

SOUTH CAROLINA STATE PLAN FOR INDEPENDENT LIVING (SPIL)

Rehabilitation Act of 1973, as Amended, Chapter 1, Title

VII

PART B - INDEPENDENT LIVING SERVICES

Part C - Centers for Independent Living

State: SOUTH CAROLINA

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Executive Summary

The South Carolina State Plan for Independent Living (SPIL) is a three-year plan (2021-2023) that directs the goals, objectives, and activities for how the framework for Independent Living Services will be provided in South Carolina. The focus of South Carolina's SPIL is to strengthen the South Carolina Independent Living Network while advancing disability rights throughout the state.

The South Carolina Independent Living Network is grounded in the unwavering belief that all people with disabilities must have the right to make decisions about their own lives. The Network, comprised mostly of professionals with disabilities, understands that people with disabilities are the best experts at their own needs. Consequently, the Network ensured that South Carolinians with disabilities provided input via a statewide Needs Assessment survey prior to drafting the SPIL goals. Therefore, the goals were compiled from the needs expressed by South Carolinians with disabilities.

The Needs Assessment survey asked 15 questions about the participant's demographics, three questions about their familiarity with their Center for Independent Living, one question on their feelings and perceptions about various aspects of their life, two questions asking what they think the barriers in the state are, and two open-ended questions about living with a disability in South Carolina. The survey was open to the public from October 8 through November 27, 2019. Respondents were made aware of the electronic survey through the use of social media (Facebook and Twitter) and email notices. The paper copies of the survey were mailed to consumers of the three SC CILs. There are 736,819 people with disabilities in South Carolina per the 2018 Annual Disability Statistics Compendium. A total of 334 South Carolinians responded to the survey. The results from the Needs Assessment Survey established the goals set forth in the SPIL (See Appendix A for the Needs Assessment Report).

The drafted SPIL goals were published for public comment from April 2, 2020 to May 2, 2020. The public comment survey was distributed via SurveyMonkey and throughout the state. Eighty-eight (88) people provided comments and 97.73% agreed with the goals set forth.

Additional partners in the development of the SPIL included the following:

- Centers for Independent Living: Able South Carolina, AccessAbility, and Walton Options for Independent Living. All three of the Centers' Executive Directors served on the SPIL Development Committee.
- The South Carolina Statewide Independent Living Council who monitors the SPIL. The SCSILC's chair and several members served on the SPIL Development Committee.
- The South Carolina Department of Health and Human Services who serves as the Designated State Entity and provides administration, budget support, and oversight of state Part B funding.

- Statewide partners which consist of disability providers who assisted with distributing the needs assessment to collect input by people who may not be served by a CIL.

Background

Title VII, chapter 1 of the Rehabilitation Act of 1973, as amended (the Act), establishes the Independent Living Services and Centers for Independent Living programs. The purpose is to:

- promote the independent living philosophy based on consumer control, peer support, self-help, self-determination, equal access, and individual and systems advocacy;
- maximize the leadership, empowerment, independence, and productivity of individuals with significant disabilities; and
- promote the integration and full inclusion of individuals with significant disabilities into the mainstream of American society.

The Independent Living Services program, funded under Part B of chapter 1, makes available financial assistance to States for providing, expanding, and improving the provision of independent living (IL) services. The program also provides for the:

- development and support of the statewide network of centers for independent living (CILs);
- improvement in working relationships between the Statewide Independent Living Council (SILC), the CILs, and the Designated State Entity (DSE) in each State; and
- collaboration among the IL services program, the CILs, other programs funded under the Act, and other Federal and non-Federal programs that address the needs of individuals with significant disabilities.

The CIL program, funded under Part C of chapter 1, provides financial assistance for planning, conducting, administering, and evaluating centers for independent living that comply with specific standards and assurances (section 725 of the Act), and that reflect the State's design for the establishment of a statewide network of centers detailed in the SPIL (section 3).

To be eligible to receive Part B and Part C funding, a state needs to submit an approvable three-year State Plan for Independent Living (SPIL) to the Administration for Community Living/Independent Living Administration (ACL/OILP). The SILC is responsible for developing the SPIL after receiving public input from individuals with disabilities throughout the State. While the development of the SPIL is a SILC duty, the SILC and CIL directors should be partners in the development process; the SPIL should serve as a blueprint for the independent living network in the state. The SPIL must be signed by the Chairperson of the SILC, acting on behalf of and at the direction of the SILC, and not less than 51% of the directors of the CILs in the state before submission to ACL/OILP.

The SPIL encompasses the activities planned by the IL network to achieve specified independent living objectives and reflects the State's commitment to comply with all applicable statutory and regulatory requirements during the three years covered by the plan. The SPIL must identify the Designated State Entity (DSE) and the DSE must sign the plan indicating agreement that it will serve as the DSE and fulfill all the responsibilities in Sec. 704(c) of the Act, including complying with the assurances during the three-year period of this SPIL. The SILC prepares, in conjunction with the DSE, a plan for the provision of resources, including such staff and personnel, as may be necessary and sufficient to carry out the functions of the SILC (Sec 704(e)(1); 45 CFR 1329.15(c)).

The SPIL consists of narrative sections describing the Independent Living objectives, services, activities, and operational details as well as a series of assurances, or statements of compliance, based on legal and regulatory provisions governing the IL Services and CIL programs.

The objective of this SPIL revision is to provide for the changes to the program made by the amendments to the Rehabilitation Act by the Workforce Innovation and Opportunity Act in 2014 and to improve and streamline readability.

Definitions

The following are definitions useful for completing this SPIL. Additional definitions related to independent living programs may be found in Titles I & VII of the Act and 45 CFR 1329.4.

Able SC means Able South Carolina which is one of the Centers for Independent Living in SC.

AccessAbility means AccessAbility, (legal name disAbility Resource Center), which is one of the Centers for Independent Living in SC.

Act means the Rehabilitation Act of 1973, as amended.

Centers for Independent Living (CILs) means consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agencies that are designed and operated within a local community by individuals with disabilities and that provide an array of independent living services. The three CILs in South Carolina are Able South Carolina, AccessAbility, and Walton Options for Independent Living.

Centers for Independent Living program (CIL program) means the program funded under Title VII, chapter 1, Part C of the Act.

Client Assistance Program (CAP) means the program, established by section 112 of the Act, to provide assistance in informing and advising all clients and client applicants of all available benefits under the Act, and, upon request of such clients or client applicants, to assist and advocate for such individuals in their relationships with projects. In South Carolina, Protection and Advocacy for People with Disabilities serves as the CAP.

Consumer means any individual with a significant disability who is eligible for IL services under section 703 of the Act and is currently receiving or has been provided any IL service(s) under the program.

Consumer control means, with respect to a center or eligible agency, that the center or eligible agency vests power and authority in individuals with disabilities, including individuals who are or have been recipients of IL services.

Consumer Service Record (CSR) means the records that are maintained for an eligible consumer receiving IL services and meet the requirement that records demonstrate compliance with the standards and assurances in section 725(b) and (c) of the Act and the grant terms and conditions.

Cross-disability means, with respect to a center, that a center provides IL services to individuals representing a range of significant disabilities and does not restrict eligibility to individuals who have one or more specific significant disabilities.

Designated State Entity (DSE) means the agency that the State Plan designates to receive, account for, and disburse Part B funds in accordance with section 704(c) of the Act.

Disability means, in accordance with the Americans with Disabilities Act of 1990, as amended, § 12102, “physical or mental impairment that substantially limits one or more major life activities [;] . . . ; a record of such an impairment; or being regarded as having such an impairment . . . [This] definition . . . shall be construed in favor of broad coverage of individuals.”

DOJ means the U.S. Department of Justice.

Independent Living Administration (ILA) means the Federal entity within the United States Department of Health and Human Services, Administration for Community Living that administers the IL Services and CIL programs.

Independent living core services mean information and referral services; IL skills training; peer counseling (including cross-disability peer counseling); individual and systems advocacy; and services that facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences; provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals may remain in the community; and facilitate the transition of youth who are individuals with significant disabilities who were eligible for individualized education programs under section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C. 1414(d)), and who have completed their secondary education or otherwise left school to postsecondary life.

Independent living services include the independent living core services listed above and the services listed in Title I, section 105(18) of the Act.

Independent living plan means the plan for the provision of IL services mutually agreed upon by an appropriate staff member of a service provider and an individual with a significant disability.

Individual with a significant disability means an individual with a severe physical, mental, cognitive, or sensory impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited and for whom the delivery of IL services will improve the ability to function, continue functioning, or move toward functioning independently in the family or community or to continue in employment.

Minority group means American Indian or Alaskan Native, Asian American, Black or African American (not of Hispanic origin), Hispanic or Latino (including persons of Mexican, Puerto Rican, Cuban, and Central or South American origin), Native Hawaiian, or other Pacific Islander.

NIDLRR means National Institute on Disability, Independent Living, and Rehabilitation Research.

Nonresidential means, with respect to a center for independent living, that the center, as of October 1, 1994, does not provide or manage residential housing.

Office of Independent Living Programs (OILP) is the office within the Administration on Disabilities that has programmatic oversight of Part B and Part C funding and training and technical assistance.

Performance Progress Report (PPR) is the Independent Living Programs annual report that measures the compliance requirements of Section 725 of the Act.

SC Access and Independence Network (SCAIN) is a statewide Network dedicated to unlocking the barriers for people with disabilities.

SCCB means South Carolina Commission for the Blind.

SCDDC means South Carolina Development Disabilities Council.

SC Disability Employment Coalition (SCDEC) is made up of multiple committees that meet to address employment barriers in South Carolina.

SCVRD means South Carolina Vocational Rehabilitation Department.

SC Youth Leadership Forum (SCYLF) is an overnight youth event that builds leadership skills for youth with disabilities.

Section 722 State means a State in which Federal funding exceeds State funding for the general operation of eligible CILs. or, if State funding exceeds Federal funding, the Director of the DSE elects not to administer the CIL program. In these States, ACL/OILP issues grants under Part C, Chapter 1 directly to centers and eligible agencies.

Section 723 State means a State in which State funding for centers equals or exceeds the amount of Federal funds allotted to the State under Part C, Chapter 1 and in which the Director of the DSE submits an application and is approved by ACL/OILP to administer the CIL program as provided in section 723 of the Act.

Service provider means a CIL that receives financial assistance under Part B or C of chapter 1 of Title VII of the Act, or any other entity or individual that provides IL services under a grant or contract from the DSE pursuant to Section 704(f) of the Act. A DSE may directly provide IL services to individuals with significant disabilities only as the SPIL specifically authorizes.

SILC Autonomy means that the SILC is not established as an entity within a State agency (Sec. 705(a)); that the SILC supervises and evaluates its own staff (Sec.

705(e)(2); §1329.15(e)), manages its own budget, and is responsible for proper expenditure of funds and use of resources (§1329.15(c)(5)); that the SILC resource plan includes resources necessary and sufficient for the SILC to carry out its duties and authorities (§1329.12(b)(2)); that no conditions or requirements may be included in the SILC's resource plan that may compromise the independence of the SILC (§1329.15(c)(4)); that while assisting the SILC in carrying out its duties, staff are not assigned any duties by the DSE (or any other agency of the State) that create a conflict of interest (Sec. 705(e)(3)); and that the SILC is independent and autonomous from the DSE and all other state agencies (1329.14(b)).

State means the state of South Carolina.

State Match means the resources provided by the state (cash or in-kind or any combination thereof) are to match the state's expenditure of Part B funds. The required match is 10% of the sum of the state's total expenditure of Part B funds and the state's total expenditure of resources that the state provides; in other words, when the state's expenditure of Part B funds and the state's expenditure of state-provided resources are combined, the state match is required to be 10% of this total.

State Plan means the State Plan for Independent Living (SPIL) required under section 704 of title VII of the Act.

SSA means the Social Security Administration.

South Carolina Statewide Independent Living Council (SCSILC) means the Council established in each State as required by sections 704 and 705 of the Act.

Statewide Network of Centers for Independent Living means a statewide network of CILs that comply with the standards and assurances in section 725(b) and (c) of the Act and 45 CFR 1329.4.

Unserved and underserved groups or populations means populations such as individuals from racial and ethnic minority backgrounds, disadvantaged individuals, individuals with limited English proficiency, and individuals from underserved geographic areas (rural or urban).

WOIL means Walton Options for Independent Living which is one of the CILs in SC.

Section 1: Goals, Objectives, and Activities

1.1 Mission

Mission of the Independent Living Network and the SPIL.

South Carolinians with disabilities have the supports to live independently in inclusive communities throughout the state.

1.2 Goals

Goals of the IL Network for the three-year period of the plan.

Goal 1: South Carolinians with disabilities are accepted and included in the community.

Goal 2: South Carolinians with disabilities are prepared for emergencies (natural disasters and pandemics).

Goal 3: IL services are available and operate efficiently.

Goal 4: South Carolinians with disabilities have the supports they need to live independently and safely in the communities of their choice.

1.3 Objectives

Objectives for the three-year period of the plan, including geographic scope, desired outcomes, target dates, and indicators. Including compatibility with the purpose of Title VII, Chapter 1.

See the next page for the SPIL Objectives.

Objectives Outlined by Goal

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
1	Objective 1.1: SC's IL systems will develop a statewide education campaign to challenge stereotypes about people with disabilities.	A) CILs and the SCSILC Accessibility Committee will develop a campaign theme. B) A campaign kit will be developed (e.g., posters, social media pages, website, etc.) and be distributed to the community. C) CILs will work together to develop one (1) awareness video to dispel the myths of people with disabilities.	A) A campaign theme will be developed by October 2021. Both SCSILC and CILs will agree. B) A campaign kit will be developed with materials and outreach plan by October 2022. C) The campaign will launch in 2022 via a press release and website. D) A fully accessible video will be completed by October 2023. E) A survey will be developed	This goal was developed as a repeated theme within the Statewide Needs Assessment. South Carolinians with disabilities reported that one of the most significant barriers for them is the overall negative perception of what people with disabilities can do. The campaign will strive to change perceptions.	CILs and the SCSILC Accessibility Committee.	Statewide	FY21-23

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
			to get feedback to ensure the campaign is meeting the desired outcome and goal. The survey will be launched in 2022.				
1	Objective 1.2: SC's IL systems work collaboratively with non-traditional entities to promote disability awareness, access, equality, and inclusion.	A) Continue facilitating the SC Access & Independence Network. The Network's mission is to unlock the barriers for South Carolinians with disabilities. B) Continue to coordinate & implement an all-inclusive Advocacy Day for Access & Independence that brings awareness &	A) Disability organizations will work together to provide education about the barriers impacting South Carolinians with disabilities. The SC Access and Independence Network will meet at least six (6) times per year to discuss solutions to unlocking the	The disability community will unite in order to address common barriers while providing education to state leaders.	Able SC in collaboration with AccessAbility & WOIL	Statewide	FY21-23

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
		<p>education regarding the barriers impacting South Carolinians with disabilities.</p> <p>C) Collaborate to address at least one (1) key policy issue per year. Clear issues were outlined via the needs assessment and included public access, housing, transportation, healthcare, employment, education, perception, etc.</p>	<p>barriers to independence for people with disabilities and develop a plan. Meeting minutes and agenda will be shared as supporting documentation with the SPIL Oversight Committee and DSE.</p> <p>B) At least 300 people will participate and learn about the barriers impacting people with disabilities. Advocacy Day for Access and Independence will continue as the state's cross-disability rights education day. Surveys will be</p>				

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
			<p>distributed to measure the outcome of the event from partners and participants. The event will be fully accessible, recorded, and live streamed.</p> <p>C) One key policy issue will be addressed annually via fact sheets & an advocacy plan to educate state leaders about how the policy negatively impacts South Carolinians with disabilities. One fact sheet per year will be developed. CILs and SCSILC will distribute fact</p>				

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
			sheets to state leaders. Any changes in policy will be documented and reported.				
2	Objective 2.1: South Carolinians with disabilities have access to emergency services.	A) CILs will continue to coordinate & participate in the SC Disability Partners in Disaster Coalition to lead the efforts with coordinating accessible emergency services. B) Collaborate with at least three (3) local/state emergency management divisions to promote inclusive services & provide	A) CILs and the disability community will lead the efforts to educate about the needs of people with disabilities before, during, and after an emergency event. At least four (4) SC Disability Partners in Disaster Coalition meetings will be held to help coordinate emergency supports with state leaders during and after an emergency.	Ensure people with disabilities are involved, prepared, and informed in the event of an emergency disaster and/or pandemic.	Able SC will report on and lead the efforts of the SC Disability Partners in Disaster activities. All CILs will report on their part of the additional objectives & activities.	Statewide	FY21-23

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
		<p>accessibility resources to at least twenty (20) emergency shelters and/or emergency volunteers yearly.</p> <p>C) CILs will provide at least three (3) consumer emergency preparedness trainings per year.</p> <p>D) The IL Network will work with state/local government entities and the media to provide resources for facilitating accessible press conferences</p>	<p>Meeting minutes and collaboration success will be recorded and shared with the SCSILC and DSE.</p> <p>B) Twenty (20) emergency shelters and/or volunteers will receive resources on operating an accessible emergency shelter.</p> <p>C) At least three (3) local/state emergency management divisions will have a working relationship with their local CIL. CILs will report the resources and dates in which</p>				

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
		during emergencies.	<p>they shared inclusive practices with the SILC and DSE.</p> <p>D) CILs will provide three (3) emergency trainings per year to consumers. CILs will report the number of consumers trained and/or evaluation results. 2021, 2022, and 2023.</p> <p>E) All municipalities and state government will receive education to remind them about their obligations to provide accessible press</p>				

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
			conferences during emergencies. CILs will coordinate their outreach efforts to ensure this initiative is statewide. 2021, 2022, and 2023.				
3	Objective 3.1: The SCSILC has the support to operate effectively.	A) The SCSILC will contract with Able SC for administrative support. B) The SCSILC will receive at least one (1) training per year (topics can include IL, governance, advocacy, etc.) The SCSILC is dedicated to ongoing professional	A) 100% of the administrative responsibilities will be accomplished for the SCSILC (reporting, taxes, nonprofit responsibilities, website management, answering telephones, and other methods of communication). Timesheets will be recorded and reported to DSE.	To have consistent administrative supports, while Part B funding primarily focuses on the SPIL goals/objectives.	Able SC will perform the administrative tasks and report on the activities. The SCSILC Chair will be responsible for scheduling annual trainings.	Statewide	FY21-23

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
		<p>development in the areas where we can be most effective for the disability rights movement. Improvement in these areas will allow for more impactful advocacy.</p> <p>C) The SCSILC will ensure cross-disability and statewide representation within its membership. Representation is one of the most important components of inclusion and diversity.</p>	<p>B) Annual training will be scheduled and listed on the SCSILC's agenda.</p> <p>C) The SCSILC will include members from across the state of South Carolina and with a variety of disabilities. These statistics will be documented in the Quarterly Report.</p>				

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
3	Objective 3.2: Consumers are satisfied with their IL services.	A) Consumer satisfaction surveys show a 90% or better satisfaction rate in all service areas. B) CILs will research and develop a standardized satisfaction survey. C) Satisfaction survey results will be reported in the CILs PPRs.	A) 90% of the consumers receiving CIL services are satisfied with the services they receive based on satisfaction survey responses. B) The three CILs will work together to develop a standardized consumer satisfaction survey that will be distributed to 100% of their consumers after services are completed. C) CILs will share their signed PPR annually with the SCSILC.	South Carolina CILs are accountable and have a system to collect and report outcomes.	All three CILs will report to the SPIL Oversight Committee.	CIL Service Areas – 37 out of 46 counties.	FY21-23

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
3	Objective 3.3: SC CILs are in compliance with standards and indicators.	A) CILs use the Compliance and Outcome Monitoring Protocol (COMP) as an internal auditing tool at least annually to ensure compliance. CILs will inform the SCSILC once their internal audit is completed and report any training needs and goals. B) CILs will have appropriate database programs to ensure compliance. C) CILs have designated	A) All CILs will conduct an internal review using the COMP annually. B) All CILs will have appropriate database systems of their choice to collect data/outcomes. C) All CILs have staff in place who will have quality assurance responsibilities.	All CILs are in compliance and have a system in place to collect data and outcomes.	All CILs will report on this objective.	CIL Service Areas – 37 out of 46 counties.	FY21-23

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
		staff working to ensure compliance and quality assurance.					
3	Objective 3.4: SC CILs are financially supported, and Part B Independent Living funding will be distributed equitably among the three SC CILs based on service areas.	A) Continue to fund counties with Part B funds via existing CIL, WOIL, at the current level until Part C funds become available. WOIL Lowcountry will receive no more than \$100,000 of the Part B funding. B) Remaining Part B funds would be divided between the three (3) Part C CILs according to counties served (Able	A) Six (6) unserved Part C counties will be served by an existing CIL. B) CILs will contract with the DSE and divide the funding based on the Part B funding formula.	Increased capacity to serve consumers.	WOIL will be the lead on the WOIL Lowcountry report. All CILs will report on Part B activities.	Statewide activities as listed within the SPIL.	FY21-23

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
		SC, 50% of remaining funds; AccessAbility, 25% of remaining funds; WOIL, 25% of remaining funds) to assist with providing general IL services and/or implementing the SPIL goals.					
4	Objective 4.1: South Carolinians with disabilities will have the support they need to live independently in the community of their choice.	SCSILC & CILs to collaborate with SCDHHS to develop a partnership in the implementation of the Home Again Program (also known as Money Follows the Person).	To build capacity to provide nursing home and other institution transition programming.	People with disabilities are living in the community of their choice.	CILs and DSE	Statewide	FY21-23

Goal	Objective	Activities	Measurable Indicators	Desired Outcome	Lead Agencies	Geographical Scope	Target Date
4	Objective 4.2: South Carolinians with disabilities will have the support they need to access competitive and integrated employment.	SCSILC and CILs will continue to address employment barriers by developing sustainable systems change via the SC Disability Employment Coalition.	CILs will participate in the SC Disability Employment Coalition.	South Carolina will improve its unemployment rate for people with disabilities.	Able SC will lead the Coalition efforts, and all CILs will participate and report out on activities.	Statewide	FY21-23
4	Objective 4.3: SC State government will better understand both the independent living needs of South Carolinians with disabilities and the requirements of Title II of the Americans with Disabilities Act.	CILs and SCSILC will work with the House Oversight Committee to educate them on Title II ADA requirements.	A fact sheet will be created to educate the House Oversight Committee about the state's responsibilities under Title II of the Americans with Disabilities Act.	The state to mandate ADA Coordinators throughout state agencies so services would be more accessible and accommodating.	CILs and the SCSILC Accessibility Committee. The Accessibility Committee will report on the activities.	Statewide	FY21-23

1.4 Evaluation

Methods and processes the SILC will use to evaluate the effectiveness of the SPIL including timelines and evaluation of satisfaction of individuals with disabilities.

The SPIL Oversight Committee is charged with measuring the effectiveness of the SPIL and ensuring the goals, objectives and activities are met and report to the full SCSILC. The SPIL incorporated a goal to ensure consumers are satisfied with the CIL services received and therefore will ensure this information is collected via each CILs' PPRs. Additionally, using a SPIL reporting template, all SPIL goals will be reported and evaluated quarterly and shared during SCSILC meetings (see Appendix B for the reporting template). The template measures the goal status, a summary of the activity, and data collection.

Timeline	Goals	Objectives	Activity	Data to be collected	Data collection method	Organization Lead
Oct. 2021	Goal 1. South Carolinians with disabilities are accepted and included in the community.	Objective 1.1 - SC's IL systems will develop a statewide education campaign to challenge stereotypes about people with disabilities.	CILs and the SCSILC Accessibility Committee will develop a campaign theme.	Finalized campaign theme.	Quarterly Report	CILs and the SCSILC Accessibility Committee
Oct. 2022	Goal 1	Objective 1.1	A campaign kit will be developed and distributed to the community.	Outreach plan with details of the kit.	Quarterly Report	CILs and the SCSILC Accessibility Committee

Timeline	Goals	Objectives	Activity	Data to be collected	Data collection method	Organization Lead
Oct. 2023	Goal 1	Objective 1.1	CILs will work together to develop one (1) awareness video to dispel the myths of people with disabilities.	Finalized fully accessible video.	Quarterly Report	CILs and the SCSILC Accessibility Committee
FY 2021-2023	Goal 1	Objective 1.2: SC's IL systems work collaboratively with non-traditional entities to promote disability awareness, access, equality, and inclusion.	Continue facilitating the SC Access & Independence Network.	Meeting notes. A list will be compiled of all non-traditional partners.	Quarterly Report	Able SC will take the lead with facilitating the Network in Collaboration with AccessAbility, WOIL, and the SCSILC
FY 2021-2023	Goal 1	Objective 1.2	Continue to coordinate and implement an all-inclusive Advocacy Day for Access and Independence.	Advocacy Day 2021, 2022, & 2023 will occur with 300 or more attendees, and surveys will be distributed.	Quarterly Report	Able SC will take the lead facilitating Advocacy Day in collaboration with AccessAbility, WOIL, and the SCSILC.

Timeline	Goals	Objectives	Activity	Data to be collected	Data collection method	Organization Lead
FY 2021-2023	Goal 1	Objective 1.2	Collaborate to address at least one (1) key policy issue per year.	Fact sheets and advocacy plan will be created.	Quarterly Report	CILs and the SCSILC Accessibility Committee
FY 2021-2023	Goal 2: South Carolinians with disabilities are prepared for emergencies (Natural disasters and pandemics)	Objective 2.1: South Carolinians with disabilities have access to emergency services.	<p>CILs will continue to coordinate and participate in the SC Disability Partners in Disaster Coalition to lead the efforts with coordinating accessible emergency services.</p> <p>Hold at least four (4) meetings per year</p> <p>Coordinate daily calls before and after active emergencies</p>	<p>Hold at least four (4) Disability Partners in Disaster Coalition meetings yearly</p> <p>During an active emergency , daily call notes will be reported.</p>	Report to SILC and DSE	Able SC will report on and lead the efforts of the SC Disability Partners in Disaster activities. All CILs will report on their part of the additional objectives & activities.
FY 2021-2023	Goal 2	Objective 2.1	Collaborate with at least three (3) local/state emergency management divisions to promote inclusive	Twenty (20) emergency shelters and/or volunteers will receive resources on	Quarterly Report	Able SC will report on and lead the efforts of the SC Disability Partners in Disaster activities. All CILs will

Timeline	Goals	Objectives	Activity	Data to be collected	Data collection method	Organization Lead
			services and provide accessibility resources to at least twenty (20) emergency shelters and/or emergency volunteers yearly.	operating an accessible emergency shelter.		report on their part of the additional objectives/activities
FY 2021-2023	Goal 2	Objective 2.1	Provide at least three (3) consumer emergency preparedness trainings per year.	CILs will conduct three (3) emergency trainings per year to consumers . CILs will report the number of consumers trained and survey responses.	Quarterly Report	Able SC will report on and lead the efforts of the SC Disability Partners in Disaster activities. All CILs will report on their part of the additional objectives/activities
FY 2021-2023	Goal 2	Objective 2.1	The IL Network will work with state/local government entities and the media to provide resources for providing accessible press conferences during emergencies.	State/local emergency press conferences are accessible and include American Sign Language. The CILs will monitor within their areas.	CILs will report their outreach to the SILC, DSE, and any local/state emergency press conferences	Able SC will report on and lead the efforts of the SC Disability Partners in Disaster activities. All CILs will report on their part of the additional objectives & activities.

Timeline	Goals	Objectives	Activity	Data to be collected	Data collection method	Organization Lead
FY 2021-2023	Goal 2	Objective 2.1	All municipalities and state government will receive education to remind them about their obligations to provide accessible press conferences during emergencies.	CILs will coordinate their outreach efforts to ensure this initiative is statewide. CILs will record the number and location of outreach efforts regarding accessible emergency press conferences	Quarterly Report	All CILs
FY 2021-2023	Goal 3: IL services are available and operate efficiently.	Objective 3.1 - The SCSILC has the support to effectively operate.	The SCSILC will contract with Able SC for administrative support.	Able SC will provide admin. support Responsibilities of the SILC will be completed	Quarterly Report	Able SC will perform the administrative tasks and report on the activities. The SCSILC Chair will schedule annual trainings.
FY 2021-2023	Goal 3	Objective 3.1	The SCSILC will receive at least one (1) training per year (topics can include IL, governance, advocacy, etc.)	Training will be provided. Training agenda and speaker	Quarterly Report	Able SC will perform the administrative tasks and report on the activities. The SCSILC Chair will schedule

Timeline	Goals	Objectives	Activity	Data to be collected	Data collection method	Organization Lead
				info will be recorded for report.		annual trainings and decide if SCSILC members will participate in conferences.
FY 2021-2023	Goal 3	Objective 3.1	The SCSILC will ensure cross-disability and statewide representation within its membership.	The SCSILC roster will include members from across the state of South Carolina and with a variety of disabilities.	Quarterly Report	Able SC will perform the administrative tasks and report on the activities. The SCSILC Chair will schedule annual trainings.
FY 2021-2023	Goal 3	Objective 3.2 Consumers are satisfied with their IL services.	Consumer satisfaction surveys show a 90% or better satisfaction rate in all service areas.	CIL PPR reports	CILs PPRs	All three CILs will report to the SPIL Oversight Committee.
FY 2021-2023	Goal 3	Objective 3.2	CILs will research and develop a standardized satisfaction survey.	Developed collective survey	CILs PPRs	All three CILs will report to the SPIL Oversight Committee.
FY 2021-2023	Goal 3	Objective 3.2	Satisfaction survey results will be reported in the CILs PPRs.	Survey results collected	CILs PPRs	All three CILs will report to the SPIL Oversight Committee.

Timeline	Goals	Objectives	Activity	Data to be collected	Data collection method	Organization Lead
FY 2021-2023	Goal 3	Objective 3.3 - SC CILs are in compliance with standards and indicators.	CILs use the Compliance and Outcome Monitoring Protocol (COMP) as an internal auditing tool at least annually to ensure compliance. CILs will inform the SCSILC once their internal audit is completed and report any training needs.	All CILs will conduct an internal review using the COMP annually. CILs will report once it's completed and report any TA needs	Quarterly Report	All CILs will report on this objective.
FY 2021-2023	Goal 3	Objective 3.3	CILs will have appropriate database programs to ensure compliance.	CILs will report their databases	Quarterly Report	All CILs will report on this objective
FY 2021-2023	Goal 3	Objective 3.3	CILs have designated staff working to ensure compliance and quality assurance	Staff responsibilities will include QA duties	Quarterly Report	All CILs will report on this objective
FY 2021-2023	Goal 3	Objective 3.4: SC CILs are financially supported, and Part B IL funding will be distributed	Continue to fund Part B CIL (Walton Option for Independent Living (WOIL), Lowcountry) at the current level until Part C funds	Six (6) unserved counties will be served by an existing CIL.	Quarterly Report	WOIL will be the lead on the center operating the Part B Center.

Timeline	Goals	Objectives	Activity	Data to be collected	Data collection method	Organization Lead
		equitably among the three SC CILs based on service areas.	become available. WOIL Lowcountry will receive no more than \$100,000 of the Part B funding. WOIL will provide services.			
FY 2021-2023	Goal 3	Objective 3.4	Remaining Part B funds would be divided between the three (3) Part C CILs according to counties served (Able SC, 50% of remaining funds; AccessAbility, 25% of remaining funds; WOIL, 25% of remaining funds) to assist with providing general IL services and/or implementing the SPIL.	CILs will contract with the DSE and divide the funding equitably based on service area.	Quarterly Report	All CILs will report on Part B activities.
FY 2021-2023	Goal 4: South Carolinians with disabilities have the supports they	Objective 4.1: South Carolinians with disabilities	SCSILC and CILs to collaborate with SCDHHS to develop a	Progress notes	Quarterly Report	CILs and DSE

Timeline	Goals	Objectives	Activity	Data to be collected	Data collection method	Organization Lead
	need to live independently and safely in the communities of their choice.	will have the supports they need to live independently in the community of their choice.	partnership in the implementation of the Home Again Program (also known as Money Follows the Person).			
FY 2021-2023	Goal 4	Objective 4.2: South Carolinians with disabilities will have the support they need to access competitive and integrated employment	SCSILC and CILs will continue to address employment barriers by developing sustainable systems change via the SC Disability Employment Coalition.	CILs will participate in the SCDEC.	Quarterly Report	Able SC will lead the Coalition efforts, and all CILs will participate and report out on activities.
FY 2021-2023	Goal 4	Objective 4.3: SC State government will better understand both the independent living needs of South Carolinians with disabilities and the requirements of Title II of the	CILs and SCSILC will work with the House Oversight Committee to educate them on Title II ADA requirements.	A fact sheet will be created to educate the House Oversight Committee about Title II of the Americans with Disabilities Act.	Quarterly Report	CILs and the SCSILC Accessibility Committee.

Timeline	Goals	Objectives	Activity	Data to be collected	Data collection method	Organization Lead
		Americans with Disabilities Act.				

1.5 Financial Plan

Sources, uses of, and efforts to coordinate funding to be used to accomplish the Goals and Objectives. Process for grants/contracts, selection of grantees, and distribution of funds to facilitate effective operations and provision of services.

Fiscal Year(s):					
Sources	Projected Funding Amounts and Uses				
	SILC Resource Plan	IL Services	General CIL Operations	Other SPIL Activities	Retained by DSE for Administrative costs (applies only to Part B funding)
Title VII Funds					
Chapter 1, Part B	\$41,865	\$100,000	\$0	\$196,852	\$0
Chapter 1, Part C	\$0	\$0	\$1,126,528	\$0	
Care's Act	\$0	\$0	\$1,088,909	\$0	
Other Federal Funds					
Sec. 101(a)(18) of the Act (Innovation and Expansion)	\$0	\$0	\$0	\$0	
Social Security Reimbursement	\$0	\$0	\$0	\$0	
Other	\$0	\$0	\$0	\$0	
Non-Federal Funds					
State Funds	\$0	\$0	\$0	\$33,930	
Other	\$0	\$0	\$0	\$0	

Description of Financial Plan Narrative:

The SC Department of Health and Human Services (SCDHHS) serves as the Designated State Entity that receives, accounts for, and disburses Part B funding in accordance with section 704(c) of the Act. The SCSILC is funded only by Part B funding as other funds aren't currently available in SC. All three CILs are funded with Part B, C, and other funding. It is important to note that all three CILs have separate funding sources such as grants, fee for service programs, and fundraising efforts that aren't listed in this section. WOIL has an office in the Lowcountry that only receives Part B funding, among other sources; no Part C funding covers those six counties in that area.

Part B and C funding furthers the SPIL goals, general CIL operations, and independent living services. The Part B funding is received by SCDHHS; SCDHHS provides a 10 percent match with state funding. SCDHHS may use up to five percent of the Part B funds for administrative costs but chooses against that option. Part B funding supports the resource plan, administrative contract, serves unserved counties via a contract with an existing CIL, and contracts with all CILs to assist with implementing the work that is required to meet the goals and objectives of the SPIL, as well as general IL services. Part B funding is divided based on service area and is as follows:

Income:

- Part B Funding Award: \$338,717*
- State SCDHHS Funding Match: \$33,928*

Expenses:

- SCSILC Resource/Administrative Contract: \$41,865*
- WOIL Part B supported CIL: \$100,000*
- Able SC (50% of the remaining funds): \$115,390*
- AccessAbility (25% of the remaining funds): \$57,695*
- WOIL (25% of the remaining funds): \$57,695*

Note: the above amounts are subject to change if subchapter B funding changes.

Lastly, all three Part C CILs received supplemental funds via ACL provided by the COVID-19 Aid, Relief, and Economic Security Act (CARES Act), which was signed into law in March 2020. A total of \$1,088,909 (Able SC \$618,423; AccessAbility (disAbility Resource Center) \$263,543; and Walton Option for Independent Living \$206,943) was awarded to SC and distributed to the Part C CILs based on the following factors: (1) Total Population from latest Census; (2) 1992's Distribution; (3) State/Territory minimums; (4) State's Prior Year amount + consumer price index adjustment. This funding is a one-time award and expires on September 30, 2021. The purpose of the funding is for CILs to have the capacity to respond to the COVID-19 pandemic and the surge of needs of individuals with disabilities to access or reconnect with the services and supports they need to remain safely in their communities.

The SC CILs drawdown Part C and CARE's Act funding directly from the federal government and have separate plans on how the funding is used.

Contract Process/Management:

The SC Department of Health and Human Services (DSE) awards contracts to service providers under the independent living program. Service providers are CILs that receive financial assistance under Part B and/or C of chapter 1 of Title VII of the Act. The service providers under the SPIL must comply with the standards and assurances outlined within the act. Prior to contracting, the service providers submit proposals to meet the SPIL goals, and a detailed budget with allowable expenses. Additionally, the DSE contracts with the SCSILC to coordinate the administrative functions of the SCSILC as well as the Resource Plan.

The SCDHHS has several staff members involved in contract monitoring with duties that include a review of a service provider's records, business processes, deliverables, and activities to ensure compliance with the terms and conditions of the contract.

SPIL monthly and/or quarterly reports are received by SCDHHS regarding SPIL activities and objectives accomplished via contracts. Reimbursement requests are regularly sent to the DSE with all supporting documentation. The DSE ensures that all Part B funding is spent in accordance with state and federal regulations and meets the objectives of the SPIL.

All Part B funding can be rolled over any unexpended balance from one fiscal year to the next within DSE approval if allowable under state and federal law. At the end of the fiscal year, SCDHHS will reallocate any unspent Part B funds to the same contractor to which they were allocated through a contract amendment. Any unexpended balance funds or rollover funds must be spent by the end of the next fiscal year.

Section 2: Scope, Extent, and Arrangements of Services**2.1 Services**

Services to be provided to persons with disabilities that promote full access to community life including geographic scope, determination of eligibility, and statewideness.

Table 2.1A: Independent living services	Provided using Part B (check to indicate yes)	Provided using other funds (check to indicate yes; do not list the other funds)	Entity that provides (specify CIL, DSE, or the other entity)
Core Independent Living Services, as follows:			
- Information and referral	✓	✓	CILs
- IL skills training	✓	✓	CILs
- Peer counseling	✓	✓	CILs
- Individual and systems advocacy	✓	✓	CILs
- Transition services including:			
▪ Transition from nursing homes & other institutions			
▪ Diversion from institutions			
▪ Transition of youth (who were eligible for an IEP) to post-secondary life			
Counseling services, including psychological, psychotherapeutic, and related services	✓	✓	CILs
Services related to securing housing or shelter, including services related to community group living, and supportive of the purposes of this Act and of the titles of this Act, and adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by, individuals with disabilities) Note: CILs are not allowed to own or operate housing.	✓	✓	CILs
Rehabilitation technology	✓	✓	CILs
Mobility training	✓	✓	CILs
Services and training for individuals with cognitive and sensory disabilities, including life skills training, and interpreter and reader services	✓	✓	CILs
Personal assistance services, including attendant care and the training of personnel providing such services	✓	✓	CILs
Surveys, directories, and other activities to identify appropriate housing, recreation opportunities, and accessible transportation, and other support services	✓	✓	CILs

Table 2.1A: Independent living services	Provided using Part B (check to indicate yes)	Provided using other funds (check to indicate yes; do not list the other funds)	Entity that provides (specify CIL, DSE, or the other entity)
Consumer information programs on rehabilitation and IL services available under this Act, especially for minorities and other individuals with disabilities who have traditionally been unserved or underserved by programs under this Act	✓	✓	CILs
Education and training necessary for living in the community and participating in community activities	✓	✓	CILs
Supported living	✓	✓	CILs
Transportation, including referral and assistance for such transportation	✓	✓	CILs
Physical rehabilitation	✓	✓	CILs
Therapeutic treatment	✓	✓	CILs
Provision of needed prostheses and other appliances and devices	✓	✓	CILs
Individual and group social and recreational services	✓	✓	CILs
Training to develop skills specifically designed for youths who are individuals with significant disabilities to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and explore career options	✓	✓	CILs
Services for children	✓	✓	CILs
Services under other Federal, State, or local programs designed to provide resources, training, counseling, or other assistance, of substantial benefit in enhancing the independence, productivity, and quality of life of individuals with disabilities	✓	✓	CILs
Appropriate preventive services to decrease the need of individuals with significant disabilities for similar services in the future	✓	✓	CILs
Community awareness programs to enhance the understanding and integration into society of individuals with disabilities	✓	✓	CILs, DSE
Such other services as may be necessary and not inconsistent with the Act	✓	✓	CILs

2.2 Outreach

Identify steps to be taken regarding statewide outreach to populations that are unserved or underserved by programs that are funded under Title VII, including minority groups and urban and rural populations.

South Carolina's three Centers for Independent Living provide services in 37 of the 46 counties (see appendix C to view a map of counties currently served) with Part B and/or C funding. The SPIL Oversight Committee has thoroughly analyzed each of the CILs PPR data. The data that was analyzed consisted of the total number of consumers served, age of consumers, types of disabilities, race/ethnicity, and geographical data to determine the underserved populations and to help determine the base level of funding.

Currently, there are 736,819 people with disabilities in South Carolina. In the 2019 reporting year, 4,125 consumers were served by a CIL. After analyzing the data, it was recognized that all counties served by the 3 CILs could be considered underserved due to limited funding. While the 3 CILs have worked to diversify their funding, the needs still outweigh their capacity. It is critical for all 3 CILs to secure additional funding to ensure they can serve the needs of the growing disability community.

Unserved Counties:

Currently, the northeast corner of South Carolina is primarily unserved by a CIL. The nine unserved counties include Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lancaster, Marion, and Marlboro. The make-up of the unserved counties consists of 6,187 square miles and 15% of the total SC population. While these nine counties are without a CIL with Part B or C funding, Able SC and AccessAbility both provide services in the unserved areas with other funding sources.

Underserved Counties/Underserved Population:

Rural counties defined by the Census in Part B and C service areas and the people living in rural counties have been identified as underserved. Those counties include Abbeville, Allendale, Bamberg, Barnwell, Cherokee, Chesterfield, Clarendon, Colleton, Greenwood, Hampton, Lee, McCormick, Newberry, Oconee, Orangeburg, and Williamsburg. The underserved counties were identified by data showing disparities as it relates to access to service, higher poverty rates, and poor educational attainment. The IL Network is committed to increasing capacity to better serve these counties.

Outreach Efforts:

In 2019, the majority of the consumers served by CILs were considered minorities (62%). Therefore, the Network will continue their current efforts to ensure outreach to all minorities with disabilities continue. The SPIL's mission, South Carolinians with disabilities have the supports to live independently in inclusive communities throughout the state. In order to work towards the mission, outreach efforts are needed to ensure that the voices of people with disabilities are leading this effort. All three CILs have their own outreach plans and strategies to meet the needs of its respective community. The SPIL includes additional goals to ensure their outreach goals are being met as well as

statewide efforts. *Therefore, CILs will continue to provide intensive outreach to make efforts to reach underserved and unserved populations. The SILC and CILs will continue providing outreach which includes statewide events/campaigns; presentations; websites; social network platforms; listings in resource directories; providing community education, trainings and accessibility assessments; public service announcements and other media coverage; agency contacts; newsletters; listservs; exhibits/displays during resource fairs; committee work; community meetings; and other innovative outreach efforts.*

2.3 Coordination

Plans for coordination of services and cooperation among programs and organizations that support community life for persons with disabilities.

The South Carolina Statewide Independent Living Council (SCSILC) meets at least quarterly and the SCSILC committees meet either monthly, quarterly or as needed to accomplish needed tasks. The DSE has appointed a representative who attends quarterly SCSILC meetings who also provides quarterly updates regarding contracts. The SCSILC Committees are open to SCSILC members, CIL staff, and to the public and include:

- *Membership Committee - The Membership Committee is responsible for recruiting, nominating, and orientating new members for the SCSILC.*
- *Governance Committee - The Governance Committee examines how the Council is functioning, how members communicate, and ensures compliance.*
- *SPIL Oversight Committee - The SPIL Oversight Committee monitors and evaluates provisions for the State Plan for Independent Living.*
- *Accessibility Committee - The Accessibility Committee addresses access issues throughout the state.*
- *Administrative Committee – The Administrative Committee addresses the day-to-day administrative functions of the SCSILC.*
- *Executive Committee - The Executive Committee is made up of members/administrative members who make decisions collectively about relevant subjects related to the SCSILC's proper functioning. This committee meets monthly.*

The three CILs work together and include each other in grant applications that are designed to provide statewide services to consumers. They are all active with statewide advocacy initiatives. The CILs make concerted efforts to use existing programs to gain maximum benefits of Part B and C funding. The SCSILC and CILs will continue to

ensure IL representation with other entities as necessary to continue maximizing strong relationships that will benefit efforts to achieve the mission and goals of the SPIL.

All three CIL Executive Directors or their designee attend quarterly meetings. An elected CIL Representative is selected by the CIL Executive Directors and appointed by the Governor.

Although we may be considered a small network, there have been several vital statewide CIL initiatives that have brought disability organizations, state agencies, and other providers together to improve disability rights and services throughout South Carolina. The impact of CIL-run initiatives ensures that people with disabilities are included in efforts to improve the system. The CIL created initiatives include:

- SC Disability Employment Coalition (SCDEC): Created by Able SC, the SCDEC formed in the fall of 2014, through funding from the SC Developmental Disabilities Council, to address employment barriers impacting South Carolinians with disabilities. SCDEC stakeholders represent South Carolina employers, state and private agencies, and individuals with disabilities. SCDEC members meet quarterly. The SCDEC has four committees that meet on a monthly basis and is comprised of over 40 stakeholder organizations and individuals. All 3 CILs participate within the group.*
- SC Access and Independence Network (SCAIN): Created by Able SC in 2014 via the SPIL, the Network is a made up of over 30 organizations that are united to raise awareness to unlock the barriers for people with disabilities in South Carolina. All three CILs are active members. SCAIN members also help plan Advocacy Day for Access and Independence. All three CILs participate within this group.*
- SC Disability Partnership in Disaster: This group collaborates to further disability integration in emergency activities with a focus on planning, response, and recovery. During a disaster, the group meets regularly to address unmet needs, to adjust the system to make it more accessible, and to address any barriers that arise for individuals with disabilities (or in the emergency vernacular, those with access and functional needs). The group typically organizes daily around active response and follows the States OP-CON levels of readiness. Typically, the scheduled calls are part of SCEMD's Operational Rhythm. The group is open to any organization with an interest in disability and/or emergency response. Notable participating organizations include: ESF-6 Mass Care, ESF-8 Medical, SCEMD Recovery, FEMA (when we meet a FEMA declaration), American Red Cross, The Salvation Army, Protection & Advocacy for People with Disabilities, AccessAbility, Walton Options for Independent Living, and ADA Coordinators for*

a few local governments. This effort is coordinated by Able South Carolina in partnership with AccessAbility and WOIL in order to address any barriers before they become more dangerous during an emergency. The group has been lauded by numerous local and national partners for quickly addressing real needs.

- *SC Youth Leadership Forum: The South Carolina Youth Leadership Forum is an opportunity for young adults with disabilities living in South Carolina to cultivate leadership skills and learn how to become an advocate in their community. Selected delegates will stay on a college campus for three nights to learn about independent living and advocacy in a safe and supportive setting while building relationships with other young adults from around the state. SCYLF includes 9 partners. All three CILs participate within this group.*

On a national/regional level, the SC IL Network has several members who are active with the National Council on Independent Living (NCIL), Association of Rural Programs for Independent Living (APRIL), Independent Living Research Utilization (ILRU), and Southeast Center Director's Association (SECDA). The SC IL Network has a representative serving on both the APRIL and NCIL board of directors as well as other national committees.

SC CILs do not duplicate services, mainly due to how services are delivered using the independent living philosophy. SC CILs are the only disability-related organizations that serve people with all types of disabilities. There is no other entity in SC providing such a wide array of services with a holistic approach. CILs are unique in that they are governed, managed, and staffed by the majority of people with disabilities and can relate to the consumers they serve like no other agency. Unlike other service providers, CILs believe that people with disabilities are in the best position to understand what services are needed, and how to assist and advocate in the independent living process.

Section 3: Network of Centers

3.1 Existing Centers

Current Centers for Independent Living including legal name; geographic area and counties served; and source(s) of funding. Oversight process, by source of funds (e.g., Part B, Part C, state funds, etc.) and oversight entity.

South Carolina has three Part C CILs and one CIL funded with Part B funding. Together, the CILs serve 37 of the 46 counties. All three CILs are separate nonprofit organizations governed by separate board of directors (See Appendix C for the map of the existing CILs). The information about each CIL is as follows:

CIL	Able South Carolina, Inc. (Able SC)	AccessAbility	Walton Options for Independent Living (WOIL)	Walton Options Lowcountry (funded via Part B)
Geographical Area	Twenty-three (23) counties throughout the Midlands & Upstate. The counties make up 14,843 square miles; 8 of the 23 counties are designated as rural via the 2010 Census.	Five (5) counties throughout the Lowcountry. The counties make up 5,228 square miles; 2 of the 5 counties are designated rural via the 2010 census.	Four (4) counties. The counties make up 2,538 square miles; 2 of the 4 counties are considered rural via the 2010 census.	Six (6) counties. The counties combined are 3,780 square miles; 4 of the 6 counties are considered rural via the 2010 census.
Counties Served	Abbeville, Anderson, Calhoun, Cherokee, Chester, Clarendon, Fairfield, Greenville, Greenwood, Kershaw, Laurens, Lee, Lexington, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, and York.	Berkeley, Charleston, Dorchester, Orangeburg, and Williamsburg.	Aiken, Barnwell, Edgefield, and McCormick.	Allendale, Bamberg, Beaufort, Colleton, Hampton, and Jasper.
Number of Offices & Location	The organization has two (2) offices, one in Columbia and one in Greenville.	The organization has one (1) office in North Charleston.	The organization has one (1) office in North Augusta.	The organization has one (1) office in Walterboro.

CIL	Able South Carolina, Inc. (Able SC)	AccessAbility	Walton Options for Independent Living (WOIL)	Walton Options Lowcountry (funded via Part B)
Percentage of State Population	57%	17%	4%	6%
Federal Funding	Part C (ACL) Part B (SCDHHS/ACL) Employment First (ACL) CARES Act (ACL) Office on Violence Against Women (DOJ) WIPA via WOIL (SSA) WIOA-Pre-ETS-(SCVRD & SCCB) Southeast ADA Center (NIDLRR)	Part C (ACL) Part B (SCDHHS/ACL) CARES Act (ACL) Employment First via Able SC (ACL) WIOA-Pre-ETS-(SCVRD & SCCB)	Part C (ACL) Part B (SCDHHS/ACL) CARES Act (ACL) WIPA (SSA) Employment First via Able SC (ACL) WIOA-Pre-ETS-(SCVRD & SCCB)	Part B (SCDHHS/ACL) WIOA-Pre-ETS-(SCVRD & SCCB)
State Funding	Education Curriculum (SCDOE) Disability Rights Training & TA (SCDHHS) Disability Training (SCVRD) Capacity			

CIL	Able South Carolina, Inc. (Able SC)	AccessAbility	Walton Options for Independent Living (WOIL)	Walton Options Lowcountry (funded via Part B)
	<p>Building (SCDEW)</p> <p>Self-Advocacy/YLF/Supported Decision Making (SCDDC)</p>			
Other/Local Funding Sources	Various local funding sources (United Ways, local foundations, municipalities, University of South Carolina, Family Connection, etc.), fundraising, and fee for services	Various local funders throughout five (5) counties, fundraising, TASC, YLF (Able SC), and fee for services	A local foundation, YLF (Able SC), Fundraising	
Evaluation Process	All programs undergo a monthly review and bi-annual internal audit in addition to an annual A133 financial single audit. Financials are reported to the board of directors quarterly and via outside CPA annually. Reporting and oversight vary among funders.	Internally, all funding for AccessAbility is reviewed monthly. An internal audit is performed annually, accompanied by quarterly reviews. All reporting and oversight are followed in accordance with funder requirements and all policies and procedures established for AccessAbility.	Monthly reviews/reports, Annual A 133 Single Audit, board financial reviews. ACL PPR review, annual SCVRD review.	Monthly reviews & reports, Annual A 133 Single Audit, board financial reviews. ACL PPR review, annual SCVRD review.

CIL	Able South Carolina, Inc. (Able SC)	AccessAbility	Walton Options for Independent Living (WOIL)	Walton Options Lowcountry (funded via Part B)
SPIL Signatory	Yes	Yes	Yes	No

3.2 Expansion and Adjustment of Network

Plan and priorities for use of funds by funding source, including Part B funds, Part C funds, State funds, and other funds, whether current, increased, or one-time funding and methodology for distribution of funds. Use of funds to build the capacity of existing Centers, establish new Centers, and/or increase statewideness of Network.

Minimum funding level for a Center and formula/plan for distribution of funds to bring each Center to the minimum. Exceptions must be explained with sufficient detail.

If Part C funding increases, efforts to expand and strengthen the South Carolina Network of Centers for Independent Living will consist of the following steps:

1. *Ensure existing Part C CILs are at base-level of funding*
2. *The existing CIL supported with Part B funding transitions to a Part C CIL*
3. *Expand CIL services to unserved counties*

Existing CILs are at base-level of funding:

While the goal is to expand the CIL Network to all unserved areas of the state, it is equally important to recognize that all three CILs need adequate funding. South Carolina does not have designated state funding for independent living, and compared to other states, our state resources are sparse. Therefore, we are committed to pursuing efforts to increase the existing CILs' capacity and redefine the base-level funding. The existing SC CILs vary in population and service area size. The largest CIL serves 23 of the 46 counties, and the smallest CIL serves 4 of the 46 counties. Therefore, each existing CIL has a separate base-level of funding that would adequately support services within the CILs service area. After analyzing the Centers in South Carolina, the agreed-upon base-level of funding for each existing Part C CIL is as follows:

- *Able South Carolina (23 counties): \$1,200,000*
- *AccessAbility (5 counties): \$500,000*
- *Walton Options for Independent Living (4 counties): \$350,000*

The above reflects the cost to operate a CIL per service area/population (see section 3.1 for information about the population and geographic size).

Existing CIL supported with Part B funding transitions to a Part C CIL:

After the existing CILs are at base-level of funding and additional Title VII, Part C funding is available, the next step to the expansion would be to transition the CIL funded by Part

B funding, Walton Options Lowcountry, to a Part C CIL. WOIL Lowcountry serves six counties in the Lowcountry of South Carolina. It would be preferred that WOIL could expand into these counties using increased Part C funding without a competitive process since they already have a presence in those counties providing Part B and WIOA/Pre-ETS services. If that is not possible, then a competitive process would occur but at a different base level of funding. The base level of funding for this CIL would be \$350,000. However, if a competitive process is required, then the base-level of funding would be \$500,000. Once this Center is supported with Part C funding, Part B funding would then become available to expand into unserved counties (which would be split for Area A and Area B).

Expand CIL services to unserved counties:

Once the CIL that is funded by Part B funding transitions to a Part C CIL and increased Title VII, Part C funding is available, new CILs will be developed in the nine unserved counties. The counties would be broken up by counties in “Area A” and “Area B” below (See Appendix D for proposed expansion map). It would be preferred that Able SC and AccessAbility can assume additional unserved counties via increased funding; this approach would be more efficient as current leadership in the CILs already exists. Both CILs also provide services in these counties via other funding sources. If this is not possible, then a competitive process would occur.

Area A would serve Chesterfield, Darlington, Dillon, Florence, Lancaster, and Marlboro counties. It is preferred that Able SC expands to the following counties at a base-level funding of \$350,000. However, if a competitive process is required, then the base-level of funding would be \$500,000. An additional office would open in Florence County.

Area B would serve Georgetown, Marion, and Horry counties. It is preferred that AccessAbility expands to the following counties at a base-level funding of \$350,000. However, if a competitive process is required, then the base-level of funding would be \$500,000. An additional office would open in Horry County.

If the minimum funding level required to establish a new Center cannot be met, it is requested that the distribution of additional Part C funds are distributed to existing CILs via the prescribed Part C funding formula.

Part B Funded Distribution:

As listed in objective 3.4, it is important that the current CILs are supported and have adequate resources to meet the SPIL goals and to serve as many consumers as possible. Therefore, the counties served with Part B funding via WOIL Low Country will continue to be funded at the current level until Part C funds become available. WOIL will receive no more than \$100,000 (not including allowable cost of living increases) of the Part B funding for WOIL Lowcountry. If Part B funding is decreased to less than \$250,000 per year, the SPIL will be revised to ensure goals are achievable, and the funding allocation would be amended in efforts to reduce negative impacts on consumer services. Remaining Part B funding will be distributed to existing CILs via contracts to implement the SPIL and provide services. The distribution is based on a formula regarding service area/population.

Therefore, Able SC will receive 50% of the remaining funding, AccessAbility will receive 25% of the funding, and WOIL will receive 25% of the funding. If Part B funding increases due to cost of living, all three CILs, including WOIL Lowcountry, will receive a percentage based on the amount of their contract. In summary, when the DSE receives the notice of award regarding Part B funding, it is the process described above that is used to determine funding for each CIL.

Action/process for distribution of funds relinquished or removed from a Center and/or if a Center closes:

In the event an existing CIL (funded with Part B or C) grant is relinquished or terminated, the funding would be recomputed to serve the same service area of the closed CIL. The existing CILs would be able to compete since current leadership in the CILs already exists. Until the grant competition process is completed, the CIL network will work together to ensure that consumers in the service area are adequately served by temporarily dividing the closed CIL's Part B/C funding until the grant process is completed.

Plan/formula for adjusting distribution of funds when cut/reduced:

If reductions occur, the SC CIL Network is committed to providing the five core services to consumers in the Center's service area to ensure their status as Center for Independent Living under Title VII, Part C is not jeopardized. If Part B funding is decreased to less than \$250,000 per year, the SPIL will be reviewed and/or revised to ensure goals are achievable, and the funding allocation is appropriate to support the CILs. It is noted that any and all reductions are harmful to the CILs' goals of providing strong quality of services to South Carolinians with disabilities. Additionally, without increased funding, CILs continue to find it difficult to meet the demand for services. Therefore, if reductions occur, it puts the quality of services at risk. The IL Network is committed to doing everything possible to prevent this from occurring.

Plan for changes to Center service areas and/or funding levels to accommodate expansion and/or adjustment of the Network:

No changes needed.

Plan for one-time funding and/or temporary changes to Center service areas and/or funding levels:

In the event of one-time funding, the funding shall be distributed based on Part C formula distribution (outlined in The Act at section 721). No new CIL will be developed via a one-time funding source. If one-time Part B funding becomes available, all CILs will divide the funding based on the formula established for Part B funding (Able SC 50%; AccessAbility 25%; WOIL 25%).

Section 4: Designated State Entity

The South Carolina Department of Health and Human Services will serve as the entity in South Carolina designated to receive, administer, and account for funds made

available to the state under Title VII, Chapter 1, Part B of the Act on behalf of the State. (Sec. 704(c))

4.1 DSE Responsibilities

- (1) receive, account for, and disburse funds received by the State under this chapter based on the plan;
- (2) provide administrative support services for a program under Part B, and a program under Part C in a case in which the program is administered by the State under section 723;
- (3) keep such records and afford such access to such records as the Administrator finds to be necessary with respect to the programs;
- (4) submit such additional information or provide such assurances as the Administrator may require with respect to the programs; and
- (5) retain not more than 5 percent of the funds received by the State for any fiscal year under Part B. for the performance of the services outlined in paragraphs (1) through (4).

4.2 Grant Process & Distribution of Funds

Grant processes, policies, and procedures to be followed by the DSE in the awarding of grants of Part B funds.

The DSE issues Part B funds to the SCSILC and all 3 of the CILs as outlined in the SPIL's plan for the distribution of Part B funding a federal fiscal year basis (October 1 – September 30). The DSE sends an email out at least three months prior to the end of the fiscal year requesting proposals for SPIL objectives. The CILs meet to discuss how SPIL objectives will be divided and proposals are submitted to the DSE. The proposals include narrative of scope of work, the SPIL objectives that will be met, and a detailed budget and narrative of budget. Prior to the contracts, all CILs submit a proposal with a detailed budget to the DSE and the SPIL Oversight Committee Chair.

Grant funds are available at the start of the federal fiscal year. Monthly/quarterly reimbursements are issued to the CILs once the DSE is in receipt of activity reports and reimbursement requests with copies of expenditures.

The CILs receive Part C and CARES Act funding directly from the federal government.

4.3 Oversight Process for Part B Funds

The oversight process to be followed by the DSE.

SPIL monthly and/or quarterly reports are received by SCDHHS regarding SPIL activities and objectives accomplished via contracts. Reimbursement requests are regularly sent to the DSE with all supporting documentation. The DSE ensures that all Part B funding is spent in accordance with state and federal regulations and meets the objectives of the SPIL.

4.4 Administration and Staffing

Administrative and staffing support provided by the DSE.

The DSE provides an ex officio to sit on the SCSILC. Two additional DSE staff regularly attend the SCSILC meetings. The DSE staff provide administration of all contracts and financial management. Other support services are provided through DSE staff from the Legal and Procurement departments. The DSE will carry out the roles and responsibilities as outlined in the assurances and does not make any decisions on behalf of the SCSILC's work performance. No activities within the SCSILC and/or SPIL will be a conflict of interest as it relates to the DSE. The SCSILC, CILs, and DSE will not financially benefit from the relationship.

It is noted that the DSE does provide a 10 percent match and does not retain any of the Part B funding.

4.5 State Imposed Requirements

State-imposed requirements contained in the provisions of this SPIL including: (45 CFR 1329.17(g))

- State law, regulation, rule, or policy relating to the DSE's administration or operation of IL programs
- Rule or policy implementing any Federal law, regulation, or guideline that is beyond what would be required to comply with 45 CFR 1329
- That limits, expands, or alters requirements for the SPIL

There are no state imposed requirements on IL.

4.6 722 vs. 723 State

Check one:

- X 722 (if checked, will move to Section 5)
 723 (if checked, will move to Section 4.7)

4.7 723 States

Order of priorities for allocating funds amounts to Centers, agreed upon by the SILC and Centers, and any differences from 45 CFR 1329.21 & 1329.22.

How state policies, practices, and procedures governing the awarding of grants to Centers and oversight of the Centers are consistent with 45 CFR 1329.5, 1329.6, & 1329.22.

Section 5: Statewide Independent Living Council (SILC)

5.1 Establishment of SILC

How the SILC is established and SILC autonomy is assured.

The SCSILC dates to 1996 and in 2002 was incorporated as the South Carolina

Independent Living Council and is a 501(c)(3) organization located in the state's capital, Columbia, SC. The SCSILC is independent of all state agencies, including the DSE. The SCSILC is an established entity that meets the requirements of section 705 of the Rehabilitation Act and is registered with the SC Secretary of State's Office in accordance with the SC Non-profit Corporate Act of 1994. The SCSILC functions in accordance with its own bylaws and not the rules of the DSE. The DSE does not make any decisions on the behalf of the SCSILC.

5.2 SILC Resource plan

Resources (including necessary and sufficient funding, staff/administrative support, and in-kind), by funding source and amount, for SILC to fulfill all duties and authorities. Process used to develop the Resource Plan. Process for disbursement of funds to facilitate effective operations of SILC. Justification if more than 30% of the Part B appropriation is to be used for the SILC Resource Plan.

The SCSILC's Resource Plan is 12.4% of the Part B funding which funds overall SCSILC expenses and the contract for administrative services. The SCSILC determines its annual budget for all resources allocated for its use. It assures that all expenditures are appropriate for the purpose and funding period of the specific funding sources. The budget is approved during a publicly held SCSILC meeting where time is allotted for any public input, comments, recommendations, opposition, suggestions, etc. The SCSILC also provides quarterly financial reports during its meetings in an effort to be transparent and accountable. The DSE records and processes SCSILC funding as well to include providing the necessary reports to federal and state entities, as the SCSILC's fiscal partner. The SCSILC and the DSE reconcile all accounting reports on a regular basis but at a minimum quarterly as a means of checks and balances.

The DSE will ensure that as funding is available, that all contractors will receive their reimbursements in a timely manner to prevent undue hardship for any of the contractors as outlined in section 7.8.

5.3 Maintenance of SILC

How State will maintain SILC over the course of the SPIL.

The SCSILC is a 16-member Council. The majority of its members are South Carolinians with disabilities who are Governor appointed. The SCSILC makes a concentrated effort to recruit members from across the state, with attention to unserved and underserved areas. Maintaining a balanced membership is crucial, and selection of potential members while considering geographic diversity, cross-cultural and cross-disability elements; a variety of backgrounds, and knowledge of independent living as well as following the guidelines in the Act are all significant. The SCSILC's Membership Committee leads the efforts in the recruitment and appointment process. The following process is followed:

- *The Membership Committee, CILs, SCSILC members, and community partners recruit individuals for the SCSILC. Anyone can also apply via the SCSILC's website.*

- *Potential candidates are contacted and provided information about the SCSILC and the application process.*
- *Completed applications are reviewed by the Executive Committee and a member of the SCSILC calls the applicant for an interview.*
- *If the applicant is qualified, their application is referred to the full council for a vote.*
- *Following the council's favorable recommendation, nominations are submitted to the Governor's Boards and Commissions Office for appointment.*
- *The Governor's office sends a separate application to the nominated council member. Once the applicant submits the required documentation, the Governor's office performs a full background and credit check.*
- *If appointed, the applicant and the SCSILC are issued an appointment letter from the Governor.*
- *Once the applicant is appointed, the new SCSILC member's term officially commences. The appointment is for three years and may be renewed for an additional three years.*
- *New members sign a member agreement regarding their responsibilities as well as sign required policy information.*

SCSILC Staffing:

There is no SCSILC staff. The SCSILC contracts with Able SC for administrative staffing support. The SCSILC is completely autonomous and no decisions are made via administrative staff and/or the DSE. The SCSILC and DSE ensure that the contractor follows state and federal laws as well as meet the expectation of the contract. The SCSILC has been able to maintain necessary and sufficient resources to ensure capacity to fulfill its statutory duties by contracting for administrative support.

Section 6: Legal Basis and Certifications

6.1 Designated State Entity (DSE)

The state entity/agency designated to receive and distribute funding, as directed by the SPIL, under Title VII, Part B of the Act is the South Carolina Department of Health and Human Services.

Authorized representative of the DSE: Joshua Baker, Title Director

6.2 Statewide Independent Living Council (SILC)

The Statewide Independent Living Council (SILC) that meets the requirements of section 705 of the Act and is authorized to perform the functions outlined in section 705(c) of the Act in the State is South Carolina Independent Living Council

6.3 Centers for Independent Living (CILs)

The Centers for Independent Living (CILs) eligible to sign the SPIL, a minimum of 51% whom must sign prior to submission, are:

Able South Carolina
disAbility Resource Center (Doing Business As: AccessAbility
Walton Options for Independent Living

6.4 Authorizations

6.4.a. The SILC is authorized to submit the SPIL to the Independent Living Administration, Administration for Community Living. YES

6.4.b. The SILC and CILs may legally carryout each provision of the SPIL. YES

6.4.c. State/DSE operation and administration of the program is authorized by the SPIL. YES

Section 7: DSE Assurances

Joshua Baker acting on behalf of the DSE South Carolina Department of Health and Human Services located at 1800 Main Street, Columbia, SC 29201; Phone: 803-898-2504; email: joshua.baker@scdhhs.gov

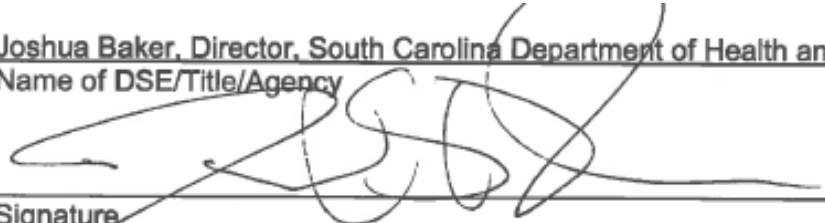
45 CFR 1329.11 assures that:

- 7.1. The DSE acknowledges its role on behalf of the State, as the fiscal intermediary to receive, account for, and disburse funds received by the State to support Independent Living Services in the State based on the plan;
- 7.2. The DSE will assure that the agency keeps appropriate records, in accordance with federal and state law, and provides access to records by the federal funding agency upon request;
- 7.3. The DSE will not retain more than 5 percent of the funds received by the State for any fiscal year under Part B for administrative expenses;
- 7.4. The DSE assures that the SILC is established as an autonomous entity within the State as required in *45 CFR 1329.14*;
- 7.5. The DSE will not interfere with the business or operations of the SILC that include but are not limited to:
 1. Expenditure of federal funds
 2. Meeting schedules and agendas
 3. SILC board business
 4. Voting actions of the SILC board
 5. Personnel actions
 6. Allowable travel
 7. Trainings
- 7.6. The DSE will abide by SILC determination of whether the SILC wants to utilize DSE staff:

1. If the SILC informs the DSE that the SILC wants to utilize DSE staff, the DSE assures that management of such staff with regard to activities and functions performed for the SILC is the sole responsibility of the SILC in accordance with Sec. 705(e)(3) of the Act (Sec. 705(e)(3), 29 U.S.C.796d(e)(3)).
- 7.7. The DSE will fully cooperate with the SILC in the nomination and appointment process for the SILC in the State;
- 7.8. The DSE shall make timely and prompt payments to Part B funded SILCs and CILs:
 1. When the reimbursement method is used, the DSE must make a payment within 30 calendar days after receipt of the billing, unless the agency or pass-through entity reasonably believes the request to be improper.
 2. When necessary, the DSE will advance payments to Part B funded SILCs and CILs to cover its estimated disbursement needs for an initial period generally geared to the mutually agreed upon disbursing cycle.
 3. The DSE will accept requests for advance payments and reimbursements at least monthly when electronic fund transfers are not used, and as often as necessary when electronic fund transfers are used, in accordance with the provisions of the Electronic Fund Transfer Act (15 U.S.C. 1693-1693r).

The signature below indicates this entity/agency's agreement to: serve as the DSE and fulfill all the responsibilities in Sec. 704(c) of the Act; affirm the State will comply with the aforementioned assurances during the three-year period of this SPIL; and develop, with the SILC, and ensure that the SILC resource plan is necessary and sufficient (in compliance with section 8, indicator (6) below) for the SILC to fulfill its statutory duties and authorities under Sec. 705(c) of the Act, consistent with the approved SPIL.

Joshua Baker, Director, South Carolina Department of Health and Human Services
Name of DSE/Title/Agency


Signature

2020-06-09
Date

Electronic signature may be used for the purposes of submission, but hard copy of signature must be kept on file by the SILC.

Section 8: Statewide Independent Living Council (SILC) Assurances and Indicators of Minimum Compliance

8.1 Assurances

Robert S. Trent acting on behalf of the SILC SC Independent Living Council located at 720 Gracern Road, Suite 106, Columbia, SC 29210; email: scsilc@scsilc.org; Phone: 803-217-3209

45 CFR 1329.14 assures that:

- (1) The SILC regularly (not less than annually) provides the appointing authority recommendations for eligible appointments.;
- (2) The SILC is composed of the requisite members set forth in the Act;
- (3) The SILC terms of appointment adhere to the Act;
- (4) The SILC is not established as an entity within a State agency in accordance with 45 CFR Sec. 1329.14(b);
- (5) The SILC will make the determination of whether it wants to utilize DSE staff to carry out the functions of the SILC;
 - a. The SILC must inform the DSE if it chooses to utilize DSE staff;
 - b. The SILC assumes management and responsibility of such staff with regard to activities and functions performed for the SILC in accordance with the Act.
- (6) The SILC shall ensure all program activities are accessible to people with disabilities;
- (7) The State Plan shall provide assurances that the designated State entity, any other agency, office, or entity of the State will not interfere with operations of the SILC, except as provided by law and regulation and;
- (8) The SILC actively consults with unserved and underserved populations in urban and rural areas that include, indigenous populations as appropriate for State Plan development as described in Sec. 713(b)(7) the Act regarding Authorized Uses of Funds.

8.2 Indicators of Minimum Compliance

Indicators of minimum compliance for Statewide Independent Living Councils (SILC) as required by the Rehabilitation Act (Section 706(b), 29 U.S.C. Sec 796d-1(b)), as amended and supported by 45 CFR 1329.14-1329.16; and Assurances for Designated

State Entities (DSE) as permitted by Section 704(c)(4) of the Rehabilitation Act (29 U.S.C. Sec. 796c(c)(4)), as amended.

(a) STATEWIDE INDEPENDENT LIVING COUNCIL INDICATORS. –

(1) SILC written policies and procedures must include:

- a. A method for recruiting members, reviewing applications, and regularly providing recommendations for eligible appointments to the appointing authority;
- b. A method for identifying and resolving actual or potential disputes and conflicts of interest that are in compliance with State and federal law;
- c. A process to hold public meetings and meet regularly as prescribed in 45 CFR 1329.15(a)(3);
- d. A process and timelines for advance notice to the public of SILC meetings in compliance with State and federal law and 45 CFR 1329.15(a)(3);
- e. A process and timeline for advance notice to the public for SILC “Executive Session” meetings, that are closed to the public, that follow applicable federal and State laws;
 - i. “Executive Session” meetings should be rare and only take place to discuss confidential SILC issues such as but not limited to staffing.
 - ii. Agendas for “Executive Session” meetings must be made available to the public, although personal identifiable information regarding SILC staff shall not be included;
- f. A process and timelines for the public to request reasonable accommodations to participate during a public Council meeting;
- g. A method for developing, seeking, and incorporating public input into, monitoring, reviewing and evaluating implementation of the State Plan as required in 45 CFR 1329.17; and
- h. A process to verify centers for independent living are eligible to sign the State Plan in compliance with 45 CFR 1329.17(d)(2)(iii).

(2) The SILC maintains regular communication with the appointing authority to ensure efficiency and timeliness of the appointment process.

(3) The SILC maintains individual training plans for members that adhere to the SILC Training and Technical Assistance Center’s SILC training curriculum.

(4) The SILC receives public input into the development of the State Plan for Independent Living in accordance with 45 CFR 1329.17(f) ensuring:

- a. Adequate documentation of the State Plan development process, including but not limited to, a written process setting forth how input will be gathered from the state’s centers for independent living and individuals with disabilities throughout the state, and the process for how the information collected is considered.

- b. All meetings regarding State Plan development and review are open to the public and the SILC provides advance notice of such meetings in accordance with existing State and federal laws and 45 CFR 1329.17(f)(2)(i)-(ii);
 - c. Meetings seeking public input regarding the State Plan provides advance notice of such meetings in accordance with existing State and federal laws, and 45 CFR 1329.17(f)(2)(i);
 - d. Public meeting locations, where public input is being taken, are accessible to all people with disabilities, including, but not limited to:
 - i. proximity to public transportation,
 - ii. physical accessibility, and
 - iii. effective communication and accommodations that include auxiliary aids and services necessary to make the meeting accessible to all people with disabilities.
 - e. Materials available electronically must be 508 compliant and, upon request, available in alternative and accessible format including other commonly spoken languages.
- (5) The SILC monitors, reviews and evaluates the State Plan in accordance with 45 CFR 1329.15(a)(2) ensuring:
- a. Timely identification of revisions needed due to any material change in State law, state organization, policy, or agency operations that affect the administration of the State Plan approved by the Administration for Community Living.
- (6) The SILC State Plan resource plan includes:
- a. Sufficient funds received from:
 - i. Title VII, Part B funds;
 - 1. If the resource plan includes Title VII, Part B funds, the State Plan provides justification of the percentage of Part B funds to be used if the percentage exceeds 30 percent of Title VII, Part B funds received by the State;
 - ii. Funds for innovation and expansion activities under Sec. 101(a)(18) of the Act, 29 U.S.C. Sec. 721(a)(18), as applicable;
 - iii. Other public and private sources.
 - b. The funds needed to support:
 - i. Staff/personnel;
 - ii. Operating expenses;
 - iii. Council compensation and expenses;
 - iv. Meeting expenses including meeting space, alternate formats, interpreters, and other accommodations;

- v. Resources to attend and/or secure training and conferences for staff and council members; and
- vi. Other costs as appropriate.

The signature below indicates the SILC's agreement to comply with the aforementioned assurances and indicators:

Robert S. Trent

Name of SCSILC Chairperson



June 10, 2020

Signature

Date


Electronic signature may be used for the purposes of submission, but hard copy of signature must be kept on file by the SILC.

Section 9: Signatures

The signatures below are of the SILC chairperson and at least 51 percent of the directors of the centers for independent living listed in section 6.3. These signatures indicate that the SC Independent Living Council and the centers for independent living in the state agree with and intend to fully implement this SPIL's content. These signatures also indicate that this SPIL is complete and ready for submission to the Independent Living Administration, Administration for Community Living, U.S. Department of Health and Human Services.

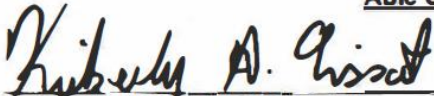
The effective date of this SPIL is October 1, 2020

SC Independent Living Council



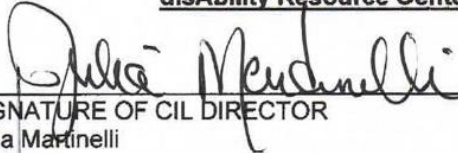
SIGNATURE OF SILC CHAIRPERSON June 10, 2020
Robert Steve Trent DATE

Able South Carolina



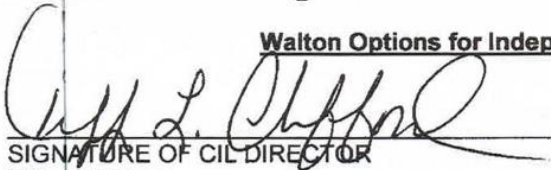
SIGNATURE OF CIL DIRECTOR June 10, 2020
Kimberly A. Tissot DATE

disAbility Resource Center (DBA: AccessAbility)



SIGNATURE OF CIL DIRECTOR June 12, 2020
Julia Martinelli DATE

Walton Options for Independent Living



SIGNATURE OF CIL DIRECTOR June 11, 2020
Tiffany Clifford DATE

Electronic signatures may be used for the purposes of submission, but hard copy of signature must be kept on file by the SILC.

Appendix A: Needs Assessment Report



2020 Needs Assessment Report

Introduction

The mission of the Statewide South Carolina Independent Living Council (SCSILC) is to promote inclusion in all aspects of life for South Carolinians with disabilities. In order to effectively achieve this mission, a Statewide Plan for Independent Living (SPIL) will address the needs and barriers identified by the disability community in South Carolina. To obtain this knowledge, a needs assessment was conducted and disseminated to individuals with disabilities living in the state. The information in the following report outlines the results of the needs assessment and will serve as the foundation for this year's SPIL report.

Methodology

The needs assessment was distributed via an online survey through SurveyMonkey or paper survey to people with disabilities in the state of South Carolina. The survey asked 15 questions about the participant's demographics, three questions about their familiarity with their Center for Independent Living, one question on their feelings and perceptions about various aspects of their life, two questions asking about what they think barriers in this state are, and two open ended questions about living with a disability in South Carolina.

The survey was open to the public from October 8 through November 27, 2019. Respondents were made aware of the electronic survey through the use of social media (Facebook and Twitter) and email blasts. The paper copies of the survey were mailed to consumers of the three CILs in the state.

A total of 334 people (4.59% of people with disabilities) responded to the survey. Below is a breakdown of the demographics of the survey participants.

Demographics

The survey asked for information on a number of different demographic categories. For the sake of this report, the applicants' age, identified race, employment status, and disability type were generated.

Figure 1: Age of Participants

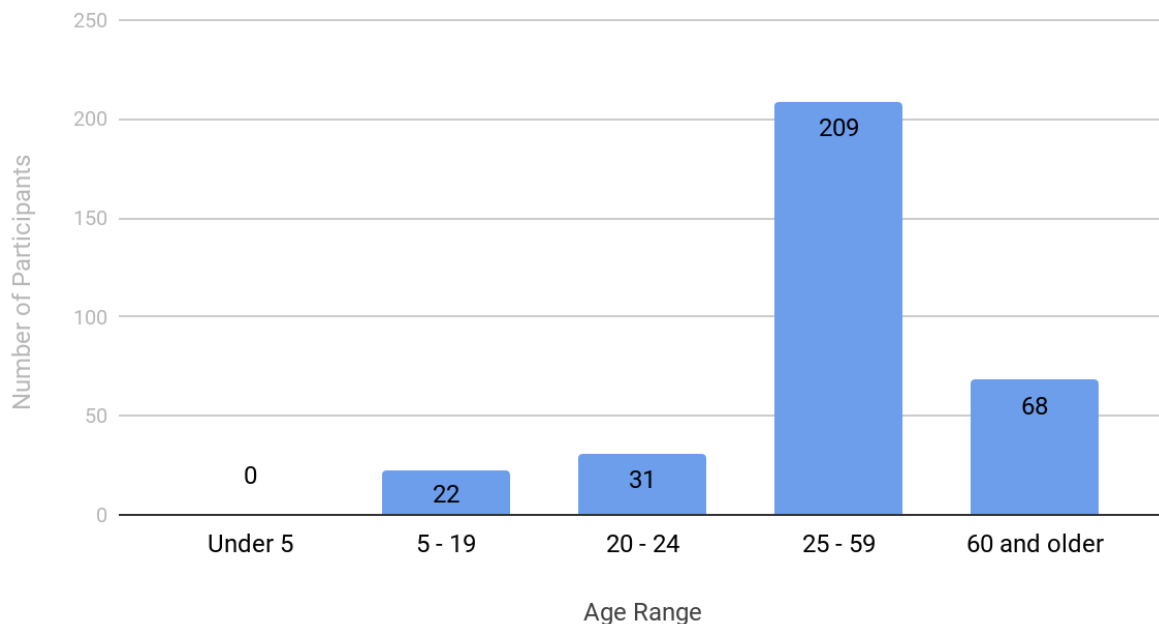


Figure 1 illustrates the age range of survey respondents in a bar graph. Zero individuals were under the age of 5. Twenty-two reported ages 5-19. Thirty-one reported ages 20-24. Two hundred and nine (209) individuals reported ages 25-59, and sixty-eight reported ages 60 and older.

Figure 2: Race and/or Ethnicity of Participants

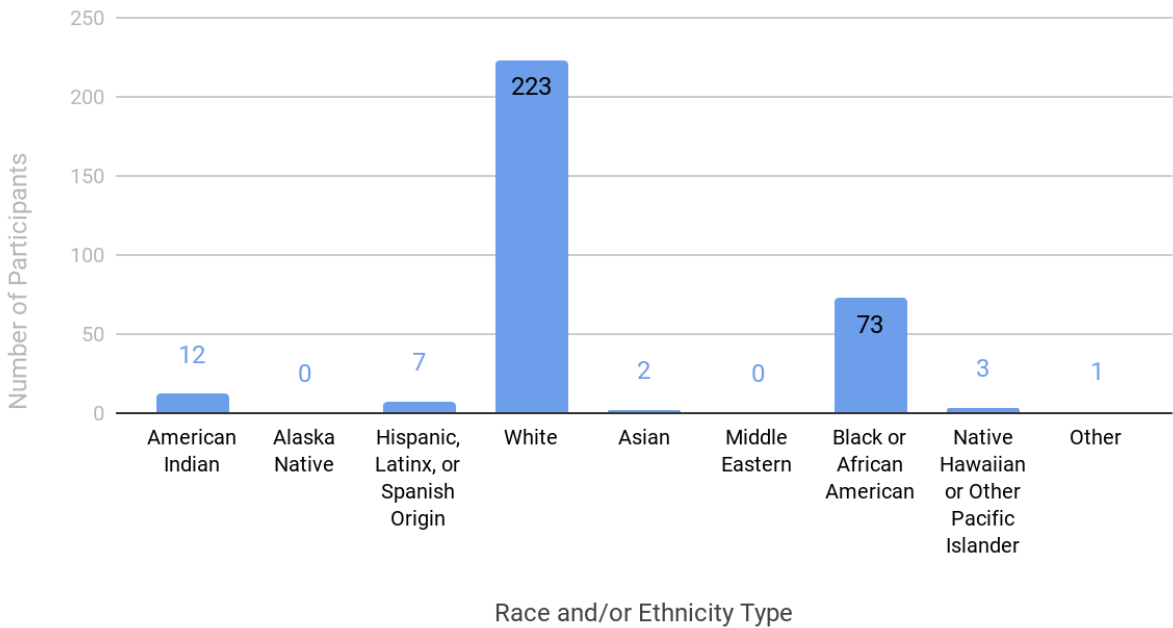


Figure 2 categorizes the number of survey respondents by race and/or ethnicity. Twelve participants were American Indian, zero were Alaska Native, seven were Hispanic, Latinx, or Spanish origin, two hundred and twenty-three (223) were White, two were Asian, zero were Middle Eastern, seventy three (73) were Black or African American, three were Native Hawaiian or Other Pacific Islander, and one identified as Other.

Figure 3: Employment Status of Participants

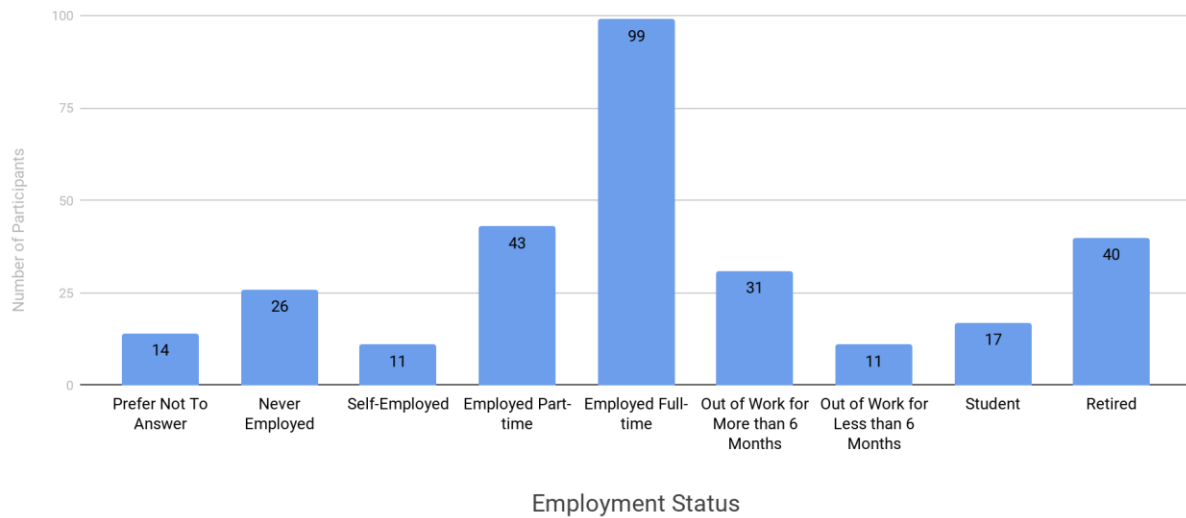


Figure 3 categorizes the employment status of survey respondents. Fourteen preferred not to answer. Twenty-six reported never employed. Eleven reported self-employment. Forty-three reported part-time employment. Ninety-nine reported full-time employment. Thirty one reported being out of work for more than six months. Eleven reported being out of work for less than 6 months. Seventeen reported being a student. Forty respondents are retired.

Figure 4: Type of Disability of Participants

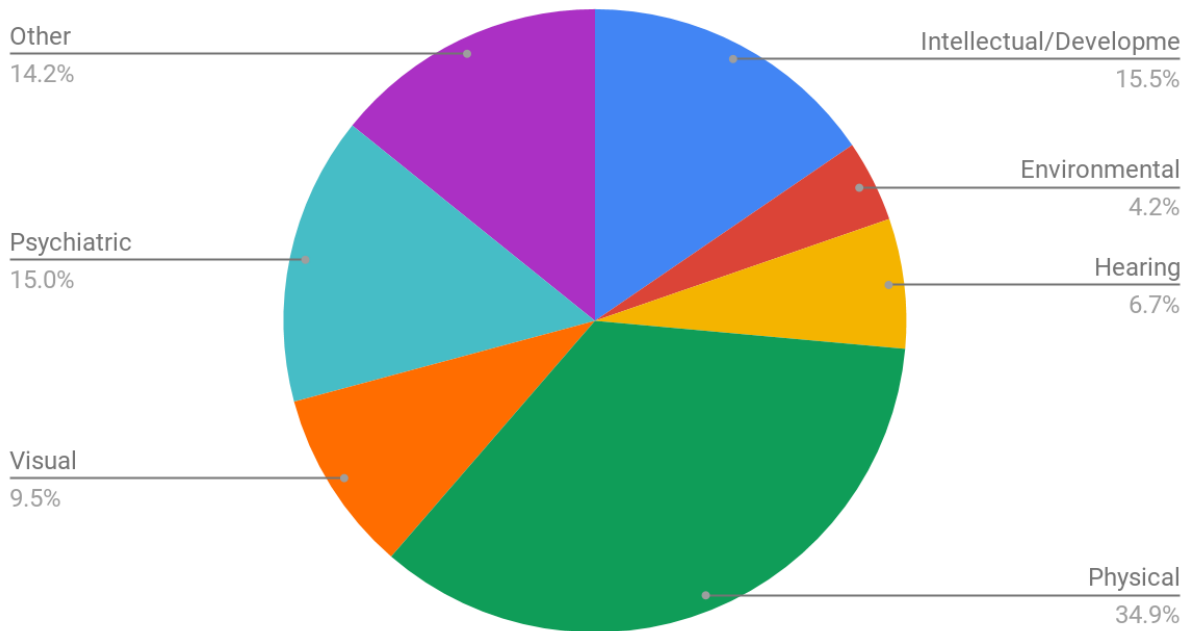


Figure 4 illustrates the type of disability of participants in a pie chart. 34.9% of individuals have a physical disability. 6.7% have a hearing disability. 4.2% have an environmental disability. 15.5% have an intellectual or developmental disability. 9.5% have a visual disability. 15.0% have a psychiatric disability. 14.2% have a disability identified as other.

Results

Survey Collection

Feelings and Perceptions from Disability Community

The series of questions below was designed to measure people with disabilities' feelings and perceptions about their experiences, circumstances, access to services, connection to their communities, and overall well-being.

Below is a list of statements about general feelings as a person with a disability. Please check the box "Yes" if you agree or "No" if you disagree. You can also let us know if you are unsure or if the statement does not apply.

Answered: 256 Skipped: 78	Yes	No	Unsure	Does not apply	Yes (%)	No (%)
I am happy with my life.	179	40	28	7	70.47%	15.75%
I am healthy.	157	65	23	8	62.06%	25.69%
I am able to make choices on my own.	218	11	21	5	85.49%	4.31%
I am able to maintain and stay within a budget.	163	49	31	12	63.92%	19.22%
I can get the medical care I need.	188	41	22	4	84 73.73%	16.08%
I am happy where I live.	188	48	17	3	73.44%	18.75%
I feel like my family and friends are there for me.	194	36	16	16 9	76.08%	14.12%
I am able to be involved in my community.	161	62	25	8	62.89%	24.22%
I am able to access the services I need.	159	60	28	7	62.60%	23.62%
I feel like my community does a good job including people with disabilities.	88	106	53	8	34.51%	41.57%

I feel that people treat me unfairly because of my disability	91	101	40	22	35.83%	39.76%
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The first eight questions were a self-assessment of the person's happiness, health, ability to make their own choices, create and maintain a budget, receive the medical care they need, receive support from family and friends, and access the services needed. The data above indicated 62-85% of people with disabilities responded "Yes" to these questions. This shows the majority of respondents had a more positive outlook on their overall well-being, access to services, supports, and ability to make their own decisions. However, the last two questions about community inclusion and unfair treatment of people with disabilities resulted in more split responses between "Yes" and "No".

Barriers to Full Inclusion

The SCSILC Needs Assessment Committee asked survey respondents to determine the existence of specific barriers in their communities. The questions were designed to measure the prevalence of barriers for South Carolinians with disabilities.

Do you feel there are barriers for people with disabilities in the categories below?					
Answered: 234 Skipped: 100	Yes	No	Unsure	Yes (%)	No (%)
1. Access to community (e.g. beaches, stores, restaurants, etc.)	167	40	26	71.67%	17.17%
2. Access to government services (i.e. ability to access buildings that house government services)	128	60	46	54.70%	25.64%
3. Accessible housing (i.e. housing that allows for independent living for people with disabilities)	151	30	51	65.09%	12.93%
4. Housing within your budget (i.e. housing that fits within one's income)	155	32	46	66.52%	13.73%
5. American Sign Language interpreter services	75	52	103	32.61%	22.61%

6. Assistive Technology and Durable Medical Equipment (e.g. wheelchairs, computers, lifts, communication boards, etc.)	129	49	52	56.09%	21.30%
7. Benefits planning (e.g. Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Supplemental Nutritional Assistance Program (SNAP), Medicaid, Medicare, community work incentives training, etc.)	131	53	45	57.21%	23.14%
8. Counseling/Mental Health Services (e.g. psychiatry, individual therapy, group therapy, etc.)	143	49	38	62.17%	21.30%
9. Aging services (i.e. services that allow for aging in place)	115	40	73	50.44%	17.54%
10. Education (i.e. GED, IEPs, college, apprenticeships, internships, trade school, etc.)	140	47	42	61.14%	20.52%
11. Emergency preparedness (i.e. a plan in place for tornadoes, floods, terror attacks, natural disasters, etc.)	139	46	47	59.91%	19.83%
12. Employment services (i.e. assistance with getting and keeping a job)	136	46	47	59.39%	20.09%
13. Health care (e.g. doctors, home health care, hospital, rehabilitation facilities, etc.)	150	54	27	64.94%	23.38%
14. Home Modifications (e.g. ramps, handrails, grab bars, etc.)	133	55	41	58.08%	24.02%
15. Inclusive recreational opportunities (e.g. sports, movies, arts, cultural events alongside peers with and without disabilities, etc.)	143	52	36	61.90%	22.51%

16. Independent Living Services (e.g. self-determination and advocacy, communication skills, budgeting, household management, goal-setting, etc.)	124	56	50	53.91%	24.35%
17. Information Access (e.g. Accessible websites, digital documents, print materials, etc.)	119	57	55	51.52%	24.68%
18. Orientation and Mobility (O&M) (i.e. training for people who are blind)	75	40	111	33.19%	17.70%
19. Perception (i.e. what people in the community think people with disabilities can or cannot do.)	148	32	47	65.20%	14.10%
20. Personal assistance services (e.g. caregivers, personal attendants, respite care, etc.)	131	44	54	57.21%	19.21%
21. Personal transportation (e.g. car ownership, vehicle modifications, etc.)	144	40	46	62.61%	17.39%
22. Public transportation services (e.g. bus, taxi, etc.)	153	37	39	66.81%	16.16%
23. RideShare transportation (e.g. Uber, Lyft, etc.)	127	43	61	54.58%	18.61%
24. Sexual, reproductive, and family planning health services and education (i.e. services that allow family planning such as OBGYN, etc.)	102	46	80	44.74%	20.18%
25. Therapy services (e.g. occupational, physical, or speech therapies)	133	57	41	57.58%	24.68%
26. Youth Leadership and Transition (i.e. services which allow youth to successfully transition into adult life.)	104	50	73	45.81%	22.03%

Other (please specify) **Please see Appendix for further information.**

When asked to identify if the categories listed above were barriers for people with disabilities, the results indicated the following barriers to have the highest response rate:

1. Access to the community (71.67%)
2. Public Transportation Services (66.81%)
3. Housing within one's budget (66.52%)
4. Perception (65.20%)
5. Accessible Housing (65.09%)

Most Significant Barriers

To greater emphasize the barriers, survey respondents were asked to review the list again and select only five categories they thought were the most significant or severe. The responses are quantified in the table below.

Please select the five categories where you see the most significant barriers.		
Answered: 223 Skipped: 111	Response Percent	Response Count
1. Access to community (e.g. beaches, stores, restaurants, etc.)	33.63%	75
2. Access to government services (i.e. ability to access buildings that house government services)	14.35%	32
3. Accessible housing (i.e. housing that allows for independent living for people with disabilities)	38.57%	86
4. Housing within your budget (i.e. housing that fits within one's income)	42.60%	95
5. American Sign Language interpreter services	8.97%	20

6. Assistive Technology and Durable Medical Equipment (e.g. wheelchairs, computers, lifts, communication boards, etc.)	12.11%	27
7. Benefits planning assistance (e.g. Supplemental Social Income (SSI), Social Security Disability Insurance (SSDI), Supplemental Nutritional Assistance Program (SNAP), Medicaid, Medicare, community work incentives training, etc.)	30.04%	67
8. Counseling/Mental Health Services (e.g. psychiatry, individual therapy, group therapy, etc.)	27.35%	61
9. Aging services (i.e. services that allow for aging in place)	13.00%	29
10. Education (e.g. GED, IEPs, college, apprenticeships, internships, trade school, etc.)	19.28%	43
11. Emergency preparedness (i.e. a plan in place for tornadoes, floods, terror attacks, natural disasters, etc.)	20.18%	45
12. Employment services (i.e. assistance with getting and keeping a job)	35.43%	79
13. Health care (e.g. doctors, home health care, hospital, rehabilitation facilities, etc.)	22.42%	50
14. Home modifications (e.g. ramps, handrails, grab bars, etc.)	17.49%	39
15. Inclusive recreational opportunities (e.g. sports, movies, arts, cultural events alongside peers with and without disabilities, etc.)	18.39%	41
16. Independent Living Services (e.g. self-determination and advocacy, communication skills, budgeting, household management, goal-setting, etc.)	13.00%	29
17. Information Access (e.g. Accessible websites, digital documents, print materials, etc.)	5.38%	12
18. Orientation and Mobility (O&M) (i.e. training for people who are blind)	5.38%	12
19. Perception (i.e. what people in the community think people with disabilities can or cannot do.)	24.22%	54

20. Personal assistance services (e.g. caregivers, personal attendants, respite care, etc.)	14.80%	33
21. Personal transportation (e.g. car ownership, vehicle modifications, etc.)	18.83%	42
22. Public transportation services (e.g. bus, taxi, etc.)	26.46%	59
23. RideShare transportation (e.g. Uber, Lyft, etc.)	13.45%	30
24. Sexual, reproductive, and family planning health services and education (i.e. services that allow family planning such as OBGYN, etc.)	7.62%	17
25. Therapy services (e.g. occupational, physical, or speech therapies)	8.97%	20
26. Youth Leadership and Transition (i.e. services which allow youth to successfully transition into adult life.)	9.42%	21
Other (please specify) Please see Appendix for further information		

The top five barriers are ranked from most to least prominent:

1. Housing within one's budget (42.6%)
2. Accessible housing (38.57%)
3. Employment services (35.43%)
4. Access to the community (33.63%)
5. Benefits planning assistance (30.04%)

Three of the most significant barriers people with disabilities identified (Housing within one's budget, accessible housing, and access to the community) were also ranked in the barriers with the highest response rates in the previous question. The other two barriers differed between the two questions. For example, 65.20% of people with disabilities selected perception as a barrier, but it was not identified as one of the five most significant barriers for people with disabilities in

South Carolina. These barriers were used to help inform the goals in the Statewide Plan for Independent Living.

Living with a Disability in South Carolina

To gain more insight on the respondents' experience with having a disability in this state, two open ended questions were asked: "What is it like to live with a disability in South Carolina?" and "What is one thing that will make your life better as a person with a disability?". Analyzing these qualitative allowed for the respondents to explain their answers and touch on any topics not previously asked in the survey. A full list of the qualitative responses can be found in Appendix A.

The themes that were found from these questions somewhat mirrored the responses above in terms of barriers. However, other information and areas of improvement not reflected in the above data tables came to light during the analysis.

What Is It Like To Live With A Disability In South Carolina?

Perceptions on what it is like to live with a disability in South Carolina were somewhat varied. Thirty-three (33) of the 170 respondents reported that living with a disability in South Carolina has been a positive experience. The rest of the respondents (137), however, listed many reasons why living in this state with a disability has been challenging for them. Below is a list of themes that were generated from these responses.

Negative Perception from People in Community

The most common theme found in this open-ended response question was the negative perception the outside community has about people with disabilities. Twenty-one (21) respondents talked about how stigma and stereotypes from the outside community hurt their ability to live happily and successfully in South Carolina. One respondent stated "Public perception of our abilities is so out of touch with the reality that it is a major hindrance to independence. People still think if someone has a disability, they are automatically less than others."

Another respondent said that living in South Carolina with a disability is "a fight to be seen as fully human. It is to be a commodity for service providers rather than a consumer...It is to have your life marginalized from birth to death and it is the fatigue that comes from having to explain this in 1,000 different ways so that people will understand."

A third respondent shared that “...dealing with the accessibility in the community and the negative perception of people with disabilities,” makes living in this states difficult. They also said, “People without disabilities often think people with disabilities are not capable and we should be satisfied with how things are.”

Lack of Services

Not having access to or information on current services was among one of the more common experiences among people with disabilities. Sixteen participants stated that the lack of resources and services for the disability community were in some way a barrier to living a fully inclusive life in South Carolina. Many found the types of services provided lacking, and the ones that were available were not inclusive or broad enough to reach everyone. Others said that the services were difficult to receive and felt that they had to jump through hoops just to receive them. The services cited were Medicaid, Medicare, SSI, SNAP, physical therapy, health care, personal care aids, counseling, and financial services. One person was so frustrated with this issue they stated “There’s simply not enough services - I tell everyone to move to another state. I would if I could.”

Another respondent said “it is hard to get the services I need to live,” which exemplifies the dire consequences people with disabilities face when their needs are not met. This problem can be even more difficult for those who live in more rural parts of the state, as described by a third respondent: “If you don’t live in a major metropolitan area obtaining the smallest bit of help or accommodation is a MAJOR battle.”

Inaccessible/Unavailable Transportation

Twelve respondents touched on lack of accessible transportation as a reason why living with a disability in South Carolina is difficult. Many people cited the inaccessible transportation system as a barrier to full community inclusion. One respondent said “It is difficult because the community is not accessible and safe. [There are] No sidewalks, no shelters for people in wheelchairs who use the bus.”

Another respondent contributed their feelings of isolation to their inability to access safe and affordable travel: “At retirement age and without adapted transportation, it’s isolating.”

Feelings of Loneliness/Lack of Inclusive Recreation and Social Activities

Another barrier to full inclusion discussed by 12 respondents was the lack of inclusive social and recreational activities. The respondents stated feelings of loneliness, isolation, and boredom.

One individual stated “You feel like you are confined to one place. SC says that you can get the help you need, but [you can] not.”

This isolation echoed another respondent, who stated “I feel misunderstood by most people and it is hard for me to ‘fit in’ so I usually choose to spend my time alone when I am not working.”

Inaccessible Communities

Having to navigate infrastructure that was not built for people with disabilities was stated as a barrier to full inclusion by eleven of the respondents. Many described their inaccessible communities as frustrating, challenging, and stressful. One participant stated “It can be challenging in a wheelchair because a lot of businesses, parks, and daily activity sites are not accessible...even with hospitals and other medical facilities.”

Infrastructure such as sidewalks, parking lots, parks, and other public spaces were described by the respondents as inaccessible. One respondent said that “.it is dangerous to even leave the house because there are no sidewalks or bikeways on the curb.”

Inaccessible/Unaffordable Housing

Eight (8) of the participants discussed lack of affordable housing as an issue that negatively impacted their life in South Carolina. Long wait times for accessible housing, lack of assistance in paying for housing, discrimination from landlords, and inaccessible living spaces were among the chief complaints. Most of the respondents stated that their disability allowance was not enough to cover their housing expenses but they were unable to get assistance elsewhere. One respondent said “I have kids and a spouse. Finding a 3+ bedroom accessible and affordable here is impossible.”

Lack of Employment Opportunities

Inaccessible and discriminatory workplaces, as well as lack of employment opportunities in general were described by eleven (11) people as a challenging obstacle to overcome as a person with a disability in South Carolina. People wrote about employers discriminating against them because of their disability, not providing reasonable accommodations, not receiving proper job training/coaching, not being prepared for the workforce by their education, and just not being able to find work in general.

Two respondents wrote about their experiences with discrimination. One wrote: “Employers dismiss me because I sound different and they want me to move faster than I can.” Another

said: “I know that I have the skills and ability to work but after I apply, I am "ghosted" by potential employers once they see my white cane.”

What Is One Thing That Will Make Your Life Better as A Person with A Disability?

Although the 170 respondents to this question have unique needs that would make their life easier as a person with a disability in South Carolina, there were common themes among many of the answers to this open-ended question. These themes went hand-in-hand with the ones listed above: for many of the respondents, the one thing that would make life easier for them was to rectify the situation they discussed in the previous question. Below is a list of these themes.

Access to Services

The largest number of responses to this question (36) talked about how access to proper medical, hospital, health care, and other general services would improve their lives here in South Carolina. The services outlined included meal planning, medication, clothing assistance, benefits assistance, personal care assistance, and referral to resources in the community. Many wrote that they are unaware of the services available to them and wanted a resource that was easy to navigate to direct them.

One respondent stated that “getting consistent answers from DDSN as to what services are available along with follow-up from caseworker reflecting these same services outlined” would make their life easier as a person with a disability in South Carolina. Another wanted more they just answers about services. They wanted “More accessible information. Information linked to different resources. There have been resources I didn’t know about until I dug deeper.”

A Change in Public Perception

Thirty-five people talked about the need for a change in public perception of people with disability as a way to make their lives better in South Carolina. Many called for the acceptance, dignity, respect, inclusion, de-stigmatization, being seen as a whole person, and a better understanding in general from the greater community.

For one respondent, the thing that would make their life easier in South Carolina was “people realize[ing] that we are individuals and human beings and need to be treated as such. The community [needs to] be more inclusive and accessible.”

Another respondent stated “A better general understanding by the able bodied would help the disabled community. I learned as a young child to hide my disability whenever possible because

people react to you differently when they know you have disabilities.” Many respondents just wanted “To be accepted and validated.”

Accessible, Affordable Transportation

Nineteen participants stated that access to transportation that fit their budget and accommodated their disability was something that could improve their quality of life here in South Carolina. The respondents to this question described the current public transportation system (in rural and urban areas) as lacking in many ways. Many wanted to see their public transportation system expanded in some way, such as available on weekends/holidays or through the use of private companies like Uber or Lyft. Other users felt their current mode of transportation was not safe and wanted to see this rectified.

One respondent stated “Better transportation. I love the idea of COMET/DART partnering with Uber/Lyft to remove barriers to timely transit. I would also love to see more walkable communities.”

Another respondent described her transportation system in the following quote: “Some people drive me for free. I own a van but I can’t drive it anymore. But I got to pay people to drive my van to church, doctor apt. Any place I go. I have to pay someone to drive my van. I pray someone can help me.”

Inclusive, Accessible Communities

The physical infrastructure of the many communities represented in this survey was described as being inaccessible to South Carolinians with Disabilities. Fifteen participants wrote that updating and creating communities that accommodate people with disabilities would make their life better. Many wanted more sidewalks, accessible crosswalks, adaptive recreational opportunities, and general access to public spaces/buildings.

Increased Accessible Employment Opportunities

Fifteen respondents wanted more employment opportunities that provide reasonable accommodations, met their needs, and felt meaningful. A few participants described discrimination they faced while on the job because of their disability and wanted better repercussions for it. Others called to have the “right to work” law revoked.

Companionship

Another common theme from participants of this question was their desire to make and sustain close relationships with other people. Because isolation was described as a negative experience

of people with disabilities in this state, it makes sense that eleven of the respondents wanted to make some sort of connection to other people in their community. Marriage, dating, social opportunities, making friends, and finding a support system were common desires of this community.

The thing that would make one respondent's life easier in South Carolina was "Peer support, knowing someone understands and cares." Another wanted "More social opportunities". Three respondents simply put "friends" as the thing that would benefit their lives the most in this state.

Affordable, Accessible Housing

In order to make their life better in South Carolina, ten respondents discussed the need for housing they could afford and navigate with their disability. These respondents cited gaining safe, accessible and affordable housing as a means to improve their quality of life. One participant described the issue well with their comment "If I could get an apartment with income-based rent that would help me so much. The possibilities are endless when you don't have to stress about...not being able to afford bills."

Another respondent stated "Affordable, safe housing proves to provide better quality of life, so we can focus on other aspects of life besides basic needs."

Education Reform & Increased Youth Services

Eight respondents answered this question by describing the need for better education and programs for youth with disabilities. Many wanted a diploma instead of a certificate of attendance, adult transition and independent living skills taught in schools, more support in the classroom, and better preparation for college.

Discussion

The main findings from the Needs Assessment identified the following barriers as most significant to South Carolinians with disabilities: available and accessible housing within one's budget, employment services, access in the community, and benefits planning assistance. The qualitative data reflected the same findings shown by the quantitative data.

While analyzing the data, the SCSILC noticed the stark differences between the results of the barrier questions and the qualitative responses from the open-ended questions. Perception of the disability community was notated numerous times in the open-ended questions about living with a disability in South Carolina, but this did not reflect in the five most significant barriers in South Carolina.

Prior to conducting the needs assessment, the researchers thought people with disabilities would identify tangible barriers such as employment, housing, education, and transportation. The quantitative data proved some of these categories to be barriers, but the qualitative data showed perception and stigma surrounding people with disabilities to be significant barriers as well. These issues are not as easily addressed.

Limitations and Strengths

The SCSILC wanted to hear from the disability community before drafting their goals to help break down the barriers that they identify. However, it is impossible to get the input from every single person with a disability in South Carolina, so there are some limitations in the above report.

First, most of the respondents came from those already receiving services of some kind. The survey was advertised through social media pages, e-blasts to partners of and the SCSILC, and through paper surveys mailed out by the three CIL's in SC. Because of this, if a participant heard about the survey, they most likely heard about it from these sources, which allows us to infer that many of these respondents were receiving some kind of communication from a service provider in South Carolina. Also, 183 respondents reported that they were familiar with their CIL. This could skew the data found because individuals not receiving services could have different views about what barriers are in this state.

Along these same lines, only two respondents came from unserved counties. That implies that almost all of the people that participated in this survey were not from Lancaster, Chesterfield, Marlboro, Darlington, Florence, Marion, Horry, or Georgetown counties. The people with

disabilities in these counties may have different views about barriers, and therefore, the above data cannot be generalized to those sections of the state.

Another limitation arose from the wording of the two questions assessing for barriers (questions 21 and 22). The first question asked for the individual to identify if the categories listed were barriers for people with disabilities. The second question asked for the respondent to select the five most significant barriers from the same list of categories. However, the responses were not cohesive between the two questions. For example, a respondent would identify “transportation” as not being a barrier in their life for question 21 but would then rank it as one of their top five barriers in question 22. This happened more than once, which indicated to the researchers that these two questions were confusing to some of the respondents. Condensing, or just asking question 22 may have simplified the process.

The way in which the survey was disseminated was another limitation. Because the SCSILC cannot send paper copies to people unless they had a physical address, the only people who were able to get a paper copy were those who are already consumers of a CIL. This limited the survey to only be completed by those who have internet access and/or those who are consumers of a CIL.

Alternatively, there were many things about this survey that strengthened the data and allowed for the SCSILC to create well-informed SPIL goals.

Most importantly, the sample size and response rate of this survey was rather large. The 334 respondents of this survey allowed for richer data and greater ability to generalize to the larger disability community in South Carolina. Also, these respondents were very diverse.

Representatives from every race, gender identity, and socioeconomic status were present. The participants also varied in ages from five to over 60, which gave for a wider view of disability across the lifespan.

Lastly, the cohesion among the qualitative and quantitative data helped expedite the creation of the SPIL goals. The community expressed explicitly what they saw as barriers in South Carolina and then provided richly detailed open-ended responses on how they want to see change. This allowed for the SCSILC to create the proper goals that would effectively and efficiently meet the needs identified by the community.

Recommendations

The SCSILC recommends the following goals for the SPIL to address the needs and barriers South Carolinians with disabilities identified from the needs assessment survey: housing within one's budget, accessible housing employment services, access to the community, and benefits planning assistance.

1. SC's CILs promote and advocate for disability awareness and accessibility throughout the state to reduce all barriers (employment, housing, community access, benefits and training) impacting full equity.

This goal can be accomplished through the implementation of Advocacy Day for Access and Independence as barriers are addressed on the state level and also brings the disability community together; site assessments testing ADA compliance of public organizations, and continued trainings to consumers, professionals, and to the general public about the disability community.

2. IL services are available and operate efficiently and consumers are aware of these services.

To accomplish this goal, the outreach efforts of CILs need to be more prominent. Many consumers in the survey were unaware of their local CIL, and much of what they wrote about to make their life better in SC were services that CILs provide. Furthermore, it's critical for CILs to have adequate funding to provide quality and effective IL services.

3. SC's CILs work to build social support and community among people with and without disabilities.

This goal can be accomplished through the creation and implementation of various social activities in the community and at local CILs. Because CILs are led and operated by the majority of people with disabilities, it would also be important for CILs to advocate for disability representation in all general community social activities

Appendix for SPIL Needs Assessment Report

What is it like to live with a disability in South Carolina?

SC has a wonderful housing program that is limited to high crime rate areas mostly. Some seniors/handicapped/disabled persons have newer, safer and cleaner living environments now. Lots of people still need compatible communications like cell phones, laptops or personal computers or other devices. Disabled parents need more encouragement and help, especially with teens. Housing, transportation and the necessities for online communications and/or study for school are needed, compared and associated by status with teens.

House bound as can't get into vehicle. Healthcare is a hard thing to work around to.

It is difficult because the community is not accessible and safe. No sidewalks, no shelters for people in wheelchairs who use the bus. Housing is too expensive on a fixed income.

It is difficult and hard to get around for me to go place and not by a bus line and people don't understand how hard it is to live with a disability like family and friends and some family and mom not very supportive and not help me with it and some of the service providers I had before didn't help me case managers I had but now I got new case manager.

It is challenging. Especially not having transportation

Lack of safe transportation

It's horrible they need to help the ones with disability a little bit better like have transportation for people who live far out with disability who have hard time get around instead charging and paying a lot where uber n lyft charge so much N where family and friends don't help that much but the ones who live in city get much help and some of these people using the system by lying like the people with disability some and the people who lying for them to do that

My biggest struggles involve trying to safely get around on foot or by using an Uber. I use a white cane now and I have to worry about not being able to know when to cross the street safely and after I get a guide dog, I will have to worry about whether the Uber drivers will still pick me up or not or whether I will be allowed to use my guide dog at church or asked to leave a restaurant. And I struggle with self-worth because I know that I have the skills and ability to work but after I apply, I am "ghosted" by potential employers once they see my white cane. I enjoy my life and I realize that everyone has struggles but I hope that someday, the world will be a little better place.

But overall South Carolina is (out of 10) probably a 4. Self-containment education classes, atrocious treatment of students as well as no options outside of CIL providing transitional services for our youth in transition is a joke. We need to tackle; 1. Public transportation- The carta and teleride system is never on time and over half of the bus stops are inaccessible to individuals who are not able to walk on their own. Moreover, half of these are off to the side of the road (no pavement or sidewalk and no covering from the elements). 2. Education- it is truly a sad day when my parents who are baby boomers got better treatment and more equality in the classroom than our children today. Choosing favorites, sending children to self-containment classrooms when all they need is a better IEP or transition specialist who understands and advocates for their accommodations is not that much to ask. I mean

isn't this what taxes, grants and such are for? Yet here we are 60 years later and we have only merely made a scratch into the issues that surround this problem. 3. Lastly, we need to attack healthcare and Medicaid/ Medicare. It is atrocious that an elderly individual who possess a disability has to wait over 2-3 years to have any modifications done to their home (to ensure institutionalization does not proceed), or the mother who is living on (SSI) who only gets about \$400.00 a month but has diabetic supplies, insulin, hypertension medicine and heart medication that she has to pay for that covers her and her husband; then she is expected to keep a home, pay for food, gas and transportation if she can still drive. If not, now she has to call an uber or lyft and try to understand how this even works. All three of these issues tie into one another and need to be addressed if you would like my honest opinion.

Lives in SC leaves a lot to be desired. I moved here beginning of 2005 from Dresden the State Capital of Saxony in The Federal Republic of Germany, which had infrastructural support in all of the above described areas. Here, they are mostly virtually or non-existent. It is dangerous to even leave the house because there are no sidewalks or bikeways on the curb. The children disabled and able, are essentially neglected by a shattered society.

The south is inaccessible, it is frustrating

Have to find ways to adapt to situations that are not accessible or just pass altogether

It can be challenging because not everything is accessible

It can be challenging at times when things open to the public are not accessible

Stressful not having access to the things that help us with our daily lives

Could use more accessible sidewalks, buildings and benefits

Frustrating. Tried to put myself out there to a tech after five meetup and it was not accessible and an art meetup. I had taken time off work to attend both and couldn't go. Very frustrating.

There are simply not enough services - I tell everyone to move to another state. I would if I could.

Not enough one-one-one support. Need more financial assistance.

Living with a disability in SC is, like most states, a fight to be seen as fully human. It is to be a commodity for service providers rather than a consumer. It is to never be certain that you know what you need to know to get the services and supports you need - even for those of us that are in disability-related professions. It is to have your life marginalized from birth to death and it is the fatigue that comes from having to explain this in 1,000 different ways so that people will understand.

It is hard to get the services I need to live

They cater too much to individuals who are high functioning and use a wheelchair and the visually impaired. I'd like to see more for individuals who can't communicate in the normal way (some who are low functioning). As well as Individuals who have hidden disabilities. We get left out in the cold. We aren't so called "special "enough for them to help us. So are rejected by service providers. Nonverbal and use a wheelchair are also left out as can't find ways to communicate needs others aren't willing to

help in the process. Need to find willing partners to help both sections of individuals. Resources are scarce for everyone, but especially these groups.

Difficult, hard to get services

Pretty rough.....can't get bowel programs in my area

A nightmare. Often, people will think I'm stupid, or will comment that if my disability uses the term 'selective', that I can choose whether or not to speak to them, and that I am actively choosing not to. Obviously, this is not the case. Also, there are no therapists within reach that even know Selective Mutism exists, let alone how to treat it. Likewise, seemingly simple tasks such as getting an eye exam can be frustrating and tedious, as I have to look away from the test in order to write the letter I see on a piece of paper.

Isolation. Limited physical and mental therapy. Income on poverty level. Insurance limitations limited medications. Housekeeping caregivers limited.

If you don't live in a major metropolitan area obtaining the smallest bit of help or accommodation is a MAJOR battle

Limited resources for the deaf and hard of hearing

At times it is okay but some places parking is far even with handicapped tags, getting a job is hard even with proper education, housing does not apply to your disability because they have none, and if you get too much in SSI you cannot get SNAP but your SSI is not enough so you miss doctor appointments just to pay basic things which means you may not have all your medicines. Then everything cost so if you need therapy it may not be covered so you cannot get it along with other medical you may need.

Finding resources is very difficult. I've talked to people that ask what I need but won't tell me what services are out there for a person with disabilities.

I am deaf, I want to be looking for job here, except for deaf to work

There is a great push for acceptance and understanding and that is wonderful. As a person with rare physical disabilities, since graduating high school, I have found there is almost no help with the path to education (college), jobs, independent living skills. I'm in a rare category where I have no mental disability and my physical disabilities are not obvious (blind, wheelchair, etc.) yet my need for services are integral to my success. I have a bright future, I am the future, but without any help/assistance/understanding of how to "travel the path", I am a 19 yr. old high school graduate living at home with my parents with no understanding of how/where to get on a path with a future.

It is terrible. There is nowhere for a young adult who doesn't go to college to meet with peers who are on the level. Only seems like people with autism and severe disabilities. Employers dismiss me because I sound different and they want me to move faster than I can

Not enough opportunity for people with moderate disabilities in the education system or for career opportunities. My son is in middle school and is not severely disabled where he needs to be in a self-contained class (which is where he is), but cannot keep up with the work when in an inclusive

environment because there are too many expectations (the expectations for the amount of work and being on the level that everyone else is should not exist and should be on an individual basis like it is in the self-contained class) and there is no extra help to help these situations.

We face barriers with transportation. Many communities are not walkable and/or sidewalks are in disrepair. Employment services are hit or miss - especially with job development and job coaching

It is hard. This is no disability housing. it is very difficult to get on disability and it's a right to work state and you can get fired or not get a job for having a disability. And with no money, you are not able to get to afford a place to live.

No employment interviews

State job did not alter how they trained me even after requesting

For me, it is very frustrating because technically I may not label as disabled because I don't have MR and I am not dependent on mobility equipment, but I do have ADHD and a learning disability. I feel misunderstood by most people and it is hard for me to "fit in" so I usually choose to spend my time alone when I am not working. Interestingly, I am employed as a DSP for a non-profit organization. I have been doing this job for most of my adult life and it gets harder and harder for me every day. I am usually stressed at work and I suffer from depression too. I get frustrated because I feel that this is not the right job for me but yet I lack the education/experience to get a job elsewhere. I continue to do this job because I have been able to sustain it for nearly 17 years, but now, more and more is being expected from us and I just don't know how long I will be able to continue to do this job. I don't make a lot of money but I am able to sustain my financial responsibilities to live. I feel like it will be difficult to find another job that suits me better that I can successfully sustain and maintain my living condition. Mentally, I feel like I am at a place where I would be better off on disability but I know it's difficult to qualify and I don't think I could manage to live without some sort of income while I am in the process of applying. I also worry if I will be able to sustain my cost of living. I have worked other jobs in the past but most have resulted in me getting fired due to lack of competence. As far as living is concerned, I do okay. I don't have good organizational skills but I usually know where everything is kept in my home. I struggle with some household tasks and home repairs that I cannot complete on my own. Some things would seem like general household/run of the mill tasks that are not a big deal for most people. However, I lack a lot of skills and experience that others take for granted. My niece used to help me but her life has changed and we have become very distant. Our family is not close and I don't have any friends that I can count on either. Sometimes I become very distraught when I feel like I am in over my head and cannot manage my life effectively.

The state is okay, insurance has made it hard and housing is hard to find if you don't live alone. I have kids and spouse. Finding a 3+ bedroom accessible affordable here is impossible.

Difficult for sure, I have housing but it took months to find a place that was affordable or who would accept my VA disability as a reliable income. Many said they felt that I couldn't provide rent reliably because of my disability.

No housing with assistance available - no recreational/social activities for disabled

It is difficult because the community is not accessible and safe. No sidewalks, no shelters for people in wheelchairs who use the bus. Housing is too expensive on a fixed income.

I can't find my own housing no one will try and help me

Sometimes challenging

Hard

Not Good

Not Easy

It's a challenge sometimes and it comes with a lot of pity

Boring! I (we) had support from my daughter who lives in my area until her daughter had a baby and they live with her. We don't ask for much, but when we need help, we need it soon. They don't answer the phone at all (they carry a cell phone everywhere). This has been going on for almost 2 years. One daughter is our emergency #. My other children live out of state and can't be bothered to even come to see us. Before I got that nasty flue that put me on oxygen 24/7, I as a very busy person with church, Greenville newcomers etc. Gardening was another love of mine. I wish I could do this still but my husband wants to sit and watch tv (sports) and I sit in my room watching my tv. Boring. Thank god for my dog.

I can only be around certain people/groups. Church services, Walton Options staff and clients. My nephew is borderline abusing our verbal agreement to not have alcohol drugs in the house, overnight guests including girls. I am the only one who sanitizes the bathroom after they use it, his girl came in coughing and runny nose last week and spent two nights here although I did not agree to overnight guests. He had a friend just walk in the door at 12 midnight unannounced. This causes a higher anxiety in me and scares me.

South Carolina needs improvement

Needs important

It's hard

Different

Not good

It is a living hell. Wondering if you will be strong enough just to face another day of living or existing

Living in SC with a disability is hard. If you don't have or know someone who knows the system you are lost. Social workers need to tell you about the system. This is especially hard if you have to depend on the system.

Uncomfortable

It is hard at times when my bones hurt

Challenging

Difficult

It is difficult

It's hard

It is very hard to have a disability and especially in South Carolina. Because I have a disability that makes it hard to confront to confront people when I need to. My disability is a blessing and a curse because I have a hard time getting mad with people when I need to is my disability won't allow it. I love living here.

As with living any place, life is a challenge.

Time consuming, exhausting from advocating for one's self

Poor

Difficult. Frustrating. Heartbreaking. Unfair.

Living without equal rights

You always have to fight to get what you need.

Embarrassing and challenging

Sometimes it's hard

Very challenging

I can be embarrassing

SC is worse than other states

Can be difficult at times

Lonely, especially being trans and disabled. The only agency that accepts me is Able SC

At retirement age and without adapted transportation, it's isolating

Lonely poverty

No housing with assistance available - no recreational/social activities for disabled

There are not enough programs, places, or things to do for them

Difficult finding right settings for individuals who are high functioning with disabilities

You feel like you are confined to one place. SC say that you can get the help you need but not.

Lonely

I think in larger communities' people with disabilities are more accepted and have more access to the community. In smaller communities there is far more isolation and no public transportation

Some people are not nice

It's a challenge sometimes and it comes with a lot of pity

Voice need to be heard and not respected

It's been hard dealing with the accessibility in the community and the negative perception of people with disabilities. People without disabilities often think people with disabilities are not capable and we should be satisfied with how things are.

As a person with a disability life in South Carolina can be difficult. Sometimes, I feel isolated, and misunderstood by the general public. For example, if I went to a club, I have the right to do so just like a person without a disability. I deserve to live my life the way I want. I deserve to live my life the way I want. I deserve to pursue the career I want, drive the vehicle I want, and live where I want.

It was like I fell from the top of a mountain into a deep pit!!! the Day. I was 22 years old and the senior operator working 40 to 50 hours per week in the factory where I was the lead operator when I had my 1st Brain Aneurysm and it was like I fell off the Earth. Suddenly I wasn't the lead employee and suddenly I was put in a place where I wasn't in control of my destiny over the next several years, I felt like my life had been taken away from me. I am proud of who I am and what I do at Walton Options and I love the Independent Living movement but I feel that once I lost my leadership Skill all those years ago and over many years have regained many of them I still feel somewhat judged on my disabilities instead of my capabilities. I feel that this is one area where there is still room for growth for me and in the Independent Living movement as a whole because I feel I have a lot more to offer and give back for all of the years of assistance I have been given as well!

Hidden disabilities aren't readily recognized or accepted

Lots of old perceptions that see my disability as an inconvenience and leave me out because businesses aren't accessible then others just show pity

It's very hard at times when other people do not understand your disability

There are opportunities not available to you. There are lower expectations

More education and awareness would be good in the community

Many physical barriers and having to overcome stereotypes and stigmas

It is hard, especially if your disability is “invisible” and people think you’re faking it

Better than many places, but public perception of our abilities is so out of touch with reality that it is a major hindrance to independence. People still think if someone has a disability, they are automatically less than others. When you have your country's president making fun of people with disabilities, it does not bode well for the rest of society.

Sometimes I feel like I’m treated different because of my chromosomes

There is still a stigma around disability. People act with pity and disbelief towards people with disabilities that want to be independent.

Having an invisible disability, there is a lot of stigma. I get harassed in public for using AT, accessible spots, services for people with disabilities etc. More needs to be done to inform people about invisible disabilities.

Unfortunate and you experience judgement and lack of understanding of or empathy from those around you. Lack of support and inclusion

it can be hard because the other people don’t understand. I can’t go anywhere where I feel like I’m included

The Bible culture of smiling hospitality with no action leaves people with disabilities at the fringe of South Carolina's culture. Families of means who can support a family member with a disability are at an advantage as privilege extends, in moderation, to the person with a disability. However, poor people with disabilities, particularly poor black and brown people with disabilities, continue to be the most marginalized groups in the state. Public systems of support seem to be set up with the goal of condemning people with disabilities to a life of poverty and exclusion from the community.

I can tell they are trying to be inclusive but there is still a long way to go

Difficult to become independent

It’s tough you don’t have access to all the benefits to be independent.

Long as you can do for yourself, it is okay

Fair

Alright

Alright

Fair

Good

Okay

Happy

So so

Happy

Pretty good

Fair

I happy to live in South Carolina. The hospitals here give me tests for heat to see everything is all right. In college the disability office tells the teachers the student has recommendations

Okay

Great personally

I can discount on the bus

Tolerable

My experience is too limited to give a good answer, but I don't think I have many problems that non-disabled peers do. I also know that I've been incredibly lucky.

Fine

We rely on our CIL for advice, encouragement, referrals to services. Without an organization operated by and for PWD, it's scary to think how isolated and confusing life would be.

I love it has been good to me thank you

We have made strides but there is still work to be done

Ok

Somewhat ok

Good

Well it can be difficult but I found that when I came here to SC, there are more resources for the disabled community

Livable

Normal for me

No different

What is one thing that will make your life better as a person with a disability?

I believe transportation, independent living, proper communication devices, part time work and self-employment will help receive my poverished and acceptance of a SSDI income based on the 3 years I wasn't working prior to approval. Acceptance and self-employment success will benefit relationships and make it better over all.

Affordable transportation on the weekend and holidays

Public transportation

Less expensive car insurance

An accessible infrastructure for transportation

Public transportation and more PCA hours

Transportation

Transportation to grocery stores

Public transportation

Easier transportation

Having my own home and car

Affordable transportation

Some people drive me for free. I own a van but I can't drive it anymore. But I got to pay people to drive my van to church, doctor apt. Any place I go. I have to pay someone to drive my van. I pray someone can help me.

Arranging transportation (DART) not able to pick up @ my home

Public transportation discounts with ride share companies

Safer transportation

Public transportation in smaller communities

Access to transportation

More sidewalks

Having people realize that we are individuals and human beings and need to be treated as such. The community being more inclusive and accessible.

Having businesses and government agencies better educated in regards to rights and responsibilities of access for service dog teams when in public areas. Assistance for business owners to have better knowledge of their rights and responsibilities when access is in question

Knowing I don't have to worry about where I am going and if I can get in

Better inclusivity including retrofitting exiting structures

Addressing the Left Turn Dangers for pedestrians visually impaired or otherwise. For example: Left Turn Signals with protected WALK for pedestrians. Left Turn Calming Pilot – Involves the addition of pavement markings, delineators, signals and curbing to better guide drivers through a left turn. Leading Pedestrian Intervals (LPIS) – Pedestrians are given a 'head-start' with a walk indication in advance of the vehicular green. Left Turn Restrictions – Elimination of problematic left turns where feasible.

Having my own decent place like Vincent village here in north Augusta, it's clean and run effectively and does not tolerate riff-raff.

Having my own housing and social activities

Supervised residential placement

Having my own home and car

Making my home livable instead of wanting to put me in the projects

Housing. If I could get an apartment with income-based rent that would help me too much. the possibilities are endless when you have you don't have to stress about not being able to work because of your disabilities and you're not able to afford bills or even food.

Affordable housing

Stay in my home pay off mortgage. Help with chores and lawn. Afford my insulin. Buy healthy food.

Having complete access of my home from my wheelchair

Affordable, safe housing proves to provide better quality of life, so we can focus on other aspects of life besides basic needs

Get assistance with meal planning, medication, clothing, and shopping along with doctor's appointments

The most important function of a society is to provide the infrastructure so that the residents are able to access medical services, education (study circles, tutoring, practice sessions, on-the-job learning, trade and professional schools/colleges) [with counselors who are friendly, competent and willing to help the people make progress by giving them good advice appropriate to their own innate abilities]. and food.

By food, I mean enough money to buy and afford to eat a fresh salad (with fresh or steamed vegetables), rice and tofu EVERY DAY!

Proper healthcare that will enable me to work again.

Easier access to services

Make it easier to get the benefits one needs, instead of jumping hoops

Continued in home care

Way to access services and remedies without money to pay for such

Bowel care and money

ACA expansion

More programs to help those with disabilities

More access to ASL interpreters

An affordable, social, all-age-range group in an easily-accessible location where I can learn American Sign Language. Me and my mother have been looking for such a thing for almost my entire life, and have found nothing. Schools tailored for deaf and blind children only tutor their own, and refuse to assist other non-speakers. South Carolina has very little help for people like me.

Revamping the waiver programs to allow persons with profound muscle loss from muscular dystrophy to qualify for home and vehicle modification services. We continue to be denied as she does not fit into the classic waiver categories. She is not intellectually impaired, nor overly medically fragile. Her weakness is due to a disease not an injury, and she does not have autism. However, she still uses a power wheelchair and desperately needs bathroom modifications.

Getting a central help agency. I.e. for navigating benefits, services, advocacy

Stay in my home pay off mortgage. Help with chores and lawn. Afford my insulin. Buy healthy food.

Medical care and dental care

Better health care

When I have to see a doctor or be admitted to the hospital, one should not have to wait 2days in the hall way with many other people. h IPA violations and health risks. (grand Strand) myrtle Beach. Researching for a different hospital. Been happening for a long time. No one in the state seems to care.

Affordable health care

Easier access to healthcare without crippling costs

Having the resources available to get help without judgement

More services

Resources that are real

Getting consistent answers from DDSN as to what services are available along with follow-up from caseworker reflecting these same services outlined.

More information on what's available for people with disability.

Being able to go to 1 place for answers to?'s

Having health insurance

Insurance for hearing aids

Have a deaf services center for the deaf

SNAP or Medicare changing limit requirements or services

That I can get benefits without having to go through all the crazy changes and housing

More accessible information. Information linked to different resources. There have been resources I didn't know about until I dug deeper.

Quicker turnaround times for the local and state government to provide assistance to those individuals who are in dire need of medical health coverage, jobs and repercussions against employers who do not honor the Rehabilitation Act and do not honor accommodations for their employees. Also, changing this antiquated law of "right to work" would also help EVERYONE, especially those who possess a disability.

Give them more benefits

Peer support, knowing someone understands and cares

A companion/close friend

Marry my boyfriend

I would love to see the marriage penalty overturned

Physical relationship

Friends

More social opportunities

Making friends

Making friends!

Friends

Supportive friends and family

The one that would make my life better is the ability to make my own decisions and being respected for it.

Being able to do more independently

Being able to get out to a movie, church, dinner etc. with a little bit of help (carry the oxygen purse) or even to get a part time job.

Finding wheel chair sports in Spartanburg.

Having my own housing and social activities

Inclusion and information

More companies willing to help the disabled

Understanding from others especially for non-visible disabilities and for organizations picking locations to hold meetups and for venues to be accessible. Also, there are many areas that need handicap parking spaces.

Accessibly to sport event for hearing loss

Public access for all

Better understanding of an individual's limitations.

Intersectionality-- we need to teach the community that disability is all around them

Better understanding

People be nice and not mean

Acceptance

Treat me like a person

People accepting me for who I am

People Listening

Inclusion for the disabled in mind when doing thing for the community, business, and government

Stigma taken away—the no can do attitude

For people to know that you can't always SEE a person's disability. If they can't see a physical disability, they expect you to be like everyone else even if someone just needs a little extra direction or training because of mild IDD

Having people realize that we are individuals and human beings and need to be treated as such. The community being more inclusive and accessible.

A better general understanding by the able bodied would help the disabled community. I learned as a young child to hide my disability whenever possible because people react to you differently when they know you have disabilities. I'm lucky because I can do that. Many others cannot.

For people to except me for who I am. For people not to judge me.

To be treated with dignity and respect. For people to see my life everyone else. To not be looked at differently because I don't look like everyone else

Want to be treated like everyone else. Don't want to be look at differently.

More understanding of people with disabilities

Changes in perception, which is a problem everywhere and is already being fought on all fronts

Overcoming the inner and outward barriers that we create as people with disabilities and society itself creates through better understanding that freedom, Equality, Independence, inclusion, and technology can do to level the playing field.

Being able to be kind to one another! By not responding and cussing 🗨️ people out on Facebook and Social Media too! Have a good attitude and people will respect you and you'll be treated the same way others treat you better! That's the golden rule!

To be accepted and validated

For people to more understand our disabilities

Understanding and acceptance

Someone who can help me and understand what it's like to be me

Educating others

Respect

Working to reduce stigma/stereotypes about disabilities

Just treat us like a human

That people would treat me right and not bringing disrespectful and discriminate and would help me better to apply for housing or help me get their n to job interview for jobs

When, if, the general public EVER decides to look and/or communicate with us disabled folks as if we were a typical Jon Doe.

Most people don't realize I have multiple disabilities, so I experience ableist privilege. However, when I do disclose a disability people act shocked or disbelieving. That's an ingrained cultural attitude I would love to wave a magic wand and change! I roll my eyes so hard at the disbelievers, I'm surprised they're still in my sockets.

Lessen the stigma that somehow someone with a disability is “less” than everyone else

Accepting others

For people to treat me with respect and equality in society

Help from others and financial assistance

Access to financial resources

Not being on poverty level

I like to be LLC driver for work and training for driver and will your help about ID license LLC

Income

Independent earning extra income to support myself

A job

More income

Better access to more meaningful jobs

Getting more hours at work on job they have a passion for

Employment

More employment opportunities

Income to enjoy some of the better things in life

Being able to work and not having benefits cut. There is now was I could hold down a full-time job. Pt don't pay bills.

Workplace accommodations

Better access to services. Oh, and a special education diploma option.

A good and available youth leadership and transition team advocate would help a lot. Knowledge, adult transition services, independent living

If I get my diploma

The education could be better because there's certain things the high school teachers supposed to teach students for college ready like math and English also history.

Access to better public education that will allow people with mild to mild/moderate disabilities to obtain a high school diploma and not just a certificate without being in an inclusive class. There should be a separate class for people with mild/moderate disabilities that have the ability to graduate high school, but at a slower pace without as many expectations.

I feel having more education surrounding individuals with disabilities and a better understanding of each disability (available to individuals who do not possess a disability)

Having all the help I need at school

We need agencies willing to bring suit against violations of federal and state laws that are there to protect us but infrequently enforced.

Restoration of sight

Getting better/fixing WIFI

Modifications

Pizza

Food and living my best life

Quicker turnaround times

Access to all tools that assist with our daily lives

Equitable opportunities

Being happy is an enlightenment

Not having to wait for waiver services

Walks

Appendix B: SPIL Quarterly Reporting Tool

SC STATE PLAN FOR INDEPENDENT LIVING

SPIL Quarterly Reporting

CENTER FOR INDEPENDENT LIVING:
REPORTED MONTHS:

Goal 1

South Carolinians with disabilities are accepted and included in the community.

Objective 1.1

SC's IL systems will develop a statewide education campaign to challenge stereotypes about people with disabilities.

Activities	Measurable Indicators	Progress on Indicators from Reporting Period
A. CILs and the SCSILC Accessibility Committee will develop a campaign theme. B. A campaign kit will be developed (e.g., posters, social media pages, website, etc.) and be distributed to the community. C. CILs will work together to develop one (1) awareness video to dispel the myths of people with disabilities.	A. A campaign theme will be developed by October 2021. Both SCSILC and CILs will agree. The campaign theme will be developed between the SCSILC Accessibility Committee and the CILs. B. A campaign kit will be developed with materials and outreach plan by October 2022. C. The campaign will launch in 2022 via a press release and website. D. A fully accessible video will be completed by October 2023. E. A survey will be developed to get feedback to ensure the campaign is meeting the desired outcome and goal. The survey will be launched in 2022.	A.

Number of consumers served under this objective:

What organizations did the CIL collaborate with during the SPIL quarterly activities?:

Did the CIL meet this objective? (Insert "GOAL MET" or "IN PROGRESS" here):

Other information and Photos (please insert photos with Alt Text in-line with text for accessibility):

Objective 1.2

SC's IL systems work collaboratively with non-traditional entities to promote disability awareness, access, equality, and inclusion.

Activities	Measurable Indicators	Progress on Indicators from Reporting Period
<p>A. Continue facilitating the SC Access and Independence Network. The Network's mission is to unlock the barriers for South Carolinians with disabilities.</p> <p>B. Continue to coordinate and implement an all-inclusive Advocacy Day for Access and Independence that brings awareness and education regarding the barriers impacting South Carolinians with disabilities.</p> <p>C. Collaborate to address at least one (1) key policy issue per year. Clear issues were outlined via the needs assessment and included public access, housing, transportation, healthcare, employment, education, perception, etc.</p>	<p>A. Disability organizations will work together to provide education about the barriers impacting South Carolinians with disabilities. The SC Access and Independence Network will meet at least six (6) times per year to discuss solutions to unlocking the barriers to independence for people with disabilities and develop a plan. Meeting minutes and agenda will be shared as supporting documentation with the SPIL Oversight Committee and DSE.</p> <p>B. At least 300 people will participate and learn about the barriers impacting people with disabilities. Advocacy Day for Access and Independence will continue as the state's cross-disability rights education day. Surveys will be distributed to measure the outcome of the event from partners and participants. The event will be fully accessible, recorded, and live streamed.</p> <p>C. One key policy issue will be addressed annually via fact sheets and an advocacy plan to educate state leaders about how the policy negatively impacts South Carolinians with disabilities. One fact sheet per year will be developed. CILs and SCSILC will distribute fact sheets to state leaders. Any changes in policy will be documented and reported.</p>	<p>A.</p>

Number of consumers served under this objective:

What organizations did the CIL collaborate with during the SPIL quarterly activities?:

Did the CIL meet this objective? (Insert "GOAL MET" or "IN PROGRESS" here):

Other information and Photos (please insert photos with Alt Text in-line with text for accessibility):

Goal 2

South Carolinians with disabilities are accepted and included in the community.

Objective 2.1

South Carolinians with disabilities have access to emergency services.

Activities	Measurable Indicators	Progress on Indicators from Reporting Period
<p>A. CILs will continue to coordinate and participate in the SC Disability Partners in Disaster Coalition to lead the efforts with coordinating accessible emergency services.</p> <p>B. Collaborate with at least three (3) local/state emergency management divisions to promote inclusive services and provide accessibility resources to at least twenty (20) emergency shelters and/or emergency volunteers yearly.</p> <p>C. CILs will provide at least three (3) consumer emergency preparedness trainings per year.</p> <p>D. The IL Network will work with state/local government entities and the media to provide resources for providing accessible press conferences during emergencies.</p>	<p>A. CILs and the disability community will lead the efforts to educate about the needs of people with disabilities before, during, and after an emergency event. At least four (4) SC Disability Partners in Disaster Coalition meetings will be held to help coordinate emergency supports with state leaders during and after an emergency. Meeting minutes and collaboration success will be recorded and shared with the SCSILC and DSE.</p> <p>B. Twenty (20) emergency shelters and/or volunteers will receive resources on operating an accessible emergency shelter.</p> <p>C. At least three (3) local/state emergency management divisions will have a working relationship with their local CIL. CILs will report the resources and dates in which they shared inclusive practices with the SILC and DSE.</p> <p>D. CILs will provide three (3) emergency trainings per year to consumers. CILs will report the number of consumers trained and/or evaluation results. 2021, 2022, and 2023.</p> <p>E. All municipalities and state government will receive education to remind them about their obligations to provide accessible press conferences during emergencies. CILs will coordinate their outreach efforts to ensure this initiative is statewide. 2021, 2022, and 2023.</p>	<p>A.</p>

Number of consumers served under this objective:

What organizations did the CIL collaborate with during the SPIL quarterly activities?:

Did the CIL meet this objective? (Insert "GOAL MET" or "IN PROGRESS" here):

Other information and Photos (please insert photos with Alt Text in-line with text for accessibility):

Goal 3

IL services are available and operate efficiently.

Objective 3.1

The SCSILC has the support to operate efficiently.

Activities	Measurable Indicators	Progress on Indicators from Reporting Period
<p>A. The SCSILC will contract with Able SC for administrative support.</p> <p>B. The SCSILC will receive at least one (1) training per year (topics can include IL, governance, advocacy, etc.) The SCSILC is dedicated to ongoing professional development in the areas where we can be most effective for the disability rights movement. Improvement in these areas will allow for more impactful advocacy.</p> <p>C. The SCSILC will ensure cross-disability and statewide representation within its membership.</p>	<p>A. 100% of the administrative responsibilities will be accomplished for the SCSILC (reporting, taxes, nonprofit responsibilities, website management, answering telephones, and other methods of communication). Timesheets will be recorded and reported to DSE.</p> <p>B. Annual training will be scheduled and listed on the SCSILC’s agenda.</p> <p>C. The SCSILC will include members from across the state of South Carolina and with a variety of disabilities. These statistics will be documented in the Quarterly Report.</p>	<p>A.</p>

Number of consumers served under this objective:
What organizations did the CIL collaborate with during the SPIL quarterly activities?:
Did the CIL meet this objective? (Insert “GOAL MET” or “IN PROGRESS” here):
Other information and Photos (please insert photos with Alt Text in-line with text for accessibility):

Objective 3.2

Consumers are satisfied with their IL services.

Activities	Measurable Indicators	Progress on Indicators from Reporting Period
A. Consumer satisfaction surveys show a 90% or better satisfaction rate in all service areas. B. CILs will research and develop a standardized satisfaction survey. C. Satisfaction survey results will be reported in the CILs PPRs.	A. 90% of the consumers receiving CIL services are satisfied with the services they receive based on satisfaction survey responses. B. The three CILs will work together to develop a standardized consumer satisfaction survey that will be distributed to 100% of their consumers after services are performed. C. CILs will share their signed PPR annually with the SCSILC.	A.

Number of consumers served under this objective:
What organizations did the CIL collaborate with during the SPIL quarterly activities?:
Did the CIL meet this objective? (Insert "GOAL MET" or "IN PROGRESS" here):
Other information and Photos (please insert photos with Alt Text in-line with text for accessibility):

Objective 3.3

SC CILs are in compliance with standards and indicators.

Activities	Measurable Indicators	Progress on Indicators from Reporting Period
<p>A. CILs use the Compliance and Outcome Monitoring Protocol (COMP) as an internal auditing tool at least annually to ensure compliance. CILs will inform the SCSILC once their internal audit is completed and report any training needs.</p> <p>B. CILs will have appropriate database programs to ensure compliance.</p> <p>C. CILs have designated staff working to ensure compliance and quality assurance.</p>	<p>A. All CILs will conduct an internal review using the COMP annually.</p> <p>B. All CILs will have appropriate database systems of their choice to collect data/outcomes.</p> <p>C. All CILs have staff in place who will have quality assurance responsibilities.</p>	<p>A.</p>

Number of consumers served under this objective:

What organizations did the CIL collaborate with during the SPIL quarterly activities?:

Did the CIL meet this objective? (Insert "GOAL MET" or "IN PROGRESS" here):

Other information and Photos (please insert photos with Alt Text in-line with text for accessibility):

Objective 3.4

SC CILs are financially supported, and Part B Independent Living funding will be distributed equitably among the three SC CILs based on service areas.

Activities	Measurable Indicators	Progress on Indicators from Reporting Period
<p>A. Continue to fund counties with Part B funds via existing CIL, WOIL, at the current level until Part C funds become available. WOIL Lowcountry will receive no more than \$100,000 of the Part B funding. If Part B funding is decreased to less than \$250,000 per year, the SPIL will be revised to ensure goals are achievable, and the funding allocation is reviewed. 2021, 2022, and 2023.</p> <p>B. Remaining Part B funds would be divided between the three (3) Part C CILs according to counties served (Able SC, 50% of remaining funds; AccessAbility, 25% of remaining funds; WOIL, 25% of remaining funds) to assist with providing general IL services and/or implementing the SPIL goals.</p>	<p>A. Six (6) unserved Part C counties will be served by an existing CIL.</p> <p>B. CILs will contract with the DSE and divide the funding based on service area.</p>	<p>A.</p>

Number of consumers served under this objective:
What organizations did the CIL collaborate with during the SPIL quarterly activities?:
Did the CIL meet this objective? (Insert "GOAL MET" or "IN PROGRESS" here):
Other information and Photos (please insert photos with Alt Text in-line with text for accessibility):

Goal 4

South Carolinians with disabilities have the supports they need to live independently and safely in the communities of their choice.

Objective 4.1

South Carolinians with disabilities will have the support they need to live independently in the community of their choice.

Activities	Measurable Indicators	Progress on Indicators from Reporting Period
SCSILC and CILs to collaborate with SCDHHS to develop a partnership in the implementation of the Home Again Program (also known as Money Follows the Person).	To build capacity to provide nursing home and other institution transition programming.	

Number of consumers served under this objective:
What organizations did the CIL collaborate with during the SPIL quarterly activities?:
Did the CIL meet this objective? (Insert “GOAL MET” or “IN PROGRESS” here):
Other information and Photos (please insert photos with Alt Text in-line with text for accessibility):

Objective 4.2

South Carolinians with disabilities will have the support they need to access competitive and integrated employment.

Activities	Measurable Indicators	Progress on Indicators from Reporting Period
SCSILC and CILs will continue to address employment barriers by developing sustainable systems change via the SC Disability Employment Coalition.	CILs will participate in the SC Disability Employment Coalition.	

Number of consumers served under this objective:

What organizations did the CIL collaborate with during the SPIL quarterly activities?:

Did the CIL meet this objective? (Insert "GOAL MET" or "IN PROGRESS" here):

Other information and Photos (please insert photos with Alt Text in-line with text for accessibility):

Objective 4.3

SC State government will better understand both the independent living needs of South Carolinians with disabilities and the requirements of Title II of the Americans with Disabilities Act.

Activities	Measurable Indicators	Progress on Indicators from Reporting Period
CILs and SCSILC will work with the House Oversight Committee to educate them on Title II ADA requirements.	A fact sheet will be created to educate the House Oversight Committee about the state's responsibilities under Title II of the Americans with Disabilities Act.	

Number of consumers served under this objective:

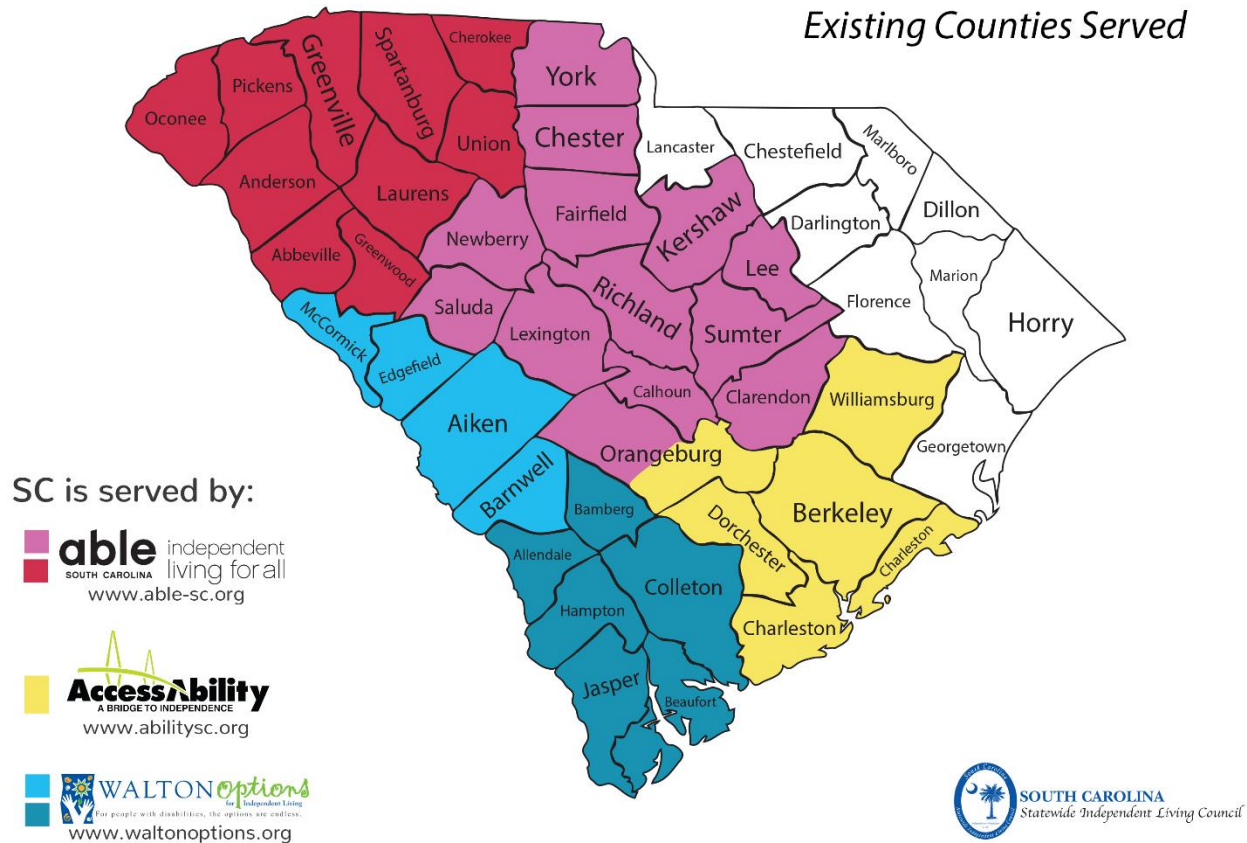
What organizations did the CIL collaborate with during the SPIL quarterly activities?:

Did the CIL meet this objective? (Insert "GOAL MET" or "IN PROGRESS" here):

Other information and Photos (please insert photos with Alt Text in-line with text for accessibility):

Appendix C: South Carolina Current Service Map

South Carolina Centers for Independent Living Coverage Areas



Appendix D: South Carolina CIL Expansion Map

South Carolina Centers for Independent Living Coverage Areas

