, and 2014), and datasets from the Social Security Administration, Rehabilitation Services Administration, Bureau of Labor Statistics, and American Community Survey. The appendices provide a state-by-state analysis of trends across each dataset.

Data Sources

IDD Agency National Survey of Day and Employment Services

This survey is part of a longitudinal study commissioned by the Administration on Intellectual and Developmental Disabilities to analyze community-based day and employment service trends. Data is presented for services received between FY1988 and 2014 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 FY2014.

The survey is designed to provide the following information:

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

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

In 1996, the category of community-based non-work services was added to the survey. The most recent changes to the survey occurred in 2010. States are now asked not only to provide the number of individuals in each service category, but also to indicate if they provided each service. Additionally, states are now asked specific questions about the number of individuals that they serve who are working for pay in jobs in the community, in order to distinguish between services and employment outcomes. Since 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 2015 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. States were asked to complete the most recent survey using data from FY2014.

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

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

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

Table 1. IDD Survey Service Definitions

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

In a typical year, between 40 and 45 states complete the IDD survey. The authors produce figures for total served in day and employment services and total served in integrated employment by estimating these data points for states that did not report these data in a particular year. The researchers used the linear trend method for estimating missing values that is available in Statistical Package for the Social Sciences (SPSS) Version 21.0 to produce these estimates. This algorithm uses all non-missing observations in a series to fit a regression line, and applies a regression equation to replace the missing values.² To increase stability of the estimates for states that did not report on these data points, data from the literature were added to the IDD survey observations, with FY2013 data drawn from the most recent literature available (Braddock et al., 2015).

2. For more information on the Replace Missing Values algorithm applied by SPSS, go to www-01.ibm.com/support/knowledgecenter/SSLVMB_21.0.0/com.ibm.spss.statistics.help/alg__rmv__lineartrend.htm

Rehabilitation Services Administration 911 (RSA-911) Database

The RSA-911 is a public access database that captures individual characteristics, services provided, and employment outcomes at the point of closure from VR services. Records are at the individual level, covering roughly 600,000 case closures per year.

Table 2. RSA Service Definitions

Term	Explanation
Closure	Data in the RSA-911 are collected at the time of closure (conclusion) of VR services. The VR closure categories used in this report include closure with an employment outcome after receiving services (formerly Status 26), and closure without an employment outcome after receiving services (formerly Status 28).
Successful rehabilitation	Closure with an employment outcome, including integrated employment (including supported employment), self-employment, state-agency-managed business enterprise, homemaker, and unpaid family worker.
Rehabilitation rate	The percentage of individuals receiving services who achieve a successful rehabilitation. Calculated as: closures with an employment outcome / closures with an employment outcome + closures without an employment outcome after receiving services.
Supported employment services	Supported employment may be funded from Title VI-b funds, funds dedicated to supported employment under the Rehabilitation Act, or general rehabilitation funds.

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

American Community Survey

The American Community Survey (ACS) is a national survey designed and administered by the U.S. Census Bureau to better understand changing communities. The ACS collects information from all 50 states and D.C. on topics such as disability, age, race, income, and other demographic and personal data (www.census.gov). To gather information on people with disabilities, the Census Bureau asks six questions on long-lasting conditions and functional impairments. Any person who indicates having one or more of these conditions or functional impairments is coded as having a disability. The individual items used to collect these data points are outlined in Table 3.

Social Security Administration (SSA)

These data are abstracted 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. See Table 4 for Work Incentive Program Definitions.

Table 3. ACS Service Definitions

Term	Explanation
Employment rate	The percent of civilian, non-institutionalized working-age (16–64 years old) individuals who have a job.
Disability categories	<p>The 2000 through 2007 ACS classifies individuals as having a disability based on:</p> <p>1) Presence of a long-lasting condition in one or both of the following areas:</p> <ul style="list-style-type: none"> • Blindness, deafness, or a severe vision or hearing impairment (sensory disability). • Substantial limitation in the ability to perform basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying (physical disability). <p>And/or</p> <p>2) Difficulty doing any of the following activities because of a physical, mental, or emotional condition lasting six months or more:</p> <ul style="list-style-type: none"> • Difficulty learning, remembering, or concentrating (mental disability). • Difficulty dressing, bathing, or getting around inside the home (self-care disability). • Difficulty going outside the home alone to shop or visit a doctor's office (go-outside-the-home disability). • Difficulty working at a job or business (employment disability). <p>The 2008 and 2009 ACS classify individuals as having a disability based on:</p> <p>1) 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)?

Table 4. Work Incentive Program Definitions

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

State Demographics

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

IDD Agency National Survey of Day and Employment Services (FY1999–2014)

The data reported here are the core elements of the Institute for Community Inclusion’s IDD Agency National Survey of Day and Employment Services. These data focus on participation in integrated employment, community-based non-work, and facility-based services. Data are solicited from all 50 states and the District of Columbia. The number of reporting states varied from 37 to 46 over the time studied (1999–2014).

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.

Major findings include:

- National estimates suggest that, after remaining flat between 1999 and 2009, there has been very modest growth in the number of individuals in integrated employment between 2010 and 2014.
- The estimated percentage of individuals participating in integrated employment services was 19.1% in FY2014.
- Growth in supported employment primarily occurred between the mid.980s and mid.990s, and there has been a decline in the percentage of people with IDD in integrated employment since 2001.
- Growth in community-based non-work services has continued for states that report offering this service.
- There is large variation across states in participation in integrated employment.

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

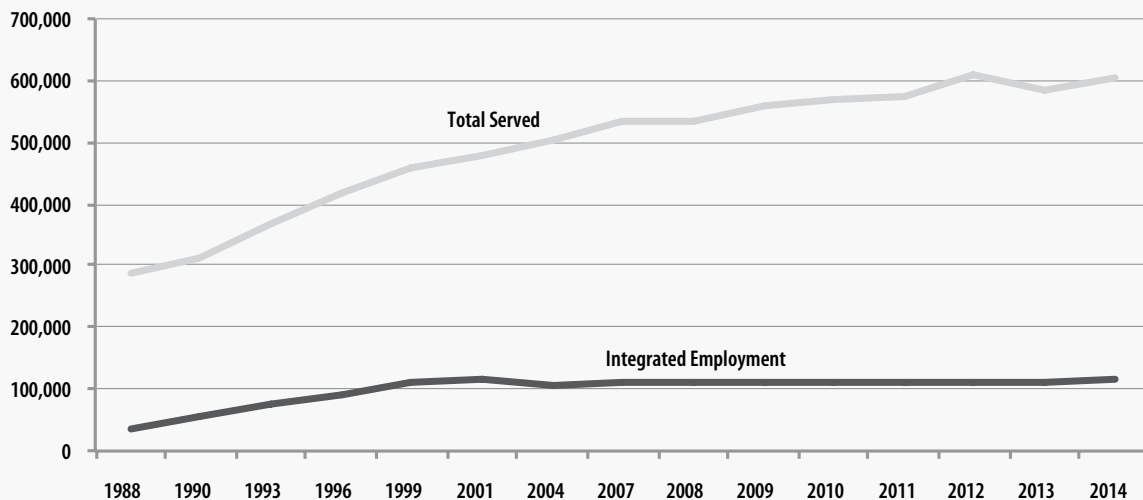


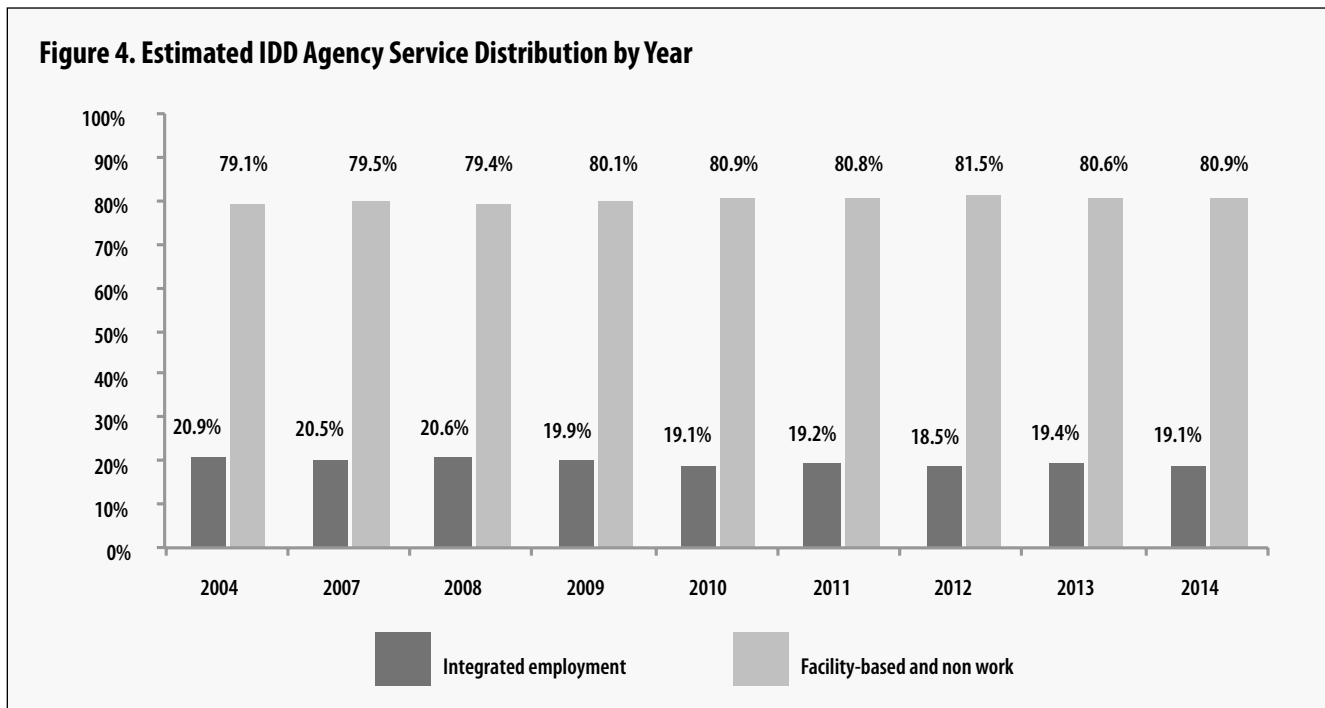
Table 5. Participation in Day and Employment Services in FY2014

State	Total Served	Percent Integrated Employment	Percent Community-Based Non-Work	Percent Facility-Based Work	Percent Facility-Based Non-Work
AK	1891	23%	0%	0%	98%
AL	4793	4%	0%	2%	94%
AR	*	*	*	*	*
AZ	8489	22%	0%	10%	67%
CA	82963	12%	76%	12%	0%
CO	8331	28%	72%	0%	53%
CT	10034	47%	7%	3%	45.5%
DC	1253	17%	27%	0%	56%
DE	2076	26%	13%	28%	31%
FL	17414	13%	*	*	*
GA	19530	12%	23%	0%	64%
HI	*	*	*	*	0%
IA	14725	16%	0%	24%	59%
ID	3579	6%	66%	0%	0%
IL	23959	6%	0%	<1%	92%
IN	13356	14%	77%	34%	48%
KS	6141	14%	56%	50%	62%
KY	6984	10%	82%	0%	8%
LA	5093	32%	<1%	25.5%	42%
MA	15728	37%	24%	16%	55.5%
MD	13143	39%	0%	0%	61%
ME	3628	28%	93%	0%	0%
MI	17352	23%	36%	25%	28%
MN	26233	11%	30%	50%	7%
MO	5831	12%	62%	0%	57%
MS	3021	21%	0%	64%	16%
MT	1836	24%	0%	58%	52%
NC	15619	22%	17%	18%	37%
ND	*	*	*	*	*
NE	4469	4%	57%	45%	35%
NH	3623	44%	62%	0%	0%
NJ	*	*	*	*	*
NM	3318	32%	77%	0%	51%
NV	2451	17%	<1%	46.5%	36%
NY	62313	12%	1.5%	11.5%	74%
OH	33386	23%	0%	54%	40.5%
OK	4134	60%	29%	56%	0%
OR	10919	33%	32%	24%	25%
PA	29132	18%	47%	32%	34%
RI	3475	33%	58%	14%	77.5%
SC	7460	29%	12%	38%	42%
SD	2546	20%	31%	65%	32%
TN	7110	19%	94%	<1%	53%
TX	28663	11%	0%	0%	89%
UT	3274	21%	79%	0%	0%
VA	15876	26%	6%	4.5%	64%
VT	2985	38%	62%	0%	0%
WA	8441	86%	12%	5.5%	<1%
WI	16569	18%	17%	44%	48%
WV	2192	38%	100%	<1%	62%
WY	1448	17%	0%	11%	75%

*Data not reported

In FY2014, an estimated 605,301 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 115,557 in FY2014, including modest growth in each year since 2010. However, 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 FY2014. In FY2014, an estimated 19.1% of individuals receiving day supports from state IDD agencies received integrated employment services. These data demonstrate a decline in the estimated percentage of people served in integrated employment services (from 24.2% in 2001), suggesting that the growth seen in employment between the mid-980s and mid-990s has not continued.



The data also demonstrate an increase in the percentage of people served in facility-based and non-work settings. Variability in the number of states that are able to report data in these three individual service categories (facility-based work, facility-based non-work, and community-based non-work) limits our ability to pinpoint the specific setting in which growth is occurring. However, analysis using data from states that are able to report data in each of the three service categories suggests that participation in facility-based work has remained stable or declined slightly, and the percentage of individuals served in non-work settings is increasing.

In FY2014, fourteen state IDD agencies reported that their state agencies did not support individuals in facility-based work services. However, this does not mean that those 14 states have eliminated all funding for facility-based work. A state’s ability to report on facility-based work is impacted by service structure and state reporting capacity; many states have facility-based work services embedded within their facility-based non-work services, or rely on other state agencies to fund these services.

Vermont’s IDD agency is nationally recognized for not funding facility-based or group supported employment services, and a review of active 14c sub-minimum wage certificates indicates that there are no active certificates in the state. Other states that should be recognized for having strong IDD agency policy for not funding facility-based work services are the District of Columbia, Maine, New Hampshire, and Massachusetts. Maryland passed legislation in 2016 that will phase out the use of subminimum wage over a four-year period.

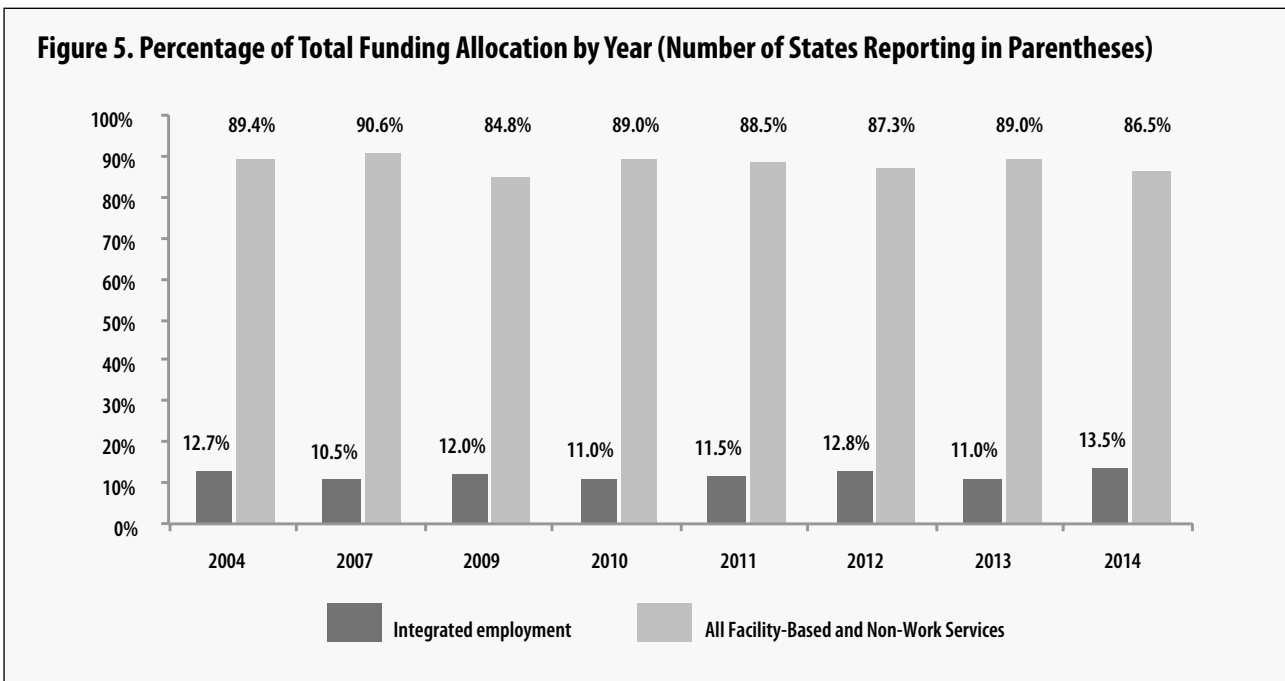
State efforts to increase the number of individuals in integrated employment are expanding through investments such as Employment First initiatives, membership in the State Employment Leadership Network, Administration on Intellectual and Developmental Disabilities systems change projects, and participation in Department of Labor, Office of Disability Employment Policy initiatives, although the results of these efforts on national trends are not yet clear.

Data were examined for 38 states that provided the total number of individuals served and the number of individuals in integrated employment services for each year between 2007 and 2014. Of these 38 states, the total number of individuals reported as participating in a day or employment service decreased in 11 states, with an average reduction of 2,082 individuals (range: 34–11,375), and increased in 27 states, with an average increase of 2,853 (range: 150–15,111).

The number of individuals reported as receiving integrated employment services across these 38 states declined in 15 states with an average reduction of 519 (range: 2–2,063). However, in the 21 states that increased the number of individuals in integrated employment, the average increase was 816 individuals (range: 28–3,323). States that reported increasing the number of individuals served in integrated employment by more than 500 individuals between 2001 and 2014 were CO, MA, MD, MN, NC, NH, OR, VA, 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.

States vary in their ability to report on funding for day and employment services by service setting. Figure 5 shows trends in funding allocation by service setting for states that reported these monetary figures. Facility-based and non-work settings continue to make up the largest percentage of expenditures for day and employment services. Collectively, states that reported funding facility-based work and non-work services (n=44) allocated 86.5% of the funding for all day and employment to services in these settings in FY2014. In contrast, states that reported funding for integrated employment (n=44) allocated 13.5% of the funding for all day and employment services to integrated employment services in FY2014.

There has been a net decrease in the percentage of reported funds allocated toward facility-based services since 1999. However, there has been little fluctuation over time in the percentage of funding allocated toward integrated employment, which peaked in 2001 at 16.6%, but otherwise has ranged between 9.6% and 13.5% in all other years since 1999.



More individuals are participating in integrated employment services than are working in the community.

In FY2009, the survey began asking states about their ability to provide data on the number of individuals working for pay in integrated community jobs, including competitive employment, individual supported employment, group supported employment, and self-employment. These questions were added because the percentage of individuals in integrated employment services does not reflect the number of individuals working.

For example, data from the National Core Indicators (NCI) Project suggest that, in 2013–2014 only 16% of working-age adults supported by state IDD agencies worked in integrated employment, and NCI data has consistently reported a lower percentage of adults working than the ICI survey has reported in integrated employment services. While the NCI data are collected on a broader population, typically individuals who receive any service from the state IDD agency rather than individuals who receive a day or employment service, the difference likely reflects the time when individuals are looking for work or between jobs, and in some cases, integrated or supported employment services may include other activities.

One characteristic of states that support a high percentage of individuals in integrated employment services is the presence of a comprehensive employment outcome data-collection system (Hall et al., 2007). While in FY2014 more than half of states (n=27) that responded to the survey reported collecting data on the number of individuals working for pay in the community, many states do not engage in this practice. States that reported collecting data on the number of people working are AZ, CA, CO, CT, FL, ID, KS, MA, ME, MI, MN, MO, MT, NC, NH, NV, NY, OK, SD, TN, TX, UT, VT, WA, WI, WV, and WY.

Table 6. Individuals Working in the Community in FY2014

State	Total Served	All Individuals Working in the Community	Total in Integrated Employment Services	Receiving Integrated Employment Service and Working in the Community
AZ	8489	1890	1890	1890
CA	82963	10070	10070	10070
CO	8331	2336	2336	2336
CT	10034	4739	4739	4739
FL	17414	3075	2236	2033
ID	3579	201	201	201
KS	6141	845	845	845
MA	15728	3868	5739	3868
ME	3628	1000	1000	1000
MI	17352	2739	4041	1053
MN	26233	NA	2879	2539
MO	5831	968	692	466
MT	1836	408	445	408
NC	15619	931	3478	969
NH	3623	1602	1602	1375
NV	2451	409	409	409
NY	62313	7457	7457	7457
OK	4134	2483	2483	2483
SD	2546	1862	518	420
TN	7110	1340	1340	1340
TX	28663	896	3064	896
UT	3274	701	689	478
VT	2985	1127	1127	1127
WA	8441	4887	7233	4887
WI	16569	2802	3046	2802
WV	2192	824	824	824
WY	1448	156	240	83

Twenty-six states were able to report on the total number of individuals served in any day and employment service who were working for pay in community jobs. The total number of individuals who worked in paid integrated employment in FY2014 as reported by these 26 states was 59,616. In these 26 states, 17% of individuals who received any day and employment service were working in the community in integrated jobs. These data indicate that there are some individuals with IDD working for pay in the community who are not receiving paid employment supports from their state IDD agency, but are receiving other employment or day services.

States were also asked how many of the individuals participating in integrated employment services work for pay in the community. Twenty-seven states were able to report on the total number of individuals receiving integrated employment services who were working in paid integrated employment positions in FY2014 (n=56,998). In these 27 states, 81% of individuals who received integrated employment services were working in the community in integrated jobs. This indicates that the number of individuals earning wages who received integrated employment services from their state IDD agency was lower than the total number receiving these services. In other words, not every person who received integrated employment services was working for pay. This difference may grow in future years as states add integrated employment services such as Discovery and Career Exploration that are intended to support individuals to transition into individual integrated jobs.

Community-based non-work (CBNW) continues to grow.

First added to the survey as a service option in FY1996 in response to state feedback, the number of states reporting providing CBNW services has grown from 18 in FY1996 to 35 in FY2014. Nationally, reported participation in CBNW has grown steadily for states that report it as a service, from 18.7% in FY1999 to 40% in FY2014. CBNW services accounted for 44% of state IDD agency expenditures for FY2014, for states that reported expenditures for this service (n=30).

The rapid growth in CBNW services may reflect a growing emphasis on community presence, although the nature of the service that is being reported and the contribution of this service to community participation remain unclear. Data reported by Community Rehabilitation Providers in a national survey suggest that only 16.4% of individuals with IDD participate in CBNW (Domin & Butterworth, 2012). While CRP and IDD agency responses are not directly comparable, and may reflect differing approaches to reporting duplication of service, the disparity raises concerns about how state agencies are defining and categorizing services. There is currently a limited amount of data on the structure, activities, and outcomes of this service, and states have not established clear service expectations or quality-assurance strategies (Sulewski, Butterworth, & Gilmore, 2008; Sulewski, 2010).

While some states report service requirements for how much time CBNW participants spend in the community, it is possible that some states have reclassified services from facility-based to community-based as the emphasis on community participation grows, even though substantial time is still spent in facility-based settings. The trend toward CBNW services raises concerns about the clarity of the service system's goals for community employment. It is highly likely, due to the lack of specificity of the goals of CBNW services (Sulewski, Butterworth, & Gilmore, 2008), that as funds transition to the community, non-work services are seen as an alternative to (rather than a complement to or an avenue towards) integrated employment services.

Sulewski, Butterworth, and Gilmore (2008) recommend that states use CBNW services as a supplement to integrated employment services. As the prevalence of CBNW services grows, additional research is needed on whether these services enhance or impede integrated employment outcomes, and how CBNW services can be individualized to support a person during the hours s/he is not working in the community.

Medicaid Title XIX Waiver services are the primary funding source for day and employment services.

Medicaid Title XIX Waiver Funds are the largest sources of funds for day and employment services, representing 68.5% of reported funds in FY2014. Medicaid waivers as a funding resource to support individualized integrated employment have received significant attention in recent years. Based upon feedback from State Employment Leadership Network member states, in September 2011, CMS released an information bulletin, “1915(c) Waiver Technical Guidance Revisions,” on waiver program employment services. The bulletin emphasized the importance of integrated employment and person-centered planning, and distinguished between pre-vocational and supported employment services. The bulletin also discussed best practices. It split supported employment into two core service definitions—individual and small group (two to eight people)—and added a new core service definition for career planning (Kennedy-Lizotte & Freeze, 2012).

In September 2015, CMS offered clarification to state Medicaid authorities on the development of reimbursement strategies to incentivize 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, two AIDD-funded grants (Partnerships in Employment and the Community of Practice for Supporting Competitive Integrated Employment for Individuals with Intellectual and Developmental Disabilities), and the Office of Disability Employment Policy’s Employment First State Leadership Mentor Program to support the redesign of their Medicaid Title XIX Waivers to increase individualized integrated employment outcomes.

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

In FY2014, 36 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%, similar to the percentage of all day and employment dollars spent on this service. Expenditures on facility-based non-work services made up the greatest percentage of dollars spent (44%), and expenditures on community-based non-work services made up 28% of dollars spent, representing a continued investment in all non-work services.

Butterworth, Kennedy-Lizotte, and Winsor (2012) suggest several reasons why, despite the increased emphasis on individual integrated employment as a priority in the development and administration of Medicaid Title XIX Waivers, dollars from this source continue to be overwhelmingly spent on non-work services. These reasons include overly complicated funding systems that are not easily understood by provider agencies, case management staff, resource allocation staff, and individuals and their families; the inability to bill for non-direct services needed for successful job development; the failure to capture the real-world cost of providing individual integrated employment services and an over-reliance on the historical cost; the failure to include the cost of individual integrated employment when developing individual service budget allocations; the expectation that transportation of the individual to a job in the community will be paid for out of the integrated employment rate; and the failure to identify transportation as a separate service that has a distinct payment rate from the payment for an employment or day service.

Trends in Vocational Rehabilitation: 2005–2014

In this section, we describe the employment and postsecondary education outcomes of all adults with intellectual disabilities who exited the state and territory vocational rehabilitation (VR) programs during fiscal years 2005 through 2014. To provide context, we compare the findings with the corresponding outcomes of people with other disabilities. We also describe selected employment outcomes disaggregated at the state level for fiscal year 2014. In this section we focus on integrated employment, defined as work in integrated settings with or without support.

Major findings regarding people with intellectual disabilities included the following:

- Over time, fewer people with an intellectual disability exited the VR program
- The percentage of people receiving services slightly increased
- The rehabilitation rate has increased
- Hourly earnings and weekly wages continued to decline
- Weekly work hours slightly decreased
- Time from application to employment slightly decreased
- The percentage of people who attained a postsecondary outcome remained low and about the same
- The majority of people were male, most were white, and most were transition-age young adults
- Outcomes varied considerably across states
- Over time, fewer people exited the VR program.

As Table 7 shows, in 2014, a total of 45,443 people with intellectual disabilities exited the VR program. The 2014 figure was the lowest of the ten years examined. The maximum figure was reported in 2006, when 56,487 people with intellectual disabilities exited the program.

The corresponding figure for people with other disabilities was 495,293 in 2014, a higher figure compared to 2013 (492,247), but still lower compared to earlier years.

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

	Total closures		Received services		Rehabilitation rate		Hourly wage*		Weekly hours*		Got a job in one year	
	ID	Other	ID	Other	ID	Other	ID	Other	ID	Other	ID	Other
2005	56,332	498,250	71%	63%	55%	55%	\$8.08	\$12.32	25	34	35%	37%
2006	56,487	500,072	71%	62%	56%	56%	\$8.03	\$12.39	26	34	35%	37%
2007	53,620	491,016	70%	62%	58%	57%	\$8.17	\$12.49	25	33	35%	38%
2008	53,974	506,005	69%	62%	56%	55%	\$8.24	\$12.54	25	33	36%	39%
2009	49,382	488,824	66%	59%	53%	53%	\$8.59	\$12.66	24	32	35%	37%
2010	49,697	511,441	65%	58%	48%	49%	\$8.78	\$12.49	24	32	33%	37%
2011	47,812	494,273	66%	60%	51%	51%	\$8.57	\$12.11	24	32	32%	36%
2012	46,672	484,330	65%	60%	52%	53%	\$8.51	\$11.95	24	32	30%	35%
2013	48,847	492,247	66%	62%	50%	51%	\$8.44	\$11.79	24	31	30%	34%
2014	45,443	495,293	67%	58%	56%	54%	\$8.39	\$11.68	23	31	30%	33%

Note: ID = Intellectual disabilities; Other = Other disabilities

*In 2014 dollars

The percentage of people receiving services slightly increased.

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

Nevertheless, the percentages of people with intellectual disabilities who received services were consistently higher compared to the corresponding figures for people with other disabilities across the years examined. In 2014, only 58% of people with other disabilities who exited the program received services, a slight decline compared to earlier years (e.g., 63% in 2005; Table 7).

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

The rehabilitation rate has increased.

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

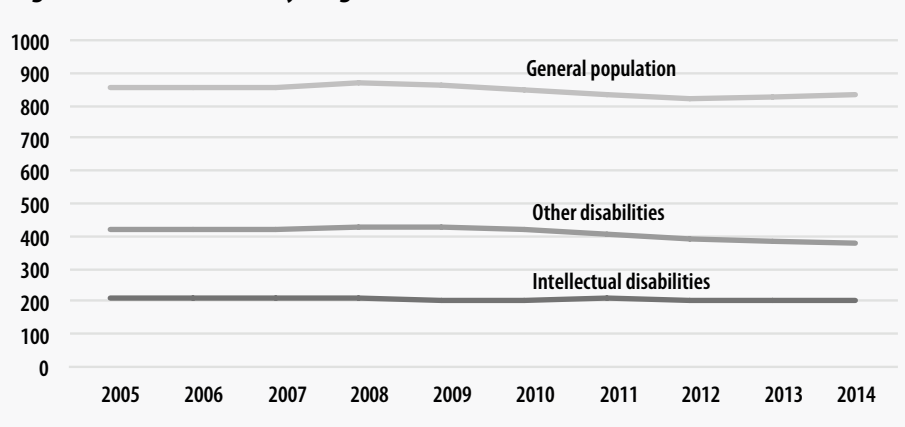
Hourly earnings and weekly wages continued to decline.

The hourly earnings of people with intellectual disabilities, adjusted for inflation, continued to decline from the maximum of \$8.78 in 2010 to \$8.39 in 2014. Similarly, hourly earnings of people with other disabilities declined from a maximum of \$12.66 in 2009 to \$11.68 in 2014 (in 2014 dollars).

As Figure 6 shows, inflation-adjusted weekly wages of people with intellectual disabilities who exited with an employment outcome in 2014 were slightly lower compared to the previous years: \$200 in 2014, compared to \$204 in 2013. The weekly wages of people with other disabilities have also declined over time, though this group earned almost twice as much as their peers with intellectual disabilities (\$379 in 2014).

In contrast, the general population wages 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 compared to the maximum of \$211 in 2010. The wages of people with other disabilities are 12% lower compared to the maximum of \$432 in 2008. Finally, the general population wages are 4% lower compared to the maximum of \$904 in 2007.

Figure 6. Trends in Weekly Wages (in 2014 Dollars)³



³ 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 slightly decreased.

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

Time from application to employment slightly decreased.

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

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

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

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

Between 2005 and 2014, about 3% of people with intellectual disabilities exited the VR program with one of the following postsecondary education outcomes after reporting that they had no postsecondary outcome at application: postsecondary education, no degree; associate degree or vocational/technical certificate; or bachelor’s, master’s, or a higher degree. In earlier years, only 2% reported a postsecondary education outcome. The figure was higher for people with other disabilities. Between 2007 and 2014, about 11% of people with other disabilities reported exiting the program with greater postsecondary education outcomes than at application. This figure was slightly lower than in earlier years, when it reached 12%.

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

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

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

	Gender				Race and ethnicity							
	Male		Female		White (Non-Hispanic)		Black (Non-Hispanic)		Hispanic		Other	
	ID (%)	Other (%)	ID (%)	Other (%)	ID (%)	Other (%)	ID (%)	Other (%)	ID (%)	Other (%)	ID (%)	Other (%)
2005	55	55	45	45	60	67	32	22	7	9	2	3
2006	55	55	45	45	60	68	33	22	7	9	1	1
2007	55	55	45	45	59	66	32	22	7	9	2	3
2008	55	56	45	44	58	66	33	22	7	9	2	3
2009	56	56	44	44	58	66	33	23	7	9	2	3
2010	57	57	43	43	56	64	34	24	8	9	2	2
2011	58	57	42	43	56	64	34	24	8	10	2	3
2012	58	57	42	43	55	64	35	24	7	10	3	3
2013	58	56	42	44	54	63	35	24	8	10	2	3
2014	57	56	43	44	56	63	33	24	9	11	3	3

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

People with other disabilities included a greater proportion of white people: 63% in 2014, down from 68% in 2006. Also in the case of people with other disabilities, the second largest racial group was black: 24% in 2014, slightly up from 22% in 2005. Hispanics represented 11% of the total in 2014, a slight increase from 9.0% in earlier years.

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

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

Outcomes varied considerably across states.

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

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

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

The hourly wage of people with intellectual disabilities varied from \$7.54 in California to \$10.59 in the District of Columbia. For people with other disabilities, earnings varied from \$10.02 in South Dakota to \$18.22 in Connecticut.

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

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

Table 9. State Outcomes in 2014

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

Note: ID = intellectual disabilities; Other = other disabilities

US Territories

This section describes the VR program outcomes reported for the five US territories of American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. The main findings regarding people with intellectual disabilities included the following:

- The number of closures increased
- The percentage of people who received services slightly increased
- The rehabilitation rate continued a declining trend
- Hourly earnings slightly increased
- Weekly work hours slightly increased
- Only a small percentage of people gained employment within one year from application
- The vast majority of VR closures from the territories are people of Hispanic ethnicity

Table 10. Trends in Employment Outcomes in the Five Territories: 2005–2014

	Total closures		Received services		Rehabilitation rate		Hourly wage*		Weekly hours*		Got a job in one year	
	ID	Other	ID	Other	ID	Other	ID	Other	ID	Other	ID	Other
2005	639	6,736	60%	51%	65%	61%	\$6.80	\$9.93	28	34	3%	5%
2006	638	7,141	59%	47%	64%	60%	\$6.73	\$9.48	28	34	5%	6%
2007	566	7,198	59%	44%	63%	64%	\$6.75	\$9.18	27	34	4%	8%
2008	570	7,838	54%	42%	54%	61%	\$7.03	\$9.51	28	34	8%	8%
2009	600	7,922	57%	40%	60%	56%	\$7.96	\$10.03	27	33	4%	6%
2010	775	8,913	46%	38%	51%	57%	\$8.16	\$10.07	26	33	5%	5%
2011	728	7,740	55%	46%	53%	58%	\$8.01	\$9.51	26	33	7%	5%
2012	498	6,826	67%	56%	56%	63%	\$8.06	\$9.27	27	34	7%	5%
2013	402	6,625	79%	64%	55%	60%	\$7.69	\$9.33	27	34	4%	4%
2014	421	7,211	80%	62%	45%	57%	\$7.76	\$9.15	28	33	7%	3%

Note: ID = Intellectual disabilities; Other = Other disabilities

*In 2014 dollars

The number of closures has decreased since 2005.

As Table 10 shows, in 2014, a total of 421 people with intellectual disabilities exited the VR program. This figure was slightly greater than in 2013 (402), but still lower than in earlier years (775 in 2010). The corresponding figure for people with other disabilities was 7,211 in 2014, a higher figure compared to 2013 (6,625), but not the highest figure reported during the years examined (8,913 in 2010).

The percentage of people who received services slightly increased.

Receiving services is the first step toward an employment outcome. As Table 10 shows, the percentage of people with intellectual disabilities who received services has been increasing since 2010 (46%), reaching 80% in 2014. However, the percentage of people with other disabilities receiving services has slightly decreased in 2014 (62%) compared to 64% in 2013. These data also show that people with intellectual disabilities were more likely to receive services compared to their peers with other disabilities.

The rehabilitation rate continued a declining trend.

The rehabilitation rate is the percentage of people who gained employment out of the total number of people who received services. As Table 10 shows, in 2014 the rehabilitation rate of people with intellectual disabilities declined to 45%, a substantially smaller figure compared to 55% the year before in 2013 and 65% in 2005. Overall, the figures reported for people with other disabilities reflected a similar—although less severe—decline: 57% in 2014, compared to 60% in 2013.

Hourly earnings slightly increased.

Inflation-adjusted hourly earnings of people with intellectual disabilities increased from \$7.69 in 2013 to \$7.76 in 2014. However, the figure was still \$.40 lower than in 2010 (\$8.16). Hourly earnings of people with other disabilities slightly declined, from \$9.33 in 2013 to \$9.15 in 2014.

Weekly work hours slightly increased.

In 2014, people with intellectual disabilities who exited the program with employment worked an average of 28 hours per week, up from 27 hours in 2013. People with other disabilities reported slightly fewer weekly work hours: 33 in 2014, compared to 34 in 2013.

Only a small percentage of people gained employment within one year from application.

Only 7% of people with intellectual disabilities gained employment within one year from application in 2014, an increase from 3% in 2013, but a figure similar to earlier years. The corresponding figure for people with other disabilities was 3% in 2014, showing a declining trend from the 8% figure in 2008.

The vast majority of VR closures from the territories are people of Hispanic ethnicity.

Of the total number of people with intellectual disabilities who exited the VR program, the majority were people of Hispanic ethnicity: 91% in 2014. This figure was the lowest during the 10 years examined during which it was typically around 95%. The percentage of people with other disabilities who were of Hispanic ethnicity (95%) was the same as in earlier years.

Trends from American Community Survey (ACS) Data (2009–2014)

Data show that people with disabilities are consistently less likely to be working than their non-disabled counterparts. The ACS allows us to compare 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.

We define “working-age people” 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. We emphasize the importance of looking at multiple demographic, economic, and employment outcome indicators in order to get the best understanding of the employment situation for individuals with IDD.

Recent trends and key data points that emerged from the dataset:

- People with disabilities are much less likely to work than their non-disabled counterparts.
- People with a cognitive disability who are receiving Supplemental Security Income, the group likely to include people who have the most significant cognitive disabilities, have the lowest employment rate of all disability subgroups examined.
- 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.

Employment and Labor Market Benchmarks for Population Subgroups

People with disabilities are much less likely to work than people without disabilities.

In assessing employment outcomes, it is important to review multiple indicators to get a full understanding of the employment experiences of people with disabilities. Indicators commonly used in labor market and population studies include:

- **Employed:** People with jobs.
- **Unemployed:** People who do not have jobs and have actively looked for work in the past four weeks. These people are considered part of the labor force.
- **Not in the labor force:** People who do not have jobs and have not actively looked for work in the past four weeks.
- **Employment rate (also referred to as the employment-to-population ratio):** Number of people employed / number of people in the working-age population
- **Unemployment rate:** Number unemployed / (number employed + number unemployed)

Reporting meaningful indicators of labor market success for individuals with disabilities, particularly ID, is challenging for a number of reasons. Questions that allow people to indicate specific disabilities like ID are uncommon in large national surveys. Additionally, the use of the unemployment rate typically reported by the Department of Labor as an

indicator of labor market success for people with disabilities leaves people who are not in the labor force, a significant group when it comes to subpopulations of people with disabilities, out of the calculation.

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

While the ACS does not collect information on people with ID specifically, it does allow people to self-report on six disability questions. Any individual who answers yes to one or more of these six items is categorized as having any disability. Someone with a cognitive disability has indicated that because of a physical, mental, or emotional condition lasting six months or more, s/he has difficulty learning, remembering, and concentrating. Table 11 below displays indicators of labor market success for four groups of working-age individuals: people who do not have a disability, people who indicated they have at least one disability (any disability), people with a cognitive disability, and people with a cognitive disability who received Supplemental Security Income (SSI) in 2014. This last group is likely to include people who have the most significant cognitive disabilities.

Table 11. Labor Market Success Indicators by Disability Status: 2014

	No disability	Any disability	Cognitive disability	Cognitive disability with SSI
A. Percentage employed (Employment rate)	72.9%	33.7%	23.5%	8.2%
B. Percentage unemployed	5.4%	6.3%	7.5%	3.0%
C. Percentage not in the labor force	21.7%	60.0%	69.0%	88.8%
Total (A+B+C)	100%	100%	100%	100%
Unemployment rate (number unemployed / number employed + number unemployed)	6.9%	15.8%	24.2%	27.1%

Source: 2014 American Community Survey

The table confirms the low levels of employment for individuals with disabilities. People with any disability or a cognitive disability are employed at much lower rates (33.7% and 23.5% respectively) than those without disabilities (72.9%). People with cognitive disabilities who receive SSI have the lowest employment rate (8.2%).

There are striking differences in outcomes between disability subgroups and their nondisabled counterparts with regard to the percentage not in the labor force, as displayed in Table 11. Across disability subgroups, all are much less likely to be in the labor force when compared to people without disabilities.

The high rate of individuals with disabilities who are not in the labor force suggests that a significant majority of this population are not actively looking for work, despite the fact that the majority of individuals with disabilities who are not working report that they would prefer to work (Harris Interactive, 2010). People with disabilities who are not in the labor force are more likely to rely on publicly funded poverty prevention programs such as SSI, and experience increased marginalization from society because of the lack of community attachment that comes with work.

Individuals with disabilities also fare poorly, comparatively, using the traditional calculation of unemployment rate favored as a labor market indicator by the U.S. Department of Labor. Unemployment rates for subgroups of people with disabilities who are in the labor force are two to three times the unemployment rate for people without disabilities. These figures may reflect a longer job search and the difficulty individuals with disabilities face in reentering the workforce after a job loss.

These data suggest the importance of examining both 1) the percentage employed, percentage unemployed, and percentage not in the labor force (indicators A, B, and C in Table 11), and 2) the unemployment rate in order to gain a full understanding of the employment experiences of individuals with disabilities.

Employment of People with Disabilities since the Economic Recession of 2007–2009

People with no disabilities are the only subgroup examined that experienced a net increase in employment between 2009 and 2014. While subpopulations of people with disabilities experienced gains and losses in employment between particular years, each disability subpopulation experienced a net decrease between 2009 and 2014.

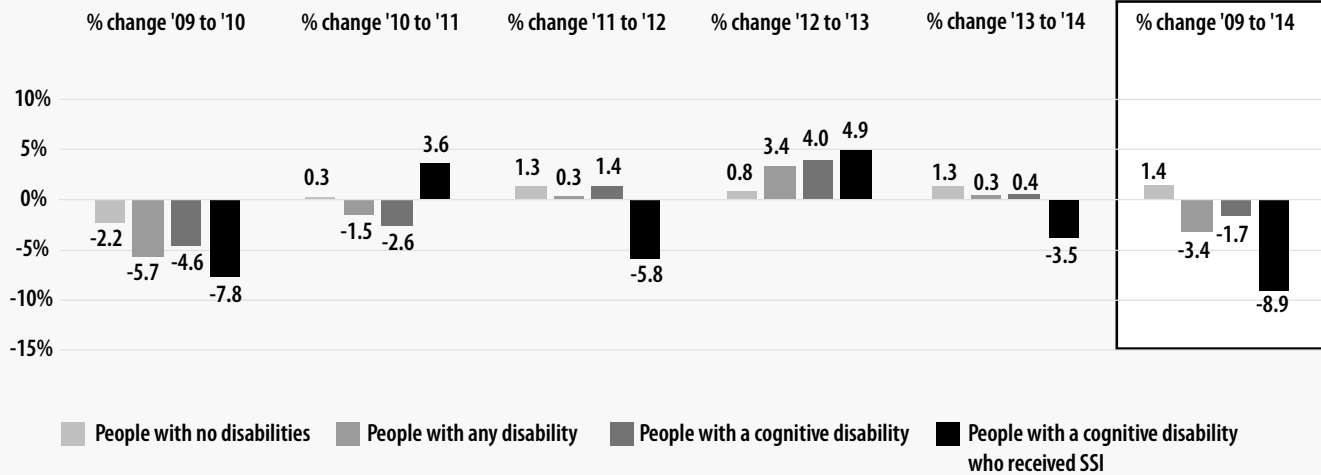
An analysis of trends over 21 months of data from the Current Population Survey revealed strong evidence that the 2007–2009 recession disproportionately affected workers with disabilities, resulting in a 9% decline in the presence of people with disabilities in the employed labor force (Kaye, 2010). Other research shows that, despite a decline in the employment gap between people with and without disabilities between 2004 and 2010, people with disabilities had a bigger drop in employment in percent terms over the same period (Harris Interactive, 2010). Evidence from the economic recession suggests that people with disabilities were the first to be laid off, and that the upswing in job exit has a larger magnitude and occurs earlier for workers with disabilities than for others (Kaye, 2010).

Some data suggest hiring for people with disabilities during the economic recovery may lag behind hiring for their nondisabled counterparts. Figure 7 shows the percentage change in employment rate from one year to the next for the examination period (2009–2014) for each of the four population subgroups, as well as the net change in employment rate between 2009 and 2014. People with no disabilities are the only subgroup examined that experienced a net increase in employment rate between 2009 and 2014. All of the disability population subgroups examined had a net decrease in employment rate between 2009 and 2014. The decrease for subpopulations of people with disabilities, however, was 3 to 5 times greater, depending on disability subgroup, than that of people without disabilities. The net decrease among disability population subgroups was most severe among individuals with cognitive disabilities who received SSI.

Looking at the first set of bars in Figure 7, which represents the percentage change in employment rate between 2009 and 2010, the first full year after the economic recession, we see that employment dropped for all four subpopulation groups. The drop in employment was least severe for people without disabilities, and progressively more severe as we look across disability subgroups.

Looking at the second set of bars, we see a similar pattern for the change between 2010 and 2011, albeit a less severe drop for each group than the previous year. People from disability subpopulation groups still show greater drops in employment than their counterparts without disabilities.

Figure 7. Percentage Employment Change by Population Subgroup



Source: 2009–2014 American Community Survey

The third set of bars best exemplifies the lag of the economic recovery for people with disabilities in terms of employment. Between 2011 and 2012, employment for people without a disability increased 0.3%. While this change is very small, it is positive in direction. Despite the growth in employment for people without disabilities, the employment rates for people with any disability and people with a cognitive disability continued to decline.

The fourth set of bars in Figure 7, representing the change in employment rate between 2011 and 2012, clearly demonstrates the impact of the economic recovery on employment for most of the working-age population. There is a positive impact of the economic recovery on employment rates for people with any disability and people with a cognitive disability. The absolute value of the increase between 2011 and 2012, however, was much smaller than the absolute value of the decrease in employment rate each of the three years prior. Thus, despite this positive turn, employment rates for people with any disability and people with a cognitive disability have yet to approach pre-recession rates.

2012–2013 was the first year following the recession in which the employment rate increased for each population subgroup when compared to the employment rate for the previous year.

Employment rates continued to increase for people with no disabilities, people with any disability, and people with a cognitive impairment between 2013 and 2014. People with cognitive impairments who received SSI experienced a decrease of 3.5% between 2013 and 2014, showing that this group continues to struggle with inconsistent employment growth.

Disability, Employment, and Poverty Status

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 2014, only 13.2% of all people without a disability lived in a household that was below the poverty line, compared with 28.2% for people with any disability, 33.9% for people with a cognitive disability, and 41.2% for people with a cognitive disability who received SSI payments as part of their income. It is not surprising to see this last group having the highest percent living in a household below the poverty line, since eligibility for the SSI program includes having limited financial resources.⁴

⁴ www.ssa.gov/ssi/text-eligibility-ussi.htm

Table 12 compares poverty rates for population subgroups of working-age people who are employed and who are not employed. Chi square tests, which determine whether or not there is a statistical relationship between categorical variables, were run for each subgroup, and the results in each instance showed that a statistical relationship exists. People who are working are less likely to be living in a household below the poverty line than people who are not working.

The difference in poverty rates between people who are employed and people who are not shows how critical work is to economic self-sufficiency. Nearly half of the people who had a cognitive disability, received SSI payments as part of their income, and were not working (43.3%) were living in a household that was below the poverty line, compared with 17.5% 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 12. Poverty Rates in 2014 for Disability Subgroups by Employment Status

	Percentage living below the poverty line (poverty rate)	
	Not employed	Employed
People with no disabilities	28.8%	7.6%
People with any disability	36.5%	11.8%
People with a cognitive disability	39.0%	17.5%
People with a cognitive disability who received SSI	43.3%	17.5%

Source: 2014 American Community Survey

Disability, Employment, and Consistency of Work

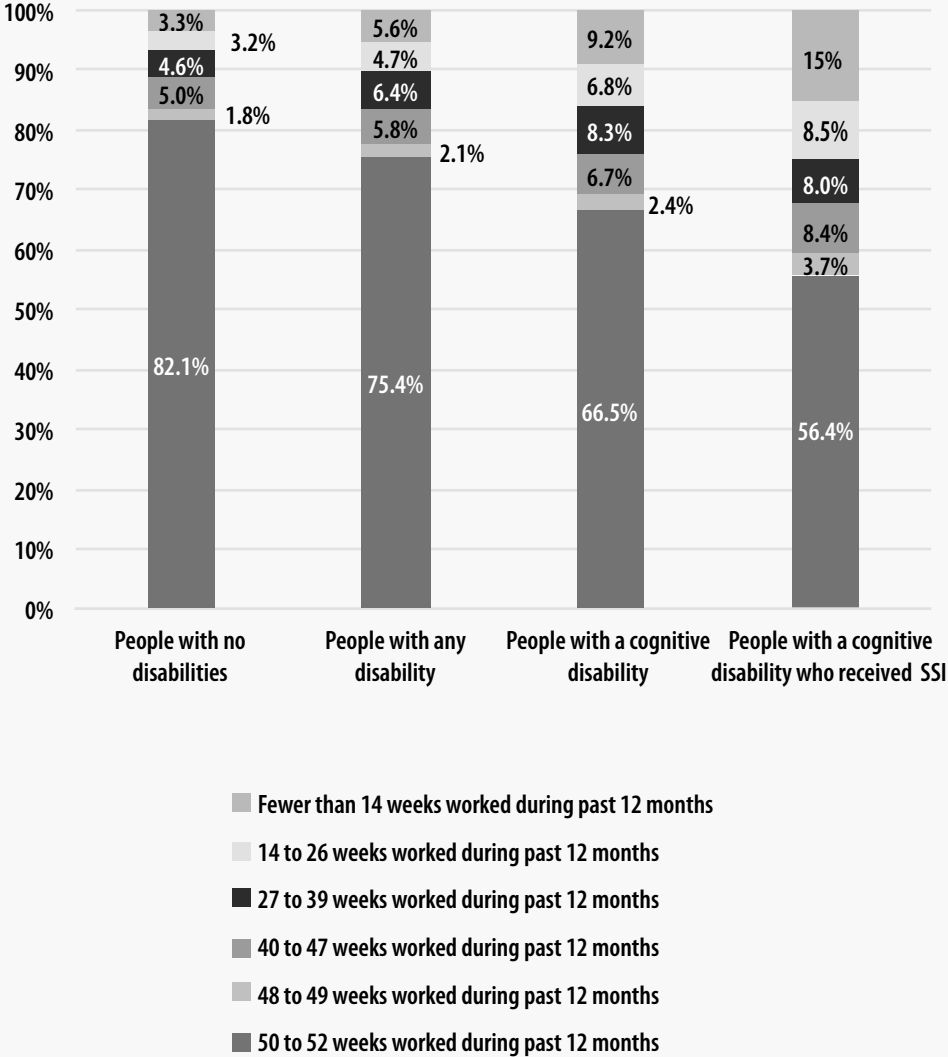
Among those who are employed, individuals from disability population subgroups work fewer weeks per year on average than their nondisabled counterparts.

Figure 8 shows that in 2014, individuals from disability sub-population groups who were employed worked fewer total weeks out of the year, on average, than their counterparts without disabilities. The majority of employed people from each subgroup worked between 50 and 52 weeks in 2014.

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. Nearly one quarter of working individuals with a cognitive disability worked fewer than 40 weeks during the 12 months previous to answering the survey. Over one quarter 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 11% of individuals without a disability worked fewer than 40 weeks.

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



Source: 2014 American Community Survey

Trends in Social Security Administration Data (1998–2014)

The Supplemental Security Income program (SSI) administered by the Social Security Administration provides cash assistance to low-income individuals who are seniors, are blind, or have a disability. Analysis of the SSA dataset revealed these key findings:

- Overall, work incentive programs for SSI recipients with disabilities remain underused.
- SSI recipients with intellectual disabilities work more than their counterparts with other types of disabilities, but participate in work incentive programs less frequently.
- There has been a significant decline in the use of 1619(b) benefits between 2009 and 2014 by people with ID and other disabilities.
- Younger people who receive SSI appear to work more frequently than their older counterparts.

Work incentives remain largely underused.

Congress has enacted a number of work incentive programs for SSI recipients with disabilities, after concluding that additional incentives were necessary to help these individuals become self-supporting. Moreover, Congress has noted that individuals who could work in integrated employment might have been discouraged from doing so by the fear of losing their benefits before they had established the capability for continued self-support.

To encourage employment for individuals with disabilities, the Social Security Administration (SSA) offers special provisions that limit the impact of earnings from work on eligibility for SSI or Social Security Disability Insurance (SSDI) benefits. These work incentives include the Plan to Achieve Self-Support (PASS), Impairment-Related Work Expenses (IRWE), Blind Work Expenses (BWE), section 1619(a) benefits, and section 1619(b) benefits.

PASS, IRWE, and BWE allow individuals to set aside money, resources, and expenses to be excluded from total earned income calculations. PASS allows people to set aside money and resources to be used for attaining a work goal, such as going back to school, finding a better job, or starting a business. IRWE allows people to exclude impairment-related expenses that are necessary for work from their income. Examples include attendant care, transportation, medication, or specialized equipment. BWE allows workers who are blind to exclude expenses related to earning income. These include service animal expenses, income taxes, visual/sensory aids, and professional or union dues.

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

Table 13. Number of People Enrolled Nationally in Work Incentive Programs from 1998–2014 (Even Years Only)

	1998	2000	2002	2004	2006	2008	2010	2012	2014
PASS	1,074	1,382	1,721	1,598	1,583	1,559	1,393	1,116	862
IRWE	9,301	9,402	8,047	6,874	5,650	4,572	3,491	3,157	3,040
BWE	3,802	3,895	3,385	2,827	2,370	1,925	1,847	1,410	1,145

SSI recipients with ID have a higher employment rate, but participate in work incentive programs less frequently than their counterparts with other types of disabilities.

One fifth of all SSI recipients with disabilities ages 18–64 in 2014 (18.8%) were individuals with an intellectual disability. With the expansion of additional “mental disorders” categories by the SSA,⁵ this is now the largest disability subgroup among SSI recipients.

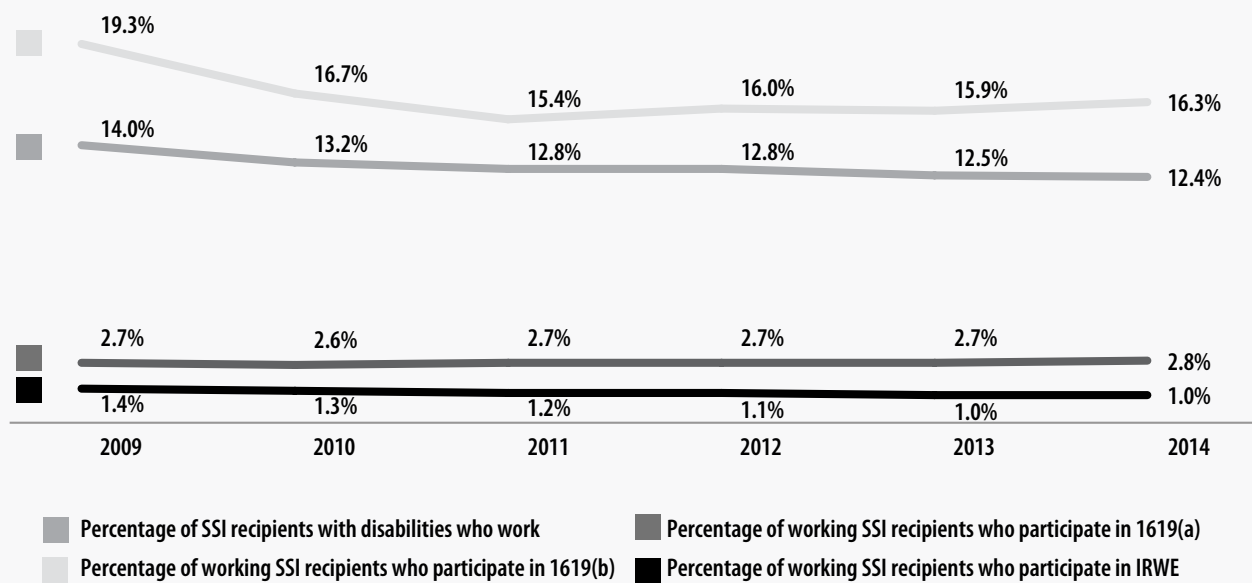
In 2014, employment of SSI recipients with ID reached approximately 115,000. This group has had relative success with employment participation compared to recipients who do not have ID. In 2014, the rate at which SSI recipients with ID worked was almost three times that of SSI recipients without ID (12.4% versus 4.6%). The rate of employment among SSI recipients with ID was third among all diagnostic groups and subcategories, behind people with autism (18.3%) and people with congenital anomalies (17%).

Table 14. Employment Outcomes and Participation in Work Incentives for SSI Recipients with Disabilities (2014)

	Intellectual disability	All other disabilities
Percentage of SSI recipients with disabilities who work	12.4%	4.6%
Percentage of working SSI recipients who participate in 1619(a)	2.8%	5.1%
Percentage of working SSI recipients who participate in 1619(b)	16.3%	26.3%
Percentage of working SSI recipients who participate in IRWE	1.0%	1.0%

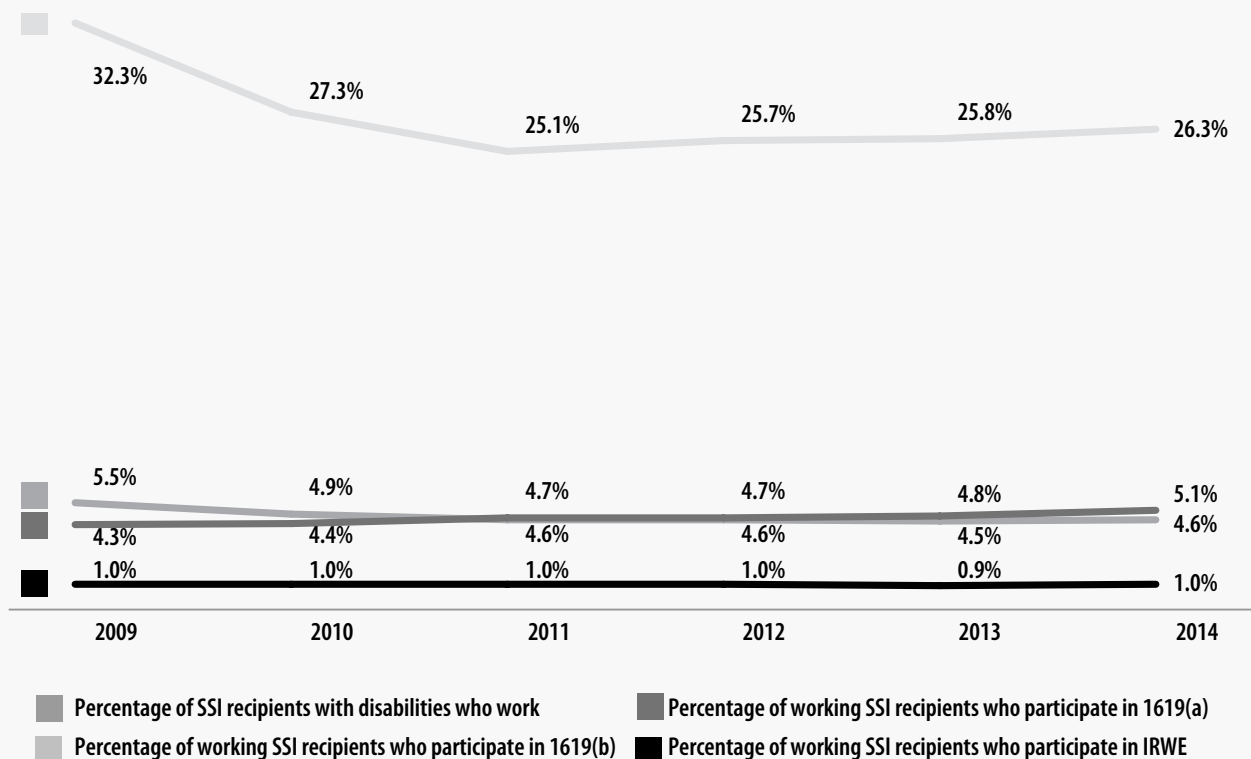
SSI recipients with ID have consistently been employed at higher rates than their counterparts with other disabilities. The percentage of SSI recipients with ID who are employed has been more than twice the percentage of people with all other disabilities in each year since 2009. Despite this positive outcome, the percentage of individuals working in both groups has been gradually declining since 2009, from 14% to 12.4% for people with ID, and from 5.5% to 4.6% for people with other disabilities (see Figures 9 and 10).

Figure 9. Percentage of SSI Recipients with ID Who Work and Receive Work Incentives (2009–2014)



⁵ Beginning with the 2010 SSI Annual Statistical Report, tables showing data by diagnostic group provide detail 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

Figure 10. Percentage of SSI Recipients with Other Disabilities Who Work and Receive Work Incentives (2009–2014)



SSI recipients with ID participate in the 1619(a) and 1619(b) work incentive programs at lower rates than SSI recipients with other disabilities (see Table 14). SSI recipients with ID participate in the IRWE program at the same rates as recipients with other disabilities. A number of factors could explain differences in 1619(a) and 1619(b) participation. Analysis of other data sources, e.g., the RSA-911, has shown that people with ID often work fewer hours and earn less than individuals from other disability subgroups. As a result, individuals with ID who work are less likely to have earnings close to SGA, and may be at lower risk of losing benefits because of earnings. However, participation in 1619(b) has declined 19% between 2009 and 2014 for people with other disabilities, and 16% for people with ID. There has not been an increase in participation in 1619(a) and IRWE for recipients with ID and other disabilities since 2009.

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 2014, section 1619(b) benefits allowed more than 18,667 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.

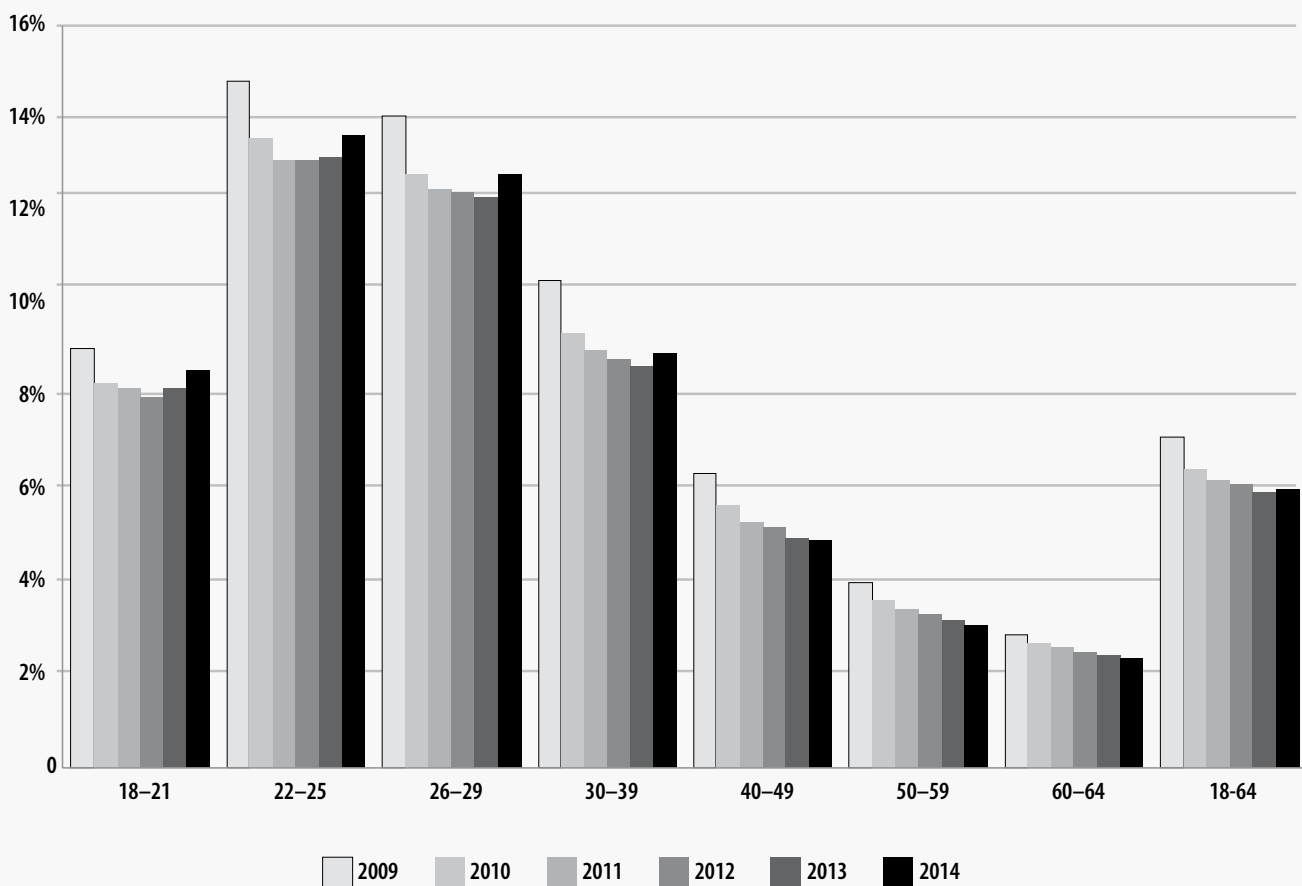
Older SSI recipients work less frequently than their younger counterparts, and have struggled to rejoin the workforce after the Great Recession, suggesting that more focus should be directed to support this group.

Older adults with disabilities between the ages of 40 and 64 are a significant demographic of people who receive SSI, constituting almost two thirds of recipients in 2014 (64%). However, only 3.4% of SSI recipients with disabilities between the ages of 40–64 work. As Figure 11 demonstrates, younger SSI recipients—those between the ages of 18 and 39—are three times more likely to be working than SSI recipients 40 and older (10.6% compared to 3.4%). Going back to 2009, younger SSI recipients (18–39 age group) have had higher workforce participation, but have also demonstrated a greater ability to rebound after the Great Recession.

The official duration of the Great Recession was December 2007 to June 2009. However, according to the Economic Policy Institute, the economy still had 5.4% fewer jobs 16 months after the official end to the recession. Furthermore, individuals with disabilities tend to be more impacted by economic downturns compared to other groups. 2009–2013 largely saw a decline in work participation among SSI recipients across all age groups, with the steepest decline occurring from 2009 to 2010, which may be attributed to the sluggish recovery after the Great Recession. However, 2014 saw a slight change in the trend of the last five years, with SSI recipients between the ages of 18–39 increasing their workforce participation. The same trend was not evident in recipients between ages 40 and 64. Rather, their workforce participation declined.

These findings merit further exploration into why older SSI recipients are less likely to be working, and how recipients can receive supports that will allow them to continue working as they age.

Figure 11. Percentage of SSI Recipients Who Work by Age (2009–2014)



Excerpt from “Services for people with intellectual and/or developmental disabilities in the US territories”

Institute for Community Inclusion, RTC on Community Living, and The State of the States in Developmental Disabilities (2015). Services for people with intellectual and/or developmental disabilities in the US territories. University of Massachusetts Boston, University of Minnesota, and University of Colorado.

This narrative represents an expansion of the data collection activities mandated by a 2012 Administration of Intellectual and Developmental Disabilities (AIDD) Funding Opportunity Announcement (FOA). Prior to 2012, the AIDD-funded data projects--Access to Integrated Employment, Family and Individual Information Systems project, Residential Information Systems Project, and the State of the States in Developmental Disabilities--only collected data from the 50 states and the District of Columbia. The 2012 FOA requested that three of the AIDD data projects work together to include the five U.S. territories (American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the Virgin Islands) in their data collection and analysis efforts.

This summary represents the first step to describe the services for people with intellectual and developmental disabilities and their families in the territories. While the information may have limitations in the comparability to the rest of the nation, AIDD believes that it is important to begin data collection, tracking, and analysis to increase opportunities to improve self-determination, independence, productivity, integration, and inclusion of people with IDD into their communities in the territories.

The three AIDD-funded projects are summarized below:

- **Access to Integrated Employment (AIE)**, housed at the University of Massachusetts Boston, collects, analyzes, and reports on data describing employment services and supports for people with intellectual and developmental disabilities (I/DD). AIE examines and reports on the employment status of people with I/DD and related outcomes as a result of policies and programs that support their education and employment.
www.statedata.info/
- **Family Information Systems Project and Residential Information Systems Project**, both of which are housed at the University of Minnesota, analyze and describe the settings where people with ID/DD in the United States live, who they live with, and the services provided. The project includes analyses of the funding for supports and services from a variety of sources, including public and non-public, Medicaid-funded, and state-funded residential and supportive services.
<https://risp.umn.edu/>, <https://fisp.umn.edu/>
- **The State of the States in Developmental Disabilities**, a collaboration between the University of Colorado and the University of Illinois at Chicago, is a comparative nationwide longitudinal study of public financial commitments and programmatic trends in services and supports for people with ID/DD in the United States, with data encompassing the past 37 years. The project examines trends in community living, public and private residential institutions, individual and family support, Medicaid HCBS Waivers, demographics, and related areas.
www.stateofthestates.org

Beginning in spring 2013, staff from each of the data projects began working together to identify experts in disability policy and outcomes in each of the five territories. Experts were identified through the territories' Developmental Disabilities Councils, University Centers for Excellence in Developmental Disabilities (UCEDDs), Departments of Education, and Departments of Health. Data was collected through semi-structured interviews, document and policy review, and data provided directly by the territories.

The report was developed as a collaborative activity across the three data projects, and the collection of data would not been possible without the extraordinary assistance of disability leaders living in the territories. These people are both experts in disability services and the territory where they live. For some territories, local experts are co-authors of their summary. This combination proved to be invaluable in describing the services in the territories. We would like to acknowledge:

- *Tafaimamao Tupuola*, UCEDD Director, American Samoa
- *Helen Sablan*, Medicaid Administrator, Commonwealth of the Northern Mariana Islands
- *Heidi E. San Nicolas, PhD*, Director, Guam Center for Excellence in Developmental Disabilities
- *Teresita Fejarang, MEd*, Associate Director for Interdisciplinary Training, Operations, and Data/Dissemination, University of Guam Center for Excellence in Developmental Disabilities Education, Research and Service (CEDDERS)
- *June DeLeon, MEd*, Associate Director for Program Development, Technical Assistance, and Outreach, University of Guam CEDDERS
- *Benito Servino*, Director, Guam Department of Integrated Services for Individuals with Disabilities
- *Maria Theresa Arcangel*, Administrator, Bureau of Health Care Financing, Division of Public Welfare, Guam Department of Public Health and Social Services
- *Annie Alonso Amador, PsyD, MSW*, Catedratica, Directora Instituto de Deficiencias en el Desarrollo Escuela Graduada de Salud Publica, Recinto Ciencias Medicas, Universidad de Puerto Rico
- *Yegin Habtes, PhD*, Director, U.S. Virgin Islands University Center for Excellence in Developmental Disabilities
- *Charles Beady, PhD*, Associate Director, U.S. Virgin Islands UCEDD

Characteristics of the territories are summarized in the following tables. The table called “Geography” provides information about size of the territory, nearest state or country, population, and ethnic groups who reside in the territory. “Economy” describes the dominant industries, percent of residents who live below the poverty line, and the unemployment rate. “Public Assistance” describes the availability of hospital services, physician’s services, Medicaid funds, Social Security SSI program, Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, and the Federal Medical Assistance Percentage for the territory. “Services for People with Intellectual and Developmental Disabilities” describes the availability of laboratory and x-ray services; Early Periodic Screening, Diagnostic and Treatment services; nursing facility services; private duty nursing; podiatry; optometry and occupational and speech therapies; Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID); Medicaid Home and Community-Based Waiver-funded services; and vocational rehabilitation services. “Administration on Developmental and Intellectual Disabilities Grantees” describes the developmental disabilities network resources available in the territories.

GEOGRAPHY

Economy

	American Samoa (AS)	Commonwealth of the Northern Mariana Islands (CNMI)	Guam	Puerto Rico	Virgin Islands
Industry	Tuna canaries, the AS government	Tourism, banking, construction, fishing, and handicrafts	Tourism, the military, and outside investment (primarily from Japan)	Pharmaceuticals, electronics, apparel, food products, and tourism	Largest island is dependent on tourism, rum distilleries also major manufacturers
Percent of residents below the poverty line	27%	Not available, but 32% of all residents qualify for Medicaid	19.9% (2010)	45.1% (2013)	24%
Unemployment rate	29.8% (2005)	25%	10% (2014)	16% (2011)	13.4% (2014)

Administration on Intellectual and Developmental Disabilities Grantees

	American Samoa (AS)	Commonwealth of the Northern Mariana Islands (CNMI)	Guam	Puerto Rico	Virgin Islands
Developmental Disabilities Council	American Samoa Developmental Disabilities Council E-Mail: council@samoatelco.com Executive Director: Norma L. Smith, nsmith@dhss.as	Executive Director Pamela Sablan http://www.cnmicdd.org/	Guam Developmental Disabilities Council, Email: guamddc@gddc.guam.gov Executive Director: Rosanne S. Ada, rosanne.ada@gddc.guam.gov	Puerto Rico DD Council, President: Vincente Sanabria Acevedo, prced@prtc.net	Virgin Islands DD Council Yvonne D. Petersen Executive Director VI Developmental Disabilities Council E-mail: viddcouncil@gmail.com Phone: (340) 773-2323 Ext. 2137
Protection and Advocacy System	Client Assistance Program and Protection & Advocacy Executive Director: Dr. Uta Laloulu Tagoilelagi, utalaloulu@yahoo.com	James Rayphand Executive Director http://www.nmpasi.org/	Guam Client Assistance Program	Office of the Governor/Ombudsman for Persons with Disabilities http://www.oppi.gobierno.pr/	Disability Rights Center of the Virgin Islands http://www.drcvi.org/home
University Center on Developmental Disabilities	Pacific Basin Program American Samoa Community College Executive Director: Seth Galeai, Ph.D., s.galeai@ascc.as	Northern Marianas College www.marianas.edu/content.php?id=146&cat=151&mnu=148	Guam Center for Excellence in Developmental Disabilities Education, Research and Service (CEDDERS); Heidi E. San Nicolas, Ph.D. heidi.sannicolas@guamcedders.org	Puerto Rico University Center for Excellence on Developmental Disabilities/IDD; Annie Alonso Amador, Psy.D., MSW. annie.alonso@upr.edu	Virgin Islands University Center for Excellence in Developmental Disabilities Yegin Habtes, Ph.D, yhabtes@uvi.edu Charles Beady, Ph.D., cbeadyj@live.uvi.edu

Public Assistance

	American Samoa (AS)	Commonwealth of the Northern Mariana Islands (CNMI)	Guam	Puerto Rico	Virgin Islands
Inpatient/ outpatient hospital	One hospital on the island	One health center (86 beds)	One civilian hospital, and one center for military, veterans, and dependents	Several hospitals, including a children's hospital	Two hospitals
Physician's services	Provided in the territory	Provided in the territory	Provided in the territory	Provided in the territory	Provided in the territory
Medicaid	All residents are entitled to free medical care. To qualify for Medicaid, an individual's income must be below 200% of the federal poverty level (FPL), which was \$21,660 in 2009.	To qualify for Medicaid, an individual's income must be less than 150% of FPL.	Medical Assistance (Medicaid and Medically Indigent Program) is available through the Bureau of Economic Security. In fiscal year 2013, 43,603 people, or 27% of the total population, received services.	58.2% enrolled in Medicaid and Mi Salud public insurance programs. Mi Salud is a locally funded insurance coverage for those whose incomes exceed the threshold for Medicaid eligibility.	MAP (Medicaid) is administered by the VI Department of Health. To be eligible for MAP, residents must meet asset limits or be determined to be medically needy. 8,993 Virgin Islanders were enrolled in 2010.
Social Security	Participates in Social Security (Retirement, Survivors and Disability Insurance), Medicare and Medicaid	Participates in Social Security (Retirement, Survivors and Disability Insurance), Medicare and Medicaid	Participates in Social Security (Retirement, Survivors and Disability Insurance), Medicare and Medicaid	Participates in Social Security (Retirement, Survivors and Disability Insurance), Medicare and Medicaid	Participates in Social Security (Retirement, Survivors and Disability Insurance), Medicare and Medicaid
Supplemental Security Income program	Not eligible to participate	Has Supplemental Security Income (SSI)	Not eligible to participate	Not eligible to participate	Not eligible to participate
Temporary Assistance for Needy Families (TANF)	Eligible for TANF, but they do not participate in the program	No	Yes	Yes	Yes, Blind or Disabled Program, TANF
Supplemental Nutrition Assistance Program (SNAP)	Does not participate in SNAP, but it receives an indexed nutrition assistance grant that benefits low-income, aged and disabled individuals	CNMI has been considering SNAP participation and is completing a proposal to do a pilot project in October. CNMI does have a Nutrition Assistance Grant.	Yes	Yes	Yes
Federal Medical Assistance Percentage (FMAP)	For FY2015 it was 55%, and the enhanced percentage is 68.5%.	For FY2015 it was 55%, and the enhanced percentage is 68.5%.	For FY2015 it was 55%, and the enhanced percentage is 68.5%. Guam has secured an increase in that percentage for calendar years 2014 and 2015. Medicaid spending is capped. This cap was temporarily removed when Guam was allocated additional funding (\$268 million to be spent beginning July 1, 2011 thru FY2019) under the Affordable Care Act (ACA). Also, beginning January 1, 2014, the Guam Medicaid State Plan Amendment was approved to include childless adults with income above 100% to 133% of the federal poverty level with an FMAP of 78.6%.	For FY2015 it was 55%, and the enhanced percentage is 68.5%. Medicaid spending cap was \$364 million in 2010.	For FY2015 it was 55%, and the enhanced percentage is 68.5%. Medicaid spending cap was \$43 million in 2012. Congresswoman Christensen has actively pursued legislation that would increase the Territory FMAPs to be on par with that of the 50 states and DC.

Services for People with Intellectual and Developmental Disabilities

	American Samoa (AS)	Commonwealth of the Northern Mariana Islands (CNMI)	Guam	Puerto Rico	Virgin Islands
Laboratory and x-ray, Early Periodic Screening, Diagnostic and Treatment (EPSDT)	Yes	Yes	Yes	Yes	Yes
Nursing facility services, private duty nursing, podiatry, optometry and occupational and speech therapies	These services are provided, but they are off the island. Off-island services must be pre-approved by the admitting physician as a medical necessity and then pre-approved by physician-members of the Off-Island Medical Referral Committee.	Some. Other services are provided off the island.	Guam Memorial Hospital Authority Skilled Nursing Unit (40 Medicaid beds) is an off-hospital site that provides long-term rehabilitative care. Guam Memorial Hospital Authority also provides rehabilitation services. Medicaid Services for Speech, Hearing and Language Disorders are reimbursed as fee for service using Medicare fee schedule.	Allowable Medicaid services include physical therapy, occupational therapy, and speech therapy and are included in the capitated rate paid to managed care plans.	Services from a certified nurse practitioner are covered if delivered in a Medicaid-certified facility or program. There is one 80-bed nursing facility (20 Medicaid certified). The USVI MAP does not cover services from nurse midwives or rural health clinics. Optional Medicaid services covered by MAP include outpatient prescription medications and optometry services.
Intermediate care facilities for people with intellectual disabilities (ICF/ID)	There are no ICF/ID. There is a convalescent home that is run by the Catholic Sisters which supports 22 adults and children.	There are very few segregated or specialized settings for individuals with disabilities (or for the elderly). Some individuals with significant chronic behavior issues may leave the island and receive services in Hawaii or other western states.	There are no ICF/ID. The Guam Behavioral Health and Wellness Center coordinates comprehensive services and residential alternatives in the community for individuals with dual diagnosis. The island has approximately eight group homes, funded by the government through contracts with providers. There are two main service providers on the island. Most people with disabilities live at home with their families. Guam has one formal Community Habilitation Program that is offered by Catholic Social Services, and group home (residential) providers support individuals to engage in daytime activities.	There are no ICF/ID. Individuals over 21 years old can seek services from the Vocational Rehabilitation Administration. Most adults are not in government-funded services during the day and most people remain with their families. Limited mix of government-supported and private services for adults who do not have family members who are able to provide care. The Center for Habilitation within the Department of Health serves a limited amount of people, and there is often a wait list. Some people with disabilities are also living in public housing. The Developmental Disabilities Council has provided funds to support special demonstration projects of independent living homes. These homes can house between six and eight adults. Some private nursing facilities provide care for individuals with disabilities who are able to pay for services with their own funds.	There are no ICF/ID.
HCBS Waivers	Does not operate Medicaid HCBS Waivers	Does not operate Medicaid HCBS Waivers	Does not operate Medicaid HCBS Waivers	Does not operate Medicaid HCBS Waivers	Does not operate Medicaid HCBS Waivers
Vocational Rehabilitation Services	Division of Vocational Rehabilitation Phone: (684) 699.371 Fax: (684) 699.376	Office of Vocational Rehabilitation Phone: (670) 322-6537 Fax: (670) 322-6536 TTY: (670) 322-6449	Division of Vocational Rehabilitation Phone: (671) 475-4200 Fax: (671) 475-4661 TTY: (671) 477-8642	Vocational Rehabilitation Administration Phone: (787) 729-0160 Fax: (787) 728-8070 TTY: (787) 268-3735	Division of Disabilities and Rehabilitation Services Phone: (340) 774-0930 x4190 Fax: (340) 774-7773 TTY: (340) 776-2043

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