

THE
CHICAGO
COMMUNITY
TRUST

AND AFFILIATES



A QUEST FOR EQUALITY: BREAKING THE BARRIERS FOR PEOPLE WITH DISABILITIES

A CALL TO ACTION FOR ILLINOIS' LEADERS

ACKNOWLEDGMENTS

BOARD OF ADVISORS

First and foremost, The Chicago Community Trust recognizes with gratitude the important contributions of its Persons with Disabilities Fund Board of Advisors. These board members generously volunteer their time to the PWD Fund, sharing their creativity and insight to improve the quality of life for people with disabilities in Illinois.

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The Persons with Disabilities Fund seeks to develop programs and policies that improve the quality of life for people with disabilities in Illinois. Front row, from l.: Karen Tamley, Jack Catlin, Henry Betts and Henry Chandler. Back row, from l.: Sheila Romano, Karen McCulloh, Suzanne Kenney, Anne Burke, Patricia Koldyke and Nelly Aguilar.

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The Trust and its PWD Fund would like to express sincere appreciation to the following committee for their diligent work to make this white paper possible:

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THE CHICAGO COMMUNITY TRUST

AND AFFILIATES

Dear Friend of The Chicago Community Trust and its Persons with Disabilities Fund:

Like other community foundations, The Chicago Community Trust was created to reflect and represent the communities it serves and meet the most pressing needs of those communities in perpetuity. Community foundations inherently are the public face of philanthropy, and by definition, that face is diverse. The true strength of a community, however, is not simply a measure of its diversity, but rather, the degree to which its diverse population enjoys full inclusion in the civic, social and economic life of the community.

Leading by example, the Trust aspires to make diversity and inclusion a core and abiding strength of the nonprofit sector. The Persons with Disabilities Fund is one such example of a Trust initiative designed to promote inclusion and participation of diverse populations in community-based philanthropy. Convened by the Trust, the Advisory Board of the Persons with Disabilities Fund has developed an action plan supported by the Illinois disability community to move forward ideas that can improve the quality of life of people with disabilities in Illinois.

On the anniversary of two crucial pieces of legislation in the disability rights movement — the 35th anniversary of the federal Individuals with Disabilities Education Act (IDEA) and the 20th anniversary of the Americans with Disabilities Act (ADA) — we applaud the progress made on behalf of persons with disabilities. However, we also recognize the need to identify and promote the new paradigms that may be needed to better promote the best quality of life for people with disabilities.

The Chicago Community Trust and the Advisory Board of its Persons with Disabilities Fund continue to be committed to promoting inclusion and securing outcomes that will provide a better quality of life for all Illinoisans with disabilities. The following white paper challenges all of us with a set of thoughtful recommendations to realize our promise for the full inclusion of people with disabilities in our communities, our schools and our workplaces. Indeed, why should we want otherwise?

We hope this paper and process will provoke individual soul searching and community dialogue, engaging old and new allies in the realignment of resources to move Illinois much further along in the quest for equality for people with disabilities.

Sincerely,



Terry Mazany
President and CEO
The Chicago Community Trust



Jack Catlin
PWD Fund Co-Chair and
Trust Executive Committee



Karen Tamley
PWD Fund Co-Chair

INTRODUCTION

The Chicago Community Trust created the Persons with Disabilities Fund to develop programs, policies and public action that expands the empowerment, inclusion and participation of people with disabilities in Illinois. Supported by the generosity of Shawn Donnelley and the Naomi Williams Donnelley Fund, the fund builds on prior work led by former Trust Executive Committee Chair Shirley Ryan who commissioned a report in 1997 titled *Responsiveness to Disability Issues at The Chicago Community Trust*. The fund promotes an integrated approach to improving the quality of life for people with disabilities in Illinois by presenting both a common voice and unifying force to move issues forward during a time of increased fiscal and political challenges.

An important early priority of the Persons with Disabilities Fund was to convene a meeting of stakeholders to gain a central understanding of what hinders systemic improvement for people with disabilities throughout Illinois. Stakeholders identified three key areas as the most pressing unmet priorities for people with disabilities in the state: community living, education and transition, and employment. Based on the findings of this meeting, the Persons with Disabilities Fund determined the need for a comprehensive assessment of Illinois' policies and programs.

To guide its comprehensive assessment, the fund used the findings of a September 2009 study called Insight Illinois produced by Health and Disability Advocates and Daniels and Associates. Commissioned by the Trust in collaboration with the Persons with Disabilities Fund, the study examined Olmstead compliance, availability of housing for people with disabilities, educational opportunity and attainment, transitions from education to employment, and employment status for people with disabilities in Illinois.

This year, as we recognize the anniversary of two crucial pieces of legislation in the disability rights movement—the 35th anniversary of the federal Individuals with Disabilities Education Act and the 20th anniversary of the Americans with Disabilities Act—we must both applaud the progress made on behalf of people with disabilities and re-examine current programs, policies and advances that may be needed to fulfill the promise of these laws.

The following report highlights three key areas of the study's findings, taking into account the impact of current conditions including conversion and Medicaidization of services as well as implications of the economic downturn. This report also provides national context for and perspective on the effectiveness of Illinois' programs and policies to support people with disabilities. Additionally, this report presents possible approaches to each of the three key topics, offering both statewide goals and recommendations for improving the quality of life for those Illinoisans with disabilities.

OVERVIEW

Over the past decade, significant advances in accessibility of infrastructure, public transportation, housing and public accommodations have positively impacted the lives of people with disabilities across the country. In Illinois, Chicago is fast becoming a national leader in opportunity, inclusion and accessibility for people with disabilities. However, the Chicago Public Schools do not keep pace with the rest of the state in serving students with disabilities. Although some areas of the state have made great progress, Illinois significantly lags behind other states in the implementation of progressive policies and fiscal resources that ensure the true integration of individuals with disabilities into their communities.

This report highlights key areas where Illinois' programs and policies require more serious attention:

community living, education and youth transition, and employment. The report provides problem statements, illustrative statistics, goals and recommendations for each of these topics.

Within each of the key topics, a target date of 2015 has been set for the implementation or achievement of the proposed goals. This date coincides with the 40th anniversary of the federal Individuals with Disabilities Education Act and the 25th anniversary of the Americans with Disabilities Act, two vital pieces of legislation in the disability rights movement. To uphold the promise of these important laws, this report discusses issues that are key to improving the quality of life for Illinoisans with disabilities.



PEOPLE WITH DISABILITIES IN ILLINOIS¹

Disability is an important issue for all members of society and warrants greater attention. As a result of birth, age, illness or accident, the majority of Americans from all walks of life are either currently disabled or likely to become disabled at some point in time.

One in five adults living in the United States has a disability, and more than 22 million families nationwide have a member with a disability living in their household.² The incidence of disability has increased 25 percent in the United States since 1990.³ With the aging of the baby boomer generation, the percentage of people with disabilities in the population is likely to continue to grow quickly.

And while conditions and priorities for intervention vary across the state, disability types, and age and ethnic groups, one overarching reality presents a challenge for all people with disabilities in Illinois: There is a strong correlation between having a disability and living in isolation and poverty.

The following data help paint the picture of Illinois' diverse population of people with disabilities:

- **Population Data**

People with disabilities comprise 10.1 percent of the population of Illinois. In other words, 1.3 million of the 12.7 million people in Illinois are people with disabilities. The percentage reporting disability increases with age:

- > 0.7 percent of those between the ages of 0 and 4.
- > 4.3 percent of those between the ages of 5 and 17.
- > 7.9 percent of those between the ages of 18 and 64.
- > 35.7 percent of those between the ages 65 and older.

- **Diversity by Disability Type⁴**

Among working-age people ages 18–64 in Illinois:

- > 329,000 (or 4.1 percent) reported ambulatory difficulty.
- > 255,000 (or 3.2 percent) reported cognitive difficulty.
- > 229,000 (or 2.9 percent) reported independent living difficulty.
- > 124,000 (or 1.5 percent) reported self-care difficulty.
- > 123,000 (or 1.5 percent) reported hearing difficulty.
- > 102,000 (or 1.3 percent) reported vision difficulty.

- **Racial and Ethnic Diversity**

Among working-age people with disabilities in Illinois:

- > 69.1 percent are white alone (versus 73.7 percent of people without a disability).
- > 23.0 percent are black or African American alone (versus 13.2 percent without a disability).
- > 10.4 percent are Hispanic/Latino (versus 14.9 percent without a disability).
- > 6.0 percent are some other race/two or more races (versus 8.0 percent without a disability).
- > 1.9 percent are Asian alone (versus 5.0 percent without a disability).

- **Employment Rate**

In Illinois, the employment rate among working-age people with disabilities is less than half of the total population (35.9 percent), versus 74.1 percent for people without disabilities.

- **Labor Earnings**

In Illinois, the median annual labor earnings of working people with disabilities is more than \$10,000 less than working people without disabilities: \$19,800 versus \$30,200.

- **Poverty Rate**

In Illinois, the poverty rate among working-age people with disabilities is more than twice that of working people without disabilities: 24.9 percent versus 10.9 percent.

¹ These statistics are based on the 2009 American Community Survey, an annual survey from the U.S. Census Bureau.

² U.S. Department of Labor Bureau of Labor Statistics, 2010.

³ Ibid.

⁴ These numbers reflect that a person may have more than one disability.

COMMUNITY LIVING

The current wave of the disability movement is to support people with disabilities to live in or integrate within communities of their choice—like anyone else—rather than in an institution. In the past, people with disabilities were routinely institutionalized in state or private facilities and segregated from society. However, due to the passage of landmark civil rights laws, starting in the 1970s, and changing attitudes, people with disabilities increasingly are able to choose community living over institutional care.

In 1999, the U.S. Supreme Court issued a landmark decision in *Olmstead vs. L.C. and E.W.*, calling unjustified institutionalization of people with disabilities a violation of the Americans with Disabilities Act. In many respects, this decision has been viewed as the *Brown vs. Board of Education* decision of the disability community because of its mandate for integration. Following the *Olmstead* decision in 1999, the federal government called upon states to provide services to people with disabilities in the most integrated setting appropriate to individual needs and desires.

But institutional care is still a federal entitlement program funded through Medicaid. People with disabilities are entitled to care in an institutional setting per federal law, but they are not guaranteed similar services will be provided in a community setting. Therefore, many people with disabilities still find it difficult to choose community life because they can't afford services without financial help from the government. As such, many states have been working to comply with the Supreme Court's decision and to make community living a realistic choice by securing Medicaid waivers, allowing them to sidestep Medicaid requirements and redirect federal funding to community-based services. And many states have closed their institutions altogether.

Meanwhile, the federal government is now placing greater systemic attention and resources into moving away from a bias in favor of institutional



care. The Affordable Care Act has created new incentives for states to provide home and community-based services and has extended the Money Follows the Person funding awarded to states—including Illinois—to support the transition of people with disabilities out of institutions and into community living. Additionally, the U.S. Department of Justice has stepped up enforcement efforts to achieve compliance with the *Olmstead* decision across the nation. It also filed a brief in support of the *Williams vs. Quinn* lawsuit against Illinois, settled in 2010 on behalf of individuals with mental illness, to facilitate community-based living for those with a preference.

Unfortunately, Illinois still trails far behind other states in funding services that make it possible for people with disabilities to live in the least restrictive setting of their choice. The state primarily directs its funding support for people with disabilities through a variety of institutional settings—more than almost every other state in the nation—including 17 large state-operated centers (which each house hundreds of people with disabilities), private institutions and nursing homes. While Illinois does have some model programs such as the self-directed Home Services Program and the Community Reintegration Program, far more progress needs to be made to eliminate unnecessary institutionalization and to fully comply with *Olmstead's* integration mandate.

With a little bit of adjustment to certain state programs and funding, many institutionalized individuals could function successfully in a small community-based setting or in their own homes with some assistance. Not only does community-based living offer a better quality of life for people with disabilities, it is also less expensive for the state.

Successful de-institutionalization also requires that people with disabilities have a variety of available, affordable and — sometimes — accessible housing options. Transferring people with disabilities out of large institutions into small group homes may be viewed as an appropriate alternative for some, but small group homes in and of themselves cannot be the answer to de-institutionalization in Illinois. However, the critical lack of appropriate rental and home ownership options presents a significant challenge for the movement toward community inclusion. Rampant housing discrimination against people with disabilities represents an additional barrier.

Moving forward toward community inclusion, it also is important to develop the infrastructures to support the transition of people with disabilities moving from institutionalized living to community-based living to ensure their successful integration.



SUPPORTING STATISTICS

FUNDING

Even as many states have been dismantling their institutions, Illinois continues to put more money into institutional care than community supports.

- Illinois pays an average per-person cost of \$142,533 a year to state institutions for individuals with developmental disabilities, providing services for more than 2,000 people. In comparison, the state pays an average per-person cost of only \$53,291 to approximately 200 community-based organizations, serving 7,240 people with disabilities.⁵
- Illinois ranks 6th in the nation in the use of public and private institutions to care for people with disabilities.⁶

- Illinois ranks 49th out of 50th in the nation for adults with developmental disabilities being served in small community settings.⁷
- Illinois ranks 41st in the nation of percentage of long-term spending allocated to Medicaid waiver and home-care services.
 - > Only 28 percent of Illinois' Medicaid long-term care dollars are allocated toward community care, while 72 percent is spent on institutional care.
 - > Minnesota is the leader in the nation, spending 61 percent of its Medicaid long-term care dollars on community care services.⁸

AFFORDABILITY AND ACCESSIBILITY

The inadequate supply of affordable and accessible housing in Illinois, as well as housing discrimination against people with disabilities, contributes to the lack of access to community-living options.

⁵ State of Illinois. (2009) Report of the Taxpayer Action Board

⁶ Braddock, D., & Hemp, R. (2008) "Services and Funding for People with Developmental Disabilities in Illinois: A Multi-State Comparative Analysis." Prepared for the Illinois Council on Developmental Disabilities.

⁷ Ibid.

⁸ Burwell, B., Sredl, K., & Eiken, S. (2007) Medicaid Long Term Care Expenditures FY 2006, Thomson Healthcare.

- In Illinois, a person with a disability on supplemental security income would need to spend 119.6 percent of their monthly check to afford even a modest studio apartment.⁹
- As of March 2006, fewer than 5,000, or less than 8 percent, of the Illinois Housing Development Authority's affordable rental housing units were accessible.¹⁰
- In 2005 the U.S. Department of Housing and Urban Development carried out a fair housing paired testing procedure in the Chicago metropolitan region and found people with disabilities face higher rates of housing discrimination than the protected classes of African Americans and Latinos.¹¹
- The 2005 HUD study revealed that people in wheelchairs who visited advertised rental properties faced consistent adverse treatment¹² 32 percent of the time.¹³
- The 2005 HUD study revealed that people in wheelchairs were routinely denied reasonable unit modifications and accommodations to facilitate people with disabilities' equal opportunity to use and enjoy a housing unit, including its public and common spaces.
 - > Approximately 15 percent of property owners or managers with available units would not allow "reasonable modifications," which is defined as structural changes made to the premises to accommodate people with disabilities.
 - > Nineteen percent of the time property owners or managers of buildings with on-site parking would not allow for the assignment of a designated accessible parking space for a wheelchair user — one example of a change, exception or adjustment to a rule, policy, practice or service considered to be a "reasonable accommodation."¹⁴
- The 2005 HUD study revealed that testers who were deaf and used the TTY system faced consistently adverse treatment in nearly 50 percent of their telephone calls.¹⁵

GOALS FOR COMMUNITY LIVING

- By 2015, Illinois will meet or exceed the national average for supporting people in community settings by shifting long-term care spending to community supports from institutional care.
- By 2015, Illinois will have developed a housing infrastructure to support the transition of people moving out of institutions and nursing homes, as well as to help with the prevention of people being unnecessarily institutionalized.

RECOMMENDATIONS FOR COMMUNITY LIVING

- Build and expand innovative community programs to provide living options within the community.
 - > Expand supports for people living in community settings who require increased behavioral and health supports.
 - > Expand the number of families receiving consumer-home-based support services.
- Reduce dependence on institutions by:
 - > Ceasing the use of Institutions for Mental Diseases, which are 100 percent state funded.
 - > Phasing out state-operated developmental centers, which are considered an outdated model for service delivery.
 - > Developing incentives for private services providers to convert their larger facilities into smaller, integrated settings and/or close those facilities and transition those individuals into integrated settings.
 - > Developing a plan to reduce reliance on people with disabilities currently living in nursing homes who would prefer to be living in the community.
- Enact permanent Money Follows the Person legislation to accommodate the transition of people with disabilities out of all institutional settings into the community.

9 Technical Assistance Collaborative-Boston. (2009). Priced Out in 2008: The Housing Crisis for People with Disabilities. Consortium for Citizens with Disabilities, Housing Task Force, Funded by the Melville Trust.

10 Illinois Assisted Housing Action Research Project. (2007). "Locating Affordable and Accessible Housing for People with Disabilities."

11 Urban Institute. (2005) "Barriers at Every Step." Washington, D.C., funded Office of Policy Development and Research, U.S. Department of Housing and Urban Development.

12 The term "consistent adverse treatment" refers to the percent of paired tests in which a tester from a protected class is both treated unfavorably on at least one of 15 treatment indicators and is not treated favorably on any of the 15 treatment indicators compared to a comparable tester who is not from a protected class.

13 Urban Institute. (2005).

14 Ibid.

15 Ibid.

EDUCATION

In 1975, Congress sought to end decades of segregation and exclusion of children with disabilities from the American public school system with the enactment of PL 94-142, now called the Individuals with Disabilities Education Act (IDEA). For decades prior to its enactment, children with disabilities¹⁶ routinely were institutionalized, educated in segregated settings, and were not entitled to receive the services and supports needed to be educated in a regular classroom.

The federal IDEA requires that states receiving federal funds must develop and implement policies that ensure that all children and adults (ages 3–21) with disabilities be provided a “free and appropriate public education.” The law requires, among other demands, that these students be educated in the “least restrictive environment” to the maximum extent appropriate. Research has shown that students with disabilities that are educated in the least restrictive environment show increased motivation, higher self-esteem, improved communication and socialization skills, and greater academic achievement than those in more restrictive or segregated environments.¹⁷

Recent efforts in education support this approach across the entire population, namely that all students be served as much as possible in the mainstream (not segregated) classrooms and that teachers approach teaching in less of a “one size fits all” model. It is increasingly the norm that instruction must be differentiated to provide appropriate supports for learning to all students irrespective of their varied strengths and needs. For example, classrooms increasingly contain a range of children who are English language learners, special education of any one of a number of categories, and/or students whose skills and knowledge vary across a wide spectrum. Goals for learning must be high and the same for all children, but strategies need to vary. The idea of a customized, individualized

education for all children has been informed by the requirements under the IDEA.

In the United States, federal law requires any student who meets the requirements of special education to have an Individualized Education Plan (IEP), a written educational plan for students with disabilities identifying necessary classroom supports and measurable goals for academic achievement. By the age of 16, a student’s IEP must also include a “transition plan” that identifies the resources, supports and goals needed to help that student move successfully to postsecondary education or work following high school.

Transition services are the key to success as an adult. A formalized transition plan can only effectively be developed and implemented if the full team—including the student, family, educators and professionals from the government and private sectors—work together. Transition planning is crucial to a student’s level of independence and employment after high school.

In the 35 years since the passage of this landmark legislation, the United States has made significant progress toward the inclusion of students with disabilities into our nation’s classrooms and the related improvements in quality of the academic experience and achievement of students with disabilities. However, the promise of this law has yet to be fulfilled across the nation. And national studies show that students with disabilities still lag behind their nondisabled peers in areas such as test scores and drop-out rates.

Illinois is no exception. In Illinois, students with disabilities tend to be educated at a higher percentage in special schools and spend more of their day in separate classrooms. These students are more likely to receive inadequate transition planning coupled with too few opportunities for meaningful

¹⁶ There are multiple categories of disabilities. The federal IDEA specifies 11 categories of disabilities. The Illinois State Board of Education refers to at least 13 special education categories.

¹⁷ Health and Disability Advocates and Daniels and Associates. (2009) “Insight Illinois.” Prepared for The Chicago Community Trust and its Persons with Disabilities Fund.

job preparation. Often, many of the supports for Illinois students with disabilities are unavailable, poorly coordinated and difficult to access.¹⁸ These factors have left far too many students in Illinois under-prepared for postsecondary education, employment in the mainstream workforce and, ultimately, independence.

Inclusion and educational outcomes of this growing segment of our state's student population must be vastly improved, as the data below suggest. While these statistics reflect the entire state, individual district results may vary. The Chicago Public School system, the largest district in the state, faces particularly great challenges in many of the areas described below. As our city, state and nation renew a focus on enhancing public education, students with disabilities must not be left behind.

SUPPORTING STATISTICS

ACADEMIC PREPARATION

Students with disabilities in Illinois are less prepared academically than students without disabilities.

- Students with disabilities are significantly under-achieving in reading, math and science. By grade 11, only 14.5 percent of the students with disabilities who took the Prairie State Achievement Exam met or exceeded Illinois State Board of Education standards, while 59.4 percent of the students without disabilities met or exceeded these same standards.¹⁹
- By grade 11, the 2009 PSAE achievement gap in reading between students with IEPs and those without IEPs was 45 percent. Only 17 percent of students with disabilities with an IEP met or exceeded state standards compared to 62 percent without a disability. The achievement gap has not narrowed since 2001.²⁰
- By grade 11, the 2009 PSAE achievement gap in mathematics between students with an IEP and students without an IEP was 45 percent. Only 12 percent of students with disabilities taking the PSAE met or exceeded standards, while 57 percent without IEPs met or exceeded standards. The gap has not narrowed since 2001.²¹

- Based on 2009 data from the National Assessment of Educational Progress, Illinois students with IEPs tested at the national average in reading and math but lagged behind 14 other states including Massachusetts, the national leader.²²

INCLUSIVE VERSUS SEPARATE EDUCATION

Special education students in Illinois spend less time in the regular classroom and more time in separate environments than in most other states.²³

- About 5.8 percent of Illinois special education students are educated in separate schools.
 - > This number is higher than the national average, 3.0 percent, of special education students who are educated in separate schools.
 - > Of Illinois special education students that are not in separate schools, fewer than half (48.4 percent) spend 80 percent or more of their day inside the general classroom.
 - > Nationally 56.8 percent of such students spend 80 percent or more of their time in the general classroom.

TRANSITION PLANNING

Despite the federal mandate that students with disabilities have transition plans, less than one-quarter have effective plans meeting the federal criteria²⁴ of coordinated, measurable goals and transition services that will reasonably enable the student to meet postsecondary education goals.

- Based on sampling data, 76 percent of Illinois youth with disabilities age 16 or older do not have an Individualized Education Plan that meets the federal criteria.
- With regard to special education students in particular, 23 percent of special education students in Illinois dropped out of high school in the 2006–2007 school year.
 - > The Illinois high school drop-out rate was much better than the state with the highest drop-out rate, Arizona, with 78.9 percent.
 - > However, Illinois' drop-out rate is far worse than the drop-out rate of special education students in national leaders Hawaii and Pennsylvania, whose drop-out rates are 8 percent and 14 percent, respectively.²⁵

¹⁸ Ibid.

¹⁹ Illinois State Board of Education (ISBE), Annual Performance Report Part B (2006–2007)

²⁰ http://iirc.niu.edu/State.aspx?source=Test_Results&source2=Achievement_Gap

²¹ http://iirc.niu.edu/State.aspx?source=Test_Results&source2=Achievement_Gap

²² <http://nationsreportcard.gov/math>

²³ ISBE

²⁴ www.IDEadata.org.

²⁵ www.IDEadata.org.

GOALS FOR EDUCATION

- Illinois will be at the national average for the inclusion of students with disabilities by reducing the number of separate schools and by increasing the percentage of students with disabilities that spend at least 80 percent of their time in a general education classroom to at least 57 percent.
- Illinois will cut in half the drop-out rate of students with disabilities.
- Illinois will narrow the reading and math achievement gap between students with and without IEPs by half.
- Illinois IEPs and transition plans will meet federal standards.

RECOMMENDATIONS FOR EDUCATION

- Use every opportunity within the educational-reform environment to ensure the development of statewide recommendations to:
 - > Close achievement gaps between students with and without disabilities.
 - > Enhance the quality and monitoring of IEP and transition planning.
 - > Achieve higher rates of classroom inclusion for students with disabilities.
 - > Incorporate universal design principles in teacher training and certification.
- Ensure special education services receive full and adequate funding from the federal, state and district levels.



EMPLOYMENT

People with disabilities represent an important segment of natural human capital in the United States, but their unemployment rate continues to be extremely high and contributes to a poor quality of life for many. While unemployment rates for both people with and without disabilities have increased since the economic downturn, the 2010 national unemployment rate of workers without disabilities is 9.3 percent, compared to 14.3 percent of the population of workers with disabilities.²⁶ Long before the Great Recession ushered in job loss and housing crises for many Americans, an overwhelming number of people with disabilities were trapped in a state of poverty, dependence on government assistance and social isolation.

Great strides have been made on the federal, state and local levels to address obstacles to employment for people with disabilities. However, far more needs to be done. As a society, we need to change attitudes and expectations; remove outdated policies and work disincentives; strengthen education, training and job readiness; and prepare a 21st-century workforce that meaningfully includes people with disabilities. Unfortunately, employment continues to be the last great frontier of barriers for people with disabilities.

The reasons for the disproportionate unemployment rate of people with disabilities are numerous, complex and interwoven. The lack of access to quality education and to job-readiness and training opportunities are some of the most glaring obstacles to the financial independence and self-sufficiency that can come with employment. But even for those with appropriate education and job preparation, significant disincentives keep many people with disabilities out of the workforce.

One key work disincentive is the fear people with disabilities have of losing critical government health care benefits once they become employed and earn an income. These benefits include Medicaid for

Social Security income recipients or Medicare for individuals that receive Social Security disability income benefits. Far too often a job without health care benefits or one that requires a high employee contribution to health insurance does not make it worthwhile for people with disabilities to participate in the workforce. Changes to federal and Illinois laws have been made to allow people with disabilities to work while retaining needed government Medicaid and Medicare benefits. However, far more provisions are needed to help move individuals with disabilities into the workforce.

People who have significant intellectual disabilities or psychiatric conditions face additional challenges to employment. For these individuals, on-the-job supports for both employee and employer may be critical to attaining and maintaining competitive jobs in the mainstream labor market. Yet for people with intellectual disabilities in particular, Illinois' resources disproportionately favor investment in segregated employment options such as sheltered workshops, providing vocational programs exclusively for people with disabilities rather than in supported or competitive employment opportunities alongside workers without disabilities.

Other barriers to employment for people with disabilities may relate to employers' fears and stereotypes. Some employers still hold misconceptions and myths about people with disabilities. They may be skeptical about the competency of people with disabilities to perform their jobs, concerned about escalated health care costs should they employ a person with a disability, worried about high costs associated with accommodations, or afraid of litigation under the Americans with Disabilities Act.

Finally workers with disabilities should have equal access to the fastest growing sectors of our economy. Historically most employment opportunities for people with disabilities have been

²⁶ U.S. Department of Labor Bureau of Labor Statistics, 2010.

entry-level, low-skilled, low-wage jobs. Yet the economy has undergone a fundamental change that foretells a different work world in the near future. While preparation for traditional employment should still be a priority, people with and without disabilities should be vocationally prepared to take advantage of emerging, high-growth employment fields such as the healthcare and technology industries, as well as entrepreneurship.

SUPPORTING STATISTICS

EMPLOYMENT RATES

People with disabilities are nearly half as likely to participate in the labor force (defined as working or actively looking for work) as people without disabilities. Even after entering the labor force, people with disabilities have twice the rate of unemployment as people without disabilities.

- In June 2010, 21.7 percent of the workforce was made up of people with disabilities, while 70.5 percent were workers with no disabilities. Although the unemployment rate for all workers in the United States has gone up, there is a 48.8 percentage point national employment gap between workers with and without disabilities.²⁷
 - > This national employment gap has increased since the economic downturn. The number of people with disabilities nationally who did have jobs between 2009 and 2010 diminished three times faster than that of workers with no disabilities.²⁸
 - > Seven out of 10 people with disabilities in the United States who want to work do not have jobs.²⁹
- Though only slightly narrower than the national employment gap of 39.1 percentage points, Illinois' employment gap is still a significant one at 38.3 percentage points.³⁰
 - > The Illinois employment gap is far greater than the nation's narrowest employment gap of 26.6 percentage points in Alaska.³¹
 - > National leaders, North Dakota and Wyoming, have employment rates for people with disabilities of 56 percent and 52 percent, respectively.³²

EARNINGS

There is a significant earnings gap among employed people with disabilities and those without disabilities.

In Illinois, the median annual labor earnings of working people with disabilities is more than \$10,000 less than working people without disabilities: \$21,396 compared to \$31,559.³³

GOAL FOR EMPLOYMENT

- By 2015, Illinois will increase the employment rate of people with disabilities into integrated community workplaces to 44 percent from 39.6 percent, which will give Illinois the third highest employment rate in the nation compared to the current national leaders.

RECOMMENDATIONS FOR EMPLOYMENT

- In addition to promoting traditional employment opportunities for people with disabilities, promote and support new employment paradigms such as:
 - > Entrepreneurship for people with disabilities who want to start their own small business.
 - > High-growth employment opportunities in the healthcare and technology industries.
 - > Careers in the field of human resources to pave the way for hiring people with disabilities.
- Reallocate state funding to move more people with disabilities into integrated-community competitive employment placement rather than placement into sheltered workshops.
- Research employers that are successful in applying best practices in recruiting, hiring, retaining and promoting people with disabilities within their organizations. Educate business leaders, job developers, human resource recruiters and hiring managers—especially within small businesses, which make up the majority of U.S. companies—on these successful strategies.

27 U.S. Department of Labor Bureau of Statistics, 2010.

28 Ibid.

29 Ibid.

30 2009 American Community Survey, an annual survey from the U.S. Census Bureau.

31 Ibid.

32 Ibid.

33 Ibid.



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