

**Use of One- Stops by Social
Security Disability
Beneficiaries in Four States
Implementing Disability
Program Navigator Initiatives**

Final Report

May 2010

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The opinions, conclusions, and any errors in this report are the sole responsibility of the authors and do not reflect the official views of the four participating states, SSA, the U.S. Department of Labor, or Mathematica.

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ACRONYMS

The following acronyms are used throughout this report:

BPAO	Benefits Planning, Assistance, and Outreach
DOL	U.S. Department of Labor
DPN	Disability Program Navigator
ETA	Employment and Training Administration, U.S. Department of Labor
FTE	full-time equivalent
PY	program year
SGA	Substantial Gainful Activity
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSN	Social Security number
TRF	Ticket Research File
TTW	Ticket to Work
VR	vocational rehabilitation
W-P	Wagner-Peyser Act of 1933
WIA	Workforce Investment Act of 1998
WIB	Workforce Investment Board
WIG	Work Incentive Grant
WIPA	Work Incentives Planning and Assistance

EXECUTIVE SUMMARY

A. Purpose of the Report

To make One-Stop services more accessible to people with disabilities, several efforts have been undertaken by states with the support of federal funding. One of these is the Disability Program Navigator (DPN) initiative. DPNs are individuals who perform a wide range of functions designed to improve the employment of people with disabilities, undertaking activities designed to create linkages with other, system-wide resources that support the employment of people with disabilities, make One-Stop centers more accessible to people with disabilities, and improve the manner in which services are delivered to them. These activities are intended to increase the use of One-Stop services by people with disabilities and improve their employment outcomes. If employment outcomes improve among people with disabilities, this might lead to a decline in their reliance on public programs such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

The purpose of this study is to assess the extent to which working-age SSI and SSDI beneficiaries (hereafter referred to as SSA beneficiaries) in four states that implemented DPN initiatives utilized One-Stop services, the employment outcomes of these users, and whether utilization and outcomes differed over time as the DPN initiative gained maturity. The study used program year (PY) 2002 – 2007 Workforce Investment Act (WIA) and Wagner-Peyser (W-P) program data from four states (Colorado, Iowa, Maryland, and Oregon).¹ These data were matched to administrative records from the SSI and SSDI programs. As the WIA and W-P programs do not routinely collect and report information about the SSI and SSDI status of service users, the match to the SSA administrative data allowed us to identify working-age SSA beneficiaries using these One-Stop services and to capture selected SSI/SSDI program-related characteristics of those users.

B. Key Findings

1. Only a small percentage of One-Stop users were current or former SSA beneficiaries.

Approximately two to four percent of all One-Stop users in the four states studied were SSA beneficiaries at the time they registered for One-Stop services. The percentages did not vary greatly across years or across the WIA and W-P programs, and there did not appear to be a strong pattern over time in any of the states. When we considered users who had ever been on the SSA disability rolls at the time they registered for services, we found that the percentages nearly double in most states (roughly between three and six percent) for each year and each program.

¹ Oregon provided WIA program data only.

2. Although small in number relative to all One-Stop users, SSA beneficiaries using One-Stop services were large in number and represented a large share of the beneficiaries in each state who were actively pursuing employment.

Table ES-1 shows the number of SSA beneficiaries using One-Stops relative to particular subgroups of beneficiaries interested in employment in the three states that provided both WIA and W-P data. When we considered the number of SSA beneficiary One-Stop users as a percentage of all SSA beneficiaries with work-related goals and expectations (work-oriented beneficiaries) actively pursuing employment (estimated based findings in Livermore et al. 2009b), we found that One-Stop users represented a substantial share of these beneficiaries, particularly in Colorado and Iowa (26 percent). We also found that the number of SSA beneficiary One-Stop users was similar to or much greater than the number of beneficiaries participating in SSA-funded employment services—the Ticket to Work program—in those states. These findings indicate that, although SSA beneficiaries represented only a tiny fraction of all One-Stop users, the One-Stop system is an important resource used by a substantial share of SSA beneficiaries who are seeking employment.

Table ES.1. Number and Percentage of SSA Beneficiaries Using One- Stop Services, PY 2006

	Colorado	Iowa	Maryland
Number of SSA Beneficiaries, by Selected Subgroups			
Total Number of SSA Beneficiaries Age 18-64	104,460	84,976	145,818
Number of Work-Oriented SSA Beneficiaries (Estimated)	41,784	33,990	58,327
Number of Work-Oriented SSA Beneficiaries Actively Pursuing Employment (Estimated)	20,892	16,995	29,164
Number of TTW Participants (Dec 2006)	976	2,040	2,808
SSA Beneficiaries Using One- Stops in PY 2006			
Number (unduplicated)	5,465	4,358	3,156
As a Percent of All SSA Beneficiaries	5.2	5.1	2.2
As a Percent of All Work-Oriented SSA Beneficiaries	13.1	12.8	5.4
As a Percent of All Work-Oriented SSA Beneficiaries Actively Pursuing Employment	26.2	25.6	10.8

Sources: State WIA and W-P program data matched to the 2007 TRF for the number of SSA beneficiaries served by One-Stops; SSA (2006 and 2007) for the number of beneficiaries in each state; and Stapleton et al. (2009) for the number of TTW participants in each state. The number of work-oriented beneficiaries and number of work-oriented beneficiaries actively pursuing employment were estimated based on the total number of beneficiaries in each state and findings reported in Livermore et al. (2009b).

Note: For Iowa, PY 2005 One-Stop data were used in the calculations.

3. The percentage of SSA beneficiary One-Stop users who disclosed their disabilities increased markedly over time.

Although information about disability status is collected in the WIA and W-P programs, there is no standard definition of disability and disclosure of that information is at the discretion of the individual registrant. In each of the four states, we found a significant and marked increase over time in the percentage of One-Stop users on the SSA disability rolls who disclosed their disabilities at registration for WIA or W-P services. For example, in Iowa the percentage of SSA beneficiaries

using WIA services that disclosed their disability status increased from 36 percent to 76 percent from PY 2002 to PY 2007. The increasing trend in each state might suggest that the DPNs have facilitated the disclosure of disability information, possibly by raising awareness of disability issues among staff, improving administrative processes, and creating an environment in which users were more likely to disclose their disabilities. However, as with the other outcomes analyzed in this study, factors external to the DPN initiative possibly also affected disclosure rates over time. The underreporting of disability status among SSA beneficiaries suggests that disability status was likely underreported by users more generally, and that the One-Stops were probably serving many more individuals with disabilities than is reflected in the WIA and W-P program data.

4. One-Stop users who were SSA beneficiaries differed from nonbeneficiary users in many respects.

In all states, One-Stop users on the SSA rolls differed significantly from nonbeneficiary users in terms of their personal characteristics; they were older, had lower levels of education, were more likely to be black, and were less likely to be employed at registration. Although we found that SSA beneficiaries in the WIA program were less likely to receive WIA intensive services and training in some states, the differences were not statistically significant, likely due to the small sample sizes. In the W-P program, we found only very small, but statistically significant, differences between SSA beneficiaries and nonbeneficiaries with respect to the likelihood of receiving referrals to employment.

SSA beneficiaries also differed from nonbeneficiaries in terms of their post-service employment outcomes. Relative to nonbeneficiaries, One-Stop users on the SSA rolls were about half as likely to become employed, and among those who became employed, were less likely to retain employment and had average earnings that were about 50 to 60 percent of those of nonbeneficiaries. The characteristics of these users, along with their disabilities, likely contributed to their less-successful employment outcomes. We observed improvements in the employment outcomes of SSA beneficiaries over time. Similar improvements for nonbeneficiaries were also observed, suggesting that the improved outcomes were probably due to changes in local economic conditions.

5. The SSA beneficiaries who used One-Stop services and became employed achieved rather exceptional employment outcomes relative to SSA beneficiaries nationally.

A large share of SSA beneficiaries who became employed after using One-Stop services—roughly 35 to 50 percent—had earnings above the equivalent of the SSA substantial gainful activity (SGA) level.² In contrast, data from another study (Livermore et al. 2009b) indicates that about 25 percent of working beneficiaries earn above the SGA level. SSA beneficiary One-Stop users also left SSA cash benefits at very high rates—10 to 30 percent of all users left benefits for at least one month during the 12 months following their exit from One-Stop services. Comparable statistics for SSA beneficiaries are not available, however, findings over a four-year period for all SSA beneficiaries with work goals or expectations indicate that 10 percent left cash benefits for at least one month during the four years (Livermore et al. 2009b). That the one-year rates among One-Stop

² We analyzed the six-month average earnings of the SSA beneficiaries who entered employment. In 2007 dollars, the six-month equivalent of SGA-level earnings is approximately \$5,400.

users were greater than or equal to the four-year rates of all work-oriented beneficiaries indicates a significant level of success among the SSA beneficiaries using One-Stop services. Like the other employment outcomes, however, we cannot necessarily attribute their success to the DPN initiative. During the same period, a variety of state and federal initiatives—beginning with the 1999 Ticket to Work and Work Incentives Improvement Act—gained momentum and, along with the growth in the economy during this period, likely contributed to the high percentages of SSA beneficiaries working above the SGA level and leaving the disability rolls. In addition, SSA beneficiaries who use One-Stop services may differ significantly from other beneficiaries who seek to become employed by other means in ways that contribute to their employment success.

C. Conclusions

1. We cannot draw conclusions about the impact of the DPN initiative on One-Stop service use and the employment outcomes of SSA beneficiaries based on the findings presented in this study.

The findings presented in this report are purely descriptive. Due to a number of data limitations and the manner in which the DPN initiatives were implemented in each state, a rigorous impact evaluation of the DPN was not feasible. The DPN initiatives were implemented statewide fairly quickly in each of the four study states, so comparison areas without DPNs were not available. We also had only a limited pre-period with which to compare outcomes after the DPN was implemented in each state. In addition, the DPN initiative was an intervention intended to bring about systems change, rather than a direct-service intervention focused on individuals. It can take many years for the effects of systems change interventions to become apparent, and we had only a limited observation period for this study. But even with a longer period, it can be difficult to detect the effects of systems change interventions in analyses of the outcomes of individuals. The findings do, however, provide new and important information about the extent to which SSA beneficiaries use One-Stop services in these states and about their characteristics and employment outcomes. Such information may be useful to the states and the federal government in planning and providing services to SSA beneficiaries who want to work, and assessing their performance in the future.

2. The findings suggest that there is an important role for resources such as the DPN that are specifically focused on the needs of One-Stop users with disabilities.

The findings highlight the challenges inherent in providing employment services to SSA beneficiaries. By virtue of the fact that they receive disability benefits, beneficiaries have demonstrated an inability to work at substantial levels due to significant physical and/or mental health conditions. As a group, they achieved a lower level of employment success relative to other One-Stop users. But success in helping SSA beneficiaries to become employed also has been limited in other programs that focus specifically on this population, such as Ticket to Work. That SSA beneficiaries represent only a tiny fraction of One-Stop users adds to the challenge in that One-Stop staff may serve too few of these clients to develop the expertise necessary to address their unique issues.

Despite the substantial barriers to employment and challenges in providing employment services to SSA beneficiaries, the very large number of SSA beneficiaries using One-Stop services suggests that there is indeed an important role for One-Stop centers in serving SSA beneficiaries who want to work, and there is a role for the DPN initiatives to continue to address the needs of this target group and other users with disabilities. The states included in this study were serving

several thousand current SSA beneficiaries each year, representing a large fraction of all beneficiaries potentially pursuing employment in each state. The large numbers and successful employment outcomes of SSA beneficiaries using One-Stop services also suggest that there is significant potential for the One-Stops to successfully operate as providers (employment networks) under SSA's Ticket to Work program. Nearly an equal number of former SSA beneficiaries used One-Stop services in each year, suggesting that, not only are One-Stops an important resources for existing beneficiaries who want to work, but that they could play a significant role in preventing former beneficiaries from returning to cash benefits.

I. INTRODUCTION

A. Purpose and Organization of the Report

The Workforce Investment Act of 1998 (WIA) governs how publicly funded workforce investment and training services operate, facilitating One-Stop, universal provision of these services to job seekers and employers. The One-Stop career center system was established under Title I of WIA. An integral partner is the Employment Service, established under the Wagner-Peyser Act of 1933 (W-P) and modified under Title III of WIA. WIA addressed the needs of individuals with disabilities through statutory references and regulations that ensure equal access to WIA services by these individuals. The actual percentage of WIA service users with disabilities (based on self-reports of disability status) has remained low, however, and even declined somewhat during the early years of WIA implementation.³

With the support of federal funding, states have attempted to make One-Stop services more accessible to people with disabilities, addressing issues related to physical, programmatic, and communications accessibility. One such effort is the Disability Program Navigator (DPN) initiative. DPNs are individuals within the One-Stop career centers who help people with disabilities navigate through the complex process of seeking employment. DPNs perform a wide range of functions designed to indirectly increase employment among people with disabilities. DPN activities are designed to make One-Stop centers more accessible to people with disabilities; increase the use of One-Stop services by those with disabilities; create linkages with other resources in the community for people with disabilities; and improve the manner in which services are delivered. These activities are intended to improve the employment outcomes of people with disabilities, and if this is achieved, might lead to a decline in their reliance on public assistance benefits such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

The Employment and Training Administration (ETA) within the U.S. Department of Labor (DOL) and the Social Security Administration (SSA) jointly funded the initial DPN initiative in July 2003. In the first round, DPN cooperative agreements were awarded to 14 states. Since that time, additional states have used grant funds to implement DPN initiatives. In program year (PY) 2007—the last year analyzed in this study—550 DPNs were operating in 45 states and 2 territories.⁴

ETA contracted with Mathematica Policy Research to conduct a study of the service use and employment outcomes of working-age SSI and SSDI beneficiaries using One-Stop services in four states that implemented the DPN initiative. The study is intended to provide information about the extent to which One-Stops are serving SSA beneficiaries, the characteristics of those who obtain services, the nature of the services received, beneficiaries' outcomes regarding employment and SSA benefits, and how the outcomes of SSA beneficiaries served by DPNs have changed over time as the initiative matured.

³ Individuals with disabilities made up about 9 percent of those enrolled in WIA adult program services in program year (PY) 2000. This percentage declined to about 5 percent in PY 2006. The percentages for the WIA dislocated worker program remained stable at about 4 percent in each year (Federal Research and Evaluation Databases, undated).

⁴ A program year runs from July 1st through June 30th.

This report presents the study findings and is organized as follows: the remainder of this introductory chapter includes a brief overview of the study and findings; Chapter II presents background information and a conceptual model of the potential outcomes of the DPN initiative; Chapter III focuses on the study data and methods, including the study questions addressed, the states that participated in the study, the data sources, and the specific analyses conducted; Chapter IV presents the findings; and Chapter V contains a summary and concluding remarks. In Appendix A, we provide additional information about the study sample sizes, and Appendix B presents statistics on the share of One-Stop users with disabilities by within-state geographic areas. Throughout this report, use of the term ‘SSA beneficiaries’ refers to adults under age 65 receiving SSDI and/or SSI benefits who qualified for either program on the basis of having a disability.

B. Overview of the Study and Findings

In this study, we assessed the extent to which working-age SSI and SSDI beneficiaries residing in four states—Colorado, Iowa, Maryland, and Oregon—used WIA- and W-P-funded services at One-Stop career centers, the employment outcomes of users, and whether use and outcomes differed over time. The study used PY 2002 – 2007 WIA and W-P program data from the four states.⁵ These data were matched to administrative records from the SSI and SSDI programs. As the WIA and W-P programs do not routinely collect and report information about the SSI and SSDI status of participants, the match to the SSA administrative data allowed us to identify working-age SSI/SSDI beneficiaries using these One-Stop services and to capture selected SSI/SSDI program-related characteristics of those users.

The study included three principal components:

- Analysis of trends in the use of One-Stops by SSA beneficiaries over PY 2002–2007, and the identification of SSA beneficiaries in the One-Stop programs
- Analysis of the number and characteristics of all adult One-Stop service users, SSA beneficiary users, and nonbeneficiary users, and the types of services used by each group among PY 2006 WIA and W-P program participants⁶
- Analysis of trends in employment-related outcomes over the PY 2002–2007 period and differences between One-Stop users who were and were not SSA beneficiaries; the outcomes of interest include attainment of employment after exit from One-Stop services, post-exit earnings among those who become employed, employment retention, and the share of One-Stop users on the SSA rolls who were able to leave SSA cash benefits within a year of exiting One-Stop services.

Briefly, our findings include the following:

⁵ Oregon provided WIA program data only.

⁶ PY 2006 was chosen as the year for the cross-sectional participant analysis because it is the most recent year for which we obtained complete SSA data (see Chapter III, Section C, for more information). For Iowa, PY 2005 was selected because the data for that year were more complete when compared with published program statistics (see Appendix A).

- In all four states, two to four percent of One-Stop users were SSA beneficiaries when they registered for services. Somewhat larger percentages (three to six percent) had ever been SSA beneficiaries at the time they registered for services.
- Although small in number relative to all One-Stop users, SSA beneficiaries utilizing One-Stop services represented a substantial share (ranging from about 10 to 25 percent) of beneficiaries who we estimated to be actively pursuing employment in the three states that provided both WIA and W-P data. The numbers of SSA beneficiaries using One-Stops were similar to or greater than the numbers of beneficiaries enrolled in SSA-funded employment services (Ticket to Work) in those states.⁷
- In all states, disability status was increasingly disclosed by users who were SSA beneficiaries during PY 2002–2007, despite this information being optional for users to provide.
- One-Stop users who were SSA beneficiaries differed from other One-Stop users in that they were older, less likely to have education beyond high school, more likely to be black, and less likely to be employed at registration. However, compared with SSA beneficiaries nationally, One-Stop users were younger, had spent less time on the SSA rolls, were more likely to have education beyond high school, were more likely to qualify for SSA benefits based on a mental health condition, and were less likely to qualify based on mental retardation. SSA beneficiary One-Stop users were also much more likely to be Ticket to Work (TTW) program participants relative to other SSA beneficiaries.
- Although we found that SSA beneficiaries in the WIA program were less likely to receive WIA intensive services and training relative to nonbeneficiaries in some states, the differences were not statistically significant, likely due to the small sample sizes. In the W-P program, we found only very small, but statistically significant, differences between SSA beneficiaries and nonbeneficiaries with respect to the likelihood of receiving referrals to employment.
- Relative to nonbeneficiaries, One-Stop users who were SSA beneficiaries were about half as likely to become employed, and among those who became employed, had significantly lower average earnings (50 to 60 percent of the average among nonbeneficiaries) and were somewhat less likely to retain employment. The trends for SSA beneficiaries and nonbeneficiaries over the PY 2002–2007 period were similar—both groups experienced improvements in their employment outcomes, suggesting that general economic factors contributed to the improvement in outcomes over time.
- The average earnings of working SSA beneficiary One-Stop users were much greater than the average earnings of working SSA beneficiaries nationally. One-Stop users also left the SSA disability rolls at relatively high rates during the 12 months after exit from One-Stop services.

⁷ Ticket to Work (TTW) is an SSA program that allows SSI/SSDI beneficiaries to obtain employment, vocational rehabilitation, and other support services from participating providers. Providers are paid by SSA based on a beneficiary's employment outcomes. In some states, One-Stop centers participate as employment service providers in TTW; however, this was relatively uncommon during the period covered by this study.

Because the findings are purely descriptive, we cannot draw conclusions about the impact of the DPN on service use and employment outcomes for SSA beneficiaries. Due to data limitations and the manner in which the DPN initiatives were implemented, a rigorous assessment of the impacts of the DPN was not feasible. The findings do suggest, however, that there is an important role for One-Stops in serving SSA beneficiaries who want to work, and there is a role for the DPN initiatives to continue to address the needs of this target group and other users with disabilities. The states included in this study were serving several thousand current SSA beneficiaries each year, representing a large fraction of all beneficiaries potentially pursuing employment in each state. Nearly an equal number of former disability beneficiaries used One-Stop services in each year, suggesting that, not only are One-Stops an important resources for existing beneficiaries who want to work, but that they could play a significant role in preventing former beneficiaries from returning to cash benefits.

II. BACKGROUND

In this chapter we provide information about One-Stop services, the SSA disability programs, and the DPN initiative as background to the findings and discussion presented in later chapters.

A. One- Stop Services

In 1998, Congress passed the Workforce Investment Act (WIA) to unify a fragmented employment and training system, requiring states to provide most federally funded employment services through One-Stop career centers. Under WIA, each state was required to:

- Establish a state workforce investment board (WIB) to help design, implement, and provide oversight of the system. The state board is responsible for organizing the service system to most effectively serve customers with multiple barriers to employment, including individuals with disabilities.
- Designate local workforce investment areas and oversee the creation of local WIBs to set policy for the local portions of the statewide workforce investment system.
- Develop One-Stop delivery systems in all local areas to provide job search, job training, and occupational education programs.

WIA requires that certain agencies become partners in this system, including the Employment Service. Established by the Wagner-Peyser Act of 1933 (W-P), the Employment Service is a nationwide system of employment service offices to help job seekers find job and employers find qualified workers. Other mandated partners include adult education, post-secondary vocational education, state vocational rehabilitation (VR), and Community Services Block Grant recipients. Other programs and organizations also serve as partners at the One-Stops, including Temporary Assistance for Needy Families, state or county mental health agencies, state mental retardation/developmental disabilities agencies, and community-based organizations. This study focuses solely on users of One-Stop services funded by WIA and W-P.

The One-Stops provide core services to all individuals interested in learning more about the labor market or employment opportunities. Core services include determinations of eligibility for assistance; intake and initial assessment services; job search, placement, and career counseling; provision of program performance information and program cost information; provision of VR services; assistance in establishing eligibility for education and training; and follow-up services, including counseling. These services are often self-directed, but individuals who experience difficulty or prefer to work with a staff member may receive core assisted services.

Individuals who fail to find employment after the provision of core services can be eligible to receive intensive services. These services include comprehensive and specialized assessments of the skill levels and service needs; development of an individual employment plan; counseling and career planning; case management for those seeking training; short-term prevocational services; literacy activities related to basic workforce readiness; and out-of-area job search services.

If the core and intensive services fail to lead to a job, the One-Stop can offer access to classroom or on-the-job training. Training is not an entitlement under WIA, and the statute states

that if there are insufficient funds to provide training to all suitable customers, preference is to be given to low-income individuals.

WIA specifically addresses the needs of people with disabilities by mandating linkage of the state VR system to the state workforce investment system and mandating that One-Stop centers and services be readily accessible to all Americans. In the wake of WIA, DOL established several initiatives designed to improve One-Stop services to people with disabilities. Among these were the Customized Employment Grant program, the Work Incentive Grant (WIG) program, and the Disability Program Navigator initiative. Experience with the initial WIGs showed that a number of local workforce investment areas were using disability resource specialists or navigators and that this approach seemed successful in improving overall service delivery to people with disabilities. As a result, in the subsequent rounds ETA focused its priorities more narrowly—though not exclusively—on placing a disability specialist in the One-Stops. The grantees were also given the option to address other issues, such as meeting the architectural access requirements. To supplement the WIGs in placing staff in the One-Stops, ETA, in conjunction with SSA, funded cooperative agreements to establish and train DPNs.

B. SSA Disability Beneficiaries

SSA administers two programs that provide income support to nearly 11 million working-age people with disabilities—the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. The SSI and SSDI programs are designed to provide income support to those with significant disabilities who are unable to work at substantial levels. To qualify for either program, an applicant must demonstrate that he or she is unable to engage in substantial gainful activity (SGA) due to a medically determinable impairment expected to last at least 12 months or to result in death. As of 2010, SSA considers earnings above \$1,000 per month as SGA for most applicants. SSDI eligibility is also contingent on having a sufficient number of recent and lifetime quarters of Social Security-covered employment, and the level of the SSDI benefit is based on past earnings—individuals with higher lifetime earnings are eligible for higher SSDI benefits. SSI is a means-tested program; eligibility is subject to strict income and resource limits. The SSI benefit is based on the individual's monthly income and living arrangement. Individuals may qualify for both programs if their income (including SSDI benefits) and assets are low enough to meet the SSI income limits. Eligibility for either program can also provide access to public health insurance. SSDI beneficiaries qualify for Medicare coverage after a 24-month waiting period, and most SSI beneficiaries are eligible for Medicaid automatically.

Although initial eligibility for both programs is contingent on an inability to engage in substantial work activity, the SSDI and SSI programs differ substantially in terms of how income from earnings is treated in determining the monthly cash payments and ongoing eligibility for the programs. In the SSDI program, individuals are permitted to work and earn at any level for up to nine months without losing cash benefits. If individuals earn more than the SGA level in any month after completing the nine-month period, they become ineligible for benefits but remain eligible for Medicare if they completed the 24-month Medicare waiting period prior to becoming ineligible for SSDI. In the SSI program, earnings above \$65 per month will reduce SSI benefits by \$1 for every \$2

of earnings;⁸ thus, SSI benefits are reduced gradually as earnings rise. Provisions in the SSI program allow participants to earn above the SGA level and remain eligible for SSI (Section 1619 [a]) and Medicaid even after SSI cash payments cease due to earnings (Section 1619[b]). Individuals remain eligible for Medicaid until their earnings exceed a “threshold amount,” which is based on annual per capita Medicaid expenditures for SSI recipients and varies by state.⁹

At any given point in time, only a small share of SSI and SSDI beneficiaries (about 9 percent) are employed, but many more have been recently employed, are looking for work, or are preparing for work through participation in training and employment service programs (Livermore et al. 2009a). In addition to their disabling health conditions, SSA beneficiaries frequently face numerous barriers to work. More than half have been on the disability rolls for 10 years or longer, and so the value any skills and labor market connections they might have had when they entered likely deteriorated unless they were maintained; many (40 percent) did not complete high school, which might have limited their employment opportunities; and substantial numbers report having encountered work-related obstacles, such as a lack of reliable transportation, inaccessible workplaces, and discouragement from work, either by others or through their own experiences (Livermore et al. 2009a). Among SSA beneficiaries actively seeking a job, the most common reasons reported for not being able to find one were the inability to find a job for which they were qualified (63 percent) and perceptions that employers would not give them a chance (53 percent). Other common reasons for not working reported by about 30 percent or more of those seeking jobs related to fear of losing benefits (46 percent), lack of reliable transportation (34 percent), and dissatisfaction with particular job features, such as an inflexible schedule (34 percent), no offer of health insurance (32 percent), and inadequate pay (29 percent) (Livermore et al. 2009a).

The SSI and SSDI programs have a number of provisions intended to help beneficiaries in their efforts to return to work. In 1999, Congress passed the Ticket to Work and Work Incentives Improvement Act (Ticket Act). The Ticket Act included several provisions designed to promote the employment of Social Security disability beneficiaries. Among these was the establishment of the TTW program.¹⁰ TTW is intended to increase access to, and the quality of, VR and employment services available to disability beneficiaries. The program is designed to provide beneficiaries with greater choice of service providers, create competition among providers to provide high-quality services responsive to beneficiary needs, and give providers incentives to deliver services in the most efficient and appropriate manner to achieve desired outcomes. The implementation of TTW began in February 2002. By September 2004, the program was implemented in all U.S. states and territories.

Under TTW, eligible SSDI and SSI disability beneficiaries are given a Ticket, which can be used to obtain VR, employment, or other support services through a participating provider—called an employment network—or through the state VR agency. Although nearly all beneficiaries are eligible

⁸ In addition to the \$65 monthly earned income disregard, there is a \$20 monthly general income disregard before SSI benefits are affected.

⁹ In 2010, the section 1619(b) threshold amounts ranged from about \$24,000 to \$55,000 across states.

¹⁰ Other programs and resources developed or enhanced in response to the Ticket Act include the Work Incentives Planning and Assistance program, expedited reinstatement, extended Medicare coverage, Area Work Incentive Coordinators, and state Medicaid Buy-in programs.

to receive a Ticket, they are not considered to be participating in TTW until they formally ‘assign’ the Ticket to a participating provider.¹¹ Thus, Ticket assignment represents enrollment for services under TTW. Although the beneficiary typically initiates a Ticket assignment by selecting a provider from which he or she would like to receive services, the provider has the choice to accept the Ticket or not. Once the Ticket is assigned to a provider, the beneficiary can choose at anytime to re-assign it to a different provider for any reason. Likewise, providers also have the option to discontinue services to a beneficiary and ‘unassign’ the Ticket. Ticket assignment thus represents a mutual and voluntary agreement between the provider and the beneficiary.

Prior to TTW, only state VR agencies received reimbursement from SSA for providing employment and VR services to beneficiaries. TTW expanded the types of providers that could potentially serve beneficiaries and receive payments from SSA. One-Stops are eligible to act as employment networks under TTW, however, this was relatively uncommon during the period analyzed in this study. Provider payments under both the traditional reimbursement system available to state VR agencies and under the new TTW payment systems for employment networks are contingent on beneficiaries meeting specific employment milestones.

C. The DPN Initiative

ETA and SSA jointly funded the initial DPN initiative in July 2003. The DPN initiative began with the goal of establishing trained specialists in One-Stop career centers who could help people with disabilities overcome barriers to employment, particularly those caused by the complexities associated with benefit entitlement and work incentives (DOL and SSA 2008). The envisioned role of the DPN was that of a program facilitator and collaborator with the disability community (DOL and SSA 2008; Emery and Bryan 2006); the DPN is not intended to be a case manager. Rather, the DPN acts as a resource for One-Stop staff and clients on disability-related information and an agent for systems change in ways that facilitate the employment of people with disabilities. From PY 2003 to PY 2007, the DPN initiative was funded with approximately \$102 million from ETA and \$12 million from SSA. In PY 2007, 45 states, the District of Columbia, and Puerto Rico had cooperative agreements to establish DPNs.

DPNs can perform a wide range of functions to help people with disabilities find employment. These functions include: collaborating with WIA partners (for example, state VR and mental health agencies); providing training to One-Stop staff on disability-related issues; providing information about and referrals to SSA employment support programs and work incentives; and forming partnerships with employers, advocates, and other service providers in the community. In some cases, a DPN is stationed at a designated One-Stop, while in other cases, a single DPN works at several One-Stops, using what is termed the “circuit-riding model.” DPN activities are designed to make One-Stop centers more accessible to people with disabilities; to increase the use of One-Stop services by people with disabilities; to develop linkages with employers and community partners; and

¹¹ Under the revised TTW program regulations implemented in July 2008, a beneficiary receiving services from a state VR agency that has chosen to serve the beneficiary under the traditional reimbursement system (rather than under one of the two new TTW reimbursement systems applicable to employment networks) need not formally assign the Ticket to the VR agency. Instead, the state VR agency is supposed to inform SSA that they are serving the Ticket holder, and SSA places the Ticket in a special “in-use” status. While the Ticket is considered in use with a state VR agency, it cannot be assigned to another provider.

to improve the manner in which services are delivered to people with disabilities. Table 1 shows a conceptual model of the hypothesized direct effects and intermediate and potential long-term outcomes of DPN activities.

ETA has been providing training, technical assistance and conducting monitoring and evaluation of the DPN initiative through a contract with the Law, Health Policy, & Disability Center of the University of Iowa School of Law. ETA also has been disseminating information about lessons learned and promising practices that have arisen out of the DPN initiative through a website specifically devoted to disability and employment issues.¹² Through the website, information, webcasts, videos, and podcasts can be accessed on a variety of topics, including for example, the Americans with Disabilities Act, universal design and accessibility, implementing an integrated resource team approach to providing services, supporting job seekers with multiple disabilities and barriers to employment, serving youth with disabilities, and many other topics.

Table 1. Conceptual Model of the Potential Impacts of the DPN Initiative

Initiative ↓	Disability Program Navigator Initiative
Direct effects ↓	<ul style="list-style-type: none"> • Increased outreach to people with disabilities • Increased partnerships with the local organizations that serve people with disabilities • Increased linkages with employers to promote the hiring of people with disabilities • More accessible One-Stop centers and services • Increased awareness of disability issues among One-Stop staff and increased ability to identify users with disabilities and issues that affect employment • Greater coordination and integration of services to people with disabilities • Reduced complexity of the service system from the perspective of the individual with a disability
Intermediate outcomes ↓	<ul style="list-style-type: none"> • Greater awareness and use of One-Stop services among people with disabilities • Access to a wider array of effective services and resources
Long-term outcomes	<ul style="list-style-type: none"> • Broad-based cultural and systems change that improves services to people with disabilities and their employment outcomes, including: <ul style="list-style-type: none"> ➤ Increased employment among people with disabilities ➤ Increased employment retention ➤ Increased earnings ➤ Reduced reliance on SSI and SSDI benefits ➤ Reduced long-term disability program costs

¹² See <http://disability.workforce3one.org> and <http://www.doleta.gov/disability/>.

The DPN monitoring and evaluation activities have included the following components (Schmeling and Morris 2005):¹³

- Quarterly Reports. These reports are designed to understand the process of system capacity building to support job seekers with disabilities. The reports assesses the following: (1) time allocation in eight areas by month; (2) systems relationship activities and outcomes; (3) best practices; (4) linkages between One-Stops and other organizations and employers; and (5) DPN needs.
- Telephone Surveys. The evaluation includes two rounds of surveys with One-Stop staff and representatives from partnering agencies. The survey instrument asks about barriers and facilitator to services, supports, and employment outcomes for individuals with disabilities in the Workforce Development System, and the role of the DPN in reducing these barriers
- In-Depth Study of Four States. Evaluators conducted interviews with state and local officials in eight sites—two (one rural and one urban) in each of four states (Massachusetts, Florida, Colorado, and Wisconsin). The evaluators interviewed 117 individuals to document implementation experiences of the DPN initiative, best practices, and short-term systems-change outcomes.

Findings from the phone surveys indicated that satisfaction with DPN services was high and that the most significant advantages of having a DPN in the system were (1) improving interagency coordination, (2) improving program/service access, and (3) improving availability of benefits counseling (Schmeling and Morris 2005, Schartz et al. undated). The findings of the four in-depth case studies (Emery and Bryan 2005) also suggest that DPNs had a positive impact on one-stop centers. Respondents reported that centers were more accommodating and better equipped, more fully integrating services and training that are accessible to everyone, providing seamless service to persons with disabilities, and helping to realize the goal of universal access. A goal of the DPN initiative was to better enable the workforce network to help job seekers with disabilities secure and maintain full and meaningful employment. The case study report notes improved quality of referrals; less turf-protecting behavior and better leveraging of resources; increased awareness and more appropriate referrals between one-stops and community agencies; and bridging of gaps between agencies to coordinate services to clients. Though not a representative sample, customers interviewed during the site visits generally reported high levels of satisfaction with the DPNs.

The previous evaluation efforts have focused primarily on the activities of the DPNs and qualitative assessments of the impact of the DPN on the One-Stop system. The findings of this study are intended to complement the previous efforts by providing quantitative information about the service use and employment outcomes of SSA beneficiaries using One-Stops in states implementing DPNs.

¹³ DPN monitoring and evaluation reports are available at <http://www.doleta.gov/disability/dpneval.cfm>.

III. DATA AND METHODS

A. Study Questions

The specific questions addressed by the study fall into seven topic areas:

1. **Use of One-Stop Services.** How many SSA beneficiaries use WIA- and W-P-funded employment services? What are the characteristics of these individuals? What percentage of all One-Stop users do they represent? What types of services do SSA beneficiaries receive? Do characteristics and service use differ between users who are and are not on the SSA rolls?
2. **Disability Identification.** To what extent do SSA beneficiaries disclose their disabilities when they enroll for WIA or W-P services (as reflected in the WIA and W-P program data)? Are beneficiaries with specific types of disabilities (for example, those with psychiatric or cognitive disorders) more or less likely to disclose their disabilities relative to others?
3. **Employment.** How many One-Stop users who are SSA beneficiaries become employed? Do employment rates differ between users who are and are not SSA beneficiaries?
4. **Employment Retention.** What share of working One-Stop users who are SSA beneficiaries continue to work in the third quarter after the quarter of exit from One-Stop services? Does this differ between users who are and are not SSA beneficiaries?
5. **Earnings.** Among One-Stop users who are SSA beneficiaries and who become employed, what are their average earnings during the second and third quarters after exit? How do the average earnings differ between users who are and are not SSA beneficiaries?
6. **Cessation of SSI and SSDI Cash Benefits.** Among One-Stop users who are SSA beneficiaries, how many are able to leave cash benefits within one year after service exit?
7. **Trends over PY 2002–2007.** Are there any discernable trends in the above service use and employment outcomes over the six-year study period? Might any changes observed be attributed to the DPN initiative?

As the focus of this study is on employment outcomes, our target population for the study is adults age 21 and over. We do not address the educational outcomes of youth with disabilities who use WIA youth services.

It is important to note that the study is not an evaluation of the impact of the DPN. It is a descriptive study of the service use and employment outcomes of SSA beneficiaries using One-Stop services in four states that implemented DPN initiatives. Early in the project we investigated the feasibility of attempting to conduct a more rigorous analysis of the impact of the DPN and determined that it would not be feasible. The most significant limitation was that appropriate comparison areas that had not implemented the DPN within each state were not available. This is because the DPN initiatives were generally implemented statewide very quickly. Where areas within states that did not implement the DPN could be identified, small samples of SSA beneficiaries, the inability to precisely distinguish the service area in the data available, and the potential

incomparability of the non-DPN and DPN areas in ways unrelated to the initiative contributed to the inability to develop a feasible study design to evaluate the DPN impact. A more general problem with attempting to detect the impacts of the DPN with individual-level outcome data stems from the fact that the DPN initiative was a systems change, rather than a direct-service intervention. The effects of systems change efforts can take many years to manifest and can be difficult to detect through simple pre-post time trend analyses of individual-level outcomes because a host of other factors external to the DPN which cannot be adequately controlled for in the analysis are also affecting the individual-level outcomes (for example, the state of the economy, unemployment rates, and the availability of other supports). Though not a formal impact analysis, the study is intended to provide information about the extent to which One-Stops are serving SSA beneficiaries, the characteristics of those who obtain services, the nature of the services received, beneficiaries' outcomes regarding employment and SSA benefits, and how the outcomes of SSA beneficiaries have changed over time and as the DPN initiative matured.

B. States Included in the Study

DOL staff recruited four states to participate in the study: Colorado, Iowa, Maryland, and Oregon. All were early implementers of the DPN initiative and so, with the data available for the study we were able to observe outcomes over a relatively longer period after DPN implementation than would be the case with states that implemented the DPN in later years. The four states were a convenience sample—they were readily willing and able to provide data for the study.¹⁴ Although the experiences of these states do not necessarily represent the experiences of all states, they represent implementation of the DPN initiative over several years in different regions of the country and in diverse environments. Below, we briefly describe how each state implemented its DPN initiative and note the data provided by each state.

1. Colorado

Colorado was the first state to implement a DPN initiative and did so in two areas of the state (with two full-time staff members) in PY 2002. In PY 2003, 12 full-time DPNs were operating in most areas of the state, and by PY 2004, 19 full-time DPNs were operating statewide and continued to do so through PY 2007. Colorado provided us with WIA and W-P program data covering PY 2002–2007.

2. Iowa

Iowa began implementing the DPN in seven areas of the state (with seven full-time staff members) in PY 2003. Since PY 2004, Iowa has had statewide DPN coverage; however, the number of full-time equivalent (FTE) DPNs varied across years, with 15 operating in PY 2004 and PY 2005 and approximately 10 FTEs operating in PY 2006 and PY 2007. Iowa provided us with WIA data covering PY 2002–2007 and W-P data covering PY 2003–2007.

¹⁴ Several other early-implementer states were considered for inclusion in the study, but in conversations with representatives from those states it was determined that, for a variety of reasons, they were unable to provide the data needed for this study.

3. Maryland

Maryland had one DPN staff person operating in each of the state's 12 local workforce investment areas in PY 2002–2006. In PY 2007, the staffing evolved into the current model under which DPNs have specialized expertise (for example, youth, mental health, businesses) that the state attempts to deploy on a statewide basis although the 12 DPNs are now physically located only in particular regions of the state (Baltimore City, and Montgomery, Frederick, and Anne Arundel Counties). Maryland provided us with WIA program data covering PY 2003–2007 and W-P program data covering PY 2004–2007.

4. Oregon

In PY 2003, Oregon implemented the DPN initiative in 7 of its 15 workforce regions across the state, with one DPN in each of the 7 regions. In PY 2005, Oregon added DPNs to 3 additional regions, bringing its total to 10 DPNs, each operating in his or her own workforce region. Oregon provided us with WIA program data covering PY 2002–2007 but did not provide any W-P program data.

C. Data Sources and Sample Sizes

We used data from the following sources:

- WIA standardized record data on participants in the WIA programs for adults and dislocated workers
- W-P-funded services data on registered users of employment services
- Administrative data from the SSI and SSDI programs

We obtained the first two data sources directly from the four states participating in the study; these were our primary sources of information about One-Stop service use, characteristics of service users, and employment outcomes. We obtained the third source of information from SSA. The state data were linked to the SSA data to allow us to identify SSI and SSDI beneficiaries who used One-Stop services during PY 2002–2007 and to gather selected SSA program-related variables of interest. Below, we describe the features of the WIA, W-P, and SSA data relevant to the study and describe the specific variables used in the study.

1. State WIA and W-P Program Data

The state WIA and W-P program data provide important information about the number and characteristics of One-Stop users, the types of services received, and selected information about employment outcomes. Because the variables in the WIA and W-P program data differ from each other somewhat, have changed over the PY 2002–2007 study period, and also differ in terms of the data states were able to provide us for this study, we had to carefully consider which variables would offer the most complete and valuable information over the study period. In Table 2, we summarize the variables used in the analysis. Only records for adults age 21 and over with a valid Social Security

number (SSN) were included in our study samples. We also excluded records for participants who registered for services before January 1, 2000.¹⁵

Note that the statistics in this report will not necessarily match analogous statistics presented in the annual performance reports developed by the states. This is due to the fact that (1) our samples only include One-Stop users age 21 and over with a valid SSN and (2) the samples used by the states to develop their annual reports are not necessarily identical to the samples they provided to us for analysis. The data for this study are based on archived files of user information maintained by the states. For the most part, the sample sizes in the files provided to us were nearly identical to the sample sizes reported in the states' annual reports. However, in comparing our data to the states' published data, we identified some significant differences in the sample sizes in one or both programs for some states in selected years, suggesting that the data provided to us might differ substantially from the data used by the states to produce their published statistics. In some instances, our sample sizes were much larger, and in others, much smaller (see Appendix A, Tables A.1 and A.2).¹⁶ Where the differences were substantial, we either excluded those years from the analysis or noted the discrepancy with the specific findings presented in this report.

2. SSA Data

We used SSA's 2007 Ticket Research File (TRF) as the source for SSA program data on SSI and SSDI beneficiaries. The 2007 TRF is an analytical file housed on SSA's mainframe that contains historical and one-time data gathered from numerous SSA data files on individuals with disabilities between age 18 and retirement age who participated in the SSI or SSDI programs between March 1996 and December 2007.¹⁷ The 2007 TRF contains approximately 19 million longitudinal records.

We matched selected data from the TRF to the state WIA and W-P data based on SSN, gender, and year of birth. For PY 2002–2007, we used the TRF data to identify adult users of WIA and W-P services who (1) had ever been disabled SSI and/or SSDI beneficiaries and (2) were disabled SSI and/or SSDI beneficiaries when they registered for One-Stop services. We also used the TRF data to determine the primary and secondary diagnosis codes that are the basis for SSI/SSDI eligibility, whether the individual is a current or former TTW participant, and whether the individual left cash SSA disability benefits due to work during the 12 months following the month of exit from One-Stop services. The 2007 TRF data represent information about SSI and SSDI program status as of December 31, 2007, but the WIA and W-P data for PY 2007 cover a slightly different period—from July 1, 2007, to June 30, 2008. As a result, we may lack some SSI/SSDI program-related information for a small number of sample members, such as SSI/SSDI status at registration for One-Stop users who entered the SSA rolls in early to mid-2008, and benefit information post-exit for PY 2007

¹⁵ These cases were excluded because we believed them to be inactive cases where exit information was missing from the data, rather than cases that were still actively participating in WIA or W-P services during PY 2002 - PY 2007.

¹⁶ The state officials with whom we discussed the sample-size discrepancies believed that changes in reporting practices over time probably contributed to the differences, particularly the discrepancies associated with PY 2004 and earlier in the W-P program. In addition, Iowa provided us with data based on program exiters, rather than participants, which accounts for the differences in the sample sizes in the later years for that state.

¹⁷ The TRF also contains records for SSI children age 10 and over. However, this study focuses only on adults age 21 and over.

sample members. Where this issue might pose a significant problem (namely, in the analysis of SSA benefit receipt during the 12 months following exit), we exclude PY 2007 from the analysis. The SSA program-related study variables derived from the TRF data are described in Table 2.

Before we matched the WIA and W-P records to the TRF, we conducted an SSN validation process. If the gender and year-of-birth information provided by the state for each SSN did not match an SSA record, the SSN was considered invalid. All records with invalid SSNs were excluded from the study. The final sample sizes for the study are shown in Appendix A (Table A.3). This table also shows the percentage of all records with valid SSNs; with only a few exceptions, 95 percent or more of the records provided by the states in each year and program had valid SSNs. Appendix A Table A.4 shows the sample sizes used to produce the performance-measure statistics.

Table 2. Study Variables

Variable	Description
Personal Characteristics (Based on WIA and W- P Data)	
Age	Age (in years) of participant at the time of registration calculated from date of birth and date of participation.
White	A dichotomous indicator taking the value 1 if a participant self-identified as white (regardless of Hispanic origin), 0 otherwise.
Black	A dichotomous indicator taking the value 1 if a participant self-identified as black or African American (regardless of Hispanic origin), 0 otherwise.
Other race	A dichotomous indicator taking the value 1 if a participant self-identified as being of a race other than white or African American (regardless of Hispanic origin) or reported to be of multiple race , 0 otherwise.
Hispanic	A dichotomous indicator taking the value 1 if a participant self-identified as being of Hispanic or Latino ethnicity (regardless of race), 0 otherwise.
Male	A dichotomous indicator taking the value 1 if a participant self-identified as being male, 0 otherwise.
Self-reported disability	A dichotomous indicator taking the value 1 if a participant reported to be disabled at the time of registration (regardless of SSA beneficiary status), 0 otherwise.
Veteran	A dichotomous indicator taking the value 1 if a participant reported to be an eligible veteran at the time of registration, 0 otherwise.
< High school	A dichotomous indicator taking the value 1 if a participant did not possess a high school diploma or equivalent at the time of registration, 0 otherwise.
High school/GED	A dichotomous indicator taking the value 1 if a participant had attained a high school diploma or equivalent by the time of registration, 0 otherwise.
> High school	A dichotomous indicator taking the value 1 if a participant had attended a post-secondary institution, 0 otherwise.
One- Stop Services (Based on WIA and W- P Data)	
Participant	For a given PY, an individual is counted as a participant if he/she registered for the WIA or W-P program on or before June 30, PY+ 1 and either have not exited the program or exited on July 1, PY or later.
Exiters	For a given PY, an individual is counted as an exiters if he/she exited the WIA or W-P program between April 1, PY-1 and September 30, PY (see the "Employment Outcomes" section below for the time periods covered under the specific performance measures).

Table 2. (continued)

Variable	Description
Intensive services	A dichotomous indicator taking the value 1 if a participant received intensive services at any time during participation, 0 otherwise.
Training services	A dichotomous indicator taking the value 1 if a participant received training services at any time during participation, 0 otherwise.
Referral to employment (W-P only)	A dichotomous indicator taking the value 1 if a participant was referred to employment at any time during participation, 0 otherwise.
Employment Outcomes (Based on WIA and W- P Data)	
Entered employment rate	Percent of exiters not employed at the date of participation who were employed in the first quarter after exit, as measured by an employment match or positive wages. The denominator for each PY is defined as individuals who exited the WIA or W-P program between October 1, PY-1 and September 30, PY. ^a
Employment retention rate	Percent of exiters employed in the first quarter after exit who were employed in the 2nd and 3rd quarter after exit as measured by an employment match or positive wages. The denominator for each PY is defined as individuals who exited the WIA or W-P program between April 1, PY-1 and March 31, PY. ^a
Average earnings	The average of the sum of earnings (in 2007 dollars) in the 2nd and 3rd quarters after exit among exiters with positive wages in the 1st and 2nd and 3rd quarter after exit. Wages are adjusted for wage change using the national average wage index. The denominator for each PY is defined as individuals who exited the WIA or W-P program between April 1, PY-1 and March 31, PY. ^a
SSA Program Characteristics (Based on TRF Data)	
SSA beneficiary	A dichotomous indicator taking the value 1 if a participant under the age of 65 was receiving SSI and/or SSDI benefits on the basis of disability at registration, 0 otherwise. ^b
Ever SSA beneficiary	A dichotomous indicator taking the value 1 if a participant had ever received SSI and/or SSDI benefits before the age of 65 at the time of registration, 0 otherwise.
TTW participant	A dichotomous indicator taking the value 1 if a One-Stop users who was an SSA beneficiary at registration was also a Ticket to Work (TTW) participant at registration (that is, had their Ticket assigned to a provider under TTW), 0 otherwise.
Ever TTW participant	A dichotomous indicator taking the value 1 if a One-Stop users who had ever been an SSA beneficiary as of the month of registration had ever been a Ticket to Work participant as of that month (that is, had ever had a Ticket assigned to a provider under TTW), 0 otherwise.
Months since initial SSI/SSDI entitlement	As of the month of registration, the total number of months since the first date of eligibility for SSI and/or SSDI benefits.
Months since most recent SSI/SSDI entitlement	As of the month of registration, the total number of months since the latest date of eligibility for SSI and/or SSDI benefits.
Mental Illness	A dichotomous indicator taking the value 1 if a participant who was an SSA beneficiary at registration was awarded SSA benefits on the basis of a mental illness, 0 otherwise.
Musculoskeletal	A dichotomous indicator taking the value 1 if a participant who was an SSA beneficiary at registration was awarded SSA benefits on the basis of a musculoskeletal condition, 0 otherwise.

Table 2. (continued)

Variable	Description
Mental retardation	A dichotomous indicator taking the value 1 if a participant who was an SSA beneficiary at registration was awarded SSA benefits on the basis of mental retardation, 0 otherwise.
Sensory	A dichotomous indicator taking the value 1 if a participant who was an SSA beneficiary at registration was awarded SSA benefits on the basis of a vision, hearing, or communication impairment, 0 otherwise.
Other	A dichotomous indicator taking the value 1 if a participant who was an SSA beneficiary at registration was awarded SSA benefits on the basis of an impairment other than the four impairments listed above, 0 otherwise.
Monthly SSA benefit at registration	Among participants who were SSA beneficiaries at registration, the total SSA benefit received during the month of registration. This amount includes the total of all state and federal SSI benefits, and primary and dependent SSDI benefits.
Off SSA benefits due to work at registration	A dichotomous indicator taking the value 1 if a participant who was an SSA beneficiary at registration was not receiving SSI or SSDI cash payment because of earnings during the month of registration for One-Stop services, 0 otherwise.
Off SSA benefits due to work 12 months post-exit	A dichotomous indicator taking the value 1 if an exiter who was an SSA beneficiary at registration had his/her SSA cash benefits reduced to zero because of earnings in any month during the 12-month period following the month of exit from One-Stop services, 0 otherwise.

^a State workforce agencies verify the employment status of exiters through wage records (for example, Unemployment Insurance wage records, federal employment records, military employment records, and other administrative wage records) and through supplemental sources, such as participant surveys and verification with the employer.

^b Individuals whose SSI or SSDI cash payments were suspended due to earnings during the month of registration (for example, SSI beneficiaries using Section 1619(b) and SSDI beneficiaries in the Extended Period of Eligibility) were included as SSA beneficiaries at registration.

IV. FINDINGS

A. Trends in Disability Prevalence and Identification of SSA Beneficiary Users with Disabilities

In this section, we present findings related to (1) the number and percentage of One-Stop users with disabilities, (2) the number and percentage of One-Stop users who were SSA beneficiaries based on the match to the SSA administrative data, and (3) the percentage of SSA beneficiary One-Stop users who disclosed their disabilities, and thus, have their disability status reflected in the WIA and W-P data.

1. One-Stop Users with Disabilities

If DPNs are creating linkages with other organizations that serve people with disabilities, conducting outreach, and helping to make One-Stop services more accessible to people with severe disabilities, we might see an increase in the number or percentage of One-Stop users with disabilities. DPNs could affect service use in a variety of ways: by providing information to disability groups that increases awareness of One-Stop services among people with disabilities; by making modifications and providing special equipment to help people with disabilities access One-Stop services; and by refining their own ability to assess the needs of people with disabilities and refer them to appropriate services.

In Table 3, we show the numbers and percentages of One-Stop users with disabilities (based on the WIA and W-P data), regardless of their SSA program status. It is important to note that disability status in the WIA and W-P programs is identified based on the self reports of registrants, and disclosure of this information is optional. Thus, any differences in the shares of users with disabilities observed over time, across programs, and across states may be due as much to differences in the likelihood that registrants report their disabilities as to differences in the actual number of people with disabilities using One-Stop services, and while both of these may be influenced by the activities of the DPNs, they also will be affected by factors outside of the control of the DPNs.¹⁸

In general, a somewhat greater share of WIA participants in each state self-reported a disability relative to W-P participants. The percentages of all One-Stop users with disabilities varied considerably across the four states. For example, the rates in the WIA program ranged from about 6 percent in Iowa and Maryland to around 10 percent in Oregon. To put these rates in context, the prevalence of disability among all non-institutionalized persons age 21 to 64 in the U.S. was 12.8 percent in 2007 (Rehabilitation Research and Training Center on Disability Statistics and Demographics 2010). Thus, in all states, disability prevalence among One-Stop users was somewhat less than the national prevalence rate and was also less in each state when compared with its state-

¹⁸ Factors outside of the control of the DPNs include the state of the economy and other factors affecting the labor supply and demand for employment services among people with disabilities.

specific rate.¹⁹ In Iowa, we found fairly large differences in the rates between the WIA and W-P programs, particularly in the later years, with the rates in WIA being higher. This was also the case in Maryland, except that the rates were higher in the W-P program. Overall, there did not appear to be a common trend in these statistics over time; the rates increased in Colorado (both programs) and Maryland (WIA only), and in Iowa and Oregon, they remained stable or declined.

Table 3. Number and Percent of All One- Stop Participants Age 21 and Over Who Self Reported a Disability at Registration, by State, Program, and Year

	Self-Reported Disability							
	Colorado		Iowa		Maryland		Oregon	
	N	%	N	%	N	%	N	%
WIA								
PY2002	338	5.9	209	5.7	---	---	1,581	10.5
PY2003	399	6.5	172	5.0	436	4.7	1,335	10.1
PY2004	480	6.9*	162	6.1	428	6.2	1,060	10.8
PY2005	489	7.0*	164	6.2	301	5.7*	844	10.3
PY2006	426	6.1	136	5.8	219	5.6*	773	9.5*
PY2007	509	7.8*	86 ^a	5.9 ^a	237	6.0*	665	8.4*
W- P								
PY2002	12,953 ^a	4.3 ^a	---	---	---	---	---	---
PY2003	14,365 ^a	4.8* ^a	5,123 ^a	4.1 ^a	---	---	---	---
PY2004	14,795 ^a	5.3* ^a	5,951 ^a	3.4* ^a	4,631	8.2	---	---
PY2005	15,399	5.6*	4,062	2.3*	6,217	8.1	---	---
PY2006	14,829	5.6*	4,238	2.5*	7,225	7.6*	---	---
PY2007	17,508	6.1*	3,611	2.4*	8,506	8.0	---	---

Source: State WIA and W-P program data matched to the 2007 TRF.

^a The sample size of the file provided by the state for our analysis differs by ±20 percent or more from the statistic published in the state’s annual report (see Appendix A).

* Significantly different from the corresponding base year (the earliest year for which a statistic is reported) at the 0.05 level, two-tailed test.

2. Number and Percentage of SSA Beneficiary One-Stop Users

Not all users who reported having a disability were SSA beneficiaries, and not all SSA beneficiaries reported having disabilities. We address the former issue in Table 4, and the latter issue in the next section.

¹⁹ In 2007, the state-specific rates of disability prevalence were as follows: 10.6 percent in Colorado, 12.2 percent in Iowa, 11.0 percent in Maryland, and 14.1 percent in Oregon (Rehabilitation Research and Training Center on Disability Statistics and Demographics 2009).

Table 4 shows (1) the share of One-Stop users who were SSA beneficiaries when they registered for WIA or W-P services and (2) the share of users who had ever been on the SSA disability rolls. The findings for all four states indicate that only a small share of One-Stop users in each year (approximately two to four percent) were SSA beneficiaries at the time they registered for One-Stop services. Although there are statistically significant differences in some years for some states relative to the earliest year for which data were available, the percentages did not vary greatly across years or across the two programs, and there did not appear to be a strong pattern over time in any of the states.²⁰ When we considered users who had ever been on the SSA disability rolls at the time they registered for services, we found that the numbers and percentages nearly double in most states (roughly between three and six percent) for each year and each program. These overall state statistics mask a large degree of variation across geographic areas within each state. We found substantial differences in the percentage of One-Stop users who were or ever had been SSA beneficiaries and in the percentage of all users who disclosed their disabilities (see Appendix B). The variation is likely due to differences in the underlying populations being served in each local area. It also probably reflects differences across the One-Stops in their outreach methods, accessibility of their services to people with disabilities, and the administrative processes for identifying and reporting disability status.

Although the percentages of One-Stop users who were SSA beneficiaries appear small when expressed in terms of all One-Stop service users, the numbers are quite large when considered on their own and in the context of the total number of SSA beneficiaries in a state that might be actively pursuing employment. In Table 5, we show the unduplicated counts of One-Stop users who were SSA beneficiaries at the time of registration in PY 2002 - PY 2007, for the three states that provided both WIA and W-P data.²¹ In each state, several thousand SSA beneficiaries used One-Stop services each year, representing from 2 to 6 percent of all SSA beneficiaries age 18 to 64 in the state. In Colorado and Iowa, the number of SSA beneficiaries using One-Stops increased in the early years, peaked in PY2005, and then declined somewhat thereafter. In Maryland, the numbers of SSA beneficiaries using One-Stop services steadily increased from PY2004 - PY2007, but remained constant at about 2 percent when expressed as a percentage of all SSA beneficiaries in the state.

Not all SSA beneficiaries are interested in pursuing employment. By virtue of qualifying for SSA disability benefits, these individuals have demonstrated a limited capacity for engaging in work stemming from a long-term, significant health condition and so we would expect a large majority of them to have no interest in pursuing employment. Findings from a recent study based on a national survey of SSA beneficiaries indicates that about 40 percent of all beneficiaries have work-related goals and/or see themselves working in the next five years (Livermore et al. 2009b). This study also indicates that about half of those with work-related goals or expectations were actively pursuing employment when they were interviewed, that is, they were enrolled in school, training, or vocational programs, were actively seeking employment, or were employed.

²⁰ In Colorado, there may be a weak increasing pattern in the shares of former and current SSA beneficiaries served over time. In Iowa, Maryland, and Oregon, there may be a weak decreasing pattern. However, as noted in Chapter II, SSA data for PY 2007 are incomplete and might contribute to the lower rates in that year.

²¹ In other statistics presented in this report, as per the ETA convention for reporting WIA and W-P participation statistics, individuals are duplicated in the counts of participants if they had multiple service spells during a program year. Such duplicates were eliminated in the counts presented in Tables 5 and 6. In combining the WIA and W-P program counts for the statistics presented in these tables, we also eliminated duplicates of individuals who used both programs.

In Table 6, we consider the number of SSA beneficiaries using One-Stops relative to particular subgroups of beneficiaries interested in employment using data from the latest year for which the most complete information was available from the three states providing both WIA and W-P data. Using information from the Livermore et al. (2009b) study, we estimate the number of SSA beneficiaries in each state who were work-oriented (had work goals or expectations) and the number of work-oriented beneficiaries actively pursuing employment. Presumably, all SSA beneficiary One-Stop users would be considered both work-oriented and actively pursuing employment. When we consider the number of such users as a percentage of all work-oriented beneficiaries actively pursuing employment, we see that One-Stop users represented a substantial share of these beneficiaries, particularly in Colorado and Iowa (26 percent). We also see that the number of SSA beneficiary One-Stop users was similar to (Maryland) or much greater than (Colorado and Iowa) the number of TTW participants in those states. These findings suggest that although SSA beneficiaries represent only a tiny fraction of all One-Stop users, the One-Stop system is an important resource used by a large share of SSA beneficiaries interested in employment.

Table 4. Number and Percent of All One- Stop Service Users Age 21 and Over Who Were or Ever Had Been SSA Disability Beneficiaries at Registration for Services, by State, Program, and Year

	Colorado				Iowa				Maryland				Oregon			
	SSA Beneficiary at Registration		Ever an SSA Beneficiary		SSA Beneficiary at Registration		Ever an SSA Beneficiary		SSA Beneficiary at Registration		Ever an SSA Beneficiary		SSA Beneficiary at Registration		Ever an SSA Beneficiary	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
WIA																
PY2002	115	2.0	231	4.1	55	1.5	98	2.7	---	---	---	---	221	1.5	421	2.8
PY2003	142	2.3	265	4.3	42	1.2	69	2.0	262	2.8	410	4.4	199	1.5	361	2.7
PY2004	136	1.9	278	4.0	40	1.5	73	2.8	281	4.1	385	5.6	143	1.5	257	2.6
PY2005	147	2.1	258	3.7	39	1.5	75	2.9	220	4.2	293	5.5	117	1.4	204	2.5
PY2006	129	1.9	229	3.3	35	1.5	69	2.9	117	3.0	148	3.8	90	1.1	164	2.0*
PY2007	159	2.4	255	3.9	21 ^a	1.4 ^a	35 ^a	2.4 ^a	102	2.6	130	3.3	77	1.0*	146	1.8*
W- P																
PY2002	5,364 ^a	1.8 ^a	10,700 ^a	3.5 ^a	---	---	---	---	---	---	---	---				
PY2003	5,909 ^a	2.0* ^a	11,363 ^a	3.8* ^a	3,639 ^a	2.9 ^a	6,992 ^a	5.5 ^a	---	---	---	---				
PY2004	5,880 ^a	2.1* ^a	10,829 ^a	3.9* ^a	5,586 ^a	3.2* ^a	9,813 ^a	5.6 ^a	2,193	3.9	3,214	5.7				
PY2005	6,042	2.2*	10,712	3.9*	5,102	2.9	8,736	5.0*	2,910	3.8	4,139	5.4*				
PY2006	5,828	2.2*	9,885	3.7*	4,436	2.6*	7,721	4.5*	3,443	3.6*	4,822	5.1*				
PY2007	5,751	2.0*	9,861	3.4	3,676	2.4*	6,479	4.3*	3,548	3.3*	5,048	4.7*				

Source: State WIA and W-P program data matched to the 2007 TRF.

^a The sample size of the file provided by the state for our analysis differs by ±20 percent or more from the statistic published in the state's annual report (see Appendix A).

* Significantly different from the corresponding base year (the earliest year for which a statistic is reported) at the 0.05 level, two-tailed test.

Table 5. Unduplicated Counts of One- Stop Users Who Were SSA Beneficiaries at Registration (WIA and W- P Combined), by State and Program Year

	Colorado		Iowa		Maryland	
	Number of SSA Beneficiary One-Stop Users	As a Percent of All SSA Beneficiaries in State	Number of SSA Beneficiary One-Stop Users	As a Percent of All SSA Beneficiaries in State	Number of SSA Beneficiary One-Stop Users	As a Percent of All SSA Beneficiaries in State
PY 2002	5,086	5.5	---	---	---	---
PY 2003	5,583	5.9	2,922	3.7	---	---
PY 2004	5,540	5.7	4,696	5.7	2,377	2.1
PY 2005	5,656	5.6	4,358	5.1	2,846	2.2
PY 2006	5,465	5.2	3,818	4.4	3,156	2.2
PY 2007	5,347	4.9	3,151	3.6	3,184	2.1

Sources: State WIA and W-P program data matched to the 2007 TRF for the number of SSA beneficiaries served by One-Stops; SSA (2003 - 2008) for the number of beneficiaries in each state.

Table 6. Number and Percentage of SSA Beneficiaries Using One- Stop Services in PY 2006

	Colorado	Iowa	Maryland
Number of SSA Beneficiaries, by Selected Subgroups			
Total Number of SSA Beneficiaries Age 18-64	104,460	84,976	145,818
Number of Work-Oriented SSA Beneficiaries (Estimated)	41,784	33,990	58,327
Number of Work-Oriented SSA Beneficiaries Actively Pursuing Employment (Estimated)	20,892	16,995	29,164
Number of TTW Participants (Dec 2006)	976	2,040	2,808
SSA Beneficiaries Served by One- Stops in PY 2006			
Number (unduplicated)	5,465	4,358	3,156
As a Percent of All SSA Beneficiaries	5.2	5.1	2.2
As a Percent of All Work-Oriented SSA Beneficiaries	13.1	12.8	5.4
As a Percent of All Work-Oriented SSA Beneficiaries Actively Pursuing Employment	26.2	25.6	10.8

Sources: State WIA and W-P program data matched to the 2007 TRF for the number of SSA beneficiaries served by One-Stops; SSA (2006 and 2007) for the number of beneficiaries in each state; and Stapleton et al. (2009) for the number of TTW participants in each state. The number of work-oriented beneficiaries and number of work-oriented beneficiaries actively pursuing employment were estimated based on the total number of beneficiaries in each state and findings reported in Livermore et al. (2009b).

Note: For Iowa, PY 2005 One-Stop data were used in the calculations.

3. Disability Disclosure among SSA Beneficiaries

Although, as noted previously, disability disclosure is optional and at the discretion of the individual, all else held constant, SSA beneficiaries may be more likely to disclose their disabilities in a service environment where accessibility is a focus and where staff members have a greater awareness of disability issues. In Table 7, we examine the likelihood that individuals who were SSA

beneficiaries when they registered for WIA or W-P services self-reported having a disability. This information is interesting because we know with near certainty, by virtue of their eligibility for SSI and SSDI, that these individuals had significant disabilities. This allows us to assess the extent to which the likelihood of disability disclosure changed over time apart from changes in the numbers of people with disabilities using One-Stop services.

In all four states, particularly in the early years, disability status was substantially under-reported among SSA beneficiaries. This is also likely to be the case among One-Stop users with disabilities who were not SSA beneficiaries. Thus, the One-Stops were probably serving many more individuals with disabilities than is implied by the self-reported disability information presented in Table 3. In all states, we found a steady increase over time in the share of SSA beneficiaries who disclosed their disabilities. While this may be in part due to the efforts of DPNs, as with other outcomes examined in this study, we cannot disentangle the influence of the DPNs from other factors affecting service use, disclosure, and employment outcomes over time.

Table 7. Percent of SSA Beneficiaries at Registration Who Self Report Disability, by Program, Year and State

	Self-Reported Disability (%)			
	Colorado	Iowa	Maryland	Oregon
WIA				
PY2002	50.4	36.4	---	62.0
PY2003	53.5	38.1	49.2	60.8
PY2004	63.2*	42.5	55.2	70.0
PY2005	64.6*	48.7	48.2	77.8*
PY2006	62.8*	65.7*	54.7	76.7*
PY2007	81.1*	76.2 ^{a*}	56.9	74.0*
W- P				
PY2002	40.9 ^a	14.0	---	---
PY2003	47.7 ^{a*}	8.9 ^a	---	---
PY2004	53.2 ^{a*}	8.3 ^a	56.5	---
PY2005	55.5*	14.2*	58.0	---
PY2006	57.0*	21.7*	56.7	---
PY2007	63.5*	22.9*	61.5*	---

Source: State WIA and W-P program data matched to the 2007 TRF.

^a The sample size of the file provided by the state for our analysis differs by ±20 percent or more from the statistic published in the state’s annual report (see Appendix A).

* Significantly different from the corresponding base year (the earliest year for which a statistic is reported) at the 0.05 level, two-tailed test.

We also found a large degree of variation across the states in the shares of SSA beneficiaries who disclosed disabilities, with Iowa having the lowest rates in WIA, and Oregon having the highest. Iowa also had the lowest disclosure rates among SSA beneficiaries in the W-P program. In all states, those with sensory disabilities (hearing, visual, and/or speech impairments) were most likely to disclose their disabilities (statistics not shown). No other large and consistent variation across the

impairment groups analyzed (mental health, musculoskeletal, mental retardation, and other) was apparent.

B. Characteristics of One- Stop Users and Types of Services Received

In this section, we examine the characteristics of SSA beneficiary One-Stop users and compare them to the characteristics of One-Stop users who were not SSA beneficiaries at the time they registered for WIA or W-P services. We also examine selected SSA program-related characteristics of SSA beneficiary service users.

1. SSA Beneficiary Users Compared with Other Users

Compared to the general population of working-age individuals, SSA beneficiaries are typically older, have lower levels of education, and are less likely to be employed. We expect that this also holds true for SSA beneficiaries who used One-Stop services, compared to their nonbeneficiary counterparts.

In Tables 8 and 9, we compare the characteristics of SSA beneficiary One-Stop users to other users in PY 2006. We present statistics separately for the WIA (Table 8) and W-P (Table 9) programs. In general, SSA beneficiary users differed from nonbeneficiary users in terms of age, education, race, and the likelihood of being employed at registration. Due to small sample sizes in the WIA program, many of the differences were not statistically significant, but all differences were significant in the W-P program for the three states that provided W-P data. In these states, SSA beneficiary users were significantly older than other users, with fewer being in the youngest age category (age 21–29) and more being age 45 and over. SSA beneficiary users were also less likely than others to have education beyond high school and were more likely to be black. In addition, SSA beneficiaries were significantly less likely to be employed at the time they registered for W-P in all three states (Table 9).

It is interesting to note that, relative to the national population of SSA beneficiaries, those using One-Stop services in the four states were generally younger and were more likely to have education beyond high school. Nationally, about 70 percent of beneficiaries are age 45 and older, and just 24 percent have education beyond high school (Livermore et al. 2009a).

With respect to the types of services used, SSA beneficiaries in the WIA program were substantially less likely to receive WIA training in three of the states (roughly 10 percentage points less likely), but the differences were not statistically significant likely due to the small sample sizes. In the W-P program, there were only very small, but statistically significant, differences between the two groups with respect to the likelihood of receiving referrals to employment in two of the three states providing W-P data.

2. SSA Program-Related Characteristics of SSA Beneficiary One-Stop Users

In Table 10, we focus on One-Stop users in PY 2006 who were SSA beneficiaries and examine selected SSA program-related characteristics. With a few exceptions, the distributions across the SSI and SSDI programs roughly mirrored the national distributions, and the mean monthly SSA benefits

Table 8. Characteristics of WIA Program Participants Ages 21 and Over at Registration, by SSA Beneficiary Status and State, PY 2006

WIA Participants	Colorado			Iowa ^a			Maryland			Oregon		
	All	SSA	Not SSA	All	SSA	Not SSA	All	SSA	Not SSA	All	SSA	Not SSA
Number	6,964	129	6,835	2,634	39	2,595	3,890	117	3,773	8,104	90	8,014
Age (%)		*										
21-29	25.0	14.7	25.2	26.4	17.9	26.6	18.9	10.3	19.2	18.4	24.4	18.3
30-44	38.3	36.4	38.4	44.3	41.0	44.4	37.0	44.4	36.8	39.0	27.8	39.1
45-54	25.3	32.6	25.2	21.3	33.3	21.1	28.7	29.9	28.7	28.8	30.0	28.8
55 and over	11.3	16.3	11.2	8.0	7.7	8.0	15.3	15.4	15.3	13.8	17.8	13.8
Male (%)	38.0	39.5	38.0	30.4	35.9	30.3	33.5	30.8	33.6	41.2	43.3	41.2
Race (%)					*			*			*	
White	57.8	51.9	58.0	88.7	74.4	88.9	37.5	17.1	38.1	73.4	82.2	73.3
Black	11.7	17.8	11.5	5.9	23.1	5.7	48.5	70.1	47.8	5.2	13.3	5.1
Other	30.0	30.2	30.0	5.3	2.6	5.4	8.2	7.7	8.2	20.1	4.4	20.3
Unknown	0.5	0.0	0.5	0.0	0.0	0.0	5.8	5.1	5.9	1.3	0.0	1.3
Hispanic (%)	24.2	24.0	24.2	2.9	0.0	3.0	5.2	4.3	5.2	10.8	0.0*	10.9
Highest Grade (%)								*				
<High school	8.8	10.1	8.8	27.9	28.2	27.9	11.1	22.2	10.7	12.0	6.7	12.1
High school/GED	38.2	44.2	38.1	32.6	33.3	32.6	45.5	40.2	45.7	46.5	43.3	46.5
>High school	52.9	45.7	53.1	26.1	20.5	26.2	38.0	29.1	38.3	37.5	46.6	37.4
Unknown	0.0	0.0	0.0	13.4	17.9	13.3	5.4	8.5	5.3	4.0	3.3	4.0
Veteran (%)	10.2	9.3	10.2	5.7	12.8	5.6	7.6	6.8	7.6	7.8	13.3*	7.8
Employed (%)	27.0	9.3*	27.3	10.8	7.7	10.9	14.3	8.5	14.5	10.9	13.3	10.9
Self-identify disability (%)	6.1	62.8*	5.0	6.2	48.7*	5.6	5.6	54.7*	4.1	9.5	76.7*	8.9
SSA Beneficiary (%)	1.9	100.0	--	1.5	100.0	--	3.0	100.0	--	1.1	100.0	--
Ever SSI/SSDI (%)	3.3	100.0*	1.5	2.8	100.0*	1.4	3.8	100.0*	0.8	2.0	100.0*	0.9
One-Stop Services (%)												
Intensive services	99.0	97.7	99.0	86.0	76.9	86.2	90.8	89.7	90.8	88.1	86.7	88.2
Training	65.1	56.6	65.3	75.1	64.1	75.2	40.6	29.9	40.9	35.7	35.6	35.8

Source: State WIA program data matched to the 2007 TRF.

^aStatistics for Iowa are based on PY 2005 data.

*SSA beneficiaries differ significantly from nonbeneficiaries at the 0.05 level, two-tailed test.

Table 9. Characteristics at Registration of W- P Program Participants Age 21 and Over, by SSA Beneficiary Status and State, PY 2006

W-P Participants	Colorado			Iowa			Maryland		
	All	SSA	Not SSA	All	SSA	Not SSA	All	SSA	Not SSA
Number	266,518	5,828	260,690	177,554	5,102	170,452	94,928	3,443	91485
Age (%)		*			*			*	
21-29	26.7	18.0	26.9	34.9	20.3	35.3	28.6	19.0	29.0
30-44	38.0	32.7	38.2	38.3	36.5	38.4	38.3	35.3	38.4
45-54	23.3	29.3	23.1	18.4	27.1	18.2	22.2	29.7	22.0
55 and over	12.0	20.0	11.8	8.4	16.1	8.1	10.8	16.0	10.6
Male (%)	52.2	54.1*	52.2	54.1	57.7*	54.0	49.1	51.7	49.0
Race (%)		*			*			*	
White	57.8	56.9	57.8	73.8	75.8	73.7	31.3	31.0	31.3
Black	8.7	12.1	8.6	6.4	9.0	6.3	45.4	53.2	45.1
Other	29.1	26.9	29.1	8.3	6.2	8.4	7.3	6.6	7.3
Unknown	4.4	4.1	4.5	11.5	9.0	11.6	16.0	9.3	16.3
Hispanic (%)	24.2	22.0*	24.3	6.0	4.1*	6.0	4.4	3.4	4.4
Highest Grade (%)		*			*			*	
<High school	10.4	13.3	10.3	13.2	16.7	13.1	10.6	17.2	10.3
High school/GED	39.8	44.8	39.7	45.2	46.1	45.2	44.3	43.7	44.3
>High school	49.5	41.6	49.7	32.0	28.2	32.1	43.6	35.9	43.9
Unknown	0.3	0.3	0.3	9.6	9.0	9.6	1.5	3.3	1.5
Veteran (%)	12.4	11.2*	12.4	8.9	8.7	8.9	11.9	10.4*	12.0
Employed (%)	18.7	9.7*	18.9	39.1	36.0*	39.2	22.7	14.4*	23.1
Self-identify disability (%)	5.6	57.0*	4.4	2.3	14.2*	2.0	7.6	56.7*	5.8
SSA Beneficiary (%)	2.2	100.0	--	2.9	100.0	--	3.6	100.0	--
Ever SSI/SSDI (%)	3.7	100.0*	1.6	5.0	100.0*	2.1	5.1	100.0*	1.6
One-Stop Services (%)									
Intensive services	0.5	0.5	0.5	0.6	1.5	0.6	4.3	3.7	4.4
Training	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2	0.2
Referral to employment	62.2	61.0	62.2	86.0	84.0*	86.1	29.2	26.6*	29.3

Source: State W-P program data matched to the 2007 TRF.

*Statistics for Iowa are based on PY 2005 data.

*SSA beneficiaries differ significantly from nonbeneficiaries at the 0.05 level, two-tailed test.

of One-Stop users were also roughly equivalent to the national mean of \$843 (Livermore et al. 2009a). In Iowa, we found a greater share of concurrent beneficiaries (those receiving both SSI and SSDI) among One-Stop users, compared with the national distribution across these programs.²²

Time since initial eligibility for SSA benefits was much shorter for One-Stop users in all states, compared with the national average of 153 months. Regarding the health conditions that qualified them for disability benefits, One-Stop users were usually more likely to have a mental health condition and less likely to have mental retardation. Nationally, about 40 percent of working-age SSI/SSDI beneficiaries qualify for benefits on the basis of mental illness, and about 15 percent qualify on the basis of mental retardation (Stapleton et al. 2008).

In all states, One-Stop users on the SSA rolls were TTW participants (that is, had formally assigned their Ticket to a provider) at rates much higher than the national average. TTW participation rates among One-Stop users ranged from 4 to 13 percent across the states and programs, while the national TTW participation rate was only about 2 percent during the same period (Stapleton et al. 2009). The numbers of TTW participants using One-Stops represented a large share of all TTW participants in the three states providing both WIA and W-P data. If we translate the percentages presented in Table 10 into numbers of individuals who were TTW participants and compare those numbers to the total numbers of TTW participants in each of the three states (shown in Table 6), it suggests that roughly 15 to 25 percent of all TTW participants used One-Stop services in PY 2006 (PY 2005 in Iowa) in the three states.²³

The high use of One-Stop services by TTW participants might reflect the fact that DPNs were conducting outreach and developing linkages with organizations serving TTW participants, in particular, the SSA-funded Work Incentive Planning and Assistance (WIPA) projects operating in each state.²⁴ WIPAs, and its predecessor, the Benefits Planning, Assistance, and Outreach program, were implemented to provide information and guidance on the effective use of SSA work-incentive provisions and supports to SSI and SSDI beneficiaries and to encourage and facilitate successful work attempts. Large numbers of TTW participants utilize the WIPAs (Kregel et al. 2008, Livermore and Prenovitz 2010). Linkages between the One-Stops and the WIPAs facilitated by the DPNs likely increased referrals between these two organizations in both directions. Although we did not examine the providers to which TTW participants using One-Stops had assigned their Tickets, it is unlikely that One-Stops in these states were acting as the TTW employment network for many, if any, of these TTW participants. During the period studied, very few One-Stops in the country were participating as employment networks in TTW. More recently, the number of One-Stops participating in TTW as employment networks has increased, particularly in Iowa where all One-Stops in the state are now TTW employment networks. Referrals between One-Stops and the state VR agencies, which are a mandated One-Stop partner and serving a very large share of TTW participants in all states, also might have contributed to some TTW participants using One-Stop services.

²² In 2005, the national distribution was approximately 52 percent DI-only, 17 percent concurrent, and 30 percent SSI-only based on the nationally representative sample of working-age SSA beneficiaries interviewed in the 2006 National Beneficiary Survey (Livermore et al. 2009a).

²³ The percentages by state were 15 percent in Maryland, 21 percent in Iowa, and 25 percent in Colorado.

²⁴ Prior to 2006, this initiative was referred to as the Benefits Planning, Assistance, and Outreach (BPAO) program.

Table 10. SSA Program- Related Characteristics of Colorado One- Stop Participants Who Were SSA Beneficiaries at Registration, by State and Program, PY 2006

SSA Beneficiary Characteristics	Colorado		Iowa ^a		Maryland		Oregon
	WIA	W-P	WIA	W-P	WIA	W-P	WIA
Number	129	5,828	39	5,102	117	3,443	90
SSI-only (%)	24.0	26.2	23.1	23.3	35.0	31.4	28.9
SSDI-only (%)	558	51.9	41.0	48.0	46.2	45.7	52.2
Concurrent (SSI and SSDI) (%)	202	21.8	35.9	28.7	18.8	22.9	18.9
Mean monthly SSA benefit (\$)	819.7	821.9	871.2	782.1	754.7	795.8	820.5
Mean months since initial SSI/SSDI entitlement	112.3	121.2	87.8	122.2	102.4	121.2	91.4
Mean months since most recent SSI/SSDI entitlement	81.0	88.3	56.0	87.1	67.5	86.6	65.5
SSA Disabling Health Conditions (%)							
Mental Illness	56.6	45.7	38.5	51.2	41.9	49.9	44.4
Musculoskeletal	20.2	20.0	28.2	17.8	15.4	13.9	23.3
Mental Retardation	54	11.6	10.3	18.8	7.7	13.6	7.8
Sensory	3.1	6.8	2.6	4.9	5.1	5.0	7.8
Other	65.9	72.9	74.4	71.2	87.2	79.7	74.4
TTW Participant (%)	9.3	4.2	10.3	8.5	9.4	11.1	12.2
Ever TTW Participant (%)	10.1	4.4	12.8	8.9	11.1	11.6	14.4
Off SSA cash benefits due to work at registration (%)	8.5	7.6	10.26	10.8	6.8	6.2	1.0

Source: State WIA and W-P program data matched to the 2007 TRF.

Notes: A maximum of four disabling health conditions may be recorded for a beneficiary in the SSA administrative data (up to two each for SSI and SSDI).

^aThe statistics presented for Iowa are based on PY 2005 data.

C. Trends in Employment and SSA Benefit Outcomes

As an ultimate goal of the DPN initiative is to better address the needs of people with disabilities in ways that will improve their employment outcomes, we are interested in examining the employment outcomes of SSA beneficiaries who used One-Stops in the DPN states. In the long-term, if DPNs are helping to make One-Stop services more accessible to people with disabilities and are effecting systems change in ways that generally improve employment services to people with disabilities, it may lead to improved employment outcomes for these individuals.

In this section, we examine the employment outcomes of SSA beneficiaries who used One-Stop services and compare them to their nonbeneficiary counterparts. Following ETA's definitions for three employment performance measures, we identified the relevant sample of One-Stop service exiters for whom the three employment measures were calculated for each program year. The three measures we computed are:

- The **entered employment rate**, which is the share of exiters who left the program between October of the prior year and September of the program year who became employed during the first quarter after exit
- The **employment retention rate**, which is the share of exiters who remained employed in the second and third quarters after exit among those who left the programs between April of the prior year and March of the program year and were employed in the first quarter after exit
- **Average earnings**, which is the average of the sum of earnings for the second and third quarters after exit among individuals with positive earnings during the first three quarters after leaving the One-Stop programs and who exited between April of the prior year and March of the program year

We analyzed each performance measure separately for individuals who were and were not SSA beneficiaries when they registered for One-Stop services. We only report measures for individuals exiting the W-P program, as the sample sizes for WIA exiters on the SSA rolls were extremely small, resulting in unreliable estimates. Individuals who exited the W-P program for health or medical reasons were excluded from our calculations. We also excluded reservists called to active duty; those who left the program due to family care issues; those who did not provide a valid SSN, and those who were institutionalized, deceased, or relocated to a mandated residential program.

We also examined two employment outcomes specific to SSA beneficiaries: (1) the percentage of those who became employed with earnings above the SSA substantial gainful activity (SGA) level and (2) the percentage of employed exiters who left the SSA cash benefit due to work during the 12 months following their exit from One-Stop services. For the latter analysis, we include both WIA and W-P program exiters.

1. Entered Employment Rate

In Table 11, we show the proportion of W-P exiters employed in the first quarter after exit, as measured by the entered employment rate by state, program year, and SSA disability status for Colorado, Iowa, and Maryland (the three states that provided us with W-P data). The overall employment rate varied slightly from state to state. For example, in PY 2007, Iowa had the highest overall rate at 75 percent, followed by Colorado at 71 percent and Maryland at 64 percent. In all

three states and for all program years, SSA beneficiaries had a notably lower employment rate relative to their nonbeneficiary counterparts. In Colorado, the employment rate of SSA beneficiaries ranged from 27 percent in PY 2004 to 36 percent in PY 2007—about half the rate of W-P participants who were not SSA beneficiaries. The rates were similar in Maryland, where 30 to 33 percent of SSA beneficiaries were employed during the first quarter after exiting the program. Iowa’s employment rate of SSA beneficiaries was slightly higher compared to the other two states; it ranged from 37 percent in PY 2005 to 42 percent in PY 2007. All three states experienced a slight increase in the employment rate during the study period; however, the trend in this performance measure among SSA beneficiaries closely followed the trend among nonbeneficiaries.

Table 11. W- P Program Entered Employment Rate by State, Program Year, and SSA Beneficiary Status at Registration*

	W-P Entered Employment Rate (%)								
	Colorado			Iowa			Maryland		
	All	SSA	Not SSA	All	SSA	Not SSA	All	SSA	Not SSA
PY2002	62.7 ^a	33.1 ^a	63.0 ^a	---	---	---	---	---	---
PY2003	58.4	28.9	59.0	---	---	---	---	---	---
PY2004	61.6	27.4	62.4	68.3 ^a	38.2 ^a	69.3 ^a	---	---	---
PY2005	61.7	28.4	62.5	71.2	37.5	72.4	59.6	29.7	61.0
PY2006	63.5	31.2	64.3	73.6	40.7	74.6	61.2	30.8	62.6
PY2007	70.6	36.7	71.5	75.1	42.3	76.0	64.0	33.4	65.3

Source: State W-P program data matched to the 2007 TRF.

^a The sample size of the file provided by the state for our analysis differs by ±20 percent or more from the statistic published in the state’s annual report.

*SSA beneficiaries differ significantly from nonbeneficiaries at the 0.05 level (two-tailed test) for each state in each program year.

2. Employment Retention Rate

Table 12 presents the share of exiters employed in the first quarter after exit who remained employed during the second and third quarters after exit, as measured by the employment retention rate in Colorado, Iowa, and Maryland. The overall rate was quite similar across the three states. In PY 2005, the first year for which we have data for all three states, the overall rate was 91, 89, and 88 percent in Iowa, Maryland, and Colorado, respectively. As with the entered employment rate, SSA beneficiaries in all three states were significantly less likely to remain employed in the second and third quarters after exiting the W-P program than were their nonbeneficiary counterparts ($p < 0.05$ for each state and for all program years). For example, in PY 2005, the employment retention rate of SSA beneficiaries was around 75 percent, or about 84 percent of the rate among nonbeneficiaries in all three states. This finding indicates that W-P exiters who were SSA beneficiaries were not only less likely to become employed after leaving the program but were also less likely to maintain their employment throughout the second and third quarters after exit. The employment-retention rate is relatively stable over the study period in all three states and for both groups of exiters.

Table 12. W- P Program Employment Retention Rates by State, Program Year, and SSA Beneficiary Status at Registration*

	W-P Program Employment Retention Rate (%)								
	Colorado			Iowa			Maryland		
	All	SSA	Not SSA	All	SSA	Not SSA	All	SSA	Not SSA
PY2002	86.5	75.0	86.6	---	---	---	---	---	---
PY2003	86.9	73.7	87.0	---	---	---	---	---	---
PY2004	88.6	78.1	88.7	88.9	74.9	89.1	---	---	---
PY2005	88.3	75.1	88.4	90.9	77.7	91.1	88.8	75.7	89.0
PY2006	89.1	75.3	89.2	91.0	76.3	91.2	88.8	75.3	89.1
PY2007	90.5	79.7	90.6	91.4	79.4	91.6	89.9	77.2	90.2

Source: State W-P program data matched to the 2007 TRF.

* SSA beneficiaries differ significantly from nonbeneficiaries at the 0.05 level (two-tailed test) for each state in each program year.

3. Average Earnings

In Table 13, we show the average of the sum of earnings for the second and third quarters after exit among individuals with positive earnings during the first three quarters after leaving the W-P program. The findings discussed previously indicate that SSA beneficiaries fare poorly in terms of job placement and retention compared to other W-P exiters; likewise, we found a substantial disparity between the two groups of exiters in terms of average earnings. On average, the earnings of SSA beneficiaries were more than 50 percent lower than the earnings of nondisabled exiters. In PY 2005, for example, SSA beneficiaries earned around \$6,500 in Colorado and Iowa and around \$5,800 in Maryland, while exiters without disabilities earned \$11,500 to \$14,600 in the three states.

The trend in average earnings over the study period differed slightly across the three states. But in general, the trend among SSA beneficiaries followed the trend among nonbeneficiary exiters in each state. In Colorado, both groups had a slight increase in earnings between PY 2002 and PY 2003, and a steady decline between PY 2003 and PY 2006. However, the increases between PY 2002 and PY 2003 and between PY 2006 and PY 2007 were greater among SSA beneficiaries. The net result was a 23 percent increase among SSA beneficiaries and a 5 percent decline among nonbeneficiaries between PY 2002 and PY 2007. In Iowa, SSA beneficiaries gained about \$1,100 in their average earnings between PY 2004 and PY 2007, an increase of about 20 percent. Nonbeneficiaries had a relatively greater increase of about \$1,700 in absolute terms. However, in relative terms they experienced a similar but slightly lower increase of 17 percent over the same period. In Maryland, both groups had about a \$770 increase between PY 2005 and PY 2007; however, this change represented a 13 percent increase among SSA beneficiaries but only a 6 percent increase among nonbeneficiaries. These slight increases in earnings among SSA beneficiaries indicate a modest improvement. However, due to the brief time period examined and the variation in state-specific trends, we cannot definitively attribute this improvement to the DPN initiatives.

Although the average earnings of SSA beneficiaries seem quite low relative to other W-P program exiters, they are higher than the average earnings of working SSA beneficiaries in general. Findings from another study indicate that average annual earnings (in 2007 dollars) among employed SSA beneficiaries were \$7,000 to \$8,000 (Livermore et al. 2009b). In contrast, we found that One-Stop users on the SSA rolls were earning close to \$7,000 in only a six-month period (Table 13).

Table 13. W- P Program Average Earnings by State, Year, and SSA Beneficiary Status at Registration*

	W-P Average Earnings (2007\$)								
	Colorado			Iowa			Maryland		
	All	SSA	Not SSA	All	SSA	Not SSA	All	SSA	Not SSA
PY2002	\$15,374	\$6,026	\$15,395	---	---	---	---	---	---
PY2003	\$15,810	\$7,472	\$15,863	---	---	---	---	---	---
PY2004	\$15,256	\$7,024	\$15,315	\$10,086	\$5,639	\$10,141	---	---	---
PY2005	\$14,612	\$6,558	\$14,673	\$11,475	\$6,528	\$11,538	\$12,146	\$5,781	\$12,236
PY2006	\$14,243	\$6,399	\$14,309	\$11,632	\$6,213	\$11,700	\$12,865	\$6,155	\$12,972
PY2007	\$14,513	\$7,408	\$14,580	\$11,782	\$6,769	\$11,842	\$12,912	\$6,542	\$13,011

Source: State W-P program data matched to the 2007 TRF.

*SSA beneficiaries differ significantly from nonbeneficiaries at the 0.05 level (two-tailed test) for each state in each program year.

4. Employment Outcomes Specific to SSA Beneficiaries

In Table 14, we show the proportion of SSA beneficiaries whose combined earnings in the second and third quarters after exit were above \$5,400 (the table only includes those who were employed during the first three quarters after exiting W-P). In 2007 dollars, \$5,400 is roughly equivalent to 6 months of earnings at the SGA level. Earnings above the SGA level is a significant milestone—individuals who earn above this level do not qualify for SSI and SSDI. In the SSDI program, the SGA level is also a significant milestone for the continued receipt of cash benefits. After working above the SGA level for 9 months (plus a 3-month grace period), SSDI cash benefits are reduced to zero. If the SSDI beneficiary continues to work above SGA for another 36 months, his or her eligibility for cash benefits is terminated.

The findings in Table 14 indicate that, in each state, 35 to 50 percent of beneficiaries who were employed during the first three quarters after exit had earnings in the second and third quarters that were above SGA. These are fairly high rates compared with all employed SSA beneficiaries. The findings of another study indicate that, in any given year from 2004 to 2007, only about 20 percent of SSA beneficiaries who had been employed during the year had earnings above the equivalent to the annualized SGA level, and about 25 percent did so considering all who had been employed in any of the four years (Livermore et al. 2009b). The comparison suggests that beneficiaries who use One-Stop services and become employed achieve a significant level of success relative to the norm among SSA beneficiaries.

Only in Maryland was there a steady increase in the percentage of beneficiary exiters with earnings above SGA, though over only a short period. As noted previously, however, employment outcomes for both beneficiaries and nonbeneficiaries improved over the study period, suggesting that factors other than the DPN initiative might have played an important role.

Table 14. Percent with Average Earnings above the Six-Month SGA level (\$5,400) among Employed W-P Exiters Who Were SSA Beneficiaries at Registration, by State and Year

	Two Quarters of Earnings above the Six-Month SGA Level (%)		
	Colorado	Iowa	Maryland
PY2002	37.1	---	---
PY2003	50.4	---	---
PY2004	46.5	34.7	---
PY2005	43.1	36.8	35.8
PY2006	43.3	35.7	42.1
PY2007	45.1	36.3	44.0*

Source: State W-P program data matched to the 2007 TRF.

Note: The statistics were computed among SSA beneficiary W-P program exiters who were employed during the first three quarters after exit based on earnings in the second and third quarters following exit.

* Significantly different from the corresponding base year (the earliest year for which a statistic is reported) at the 0.05 level, two-tailed test.

Although many SSA beneficiaries work and some have earnings above the SGA level, relatively few work at levels that eventually reduce their cash benefits to zero. In Table 15, we examine the share of One-Stop exiters who had their SSA cash benefits reduced to zero due to earnings for at

least one month during the 12 months after exit from One-Stop services.²⁵ Each year across the three states examined, 11 to 24 percent of beneficiary exiters were off the disability rolls for at least one month. These are extremely high rates relative to SSA beneficiaries in general; another study found that just 6 percent of all beneficiaries (in 2003) left the rolls due to work for at least one month during a four-year period (Livermore et al. 2009b). This probably is not surprising, however, as One-Stop users are presumably seeking to work and increase their earnings, whereas the large majority of all beneficiaries are not. The Livermore et al. (2009b) study found a rate of leaving cash benefits of 10 percent among all beneficiaries who reported having work-related goals and expectations and measured over a 48-month period. The 12-month rates observed for One-Stop users still seem high when compared with the subgroup of work-oriented beneficiaries. It might be that some of these beneficiaries were working and had already left the SSA rolls when they registered for One-Stop services. But even among exiters who were receiving cash benefits when they registered for One-Stop services, the percentage who left the rolls for at least a month was still very large and showed the same patterns over time (Table 15, third column).

Table 15. SSA Beneficiary One- Stop Service Exiters Who Were Off SSA Cash Benefits Due to Work for at Least One Month During the 12 Months After Exit (WIA and W- P Combined), by State and Year

	Off SSA Cash Benefits Due to Work for at Least One Month During the 12 Months After Exit	
	Percent Among All SSA Beneficiary Exiters	Percent Among SSA Beneficiary Exiters Who Were Receiving Cash Benefits at Registration
Colorado		
PY2002	18.4	13.1
PY2003	19.0	14.3
PY2004	19.5	14.8
PY2005	18.9	14.7
PY2006	18.7	14.1
Iowa		
PY2002	---	---
PY2003	---	---
PY2004	23.5	16.1
PY2005	22.7	15.6
PY2006	22.2	14.7
Maryland		
PY2002	---	---
PY2003	---	---
PY2004	---	---
PY2005	19.7	13.1
PY2006	18.0	11.3

Source: State WIA and W-P program data matched to the 2007 TRF.

²⁵ These statistics are based on constructed variables in the TRF that indicate whether a beneficiary’s cash benefits have been reduced to zero specifically due to earnings.

V. SUMMARY AND CONCLUSIONS

The findings from the four states indicate that only a small share of One-Stop users were current or former SSA beneficiaries, and we did not see significant changes in those shares over time. We did find a significant increase over time in the percentage of One-Stop users on the SSA rolls who disclosed their disability status. The steady and increasing trend despite disclosure being optional and at the discretion of the registrant suggests that the DPN might have directly or indirectly facilitated the disclosure of disability information, possibly by raising awareness of disability issues among staff and creating an environment where disability issues are more likely to be discussed. The findings also indicate that very large numbers of current and former SSA beneficiaries utilized One-Stop services each year.

In all states, One-Stop users on the SSA rolls differed significantly from nonbeneficiary users in terms of their personal characteristics; they were older, had lower levels of education, and were more likely to be black. They also differed in terms of their employment outcomes. Relative to others, One-Stop users on the SSA rolls were less likely to become employed, and among those who became employed, had lower average earnings and were less likely to retain employment. The characteristics of these users, along with their disabilities, likely contributed to their less-successful employment outcomes. We observed some improvements in the employment outcomes of SSA beneficiaries over time; however, we also saw similar improvements for nonbeneficiaries, suggesting that the improved outcomes were mainly due to changes in local economic conditions.

The SSA beneficiaries who used One-Stop services and became employed achieved rather exceptional employment outcomes when compared to other SSA beneficiaries. A large share had earnings above the SGA level, and they left the SSA rolls at very high rates during the 12 months following their exit from services, even when compared with other work-oriented beneficiaries. Like the other employment outcomes, however, we cannot necessarily attribute their success to the DPN initiative. During the same period, a variety of state and federal initiatives—beginning with the 1999 Ticket to Work and Work Incentives Improvement Act—gained momentum and, along with the growth in the economy during this period, likely contributed to the high percentages of SSA beneficiaries working above the SGA level and leaving the disability rolls. In addition, SSA beneficiaries who use One-Stop services may differ significantly from other beneficiaries who seek to become employed by other means in ways that contribute to their employment success.

The findings presented in this report are purely descriptive. Due to a number of data limitations and the manner in which the DPN initiatives were implemented in each state, a rigorous impact evaluation of the DPN was not feasible. This is because the DPN initiatives were implemented statewide fairly quickly in each of the four study states, so comparison areas without DPNs were not available. We also had only a limited pre-period with which to compare outcomes after the DPN was implemented in each state. In addition, the DPN initiative was an intervention intended to bring about systems change, rather than a direct service intervention focused on individuals. It can take many years for the effects of systems change interventions to become apparent, and we had only a very limited observation period for this study. But even with a longer period, it can be difficult to detect the effects of systems change interventions in analyses of the outcomes of individuals. The findings do, however, provide new and important information about the extent to which SSA beneficiaries use One-Stop services in these states and about their characteristics and employment outcomes. Such information may be useful to the states and the federal government in planning and

providing services to SSA beneficiaries who want to work, and assessing their performance in the future.

The findings highlight the challenges inherent in providing employment services to SSA beneficiaries. By virtue of the fact that they receive disability benefits, beneficiaries have demonstrated an inability to work at substantial levels due to significant physical and/or mental health conditions. As a group, they achieved a lower level of employment success relative to other One-Stop users. But success in helping SSA beneficiaries to become employed has been limited in other programs that focus specifically on this population, such as Ticket to Work, as well. That SSA beneficiaries represent only a tiny fraction of One-Stop users adds to the challenge in that One-Stop staff may serve too few of these clients to develop the expertise necessary to address their unique issues.

Despite the challenges, the very large number of SSA beneficiaries using One-Stop services suggests that there is indeed an important role for One-Stop centers in serving SSA beneficiaries who want to work, and there is a role for the DPN initiatives to continue to address the needs of this target group and other users with disabilities. The states included in this study were serving several thousand current SSA beneficiaries each year, representing a large fraction of all beneficiaries potentially pursuing employment in each state. The large numbers and successful employment outcomes of SSA beneficiaries using One-Stop services also suggest that there is significant potential for the One-Stops to successfully operate as providers (employment networks) under SSA's Ticket to Work program. Nearly an equal number of former disability beneficiaries used One-Stop services in each year, suggesting that, not only are One-Stops an important resources for existing beneficiaries who want to work, but that they could play a significant role in preventing former beneficiaries from returning to cash benefits.

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APPENDIX A
STUDY SAMPLE SIZES

Table A.1. WIA Participant Study Sample Sizes Compared with the State Annual Reports (Before Study Sample Exclusion Criteria Applied)

	PY2002	PY2003	PY2004	PY2005	PY2006	PY2007
Colorado						
Adults						
Sample size in annual report	3,306	3,801	4,693	4,937	5,265	5,195
Study sample size	3,206	3,705	4,633	4,900	5,251	5,345
Study sample size as a % of sample size in annual report	97%	97%	99%	99%	100%	103%
Dislocated workers						
Sample size in annual report	3,210	2,823	2,719	2,431	2,084	1,604
Study sample size	3,074	2,803	2,699	2,412	2,059	1,604
Study sample size as a % of sample size in annual report	96%	99%	99%	99%	99%	100%
Iowa						
Adults						
Sample size in annual report	1,108	958	983	1,183	1,154	950
Study sample size	1,129	954	967	1,123	943	490
Study sample size as a % of sample size in annual report	102%	100%	98%	95%	82%	52%
Dislocated workers						
Sample size in annual report	2,743	2,615	1,780	1,711	1,925	1,971
Study sample size	2,785	2,622	1,766	1,586	1,477	995
Study sample size as a % of sample size in annual report	102%	100%	99%	93%	77%	50%
Maryland						
Adults						
Sample size in annual report	---	7,971	6,773	4,312	107,908	120,518
Study sample size	---	7,971	6,773	4,549	108,624	120,683
Study sample size as a % of sample size in annual report	---	100%	100%	105%	101%	100%
Dislocated workers						
Sample size in annual report	---	6,180	4,496	2,395	2,055	2,037
Study sample size	---	6,180	4,496	2,506	2,071	2,039
Study sample size as a % of sample size in annual report	---	100%	100%	105%	101%	100%
Oregon						
Adults						
Sample size in annual report	9,068	8,086	5,486	3,820	4,188	3,917
Study sample size	7,446	6,894	5,445	4,392	4,290	4,058
Study sample size as a % of sample size in annual report	82%	85%	99%	115%	102%	104%
Dislocated workers						
Sample size in annual report	9,580	8,090	5,350	3,764	4,214	4,149
Study sample size	9,337	7,775	5,237	4,363	4,307	4,405
Study sample size as a % of sample size in annual report	97%	96%	98%	116%	102%	106%

Table A.2. W- P Participant Study Sample Sizes Compared with the State Annual Reports (Before Study Sample Exclusion Criteria Applied)

	PY2002	PY2003	PY2004	PY2005	PY2006	PY2007
Colorado						
Sample size in annual report	299,460	282,714	265,534	336,892	320,384	346,080
Study sample size	376,796	377,277	352,442	336,869	320,376	346,071
Study sample size as a % of sample size in annual report	126%	133%	133%	100%	100%	100%
Iowa						
Sample size in annual report	---	170,270	168,481	209,178	206,286	217,641
Study sample size	---	146,783	207,202	207,406	203,548	195,110
Study sample size as a % of sample size in annual report	---	86%	123%	99%	99%	90%
Maryland						
Sample size in annual report	---	---	73,167	98,456	126,171	137,840
Study sample size	---	---	68,077	98,456	126,171	137,840
Study sample size as a % of sample size in annual report	---	---	93%	100%	100%	100%

Table A.3. SSN Validation Rates (After Study Sample Exclusion Criteria Applied) and Final Participant Sample Sizes

	PY2002	PY2003	PY2004	PY2005	PY2006	PY2007
Colorado						
WIA						
Total Number	5,772	6,203	7,075	7,077	7,023	6,588
Study Sample with Valid SSNs	5,696	6,126	6,995	7,011	6,964	6,522
Study Sample as a % of Total	99%	99%	99%	99%	99%	99%
W- P						
Total Number	315,924	313,209	289,750	282,199	273,933	295,355
Study Sample with Valid SSNs	302,091	301,719	280,283	273,747	266,518	287,697
Study Sample as a % of Total	96%	96%	97%	97%	97%	97%
Iowa						
WIA						
Total Number	3,715	3,473	2,667	2,650	2,378	1,465
Study Sample with Valid SSNs	3,670	3,433	2,648	2,634	2,365	1,455
Study Sample as a % of Total	99%	99%	99%	99%	100%	99%
W- P						
Total Number	---	129,235	182,127	181,431	179,905	173,398
Study Sample with Valid SSNs	---	126,347	176,479	175,554	172,611	151,207
Study Sample as a % of Total	---	99%	97%	97%	96%	87%
Maryland						
WIA						
Total Number	---	9,696	7,108	5,450	3,951	4,020
Study Sample with Valid SSNs	---	9,385	6,878	5,307	3,890	3,944
Study Sample as a % of Total	---	97%	97%	97%	99%	98%
W- P						
Total Number	---	---	59,318	87,856	113,836	124,623
Study Sample with Valid SSNs	---	---	56,455	76,447	94,928	106,806
Study Sample as a % of Total	---	---	95%	87%	83%	86%
Oregon						
WIA						
Total Number	16,036	14,072	10,244	8,449	8,374	8,214
Study Sample with Valid SSNs	14,995	13,227	9,850	8,176	8,104	7,914
Study Sample as a % of Total	94%	94%	96%	97%	97%	96%

Table A.4. Sample Sizes for the Statistics Reported in Tables 11 - 15

	PY2002	PY2003	PY2004	PY2005	PY2006	PY2007
	Entered Employment Rate					
Colorado						
SSA beneficiaries	1,622	3,338	3,637	3,922	3,439	3,621
Nonbeneficiaries	146,742	178,438	169,425	157,737	134,713	138,500
Iowa						
SSA beneficiaries	---	493	3,411	4,057	2,812	2,401
Nonbeneficiaries	---	17,900	104,221	116,330	90,216	85,704
Maryland						
SSA beneficiaries	---	---	---	1,911	2,442	2,581
Nonbeneficiaries	---	---	---	39,471	55,174	63,076
	Employment Retention Rate					
Colorado						
SSA beneficiaries	244	946	1,116	1,117	1,312	1,407
Nonbeneficiaries	84,877	111,065	121,778	116,130	118,183	118,240
Iowa						
SSA beneficiaries	---	---	809	1,982	2,054	1,691
Nonbeneficiaries	---	---	48,386	116,950	120,536	109,987
Maryland						
SSA beneficiaries	---	---	---	637	814	1,149
Nonbeneficiaries	---	---	---	33,699	39,851	56,509
	Average Earnings and Average Earnings >\$5,400					
Colorado						
SSA beneficiaries	140	546	703	696	801	923
Nonbeneficiaries	64,540	85,509	97,357	92,120	95,208	98,237
Iowa						
SSA beneficiaries	---	---	481	1,235	1,261	1,113
Nonbeneficiaries	---	---	38,815	97,287	100,986	92,449
Maryland						
SSA beneficiaries	---	---	---	385	516	729
Nonbeneficiaries	---	---	---	27,189	32,312	46,526
	Left Cash Benefits Due to Work					
Colorado						
All SSA Beneficiaries	2,018	4,870	5,747	6,213	6,235	---
SSA Beneficiaries Receiving Cash Benefits at Registration	1,868	4,469	5,262	5,730	5,741	---
Iowa						
All SSA Beneficiaries	---	604	4,515	7,629	6,956	---

Table A.4. (continued)

	PY2002	PY2003	PY2004	PY2005	PY2006	PY2007
SSA Beneficiaries Receiving Cash Benefits at Registration	---	517	4,030	6,863	6,238	---
Maryland						
All SSA Beneficiaries	---	---	---	3,290	4,248	---
SSA Beneficiaries Receiving Cash Benefits at Registration	---	---	---	2,998	3,880	---

APPENDIX B
ONE- STOP USERS WITH DISABILITIES BY WIB/GEOGRAPHIC AREAS

Table B.1. Colorado One- Stop Participants with Disabilities, by WIB/Geographic Area, PY 2006

WIB/Geographic Area	Total Number of Participants	SSA Beneficiary at Registration		SSA Beneficiary Ever		Self-Reported Disability	
		N	% of Total	N	% of Total	N	% of Total
WIA Participants, PY2006							
Adams County Workforce Development Board	369	5	1.4	11	3.0	11	3.0
Arapahoe/Douglas Workforce Board	819	18	2.2	28	3.4	57	7.0
Colorado Rural Workforce Consortium Board	2,085	39	1.9	80	3.8	134	6.4
Denver Mayor's Office Of Workforce Development	1,192	25	2.1	44	3.7	58	4.9
Larimer County Workforce Investment Board	359	3	0.8	4	1.1	20	5.6
Pikes Peak Workforce Board	990	16	1.6	24	2.4	70	7.1
Tri-County Workforce Center	568	13	2.3	22	3.9	46	8.1
Weld County Workforce Development Board	351	4	1.1	8	2.3	22	6.3
Workforce Boulder County	231	6	2.6	8	3.5	8	3.5
Total	6,964	129	1.9	229	3.3	426	6.1
W- P Participants, PY2006							
Adams	25,429	432	1.7	806	3.2	1,102	4.3
Arapahoe	32,925	631	1.9	1,011	3.1	1,467	4.5
Boulder	10,328	215	2.1	313	3.0	503	4.9
Denver	30,327	727	2.4	1,271	4.2	1,424	4.7
Larimer	15,319	372	2.4	563	3.7	872	5.7
Tri-County	20,020	357	1.8	613	3.1	979	4.9
Weld	13,802	246	1.8	438	3.2	630	4.6
Other/Unknown	118,368	2,848	2.4	4,870	4.1	7,852	6.6
Total	266,518	5,828	2.2	9,885	3.7	14,829	5.6

Source: Colorado WIA and W-P program data matched to the TRF.

Note: The WIBs were not identified uniformly in the WIA and W-P data. We therefore present the two programs separately using the information available in each file. The numbers were computed following the ETA convention for reporting WIA and W-P participation statistics. As a result, individuals are duplicated in the counts of participants if they had multiple service spells during the fiscal year.

Table B.2. Iowa One- Stop Participants with Disabilities, by WIB/Geographic Area, PY 2005

WIB/Geographic Area	Total Number of Participants	SSA Beneficiary at Registration		SSA Beneficiary Ever		Self-Reported Disability	
		N	% of Total	N	% of Total	N	% of Total
WIA and W- P Participants							
00 - No Region	100,641	2,874	2.8	4,781	4.8	2,157	2.1
01 - Dubuque/Postville	5,353	152	2.8	256	4.8	171	3.2
02 - Mason City	2,805	73	2.6	131	4.7	53	1.9
03/04 - Spencer/Sheldon	2,532	81	3.2	133	5.3	48	1.9
05 - Fort Dodge	3,749	121	3.2	192	5.1	108	2.9
06 - Marshalltown	2,356	56	2.4	108	4.6	38	1.6
07 - Waterloo	5,657	180	3.2	350	6.2	186	3.3
08 - Carroll	1,931	62	3.2	96	5.0	22	1.1
09 - Davenport	7,543	195	2.6	374	5.0	119	1.6
10 - Cedar Rapids	7,791	252	3.2	426	5.5	300	3.9
11 - Des Moines	11,372	358	3.1	579	5.1	378	3.3
12 - Sioux City	6,172	157	2.5	301	4.9	96	1.6
13 - Council Bluffs	6,341	200	3.2	349	5.5	164	2.6
14 - Creston	2,383	68	2.9	127	5.3	111	4.7
15 - Ottumwa	5,581	203	3.6	349	6.3	116	2.1
16 - Burlington	5,981	134	2.2	259	4.3	159	2.7
Total	178,188	5,141	2.9	8,811	4.9	4,226	2.4

Source: Iowa WIA and W-P program data matched to the TRF.

Note: The numbers were computed following the ETA convention for reporting WIA and W-P participation statistics. As a result, individuals are duplicated in the counts of participants if they had multiple service spells during the fiscal year.

Table B.3. Maryland One- Stop Participants with Disabilities, by WIB/Geographic Area, PY 2006

WIB/Geographic Area	Total Number of Participants	SSA Beneficiary at Registration		SSA Beneficiary Ever		Self-Reported Disability	
		N	% of Total	N	% of Total	N	% of Total
WIA and W- P Participants							
Allegany County	3,717	118	3.2	195	5.3	244	6.6
Anne Arundel County	4,375	146	3.3	190	4.3	406	9.3
Baltimore City	20,225	1,067	5.3	1,446	7.2	1,416	7.0
Baltimore County	9,646	224	2.3	356	3.7	559	5.8
Calvert County	850	21	2.5	27	3.2	63	7.4
Caroline County	210	12	5.7	20	9.5	23	11.0
Carroll County	2,327	60	2.6	89	3.8	181	7.8
Cecil County	1,714	35	2.0	63	3.7	116	6.8
Charles County	1,853	44	2.4	63	3.4	167	9.0
Dorchester County	923	25	2.7	45	4.9	56	6.1
Frederick County	2,527	80	3.2	119	4.7	244	9.7
Garrett County	1,537	40	2.6	60	3.9	46	3.0
Harford County	2,339	48	2.1	71	3.0	203	8.7
Howard County	3,008	62	2.0	83	2.8	252	8.4
Kent County	533	20	3.8	30	5.6	42	7.9
Montgomery County	8,830	520	5.9	653	7.4	849	9.6
Prince Georges County	6,514	179	2.8	262	4.0	583	9.0
Queen Anne's County	435	5	1.2	8	1.8	20	4.6
St Mary's County	1,202	30	2.5	40	3.3	112	9.3
Talbot County	692	13	1.9	19	2.8	33	4.8
Washington County	3,119	108	3.5	184	5.9	292	9.4
Wicomico County	4,235	121	2.8	177	4.2	275	6.5
Other/Unknown	18,061	582	3.2	739	4.1	1,280	7.1
Total	98,872	3,560	3.6	4,939	5.0	7,462	7.5

Source: Maryland WIA and W-P program data matched to the TRF

Note: The numbers were computed following the ETA convention for reporting WIA and W-P participation statistics. As a result, individuals are duplicated in the counts of participants if they had multiple service spells during the fiscal year.

Table B.4. Oregon WIA Participants with Disabilities, by WIB/Geographic Area, PY 2006

WIB/Geographic Area	Total Number of Participants	SSA Beneficiary at Registration		SSA Beneficiary Ever		Self-Reported Disability	
		N	% of Total	N	% of Total	N	% of Total
WIA Participants							
City of Portland/Multnomah/Washington	3,011	28	0.9	47	1.6	238	7.9
Enterprise for Employment and Education	1,106	15	1.4	27	2.4	148	13.4
Lane Workforce Partnerships	1,028	13	1.3	17	1.7	85	8.3
Linn/Benton/Lincoln	456	1	0.2	3	0.7	48	10.5
Jackson/Josephine	399	4	1.0	10	2.5	41	10.3
Workforce Investment Council of Clackamas	415	9	2.2	13	3.1	38	9.2
Oregon Consortium/Workforce Alliance	1,689	20	1.2	47	2.8	175	10.4
Total	8,104	90	1.1	164	2.0	773	9.5

Source: Oregon WIA program data matched to the TRF

Note: The numbers were computed following the ETA convention for reporting WIA participation statistics. As a result, individuals are duplicated in the counts of participants if they had multiple service spells during the fiscal year.

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