Research to Practice: Work Status Trends for People with Mental Retardation, FY 1985 to FY 1998

Dana Scott Gilmore  
*University of Massachusetts Boston*

John Butterworth  
*University of Massachusetts Boston, john.butterworth@umb.edu*

Follow this and additional works at: [http://scholarworks.umb.edu/ici_researchtopractice](http://scholarworks.umb.edu/ici_researchtopractice)

Part of the [Disability Law Commons](http://scholarworks.umb.edu/oci_disabilitylaw), [Labor and Employment Law Commons](http://scholarworks.umb.edu/oci_lawemployment), and the [Public Policy Commons](http://scholarworks.umb.edu/oci_publicpolicy)

Recommended Citation

[http://scholarworks.umb.edu/ici_researchtopractice/27](http://scholarworks.umb.edu/ici_researchtopractice/27)
Introduction

Over the past 15 years there have been three crucial amendments to the Rehabilitation Act of 1973 that have increased the employment opportunities for people with mental retardation. These include the implementation of Title VI-C funds for supported employment along with supported employment systems change grants in 1986, and the 1992 Amendments that placed an emphasis on employment of people with severe disabilities as well as streamlining the rehabilitation process. With passage of the Workforce Investment Act in 1998 the Rehabilitation Act has again been amended with continuing emphasis on employment as an outcome for all people receiving services and a mandate of partnership with generic employment services under the One-Stop system. This brief presents state Vocational Rehabilitation (VR) agency outcomes spanning the period between 1985 and 1998 for people with mental retardation and provides a basis for future analysis. For comparison, the work status of people with disabilities other than mental retardation (over 190,000 in 1998) will be included.

The data for this fact sheet have been compiled from the Rehabilitation Services Administration national data collection system, the RSA-911 database. This database contains demographic and employment information on each individual whose case was closed by VR each year, across the nation. Closures can be separated into 3 general categories:

1) The person attained a rehabilitation goal (successful closure/rehabilitated). This does not have to be employment; categories for work status are: competitive employment, extended employment (formerly sheltered workshop), self-employed, business enterprise program, homemaker, and unpaid family worker.

2) Determination was made that the person would not become employed through VR services (unsuccessful closure/not rehabilitated) or,

3) The person was found not eligible for services (unsuccessful closure/not accepted for services).

In 1998:

- Over 222,000 successful closures represented more than 37% of all VR closures.
- 89% of successful closures were into competitive employment, and 2% were extended employment.
- Over 28,000 people with mental retardation had a successful closure, representing 13% of all successful closures.

Results

All inferences are based on repeated measures analysis of variance using data from fiscal years 85, 88, 91, 93, 95, and 98 aggregated to the state level. The categories of competitive and extended employment represent over 98% of successful closures for people with mental retardation and will be the outcomes discussed here.

Work Status For All VR Closures Excluding People With Mental Retardation During FY1985 - 1998:

- The number of successful closures/rehabilitations remained constant (no significant change).
- The distribution of successful closures in competitive employment increased (79% to 89%) and closures in extended employment/sheltered workshops decreased (6.3% to 3.5%).
- The total number of closures (successful, not successful, not accepted) remained constant.

Competitive and Extended Employment Closures For People with Mental Retardation, FY1985-1998:

- The percent of closures into competitive employment increased, especially for people with moderate (57% to 81%) and severe (30% to 62%) mental retardation.
- People with mental retardation have a higher rate of extended employment closures than all other disability groups: 9% for people with mild mental retardation up to 37% for people with severe mental retardation.
- Consistent with the general VR population, there was no significant change in the number of successful closures/rehabilitations.
- Starting in 1991, more people with severe mental retardation were closed into competitive employment than extended employment.
Future Challenges

This analysis has shown positive trends in employment patterns for people with mental retardation, including an increased number of people entering competitive jobs and a decreased number of extended employment closures. While the percentage of people with mental retardation being placed into extended employment is still significant, especially for people with moderate and severe mental retardation, the data show that substantial progress has been made. RSA recently proposed a rule change that further strengthens its commitment to integrated employment. Under the proposed rule only outcomes in which an individual works in an integrated setting would be counted as an employment outcome (Federal Register, 6/26/2000). The elimination of extended employment as a successful rehabilitation outcome is a strong statement of RSA priorities.

Improved access to generic employment and training services can also expand access to competitive employment. One of the intents of the Workforce Investment Act (WIA) is to better meet the needs of people with disabilities via generic employment and training services through local One-Stop Centers. WIA will hopefully result in expansion of service options and choices for people with disabilities, not only as a result of the mandated partnership of VR as part of the One-Stop system, but through the availability of a wide range of other non-disability specific services that are part of WIA and the One-Stop system. These data along with future data from the Department of Labor and studies focusing on the use of One-Stop services by people with disabilities, provide a basis to study the impact of such changes.

This document was supported in part by cooperative agreement No. 90DN0032 from the Administration on Developmental Disabilities, Administration for Children and Families, U.S. Department of Health and Human Services. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration on Developmental Disabilities policy. For a publications brochure, contact: Institute for Community Inclusion, Children's Hospital, 300 Longwood Ave., Boston, MA 02115. (617)355-6506 voice; (617)355-6956 TTY; ici@tch.harvard.edu