

VOCATIONAL REHABILITATION
OUTCOMES:

NATIONAL PERSPECTIVES
FROM 1985 AND 1988

Training and Research Institute for People with Disabilities

Boston, Massachusetts

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VOCATIONAL REHABILITATION OUTCOMES: NATIONAL PERSPECTIVES FROM 1985 AND 1988

INTRODUCTION

This analysis is part of an ongoing study to evaluate employment outcomes for persons with mental retardation and other developmental disabilities. Previous surveys have documented service provider trends in sheltered employment services and integrated employment outcomes (transitional, supported and competitive employment) (Kiernan and Ciborowski, 1985; Kiernan, McGaughey and Schalock, 1988; Schalock, McGaughey and Kiernan, 1989), day and employment trends for state MR/DD agencies (McGaughey, Kiernan, McNally, & Gilmore, 1993; McGaughey, Kiernan, Lynch, Schalock and Morganstem, 1991) and state VR agencies (Kiernan, McGaughey, Lynch, Schalock, and McNally, 1991). The present study involved conducting secondary analyses of the 1985 and 1988 Rehabilitation Services Administration (RSA) data tapes in order to document further trends in Vocational Rehabilitation services and outcomes for persons with mental retardation and other developmental disabilities. The availability of the data tapes allowed us to develop a comparable analysis of service patterns for this population across state agencies (MR/DD and VR agencies). Historically, persons with mental retardation and related conditions received primarily employment-focused services from state Vocational Rehabilitation agencies, whereas they were more likely to receive segregated day or employment services from state MR/DD agencies. This trend is changing somewhat however, as state MR/DD agencies increase their sponsorship of integrated employment services (from 13% in 1988 to 18% in 1990, McGaughey et al., 1993).

A number of key policy issues were addressed related to the Rehabilitation Services Administration's recent regulations for the Rehabilitation Act Amendments of 1992, specifically as they affect persons with severe disabilities. Chief among these was the relationship between severe disability and: (1) number of persons served and percentage rehabilitated; (2) number and

percentage closed; (3) percentage of persons not accepted or not rehabilitated; (4) On-the Job Training (OJT) and Work adjustment service patterns; and (5) work status at closure.

METHODOLOGY

Federal RSA data were analyzed for FY 1985 and 1988 for three disability categories (cerebral palsy, epilepsy and mental retardation) as well as an "other" category, which included all other disability groups served by the state VR system. The three disability groups were chosen because this analysis was part of a larger study examining employment outcomes for individuals with developmental disabilities and these categories typically have comprised the bulk of the population with developmental disabilities. Moreover, RSA does not collect functional assessment information, so the disability category and the RSA label of severe disability are the only available indicators of disability.

The Rehabilitation Services Administration's definition of severe disability is as follows: "Individual with severe handicaps" means an individual with handicaps i) Who has a severe physical or mental disability that seriously limits one or more functional capacities (mobility, communication, self-care, self-direction, or work skills) in terms of employability; ii) Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and iii) Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculoskeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia, other spinal cord conditions, sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an evaluation of rehabilitation potential to cause comparable substantial functional limitation" (Federal Register, 1987).

A summary of the demographic characteristics for the sample (based on 1988 data only) is presented in Table 1. Among the targeted disability groups, persons with cerebral palsy represented 0.9 percent of all persons served by state VR agencies in 1988; those with epilepsy, 1.9 percent; and persons with mental retardation, 11 percent. Data regarding persons with autism were not analyzed due to a very small sample size (N=188 in 1988, N=40 in 1985). As shown in Table 1, the sample was composed primarily of males, those with an "other" disability, and those who were "white". On average, 77.1 percent of all disability groups met the VR definition of "severe disability," with the highest percentages among those with one of the targeted disabilities (such as 100% of those with moderate or severe/profound mental retardation, 87% for those with cerebral palsy, and 74% for those with epilepsy). On average, 27 percent of the sample received SSI, and 11 percent SSDL.

Major trends and obvious group differences were analyzed for persons with mental retardation and related conditions. These are summarized and compared with those for individuals with "other" disabilities in the Results section.

Table 1
Summary of Demographic Variables
(1988 Data)

Disability Group	Gender		Ethnicity					% Severe ^a	% SSI	% SSDI
	Female	Male	Native Amer.	Asian	Black	Hispanic	White			
Cerebral Palsy	2,073	2,905	25	63	567	251	4,290	87.1	34.0	15.0
Epilepsy	4,205	5,718	62	93	1,626	840	8,091	73.8	12.0	7.5
Mild MR	15,226	20,350	227	381	11,968	1,908	22,912	57.3	19.0	6.6
Moderate MR	7,840	10,721	118	272	5,319	1,172	12,799	100	33.0	11.2
Severe MR	1,756	2,395	17	61	1,006	268	3,055	100	54.0	15.7
Other	188,502	265,361	3,611	5,582	80,867	35,594	361,390	53.9	8.0	8.0
TOTAL	219,602	307,450	4,060	6,452	101,353	40,033	412,537			
MEAN %	41.7	58.3	0.7	1.1	18.0	7.1	73.1	77.1	26.7	10.7

Totals vary slightly by demographic variable, as follows:

- (1) Gender: N=527,170
- (2) Ethnicity: N=525,666
- (3) SSI: N=345,108 (Receives Supplemental Security Income)
- (4) SSDI: N=344,418 (Receives Social Security Disability Insurance)

^a Percent Severe = Percent who meet the VR definition of severe disability

RESULTS

Number Served and Rehabilitation Rates

Table 2 summarizes the closure codes for the respective groups for 1985 and 1988. This information addresses two key policy issues: the distribution across disability groups for those who received services and those considered rehabilitated. A rehabilitation is achieved when individuals maintain their placement or rehabilitation goals for at least 60 days. Data from the "total" and "rehabilitated" columns in Table 1 are presented in Figure 1. They reveal three major trends from 1985 to 1988: 1) there were no significant changes in services received by the targeted disability groups, 2) a higher percentage of persons with moderate and severe mental retardation were "rehabilitated"; and (3) the percentage "rehabilitated" in the "other" disability group decreased slightly.

Closures

Table 3 summarizes the same closure codes from Table 2 by the percentage of individuals in each disability group who met the VR classification of severity. A much larger percentage of the targeted disability groups who were not accepted for services met the VR classification for severe disability in 1985 compared with the "other" group. Furthermore, of those rehabilitated in 1985, a much higher percentage of those with mental retardation and related conditions were considered severely disabled compared with the "other" group. The same was true for those not rehabilitated in 1985. The 1988 patterns were similar, although the targeted disability groups were even more likely to meet the classification of severe disability in 1988. Figure 2 displays these same relationships graphically for persons with mental retardation and related conditions and the "other" group. The most obvious difference across these groups was that although a higher percentage of persons with severe disabilities were not accepted or rehabilitated in 1988 (compared with the "other" group), those who were rehabilitated had a greater likelihood of having a severe disability.

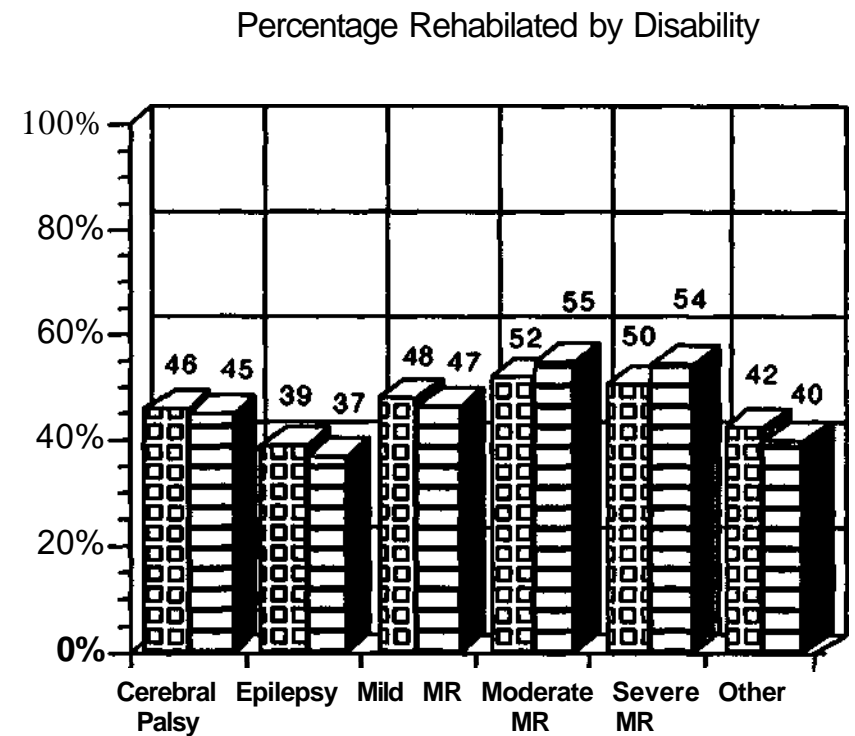
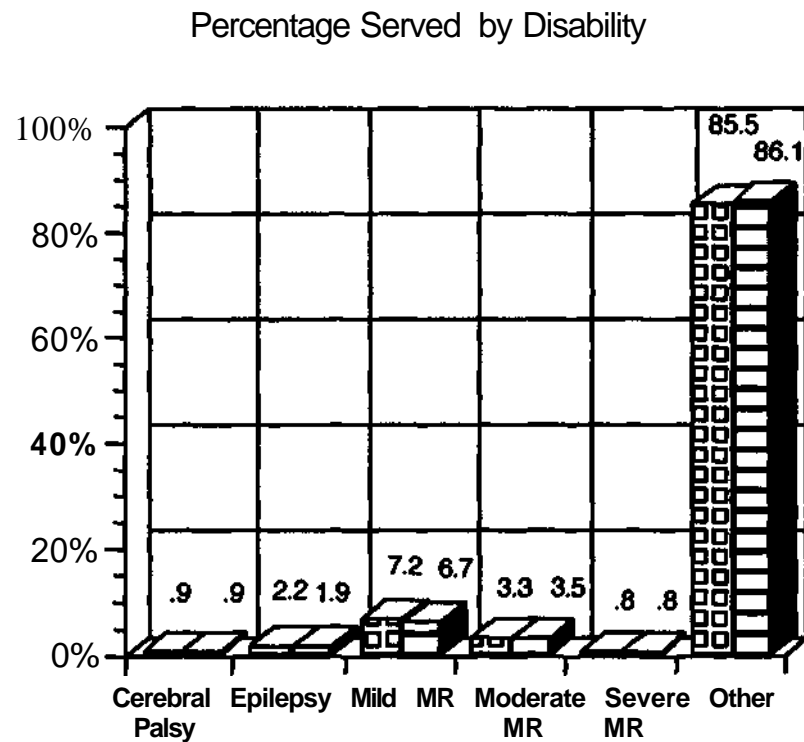
Table 2
Closure Code By Disability Category

Year	Group	Total	Closure Code/Type		
			Not Accepted for Service ^a	Rehabilitated	Not Rehabilitated ^b
1985	Cerebral Palsy	4,753	1,312 (27.6%)	2,194 (46.2)	1,247 (26.2)
	Epilepsy	11,184	3,986 (35.7%)	4,347 (38.9)	2,852 (25.5)
	Mental Retardation	(56,897)	(13,522)	(28,036)	(15,339)
	Mild	36,278	9,196 (25.3%)	17,385 (47.9)	9,697 (26.7)
	Moderate	16,775	3,372 (20.1%)	8,718 (52.0)	4,685 (27.9)
	Severe	3,844	954 (24.8%)	1,933 (50.3)	957 (24.9)
	Other	431,175	146,580 (34.0%)	182,819 (42.4)	101,776 (23.6)
	Total	504,010			
1988	Cerebral Palsy	4,978	1,499 (30.1%)	2,250 (45.2)	1,229 (24.7)
	Epilepsy	9,923	3,766 (38.0%)	3,667 (37.0)	2,490 (25.0)
	Mental Retardation	(58,291)	(14,059)	(29,060)	(15,172)
	Mild	35,579	9,336 (26.2%)	16,577 (46.6)	9,666 (27.2)
	Moderate	18,561	3,658 (19.7%)	10,231 (55.1)	4,672 (25.2)
	Severe	4,151	1,065 (25.7%)	2,252 (54.3)	834 (20.0)
	Other	453,948	162,553 (35.8%)	180,482 (39.8)	110,913 (24.4)
	Total	527,140			

^a Includes closed during application and closed after extended evaluation.

^b Includes Status 28 (after IWRP initiated) and Status 30 (before IWRP initiated).

Figure 1
Summary of Group Percentages Served and Rehabilitated: 1985 vs. 1988





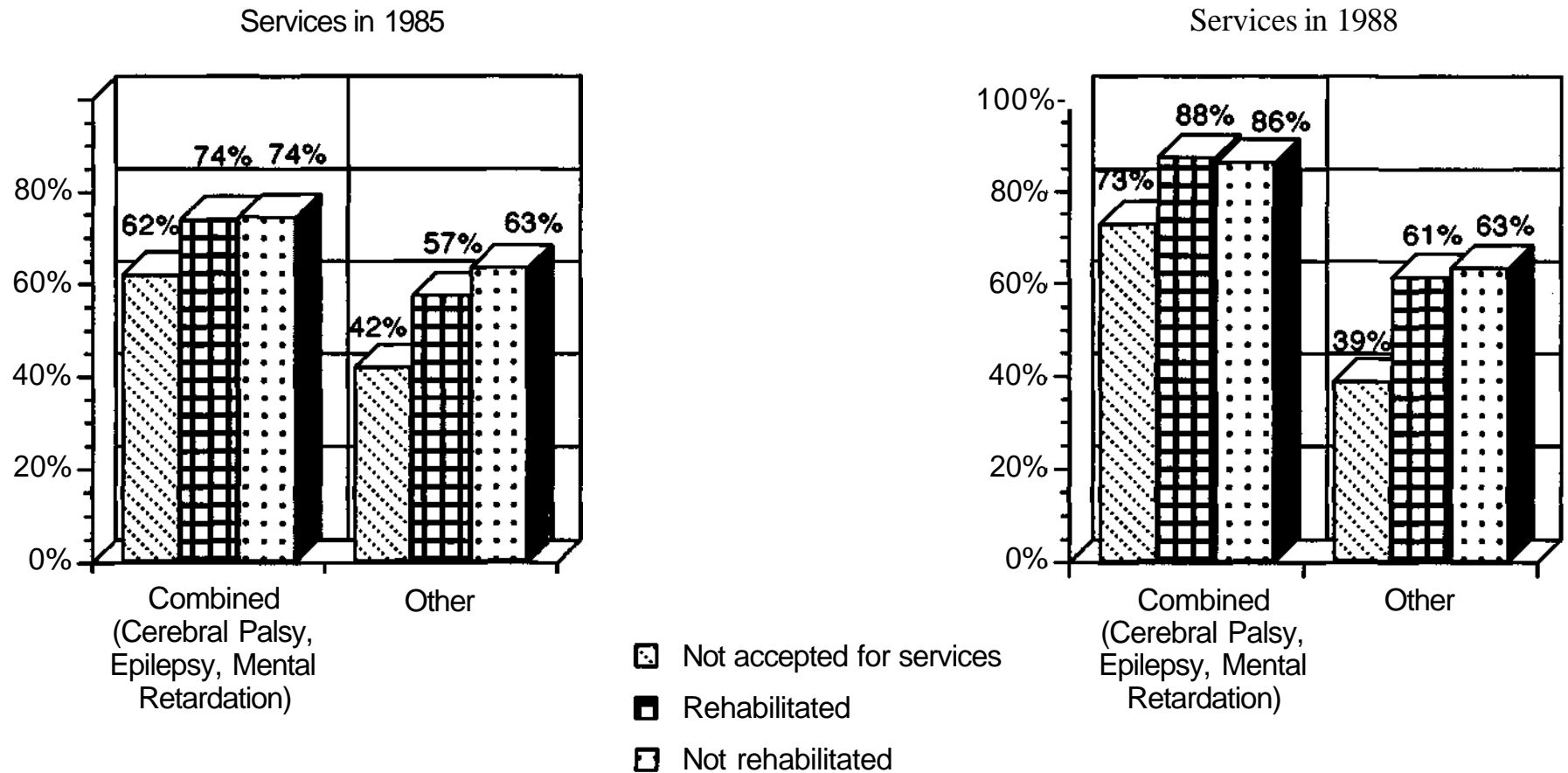
 1985
 1988

Table 3
Closure Codes by VR Severity Classification
(Percentages: 1985 and 1988)

Year	Croup	Not Accepted For Services		<u>Rehabilitated</u>		<u>Not Rehabilitated</u>	
		<u>Severe</u>	Not Severe	Severe	Not Severe	<u>Severe</u>	<u>Not Severe</u>
<u>1985</u>	CP, EP, MR ^a (Combined)	62.0%	38.0	74.1	25.9	74.4	25.6
	Other	41.9	58.1	57.3	42.7	63.4	36.6
1988	Cerebral Palsy	79.5	20.5	91.0	9.0	89.3	10.7
	Epilepsy	58.1	41.9	83.5	16.5	83.1	16.9
	Mental Retardation	(80.8)	(19.2)	(87.9)	(12.1)	(86.9)	(13.1)
	Mild	42.3	57.7	63.7	36.3	60.7	39.3
	Moderate	100.0	-0-	100.0	-0-	100.0	-0-
	Severe	100.0	-0-	100.0	-0-	100.0	-0-
	Other	39.1	60.9	61.5	38.5	63.3	36.7

^a Three groups (Cerebral Palsy, Epilepsy, Mental Retardation) combined in 1985 data tape.

Figure 2
Closure Codes by Percentage of Persons who Meet
the VR Definition of Severe Disability: 1985 vs. 1988



Reasons for Not Being Accepted or Rehabilitated

Table 4 summarizes the distribution for the reasons that persons either were not accepted or not rehabilitated. We were most interested in examining trends related to the following potential reasons: the person's handicap was too severe and the person refused services or did not cooperate. The "other" category reflects other stated reasons including "unable to locate, death, client institutionalized, agency transfer or other reasons". Figure 3 shows the graphic distribution of these reasons. The most notable trend was the decrease across groups from 1985 to 1988 who were not accepted or not rehabilitated because their disability was too severe. This is despite the fact that, as shown in Table 3, a higher percentage of participants met the VR definition of severe disability in 1988.

OJT and Work Adjustment Patterns

Vocational Rehabilitation services are those which assist with achievement of specific rehabilitation outcomes. Services range from transportation, school, work adjustment, on-the-job training services, supported employment, etc. VR outcomes include a variety of statuses (such as not accepted, rehabilitated, not rehabilitated, etc.). In addition, a number of work statuses are considered outcomes for rehabilitation closures, including supported employment, competitive employment, sheltered employment, and unpaid work. Supported employment is considered both a service and an outcome, because the services may be provided for up to 18 months but, ultimately, they are stopped and follow-up services are provided by another adult service agency.

Table 5 summarizes the distribution of OJT and work adjustment services across the various disability groups. Two obvious trends are reflected in Table 5: First, OJT and work adjustment were used more for both groups in 1988. Second, OJT and work adjustment were much more likely to be used for persons with one of the targeted disabilities than for those in the "other" group. (In some cases, they were more than twice as likely to receive these services). Work adjustment services typically are directed toward persons who have little working experience and focus more on teaching appropriate behaviors than on skills development. Thus, these

Table 4

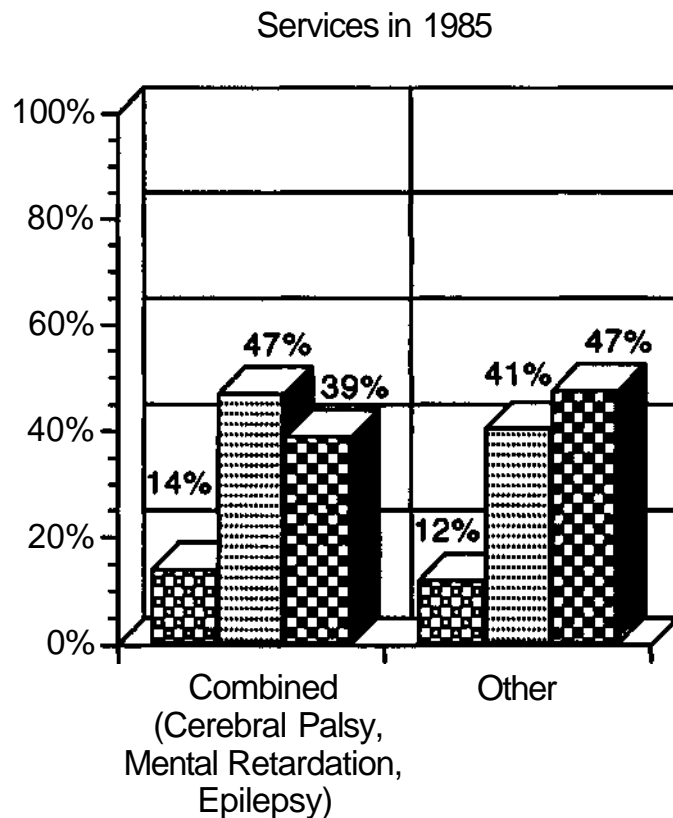
Reasons Not Accepted and Not Rehabilitated




<u>Year</u>	<u>Group</u>	<u>Total</u>	<u>Reasons</u>		
			<u>Handicap Too Severe</u>	<u>Refused/ Uncooperative</u>	<u>Other^a</u>
1985	Cerebral Palsy, Epilepsy and Mental Retardation (Combined) ^b	30,319	4,296 (14.2%)	14,190 (46.8)	11,833 (39.0)
	Other	197,140	23,733 (12.0%)	80,112 (40.6)	93,295 (47.4)
	Total	227,459			
<u>1988</u>	Cerebral Palsy	2,617	316 (12.1%)	1,171 (44.7)	1,130 (43.2)
	Epilepsy	6,027	594 (9.9%)	2,977 (49.4)	2,456 (40.7)
	Mental Retardation	(28,242)	(2,551)	(14,059)	(11,632)
	Mild	18,493	1,154 (6.2%)	9,990 (54.0)	7,349 (39.7)
	Moderate	7,917	836 (10.6%)	3,566 (45.0)	3,515 (44.4)
	Severe	1,832	561 (30.6%)	503 (27.5)	768 (41.9)
	Other	265,377	21,465 (8.1%)	124,500 (46.9)	119,412 (45.0)
	Total	302,263			

^a Other reasons included unable to locate, death, client institutionalized, transfer to other agency, and "other" reasons.

^b These groups combined on 1985 data tape.

Figure 3
Group and Yearly Comparisons of Reasons for
Not Being Accepted or Rehabilitated: 1985 vs. 1988



-  Handicap too severe
-  Refused /Uncooperative
-  Other

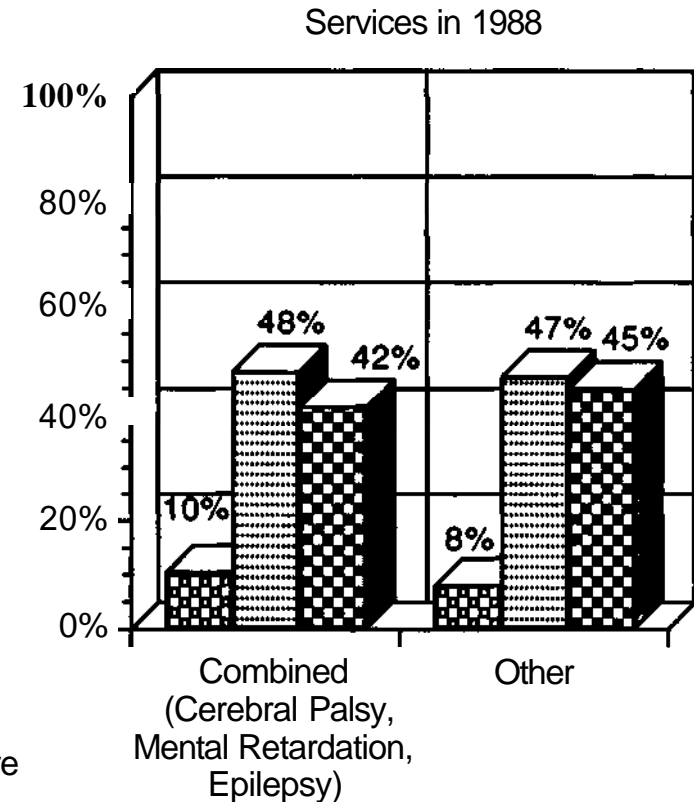


Table 5
Percentage of Individuals in Disability Group Who Received OJT or Work Adjustment Services
(1985 vs. 1988)

Disability Group	1985		1988	
	OJT	Work Adjust.	OJT	Work Adjust.
Cerebral Palsy	5.5%	18.7%	8.7%	22.6%
Epilepsy	3.8%	14.0%	8.0%	20.0%
(Mental Retardation)				
Mild	9.2%	31.0%	13.5%	35.5%
Moderate	10.0%	38.4%	17.7%	42.6%
Severe	7.2%	39.5%	15.4%	46.4%
Other	3.2%	12.3%	6.3%	15.9%

services may be viewed as more appropriate for individuals with mental retardation and related conditions.

Work Status at Closure

Work status at closure was analyzed from two perspectives. The first, summarized in Table 6, compares groups with respect to the number and percentage placed into competitive employment, sheltered employment, and unpaid work. (Supported employment was not included in these analyses because RSA did not collect this information until 1990). The most apparent trend was that a larger percentage of persons with moderate or severe mental retardation obtained competitive employment in 1988 (12% more), with a corresponding decrease in the percentage in sheltered or unpaid work (9% less). The opposite pattern occurred for persons with mild retardation, although the percentage change was not as great (only 2%).

The second analysis of work status outcomes compared group closures by the VR classification of severity. These data are summarized in Table 7 and combined in Figure 4 to permit comparisons across the time periods. Overall, the percentage of persons who met the VR definition of severe disability increased both across groups and closure categories from 1985 to 1988.

Comparisons of 1988 VR Data Tape Versus Institute Survey of State VR Agencies

Although supported employment services were funded by RSA as early as 1986, supported employment service and outcome data were not required for RSA's 911 data system until 1990. Thus, staff at the Training and Research Institute for People with Disabilities conducted a separate survey of state VR agencies regarding services and outcomes for 1988. Figure 5 presents the distribution for 3 service categories for 1988: supported employment, work adjustment and OJT. Data from the Institute survey are compared with those from the 1988 data tape. The existence of supported employment services had a much more substantial impact on the service distribution for those with mental retardation and related conditions than for those in the "other" disability group. Specifically, the most significant effect of adding supported employment service data was a reduction in the percentage of persons with mental retardation and related conditions who received

Table 6
Group and Yearly Comparisons of Work Status at Closure

Group	Year/Work Status at Closure							
					1988			
	<u>Total</u>	<u>Competitive</u>	<u>Sheltered</u>	<u>Unpaid Work</u> ^a	<u>Total</u>	<u>Competitive</u>	<u>Sheltered</u>	<u>Unpaid Work</u>
Cerebral Palsy	2,176	1,614 (74.2%)	374 (17.2)	188 (8.6)	1,996	1,443 (72.3%)	386 (19.3)	167 (8.4)
Epilepsy	4,279	3,615 (84.4%)	386 (9.0)	278 (6.5)	2,998	2,580 (86.1%)	263 (8.8)	155 (5.2)
Mental Retardation	(27,782)	(18,909)	(7,734)	(1,139)	(22,514)	(14,945)	(6,877)	(692)
Mild	17,215	13,305 (77.3%)	3,231 (18.8)	679 (3.9)	10,453	7,880 (75.4%)	2,174 (20.8)	399 (3.8)
Moderate	8,658	5,021 (58.0%)	3,234 (37.4)	403 (4.7)	9,856	6,246 (63.4%)	3,349 (34.0)	261 (2.6)
Severe	1,909	583 (30.5%)	1,269 (66.5)	57 (3.0)	2,205	819 (37.1%)	1,354 (61.4)	32 (1.5)
Other	180,403	153,289 (84.9%)	5,206 (2.9)	21,908 (12.1)	176,488	152,422 (86.4%)	5306 (3.0)	18,760 (10.6)
<u>Total:</u>	214,640				Total:	203,996		

^a Includes homemaker and unpaid family worker categories.

Table 7
Work Status at Closure by VR Severity Classification
(Percentages: 1985 and 1988)

<u>Year</u>	<u>Group</u>	<u>Competitive</u>		<u>Sheltered</u>		<u>Unpaid Work</u>	
		Severe	<u>Not Severe</u>	<u>Severe</u>	<u>Not Severe</u>	Severe	<u>Not Severe</u>
<u>1985</u>	CP, EP, MR ^a (Combined)	68.7%	31.3	88.9	11.1	80.6	19.4
	Other	53.4	46.6	85.3	14.7	78.7	21.3
<u>1988</u>	<i>Cerebral Palsy</i>	89.1	10.9	97.2	2.8	96.5	3.5
	Epilepsy	82.2	17.8	92.6	7.4	94.5	5.5
	Mental Retardation						
	Mild	60.5	39.5	80.6	19.4	70.5	29.5
	Moderate	100.0	-0-	100.0	-0-	100.0	-0-
	Severe	100.0	-0-	100.0	-0-	100.0	-0-
	Other	58.1	41.9	89.2	10.8	82.1	17.9

^a Three groups (Cerebral Palsy, Epilepsy, Mental Retardation) combined in 1985 data tape.

Figure 4
Work Status at Closure for Persons Meeting the
VR Definition of Severe Disability: 1985 vs. 1988

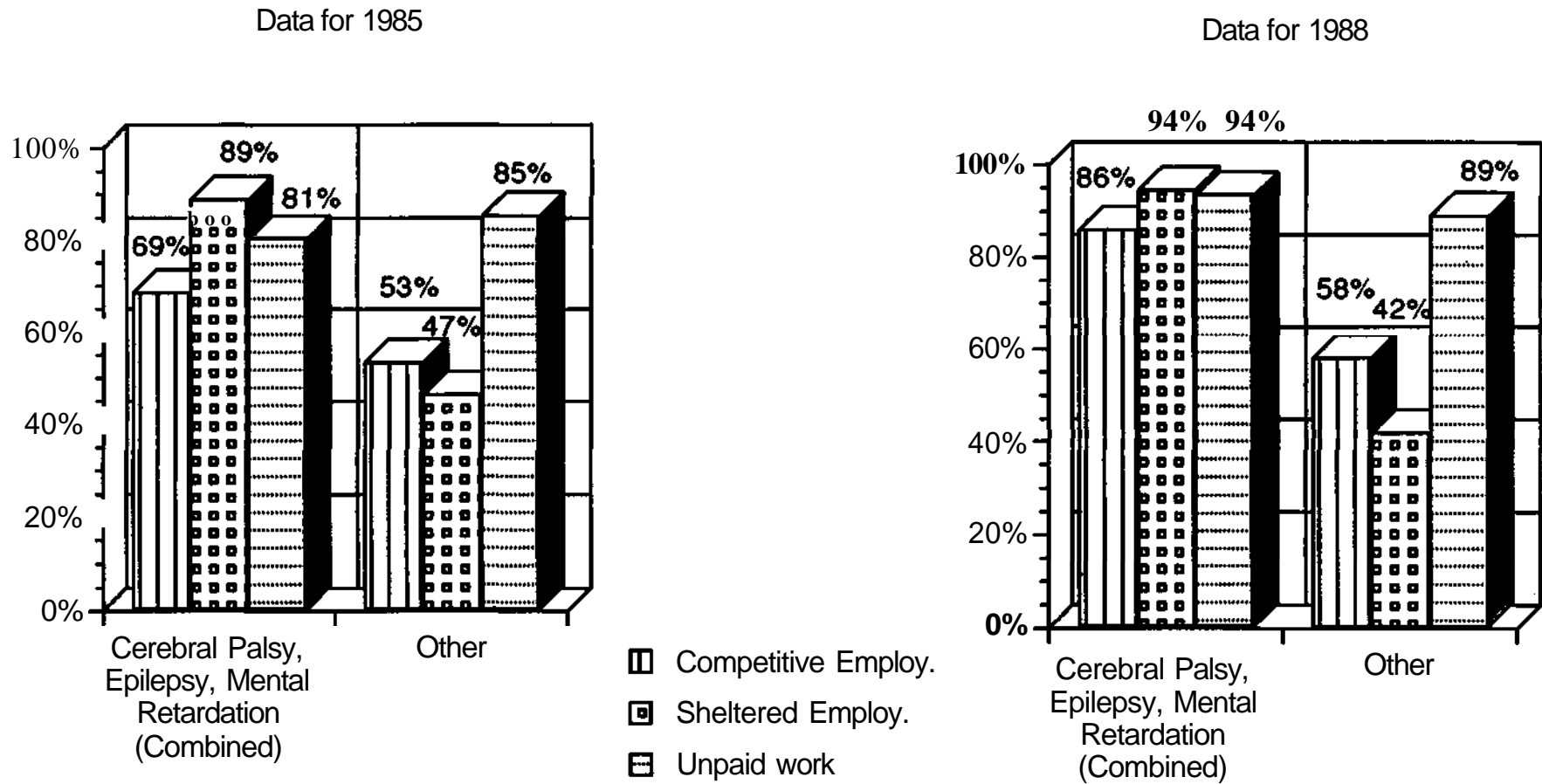
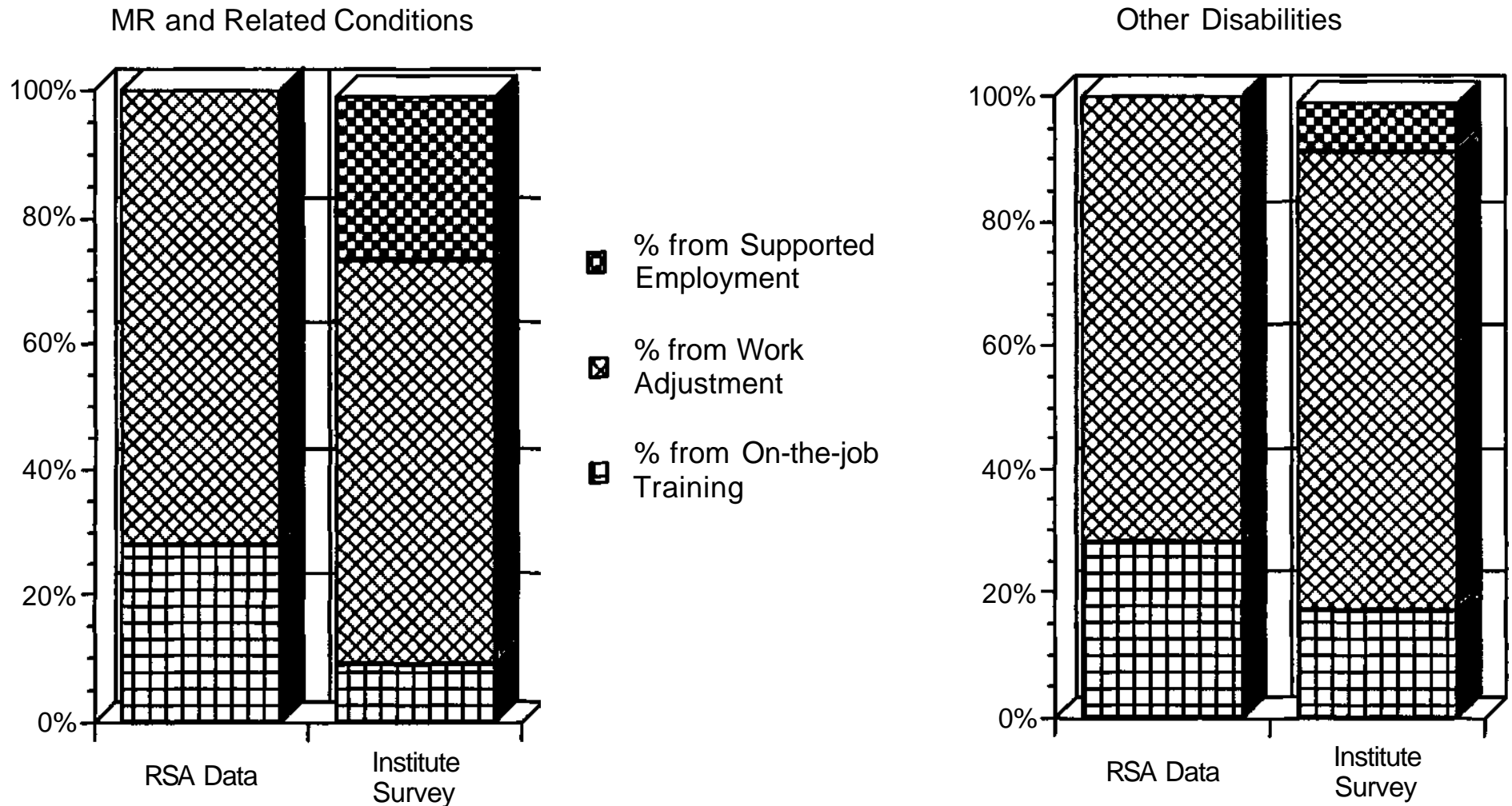


Figure 5
RSA Data Tape vs. Institute Survey of VR Services for 1988



RSA data is from 53 state VR Agencies and 32 state Commissions for the Blind

Institute data is from 21 state VR Agencies

OJT services. The same was true for those with "other" disabilities, although the percentage decrease was much smaller for this group.

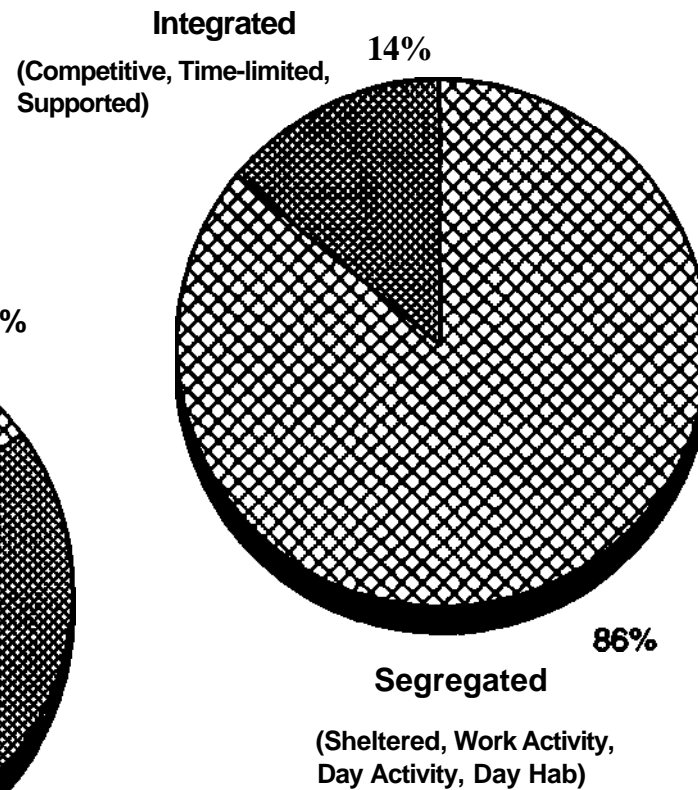
Figure 6 compares data collected in the survey of state VR agencies for 1988 with those obtained in a survey of state MR/DD agencies for the same time-period. Service and closure data were categorized according to whether they were integrated (primarily including persons who do not have disabilities) or segregated (where the vast majority of participants have disabilities). Clearly, Figure 6 reveals that opportunities for persons with mental retardation and related conditions to obtain integrated employment were much more available within the VR agency system than in the MR/DD agency system.

Outcome data also were compared for the 1988 RSA data tape and the 1988 Institute survey. See Figure 7. The addition of supported employment closures (Institute survey) led to significant reductions in the percentage of persons with mental retardation or related conditions who were closed in competitive and sheltered employment. This effect was much less dramatic for those in the "other" disability group. For this group, the addition of supported employment closures only appeared to reduce the percentage closed in competitive employment and had no obvious effect on the percentage closed in sheltered employment.



Figure 8 displays the distribution for supported employment services across the disability groups for persons with mental retardation and related conditions. (These data were obtained from the Institute survey of state VR services for 1988). By far the largest percentage had mild mental retardation (47%), followed by those with moderate mental retardation (36%). Twelve percent were reported to have severe or profound mental retardation, 2.6% epilepsy, 2% cerebral palsy, and .4% autism.

Figure 6
VR Agency Closure Settings Compared With MR/DD Settings for 1988:
Integration vs. Segregation

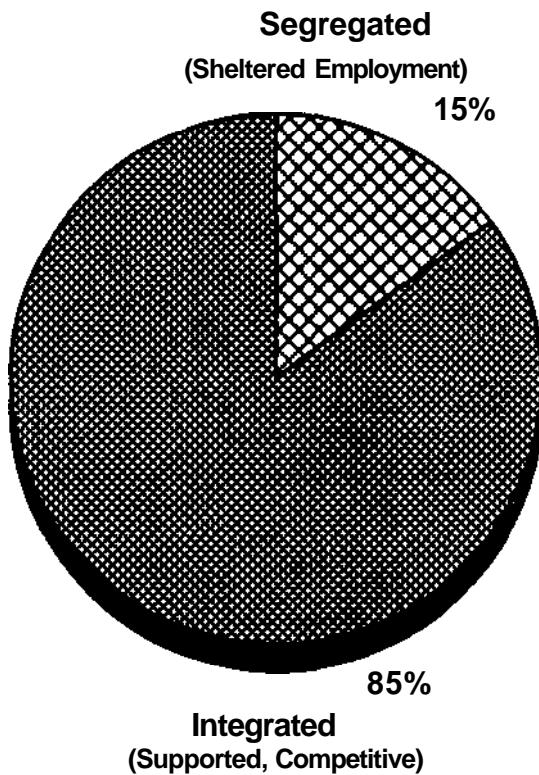
MR/DD Agencies



(N = 236,785)

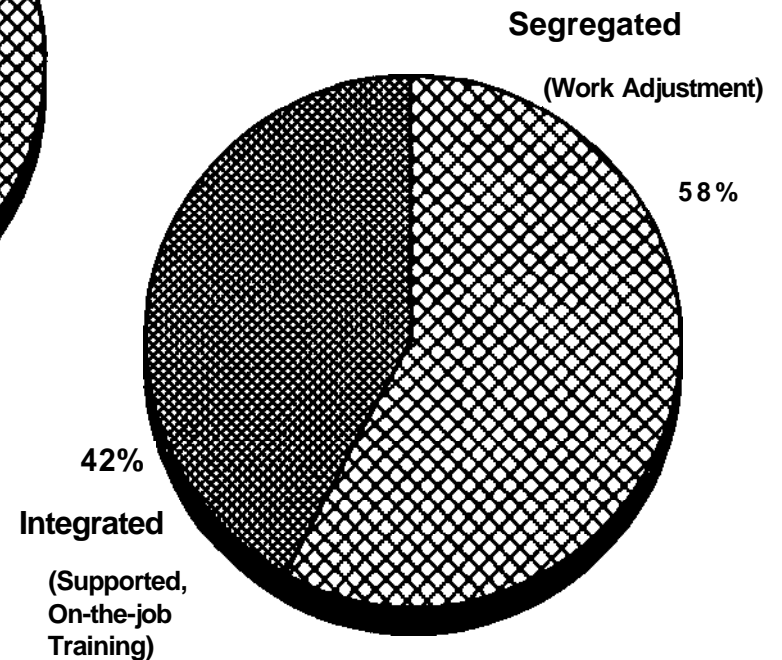
 Segregated
 Integrated

VR Closures



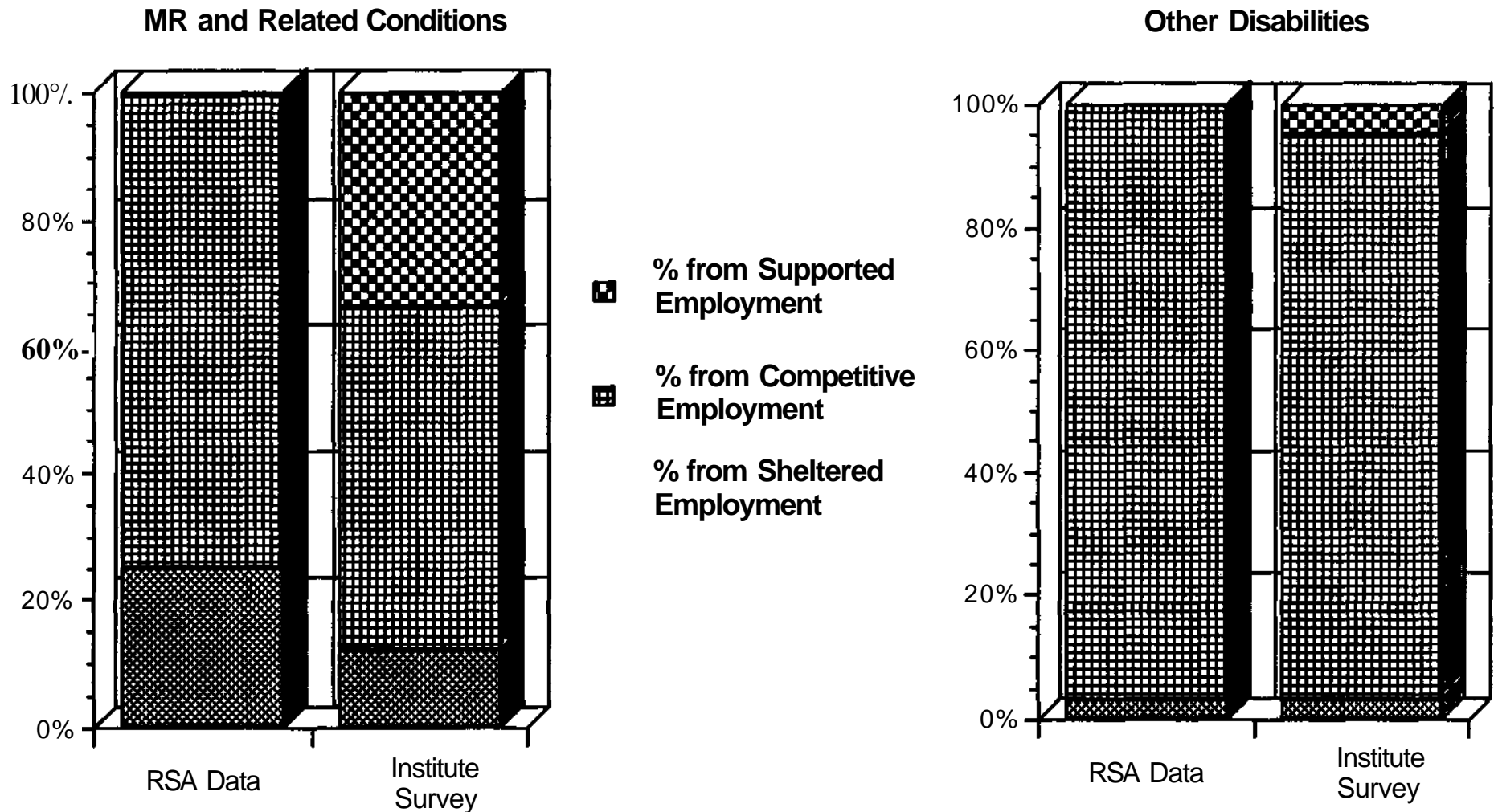
(N = 29,221)

VR Services



(N = 23,674)

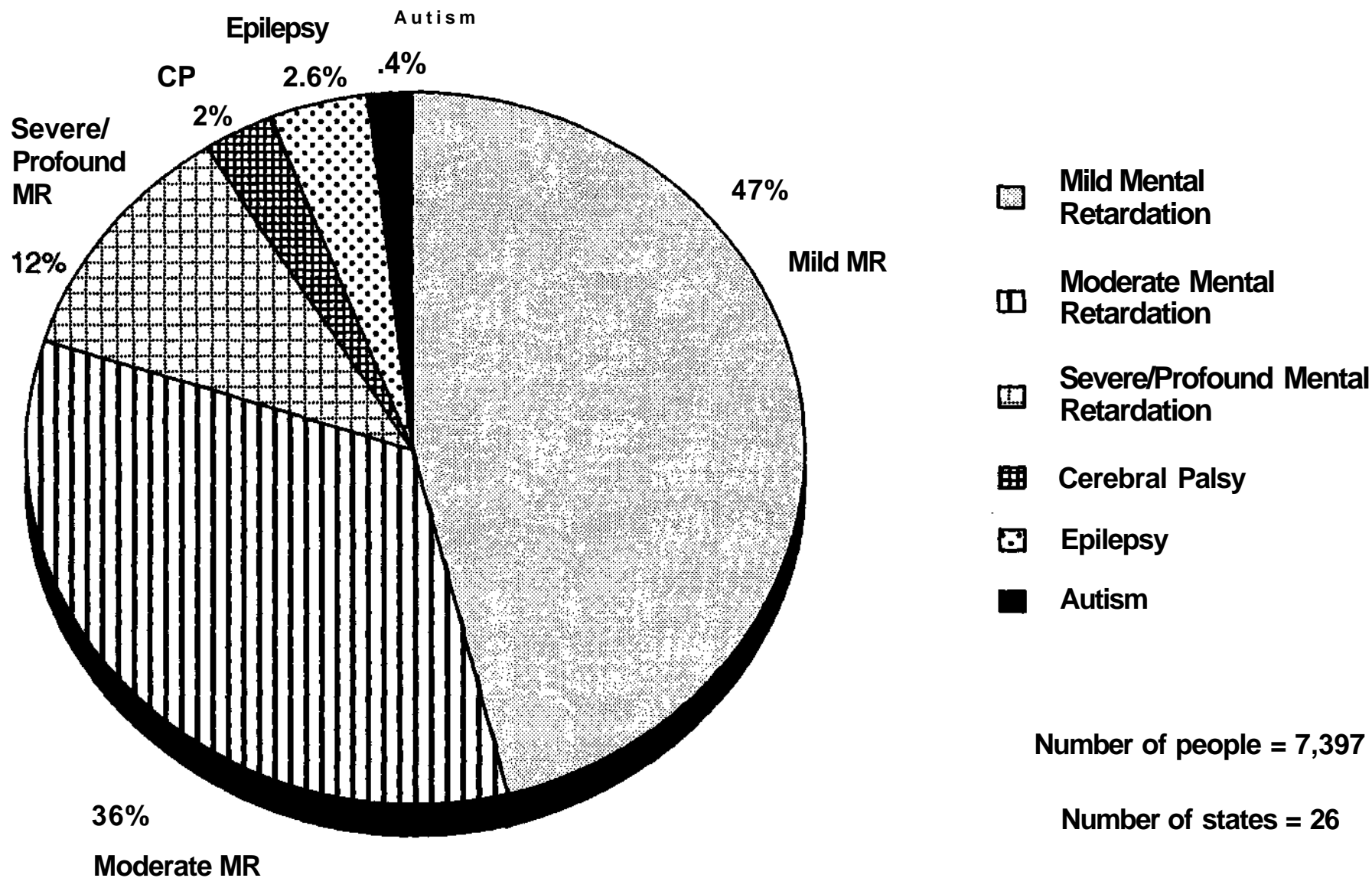
Figure 7
RSA Data Tape vs. Institute Survey of VR Closure Outcomes for 1988



RSA data is from 53 state VR Agencies and 32 state Commissions for the Blind

Institute data is from 14 state VR Agencies

Figure 8
Supported Employment by Disability in 1988



DISCUSSION

The 1992 Rehabilitation Act Amendments presume the employability of persons with severe disabilities (e.g., those with developmental disabilities, etc.). In general, the analysis of the 1985 and 1988 data tapes supports this presumption. For example, while there was no increase across the time periods in services to persons with one of the targeted disabilities (Table 2), a higher percentage of persons with moderate and severe mental retardation were rehabilitated (Table 2), a higher percentage of persons who met the VR classification of severe disability were among those rehabilitated (Figure 3), and a lower percentage were not accepted or not rehabilitated because their disability was "too severe" (Figure 2). Similarly, the presumption is supported by comparing the 1985 and 1988 work status at closure data for persons with moderate and severe mental retardation (Table 6). In 1985, 58 percent of the persons with moderate mental retardation and 30.5 percent of those with severe mental retardation were closed in competitive employment. In 1988, the respective percentages had increased to 63.4 and 37.1 percent. A corresponding decrease in sheltered workshop closures for the two time periods was also evident (37.4% to 34.0%, and 66.5% to 61.4%). This trend, however, was not true for persons with mild mental retardation and cerebral palsy who showed a slightly lower percentage of closures in competitive employment and a slightly higher percentage in sheltered employment from 1985 to 1988. The reasons for this shift should be explored further.

In spite of this finding, the general trend for RSA data is consistent with other studies which substantiate and support the employment potential of persons with severe disabilities (Kiernan et al., 1988; Schalock et al., 1989; Kregal, Revell, West & Wehman, 1990). In fact, compared to 1985, a higher percentage of persons with moderate and severe mental retardation were "rehabilitated" in 1988. The existence of supported employment services are likely to bear a large responsibility for this increase.

In spite of the increased rehabilitation rate for persons with moderate and severe mental retardation, almost half of all persons with mental retardation and related conditions in supported

employment in 1988 had mild mental retardation (47%). West, Revell and Wehman (1992) reported remarkably similar findings from their survey of state VR supported employment services for FY 1990: 48.4% of all persons with mental retardation in supported employment had mild retardation, 36% moderate retardation, 12% severe/profound retardation, and 3% were in the borderline range of intelligence. The authors go on to comment, "Over the course of the VCU-RRTC state policy analysis study, relative percentages across severity levels have changed little. Persons with mild MR continue to be the primary recipients of service [in supported employment]; persons with severe/profound MR continue to constitute approximately 12% of all participants with MR." The relatively low percentage of individuals in supported employment who have severe or profound mental retardation is one aspect of supported employment service delivery that needs to be addressed with proactive, incentive-driven policies in order to increase their access to services.

The Institute survey of state VR agencies for 1988 allowed us to examine the impact of supported employment on other services and outcomes. For persons with mental retardation and related conditions, the availability of supported employment services had a greater influence on the percentage who received OJT services more than on the percentage who received work adjustment services, although both percentages decreased after supported employment was added. The same trend was true for those with "other" disabilities, although the percentage change was smaller. Most likely, OJT services were supplanted because they include similar but fewer supports than what is typically offered in supported employment.

With respect to closure outcomes, the addition of supported employment significantly reduced the percentage of persons with mental retardation and related conditions closed in both competitive employment (the largest decrease) and sheltered employment. Thus, for this group, supported employment services were used to address the needs of two sub-groups: 1) those who previously would have received few job-related supports in competitive employment and 2) those who would have been closed in segregated, low paying work statuses (i.e., sheltered employment). For those with "other" disabilities, there was a slight decrease in the percentage closed in competitive employment and virtually no change in the percentage closed in sheltered

employment. Hence, supported employment services for those with "other" disabilities primarily appeared to be used to address the needs of persons who may have achieved integrated employment but may not have had the necessary supports to maintain their jobs.

In summary, there is increasing empirical support that persons with severe disabilities are entirely capable of working in integrated settings, provided they receive the appropriate training and supports. Although a higher percentage of persons with severe disabilities were not accepted or rehabilitated in 1988, those who were rehabilitated were more likely to have a severe disability. However, this trend may reflect a screening procedure that is reasonably accurate at predicting success. In accordance with the Rehabilitation Act Amendments of 1992, barriers to obtaining VR services need to be substantially reduced for those with the most severe disabilities and the technology for providing individualized and flexible supports needs to be fine tuned. Only then will it be possible to increase the overall percentage and the absolute number of persons with substantial functional challenges who work in integrated environments. State Vocational Rehabilitation agencies, service providers, families, advocates, and individuals with disabilities all have key roles to play in this process.

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