



*November 2019*

# EMPLOYMENT FIRST IN MICHIGAN

*Michigan Developmental Disabilities Council  
Michigan Developmental Disabilities Institute - Wayne State University  
Michigan Protection & Advocacy Service, Inc.*

# TABLE OF CONTENTS

Acknowledgments	3
Executive Summary	5
I. 2019 Report Purpose	7
II. Background leading to initial Michigan Employment First Report	7
III. Michigan Employment First Initiatives since initial report (2014-2019)	9
a) State Employment Leadership Network (SELN)	10
b) Office of Disability Employment Policy (ODEP) - Employment First State Leadership Mentoring Program (EFLSMP)	10
1. Provider Transformation	11
2. Capacity Building	12
3. Rate Restructuring	13
4. School to Work	14
5. Outreach	15
6. Benefits Planning and Coordination	15
7. Interagency Agreements and Strategic Plan	15
c) Workforce Innovation Technical Assistance Center (WINTAC)	16
IV. 2019 Employment First Data	17
V. Recommendations	26
VI. Conclusion and Call to Action	31
Tables	
1. Employment Status of Adults with Developmental Disabilities/Dual Diagnosis by PIHP, FY 2017	33
2. Employment Status of Adults with Developmental Disabilities/Dual Diagnosis by PIHP/CMHSP, FY 2017	34
3. Wages of Employed Adults with Developmental Disabilities/Dual Diagnosis by PIHP	37
4. Wages of Employed Adults with Developmental Disabilities/Dual Diagnosis by PIHP/CMHSP, FY 2017	38
5. Michigan Utilization of 14(c) Certificates by Type of Business	40
6. Michigan Percentage of Deviated Wage Population by Hourly Earnings	41
7. Michigan Average Deviated Wage by Disability	41
8. Michigan Type of Work for Individuals with Disabilities with deviated wages	42
9. Michigan County Distribution of 14(c) Certificates	43
10. Michigan Provider Transformation Initiative, Competitive Integrated Employment Placement	45



*Appendices available in an online companion document available at [www.michigan.gov/ddcouncil/](http://www.michigan.gov/ddcouncil/) Click on “Employment in Michigan.”*

1. *Employment First in Michigan (Michigan Developmental Disabilities Council Statement)*
2. *Employment First in Michigan (Autism Council Position Statement)*
3. *Employment First Executive Order 2015-15*
4. *Michigan Employment First Stakeholders Group Vision, Mission, Values and Objectives (2018)*
5. *‘Super’ Memorandum Transition to Employment of Students and Youth with Disabilities of Understanding between Michigan Department of Health and Human Services/Behavioral Health and Developmental Disabilities Administration (MDHHS/BHDDA), and Michigan Rehabilitation Services (MRS), the Workforce Development Agency, the Michigan Department of Licensing and Regulatory Affairs on behalf of the Bureau of Services for Blind Persons, the Michigan Department of Education (MDE), and the Michigan Developmental Disabilities Council (2016)*
6. *Memorandum of Understanding between MDHHS/BHDDA and MRS (2017)*
7. *Interagency Agreement Between MRS and MDE (2018)*
8. *Employment First Strategic Plan (2019)*
9. *Lessons Learned from the 2015/2019 Initiatives*

# ACKNOWLEDGMENTS

---

Michigan's Employment First journey has been remarkable. The service systems are aligning efforts to support individuals with disabilities to join the general workforce.

In January 2015, Michigan, under the auspices of the Michigan Developmental Disabilities Council, applied for and received a technical assistance initiative which has served as an underlying framework supporting Employment First in Michigan – the Office of Disability Employment Policy (ODEP)'s Employment First State Leadership Mentoring Program (EFSLMP). This initiative has provided the technical assistance that has guided the majority of the work conducted in the state from 2015 to the present. Much of that work has happened within the provider community, under the leadership of MARO, the statewide provider association.

Individual providers have made commitments to provider transformation that have resulted in individuals getting real jobs with real wages. Many have discontinued their use of 14(c) certificates. They are the boots on the ground and are to be commended.

The subject matter experts working in the state on various Employment First initiatives have been tremendous and have been a guiding light through this journey. They have provided steadfast guidance, patience and encouragement through the changing waters of various administrations. Special thanks to Ruth Allison, John Butterworth, Julie Christensen, David Hoff, Jacque Hyatt, Chip Kenney, Rie Kennedy-Lizotte, Richard Luecking, David Mank, Lisa Mills, Sara Murphy, Kelly Nye-Lengerman, Sean O'Brien, Rachel Pollock, Sean Roy, Genni Sasnett, Russel Sickles, Corey Smith, Julie Strenn, Dale Versteegen, Sherri Waid, and Tom Wilds.

We are grateful for the shared vision of employment for people with developmental disabilities by Michigan's Developmental Disabilities Network comprised of the Michigan Developmental Disabilities Council, Michigan Protection & Advocacy Service, Inc. (MPAS), and Wayne State University's Michigan Developmental Disabilities Institute (MI-DDI).

A wide range of State systems and partners have provided the support necessary for individuals with disabilities to live their best lives, including competitive, integrated employment. Special thanks to the following entities who are actively participating in this system change initiative:

### **Key Employment First Stakeholders**

#### **State Partners:**

Michigan Department of Labor and Economic Opportunity (LEO)

- Bureau of Services for Blind Persons (BSBP)
- Michigan Economic Development Corporation (MEDC)
- Michigan Rehabilitation Services (MRS)
- Workforce Development Agency (WDA)

Michigan Department of Education (MDE)

Michigan Department of Health & Human Services (MDHHS)

- Behavioral Health and Developmental Disabilities Administration (BHDDA)
- Medical Services Administration (MSA)

Michigan Department of Transportation (DOT)

Developmental Disabilities Council (DD Council)

Michigan Works!

#### **Other stakeholders:**

- Arc Michigan
- Brian Calley, Former Lieutenant Governor of Michigan and Employment First Champion
- Community Mental Health Association of Michigan
- Michigan Developmental Disabilities Institute - Wayne State University (MI-DDI)
- Disability Network/Michigan
- MARO
- Michigan Council for Rehabilitation Services
- Michigan Family Voices
- Michigan Protection & Advocacy Service, Inc.
- Statewide Independent Living Council

# EXECUTIVE SUMMARY

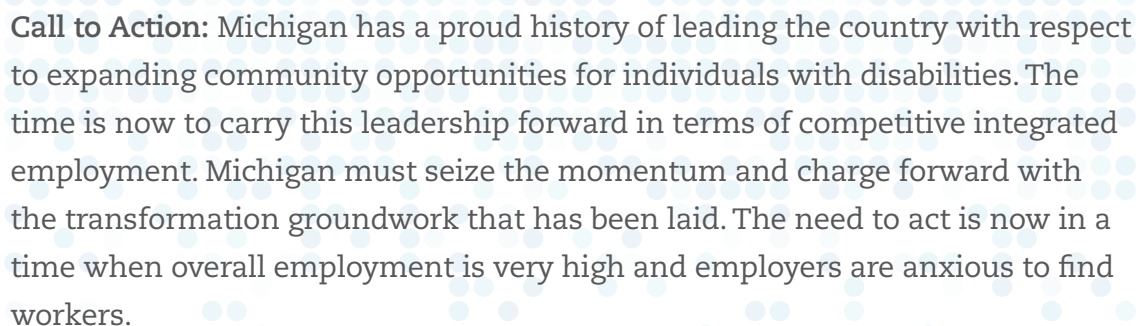
---

**Issue:** This 2019 report builds on the September 2014 Michigan Developmental Disabilities Network report, “Employment First in Michigan,” which examined the employment status of Michigan adults with developmental disabilities (DD) and/or dual diagnosis (co-occurring DD and mental illness) and state policies that align with Employment First goals. In 2014, it was reported that 7% of adults with DD/dual diagnosis were working in competitive, integrated employment (CIE) and two advocacy organizations had published mission statements in support of Employment First.

Since 2014, many employment support service providers have undertaken transformative efforts to change their services and supports to positively impact community employment. This transformation work of changing a landscape that has persisted for eight decades is slow. Yet, the tide is turning. For the first time in decades, more individuals are working in CIE. Data from 2017 shows that 9% of people with DD and/or dual diagnosis in Michigan are working in competitive, integrated employment.

While clearly, the environment is improving for these adults, this percentage remains persistently low in spite of many individuals with disabilities having marketable skills and a true desire to work. In fact, the National Core Indicators (NCI) Adult Consumer Survey shows that 53% of individuals with disabilities in Michigan want a community job but only 22% have one. Many adults with disabilities who are not employed in the community are still limited to working in facility-based settings or on mobile crews, both of which segregate them from community members without disabilities. Much of the work in these settings is piece work or contract work, often paying subminimum wages. In 2017, over 6,000 deviated wage certificates were being used to pay workers with disabilities \$3.61/hour on average.

This 2019 report on Employment First builds on the original 2014 baseline report, noting where employment conditions have improved, what challenges remain, and what policy and practice changes are required to continue Michigan’s improvement in providing access to competitive, integrated employment for people with disabilities.



**Call to Action:** Michigan has a proud history of leading the country with respect to expanding community opportunities for individuals with disabilities. The time is now to carry this leadership forward in terms of competitive integrated employment. Michigan must seize the momentum and charge forward with the transformation groundwork that has been laid. The need to act is now in a time when overall employment is very high and employers are anxious to find workers.

Michigan must continue to invest in training and technical support to fully realize the objectives stated in Executive Order 2015-15. Providers must continue to receive technical assistance to realize provider transformation among community rehabilitation organizations and restructuring the reimbursement rates for employment supports and services among those who provide job preparation, job placement, and job retention supports and services. Additionally, technical support, to promote seamless transition outcomes for youth with disabilities, and education and outreach to individuals and families, including information on benefits coordination and planning, must increase to foster successful employment outcomes.

But State investment alone is not enough. State departments must lead by adopting and implementing Employment First policies and practices. Policies must reflect the imperative that workers with disabilities earn a fair and prevailing wage, in no case less than minimum wage. The Pre-paid Inpatient Health Plan (PIHP) and Community Mental Health Service Provider (CMHSP) data clearly shows that 1) better performance is possible and 2) the State needs to oversee supports to assure that outlier PIHPs and CMHSPs are held to high employment performance benchmarks and outcomes. A dedicated State level employment specialist focused specifically on people with DD and/or dual diagnosis is needed.

Adopting and continuing policies and practices to support Employment First will ultimately increase the quality of life for Michiganders with disabilities while reducing dependence on traditional government supports. Michigan's DD Network looks forward to continued community efforts to make Employment First a reality for all.

# BACKGROUND

---

## I. 2019 Report Purpose

The purpose of this report is to review the initiatives that have taken place since the publication of the September 2014 Employment First in Michigan report, and to examine the impact these initiatives have had on the employment landscape for people with disabilities in Michigan.

## II. Background Leading To Initial Michigan Employment First

In late 2013, the Michigan Developmental Disabilities Council adopted a position on Employment First (Appendix 1) followed by the Autism Council in 2014 (Appendix 2). To examine the employment status of Michigan adults with developmental disabilities (DD) and dual diagnosis (co-occurring DD and mental illness) and its policies toward employment, the Michigan DD

Network (Michigan Protection & Advocacy Service, Inc. [MPAS, Inc.], the Michigan Developmental Disabilities Institute

[MI-DDI] at Wayne State University, and the Michigan DD Council) collaborated on an initial study in

2014. FY 2012 data was sourced from the Michigan Department of Health & Human Services/

Behavioral Health and Developmental Disabilities Administration (MDHHS/BHDDA), the US

Department of Labor, and the Michigan National Core Indicators (NCI) project to conduct the study.

The MDHHS 2012 employment data reported on

34,982 adults with DD/dual diagnosis. It reported that

at that time, 25% of these adults were employed and 75%

were not employed. In examining the percentage of adults who

were employed, 7% were working either full or part time in competitive, integrated employment, 14% were working in sheltered workshops, 4% were working in mobile crews/enclaves and less than 1% were self-employed. In terms of wages, 32% of working adults with disabilities received minimum or





above wages, while 68% were earning sub-minimum wages.

*\*Note: the MDHHS defined employed as working for wages in community and sheltered settings. Employment First defines employed as working for wages in competitive, integrated settings ONLY.*

Similarly, the U.S. Department of Labor 14(c) (deviated wage certificate) data indicated that Michigan industries requested 8,226 deviated wage certificates in June 2013. The vast majority (98%) of these requests came from Community Rehabilitation Programs (Work Centers), across 39 Michigan counties. The median wage earned was \$2.14/hour. Individuals with learning disabilities earned the highest average wage at \$5.04/hour and individuals with DD (referred to with the outdated term, 'mental retardation' in the report) earned the lowest average wage at \$2.37/hour. The most common type of work was piece rate assembly work, following by janitorial, customer service, and grounds maintenance. Food service and office jobs represented less than 2% of the deviated wage certificate work.

The Michigan National Core Indicators (NCI) data (collected from direct interviews with 650 adults with disabilities) indicated that 53% of them wanted a job in the community; 17% had a job in the community, and 22% had a job as a goal in their person-centered plans.

The 2014 report advocated for support of a national movement called Employment First, a framework for systems change that is centered on the premise that all citizens, including individuals with significant disabilities, are capable of full participation in integrated employment and community life. Under this approach, publicly-financed systems are urged to align policies, service delivery practices, and reimbursement structures to commit to competitive, integrated employment as the priority option with respect to the use of publicly-financed day and employment services for youth and adults with significant disabilities.

Five years have passed since this initial report. In an effort to examine the current status of employment for adults with DD and to determine if policy

# MICHIGAN EMPLOYMENT FIRST INITIATIVES (2014-2019)

---

and practice changes within Michigan have impacted outcomes, this second report has been prepared. FY 2017 benchmark data from the same three sources was analyzed to facilitate comparisons over the five-year period.

**Employment First** is based on the expectation that individuals with disabilities can, with proper training, job matching techniques, assistive technology and reasonable accommodations, earn a fair and prevailing wage alongside individuals without disabilities in fully integrated community work settings. This philosophy lays the foundation upon which a productive, valued workforce of individuals with disabilities can be built.

## III. Michigan Employment First Initiatives Since Initial Report (2014 –2019)

To date, 38 States have passed policies and legislation supporting Employment First concepts and strategies. Michigan formally joined this movement in 2015 with Employment First Executive Order 2015-15.

Michigan has been a recipient of technical support for systems change, capacity building and provider agency transformation through several initiatives, including the State Employment Leadership Network (SELN) since 2010; the Employment First State Leadership Mentoring Program (EFSLMP) of the U.S. Department of Labor, Office of Disability Employment Policy (ODEP) since 2015; and the Workforce Innovation Technical Assistance Center (WINTAC) since 2017.

Some of the technical support has been targeted toward systems change at the State policy level. It has helped to identify priorities, align systems and improve communication and cooperation among government agencies through the development of memoranda of understanding (MOUs) and other interagency agreements.

Lessons learned from each of these initiatives are available (Appendix 9).

### **a. State Employment Leadership Network (SELN)**

The SELN is a membership-based network of State agencies which serve individuals with intellectual and developmental disabilities. Launched in July 2006 as a partnership between the National Association of State Directors of Developmental Disabilities Services and the Institute for Community Inclusion at the University of Massachusetts Boston, the SELN supports states to improve integrated employment outcomes. Currently there are 25 SELN member States.

Michigan joined the SELN in 2010. From 2015 to 2019, the SELN has provided consistent insights on progressive language for supported employment, pre-vocational, skill-building, and other proposed Medicaid service codes. They have also promoted inclusion of “on-behalf-of” services to be included in the funding costs as well as encouraging language for CMHSPs to be as progressive as possible to best support individuals attain and retain competitive integrated employment. This combined with valued feedback by Office of Disability Employment Policy (ODEP) subject matter experts has led to anticipated new language in the 2020 Michigan Medicaid Provider Manual.

The SELN’s working contacts with BHDDA within the Waiver Compliance section focus on the person-centered planning process, case manager training, data management, and revisions to waiver service types and options, prioritizing employment and community participation in integrated environments.

### **b. Office of Disability Employment Policy (ODEP), Employment First State Leadership Mentoring Program (EFSLMP)**

In 2012, The U.S. Department of Labor, Office of Disability Employment Policy (ODEP) initiated the Employment First State Leadership Mentoring Program (EFSLMP), a cross-disability, cross-systems change initiative. Michigan became a participant in the EFSLMP in 2015 and published a comprehensive landscape report, “Report to Michigan on Recommendations

# MICHIGAN EMPLOYMENT FIRST INITIATIVES (2014-2019)

for Systems Transformation Related to Employment First.” The initiative was supplemented by annual state appropriations of \$500,000/year in FY 2018 and FY 2019.

Michigan has received technical assistance under EFSLMP in several areas, including:

## 1. Provider Transformation



Many individuals with disabilities receive employment services through locally contracted community rehabilitation providers. Since 2015, 24 organizations have received technical assistance to help them align with federal disability employment policy. In addition, a mentoring program was developed to cultivate sustainable internal capacity to share this expertise among providers on a peer to peer basis. Seven individuals have received personal instruction on becoming a Provider Transformation Mentor. With the help of the technical

*“The technical assistance we received was personalized to our organization and respectful of where we were, but also challenged us to move forward. It gave us both conceptual ideas and tangible strategies needed to make a sustainable change. As a result, we have redefined our mission, modified our skill building services, changed how we select and train our employment staff, and modified how we market the services we provide. The number of people placed in competitive integrated employment has grown each year and we are better able to use data to identify what strategies are working to move us toward that goal. We would not have been able to make these changes as effectively without the resources and support we received from the subject matter experts.”*

**Cherie Johnson, CEO  
MMI**

*The ACRE training for Employment Specialists is the most comprehensive field-based training we have found. It prepares staff for situations they will encounter in their work, promotes the highest quality in service delivery, and prepares them for the CESP exam. In addition, the community that is built around the training is a great source of networking and problem solving.”*

**Terey DeLisle, Employment and Training Services Director,  
Services to Enhance Potential**

assistance and mentoring offered under EFSLMP from January 2016 to March 2019, over 1,700 individuals successfully transitioned from facility based employment to CIE.

## **2. Capacity Building**

Technical support has centered around development of a comprehensive capacity building strategy to enhance the ability of employment service providers to facilitate and sustain CIE opportunities for persons with disabilities. Since 2015, the Association of Community Rehabilitation Educators (ACRE) Employment Services Certificate Course has been offered regularly, as well as more intensive customized employment trainings. In addition, 15 sites received field based customized employment technical assistance.

*“The ACRE training has provided me with all the necessary tools needed to be successful on the job. The material and handouts provided help me to find my clients the proper job fit. The material is also helpful in locating the right employers for my clients to obtain employment.”*

**Trinell Payne-Scott, Employment Specialist,  
Goodwill Industries of West Michigan**

# MICHIGAN EMPLOYMENT FIRST INITIATIVES (2014-2019)

---

This effort has been enhanced by the development and implementation of a train-the-trainer program. Over 285 Employment Specialists have received training in supported and customized employment through this initiative.

### 3. Rate Restructuring

Rate Restructuring technical assistance under EFSLMP has been four-fold. It has:

- Supported 12 Community Mental Health Service Providers (CMHSPs) efforts to revise contracting, purchasing and person-centered assessment/ planning strategies to reflect the focus on promoting and increasing CIE opportunities, value-based purchasing, and ensuring outcomes-oriented models that advance health and community integration.
- Supported CMHSP Contracted Providers transitioning to provide increased CIE opportunities and other services, that lead to or wrap around CIE, in Home and Community Based Setting (HCBS) compliant models and settings, consistent with Individual Plans of Service.
- Been provided to support to State Agencies (BHDDA and Michigan Rehabilitation Services - MRS) to facilitate collaborative efforts to align policies, practices and financial incentives to increase CIE for people with disabilities, with a focus on performance-based contracting and outcome-based reimbursement models/rates with PIHP/CMHSP provider networks to increase CIE rates for people with disabilities.

*“It has been exciting to see how our local community rehabilitation organizations in Bay and Arenac Counties have embraced the transformation initiative and have steadily increased the number of individuals they support in competitive integrated employment!”*

**Brenda S. Rutkowski, MA, LPC, CRC, Vocational Services Coordinator, Bay Arenac Behavioral Health**

- Supported the development and facilitation of a community of practice to support in-State collaboration and building of collective expertise.

#### 4. School to Work

Transition has been promoted under EFSLMP through the establishment of six “Seamless Transition” pilots which leveraged resources through partnership from Intermediate School Districts, State vocational rehabilitation agencies, community mental health service providers, private sector employment service providers and Centers for Independent Living (Disability Networks), to promote successful transitions from school to CIE for students with disabilities.

Michigan also created a “Michigan Interagency Transition Team (MITT)” in 2018 as a means for agencies to develop a common understanding of secondary transition, align transition services across State agencies to avoid duplication of services, and develop systems of support to improve CIE outcomes for students with disabilities. MITT membership has grown to include 19 representatives from State and community organizations who meet on a monthly basis. The MITT’s cross agency efforts are designed to develop a coordinated and collaborative system that reaches students with disabilities early to develop the skills necessary to work in the community. Current work of the MITT is focused on implementing the State plan goals including; using data based decisions to determine how to better align

#### *Voices From Local Seamless Pilot Sites:*

*Bay/Arenac, “We have coordinated our transition efforts with the MRS Business Network Division.”*

*Kent, “The project has bridged the gap between CMH and the school.”*

*St. Joe, “A mother didn’t see her child working until she saw all the agencies that could support her child.”*

*Cass, “Our perception of what family engagement is has changed.”*

*COOR, “Developing the Flow of Services took us through a journey.”*

*Clare/Gladwin, “IEPs are more meaningful after families go through this process.”*

# MICHIGAN EMPLOYMENT FIRST INITIATIVES (2014-2019)

---

and leverage resources to best meet the needs of students, their families and communities to increase competitive employment for students with disabilities as they exit the public school system.

## **5. Outreach**

Parents of youth with significant challenges may have a difficult time envisioning community-based competitive employment as part of their son or daughter's future, leading to low expectations for employment possibilities and unnecessary placement into segregated work settings. A workshop curriculum was developed to show work is possible for all people regardless of disability, to help address questions families may have, and to connect families with the resources they need to advocate for CIE for their sons and daughters.

A second workshop curriculum was designed for employment professionals who work with youth and individuals with significant disabilities, to help them better understand the experience and motivations of families in order to foster better working relationships toward achieving community-based employment outcomes. Cross-agency stakeholders have benefitted from technical assistance on incorporating family engagement into the transition and job development process.

Over 90 individuals attended the train the trainer workshops related to family engagement in 2018, and 140 in 2019.

## **6. Benefits Planning and Coordination**

Misunderstandings about the impact of employment income on Social Security benefits often lead people with disabilities to not pursue a job in the community. An additional 10 individuals were trained in 2018 to be benefits coordinators, increasing access to the vital information that will help navigate this complex system and achieve sustained employment success.

## **7. Interagency Agreements and Strategic Plan**

EFSLMP technical assistance helped Michigan agencies create three



Memoranda of Understanding (MOUs). First, a 'Super' MOU focused on ensuring coordinated supports for competitive integrated employment for youth in transition was signed in June 2016 (Appendix 5).



MRS and BHDDA signed a second MOU (Appendix 6) in November 2017 to facilitate competitive, integrated employment, including supported employment outcomes, for people with disabilities jointly served by both agencies.

MRS and MDE signed a third MOU in October 2018 (Appendix 7.) Established under federal law, requires that MRS and MDE coordinate their functions and services in support of the implementation of transition services for youth with disabilities.

In September of 2019 a comprehensive Employment First Strategic Plan was developed with key Employment First stakeholders with the technical assistance of EFSLMP (Appendix 8).

### **C. Workforce Innovation Technical Assistance Center (WINTAC)**

WINTAC provides training and technical assistance to State vocational rehabilitation (VR) agencies and related agencies and rehabilitation professionals and service providers to help them develop the skills and processes needed to meet the requirements of the Workforce Innovation and Opportunity Act (WIOA). In the fall of 2017, WINTAC provided technical assistance to Michigan VR that included pre-employment transition services, WIOA performance measures, and WIOA data elements. In August 2018, WINTAC began providing technical assistance to MRS and Bureau of Services for Blind Persons (BSBP) on customized employment.

# 2019 EMPLOYMENT FIRST DATA

## IV. 2019 Employment First Data

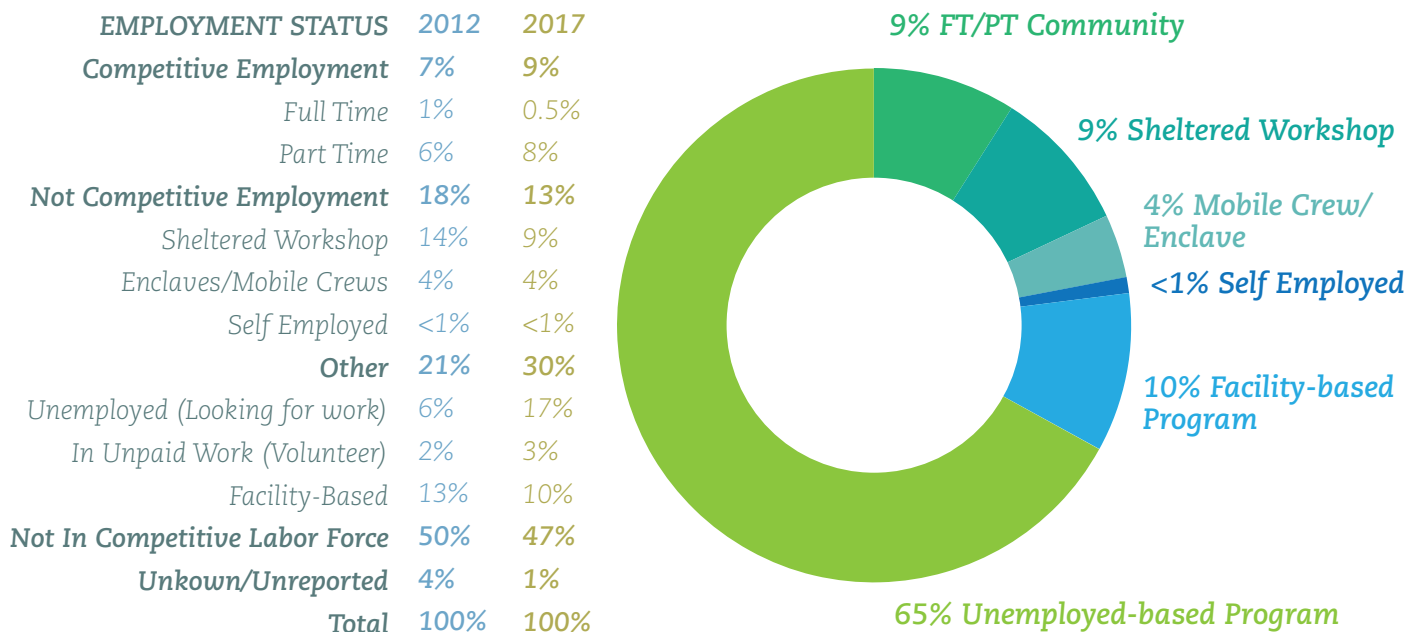
Figure 1 presents a summary of the employment status of 36,498 adults with DD and those with a dual diagnosis (co-occurring DD and mental illness) who received community mental health supports and services in FY 2017. This data was obtained from the MDHHS. Of this population, 9% were employed either full or part time in competitive employment. Another 13% of the population was employed in non-integrated, non-community settings. Comparing these same outcomes to the 2012 Michigan data, there was a two percentage point increase in the rate of competitive, integrated employment over the five year period (7% to 9%) and a reduction in the rate of non-competitive employment (18% to 13%).

**FIGURE 1**

### Employment Status

Adults with IDD and MI/IDD who received services from CMHSPs in FY 2017.

(N = 36,498)



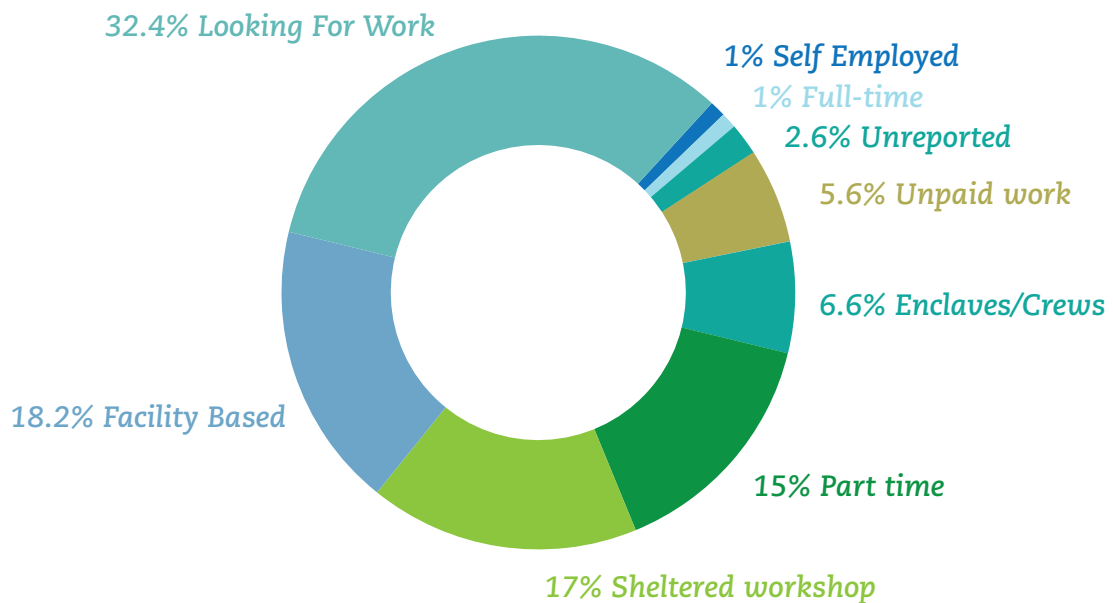
Source: 404 Report, FY 2012 and 904 Report, MDHHS, FY 2017

Figure 1 summarizes the findings with regard to unemployment, of the 36,498 adults who received services from CMHSPs in FY 2017, 77% were not in the labor force at all, a slight increase from 71% in 2012. There were fewer people attending facility-based programs where they were separate from peers without disabilities (10% in 2017 compared with 13% in 2012); fewer people were considered ineligible for the competitive labor force (47% in 2017, a decrease from 50% in 2012), which are individuals defined as either homemakers, students, retired from work, unable to work due to degree of disability, or resident of an institution (including a nursing home). There was an increase in community volunteers (an increase from 2% in 2012 to 3% in 2017), and a large increase in the number of individuals unemployed but looking for work from 6% in 2012 to 17% in 2017.

**FIGURE 2**

**Employment Status of Those in the Competitive Labor Force**  
*Adults with IDD and MI/IDD who received Services from CMHSPs in FY 2017.*

(N = 19,528)



Source: 904 Report, MDHHS, FY2017

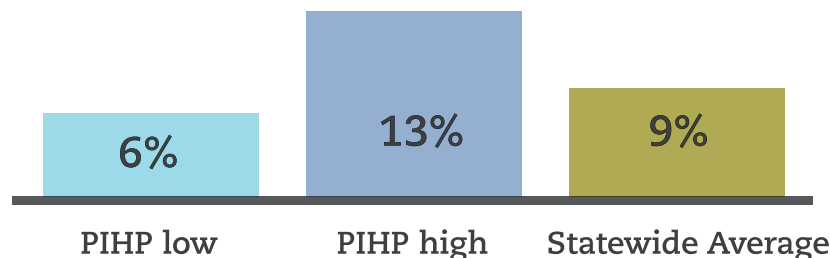
## 2019 EMPLOYMENT FIRST DATA

Figure 2 summarizes these employment settings only for the adults who were in the competitive labor force (19,528 individuals) in 2017, 16% of them were working full or part time in competitive, integrated employment while 23.6% of them were working in sheltered workshops, enclaves and/or mobile crews, or self-employment.

Figure 3 (Table 1) presents these same 2017 employment statistics by PIHP. The percentage of competitively employed adults ranges from a high of 13% in Northern Michigan to a low of 6% in three PIHPs (Northcare, Macomb and

**FIGURE 3**

### **Competitive Employment by PIHP** *Employed Adults with Developmental Disabilities/Dual Diagnosis*



Source: 904 Report, MDHHS, FY2017 Indicator 8b and 8c.

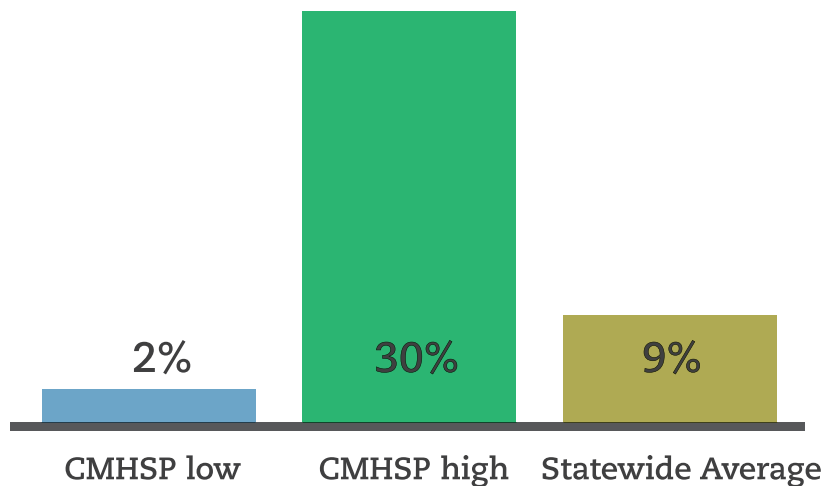
Region 10), compared to a statewide average of 9%. The percentage of non-competitively employed adults ranges from a high of 29% in Detroit Wayne to a low of 5% in Lakeshore, compared to the statewide average of 17%. The rate for unemployment was similar across all PIHPs. Table 2 further delineates the employment status by CMHSP and type of employment, indicating the number and percentage of people in each CMHSP/PIHP who are working in either competitive employment, not competitive employment, or are not employed.

As can be seen overall, the vast majority of people are not employed across

all CMHSPs. Related to the issue of disparities across CMHSPs, the range of competitive employment showed a low of 2% in Barry to a high of 30% in the Northeast CMHSP. (Figure 4) Similarly, some programs relied more heavily on non-competitive employment (sheltered workshops and/or mobile crews) such as Detroit Wayne (29%), Macomb (28%) and Northeast (28%) while others showed low utilization rates for that model such as Woodlands (1%),

**FIGURE 4**

**Competitive Employment by CMHSP**  
*Employed Adults with Developmental Disabilities/Dual Diagnosis*



Source: 904 Report, MDHHS, FY2017 Indicator 8b and 8c.

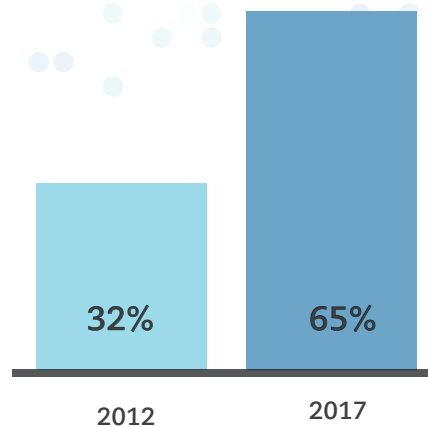
St. Joseph (3%), Manistee/Benzie (4%), Ottawa (4%), Muskegon (4%), and Western Michigan (4%). Overall, 59% of CMHSPs utilized non-competitive employment settings for their programs.

With regard to wages, Table 3 presents the earning status of a sample of adults with disabilities (N=4,341) across Michigan PIHPs. On average, 65.1% of these adults were earning minimum wages or better, while 34.9% did not earn even minimum wages. These percentages are the opposite as those reported in 2012 as represented in Figure 5. Within the State PIHPs, the percentage of employed adults earning minimum wages or better ranged from 44 - 95%, while the

# 2019 EMPLOYMENT FIRST DATA

**FIGURE 5**

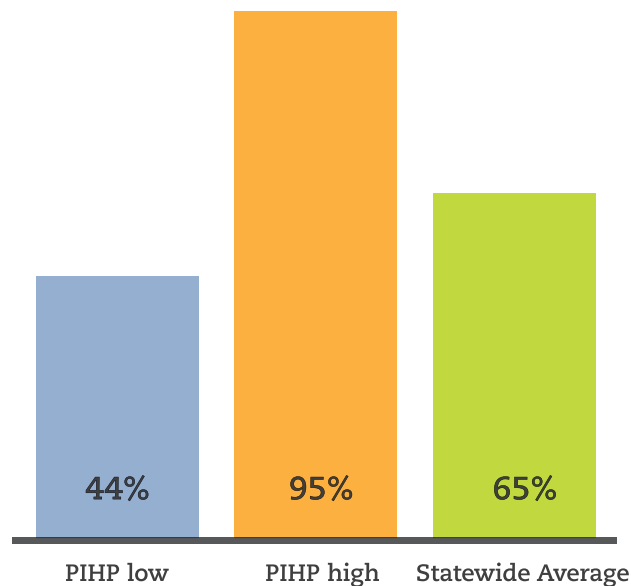
**Percent Earning Minimum Wage by CMHSPs**  
*Employed Adults with Developmental Disabilities/Dual Diagnosis by CMHSP, FY 2012 and FY 2017, Indicator 8B*



Source: 404 Report FY 2012 and 904 Report, FY 2017

**FIGURE 6**

**Percent Reported Making Minimum Wage by PIHP**  
*Employed Adults with Developmental Disabilities/Dual Diagnosis by PIHP, FY 2012 and FY 2017, Indicator 8B*



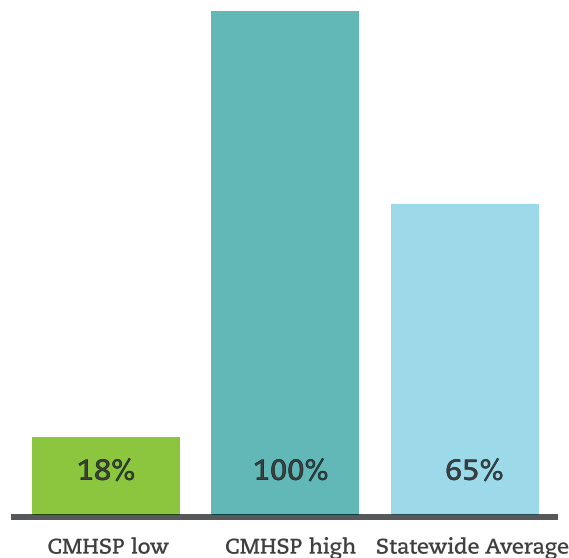
Source: 904 Report, MDHHS, FY 2017 Indicator 9B

percentage of adults not earning at least minimum wages ranged from 5% - 56%. (Figure 6). Table 4 further disaggregates the PIHP data to indicate wages by each CMHSP within the PIHPs. As with the employment data at this level, there is a wide range in wages across the local programs, from a low of 18% in Northern Lakes to highs between 96 - 100% in 11 CMHSPs (24%) across 6 out of 10 PIHPs (Figure 7).

*\*Note: The MDHHS dataset had a large amount of missing data for the wages variable, so the data is not necessarily representative of the entire sample.*

**FIGURE 7**

**Percent Earning Minimum Wage by CMHSP**  
*Employed Adults with Developmental Disabilities/Dual Diagnosis by CMHSP, FY 2017, Indicator 9B*



Source: 904 Report, MDHHS, FY 2017 Indicator 9B

**U.S. Department of Labor 14(c) (Deviated Wage Certificate) Data**

Under the federal Labor Standards Act of 1938 (FLSA) and Michigan labor laws, a program was established that allows employers to pay less than minimum wage and/or prevailing wage to individuals with physical or mental disabilities whose productivity capacity is below the level considered appropriate for a particular work task. Within the U.S. Department of Labor (DOL), data from the

# 2019 EMPLOYMENT FIRST DATA

Wage and Hour Division can provide a comprehensive overview of Michigan’s utilization of deviated wage certificates in noncompetitive employment settings (sheltered workshops, mobile crews and enclaves, and facility-based programs).

Table 5 provides a picture of the 2017 deviated wage certificate status in Michigan. In 2017, Michigan service providers requested 6,841 deviated wage certificates, 99% of which were requested by community rehabilitation programs. This number of requests continues the pattern across years of decreases in the requests for deviated wage certificates (Figure 8).

**FIGURE 8**

## *Michigan 14(c) Deviated Wage Certificates Across the Years*

YEAR	2013	2015	2016	2017	2018	2019
# REQUESTS	8,226	7,584	7,808	6,841	5,223	5,159

Tables 6-9 present 14(c) data for a sample (N=2,365) of the total number of requests. Within this sample, there was a wide range of wages paid to workers, with an average wage of \$3.61/hour. Table 7 presents the average wage by type of disability. People with mental illness received the highest hourly wage, while people with DD received the lowest hourly wage. In terms of which groups had the highest percentage of minimum earnings, 24% of people with developmental disability, 8% of people with traumatic brain injury, 5% of people with intellectual/developmental disability, and 3% of people with mental retardation (outdated language in the data) were listed as receiving the minimum wage (\$0.00). 33% of people with learning disabilities received a minimum wage of \$1.00 as did 15% of people with mental illness. According to Table 8, as in 2012, the most frequent type of work for which deviated wages were requested was piece work/assembly type operations (76% of the total requests).





*\*Note: data for 2013 reflect data collected from a Freedom of Information Act (FOIA) request; data for 2014 was not available from the DOL website*

*\*\* The data from 2015-2018 represents the highest number of persons employed under a 14(c) certificate in that year. 2019 data represents the largest amount of persons possibly employed under a 14(c) certificate prior to April 1, 2019. It should be noted that the data available on the DOL Wage and Hour Division website only lists the active certificates on that particular date.*

### Michigan NCI Data from Adults with Disabilities

Since 2012, Michigan has continued to participate in the National Core Indicator Program (NCI), conducting consumer interviews across the State. The NCI, utilized in over the 35 States, provides a standardized way to measure and track different characteristics related to persons with DD served by the public mental health system. These characteristics address key areas of life including employment. As illustrated in Figure 9, 16% of Michigan NCI respondents (N=650) who were interviewed in the 2017-2018 study year indicated that they have a job in the community, compared to 18% in the national NCI respondent pool.

However, more than half of the respondents (53%) said that they would like to have a job in the community. Given that an individual's person-centered plan may foster job development, respondents were asked if an employment goal was listed on their plans. In Michigan, only 22% of the respondents indicated that employment was a goal in their person-centered plan (PCP). For each of these three employment questions, the 2017 responses were nearly identical to these same questions in the 2012 survey, suggesting that from the



## 2019 EMPLOYMENT FIRST DATA

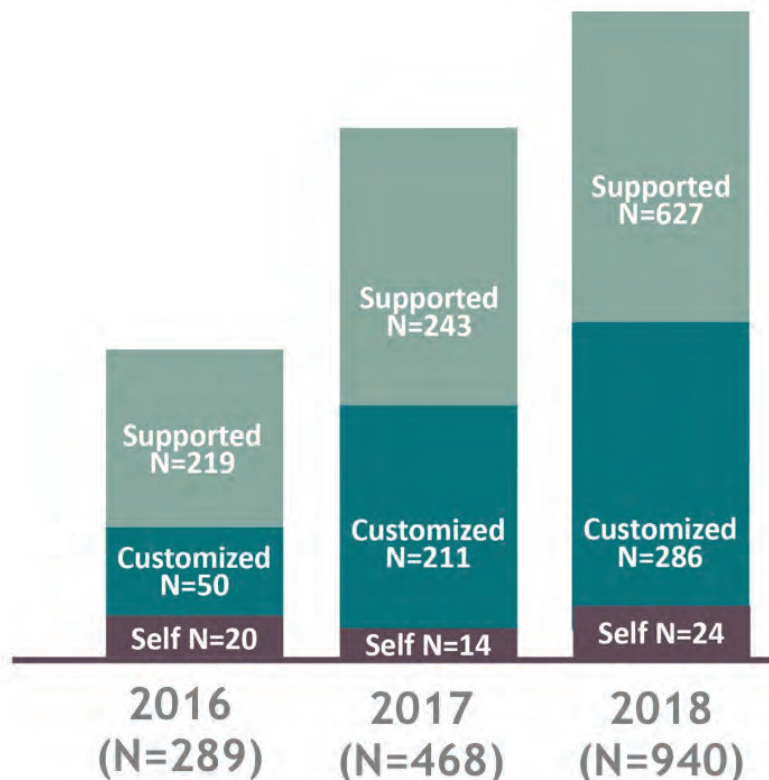
perspective of the adults being served in the mental health system, little has changed in their lives in terms of employment. Table 9 compares the number of 14(c) requests by Michigan county in 2012 compared to 2018. Only 12 counties (29%) showed an increase in 14(c) requests over the 6 years, while the remaining 71% of counties decreased the use of 14(c) certificates for wages. Six counties had no 14(c) requests in 2018 (15%).

### ODEP/EFSLMP Provider Transformation Data

To date this initiative has provided capacity building training to 272 employment specialists, rate restructuring technical assistance to service providers in 7/10 PIHPs, and technical assistance to service providers in 9/10 PIHPs.

**FIGURE 10**

### *Michigan Provider Transformation Initiative Individuals Placed In Competitive Integrated Employment.*



Source: Project data from 07/01/2016-12/31/2018 from providers who received provider transformation technical assistance through ODEP and State funded technical assistance

# RECOMMENDATIONS

Figure 10 (Table 10) presents project data from Quarters 3 and 4 of 2016 through Quarter 4 of 2018. Data was gathered from providers who received technical assistance on provider transformation through technical assistance provided in the State between 2016 and 2018, with the goal of placing more individuals into competitive, integrated employment. Data is presented on placements into supported employment, customized employment, and self-employment. The number of such placements as well as the average number of hours per week and the average wages per hour are listed. Overall, 1,697 community, integrated jobs have been created through the project, including 1,091 in supported employment; 548 in customized employment, and 58 in self-employment. Over time, placements in supported employment positions almost tripled, and placements in customized employment increased five-fold. Individuals in customized employment worked the greatest number of hours (N=24.5 per week) and they earned slightly more than the other two types of employment, at an average of \$10.15/hour. Types of jobs that were created, in descending order of frequency, included those in food service (30%), janitorial (17%), grocery and retail (15%), and manufacturing/assembly (13%). The remaining 25% of jobs were spread across a wide variety of options, including such areas as agriculture, clerical, and grounds maintenance.

## V. Recommendations

Michigan has undertaken significant transformation which has improved competitive, integrated employment for people with disabilities. Despite our improvements, we still have work to do. The following policy recommendations from the ODEP Employment First State Leadership Mentoring Program and the Michigan DD Network are recommended for adoption to continue to foster Employment First in Michigan:

1. Increase employment for adults with DD and or dual diagnosis who wish to work. More than half of the respondents (53%) said they would like to have a job in the community, but only 22% have an employment goal in their person-centered plan, and 16% have a community-based job (NCI Data, 2017-2018).

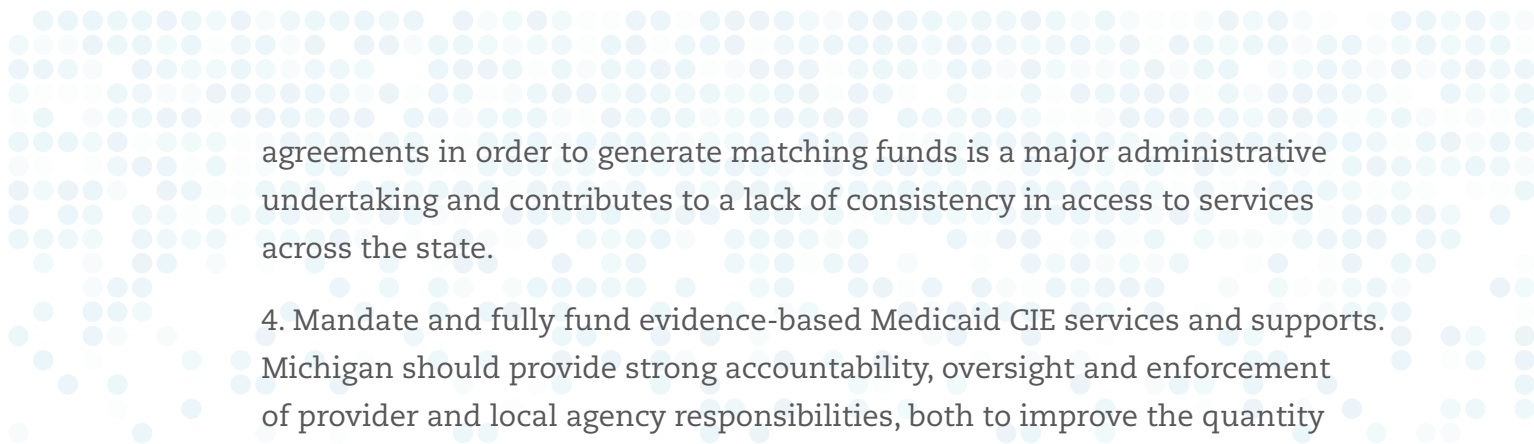
2. Continue to embrace CIE in policy and practice. After the 2014 report,

# RECOMMENDATIONS



Michigan’s leadership coalesced to embrace Employment First principles. That commitment must continue and grow. The State should maintain a statewide Employment First Task Force, including the Super MOU signatories and other interested parties. Individual State agencies must begin to reorient their missions, services, staff and resource commitment, data collection and outcome reporting to embrace Employment First. State agencies, provider organizations and families must become Employment First advocates and endorse policies that further Employment First principles. Those policies should include an acknowledgment that sub-minimum wages will be phased out through a well-planned, well-funded, and multi-year process that includes specific commitments by all agencies that individuals currently receiving sub-minimum wages will be supported in achieving improved outcomes at fair rates. Those policies may also include some level of certification of employment support providers.

3. Mandate and fully fund evidence-based CIE services and supports through VR. Individualized supported employment and customized employment should be the norm of service through VR-funded programs when serving individuals with the most significant disabilities – the priority population for all state VR agencies. The State should fully match federal VR funds to ensure consistent alignment of services and resources for customers across the State. The current model of administering a large number of inter-agency



agreements in order to generate matching funds is a major administrative undertaking and contributes to a lack of consistency in access to services across the state.

4. Mandate and fully fund evidence-based Medicaid CIE services and supports. Michigan should provide strong accountability, oversight and enforcement of provider and local agency responsibilities, both to improve the quantity and quality of CIE supports but also to ensure consistency throughout the State. To the extent possible, accountability should also include financial or other incentives to provide necessary supports and achieve desired outcomes. Providing some specific supports such as standalone transportation, work incentive benefits counseling, and individual supported employment, may require reexamination and policy changes to make them available, effective and oriented to the mission of Employment First which prioritizes competitive integrated employment as the first and preferred outcome.

5. Mandate and fully fund evidence-based school to work transition. Nowhere are employment supports more divided than in the area of school to work transition. The State must mandate and provide incentives for singular identification, assessment, goal development and service provision utilizing all available resources. The community should ask hard questions about the efficacy of current 22-26 special education services and explore options for creating CIE-oriented services without losing the legal entitlement and procedural safeguards that accompany such services.

6. Establish and implement outcome-based reimbursement. Michigan must learn from other states, particularly managed care and 1915b/c waiver states that are implementing outcome-based reimbursement through their Medicaid non-residential home-and community-based services (HCBS) including skill building, job development, and job coaching services. Rate restructuring should include a transition plan and time period and ample technical assistance to assist CMHSPs and service providers to implement outcomes-based reimbursement.

# RECOMMENDATIONS

---

7. Coordinate goals, process, services and outcomes among all agencies and providers. Michigan has adopted three agreements (some of them overlapping), has created a multitude of planning processes, and is receiving technical assistance through multiple entities. These elements must simply be coordinated to avoid gaps and duplications. Any of several planning platforms will suffice, including specific agreements at the local level to coordinate assessment responsibility, service coverage, service plan milestones, and other factors. The State should model such collaboration in words and deeds.

8. Assure independent decision-making, participation and due process in all human services systems. Open and independent participation is key to the future success of Employment First. Accordingly, the State should implement conflict-free case management for employment services, and informed choice in employment. Each system should adopt policy and procedure mandating an annual discussion to assist in determining where the individual is on his/her path to employment; identifying potential barriers, concerns, fears, and reasons that the individual isn't working or pursuing employment; and establishing next steps in the employment process, which become employment outcomes in the individual's employment plan.

9. Engage employers. The system simply will not be able to operate without engagement by the general workforce development system (Michigan Works!) and employers. The Employment First task force, in consultation with business organizations, should continue steps to involve employers of all sizes and should also work with the Small Business Association of Michigan and other business organizations to educate business owners about the benefits of employing people with disabilities.

10. Provide training and support to all stakeholders. Perhaps the greatest increase in State activity since the 2014 report involves training in several aspects of system transformation, such as provider transformation, State and local capacity building, and family engagement. A regular training and engagement presence is necessary to sustain Employment First work.

Providers involved in recent training activities have specific suggestions for improvements, such as making existing training resources widely available to potential trainers, sponsoring leadership conferences to address Employment First goals and activities, incentivizing training opportunities for providers to learn CIE strategies and practices, and developing a funded training plan.

11. Communicate successes and opportunities to stakeholders and the community. The State should increase public awareness of the potential opportunities and the successes of competitive integrated employment through various media, including a State website landing page, social media, and dashboard or other data collection and reporting platform. The State should also sponsor or sanction a study of the economic benefits of CIE.

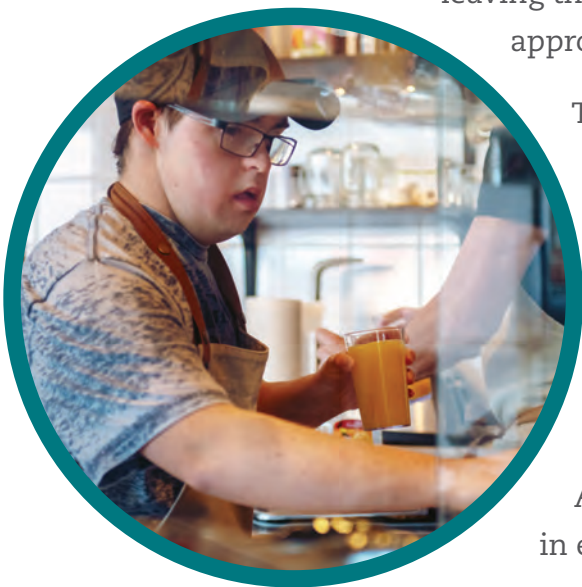
12. Hire a dedicated State level employment specialist focused specifically on people with DD and/or dual diagnosis served by the mental health system. This would create parity in assuring quality, equal and/or equivalent employment services.



# CONCLUSIONS AND CALL TO ACTION

## VI. Conclusion and Call to Action

The time is now. Significant changes that support Employment First are happening at both the Federal and State levels. New and/or pending legislation are adopting the values of Employment First and striving to assure competitive, integrated employment outcomes for all people with disabilities. Since the 2014 Michigan Employment First report, Michigan has laid the groundwork and built consistent, positive momentum to demonstrate that competitive, integrated employment and equity is possible. Key benchmarks show that competitive employment has increased, sheltered employment and placement in facility-based programs have decreased, and training to support capacity building and systems transformation is expanding. The use of deviated wage certificates has decreased, and hourly wages have improved. However, these improvements are modest compared to employment for individuals without disabilities and the goals of the Employment First Initiative. As of 2017, only 9% of individuals with DD and dual diagnosis were employed in competitive, integrated employment. Further, in 2017, as in 2012, adults with disabilities reported, through the National Core Indicators survey, that they want a community job, that they do not have a community job, and that they do not have such a goal in their person-centered plans. Substantive disparities and gaps still exist across and between the service systems that are leaving these adults vulnerable and without desired and appropriate outcomes.



The State must continue its investment in training and technical support to reinforce the objectives stated in the Employment First Executive Order 2015-15, including provider transformation, restructuring the reimbursement rates, and preparing providers to offer appropriate job preparation, placement, and retention supports.

Additionally, the State should dedicate personnel in each agency





to address and monitor Employment First goals and objectives. Further, continued technical support to promote transition outcomes for youth, education and outreach for families and individuals with disabilities, and benefits coordination and planning will promote successful employment outcomes.

Michigan's DD Network looks forward to working with our legislators, agency representatives, advocates, individuals with disabilities and their families, and community rehabilitation agencies in order to successfully adopt the policies that are recommended in this report to assure competitive, integrated employment for all Michigan adults with disabilities who wish to work. As a State, and as a service system, we can and must do better for our citizens. They deserve better lives and Michigan needs a fully employed citizenship.

# TABLES

**Table 1: Employment Status of Adults with Developmental Disabilities/Dual Diagnosis  
by PIHP, FY 2017**

N = 35,575

PIHP	N	Competitively Employed		Not Competitively Employed		Not Employed	
		%	N	%	N	%	N
Northcare	1221	6%	72	10%	121	84%	1028
Northern Michigan	1968	13%	248	16%	320	71%	1400
Lakeshore	3870	12%	473	5%	196	83%	3201
Southwest	2617	9%	228	13%	348	78%	2041
Mid-State	6040	9%	534	11%	694	80%	4812
Southeast Michigan	2283	9%	211	14%	325	77%	1747
Detroit Wayne	7846	8%	596	29%	2287	63%	4963
Oakland	4016	11%	440	10%	421	79%	3153
Macomb	2930	6%	174	28%	833	66%	1923
Region 10	2786	6%	170	16%	441	78%	2175
<b>Subtotals</b>	<b>35,575</b>		<b>3,146</b>		<b>5,986</b>		<b>26,443</b>
Statewide Average		8.8%		16.8%		74.4%	

*Competitive Employment includes: Full time and Part time.*

*Not Competitively Employed includes: sheltered workshops, enclaves/crews, and self employed.*

*Not Employed includes: facility-based day activity and not in the labor force (homemaker, student, retired, cannot work due to extent of disability, institutionalized, unpaid volunteer.)*

*Source: 904 Report, FY 2017, Indicators 8B and 8C; Employment Status, Adults with Developmental Disability and Adults with Dual Diagnosis.*

**Table 2: Employment Status of Adults with Developmental Disabilities/Dual Diagnosis**  
by PIHP/CMHSP, FY 2017

N = 36,069

PIHP/ CMHSP	N	Competitively Employed		Not Competitively Employed		Not Employed	
<b>Northcare</b>	<b>1239</b>	<b>6%</b>	<b>76</b>	<b>10%</b>	<b>127</b>	<b>84%</b>	<b>1036</b>
Copper	201	5%	10	7%	15	88%	176
Gogebic	96	10%	10	7%	7	83%	79
Hiawatha	209	9%	18	6%	12	85%	179
N. Point	262	6%	17	9%	23	85%	222
Pathways	521	4%	21	13%	70	73%	380
<b>Northern Michigan</b>	<b>2024</b>	<b>13%</b>	<b>255</b>	<b>16%</b>	<b>335</b>	<b>71%</b>	<b>1434</b>
Au Sable	237	24%	56	27%	63	49%	118
Manistee/Benz.	135	6%	8	4%	5	90%	122
N. Country	633	11%	68	9%	59	80%	506
Northeast	322	30%	95	28%	90	42%	137
N. Lakes	697	4%	28	17%	118	79%	551
<b>Lakeshore</b>	<b>3924</b>	<b>12%</b>	<b>487</b>	<b>5%</b>	<b>202</b>	<b>83%</b>	<b>3235</b>
Allegan	402	17%	68	12%	47	71%	287
Ottawa	573	13%	72	4%	23	83%	478
Muskegon	837	6%	49	4%	37	90%	751
N. 180	1872	14%	271	5%	86	81%	1515
W. MI	240	11%	27	4%	9	85%	204
<b>Southwest</b>	<b>2660</b>	<b>9%</b>	<b>237</b>	<b>13%</b>	<b>355</b>	<b>78%</b>	<b>2068</b>
Barry	135	2%	3	9%	12	89%	120
Berrien	490	15%	72	9%	45	76%	373
Cass/Woodland	140	4%	6	1%	2	95%	132

# TABLES

Table 2 continued.

PIHP/ CMHSP	N	Competitively Employed		Not Competitively Employed		Not Employed	
St.Joe	197	7%	14	3%	67	60%	116
Kalamazoo	732	10%	72	11%	82	79%	578
Pines	186	9%	16	9%	17	82%	153
Summit Pointe	507	5%	27	19%	99	76%	381
Van Buren	273	10%	27	11%	31	79%	215
<b>Midstate</b>	<b>6103</b>	<b>9%</b>	<b>544</b>	<b>11%</b>	<b>699</b>	<b>80%</b>	<b>4860</b>
Bay Arenac	559	8%	47	10%	58	82%	454
CEI	1316	13%	174	8%	107	79%	1035
Central MI	1263	8%	97	12%	158	80%	1008
Gratiot	161	7%	11	17%	28	76%	122
Huron	184	20%	36	14%	26	66%	122
Ionia	156	6%	9	4%	6	90%	141
Lifeways	744	8%	63	12%	92	80%	589
Montcalm	190	6%	12	16%	31	78%	147
Newaygo	153	3%	5	6%	10	91%	138
Saginaw	909	5%	45	11%	102	84%	762
Shiawassee	260	13%	35	17%	45	70%	180
Tuscola	206	5%	10	17%	36	78%	162
<b>SE MI</b>	<b>2335</b>	<b>9%</b>	<b>217</b>	<b>14%</b>	<b>334</b>	<b>1784</b>	<b>1784</b>
Lenawee	270	4%	12	6%	17	241	241
Livingston	485	8%	39	15%	74	372	372
Monroe	544	6%	35	12%	65	82%	444
Washtenaw	1036	13%	131	17%	178	70%	727
<b>Detroit Wayne</b>	<b>8007</b>	<b>8%</b>	<b>611</b>	<b>29%</b>	<b>2347</b>	<b>63%</b>	<b>5049</b>
<b>Oakland</b>	<b>4039</b>	<b>11%</b>	<b>441</b>	<b>11%</b>	<b>430</b>	<b>78%</b>	<b>3168</b>
<b>Macomb</b>	<b>2936</b>	<b>6%</b>	<b>176</b>	<b>28%</b>	<b>835</b>	<b>66%</b>	<b>1925</b>

Table 2 continued.

PIHP/ CMHSP	N	Competitively Employed		Not Competitively Employed		Not Employed	
		%	N	%	N	%	N
<b>Region 10</b>	<b>2802</b>	<b>6%</b>	<b>172</b>	<b>16%</b>	<b>443</b>	<b>78%</b>	<b>2187</b>
Genesee	1481	4%	54	12%	176	84%	1251
Lapeer	322	6%	19	21%	68	73%	235
Sanilac	229	6%	14	14%	33	80%	182
St. Clair	770	11%	85	22%	166	67%	519
<b>Statewide Totals</b>	<b>36,069</b>	<b>8.9%</b>	<b>3,216</b>	<b>16.9%</b>	<b>6,107</b>	<b>74.2%</b>	<b>26,746</b>

Competitive Employment includes: Full time and Part time.

Not Competitively Employed includes: sheltered workshops, enclaves/crews, and self employed.

Not Employed includes: facility-based day activity and not in the labor force (homemaker, student, retired, cannot work due to extent of disability, institutionalized, unpaid volunteer.)

Source:904 Report, FY 2017, Employment Status, Adults with a Developmental Disability and Adults with Dual Diagnosis, Indicator s 8B and 8C.

# TABLES

**Table 3: Wages of Adults with Developmental Disabilities/Dual Diagnosis  
by PIHP, FY 2017**

N = 4,341

PIHP	N	Makes at least Minimum Wage		Does not Make Minimum Wage	
		%	N	%	N
Northcare	71	92%	65	8%	6
Northern Michigan	433	57%	245	43%	188
Lakeshore	524	60%	316	40%	208
Southwest	291	70%	203	30%	88
Mid-State	634	80%	509	20%	125
Southeast Michigan	369	63%	234	37%	135
Detroit Wayne	594	82%	488	18%	106
Oakland	1088	44%	482	56%	606
Macomb	174	95%	156	5%	9
Region 10	163	74%	120	26%	43
<b>Subtotals</b>	<b>4,341</b>		<b>2,827</b>		<b>1,514</b>
<b>Statewide Average</b>			<b>65.1%</b>		<b>34.9%</b>

*Employed Adults includes: Full time, part time, sheltered workshops, enclaves/crews, and self employed.*

Source: 904 Report, FY 2017, Employed Adult Consumers with a Developmental Disability or Dual Diagnosis, Indicators 9B and 9C.

**Table 4: Wages of Employed Adults with Developmental Disabilities/Dual Diagnosis**  
by PIHP/CMHSP, FY 2017

N = 4,416

PIHP/ CMHSP	N	Makes at least Minimum Wage		Does not Make Minimum Wage	
		%	N	%	N
<b>Northcare</b>	<b>75</b>	<b>92%</b>	<b>69</b>	<b>8%</b>	<b>6</b>
Copper	10	100%	10	0%	0
Gogebic	10	100%	10	0%	0
Hiawatha	18	100%	18	0%	0
N. Point	16	88%	14	12%	2
Pathways	21	81%	17	9%	4
<b>Northern Michigan</b>	<b>442</b>	<b>57%</b>	<b>252</b>	<b>43%</b>	<b>190</b>
Au Sable	56	96%	54	4%	2
Manistee/Benz.	8	75%	6	25%	2
N. Country	72	89%	64	11%	8
Northeast	94	96%	90	4%	4
N. Lakes	212	18%	38	82%	174
<b>Lakeshore</b>	<b>538</b>	<b>61%</b>	<b>327</b>	<b>39%</b>	<b>211</b>
Allegan	61	93%	57	7%	4
Ottawa	72	96%	69	4%	4
Muskegon	83	54%	45	46%	38
N. 180	268	40%	108	60%	160
W. MI	54	89%	48	11%	6
<b>Southwest</b>	<b>300</b>	<b>70%</b>	<b>211</b>	<b>30%</b>	<b>89</b>
Barry	5	60%	3	40%	2
Berrien	71	97%	69	3%	2

# TABLES

Table 4 continued.

PIHP/ CMHSP	N	Makes at least Minimum Wage		Does not Make Minimum Wage	
Cass/ Woodlands	6	100%	6	0%	0
St. Joseph	15	73%	11	4	4
Kalamazoo	114	62%	71	43	43
Pines	15	47%	7	8	8
Summit Pointe	23	91%	21	2	2
Van Buren	51	45%	23	28	28
<b>Mid-State</b>	<b>644</b>	<b>80%</b>	<b>518</b>	<b>20%</b>	<b>126</b>
Bay Arenac	46	93%	43	7%	3
CEI	276	74%	205	26%	71
Central Michigan	96	82%	79	18%	17
Gratiot	11	91%	10	9%	1
Huron	34	88%	30	12%	4
Ionia	10	80%	8	20%	2
Lifeways	63	86%	54	14%	9
Montcalm	12	75%	9	25%	3
Newaygo	7	100%	7	0%	0
Saginaw	44	68%	30	32%	14
Shiawassee	35	97%	43	3%	1
Tuscola	10	90%	9	10%	1
<b>Southeast Michigan</b>	<b>378</b>	<b>63%</b>	<b>240</b>	<b>37%</b>	<b>138</b>
Lenawee	33	48%	16	52%	17%
Livingston	73	56%	41	44%	32%
Monroe	70	79%	55	21%	15%
Washtenaw	202	63%	128	37%	74
<b>Detroit Wayne</b>	<b>609</b>	<b>83%</b>	<b>503</b>	<b>17%</b>	<b>106</b>
<b>Oakland</b>	<b>1089</b>	<b>44%</b>	<b>483</b>	<b>56%</b>	<b>606</b>
<b>Macomb</b>	<b>176</b>	<b>95%</b>	<b>167</b>	<b>5%</b>	<b>9</b>



Table 4 continued.

PIHP/ CMHSP	N	Makes at least Minimum Wage		Does not Make Minimum Wage	
<b>Region 10</b>	<b>165</b>	<b>73%</b>	<b>121</b>	<b>27%</b>	<b>44</b>
Genesee	53	83%	44	17%	9
Lapeer	19	79%	15	21%	4
Sanilac	14	64%	9	36%	5
St. Clair	79	67%	53	33%	26
<b>Statewide Total</b>	<b>4,416</b>	<b>65.5%</b>	<b>2,891</b>	<b>34.5%</b>	<b>1,525</b>

Employed Adults includes: Full time, part time, sheltered workshops, enclaves/crews, and self employed

Source: 904 Report, MDHHS, Indicators 9B and 9C.

**Table 5: Michigan Utilization of 14(c) Certificates  
by Type of Business FY 2017**

Type of Business	Number of Requests (#)	Percent (%)
Community Rehabilitation Program	6821	99%
Hospitality/Residential Care Facility	-	-
Business Establishment	20	<1%
School-Work Experience Program	-	-

Note: This information was obtained from the U.S. Department of Labor, Wage and Hour Division.

# TABLES

**Table 6: Michigan Percentage of Deviated Wage Population  
by Hourly Earnings, FY 2018**

N = 2,365

Wage	Number	Percent (%)	Cumulative Percentage
<\$1.00	294	12%	12%
\$1.00 to \$1.99	518	22%	34%
\$2.00 to \$2.99	399	17%	51%
\$3.00 to \$3.99	238	10%	61%
\$4.00 to \$4.99	218	9%	70%
\$5.00 to \$5.99	230	10%	80%
\$6.00 to \$6.99	199	8%	88%
\$7.00 to \$7.99	128	5%	93%
\$8.00 or more	141	6%	99%
Missing data	38	1%	100%

Note: This information was obtained as the result of a request to the U.S. Department of Labor, Wage and Hour Division, as of May 17, 2018.

**Table 7: Michigan Average Deviated Wage  
by Disability, FY 2018**

N = 2,365

Disability	Number	Mean	SD	Minimum	Maximum
MR (Mental Retardation)	187	\$2.83	\$2.04	\$0.00	\$16.00
MI (Mental Illness)	81	\$5.40	\$3.40	\$1.00	\$19.00
DD (Developmental Disability)	68	\$1.59	\$1.32	\$0.00	\$6.00
I/DD (Intellectual Developmental Disability)	1429	\$3.16	\$2.32	\$0.00	\$18.00
TBI (Traumatic Brain Injury)	37	\$4.35	\$2.55	\$0.00	\$9.00
LD (Learning Disability)	3	\$2.76	\$1.44	\$1.00	\$4.00

Note: This information was obtained as the result of a request to the U.S. Department of Labor, Wage and Hour Division, as of May 17, 2018.

**Table 8: Michigan Type of Work for Individuals with Disabilities\* with Deviated Wages, FY 2018**

N = 1,709

Typo of Work	N	Percent (%)
Piece Work/Assembly	1306	76%
Food Service	21	1%
Janitorial	148	9%
Office	38	2%
Grounds Maintenance	48	3%
General Labor	148	9%
<b>Totals</b>	<b>1709</b>	<b>100%</b>

\*Note: Disabilities in this table refers to people who have mental retardation (N= 155); I/DD (N=1,434); neuromuscular (N=24); dd (N=93) and learning disabilities (N=3).

Note: This information was obtained as the result of a request to the U.S. Department of Labor, Wage and Hour Division, as of May 17, 2018.

## TABLES

**Table 9: Comparison of Michigan County Distribution of 14(c) Certificates**

County	2012 Requests	2018 Requests	Difference
Arenac	54	0	-54
Barry	39	37	-2
Bay	133	94	-39
Berrien	3	0	-3
Branch	99	88	-10
Calhoun	64	71	+7
Charlevoix	40	0	-40
Cheboygan	27	29	+2
Chippewa	46	20	-26
Delta	286	198	-88
Dickinson	46	41	-6
Genesee	340	335	-5
Grand Traverse	204	237	+33
Hillsdale	154	74	-80
Huron	102	2	-100
Ingham	340	0	-340
Isabella	258	291	+33
Kalamazoo	139	137	-2
Kent	1102	611	-491
Lapeer	189	251	+62
Lenawee	97	49	-48
Livingston	124	95	-29
Macomb	532	269	-263
Marquette	19	0	-19
Midland	322	203	-119
Monroe	112	204	+92
Muskegon	77	125	+48
Oakland	1142	1206	+64

Table 9 continued.

County	2012 Requests	2018 Requests	Difference
Ontonagon	9	0	-9
Otsego	43	36	-7
Ottawa	304	298	-6
Roscommon	0	117	+117
Saginaw	221	160	-61
Sanilac	0	159	+159
St.Clair	280	324	+44
St. Joseph	82	14	-68
Tuscola	46	32	-14
Van Buren	68	49	-19
Washtenaw	6	1	-5
Wayne	1104	964	-140
Wexford	1	20	+19
<b>Totals</b>	<b>8226</b>	<b>6841</b>	<b>-1385</b>

Note: This information was obtained as the result of a request to the U.S. Department of Labor, Wage and Hour Division, as of May 17, 2018.

# TABLES

**Table 10: Michigan Provider Transformation Initiative,  
Competitive Integrated Employment Placement  
2016-2018**

*N = 1,697 Placements*

Employment Type/Year	Supported			Customized			Self		
	N**	Hrs	Wages	N**	Hrs	Wages	N**	Hrs	Wages
2016*	219	-	-	50	-	-	20	-	-
2017	243	20	\$9.50	211	25	\$10.30	14	6	\$3.50
2018	629	19	\$10.30	297	24	\$10.00	24	16	\$10.20
Totals	1091			548			58		
% of Total Employed	65%			32%			3%		
Ave. Hours		19.5			24.5			11.0	
Ave. Wages			\$9.90			\$10.15			\$6.85

\*Average weekly hours and average hourly wages were not reported in 2016.

\*\* Number of new positions developed during the year (not cumulative.)





*Michigan Developmental  
Disabilities Council  
(DD Council)*

*Lewis Cass Building  
320 S. Walnut Street  
Lansing, MI 48913  
517.335.3158  
[michigan.gov/ddcouncil](http://michigan.gov/ddcouncil)*



*Michigan Developmental  
Disabilities Institute  
Wayne State University  
4809 Woodward Avenue, Suite 268  
Detroit, MI 48202  
313.577.2654  
[ddi.wayne.edu](http://ddi.wayne.edu)*



*Michigan Protection & Advocacy  
Service, Inc.  
4095 Legacy Pkwy, Ste. 500  
Lansing, MI 48911  
517.487.1755  
[mpas.org](http://mpas.org)*