

**A REPORT TO  
THE SOUTH CAROLINA DEPARTMENT  
OF HEALTH AND HUMAN SERVICES**

**THE COMPONENTS OF  
EMPLOYMENT SUCCESS AND FAILURE  
AMONG PERSONS WITH DISABILITIES  
IN THE STATE OF SOUTH CAROLINA**

**PARTS TWO AND THREE: BARRIERS TO WORKING  
AND FACTORS ACCOUNTING FOR WORK SUCCESS  
AMONG PERSONS WITH DISABILITIES  
IN SOUTH CAROLINA**

**PRODUCED BY  
SYSTEM WIDE SOLUTIONS, INC.  
FOR  
THE COLLEGE OF SOCIAL WORK  
UNIVERSITY OF SOUTH CAROLINA**

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## EXECUTIVE SUMMARY

In March of 2004, the South Carolina Department of Health and Human Services (SC DHHS) received a \$500,000 Medicaid Infrastructure Grant (MIG) authorized by the *Ticket to Work and Work Incentives Improvement Act of 1999*. The goal of this MIG is to provide resources to break down the barriers that stand between people with disabilities and employment in the community. The MIG is governed by a Work Plan that includes 25 activities. Among these activities are three that are designed to create a base of information about the barriers that exist to persons with disabilities working and what factors account for success of persons with disabilities working. A series of five reports will provide that base of information. This document includes the second and third parts of those reports, covering issues associated with barriers to working and the factors accounting for success at working as reported by persons with disabilities who are working and ones who are not.

In a time when South Carolina must compete economically with the entire world, the state cannot afford to overlook any potential worker. The skills and education of everyone of working age is important to producing a future that will allow South Carolina to achieve its economic objectives. According to the U.S. Census Bureau, there are 514,963 working age persons with disabilities residing in the state of South Carolina. They make up 23% of the state's working age citizens. Almost half of these people (45%) are currently not employed. Many of these individuals who are not employed have job skills and want to work. These unemployed persons with disabilities are a resource that is not tapped by the State at this time. Each of these individuals who enters the workforce becomes a taxpayer who can provide greater support for him or herself and his or her family. Over time, many of these individuals will no longer require health care or other support from the state, reducing costs and benefiting their fellow citizens.

Being productively employed has a high value in our society. With employment comes income and independence, but just as importantly, employment brings dignity, recognition, and personal pride. Persons with disabilities should be given the opportunity to enjoy these benefits of employment as much as anyone else in the state.

It has to be recognized at the outset, however, that there are many persons with disabilities who will not be able to work fulltime, or possibly at all, for physical or developmental reasons. It is everyone's responsibility to provide means and methods for those who cannot work in traditional employment to achieve everything they can achieve and not simply to discard their talents and experience.

The majority of persons with disabilities interviewed for this study want to be wage earners and contribute to their own financial support. The importance of work to feelings of independence and self-sufficiency emerged as a recurrent theme in their responses. Some persons with disabilities receiving SSDI or SSI voiced having ambitions for their careers and for their lives that would not be possible if they "simply received their disability check." However, fulfilling the desire to work was described frequently as very difficult and frustrating.

Among those persons with disabilities who were working full-time, a number expressed determination to be independent and financially self-supporting to the extent possible. Medical

benefits are important for these individuals. Some of these working persons have private health insurance from their employers, but many require personal assistance or other aid in order to work, services not covered by health insurance. A few persons with disabilities interviewed who are working full-time have no health insurance and are aware that they are taking a risk if they are injured or become ill.

A total of 74 persons with disabilities and eight persons who are responsible parties for persons with disabilities were interviewed individually or in groups for this study. As far as practical, persons with all types of disabilities were included. All interviews were recorded. Demographic and service information was gathered on the persons with disabilities and caregivers.

The recordings and notes of the interviewers were used to write process recordings of the interviews. The process recordings were read by three staff members. The staff members identified what they believed to be the issues raised and described in the interviews. The staff members then met and discussed the issues they identified until consensus was reached. Findings were then written. Upon the completion of the findings being written, the staff members developed their individual findings and recommendations. The staff members met and discussed the findings and recommendations until they reached consensus. The report was then finalized.

Several major themes regarding barriers to employment for persons with disabilities were identified through this process. These themes are:

- The complexity of the current system makes it difficult to determine just what work is allowed and how working will affect benefits.
- Earnings and asset limits for Medicaid and other benefits are counterproductive to providing incentives to work and to accumulating capital to start a business.
- The current system discourages persons from working.
- Having health insurance is seen as a life or death issue by many persons with disabilities and potentially losing Medicaid eligibility or other health benefits if one goes back to work is a difficult decision to make.
- Often the kinds of jobs available to persons with disabilities are low wage ones that do not meet the financial needs that are met by benefits.
- Some employers have a negative attitude towards persons with disabilities.
- Some co-workers and some of the public have a negative attitude towards persons with disabilities.
- There is limited transportation for persons with disabilities.

The interviewees identified six themes about supports to their becoming and remaining employed. These themes are:

- Services from state and local agencies are often very helpful in becoming and staying employed.
- Employers are looking for certain skills and a certain level of education. Having the appropriate skills and education are essential to getting any particular job.
- Persistence and self-advocacy are necessary to getting and keeping a job.

- Employers must be receptive if the person with disabilities is to get a job.
- The support of the person with disabilities' family is also necessary for successful work.

A series of recommendations were developed to address these themes. The recommendations are:

1. The complexity of the present system that serves persons with disabilities requires a high level of knowledge and skill on the part of professionals to help persons with disabilities return to work. Many states have put a great deal of effort into hiring and training benefits coordinators who help persons with disabilities wend their way through the system. South Carolina has used federal funds to provide a few benefits coordinators at Vocational Rehabilitation. The benefits coordinators provided appear to be an essential part of helping persons with disabilities get and keep jobs. It is recommended that at least one worker in each SC DHHS area office be trained to be a benefits coordinator and given the authority to carry out those functions. It is recommended that benefits coordinators and consumers make wider use of technology to understand the complex system, such as the *WorkWorld* Software developed by the Employment Support Institute, School of Business, Virginia Commonwealth University.
2. It is recommended that a group of disability and health care funding professionals, business and financial leaders, elected officials, academic experts, and persons with disabilities be formed to develop a comprehensive response to the barriers that mitigate against persons with disabilities working and to further develop the positives that support persons with disabilities working. The beginning point for that group would be this series of reports. This group would have as its first priority balancing the costs and benefits of modifying these barriers and positives so that the state achieves the greatest possible use of the productive capacity of persons with disabilities and reduces the associated costs to the state. Among the issues that the group would examine are:
  - a. Income and asset limits for publicly supported health care for persons with disabilities.
  - b. Incentives and methods to increase the private health care coverage of persons with disabilities who are employed.
  - c. Private and public methods to support persons with disabilities who wish to start their own businesses.
  - d. Private and public methods to enhance the employment related training, education, and skill development of persons with disabilities.
  - e. Private and public methods for meeting the transportation needs of persons with disabilities who are working.
3. It is recommended that the fourth in this series of reports address the need to educate employers and fellow employees concerning persons with disabilities in order to overcome the negative work atmosphere experienced by some persons with disabilities.

4. It is recommended that continuing Medicaid Infrastructure Grant funding be secured for the following purposes:
  - a. To provide support to the group that will be developing the comprehensive response mentioned above.
  - b. To determine methods for overcoming the reluctance among some persons with disabilities to work and the reluctance of their families to support them in working.
  - c. To determine methods for encouraging employers to make the best possible use of persons with disabilities in their employment practices.
  - d. To determine the economic impact of persons with disabilities on the State's economy and the potential impact of increasing the number of persons with disabilities who are employed.
5. It is recommended that persons with disabilities who are attempting to become employed be offered the opportunity to take part in a self-advocacy training such as a modified version of the Partners in Policymaking curriculum funded by the Disabilities Council.
6. It is recommended that a method be developed to allow persons with disabilities who work to pay a share of the costs of Medicaid coverage, the share to increase as their income increases, with the ultimate goal of eliminating Medicaid costs entirely.

Persons with disabilities are now able to live and work who would not have done so seventy years ago, when the disability support system was established. Assistive technology and medical science have far outstripped the beliefs that undergird the current system. There have been attempts to adapt the system to the real world changes, and some, like the Americans with Disabilities Act (ADA), have been very successful. The fact remains, however, that the support system is a patchwork of laws, rules, regulations, policies and procedures, and attitudes that simply do not fit the facts with which persons with disabilities and all citizens must live. The world has changed in many ways, even in the last ten years, which makes it imperative that every person who can work be given the chance to add to the productive capacity of South Carolina.

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# INTRODUCTION

## **The Medicaid Infrastructure Grant Project**

In March of 2004, the South Carolina Department of Health and Human Services (SC DHHS) received a \$500,000 Medicaid Infrastructure Grant (MIG) authorized by the *Ticket to Work and Work Incentives Improvement Act of 1999*. The goal of this MIG is to provide resources to break down the barriers that stand between people with disabilities and employment in the community. The grant was written by an interagency group composed of representatives from the Department of Disabilities and Special Needs (DDSN), the Department of Vocational Rehabilitation (VR), the Department of Mental Health (DMH), the SC Department of Health and Human Services (DHHS), the Employment Security Commission (SCES), Commission for the Blind (COB), Department of Social Services (DSS), Department of Education (DOE), Department of Health and Environmental Control (DHEC), and Protection and Advocacy for People with Disabilities (P&A).

The MIG is governed by a Work Plan that includes 25 activities. Among these activities are three that are designed to create a base of information about the barriers that exist to persons with disabilities working and what factors account for success of persons with disabilities working. This report provides that base of information.

## **The Report**

This report consists of five Parts. Part One, delivered on March 31, 2005, covered issues associated with the Medicaid eligibility process. Parts Two and Three, delivered on May 31, 2005, cover the barriers to working and the factors accounting for success at working as reported by persons with disabilities who are working and ones who are not. Part Four, to be delivered on June 30, 2005, will report the barriers and success factors as reported by professionals in the field. Part Five, to be delivered on October 15, 2005, will report on the findings of a survey of employers. A final summary of findings, conclusions, and recommendations will accompany the final report in October.

## **Conducting the Research and Report Production**

The research was conducted and reports produced by System Wide Solutions, Inc. under subcontract to the University of South Carolina. The College of Social Work of the University of South Carolina provided expert advice from faculty as well as master's and doctoral level students to support the research. System Wide Solutions (SWS) has been working with the College of Social Work and the SC DHHS since July of 1997 on research, policy, and evaluation issues regarding individuals with disabilities who are receiving Medicaid support.

## **Importance of Persons with Disabilities Working in South Carolina**

In a time when South Carolina must compete economically with the entire world, the state cannot afford to overlook any potential worker. The skills and education of everyone of working age is important to producing a future that will allow South Carolina to achieve its economic objectives. According to the U.S. Census Bureau, there are 514,963 working age persons with disabilities residing in the state of South Carolina. They make up 23% of the state's working age citizens. Almost half of these people (45%) are currently not employed. Many of these individuals who are not employed have job skills and want to work. These unemployed persons with disabilities are a resource that is not tapped by the State at this time. Each of these who enters the workforce becomes a taxpayer who can provide greater support for him or herself and his or her family. Over time, many of these individuals will no longer require health care or other support from the state, reducing costs and benefiting their fellow citizens.

Being productively employed has a high value in our society. With employment comes income and independence, but just as importantly, employment brings dignity, recognition and personal pride. Persons with disabilities should be given the opportunity to enjoy these benefits of employment as much as anyone else in the state.

It has to be recognized at the outset, however, that there are many persons with disabilities who will not be able to work fulltime, or possibly at all, for physical or developmental reasons. It is everyone's responsibility to provide means and methods for those who cannot work in traditional employment to achieve everything they can achieve and not simply to discard their talents and experience.

# **METHODOLOGY FOR PARTS TWO AND THREE: BARRIERS TO WORKING AND FACTORS ACCOUNTING FOR WORK SUCCESS**

## **Research Questions**

The primary research questions for Parts Two and Three are:

- What are the barriers to persons with disabilities working in South Carolina?
- What are the factors that lead to obtaining and maintaining employment among persons with disabilities in South Carolina?

## **Instruments and Protocols**

An interview schedule for persons with disabilities and their primary caregivers was developed that covers the research questions for Parts One, Two, and Three. This instrument may be found in Appendix One. A full protocol for the use of this instrument in both an individual and group setting was developed. This protocol may also be found in Appendix One.

## **Sample**

There were four criteria that guided the selection of the sample. These are:

- The sample would include as many different types of disabilities as possible.
- The sample would include both working and non-working persons with disabilities.
- The sample would include a predominance of persons with disabilities, but also some persons who are the family members of persons with disabilities.
- The sample would be geographically representative.

Initial efforts were made to recruit persons enrolled in Medicaid under the Working Disabled category. This proved to be difficult for two reasons. First, not many persons take advantage of this category, therefore the pool of potential participants is small. Secondly, the SC DHHS interpretation of HIPPA requires that individuals be asked in writing if they can be contacted by researchers. The individuals must then respond in writing that he or she may be contacted. SC DHHS sent letters to individuals in the Working Disabled category asking them to participate in the project. Thirty percent (30%), or eleven people, responded. Of these, eight agreed to be interviewed.

In order to identify additional participants, the researchers used two approaches: the first was a “snowball” approach to identify potential interviewees. The second was contacting disability organizations to help organize group interviews. Both these methods proved to be effective.

The “snowball” method identifies one person with the appropriate characteristics who in turn identifies another person who can in turn identify another person and so on. The key to the snowball method is making sure that no two people are completely alike. They must have differences in their demographic profiles. About 50% of the persons interviewed were identified in this fashion. The remaining 50% were identified by organizations of persons with disabilities. No two organizations used in the sample methodology are composed of persons with the same disability.

## **Interview Methods**

The primary consideration in the interview methods was to gather as much information as possible related to the research questions. There were three ways in which this was assured.

- Interviews occurred at a place chosen by the person or persons being interviewed. For individuals, this was in their home, with the exception of four persons. Three persons were interviewed in their workplace and one was interviewed by phone. For groups of individuals, it was the place where an organization they belong to regularly works or meets.
- The interview schedule and protocol (see Appendix One) was designed to allow the interviewees to speak in their own style. The interviewers held a conversation with the interviewees ensuring that all questions were answered, but not forcing the conversation to follow the order of the questions.
- As much as possible, the invitation to take part in an interview was made by someone familiar with the interviewee, rather than the researchers.

As far as practical, persons with all types of disabilities were included. Disabilities were broken into three major areas. These are:

- Psychological, Emotional, Behavioral (PEB)
- Traumatic or Acquired (TA)
- Birth Defect and Developmental Disability (BDDD)

Specifically, the sample matrix is as follows:

<b>Type of Disability</b>	<b>Number Sought Working</b>	<b>Number Interviewed</b>	<b>Number Sought Not Working</b>	<b>Number Interviewed</b>
Sight Impairment	3		3	
Deaf/Hard of Hearing	3		3	
Mobility Impairment - Wheelchair	3		3	
Mobility Impairment - Other	3		3	
Chemical Dependency	3		3	
Attention Deficit Disorder	3		3	
Developmental Disability	3		3	
Traumatic or Acquired Brain Injury	3		3	
Coordination Impairment	3		3	
Speech/Language Impairment	3		3	
Learning Disabled	3		3	
Psychological Disability/Emotional Behavioral Disorder	3		3	
Mental Retardation	3		3	
Autism	3		3	
<b>TOTAL</b>	<b>42</b>		<b>42</b>	

Demographic and service information was gathered on the persons with disabilities.

## **Analysis of Interviews**

The recordings and notes of the interviewers were used to write process recordings of the interviews. The process recordings were read by three staff members. The staff members identified what they believed to be the issues raised and described in the interviews. The staff members then met and discussed the issues they identified until consensus was reached. Findings were then written. Upon the completion of the findings being written, the staff members developed their individual findings and recommendations. The staff members met and discussed the findings and recommendations until they reached consensus. The report was then completed.

## **Analysis of Demographic Data**

The demographic data was entered into an Access database. This database was imported into the Statistical Package for the Social Sciences software and tables and charts describing the sample developed.

## **Limitations of the Study**

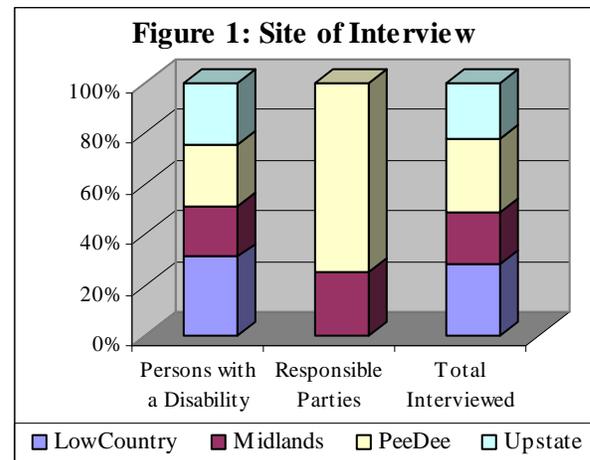
Many of the people interviewed for this study have been receiving Medicaid and other benefits for several years. Therefore many of the experiences of the interviewees occurred in the past, although they have also had more recent experiences with the application and eligibility process during annual reviews of their status.

# FINDINGS FOR PARTS TWO AND THREE: BARRIERS TO WORKING AND FACTORS ACCOUNTING FOR WORK SUCCESS

## Description of the Sample

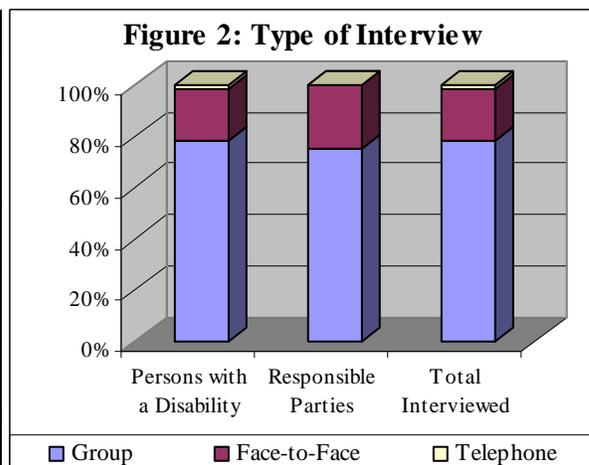
A total of 82 people were interviewed. Of these, 74 were persons with disabilities and eight were persons responsible for or providing care to a person with a disability. Of the 74 persons with a disability interviewed, 31% were interviewed in the Low Country, 20% in the Midlands, 24% in the PeeDee, and 24% in the Upstate. Of the responsible parties interviewed, 25% were in the Midlands and 75% were in the PeeDee. Of the total 82 interviewees, 28% were interviewed in the Low Country, 21% in the Midlands, 29% in the PeeDee region, and 22% in the Upstate. (See Table 1 and Figure 1.)

	Persons with a Disability		Responsible Parties		Total Interviewed	
	#	%	#	%	#	%
Low Country	23	31%			23	28%
Midlands	15	20%	2	25%	17	21%
PeeDee	18	24%	6	75%	24	29%
Upstate	18	24%			18	22%
<b>Total</b>	<b>74</b>	<b>100%</b>	<b>8</b>	<b>100%</b>	<b>82</b>	<b>100%</b>



Of the 74 persons with a disability interviewed, 79% were interviewed in one of seven group interviews, 20% were individual face-to-face interviews, and one person (1%) was interviewed by telephone. Of the responsible parties interviewed, 75% were interviewed in one of seven group interviews and 25% were individual face-to-face interviews. Of the total 82 interviewees, 78% were interviewed in one of seven group interviews, 21% were individual face-to-face interviews, and one person (1%) was interviewed by telephone. (See Table 2 and Figure 2.)

	Persons with a Disability		Responsible Parties		Total Interviewed	
	#	%	#	%	#	%
Group Interview	58	79%	6	75%	64	78%
Face-to-Face Interview	15	20%	2	25%	17	21%
Telephone Interview	1	1%		0%	1	1%
<b>Total</b>	<b>74</b>	<b>100%</b>	<b>8</b>	<b>100%</b>	<b>82</b>	<b>100%</b>



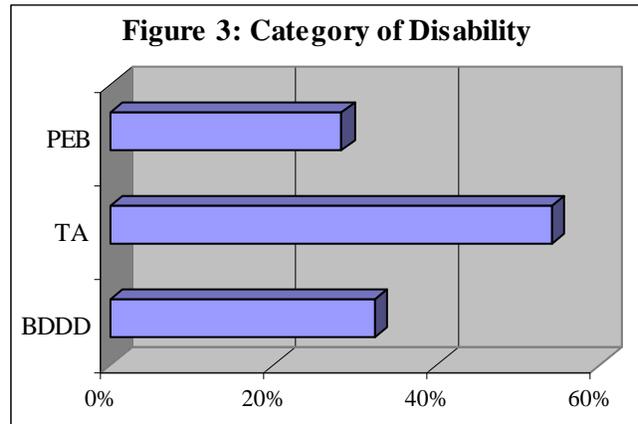
# Description of the Interviewees

## Description of Interviewees with a Disability

### Categories and Types of Disabilities

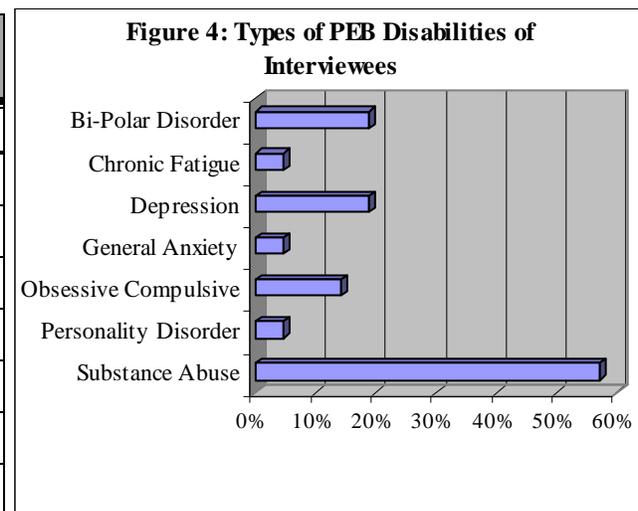
A total of 74 people with disabilities were interviewed. Several of these people had multiple disabilities. Of these, 28.4% have a psychological, emotional, or behavioral (PEB) disability, 54.1% have a traumatic or acquired (TA) disability, and 32.4% have a birth defect or developmental disability (BDDD). (See Table 3 and Figure 3.) The category and type of disability is based on self-reports.

	#	%
N=74		
Psychological, Emotional, Behavioral (PEB)	21	28.4%
Traumatic or Acquired (TA)	40	54.1%
Birth Defect and Developmental Disability (BDDD)	24	32.4%



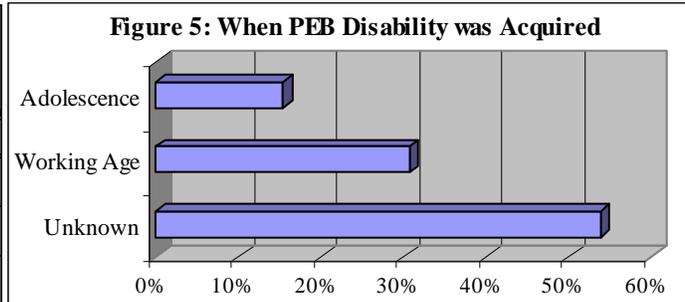
Of the 21 people who stated they have a PEB disability, 57.1% have substance abuse problems, 19% have bi-polar disorder, 19% have depression or manic depression, and 14.3% have obsessive compulsive disorder. One person (4.8%) each has chronic fatigue, general anxiety, and a personality disorder. (See Table 4 and Figure 4.) Several people reported more than one disability.

	#	%
N=21		
Bi-Polar Disorder	4	19.0%
Chronic Fatigue	1	4.8%
Depression	4	19.0%
General Anxiety	1	4.8%
Obsessive Compulsive	3	14.3%
Personality Disorder	1	4.8%
Substance Abuse	12	57.1%



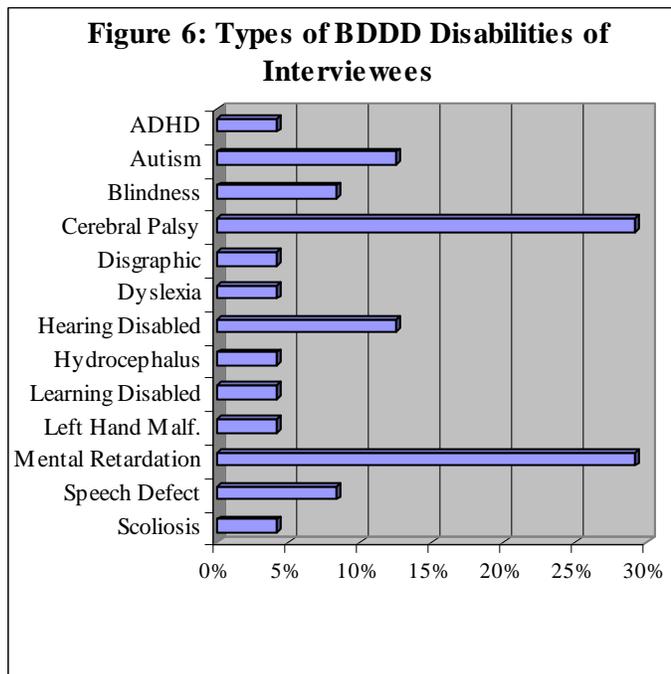
Of the 26 PEB disabilities identified, 15.4% were acquired during adolescence and 30.8% were acquired while the person was of working age. The date of onset was unreported for 53.8% of disabilities. The majority of these were substance abuse problems. (See Table 5 and Figure 5.)

<b>Table 5: When PEB Disability was Acquired</b>		
N=26	#	%
Adolescence (ages 13-18)	4	15.4%
Working Age (ages 19-64)	8	30.8%
Unknown	14	53.8%



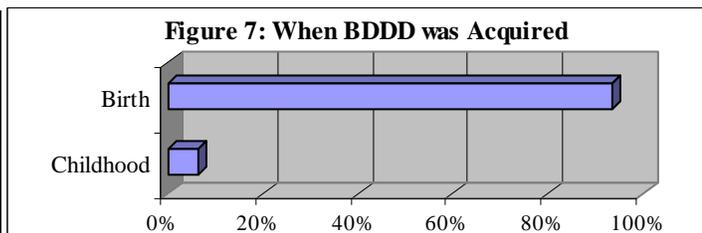
Of the 24 people who stated they have a birth defect or developmental disability, 29.2% stated they have mental retardation, 29.2% have cerebral palsy, 12.5% have autism, 12.5% are hearing disabled, 8.3% are blind, and 8.3% have a speech defect. One person each stated they have ADHD, disgraphic disability, Dyslexia, Hydrocephalus, a learning disability, hand malformation, and scoliosis. (See Table 6 and Figure 6.) Several people reported more than one disability.

<b>Table 6: Types of BDD Disabilities of Interviewees</b>		
N=24	#	%
ADHD	1	4.2%
Autism	3	12.5%
Blindness	2	8.3%
Cerebral Palsy	7	29.2%
Disgraphical	1	4.2%
Dyslexia	1	4.2%
Hearing Disabled	3	12.5%
Hydrocephalus	1	4.2%
Learning Disabled	1	4.2%
Hand Malformation	1	4.2%
Mental Retardation	7	29.2%
Speech Defect	2	8.3%
Scoliosis of the Spine	1	4.2%



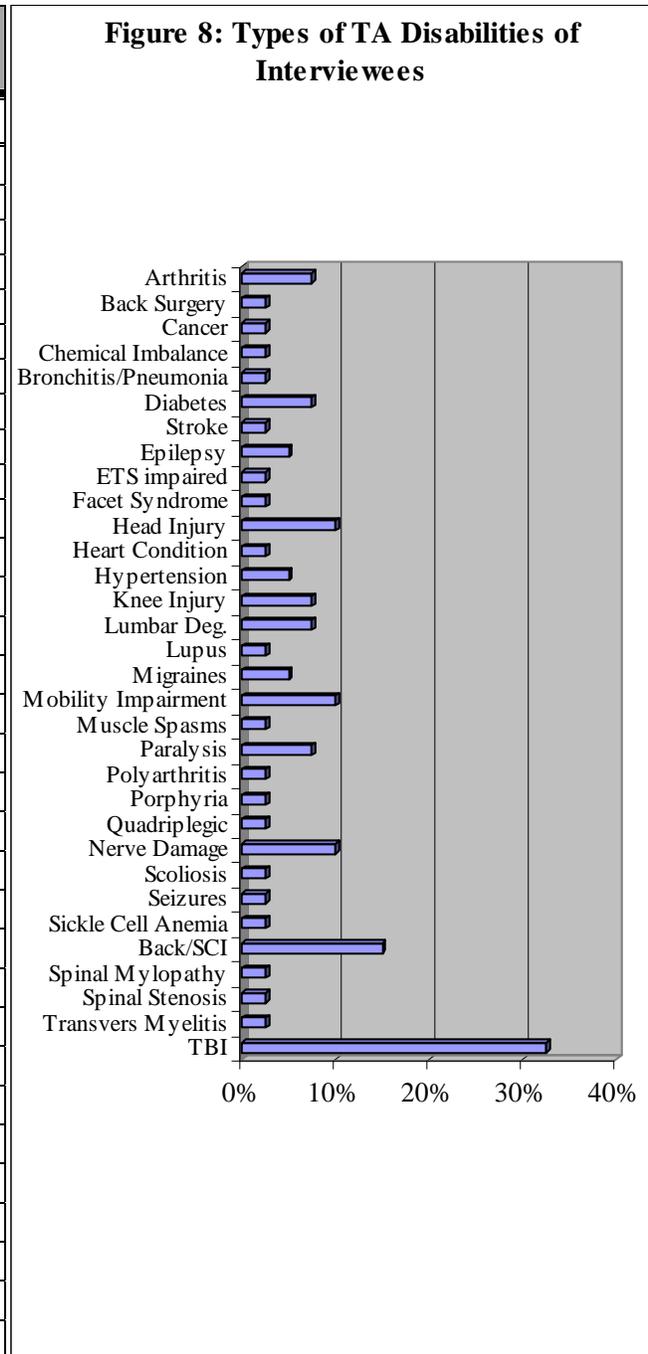
Of the 31 BDDD identified, 93.5% were acquired at birth and 6.5% were acquired during childhood. (See Table 7 and Figure 7.)

<b>Table 7: When BDDD was Acquired</b>		
N=31	#	%
Birth	29	93.5%
Childhood (ages 1-12)	2	6.5%



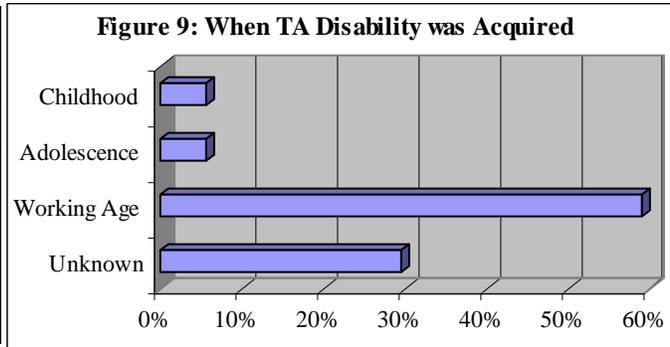
Of the 38 people who reported they have a traumatic or acquired disability, 32.5% stated they have a traumatic brain injury, 15% stated they have a back or spinal cord injury, and 10% stated they have a mobility impairment. Several other disabilities were listed by these persons, which can be found in the table below. (See Table 8 and Figure 8.) Disabilities are stated exactly as reported by the interviewees. Several people reported more than one disability.

Table 8: Types of TA Disabilities of Interviewees		
N=38	#	%
Arthritis	3	7.5%
Back Surgery	1	2.5%
Cancer	1	2.5%
Chemical Imbalance	1	2.5%
Chronic Bronchitis/Pneumonia	1	2.5%
Diabetes	3	7.5%
Stroke	1	2.5%
Epilepsy	2	5.0%
Executive thinking skills impaired	1	2.5%
Facet Syndrome	1	2.5%
Head Injury	4	10.0%
Heart Condition	1	2.5%
Hypertension	2	5.0%
Knee Injury	3	7.5%
Lumbar Degeneration	3	7.5%
Lupus	1	2.5%
Migraines	2	5.0%
Mobility Impairment	4	10.0%
Muscle Spasms	1	2.5%
Paralysis	3	7.5%
Polyarthritis	1	2.5%
Porphyria	1	2.5%
Quadriplegic	1	2.5%
Nerve Damage	4	10.0%
Scoliosis	1	2.5%
Seizures	1	2.5%
Sickle Cell Anemia	1	2.5%
Back/Spinal Cord Injury	6	15.0%
Spinal Myelopathy	1	2.5%
Spinal Stenosis	1	2.5%
Transvers Myelitis	1	2.5%
Traumatic Brain Injury	13	32.5%



Of the 71 TA disabilities identified, 5.6% were acquired during childhood, 5.6% were acquired during adolescence, and 59.2% were acquired when the person was of working age. The date of onset was unreported for 29.6% of disabilities. (See Table 9 and Figure 9.)

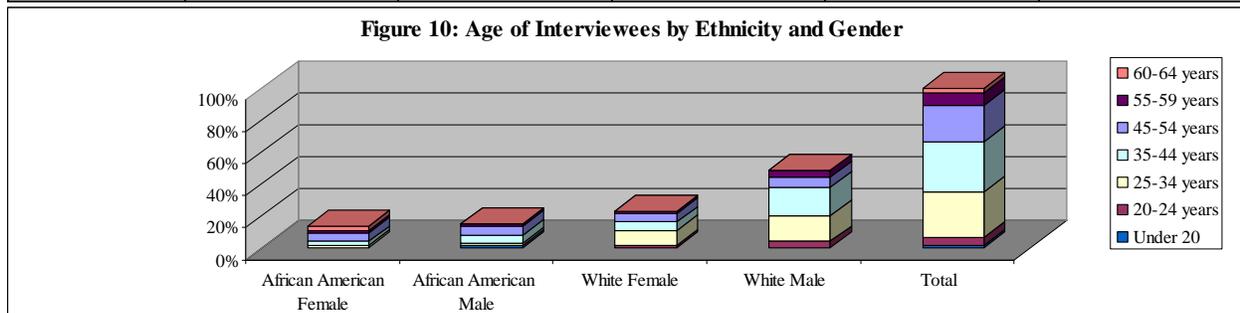
<b>Table 9: When TA Disability was Acquired</b>		
N=71	#	%
Childhood (ages 1-12)	4	5.6%
Adolescence (ages 13-18)	4	5.6%
Working Age (ages 19-64)	42	59.2%
Unknown	21	29.6%



## Demographics

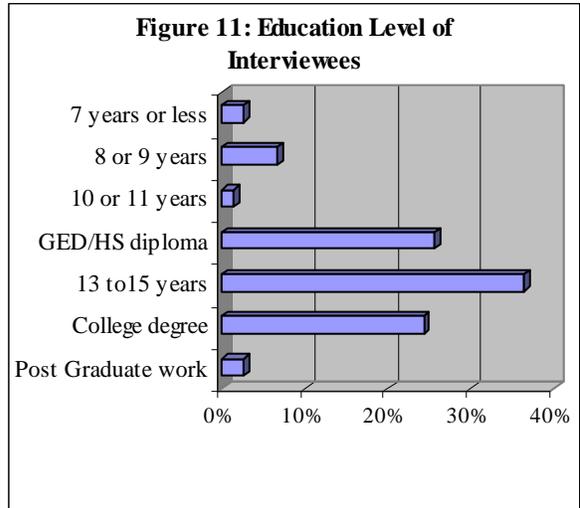
Of the 74 persons with disabilities who were interviewed, 13.5% are African American females, 14.9% are African American males, 23% are white females, and 48.6% are white males. The majority of the interviewees are between the ages of 25 and 34 (28.4%), 35 and 44 (31.1%), or 45 to 54 (23%). (See Table 10 and Figure 10 for breakdowns of ethnicity and gender by age.)

<b>Table 10: Ethnicity, Gender, and Age of All Interviewees</b>										
	African American Female		African American Male		White Female		White Male		Total	
	#	%	#	%	#	%	#	%	#	%
Under 20	0	0.0%	1	1.4%	0	0.0%	0	0.0%	<b>1</b>	<b>1.4%</b>
20-24 years	0	0.0%	0	0.0%	1	1.4%	3	4.1%	<b>4</b>	<b>5.4%</b>
25-34 years	1	1.4%	1	1.4%	7	9.5%	12	16.2%	<b>21</b>	<b>28.4%</b>
35-44 years	2	2.7%	4	5.4%	4	5.4%	13	17.6%	<b>23</b>	<b>31.1%</b>
45-54 years	4	5.4%	4	5.4%	4	5.4%	5	6.8%	<b>17</b>	<b>23.0%</b>
55-59 years	1	1.4%	1	1.4%	1	1.4%	3	4.1%	<b>6</b>	<b>8.1%</b>
60-64 years	2	2.7%	0	0.0%	0	0.0%	0	0.0%	<b>2</b>	<b>2.7%</b>
<b>Total</b>	<b>10</b>	<b>13.5%</b>	<b>11</b>	<b>14.9%</b>	<b>17</b>	<b>23.0%</b>	<b>36</b>	<b>48.6%</b>	<b>74</b>	<b>100.0%</b>



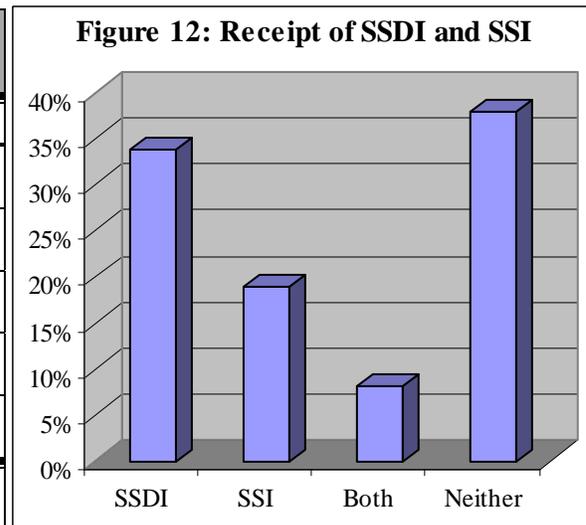
Of the 74 interviewees with a disability, 2.7% have seven years of education or less, 6.8% have eight or nine years of education, one person (1.4%) has ten or eleven years of education, 25.7% have twelve years of education or their GED or HS diploma, 36.5% have more than 12 years but less than 16 years of education, 24.3% have a college degree, and 2.7% have done some post graduate work. (See Table 11 and Figure 11.)

<b>Table 11: Education Level of Interviewees</b>		
	#	%
Seven years or less	2	2.7%
Eight or nine years	5	6.8%
Ten or eleven years	1	1.4%
Twelve years or GED or HS diploma	19	25.7%
More than 12 but less than 16 years	27	36.5%
College degree (16 years)	18	24.3%
Post Graduate Work	2	2.7%
<b>Total</b>	<b>74</b>	<b>100.0%</b>



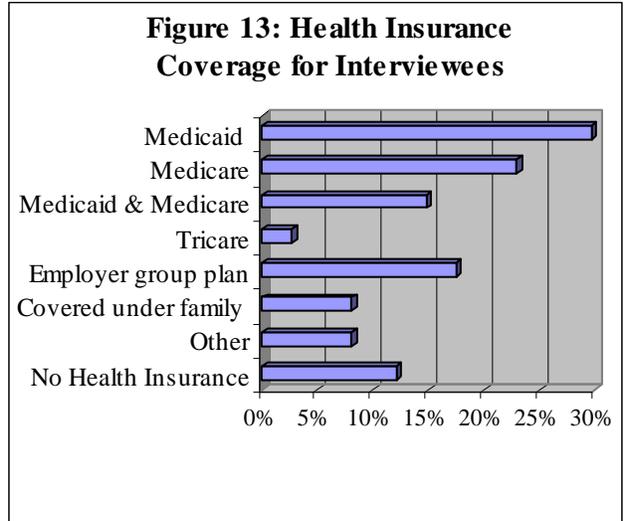
Of the 74 interviewees with a disability, 33.8% are currently receiving Social Security Disability Income (SSDI), 18.9% are currently receiving Supplemental Security Income (SSI), 8.1% are receiving both SSDI and SSI, and 37.8% are receiving neither. One person (1.4%) did not respond. (See Table 12 and Figure 12.)

<b>Table 12: All Interviewees who Receive SSDI/SSI</b>		
	#	%
Social Security Disability Income	25	33.8%
Supplemental Security Income	14	18.9%
Both SSDI and SSI	6	8.1%
Neither	28	37.8%
Unknown (No Response)	1	1.4%
<b>Total</b>	<b>74</b>	<b>100.0%</b>



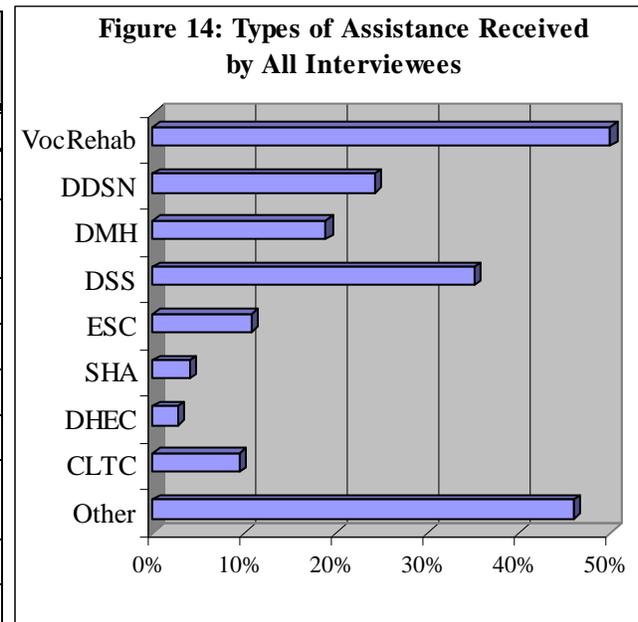
Of the 74 interviewees, 29.7% have Medicaid coverage, 23% have Medicare coverage, 14.9% have both Medicaid and Medicare coverage, 2.7% have Tricare coverage, 17.6% are covered under an employer group plan, 8.1% are covered under another family member, 8.1% have other types of health insurance, and 12.2% do not have any health insurance. Of the six interviewees with other types of health insurance, two have Blue Cross Blue Shield, one makes a COBRA payment, one has VA medical and dental coverage, and two did not specify. (See Table 13 and Figure 13.) Some interviewees reported more than one type of health insurance coverage.

<b>Table 13: Health Insurance Coverage for All Interviewees</b>		
n=74	#	%
Medicaid	22	29.7%
Medicare	17	23.0%
Medicaid & Medicare	11	14.9%
Tricare	2	2.7%
Employer group plan	13	17.6%
Covered under family member	6	8.1%
Other	6	8.1%
No Health Insurance Coverage	9	12.2%



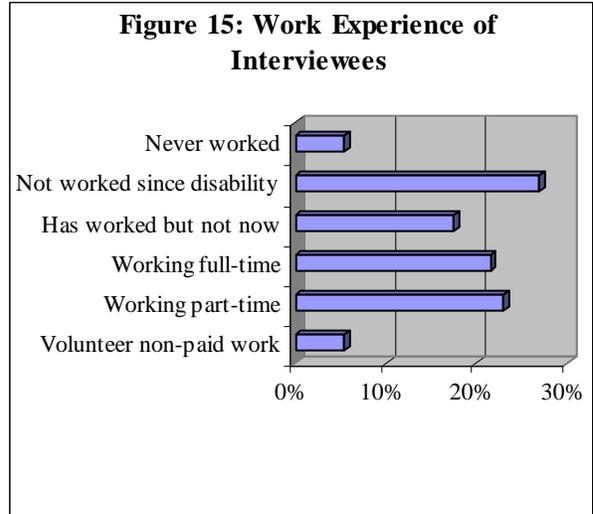
Of the 74 interviewees, 50% have received Vocational Rehabilitation assistance, 24.3% have received assistance from the Department of Disabilities and Special Needs, 18.9% have received assistance from the Department of Mental Health, 35.1% have received assistance from the Department of Social Services, 10.8% have received assistance from the Employment Security Commission, 4.1% have received assistance from the State Housing Authority, 2.7% have received assistance from the Department of Health and Environmental Control, 9.5% have received assistance from the Division of Community Long Term Care, and 45.9% have received assistance from other places. Of these other places, 14 people (18.9%) received assistance from the Alcohol and Drug Abuse Commission, three people (4%) have received assistance from the Commission for the Blind, four people (5.4%) have received assistance from SC DHHS – Medicaid Eligibility, three people (4%) have received assistance from the VA hospital, two (2.7%) have received assistance from the School for the Deaf and Blind, two (2.7%) have received assistance from Programs for Exceptional People (PEP), and seven (9.5%) have received assistance from other places. (See Table 14 and Figure 14.)

<b>Table 14: Types of Assistance Received by All Interviewees</b>		
n=74	#	%
Vocational Rehabilitation	37	50.0%
Department of Disabilities and Special Needs	18	24.3%
Department of Mental Health	14	18.9%
Department of Social Services	26	35.1%
Employment Security Commission	8	10.8%
State Housing Authority	3	4.1%
Department of Health and Environmental Control	2	2.7%
Community Long Term Care	7	9.5%
Other	34	45.9%



Of the 74 interviewees, 5.4% have never worked, 27.0% have not worked since acquiring their disability, 17.6% have worked since acquiring their disability, but are not currently working, 21.6% are currently working full-time, 23.0% are currently working part-time by choice, and 5.4% are currently doing volunteer non-paid work. (See Table 15 and Figure 15.)

	#	%
Has never worked	4	5.4%
Has not worked since acquiring disability	20	27.0%
Has worked since acquiring disability but is not currently working	13	17.6%
Currently working full-time (at least 30 hours/wk)	16	21.6%
Currently working part-time (less than 30 hours/wk)	17	23.0%
Currently doing volunteer non-paid work	4	5.4%
<b>Total</b>	<b>74</b>	<b>100.0%</b>

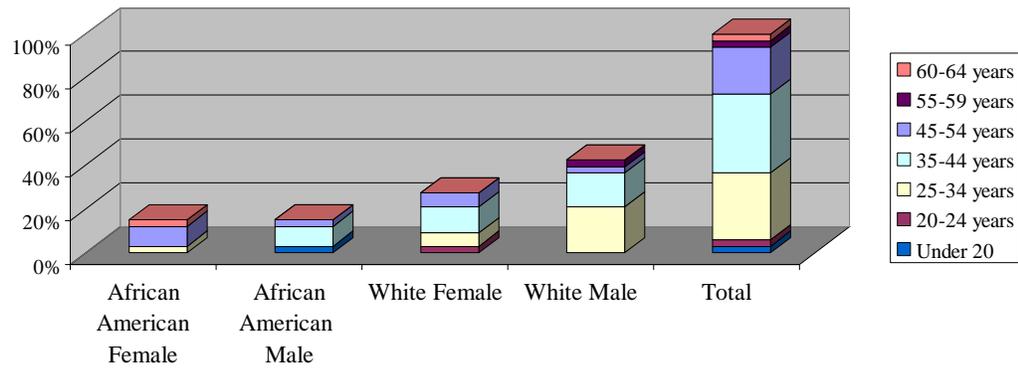


### Description of Interviewees with a Disability Who are Working

Of the 33 interviewees with disabilities who are currently working, 15.2% are African American females, 15.2% are African American males, 27.3% are white females, and 42.4% are white males. The majority of these interviewees are between the ages of 25 and 34 (30.3%), 35 and 44 (36.4%), or 45 to 54 (21.2%). (See Table 16 and Figure 16 for breakdowns of ethnicity and gender by age.)

	African American Female		African American Male		White Female		White Male		Total	
	#	%	#	%	#	%	#	%	#	%
Under 20	0	0.0%	1	3.0%	0	0.0%	0	0.0%	1	3.0%
20-24 years	0	0.0%	0	0.0%	1	3.0%	0	0.0%	1	3.0%
25-34 years	1	3.0%	0	0.0%	2	6.1%	7	21.2%	10	30.3%
35-44 years	0	0.0%	3	9.1%	4	12.1%	5	15.2%	12	36.4%
45-54 years	3	9.1%	1	3.0%	2	6.1%	1	3.0%	7	21.2%
55-59 years	0	0.0%	0	0.0%	0	0.0%	1	3.0%	1	3.0%
60-64 years	1	3.0%	0	0.0%	0	0.0%	0	0.0%	1	3.0%
<b>Total</b>	<b>5</b>	<b>15.2%</b>	<b>5</b>	<b>15.2%</b>	<b>9</b>	<b>27.3%</b>	<b>14</b>	<b>42.4%</b>	<b>33</b>	<b>100.0%</b>

**Figure 16: Age of Interviewees Who are Working by Ethnicity and Gender**

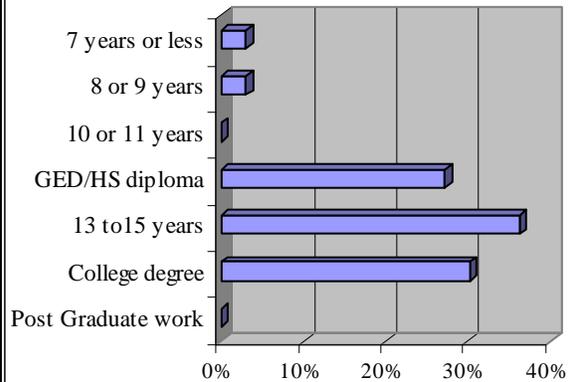


Of the 33 interviewees with disabilities who are currently working, 3% have seven years of education or less, 3% have eight or nine years of education, 27.3% have twelve years of education or their GED or HS diploma, 36.4% have more than 12 years but less than 16 years of education, and 30.3% have a college degree. (See Table 17 and Figure 17.)

**Table 17: Education Level of Interviewees Who are Working**

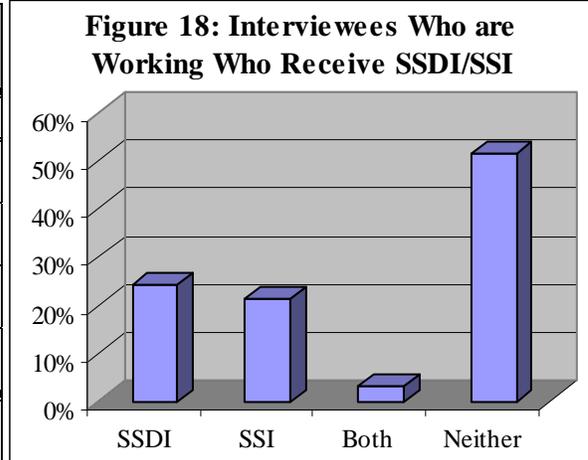
	#	%
Seven years or less	1	3.0%
Eight or nine years	1	3.0%
Ten or eleven years	0	0.0%
Twelve years or GED or HS diploma	9	27.3%
More than 12 but less than 16 years	12	36.4%
College degree (16 years)	10	30.3%
Post Graduate Work	0	0.0%
<b>Total</b>	<b>33</b>	<b>100.0%</b>

**Figure 17: Education Level of Interviewees Who are Working**



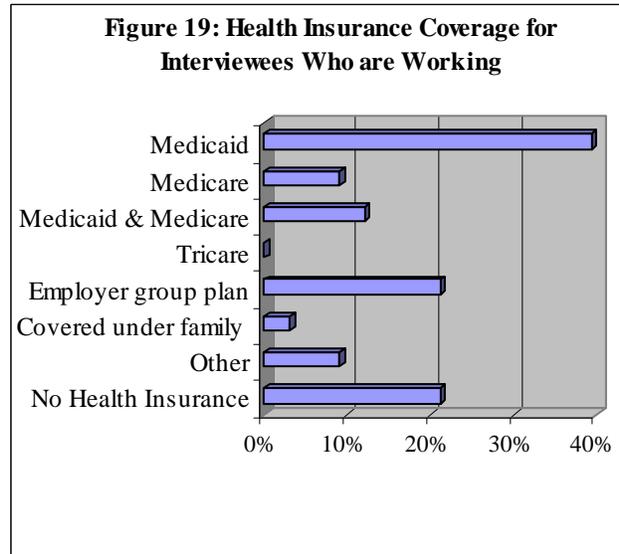
Of the 33 interviewees with disabilities who are currently working, more than half (51.5%) are currently receiving neither Social Security Disability Income (SSDI) nor Supplemental Security Income (SSI). Of the remaining respondents, 24.2% are currently receiving SSDI, 21.2% are currently receiving SSI, and only 3% are currently receiving both SSDI and SSI. (See Table 18 and Figure 18.)

<b>Table 18: All Interviewees who Receive SSDI/SSI</b>		
	#	%
Social Security Disability Income	8	24.2%
Supplemental Security Income	7	21.2%
Both SSDI and SSI	1	3.0%
Neither	17	51.5%
<b>Total</b>	<b>33</b>	<b>100.0%</b>



Of the 33 interviewees with disabilities who are currently working, 39.4% have Medicaid coverage, 9.1% have Medicare coverage, 12.1% have both Medicaid and Medicare, 21.2% are covered under an employer group plan, one person (3%) is covered under another family member, 9.1% have other types of health insurance, and 21.2% do not have any health insurance. All seven of the interviewees who reported having no health insurance coverage are currently working full-time. (See Table 19 and Figure 19.) Some interviewees reported more than one type of health insurance coverage.

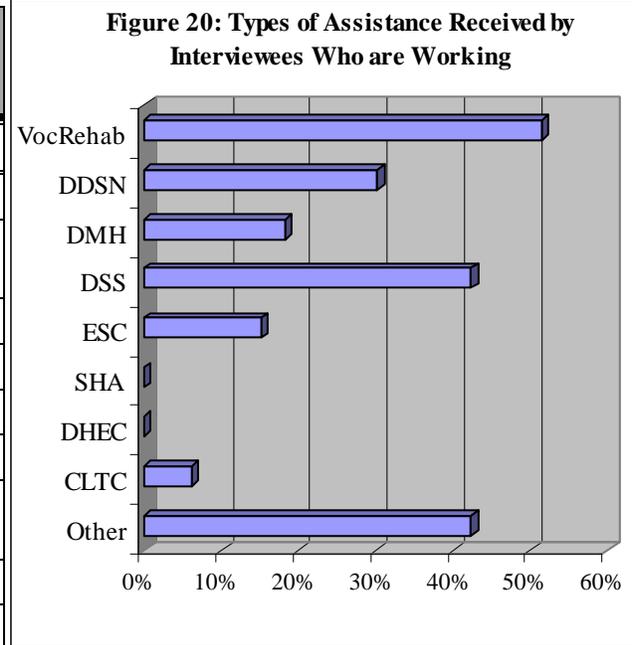
<b>Table 19: Health Insurance Coverage for Interviewees Who are Working</b>		
n=33	#	%
Medicaid	13	39.4%
Medicare	3	9.1%
Both Medicaid & Medicare	4	12.1%
Tricare	0	0.0%
Employer group plan	7	21.2%
Covered under family member	1	3.0%
Other	3	9.1%
No Health Insurance Coverage	7	21.2%



Of the 33 interviewees with disabilities who are currently working, 51.5% have received Vocational Rehabilitation assistance, 30.3% have received assistance from the Department of Disabilities and Special Needs, 18.2% have received assistance from the Department of Mental Health, 42.4% have received assistance from the Department of Social Services, 15.2% have received assistance from the Employment Security Commission, 6.1% have received assistance from the Division of Community Long Term Care, and 42.4% have received assistance from other places. Of these other places, seven people (21.2%) received assistance from the Alcohol

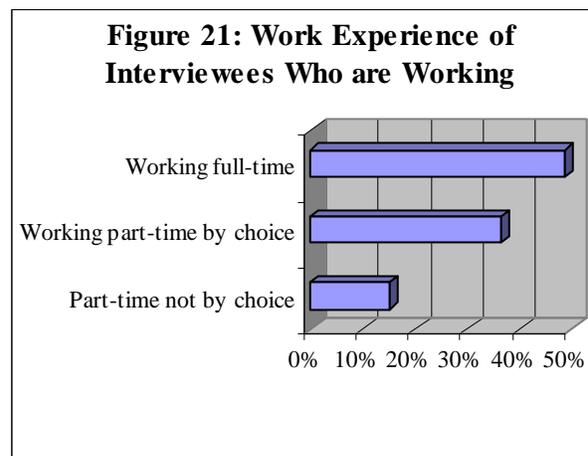
and Drug Abuse Commission, two people (6.1%) have received assistance from the Commission for the Blind and from the School for the Deaf and Blind, two people (6.1%) have received assistance from the SC DHHS, and three people (9.1%) have received assistance from other places. (See Table 20 and Figure 20.)

<b>Table 20: Types of Assistance Received by Interviewees Who are Working</b>		
n=33	#	%
Vocational Rehabilitation	17	51.5%
Department of Disabilities and Special Needs	10	30.3%
Department of Mental Health	6	18.2%
Department of Social Services	14	42.4%
Employment Security Commission	5	15.2%
State Housing Authority	0	0.0%
Department of Health and Environmental Control	0	0.0%
Community Long Term Care	2	6.1%
Other	14	42.4%



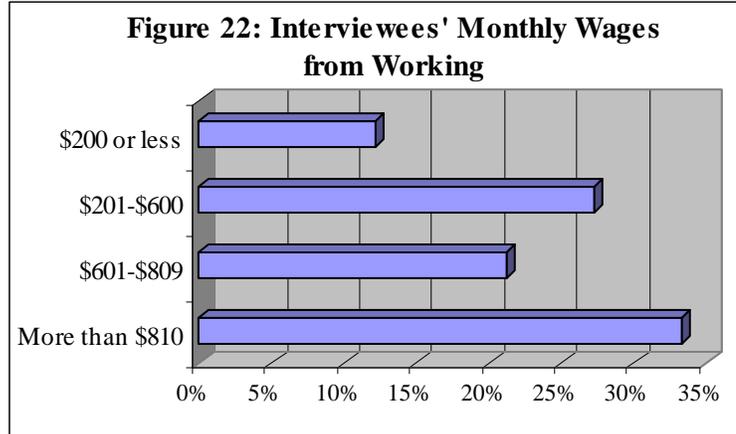
Of the 33 interviewees with disabilities who are currently working, 48.5% are currently working full-time, 36.4% are currently working part-time by choice, and 15.2% are currently working part-time not by choice. (See Table 21 and Figure 21.) Of those who stated they are working part-time not by choice, one person stated it is because that is the limit of their contract, one person stated it is because they cannot find anything accessible, one person stated it is because they do not want to lose their Medicaid, and two people did not respond.

<b>Table 21: Work Experience of Interviewees Who are Working</b>		
	#	%
Currently working full-time (at least 30 hours/wk)	16	48.5%
Currently working part-time (less than 30 hours/wk) by choice	12	36.4%
Currently working part-time (less than 30 hours/wk) not by choice	5	15.2%
<b>Total</b>	<b>33</b>	<b>100.0%</b>



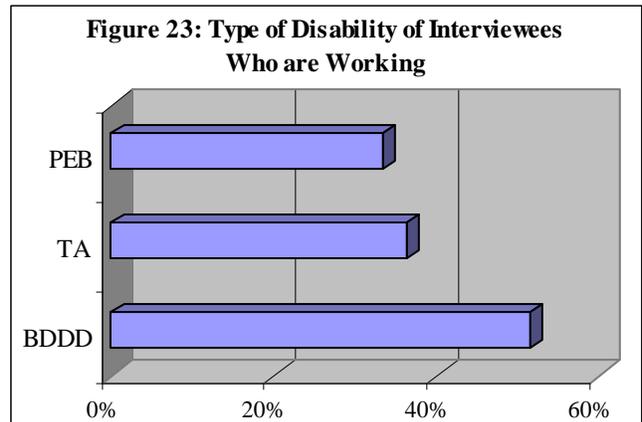
Of the 33 people who stated that they are currently working either full-time or part-time; 12.1% are making \$200 or less per month, 27.3% are making between \$201 and \$600 per month, 21.2% are making between \$601 and \$809 per month, and 33.3% are making more than \$810 per month. The remaining 6.1% did not report their monthly wages. (See Table 22 and Figure 22.)

<b>Table 22: Interviewees' Monthly Wages from Working</b>		
	#	%
\$200 or less	4	12.1%
\$201-\$600	9	27.3%
\$601-\$809	7	21.2%
More than \$810	11	33.3%
Unknown	2	6.1%
<b>Total</b>	<b>33</b>	<b>100.0%</b>



Of the 33 interviewees with disabilities who are working; 33.3% have a psychological, emotional, or behavioral (PEB) disability, 36.4% have a traumatic or acquired (TA) disability, and 51.5% have a birth defect or developmental disability (BDDD). (See Table 23 and Figure 23.) Some interviewees reported more than one category of disability.

<b>Table 23: Category of Disability for Interviewees Who are Working</b>		
N=33	#	%
Psychological, Emotional, Behavioral (PEB)	11	33.3%
Traumatic or Acquired (TA)	12	36.4%
Birth Defect and Developmental Disability (BDDD)	17	51.5%



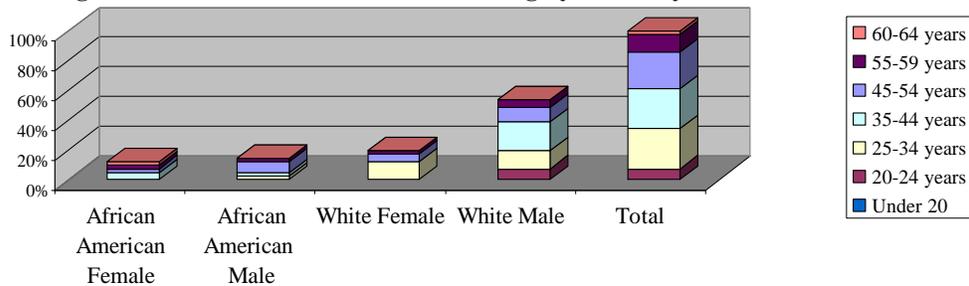
### Description of Persons with Disabilities Who Are Not Working

Of the 41 persons with disabilities who are not working; 12.2% are African American females, 14.6% are African American males, 19.5% are white females, and 53.7% are white males. The majority of these interviewees are between the ages of 25 and 34 (26.8%), 35 and 44 (26.8%), or 45 to 54 (24.4%). (See Table 24 and Figure 24 for breakdowns of ethnicity and gender by age.)

**Table 24: Ethnicity, Gender, and Age of Interviewees Who are Not Working**

	African American Female		African American Male		White Female		White Male		Total	
	#	%	#	%	#	%	#	%	#	%
Under 20	0	0.0%	0	0.0%	0	0.0%	0	0.0%	<b>0</b>	<b>0.0%</b>
20-24 years	0	0.0%	0	0.0%	0	0.0%	3	7.3%	<b>3</b>	<b>7.3%</b>
25-34 years	0	0.0%	1	2.4%	5	12.2%	5	12.2%	<b>11</b>	<b>26.8%</b>
35-44 years	2	4.9%	1	2.4%	0	0.0%	8	19.5%	<b>11</b>	<b>26.8%</b>
45-54 years	1	2.4%	3	7.3%	2	4.9%	4	9.8%	<b>10</b>	<b>24.4%</b>
55-59 years	1	2.4%	1	2.4%	1	2.4%	2	4.9%	<b>5</b>	<b>12.2%</b>
60-64 years	1	2.4%	0	0.0%	0	0.0%	0	0.0%	<b>1</b>	<b>2.4%</b>
<b>Total</b>	<b>5</b>	<b>12.2%</b>	<b>6</b>	<b>14.6%</b>	<b>8</b>	<b>19.5%</b>	<b>22</b>	<b>53.7%</b>	<b>41</b>	<b>100.0%</b>

**Figure 24: Age of Interviewees Who are Not Working by Ethnicity and Gender**

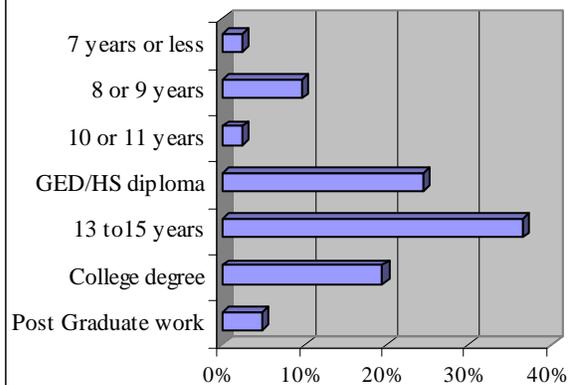


Of the 41 interviewees with disabilities who are not working; one person (2.4%) has seven years of education or less, 9.8% have eight or nine years of education, one person (2.4%) has ten or eleven years of education, 24.4% have twelve years of education or their GED or HS diploma, 36.6% have more than 12 years but less than 16 years of education, 19.5% have a college degree, and 4.9% have done some post graduate work. (See Table 25 and Figure 25.)

**Table 25: Education Level of Interviewees Who are Not Working**

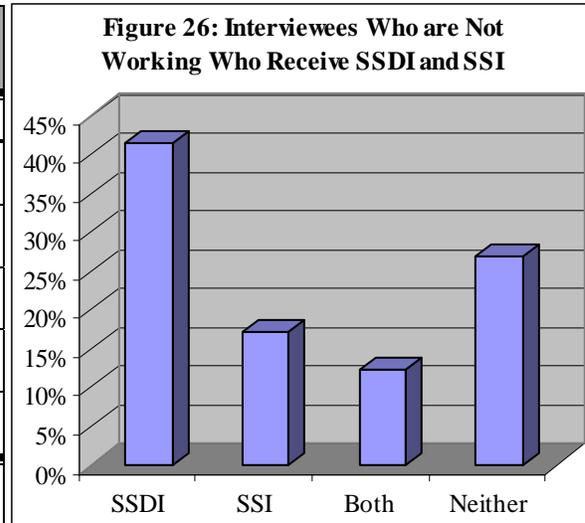
	#	%
Seven years or less	1	2.4%
Eight or nine years	4	9.8%
Ten or eleven years	1	2.4%
Twelve years or GED or HS diploma	10	24.4%
More than 12 but less than 16 years	15	36.6%
College degree (16 years)	8	19.5%
Post Graduate Work	2	4.9%
<b>Total</b>	<b>41</b>	<b>100.0%</b>

**Figure 25: Education Level of Interviewees Who are Not Working**



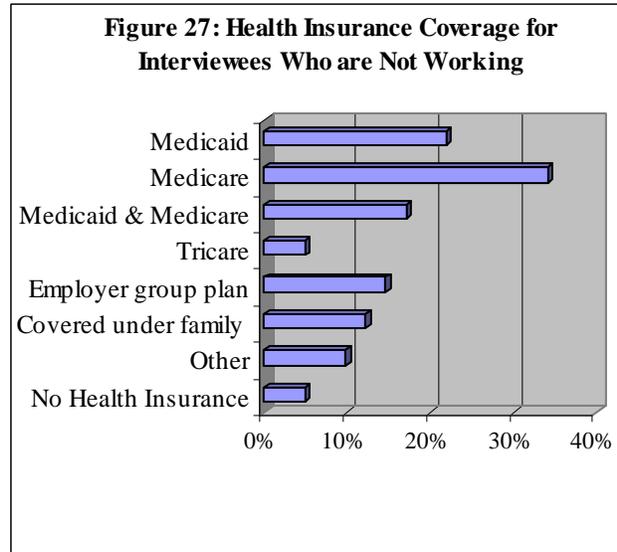
Of the 41 interviewees with disabilities who are not working, 41.5% are currently receiving Social Security Disability Income (SSDI), 17.1% are currently receiving Supplemental Security Income (SSI), 12.2% are receiving both SSDI and SSI, and 26.8% are receiving neither. (See Table 26 and Figure 26.)

<b>Table 26: All Interviewees who Receive SSDI/SSI</b>		
	#	%
Social Security Disability Income	17	41.5%
Supplemental Security Income	7	17.1%
Both SSDI and SSI	5	12.2%
Neither	11	26.8%
Unknown (No Response)	1	2.4%
<b>Total</b>	<b>41</b>	<b>100.0%</b>



Of the 41 interviewees with disabilities who are not working; 22.0% have Medicaid coverage, 34.1% have Medicare coverage, 17.1% have both Medicaid and Medicare, 4.9% have Tricare coverage, 14.6% are covered under an employer group plan, 12.2% are covered under another family member, 9.8% have other types of health insurance, and 4.9% do not have any health insurance. Of the four interviewees with other types of health insurance, two have Blue Cross Blue Shield, one has VA medical and dental coverage, and one did not specify. (See Table 27 and Figure 27.) Some interviewees reported more than one type of health insurance coverage.

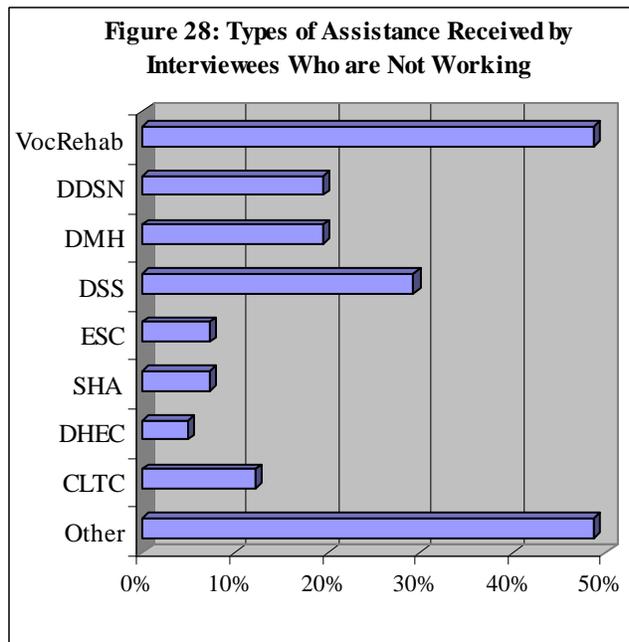
<b>Table 27: Health Insurance Coverage for Interviewees Who are Not Working</b>		
n=41	#	%
Medicaid	9	22.0%
Medicare	14	34.1%
Medicare and Medicaid	7	17.1%
Tricare	2	4.9%
Employer group plan	6	14.6%
Covered under family member	5	12.2%
Other	4	9.8%
No Health Insurance Coverage	2	4.9%



Of the 41 interviewees with disabilities who are not working; 48.8% have received Vocational Rehabilitation assistance, 19.5% have received assistance from the Department of Disabilities

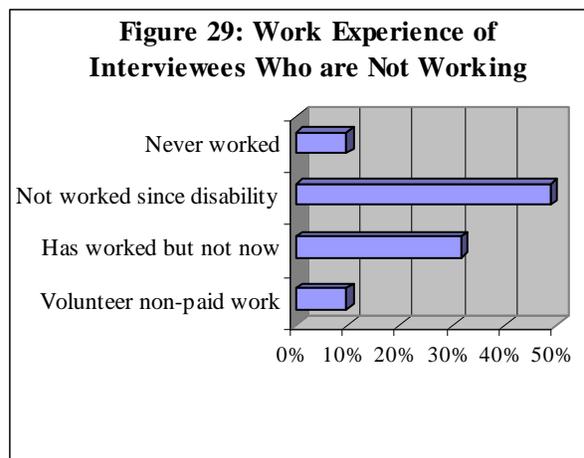
and Special Needs, 19.5% have received assistance from the Department of Mental Health, 29.3% have received assistance from the Department of Social Services, 7.3% have received assistance from the Employment Security Commission, 7.3% have received assistance from the State Housing Authority, 4.9% have received assistance from the Department of Health and Environmental Control, 12.2% have received assistance from the Division of Community Long Term Care, and 48.8% have received assistance from other places. Of these other places, seven people (17.1%) received assistance from the Alcohol and Drug Abuse Commission, three people (7.3%) have received assistance from the Veteran's Administration, two people (4.9%) have received assistance from the PEP, and two people (4.9%) have received assistance from the SC Department of Health and Human Services, five people have received assistance from other places, and one person did not respond. (See Table 28 and Figure 28.)

<b>Table 28: Types of Assistance Received by Interviewees Who are Not Working</b>		
n=41	#	%
Vocational Rehabilitation	20	48.8%
Department of Disabilities and Special Needs	8	19.5%
Department of Mental Health	8	19.5%
Department of Social Services	12	29.3%
Employment Security Commission	3	7.3%
State Housing Authority	3	7.3%
Department of Health and Environmental Control	2	4.9%
Community Long Term Care	5	12.2%
Other	20	48.8%



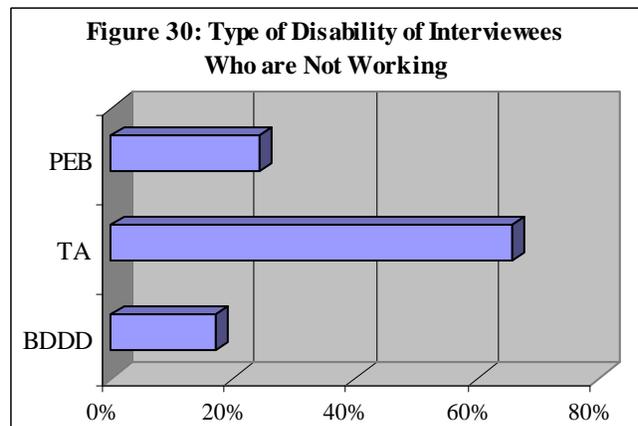
Of the 41 interviewees with disabilities who are not working; 9.8% have never worked, 48.8% have not worked since acquiring their disability, 31.7% have worked since acquiring their disability, but are not currently working, and 9.8% are currently doing volunteer non-paid work. (See Table 29 and Figure 29.)

<b>Table 29: Work Experience of Interviewees Who are Not Working</b>		
N=41	#	%
Has never worked	4	9.8%
Has not worked since acquiring disability	20	48.8%
Has worked since acquiring disability but is not currently working	13	31.7%
Currently doing volunteer non-paid work	4	9.8%
<b>Total</b>	<b>41</b>	<b>100.0%</b>



Of the 41 interviewees with disabilities who are not working; 24.4% have a psychological, emotional, or behavioral (PEB) disability, 65.9% have a traumatic or acquired (TA) disability, and 17.1% have a birth defect or developmental disability (BDDD). (See Table 30 and Figure 30.) Some interviewees reported more than one category of disability.

<b>Table 30: Category of Disability for Interviewees Who are Not Working</b>		
N=41	#	%
Psychological, Emotional, Behavioral (PEB)	10	24.4%
Traumatic or Acquired (TA)	27	65.9%
Birth Defect and Developmental Disability (BDDD)	7	17.1%

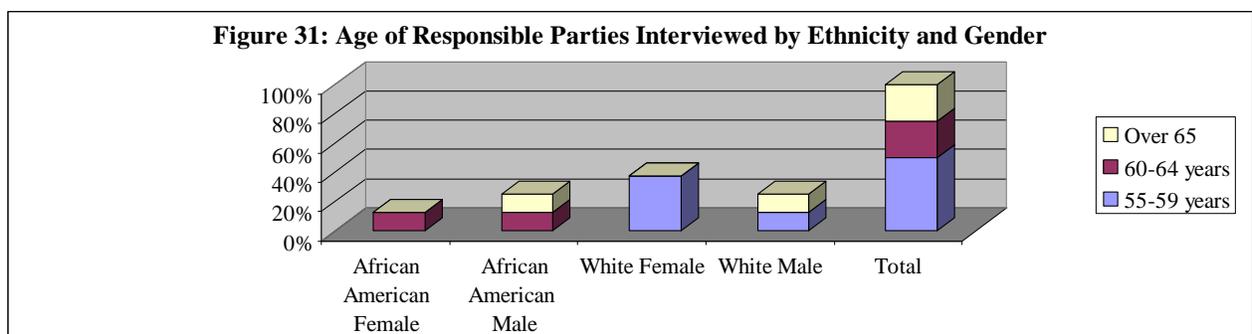


## Description of Responsible Parties Interviewed

### Demographics

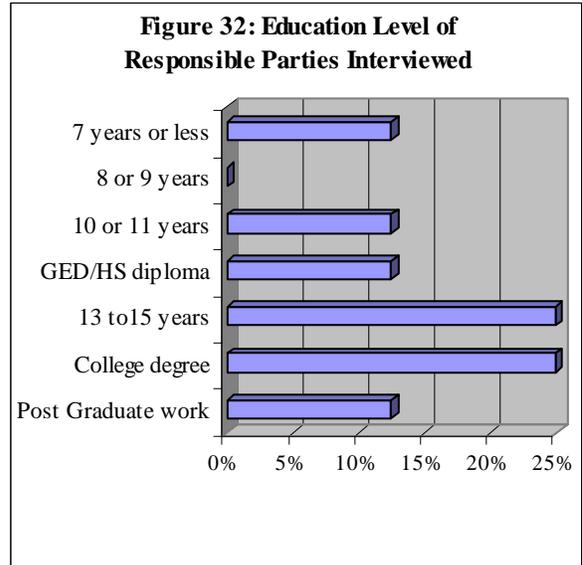
Of the eight responsible parties interviewed; 12.5% are African American females, 25% are African American males, 37.5% are white females, and 25% are white males. The majority of these interviewees are between the ages of 55 and 59 (50%). Another 25% of interviewees are between the ages of 60 and 64, and 25% are over 65 years old. (See Table 31 and Figure 31 for breakdowns of ethnicity and gender by age.)

<b>Table 31: Ethnicity, Gender, and Age of Responsible Parties Interviewed</b>										
	African American Female		African American Male		White Female		White Male		Total	
	#	%	#	%	#	%	#	%	#	%
55-59 years	0	0.0%	0	0.0%	3	37.5%	1	12.5%	4	50.0%
60-64 years	1	12.5%	1	12.5%	0	0.0%	0	0.0%	2	25.0%
Over 65	0	0.0%	1	12.5%	0	0.0%	1	12.5%	2	25.0%
<b>Total</b>	<b>1</b>	<b>12.5%</b>	<b>2</b>	<b>25.0%</b>	<b>3</b>	<b>37.5%</b>	<b>2</b>	<b>25.0%</b>	<b>8</b>	<b>100.0%</b>



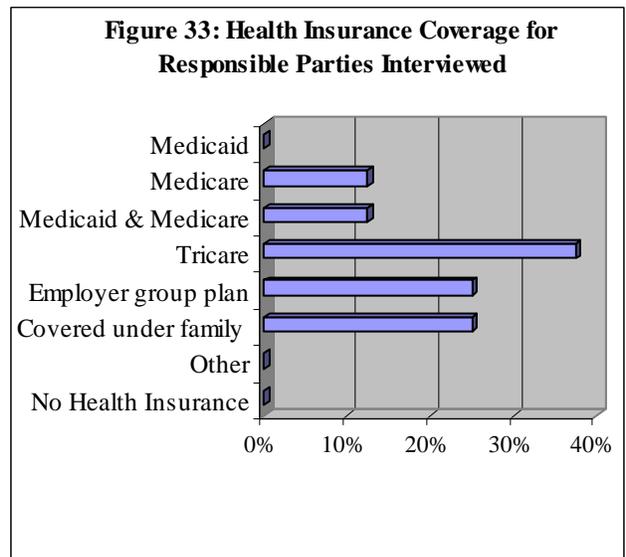
Of the eight responsible parties interviewed; one person (12.5%) has seven years of education or less, one person (12.5%) has ten or eleven years of education, one person (12.5%) has twelve years of education or their GED or HS diploma, 25% have more then 12 years but less than 16 years of education, 25% have a college degree, and one person (12.5%) has done some post graduate work. (See Table 32 and Figure 32.)

<b>Table 32: Education Level of Responsible Parties Interviewed</b>		
	#	%
Seven years or less	1	12.5%
Eight or nine years	0	0.0%
Ten or eleven years	1	12.5%
Twelve years or GED or HS diploma	1	12.5%
More than 12 but less than 16 years	2	25.0%
College degree (16 years)	2	25.0%
Post Graduate Work	1	12.5%
<b>Total</b>	<b>8</b>	<b>100.0%</b>



Of the eight responsible parties interviewed, one person (12.5%) has Medicaid coverage, 25% have Medicare coverage, 37.5% have Tricare coverage, 25% are covered under an employer group plan, and 25% are covered under another family member. (See Table 33 and Figure 33.) Some interviewees reported more than one type of health insurance coverage.

<b>Table 33: Health Insurance Coverage for Responsible Parties Interviewed</b>		
n=8	#	%
Medicaid	0	0.0%
Medicare	1	12.5%
Medicare and Medicaid	1	12.5%
Tricare	3	37.5%
Employer group plan	2	25.0%
Covered under family member	2	25.0%
Other	0	0.0%
No Health Insurance Coverage	0	0.0%



## Introduction to Interview Findings

The majority of persons with disabilities interviewed for this study want to be wage earners and to contribute to their own financial support. The importance of work to feelings of independence and self-sufficiency emerged as a recurrent theme in their responses. Some persons with disabilities receiving SSDI voiced having ambitions for their careers and for their lives that would not be possible if they “simply received their disability check”. However, fulfilling the desire to work was described frequently as very difficult and frustrating.

Among those persons with disabilities who were working full-time, a number voiced determination to be independent and financially self-supporting to the extent possible. Medical benefits are important for these individuals. Some of these working persons have private health insurance from their employers, but many require personal assistance or other aid in order to work, services not covered by health insurance. A few persons with disabilities interviewed who are working full-time have no health insurance and are aware that they are taking a risk if they are injured or become ill.

- Whether or not interviewees were working, most stated that work was important to them. Some said that they liked the feeling of contributing to the community through their work and their tax dollars. In particular, the interviewees who had developmental disabilities or who had mental health diagnoses expressed the view that work made them more like everyone else; that work made them “like normal people.”
- Another reason interviewees said they wanted to work was for the income. One older woman with arthritis working part time after back surgery asserted that she works "because I need the money." In addition, after a lifetime of being employed, she does not like to sit around.
- A man with autism believes that working keeps him out of trouble. He stated, “Trouble is easy to get into but hard to get out of.” He has learned this lesson by watching his friends who “sit around and wait on a [disability] check.”
- Many persons currently receiving cash benefits hope ultimately to be more self-supporting. One interviewee with autism stated that his job coach has informed him that he can only earn a total of \$700 per month or lose his Medicaid benefits. He is currently in a supported employment program through DDSN. He hopes to get training so he can get a job in the regular work force earning a moderate salary, eventually getting off Medicaid and disability benefits.
- Other interviewees strongly stated aspirations and ambitions for their lives that would not be possible if they were to subsist only on a disability check. Many of them indicated that living on a disability check would mean living a limited life and they did not want that.
- An interviewee in his 20’s who receives services through the HASCI waiver does not want to depend on a disability check because he thinks it would not be enough money. The interviewee reported that he would only receive \$640 per month from disability (SSI) and that amount would barely cover his van payment. The interviewee wants to live comfortably, support himself, and financially contribute to his family. Although he has a head and spinal cord injury and uses a wheelchair for mobility, he works full-time doing computer-aided drafting. He supports himself and provides money to his mother and to a cousin who is a single parent. Being capable of providing financial support was critical to his self-respect.

- Another interviewee with a spinal cord injury said, "I saw other people around me who were not productive and I wanted to get out of it. I didn't want to be dependent on SSI." He saw other disabled people who were "just existing until their time on earth was gone" and said "I didn't want to end up like that. I wanted to be productive. I wanted a family. I wanted a home. I wanted a career. I wanted to get off the whole Medicaid/Social Security government system. I wanted out of all that."

The situations of two persons with disabilities illustrate some of the difficulties for persons with disabilities in trying to work. One of them is working full-time and the other has worked but is no longer employed.

**Marshall** (not his real name) is in his late 30's. An auto accident at age 22 left him quadriplegic and he struggled for more than 10 years with rehabilitation and college before achieving his degree. He now lives in his own home and drives his hand-controlled van to work. During his lengthy period of rehabilitation, he saw other disabled people who were content to live out their lives on a SSDI check with limited horizons, but he wanted more in his life: a career, a home, and a family. He described the two years he spent in a nursing home after his accident as very difficult and discouraging. He says, "I saw other people around me who were not productive and I wanted to get out of it. I didn't want to be dependent on SSI." Marshall determined to live more fully, despite the challenges of living in a wheelchair. After his accident, he married and had one child, although the marriage later ended. He said that a spiritual experience in 1992 was an important turning point for him, a major change in his perspective. He realized that "God had a plan for my life, and it wasn't being stagnant." This realization gave him even more motivation to be productive and "to be a blessing to others." He continues to be active in a neighborhood church.

He speaks with pride about his achievements at work. For the past five years, he has worked as a supervisor in a large accounting firm and he says that the company CEO considers him a valuable part of the organization. However, if he gets another raise, he will exceed the current earnings limits to qualify for Medicaid and the personal assistance he requires in order to continue work. He is unsure of what to do, because the employer's health insurance does not cover the cost of personal assistance. He would like to be able to pay a reasonable fee to buy into insurance to cover such expenses.

He fears that if his condition deteriorates, he would not be able to remain independent and keep his home. He worries about losing his independence and says that he never wants to be in a nursing home again. Marshall's dream for the future is to open up a residential home for people with disabilities, a community facility that he envisions as more of a mutual support system than an institution. He said that social support was something he did not have after the breakup of his marriage, which was scary for him.

Marshall has mixed emotions about the government's attitude toward his working. *He thinks that "the government will provide financial support to achieve independence, but no supplemental help to remain independent."* He sees some very good programs, such as the PASS (Plan for Achieving Self Support). Getting the government to pay for the initial modifications to his van was great, but now the van is ten years old and needs replacement. He does not know of any programs to help individuals with expensive vehicle replacement costs, which can run from \$65

to \$75,000. He sees the Ticket to Work program as beneficial, otherwise he would not be able to work and keep his benefits. If he gets one more promotion at work, he will make too much to be able to keep getting personal care aide and housekeeping assistance. He would be willing to pay directly for that service if it were a reasonable amount or pay for “personal care insurance at rates like an able-bodied person pays for health care.” *He sees government as “supporting independence, but not fostering success.”* He thinks the caps on earnings and assets are discouraging disabled people from going further beyond independence. He says, “I can't continue to grow in terms of education or my job without being penalized.”

**Marion** (not her real name) has lived with cerebral palsy all her life. She is in her late 40's and lives alone in a subsidized apartment complex in her small hometown. She is not working currently, although she has an advanced degree. Growing up, she did not think of herself as being different from others. Marion wanted to use her mind and get an education. Although her family tried to shield her from negative reactions of the community, she strove to have an independent life and won a college scholarship in a larger city. While at college, she learned to drive through VR and got a high-profile job. She spoke with pride about her achievements in working for a public official and in getting recognition for her intellectual contributions. However, she did encounter negative attitudes from peers while in college. She found that her biggest problem was people who were uncomfortable around the disabled. They would think of her as being stupid and make fun of her.

After she completed her degree, she returned to her hometown. For several years, she worked as a staff member at a sheltered workshop. When the funding ended for this position, she became the mail clerk at a manufacturing plant. During this time, she also obtained a masters' degree. Despite her achievements, she found that people did not treat her as a mature individual. They still looked at her as the “poor crippled girl.” She found that people were patronizing and treated her as a non-person. This caused her to be suspicious of others, and she became withdrawn and depressed. She didn't want to put up with the negative attitudes anymore and she decided just to stay home and subsist on her disability check.

Marion would like to work, because it would give her a reason to get up in the morning. However, she doesn't want to have to put up with the social consequences of other's opinions and beliefs. She would also be taking a chance on losing benefits, especially health benefits that have become more important as she has aged. She appreciates the help she gets from the government, but she would rather be working. If she were working, she could make a difference in the world; she could also have greater dignity, take part in real life, and establish relationships.

While Marion believes that employers are willing to make at least some physical accommodations, they are not willing to make the cultural and social accommodations that would make it possible for people with certain disabilities to work. Marion thinks that there should be affirmative action for the disabled, and that the ADA should be more specific in ways that go beyond physical accommodation. She thinks that employers could be rewarded more for providing jobs for the disabled. Most importantly, the public needs to be educated so they will not make judgments about people based on their disabilities rather than who they are. She believes that this is the case everywhere in SC. She believes the most important thing in getting and keeping jobs for the disabled is acceptance by other workers. The government could also help by continuing to provide personal care aids and health insurance for persons with handicaps who are working. The government could also help by helping the disabled start their own

businesses, by taking advantage of the entrepreneurial spirit. On the whole, she thinks people are well meaning, but that the society is just trying to get by, to do what is absolutely necessary to keep disabled people alive, but is not serious about making them a part of mainstream society.

## **Barriers to Working Themes**

Several major themes regarding barriers to employment for persons with disabilities were identified. These themes are:

- The complexity of the current system makes it difficult to determine just what work is allowed and how working will affect benefits.
- Earnings and asset limits for Medicaid and other benefits are counterproductive to providing incentives to work and to accumulating capital to start a business.
- The current system discourages persons from working.
- Having health insurance is seen as a life or death issue by many persons with disabilities and potentially losing Medicaid eligibility or other health benefits if one goes back to work is a difficult decision to make.
- Often the kinds of jobs available to persons with disabilities are low wage ones that do not meet the financial needs that are met by benefits.
- Some employers have a negative attitude towards persons with disabilities.
- Some co-workers and some of the public have a negative attitude towards persons with disabilities.
- There is limited transportation for persons with disabilities.

### **The Complexity of the Current System**

Some persons receiving SSI or SSDI who are not working stated that they would prefer to work but they have given up seeking employment because the rules of system are complicated and confusing. They often reported feeling that they were being “punished” for trying to earn more income or to contribute their tax dollars to the economy.

### **Earnings and Asset Limits**

Persons with disabilities interviewed consider earnings and asset limits as unduly restrictive. Under current regulations, persons receiving benefits cannot save in advance for expected replacement of durable medical equipment, to capitalize a business, or for emergencies. Interviewees say that they don't know they are in trouble with benefits until it happens. They lose money because they are not told.

- ♦ Several interviewees believe that the rules assume you can “plan problems in advance”. In addition, necessities like transportation don't count against the cap.
- One interviewee with a mental health disorder supported this view by stating that even though he has two children, he cannot have more than \$2,000 in financial assets or his benefits will be taken away. He asked, "How can you climb out of poverty with these restrictions?" Participants seemed to resent the fact that saving for an emergency was not supported.

- One mental health interviewee stated, “It is more easy (sic) for me not to work than for me to go out and work and for them (the government) to take it back.” He had received disability payments but worked more than the allowable limit.
- One man reported working “under the table” occasionally to earn extra money. Others in a group of mental health interviewees nodded in agreement that there was pressure to work under cover because the system is set up to penalize them for making additional income.
- When an interviewee with cerebral palsy received SSI benefits, he earned too much from his part time job. Paying back several thousand dollars to SSI was a very negative experience. He stated that the confusion about the salary limitations discourages persons with disabilities from working.
- A man with autism said that he made more money at his last job. He liked the salary, but he was making too much money while receiving disability benefits. The government cut his SSI check back by \$25 a month for three years to pay back what he owed for earning too much. He said that he definitely prefers to work more than he is doing now, but he doesn’t want to have to pay back money that he worked to earn. Therefore, he will continue to work part-time, or as much as he can.

### **The Current System Discourages Persons from Working**

The current State, local and Federal systems are set up in such a way that they often discourage working and reward not working.

- One interviewee working full-time stated that her apartment complex charges rent on a sliding scale and she believes that in some ways she would be “better off” if she did not work (and received disability payments) because her rent and prescription co-pay would be lower. She has seen some of her neighbors who are on disability payments have more disposable income than she does because of the way the rules work against her as a working person. Her non-working neighbors on disability pay about \$100 rent a month and she pays about \$500, although her salary is less than \$800 per month. Because she is working full-time, she is ineligible for medication subsidies. She was not approved to get Food Stamps because she earns \$1 too much. When asked about the government's attitude about her working, she stated, “The system is set up to fail.”

### **Health Coverage Is Seen as a Life or Death Issue**

Interviewees mentioned repeatedly that they could not obtain life-sustaining medical care or medications without Medicaid benefits. For most persons with disabilities, there are no health care alternatives. Even persons receiving Medicare need Medicaid to provide what Medicare will not provide. Persons with disabilities attempting to become eligible for Medicaid are therefore very anxious and may appear to be irrational to some workers.

- A blind man in his 20’s sees the government's attitude about his working as "very discouraging toward people with disabilities." Although he is working nearly full-time himself, he thinks people can't give up their government benefits long enough to become eligible for health benefits through an employer. He thinks that disabled people are scared to

- A group of participants with head and spinal cord injuries are concerned about their health care coverage. If they were to go back to work, they would lose their Medicaid “instantly” and their disability payments. If they were to lose their Medicaid, they would be uninsured because many private insurance companies will not cover them. Then if they lost the job, they would not have any way to pay for their medications and doctor’s visits. They believe that Medicare and Medicaid are helpful, but they do not always cover everything. One participant stated that before his accident, he had “outstanding insurance” but that since then, Medicare has just been “pay as it comes.”
- Medicaid benefits are essential to persons with disabilities who require expensive medications. Subjects who mentioned this had various disabilities that require on-going prescriptions and medical care including lupus, arthritis, head and spinal cord injuries, and mental health disorders.
- A common view held by persons interviewed was “A check is replaceable, medical benefits are not.” Private health insurance companies are reluctant to cover persons with disabilities. To persons with disabilities, guarding the health benefits of Medicaid and Medicare is all important.
- Even for persons with disabilities who are working, qualifying for health care insurance through an employer is difficult for several reasons. First, the time between getting a job and getting the insurance can be as much as a year (due to waiting periods and pre-existing conditions). Because these people are working full-time, they have lost coverage from Medicaid; so there is a period of no health care coverage. Many employer policies do not cover pre-existing conditions or they require long waiting periods. Also in the low wage jobs that are often available, it is hard to make co-pays and deductibles.
- Medicaid benefits provide durable medical equipment that individuals could not otherwise afford, such as home handrails and a handicapped toilet. Such equipment is essential to minimal functioning.

### **Low Wage Jobs**

Interviewees believe that the work available to many persons with disabilities does not pay a living wage. After considering everything, remaining on SSI or SSDI makes economic sense. Several consumers in addiction recovery, all working full or part time, voiced this view. The types of jobs that developmentally disabled persons qualify for are highly competitive. They must compete with students, illegal and legal immigrants and others who are on the low end of the income scale. Also, many of such jobs are seasonal or part time. This is becoming a larger problem as there are fewer jobs available for the working class.

- A man who is deaf worked as a skilled printer in another state for fourteen years. From the time he moved to SC to be near his parents, he has not been able to find work to make a living wage using his technical skills. His current salary is \$8.50/hour doing unskilled work at a local printing company. This salary is not sufficient for him to live independently without having a roommate, so he lives with his parents. He wants to avoid having a roommate because a former roommate exploited him financially. The roommate had him co-

- A 40-year-old man with expertise as an airplane mechanic asserts that he does not want to take a job flipping burgers, the only option he has been offered since he incurred a brain injury. He says, “I know more than that.”
- A man with autism who is working part time believes that the government could help people with disabilities find work by bringing additional higher-paying jobs to his home county, which has few job opportunities.

### **Negative Employer Attitudes**

The “big box” stores (like Wal-Mart) give little leeway to local store managers in hiring. Applicants fill out a computerized form and a centralized software program chooses who is eligible for hire. The answers given by the mentally retarded and others sometimes do not fit what the computer would like to see, even though the local store manager thinks they would make good workers. Some employers are concerned about liability. They, or their bosses, are afraid that the developmentally disabled and mentally retarded would be more likely to get hurt than other employees. Employers are also afraid of liability issues if they should hire someone with a disability. For example, they are afraid that someone with a seizure disorder might hurt themselves when having a seizure and then sue the employer. Persons with other types of disabilities have affirmed that this has also been their experience.

Business owners are not adequately knowledgeable about factors involving complete accessibility. Accessibility issues do not end in merely having a wheelchair accessible entrance.

Prospective employers do not usually give persons with disabilities time to schedule transportation to attend job interviews (usually 24 hours is needed). The design of doorknobs, wheelchair accessible restrooms, and width of the doorways are important factors that impede accessibility. Employers rarely use existing resources (organizations and agencies) to assess accessibility of their own work sites.

- Four mental health consumers admitted that they have lied on a job application by failing to mention that they have a mental illness. They agreed that if you tell an employer that you have a mental illness then you will not get the job. A woman with sickle cell disease said that she passed the qualifying tests for a government job but believes she did not get it because she listed her disability on the application.
- One man with cerebral palsy who has a college degree said that early in his employment experience he faced “employers who could not tell what I was capable of – they think I may have cognitive problems.” He said this lack of knowledge has improved somewhat as persons with disabilities become more common in the work force.
- Two interviewees asserted that some employers are afraid of people who have mental health disorders. “They think we might hurt them.” Another issue was the misconception that all people who are mentally ill are stupid and lack intelligence. This was noted as untrue in a group interview where four of the five subjects had obtained a college degree.

## **Negative Attitudes of Co-Workers and the Public**

Co-workers and the public are often misinformed about disabilities and are therefore prejudiced against persons with disabilities. This makes it difficult for persons with disabilities to do their jobs and keep work once they have obtained it. Members of the public may also be ignorant, and be afraid to deal with someone who is “different.”

- A man with developmental disabilities was laid off from his job at a golf course. The clientele were older people who had a hard time accepting his differences. He “looks normal” and they expected him to “act normal.” However, he has difficulty remembering some things and he did not necessarily meet their criteria for acceptable behavior.
- Interviewees reported that other employees are sometimes uneducated and make fun of the developmentally disabled or mentally retarded individuals or even refuse to work with them.
- A group of interviewees with head and spinal cord injuries agreed that co-workers often think they are stupid and treat them differently because of their disability. One participant noted that even though employers conduct disability sensitivity training, it is usually created “for able-bodied people by able-bodied people” and therefore does not help people understand what it is like to be disabled. They related that other employees often “pick on” people with disabilities, making the workplace unpleasant. When conflict occurs, the person with disabilities is more likely to lose their job.
- Some interviewees regretted that there are strong stereotypes about persons in wheelchairs among service providers, employers, and society as a whole. “When you roll in, they just see the chair, not the person.”
- A deaf man recounted being fired unfairly from a job for “fighting,” when another employee tripped him and said that he had started a fight. He says that the other employee consistently picked on him and tried to make him look bad.

## **Transportation**

Persons with disabilities often mention the need for more accessible transportation. There is very little public transportation in the state for anyone, much less for persons with disabilities. Private transportation is often too expensive for persons with disabilities to afford. For some persons with disabilities, the most practical thing to do is get work within walking distance of their home, which limits the possibilities. More widely available public transportation would open up more job opportunities for persons with disabilities.

- The types of jobs that developmentally disabled people often qualify for (custodial, janitorial, etc.) take place at night. This in itself is not a problem for everyone, but in most communities, there is no public transportation at night. Some individuals also are concerned about the safety of being out at night. Even during the day, public transportation is expensive and limited.

- Public transportation for person in wheelchairs is very limited. In addition, most taxis cannot transport motorized wheelchairs.
- For persons with disabilities who require adaptive technology for them to drive, the first adaptations are reasonably easy to acquire. Inevitably the vans or cars that they acquire do wear out, and getting a second set of adaptations paid for is much more difficult. After several years of work made possible in part by adapted vans or cars, they find themselves facing a major transportation crisis.

## **Supports to Working Themes**

The interviewees identified six themes about supports to their becoming and remaining employed. These themes are:

- Services from state and local agencies are often very helpful in becoming and staying employed.
- Employers are looking for certain skills and a certain level of education. Having the appropriate skills and education are essential to getting any particular job.
- Persistence and self-advocacy are necessary to getting and keeping a job.
- Employers must be receptive if the person with disabilities is to get a job.
- Family support of the person with disabilities is also necessary for successful work.

### **Agency Services**

The work done by many agencies, private and public, government and not-for-profit, greatly benefit persons with disabilities who want to work. These services often make the difference between a person working and their not working.

- Responding to what has contributed to her current job success, an interviewee said there were several factors: “I had to get honest with my self that I needed the help.” Another factor was the caring and supportive attitude of staff at Work in Progress. “They are a good bunch of people. They stay with you.” She had a job coach at Goodwill for a few days. In addition, her current employer is very supportive.
- A 22- year-old blind man says that one of the reasons he has been successful in getting and keeping his job is that he "knows people who know how to make things happen." As a student at a higher education institution, he got the idea for starting a technology lab and approached others at the school about it. He credits other people at the school and at the School for the Deaf and Blind who supported his ideas and helped to create the current assistive technology lab and his current position working in it. He also thinks his own knowledge and skills in evaluating software are a key factor. He believes that his sound decision-making about potential technology for the lab has contributed to his success.
- According to one interviewee, “Self directed care is a great boon to the disabled. It has helped tremendously, although getting a reliable attendant can sometimes be a problem.”

- A number of interviewees with developmental disabilities were on supported employment through DDSN. These jobs tended to be custodial or food service. The interviewees spoke positively about their DDSN job coaches and the job settings.
- A man with autism is pleased with services provided by Vocational Rehabilitation, Department of Mental Health, and Department of Disabilities and Special Needs, particularly his job coach from DDSN. He has formed a close bond with the DDSN worker and said that she will do many things for him when others will not take the time. Other interviewees also said that they appreciated support from workers in various agencies who gave them extra encouragement in finding a job.
- A skeptical interviewee was pleasantly surprised that a local initiative turned out well: DSS received a grant to find employment and housing for head injury patients. DDSN offered to help administer the grant and created the first head injury support center in a local area. The interviewee was doubtful at first but he attributes the success of the effort to the dedication of the staff person who coordinated the project.
- Several interviewees had positive comments about the cooperation of many community agencies, such as senior centers, Disabilities Boards, and others.

### **Skills and Education**

No matter how well meaning an employer is, they must get value for their money spent on personnel, or they will soon be out of business. Persons with disabilities can gain the skills and education necessary to bring value to employment, both on and off the job site.

- A blind woman says she used to fear new job situations and people always watching her to make sure she could do what she was supposed to, but she learned how to get things done differently. When working for a retail company, she had to stock small items on the shelf. It took her a long time the first time she did this task, and the boss mentioned something to her about it. She had to sort the items by touch and remember where they went. When she asked to stock the shelves a second time, it took her no time at all because she had already come up with her own system. Then, her boss was very impressed.
- A large number of consumers interviewed said that they worked hard to get college degrees or other technical training so that they had specific skills to offer an employer. Some of the formal education areas represented among those interviewed include business, accounting, computer science, printing, rehabilitation counseling, computer-aided drafting, history, nursing, and other high skill areas. Other consumers had work experience in food service, personal care, cosmetology, retail, manufacturing, electrician, and skilled mechanics. Although some disabled individuals are working and using their skills, many are either not in the work force or are working in jobs that do not make use of their skills.

### **Persistence and Self-Advocacy**

Anyone looking for a job must be persistent and advocate for themselves. This is doubly true for persons with disabilities who must meet all the usual needs for those characteristics, plus the needs associated with disabilities.

- A woman who is legally blind stated that the keys to her success were her own motivation and determination. She said that her parents brought her up "military-style," although neither had served in the military. She used the term to denote their high expectations for their children. The subject and all her siblings were born blind. The parents had strong moral standards and they taught their children to be mentally strong. She is a BEP vendor for the Commission for the Blind and is buying a home. She also was motivated by observing people in the sighted world who just seemed to drift through life without a plan.
- One man asserted, "I'm a good advocate. I think God is blessing me to show you what I can do. I'm going to show you what I can do." He is the leader of a local community self-advocacy group. This group seems to be a great part of his support system and his view of himself as a contributing person in his community. He quoted his father saying, "The best way to shut up other people is to *show* them," and he says has shown them through his example.
- A woman with manic depression said that she tries to use her mental illness as an asset when going on job interviews. She tells the employer about her coping skills and the things she has learned since her diagnosis to overcome her own disability.

### **Receptive Employers**

For persons with disabilities to get and keep work, employers must be willing to consider them for the work available, and be willing to support them in the work. Some interviewees reported having employers who understood their needs and helped them to realize their potential at the workplace, contributing to their job satisfaction. They said that cooperation, support, flexibility, and understanding of employers are significant to successful employment experiences of person with disabilities.

- A man in his late 30's, who has been deaf since birth, thinks that his two years of specialized training as a printer helped him acquire the job skills. He also had a supervisor and co-workers at a previous job who were willing to work with him. His supervisor learned ASL and co-workers used written notes. However, he lost that job when the company's upper management changed and the attitude was no longer supportive in working with deaf and other people with disabilities. He is now working two part time jobs and seeking full-time work in manufacturing. He thinks if deaf people seeking employment see ASL signing going on among staff at a work site, this communicates interest and willingness to work with them.
- A woman with lupus believes that her employer has been extremely helpful. After she exhausted her sick leave, they helped her use the leave pool to make up for it. They also have been flexible about work hours, so she can make up lost work time. They have provided ergonomic adaptations in her furniture and computer keyboard. They also got the property owner to make changes in improving the accessibility of the building. The most important thing her employer did was to bring the Working Disabled Medicaid eligibility category to her attention. She was the first person in the state to get it. This has been important because she could not afford her medical expenses without Medicaid.
- Respondents reported that employer accommodations that often help are the little things, like the right height of desks for people in a wheelchair. Sometimes there is a problem when a supportive manager leaves and a new one comes in. Therefore all accommodations for an

- A 38-year-old woman with sickle cell disease recounted very different work experiences with two employers: She lost administrative jobs in the manufacturing sector due to her absences and hospitalizations. She said that when you miss days, employers are very negative, especially those in the manufacturing sector. "They think you must be pretending. They don't believe that someone so young can be sick." Her employer-sponsored Blue Cross/Blue Shield policy was cancelled after her doctor ordered her medication pump. Working as a teacher's aide for the school system was a very different experience. "They were more supportive. They allowed me more time off and staff gave blood donations to my account." The school holidays and summer vacations allowed her to take care of her health needs with minimal disruption of time at work.
- A woman with chronic mental illness works full-time for a non-profit organization that is very supportive of her needs. In addition to allowing her a flexible work schedule to attend medical appointments, the organization pays directly for some of her medication not covered by the company health insurance.

### **Family Support**

Often, families can be the difference between success and failure in getting and keeping employment. A family that is afraid to let their member who has a disability enter everyday life will be a detriment to working. A family that encourages someone to move into the world and supports them in doing that is an asset to working.

- The parents of a deaf man who is living at home asserted that family or other outside supports are necessary for most persons with disabilities to "make it." The father cited a recent incident he believed was exploitative of his son: A drug store charged his son a \$114 prescription fee for a medication that is a \$25 over the counter drug. The father went to the drug store to dispute the charge and got the matter resolved. He stated that his son "could never have gotten that straightened out by himself" because of his difficulties in communicating in the hearing world.
- Two younger men with brain injuries each live with a parent and depend on a family member for personal assistance. They both acknowledge that they count on this type of help.
- A woman with sickle cell disease noted her father's advice to "keep humble, but don't let it (disability) deter you and do your best." She has tried to live by his counsel and got her college degree. She wants to get her teacher certification.

## **DISCUSSION AND CONCLUSIONS FOR PARTS TWO AND THREE**

Persons with disabilities are now able to live and work who would not have done so seventy years ago, when the disability support system was established. Assistive technology and medical science have far outstripped the beliefs that undergird the current system. There have been attempts to adapt the system to the real world changes, and some, like the Americans with Disabilities Act (ADA), have been very successful. The fact remains, however, that the support system is a patchwork of laws, rules, regulations, policies and procedures, and attitudes that simply do not fit the facts with which persons with disabilities and all citizens must live. The world has changed in many ways, even in the last ten years, which makes it imperative that every person who can work be given the chance to add to the productive capacity of South Carolina.

The Ticket to Work legislation is an attempt to rectify this situation. It is clear from the interviews conducted for this report with persons with disabilities and responsible parties, that the barriers to persons with disabilities getting and keeping jobs are difficult ones. But it is equally clear that there are positives that can help to overcome these barriers. Recommendations for reducing the barriers and reinforcing the positives are provided in the next section.

## RECOMMENDATIONS FOR PARTS TWO AND THREE

1. The complexity of the present system that serves persons with disabilities requires a great deal of knowledge and skill on the part of professionals to help persons with disabilities return to work. Many states have put a great deal of effort into hiring and training benefits coordinators who help persons with disabilities wend their way through the system. South Carolina has used federal funds to provide a few benefits coordinators at Vocational Rehabilitation. The benefits coordinators provided appear to be an essential part of helping persons with disabilities get and keep jobs. It is recommended that at least one worker in each SC DHHS area office be trained to be a benefits coordinator and given the authority to carry out those functions. It is recommended that benefits coordinators and consumers make wider use of technology to understand the complex system, such as the *WorkWorld* software developed by the Employment Support Institute, School of Business, Virginia Commonwealth University.
2. It is recommended that a group of disability and health care funding professionals, business and financial leaders, elected officials, academic experts, and persons with disabilities be formed to develop a comprehensive response to the barriers that mitigate against persons with disabilities working and to further develop the positives that support persons with disabilities working. The beginning point for that group would be this series of reports. This group would have as its first priority, balancing the costs and benefits of modifying these barriers and positives so that the state achieves the greatest possible use of the productive capacity of persons with disabilities and reduces the associated costs to the state. Among the issues that the group would examine are:
  - a. Income and asset limits for publicly supported health care for persons with disabilities.
  - b. Incentives and methods to increase the private health care coverage of persons with disabilities who are employed.
  - c. Private and public methods to support persons with disabilities who wish to start their own businesses.
  - d. Private and public methods to enhance the employment related training, education and skill development of persons with disabilities.
  - e. Private and public methods for meeting the transportation needs of persons with disabilities who are working.
3. It is recommended that the fourth in this series of reports address the need to educate employers and fellow employees concerning persons with disabilities in order to overcome the negative work atmosphere experienced by some persons with disabilities.
4. It is recommended that continuing Medicaid Infrastructure Grant funding be secured for the following purposes:

- a. To provide support to the group that will be developing the comprehensive response mentioned above.
  - b. To determine methods for overcoming the reluctance among some persons with disabilities to work and the reluctance of their families to support them in working.
  - c. To determine methods for encouraging employers to make the best possible use of persons with disabilities in their employment practices.
  - d. To determine the economic impact of persons with disabilities on the State's economy and the potential impact of increasing the number of persons with disabilities who are employed.
5. It is recommended that persons with disabilities who are attempting to become employed be offered the opportunity to take part in a self-advocacy training, such as a modified version of the Partners in Policymaking curriculum funded by the Disabilities Council.
  6. It is recommended that a method be developed to allow persons with disabilities who work to pay a share of the costs of Medicaid coverage, the share to increase as their income increases. The ultimate goal is to eliminate the Medicaid share of costs for these individuals.

**APPENDIX ONE: INTERVIEW SCHEDULES FOR  
INDIVIDUAL AND GROUP INTERVIEWS WITH  
PEOPLE WITH DISABILITIES**

## **Medicaid Infrastructure Grant Individual Interview Protocol Persons with Disabilities Who Are Not Working**

**Goal: What is the experience of persons with disabilities who have worked in the past but no longer are or have never worked.**

Supplies needed: Directions or map and contact phone number for meeting place, copy of protocol questions for staff members, SWS business cards, recorder, mike, , legal pad and pen for note-taking.

Participant Number: The participant number begins with the initials of the interviewee, the date of the interview expressed as MM/DD/YYYY and a W (if working) or an N (if not working).

Roles: Interviewer explains the project, keeps interview on track with questions and prompts. Scribe takes notes and monitors recorder. Interviewer should pose major questions and only use specific probes if the desired content is not forthcoming.

1. **Introduction** – Thank participant. Briefly state your name and introduce scribe. Go through demographic form and fill out with participant.
  
2. **State purpose of project** - to determine what needs to be done to make it easier for persons with disabilities who want to work to be successful at getting and keeping a job. That we are doing similar interviews around the state.  
Interviewer will be asking a few questions and the participant will have a chance to say a much or as little as he or she wishes about that  
Time frame will be approximately one hour.  
Assure confidentiality.  
We want to record the session (and will ask permission), but will remove any identifiers when we do our write ups. (If participant objects, scribe takes detail notes.)  
Ask if any questions about the reason you are here and what we will be doing.  
Tell who/how to contact someone if you have questions - Distribute business cards.
  
3. **Warm-up questions**  
Ask what people's living arrangements are.  
  
Get more specificity about disabilities if needed using demographic form as guide
  
4. **Key question** – You are people with disabilities who are not presently working. Tell us about your desires to work, what barriers and problems there may be about getting and keeping a job, and what your experience with working has been.  
(Allow people to answer as they feel comfortable doing. Use follow up questions when necessary to make sure all of the issues we are interested in get covered.)

## 5. Follow-Up Questions

- A. Have you ever been employed? If so, how long, type of work, reasons for losing your job, was employment prior to becoming a person with a disability?
- B. Would you like to go to work?
- C. What has kept you from doing going to work?
- D. What do you see as the government's attitude about their working?
  - 1. What is government doing to help?
  - 2. What is government doing that hinders you?
- E. What do you think employers' attitudes would be about your working?
- F. What could employers do to help?
- G. What could employers do that would not be helpful?
- H. On your demographic form you said you had received services from agencies.  
Can you tell us how satisfied you are with the support from those agencies?

## 6. Wrap-up - Summarize major themes, thank respondent for his or her input.

Adjourn no later than 90 minutes after start time.

Label notes with name of participant, location participant number and date.

**Completion:** All notes and transcripts are to be kept in locked Medicaid Infrastructure file. Scribe prepares process recording and puts into file labeled "Working Persons with Disabilities Transcripts -2003/04." Advise Andrea when each process recording is finished. E-mail process recording to George and Sarah.

Location \_\_\_\_\_ Date \_\_\_\_\_ Participant Number \_\_\_\_\_

## **Format For Note Taking for Non-Working Individual Interviews**

Use this format to take brief notes during Interview

### **3. Warm-up questions**

Ask what people's living arrangements are.

- 4. Key question** – You are people with disabilities who are not presently working. Tell us about your desires to work, what barriers and problems there may be about getting and keeping a job, and what your experience with working has been.

### **5. Follow Up Questions**

A. Have you ever been employed? If so, how long, type of work, reasons for losing your job, was employment prior to becoming a person with a disability?

B. Would you like to go to work?

C. What has kept you from doing going to work?

D. What do you see as the government's attitude about their working?

1. What is government doing to help?

2. What is government doing that hinders you?

E. What do you think employers' attitudes would be about your working?

F. What could employers do to help?

G. What could employers do that would not be helpful?

H. On your demographic form you said you had received services from agencies. Can you tell us how satisfied you are with the support from those agencies?

**Overall observations:**

Location \_\_\_\_\_ Date \_\_\_\_\_ Group Number \_\_\_\_\_

## **Medicaid Infrastructure Grant Group Interview Protocol Persons with Disabilities Who Are Working**

**Goal: What is the experience of persons with disabilities who have chosen to go back to work and are succeeded at doing so.**

Supplies needed: Directions or map and contact phone number for meeting place, copy of interview questions for staff members, SWS business cards, recorder, mike, , legal pad and pen for note-taking, drinks and snacks sufficient for six people.

30 minutes prior to time - Arrive at site to meet site contact person and introduce selves. Ask where to conduct group. Set up room in horseshoe shape or around a table, if possible. Put out snacks in basket or on a side table.

Group Number: The Group Number will occur in sequence, ie, the first group will be 001. Subsequent to the group, the individual numbers will be assigned to the demographic information sheet.

Roles: Moderator explains the project, keeps group on track with questions and prompts. Scribe documents group numbers and demographics, takes notes and monitors recorder. Moderator should pose major questions and only use specific probes if the desired content is not forthcoming.

1. **Introduction** - Welcome participants. Offer snacks and drinks. Ask to fill out demographic form. Assist as necessary.  
Briefly state your name as moderator.
  
2. **State purpose of group** - to determine what needs to be done to make it easier for persons with disabilities who want to work to be successful at getting and keeping a job. That we are doing similar groups around the state.  
Moderator will be asking a few questions and each person will have a chance to say a much or as little as they wish about that - a general discussion.  
Time frame will be approximately one hour.  
Assure confidentiality.  
We want to tape record the session (and will ask their permission), but will remove any identifiers when we do our write ups. (If anyone objects, scribe takes detail notes.)  
Ask if any questions about the reason you are here and what we will be doing.  
Tell who/how to contact someone if you have questions - Distribute business cards.  
**Introduce SWS staff** - role is outside evaluators, based in Columbia through USC. We often work with DHHS. I will be moderator and (name) \_\_\_\_ will be assisting by taking notes. Scribe starts tape recorder.

### **3. Warm-up questions**

Ask for kind of work people are doing and what their living arrangements are.

- 4. Key question** – You are people with disabilities who have chosen to work. Tell us about your experience getting and keeping a job.  
(Allow people to answer as they feel comfortable doing. Use follow up questions when necessary to make sure all of the issues we are interested in get covered.)

**5. Follow-Up Questions**

1. How have you been successful? What did you do and what did others do to make it work?
2. What were the barriers that got in your way?
3. What are your fears about working and continuing to work?
4. What do you see down the road for you in relation to working?
5. What is the government's attitude about your working?
  - a. What is government doing to help?
  - b. What is government doing that hinders you?
6. What is your employer's attitude about your working?
  - a. What is your employer doing to help?
  - b. What is your employer doing that hinders you?
7. Why do you want to work?
8. Do you ever feel like quitting? Why?
9. How satisfied are you with the work you are doing? Is there work you would rather do?
10. How are things working out in regards to personal assistance?
  - a. Are there barriers to getting what you need?
  - b. What can government do to make their getting the right personal assistance easier.
11. How is your transportation situation working out?
  - a. What can government do to help with that?
12. How did you find out about your job?
13. Did you initially need a job coach and/or specialized training? If so, for how long and how intensive?
14. What type of accommodations is needed on your job - wheelchair ramps, accessible bathrooms, special keyboards, etc.?
15. Are you working full-time or part-time? Is this by choice?

16. Many of you said on your demographic forms that you have used services from different agencies. Can you tell us how satisfied you are with the support from those agencies?

6. **Wrap-up** - Summarize major themes, thank them for their input.

Adjourn no later than 90 minutes after start time.

Clean up room. Pack supplies. Scribe label tape with group, location and date. Label notes with group, location and date.

**Completion:** All tapes, notes and transcripts are to be kept in locked Medicaid Infrastructure file. Scribe transcribes tape and puts into file labeled "Working Persons with Disabilities Transcripts - 2003/04." Advise Andrea when each transcript is completed.

After completion of each group, set up blank tapes, supplies and "treats" to be ready for next session.

Location \_\_\_\_\_ Date \_\_\_\_\_ Group Number \_\_\_\_\_

## **Format for note-taking**

Use this format to take brief notes during focus groups

After moderator asks each question, note response of each participant as C1, C2, etc. Write key phrase or word, rather than complete sentence. Take detailed notes only if someone objects to tape recording. If a particular participant does not respond, you do not need to write anything.

Example:

*Q: What were the barriers that got in your way?*

*C1 Transportation. Had to arrange for pickup by relatives.*

*C2 Finding the right person for attendant care.*

*C3 Not getting the right kind of job leads at first.*

### **3. Warm-up questions**

Ask for kind of work people are doing and what their living arrangements are.

- 4. Key question** – You are people with disabilities who have chosen to work. Tell us about your experience getting and keeping a job.

### **5. Follow-Up Questions**

A. How have you been successful? What did you do and what did others do to make it work?

B. What were the barriers that got in your way?

C. What are your fears about working and continuing to work?

D. What do you see down the road for you in relation to working?

E. What is the government's attitude about your working?

1. What is government doing to help?

2. What is government doing that hinders you?

F. What is your employer's attitude about your working?

1. What is your employer doing to help?

2. What is your employer doing that hinders you?

G. Why do you want to work?

H. Do you ever feel like quitting? Why?

I. How satisfied are you with the work you are doing? Is there work you would rather do?

J. How are things working out in regards to personal assistance?

1. Are there barriers to getting what you need?

2. What can government do to make their getting the right personal assistance easier.

K. How is your transportation situation working out?

1. What can government do to help with that?

L. How did you find out about your job?

M. Did you initially need a job coach and/or specialized training? If so, for how long and how intensive?

N. What type of accommodations is needed on your job - wheelchair ramps, accessible bathrooms, special keyboards, etc.?

O. Are you working full-time or part-time? Is this by choice?

P. Many of you said on your demographic forms that you have used services from different agencies. Can you tell us how satisfied you are with the support from those agencies?

**Overall observations of group or process:**

## **Medicaid Infrastructure Grant Interview Protocol Persons with Disabilities Who Are Working**

**Goal: What is the experience of persons with disabilities who have chosen to go back to work and are succeeded at doing so.**

Supplies needed: Directions or map and contact phone number for meeting place, copy of protocol questions for staff members, SWS business cards, recorder, mike, , legal pad and pen for note-taking.

Participant Number: The participant number begins with the initials of the interviewee, the date of the interview expressed as MM/DD/YYYY and a W (if working ) or an N (if not working).

Roles: Interviewer explains the project, keeps interview on track with questions and prompts. Scribe takes notes and monitors recorder. Interviewer should pose major questions and only use specific probes if the desired content is not forthcoming.

1. **Introduction** – Thank participant. Briefly state your name and introduce scribe. Go through demographic form and fill out with participant.
2. **State purpose of project** - to determine what needs to be done to make it easier for persons with disabilities who want to work to be successful at getting and keeping a job. That we are doing similar interviews around the state.  
Interviewer will be asking a few questions and the participant will have a chance to say a much or as little as he or she wishes about that  
Time frame will be approximately one hour.  
Assure confidentiality.  
We want to record the session (and will ask permission), but will remove any identifiers when we do our write ups. (If participant objects, scribe takes detail notes.)  
Ask if any questions about the reason you are here and what we will be doing.  
Tell who/how to contact someone if you have questions - Distribute business cards.
3. **Warm-up questions**  
Ask for kind of work participant is doing and what their living arrangements are.  
Get more specificity about disabilities if needed using demographic form as guide  
Ask what kind of work did before disability (if disability happened after coming of work age)
4. **Key question** – You are a person with disabilities who has chosen to work. Tell us about your experience getting and keeping a job.  
(Allow people to answer as they feel comfortable doing. Use follow up questions when necessary to make sure all of the issues we are interested in get covered.)
5. **Follow-Up Questions**
  1. How have you been successful? What did you do and what did others do to make it work?

2. What were the barriers that got in your way?
  3. What are your fears about working and continuing to work?
  4. What do you see down the road for you in relation to working?
  5. What is the government's attitude about your working?
    - a. What is government doing to help?
    - b. What is government doing that hinders you?
  6. What is your employer's attitude about your working?
    - a. What is your employer doing to help?
    - b. What is your employer doing that hinders you?
  7. Why do you want to work?
  8. Do you ever feel like quitting? Why?
  9. How satisfied are you with the work you are doing? Is there work you would rather do?
  10. How are things working out in regards to personal assistance?
    - a. Are there barriers to getting what you need?
    - b. What can government do to make their getting the right personal assistance easier.
  11. How is your transportation situation working out?
    - a. What can government do to help with that?
  12. How did you find out about your job?
  13. Did you initially need a job coach and/or specialized training? If so, for how long and how intensive?
  14. What type of accommodations is needed on your job - wheelchair ramps, accessible bathrooms, special keyboards, etc.?
  15. Are you working full-time or part-time? Is this by choice?
  16. You said on your demographic forms that you have used services from different agencies. Can you tell us how satisfied you are with the support from those agencies? (Be sure that people have put down all of the agencies that are helping them, or have helped them.)
- 6. Wrap-up** - Summarize major themes, thank for his or her input. Adjourn no later than 90 minutes after start time. Pack supplies. Scribe label tape with location, interview number and date. Label notes with participant name, number, location and date.

**Completion:** All tapes, notes and transcripts are to be kept in locked Medicaid Infrastructure file. Scribe writes up process recording and puts into file labeled "Working Persons with Disabilities Transcripts -2003/04." Advise Andrea when each process recording is completed.

Location \_\_\_\_\_ Date \_\_\_\_\_ Participant Number \_\_\_\_\_

### **Format for note-taking**

Use this format to take brief notes during interviews

**3. Warm-up questions**

Ask for kind of work people are doing and what their living arrangements are.

Get more specificity about disabilities if needed using demographic form as guide

Ask what kind of work did before disability (if disability happened after coming of work age)

**4. Key question** – You are people with disabilities who have chosen to work. Tell us about your experience getting and keeping a job.

**5. Follow-Up Questions**

A. How have you been successful? What did you do and what did others do to make it work?

B. What were the barriers that got in your way?

C. What are your fears about working and continuing to work?

D. What do you see down the road for you in relation to working?

E. What is the government's attitude about your working?

1. What is government doing to help?

2. What is government doing that hinders you?

F. What is your employer's attitude about your working?

1. What is your employer doing to help?

2. What is your employer doing that hinders you?

G. Why do you want to work?

H. Do you ever feel like quitting? Why?

I. How satisfied are you with the work you are doing? Is there work you would rather do?

J. How are things working out in regards to personal assistance?

1. Are there barriers to getting what you need?

2. What can government do to make their getting the right personal assistance easier.

K. How is your transportation situation working out?

1. What can government do to help with that?

L. How did you find out about your job?

M. Did you initially need a job coach and/or specialized training? If so, for how long and how intensive?

N. What type of accommodations is needed on your job - wheelchair ramps, accessible bathrooms, special keyboards, etc.?

O. Are you working full-time or part-time? Is this by choice?

P. Many of you said on your demographic forms that you have used services from different agencies. Can you tell us how satisfied you are with the support from those agencies?

**Overall observations:**

Location \_\_\_\_\_ Date \_\_\_\_\_ Group Number \_\_\_\_\_

## **Medicaid Infrastructure Grant Group Interview Protocol Persons with Disabilities Who Are Not Working**

**Goal: What is the experience of persons with disabilities who have worked in the past but no longer are.**

Supplies needed: Directions or map and contact phone number for meeting place, copy of protocol questions for staff members, SWS business cards, tape recorder, mike, blank tapes, legal pad and pen for note-taking, drinks and snacks sufficient for six people.

Group Number: The Group Number will occur in sequence, i.e., the first group will be 001. Subsequent to the group, the individual numbers will be assigned to the demographic information sheet.

30 minutes prior to time - Arrive at site to meet site contact person and introduce selves. Ask where to conduct group. Set up room in horseshoe shape or around a table, if possible. Put out snacks in basket or on a side table.

Roles: Moderator explains the project, keeps group on track with questions and prompts. Scribe documents group numbers and demographics, takes notes and monitors tape recorder. Moderator should pose major questions and only use specific probes if the desired content is not forthcoming.

- 1. Introduction** - Welcome participants. Offer snacks and drinks. Ask to fill out demographic form. Assist as necessary.  
Briefly state your name as moderator.
- 2. State purpose of group** - to determine what needs to be done to make it easier for persons with disabilities who want to work to be successful at getting and keeping a job. That we are doing similar groups around the state.  
Moderator will be asking a few questions and each person will have a chance to say a much or as little as they wish about that - a general discussion.  
Time frame will be approximately one hour.  
Assure confidentiality.  
We want to record the session (and will ask their permission), but will remove any identifiers when we do our write ups. (If anyone objects, scribe takes detail notes.)  
Ask if any questions about the reason you are here and what we will be doing.  
Tell who/how to contact someone if you have questions - Distribute business cards.  
**Introduce SWS staff** - role is outside evaluators, based in Columbia through USC. We often work with DHHS. I will be moderator and (name) \_\_\_\_\_ will be assisting by taking notes. Scribe starts tape recorder.

- 3. Warm-up questions**  
Ask what people's living arrangements are.

- 4. Key question** – You are people with disabilities who are not presently working. Tell us about your desires to work, what barriers and problems there may be about getting and keeping a job, and what your experience with working has been.  
(Allow people to answer as they feel comfortable doing. Use follow up questions when necessary to make sure all of the issues we are interested in get covered.)

**5. Follow-Up Questions**

- A. Have you ever been employed? If so, how long, type of work, reasons for losing your job, was employment prior to becoming a person with a disability?
  - B. Would you like to go to work?
  - C. What has kept you from doing going to work?
  - D. What do you see as the government's attitude about their working?
    - 1. What is government doing to help?
    - 2. What is government doing that hinders you?
  - E. What do you think employers' attitudes would be about your working?
  - F. What could employers do to help?
  - G. What could employers do that would not be helpful?
  - H. Many of you said on your demographic forms that you have used services from different agencies. Can you tell us how satisfied you are with the support from those agencies?
- 6. Wrap-up** - Summarize major themes, thank them for their input.  
Adjourn no later than 90 minutes after start time.  
Clean up room. Pack supplies. Scribe label tape with group, location and date. Label notes with group, location and date.

**Completion:** All tapes, notes and transcripts are to be kept in locked Medicaid Infrastructure file. Scribe transcribes tape and puts into file labeled "Working Persons with Disabilities Transcripts - 2003/04." Advise Andrea when each transcript is completed.

After completion of each group, set up blank tapes, supplies and "treats" to be ready for next session.

Location \_\_\_\_\_ Date \_\_\_\_\_ Group Number \_\_\_\_\_

## **Format for note-taking**

Use this format to take brief notes during focus groups

After moderator asks each question, note response of each participant as C1, C2, etc. Write key phrase or word, rather than complete sentence. Take detailed notes only if someone objects to tape recording. If a particular participant does not respond, you do not need to write anything. Example:

*Q: What were the barriers that got in your way?*

*C1 Transportation. Had to arrange for pickup by relatives.*

*C2 Finding the right person for attendant care.*

*C3 Not getting the right kind of job leads at first.*

### 1. **Warm-up questions**

Ask what people's living arrangements are.

2. **Key question** – You are people with disabilities who are not presently working. Tell us about your desires to work, what barriers and problems there may be about getting and keeping a job, and what your experience with working has been.

### 3. **Follow-Up Questions**

A. Have you ever been employed? If so, how long, type of work, reasons for losing your job, was employment prior to becoming a person with a disability?

B. Would you like to go to work?

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D. What do you see as the government's attitude about their working?

1. What is government doing to help?

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E. What do you think employers' attitudes would be about your working?

F. What could employers do to help?

G. What could employers do that would not be helpful?

H. Many of you said on your demographic forms that you have used services from different agencies. Can you tell us how satisfied you are with the support from those agencies?

**Overall observations of group or process:**

Location \_\_\_\_\_ Date \_\_\_\_\_ Participant Number \_\_\_\_\_

## DEMOGRAPHIC INFORMATION SHEET

1. My age is:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Less than 20 | <input type="checkbox"/> 45-54 years    |
| <input type="checkbox"/> 20-24 years  | <input type="checkbox"/> 55-59 years    |
| <input type="checkbox"/> 25-34 years  | <input type="checkbox"/> 60 to 64 years |
| <input type="checkbox"/> 35-44 years  | <input type="checkbox"/> Over 64 years  |

2. I am

- |                                |                                  |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> A man | <input type="checkbox"/> A woman |
|--------------------------------|----------------------------------|

3. I am

- White
- African - American
- Hispanic
- Asian
- Other

4. I went to school for:

- Seven years or less
- Eight or nine years
- Ten or eleven years
- Twelve years or a GED or a high school diploma
- More than 12 but less than 16 years
- College degree (16 years)
- Post graduate work (more than 16 years)

5. I receive Social Security Disability payments.

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

6. I receive Supplemental Security Income (SSI).

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

7. What health insurance do you have (check all that apply)?

- |  |  |
|--|--|
| <input type="checkbox"/> Medicaid            | <input type="checkbox"/> Covered under another family member |
| <input type="checkbox"/> Medicare            | <input type="checkbox"/> Other (Please explain)              |
| <input type="checkbox"/> Tricare             | _____  |
| <input type="checkbox"/> Employer group plan | _____  |

8. I am receiving or have received assistance from (check all that apply)

- Vocational Rehabilitation
- Department of Disabilities and Special Needs
- Department of Mental Health
- Department of Social Services
- Employment Security Commission
- State Housing Authority
- Department of Health and Environmental Control
- Community Long Term Care
- Other (please explain) \_\_\_\_\_

9. I have had the following work experience:

- I have never worked.
- I have not worked since I acquired my disability.
- I have worked since I acquired my disability, but I am not currently working.
- I am currently working full-time (At least 30 hours/week)
- I am currently working part-time (Less than 30 hours/week)  
Is this by choice? \_\_\_\_Yes \_\_\_\_No  
If not, why not? \_\_\_\_\_
- I am currently doing volunteer non-paid work.

10. My wages from working each month are:

- None (Don't work)
- \$200 or less
- \$201- \$600
- \$601 - \$809
- More than \$810

11. My disabilities are:

	DISABILITY	WHEN STARTED
1		
2		
3		
4		