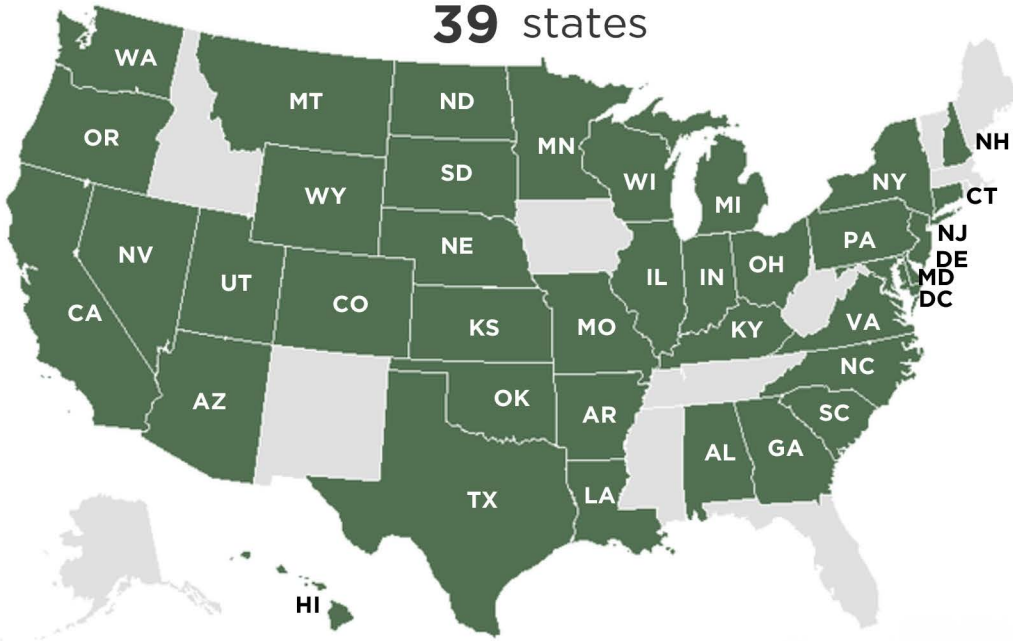


### SAMPLE

**30,888** total respondents

**39** states



### RESIDENCE TYPE & LOCATION

**81%** Metropolitan

**11%** Micropolitan

**5%** Small town

**2%** Rural



**49%:** Parent/Relative's home

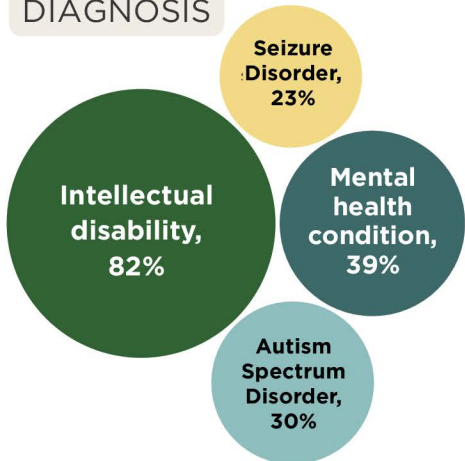
**29%:** Group home

**16%:** Own home/apartment

**4%:** Host home/Shared living

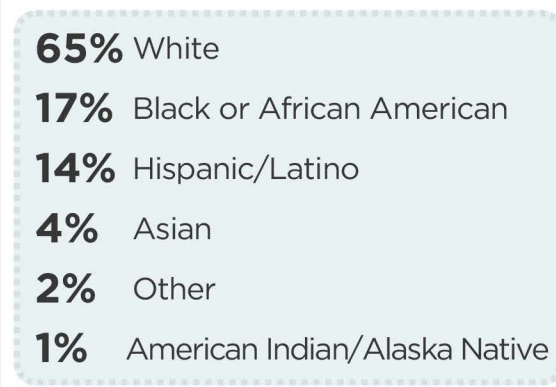
**3%:** ICF/IID

### DIAGNOSIS



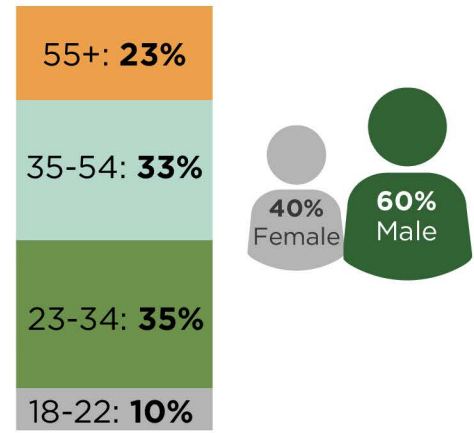
Note: Diagnoses are not mutually exclusive

### RACE AND ETHNICITY



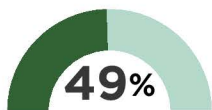
Note: Categories are not mutually exclusive

### AGE AND GENDER



### OTHER CHARACTERISTICS

Note: Dark green represents proportion who answered "Yes"



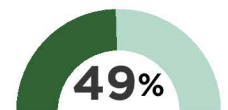
Has guardian



Moves self with use of aids or is non-ambulatory



Uses non-spoken means to communicate



Receives Medicare

### ABOUT THE SURVEY

The survey data in this summary represent the population of adults with intellectual and developmental disabilities (IDD) receiving at least one service in addition to case management/service coordination from their state developmental disability service system. For details, visit: <https://bit.ly/NCIFAQs>. Please note that the data on this page include responses of don't know in the denominator.

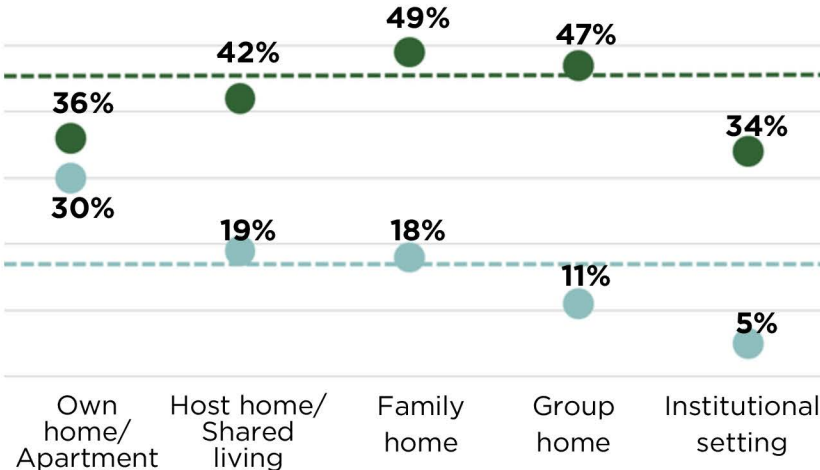
### EMPLOYMENT

**Has paid job in the community**

Overall NCI-IDD Average: **17%**

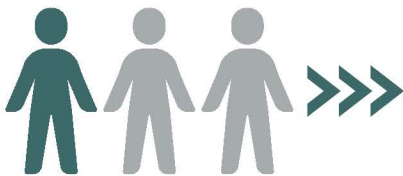
**Does not have job but wants one**

Overall NCI-IDD Average: **45%**



In 2024-25, just 17% of people with IDD had a paid job in the community. At the same time, of those who do not have a paid job, nearly half (45%) say they want to work.

The graph above shows how employment varies by residence type. The farther apart the circles are, the greater the difference between the rates of people who do not work but want a job and the rates of people who have a job. **The biggest difference is seen in group homes, where about 1 in 10 people (11%) have a paid job but close to 1 in 2 people (47%) who do not work want a job.**



Among those who want to work and do not currently have a job, **just 1 in 3 people (34%) have a goal for employment in their service plan.**

### INCLUSION AND ACCESS TO COMMUNITY



**94%** have a way to get places they need to go (like work, appointments)



**82%** are able to get places when they want to do something outside their home



**81%** can do things in the community with the people they want



**71%** can do things in the community as much as they want to



**36%** want to be part of more groups in their community



**29%** take part in groups, organizations, or communities

### RELATIONSHIPS

**76%** Have friends who are not staff or family

**68%** Can meet with their friends in person when they want

**57%** Want help to make new friends or keep in contact with friends

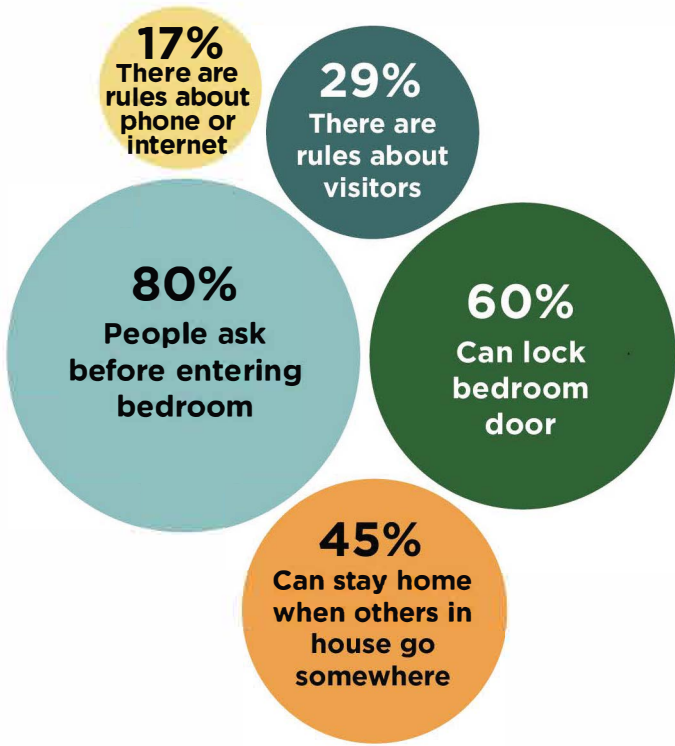
**13%** Often feel lonely

### DATA SUMMARY



NCI data suggest that a majority of people with IDD access the community and have relationships. At the same time, a small percent of people are part of groups, with over 1 in 3 respondents saying they want to be part of more groups in their community and more than half saying they want help making friends. The rates of people with IDD who have a paid community job remain below 1 in 5 respondents, with major differences observed for employment outcomes depending on where people live. **These data suggest that there are marked opportunities to improve community living outcomes, in particular employment outcomes.**

### RIGHTS AND RESPECT

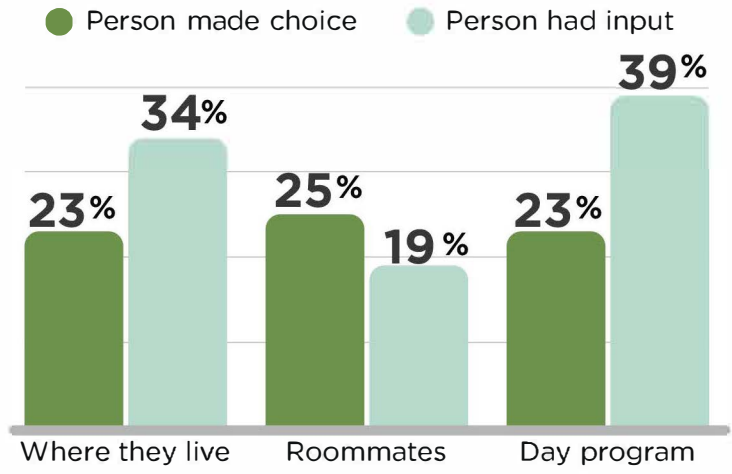


### SERVICE COORDINATION AND WORKFORCE

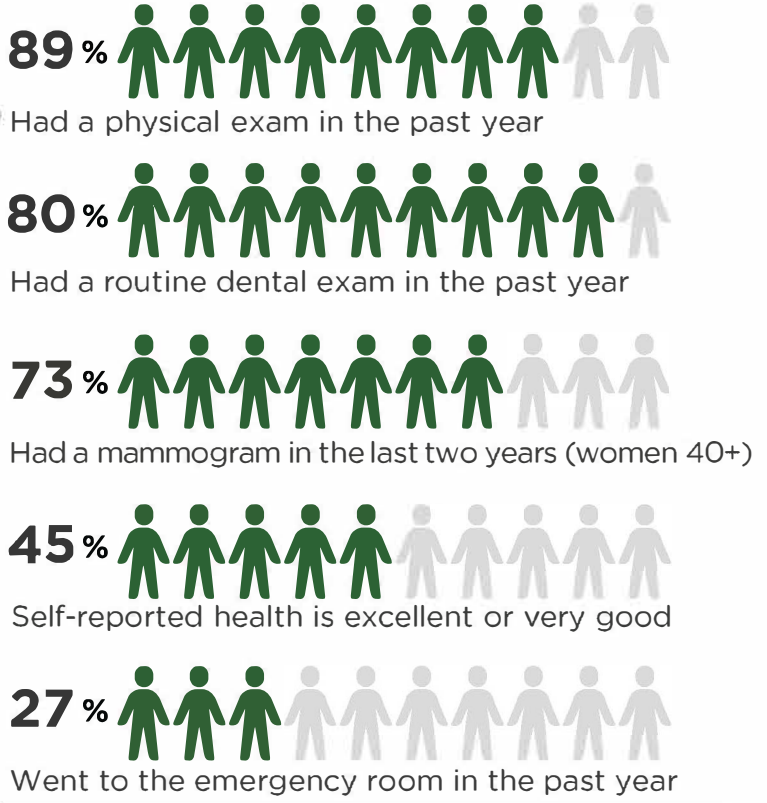


### CHOICE

IPS respondents who had at least some input into key life decisions about:



### HEALTH AND ACCESS TO HEALTHCARE

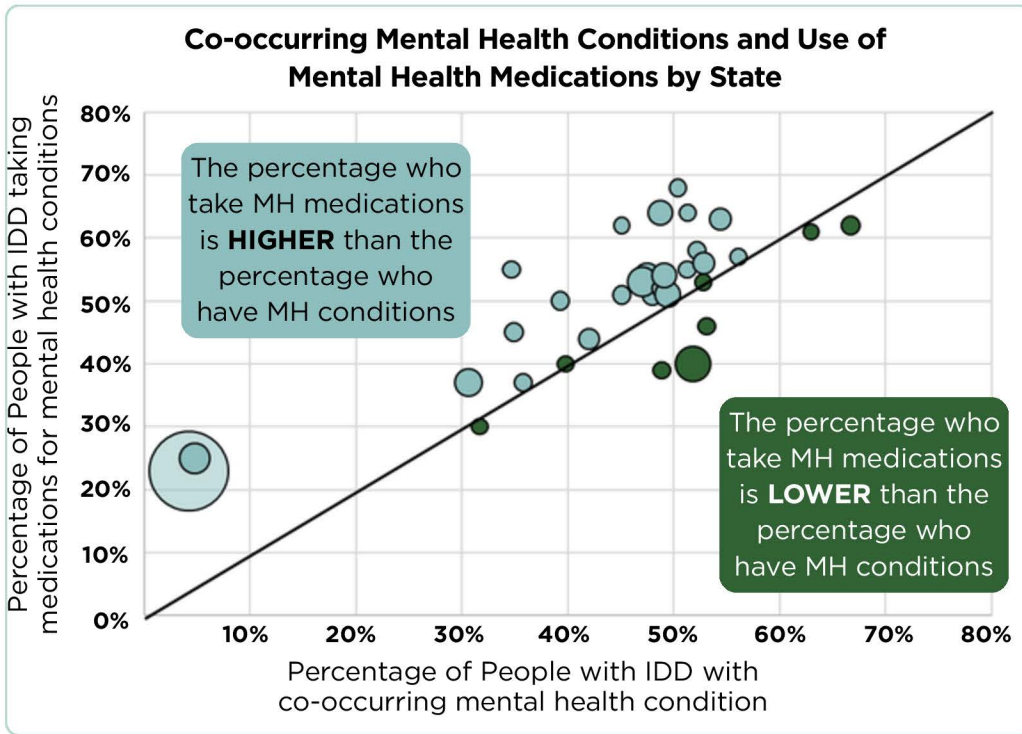


### DATA SUMMARY



NCI data shows that within the domains of rights, choice, service coordination, and healthcare, outcomes are often mixed, in that some outcomes are relatively common and others are much less so. For example, while 3 in 4 people say they helped make their service plan, around 1 in 4 people choose where they live, the people they live with, and the day program they attend. NCI data also shows that many people with IDD are accessing preventive health care, but fewer than half describe their health as excellent or very good. **These data highlight areas of opportunity to strengthen person-centered supports that promote the well-being and uphold the rights of people with IDD.**

### MENTAL HEALTH CONDITIONS



People with IDD sometimes experience co-occurring mental health support needs for mood, anxiety, or other psychiatric disorders. There is also evidence that people with IDD have much higher rates of receiving medications for mental health, sometimes without a diagnosis to support the use of such medications.

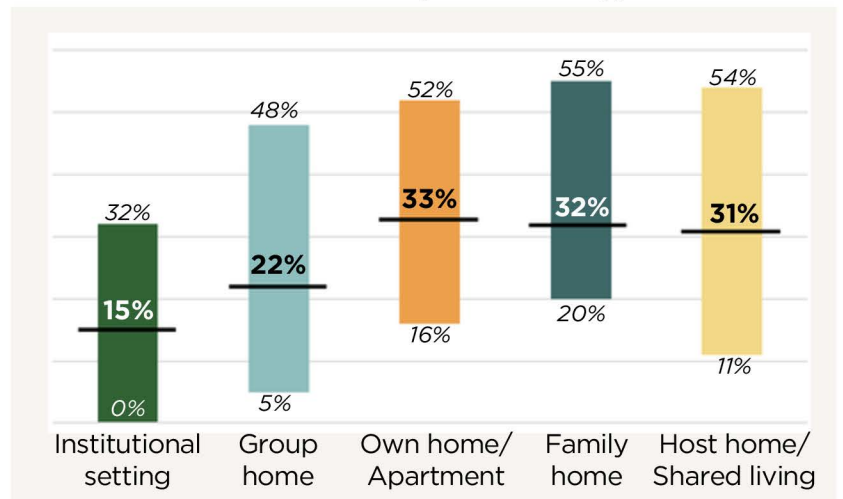
In the graph on the left, the percentage of people with IDD with co-occurring mental health conditions is compared to the percentage of people who take medications for mental health conditions. Each circle is a state, with the size of the circle representing the number of NCI-IDD respondents.

Circles that fall above the black line show states where the **percentage of people with IDD who take medications for mental health conditions is higher than the percent of people with IDD who have a mental health condition**, and are shaded teal. Although there is wide range in both rates of mental health conditions and use of medications, the majority of states fall above the line. **This data underscores the opportunity for systems to explore providing person-centered mental health supports, and in particular, looking closely at use of medications.**

### ACCESS TO THE COMMUNITY AND RESIDENCE TYPE

Where a person lives is strongly connected to many community living outcomes. One example is shown in the graph to the right. For each residence type, the bar shows the range between the state with the lowest and the state with the highest percentage of people who take part in groups, organizations or communities. The weighted NCI-IDD average is shown by the black line intersecting the bar. **Those who live in institutional settings and group homes have lower rates of taking part in groups**, with the lowest state reporting that 0% of people in institutional settings take part in groups. On the other hand, **those who live in their own home, a family home, or a host home setting have higher rates**, with the highest states reporting that more than half of people in these settings take part in groups, organizations, or communities.

#### People take part in groups, organizations, or communities by residence type



**As states seek to implement data-driven improvements to Medicaid funded services and supports, NCI data continues to demonstrate the value of supporting people to live in community based settings.**