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Data Note: Comparing VR Outcomes for Individuals With and Without Intellectual Disabilities Who Receive Postsecondary Education Services

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Data Source: FY 2014 Rehabilitation Services Administration (RSA) 911

Comparing VR Outcomes for Individuals With and Without Intellectual Disabilities Who Receive Postsecondary Education Services

By John Shepard and Frank A. Smith

VR agencies assist individuals with intellectual disabilities (ID) who are seeking gainful employment through evaluating their needs and then creating individualized plans for employment (IPEs) around those needs. Depending on the evaluation, one service that might be included within an IPE is postsecondary education (PSE) services. These include services that link individuals to opportunities to attend community college, 4-year universities, or graduate school.

Data on individuals who have received services from VR reveal how common it is for people with and without ID to get services, and what types of services they receive, including PSE services. In this Data Note, we explore the provision of PSE services to VR customers with and without ID who exited the VR system in FY2014.

Table 1 and Figure 1 compare the percentage of individuals with ID and without ID who have received PSE services prior to exiting the VR program. The RSA 911 dataset allows VR counselors to report the purchase of 3 types of PSE services: services to attend community college, services to attend 4-year colleges or universities, and services to attend graduate school. VR consumers can receive PSE services in 1 or more of these settings while in the VR program. Most who receive PSE services receive just 1 of the 3 services.

Table 1 shows the percentage of VR customers who received services under each PSE category, as well as the total percentage of VR customers who received any of the 3 types of PSE services, signified by the category "Received PSE Services." Of all individuals with ID who received an IPE, 1.8% of these individuals received at least 1 of the PSE services, with most of them receiving services to attend community college. In comparison, 8.6% of all individuals who did not have ID received PSE services, with most of these individuals receiving services to attend a 4-year college or university.

Table 1.
Individuals who Received PSE Services by Intellectual Disability Status

	Closures with ID		Closures with no ID	
	Count	Column %	Count	Column %
Community College Services	476	1.1%	14,525	3.1%
4-year College Services	310	0.7%	26,567	5.8%
Graduate School Services	38	0.1%	3,410	0.7%
Subtotal — Received PSE Services*	759	1.8%	40,065	8.6%
No PSE Services	41,746	98.2%	424,652	91.4%
Total Closures	42,505	100%	464,717	100%

^{*}Subtotal may be less than the sum of the preceding categories because consumers can receive 1 or more of the services, i.e., the subtotal is a duplicated count.

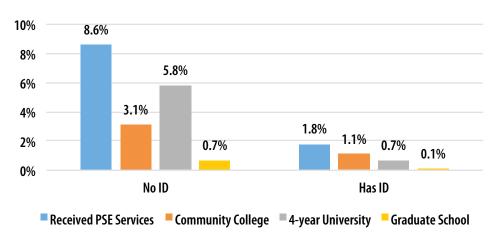


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Figure 1. VR Closures who Received Postsecondary Educations Services from VR by Intellectual Disability Status

PSE Services Received by ID Status

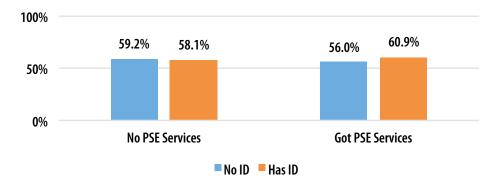


The goal of providing these services is to build toward an employment outcome. Of the many reasons a VR customer might be closed out of a VR system, a "successful closure" is defined as acquiring an employment outcome after receiving services. These outcomes are measured as the "rehabilitation rate," which means the percentage of individuals who obtained an employment outcome after receiving services through an Individualized Plan for Employment.

Figure 2 shows the rehabilitation rate of individuals with and without ID who received any PSE services. While individuals with ID who received PSE services had a slightly higher rehabilitation rate than those who did not receive such services, individuals without ID had a lower rehabilitation rate when they received PSE services.

Figure 2.

Rehabilitation Rate of VR Closures Who Received PSE Services by Intellectual Disability Status



Overall, the data support the notion that it is important to continue monitoring PSE services provided to VR consumers, particularly for individuals with ID, as there are potential benefits in terms of successful outcomes to receiving these services. Moreover, the data here uncover noticeable differences between how the same services are provided across different disability subpopulations. Continuing to observe these trends will allow VR to have more compelling approaches to which services to provide, as it illuminates a picture of whether these services are aiding these individuals.

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