



Legislative Panel

March 15, 2019

1:00 – 1:20 Introduction

1:20 – 2:00 Improving Voting Accessibility for Pennsylvanians with a Disability (HB524)

Paul Richard McGann City-County Task Force on Disabilities

Paul O'Hanlon Chair, City-County Task Force on Disabilities

David Voye Manager, Allegheny County Elections Division

Christine Hunsinger PA Council for the Blind

2:05-2:50 Employment of People with Disabilities in Pennsylvania

Mary Hartley Consultant, United Way of Southwestern Pennsylvania
Chair, PA Employment First Oversight Commission

Stephen Suroviec President and CEO, ACHIEVA
Vice Chair, PA Employment First Oversight Commission

2:50-3:00 Behavioral Health Integration (HB335)

Laura Maines Executive Director, Every Child, Inc.

State Policies on Disabilities

Legislative Panel

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Mental Health Discrimination in the Absentee Ballot process

The problem:

25 P.S. §2602 Definitions

(w) The words “qualified absentee elector” shall mean:

(11) Any qualified, registered and enrolled elector who is unable to attend his polling place because of illness or physical disability;

*Provided, however, That the words “qualified absentee elector” shall in **nowise** be construed to **include persons confined in** a penal institution or **a mental institution**. . .*

Remedy:

Pennsylvania is one of only eleven states that have adopted best practice of not imposing any voter competence requirement or disability-based restriction on the right to vote (Colorado, Idaho, Illinois, Indiana, Kansas, Maine, Michigan, New Hampshire, North Carolina, and Vermont are the other states.) The disability community applauds this.

However, because we are surrounded by states with different voting laws, people hear conflicting information. Pennsylvania needs to be more vocal and assertive that this is our law.

The presence of the section of the Election Code quoted above is why most mental institutions serve as polling places. However, the presence of a polling place within a mental institution does not even mean that all residents have access to that area of the institution. This section currently creates problems; it is a lawsuit waiting to happen.

The section above in the Election Code is old. The thinking behind this section is old. This section is inconsistent with other laws of Pennsylvania.

We should repeal this barrier to voters in mental institutions. We should also publicize the fact that we are among the national leaders in removing barriers to voting from people with disabilities and we can demonstrate that it has not threatened our democracy!

Hospital-based barriers to absentee voting

The problem:

Title 25 P.S. §3146.2a. **Date of application for absentee ballot**

The Legislature created a total of three periods to apply: (1) 50 – 7 days before; (2) 7-3 days before; and (1) 3-0 days before Election Day. Each period has different requirements. For most acute care health facilities (i.e., hospitals), the vast majority of patients are admitted in the last period; this is the period with the most stringent requirements and the most severe consequences. The three biggest barriers are:

- (1) 25 P.S. §3146.2a(c) which requires a “supporting affidavit from his attending physician.” The Department of State has interpreted this to require the physician’s signature to be notarized. This (getting the notary and the physician in the same place at the same time) is outrageously difficult to do, particularly in a hospital.
- (2) hospitals have a patient population drawn from a multi-county region. A volunteer-based effort to assist all patients would need (a) the resources to make 2 trips to the County seat of each patient’s County, (b) County Elections Offices to process ballots for other counties; or (c) a mechanism to obtain a modified ballot with only statewide races printed by the County of that hospital. Neither exists at the present time, so voters hospitalized in neighboring counties are effectively denied the opportunity to vote.
- (3) hospital patients, particularly children, sometimes require another voter to remain stationed at the hospital to grant necessary permissions for treatment. This person technically meets none of the requirements to vote by Emergency Absentee Ballot.

Remedy:

- (1) Amend 25 P.S. §3146.2a(c) to allow for physicians to sign an unsworn statement under penalty of perjury pursuant to Pa. C.S. §4904; and amend 25 P.S. §3146.2a(a.2) to include individuals essential for the patient’s care.
- (2) Amend the Election Code to provide for a simplified Special Emergency Absentee Ballot containing all statewide state and federal races; which a hospitalized voter can apply for and file under 25 P.S. §3146.2a, at the Election Office of the County of that hospital.

Invasive questions requiring private information on the publicly available Application for Absentee Ballot

The problem:

Voters who must vote by Absentee Ballot are required to complete applications which become public records available for all to see. These forms require voters to disclose their illness or disability, the nature of which prevents them from voting at their regular precinct. The name, address and telephone number of the voter's treating physician is also required.

By modern standards, these questions are inappropriate and possibly illegal.

Remedy:

No-fault absentee voting is one remedy.

In the alternative, allow voters to self-certify as being disabled or too ill to vote in person. If a voter is challenged, details of their disability or illness and the identity of their treating physician (assuming they even have one), could be provided to the Judge of Elections. Disclosing this information at the application process is unnecessary.

Long lines create accessibility barriers for some voters

The problem:

Accessibility guidelines for polling places emphasize architectural barriers and remedies. However, long lines, sometimes requiring voters to hold their place in line for hours, are a significant accessibility barrier for many voters.

Remedy:

Early voting and no-fault absentee voting would reduce lines and permit voters who may be prevented from voting on Election Day by a long line, to choose another way to vote.

Alternatively, a law or Department of State directive could permit voters to report first to the Judge of Elections, to be granted an accommodation of "jumping" the line.

Deaf voters and minority language issues

The problem:

Many Pennsylvanians are deaf. Many Deaf people use American Sign Language (ASL) as their first language and are not proficient English readers. ASL is a completely different language from English, with a completely different syntax. Providing instruction to ASL speakers in English is not an effective mode of communication.

We have a significant gap in the law regarding ASL-speaking voters. The Voting Rights Act provides protections to various language minorities. "Covered language minorities are limited to American Indians, Asian Americans, Alaskan Natives, and Spanish-heritage citizens - the groups that Congress found to have faced barriers in the political process."

Mysteriously, Deaf ASL-speaking voters are completely left out of the language minority protections of the Voting Rights Act. "The language minority provisions of the Voting Rights Act require that when a covered state or political subdivision provides registration or voting notices, forms, instructions, assistance, or other materials or information relating to the electoral process, including ballots, it shall provide them in the language of the applicable minority group as well as in the English language."

Apparently as a consequence of ASL not being an official "minority language," sign language interpreters are not available to Deaf voters at polling places, and voting instructions in ASL do not appear in official state voting public service announcements or on the Department of State web page.

Remedy:

Pennsylvania should require "minority language" comparable services to ASL speakers. The Americans with Disabilities Act requirement of "effective communication" requires the state to take similar steps.

State-funded disability service organizations are required to offer voter registration services to their clients. This isn't happening.

The problem:

It is critical to the Disability Community, and for the healthy functioning of our democracy for people with disabilities to be registered to vote and participate in elections. Registering our community to vote is a huge, complex task. Whose job is it?

Congress passed the National Voter Registration Act (NVRA) to eliminate all barriers to registering to vote experienced by citizens with disabilities. And so, the NVRA requires Pennsylvania to "designate as voter registration agencies all offices that provide State-funded programs primarily engaged in providing services to persons with disabilities."

However, this isn't happening. We see this isn't happening by looking at the Department of State's yearly Report on Voter Registration in Pennsylvania. Year-by-year, tiny numbers of voter registration applications are performed by disability agencies. If you ask those agencies in your district if anyone has "designated" their office as a voter registration agency and if they've been trained by the Department of State on how to comply with the NVRA – you'll find out that none of them have had that conversation with the Department of State.

The most recent Report documents the year 2017:

Registration Applications, Appendix C

[Note: even smaller numbers resulted in registrations]:

Agency B – Blind, CIL, OVR, disability agencies, County MH/MR agencies

Allegheny County: 34

Pennsylvania: 393

Washington, Armstrong, Lawrence, and Indiana all had zero

Agency 4 – special education

Allegheny County: 6

Pennsylvania: 48

The fundamental disconnect occurs when the state contracts out to private, non-profit entities the duty to provide state-funded disability services. The duty to offer voter registration opportunities is not being effectively passed on those entities. Where the state has retained the duty of providing the voter registration opportunity, the process is shockingly inappropriate for certain disability groups. Effectively offering a voter registration opportunity to the wide range of people with disabilities in a myriad of settings, who interact with separate universes of providers, is admittedly complex.

Remedy:

If there are any questions about the scope of the problem, a performance audit by the Auditor General would be appropriate.

If there's no real dispute that the numbers indicate a failure to regularly offer people with disabilities the opportunity to register to vote, then actions to remedy this must include:

- A requirement that the registration offer be made in person, by a provider who knows the person and knows how to communicate with them.
- Recognition that "cookie-cutter" solutions won't work. Some state-funded disability services are county-directed, but not others. Some people receive state-funded services through the Department of Human Services, some from the Department of Health, some from Department of Aging, PHFA, UPMC, ACTION-Housing, etc.
- A change of address triggers a requirement to provide a voter registration offer. Agencies involved in placements to long term care and other facilities should have high numbers of registrations, but they don't. This indicates that placement transfers present a clear area for attention.

Building Code barriers to accessible communities

The problem:

Most of our neighborhood business districts contain older commercial properties which lack accessible entrances. Often the barrier is a single step up to the front door. Not only are these facilities sources of goods and services, they're also socializing and employment opportunities. Accessibility barriers in our neighborhood business districts are effectively excluding people with disabilities from community activities and amenities.

Public accommodations are already required by the state building code to dedicate 20% of all renovation work to barrier removal. Local code officials enforce this duty. Since 1992, most neighborhood business districts have experienced changes of owners, changes of businesses, and changes of use. Renovation often occurs when businesses change.

Parties going through a renovation enter a very complex process, involving building permits and inspections. Typically, parties renovating public accommodations have extensive interactions with municipal permits and inspection personnel. Often, parties are informed that additional renovations are necessary (beyond what was contemplated) in order to pass inspection and be licensed to operate.

Parties completing this process – after permits, inspections and licensing are all complete – understandably believe they've fulfilled all obligations. But, they haven't. Local building inspectors ignore the requirements of the ADA, and forget they (the municipality) have duties under the ADA and Fair Housing Act.

The Americans with Disabilities Act (ADA) identified "one-step barrier" removal as the "low hanging fruit" of accessibility modifications, classifying them as "readily achievable." The ADA created a timeline for barrier removal. Barrier removal identified by the ADA as "readily achievable" was required to be done within two years – meaning it was required to be done in 1992! In addition, the ADA established barrier removal at entrances to be the highest priority. A public accommodation's first priority in barrier removal is to create an accessible entrance on an accessible route.

However, the state building code establishes no priority as to which barrier must be removed first. And so, for example, Pittsburgh's Department of Permits, Licensing and Inspection (PLI) enforcement of the state building code has the effect of stripping away the immediacy and priority requirements of the ADA. PLI approves plans, issue permits and ultimately approves renovations which fail to remove "one-step" barriers at the entrances of public accommodations.

Remedy:

Amend the state building code to adopt the ADA's priority of barrier removal.

Improving Voting Accessibility for Pennsylvanians with a Disability

Chris Hunsinger

PA Council for the Blind

Member of the Disability Voting Coalition Subcommittee of Disability Rights Pennsylvania

Remember when the GPS didn't give audio directions in your car, or when you couldn't even imagine telling your thermostat what to do? Universal Design would have mitigated voting equipment problems.

History of Disability Rights Pennsylvania's (DRP) report on Accessible Voting Equipment

Just as they surveyed 200 polling places for site accessibility for mobility-impaired people with a grant, DRP got a grant to study the effectiveness of voting equipment accessibility for those with print impairments in Pennsylvania which started by looking at available equipment as well as accessibility with screen readers of Pennsylvania's voter registration website. Part of the way through the study period, Pennsylvania made a decision to decertify DRE equipment and look at new voting equipment. Because of these new directives the report was issued at the end of Sept. 2018.

We observed new voting equipment unofficially in April 2018 at the farm show complex when vendors brought equipment hoping to sell it to Pennsylvania counties. That equipment was not yet configured to meet Pennsylvania voting requirements. That meant that the data about equipment was incomplete. Conclusions and recommendations still pointed out the limitations of equipment which could not quite provide independent, private, verifiable accessible voting experiences as set forth in Help America Vote Act (HAVA).

We were, therefore, unable to make a definitive recommendation for counties when choosing from the equipment because by June we had only looked at one of the machines in its Pennsylvania configuration.

We didn't know what might be remedied before certification of even that one machine.

The state made an effort to evaluate accessibility, hiring a company to make notes about how disabled people used the equipment during certification testing.

That was done when they were also having groups of poll workers test the equipment for usability as well.

None of the equipment addressed the issue of accessibility for deaf-blind individuals with severe enough hearing loss that they couldn't use the audio ballot because they also had such severe vision loss that they couldn't use the larger print font ballot either.

Accessible Absentee Ballot information

What if your utility bills were sent to you in braille, and you had to write checks to get them paid in braille as well? You might have to come to me or another blind person to help you with that task.

Well, at present in Pennsylvania, I have to ask someone who can read print for help completing an Absentee Ballot. That is neither independent, nor private, nor accessible, and certainly not verifiable.

I can start the ball rolling requesting an Absentee Ballot online, but when I get it, neither the ballot nor any of the accompanying paperwork is accessible to me.

I'd like to be able to fill out my paperwork independently.

What would be a solution? Electronic ballot delivery works (not electronic ballot casting in all probability).

Several companies have Accessible Absentee Ballot delivery products, but I have only been able to use the sample ballot that Democracy Live makes available. This sample can be accessed on computers or smartphones. The delivery mechanism would have to be determined when the system is set up by the counties.

Using Democracy Live, I make my choices, I review my choices, and I print my choices. I can then review them in any of many ways either on my computer or on my phone.

Many states are already running this kind of system either for accessible Absentee Ballots, or for vote by mail.

California passed a law requiring Accessible Absentee Ballots, but some counties had to be nudged toward implementation with a law suit.

The Secretary of State in Ohio sent out a directive requiring all counties to have Accessible Absentee Ballots.

Maryland welcomed a friendly law suit so that the Secretary of State could institute an Accessible Absentee Ballot.

Although Washington state went to vote by mail, people who couldn't read print still had to go to voting centers to cast ballots until just recently when that state finally began using such a system.

I want to remind people that states use different amounts of nontraditional voting systems when people vote from abroad either because they are in the military or with the state department or they are just Americans abroad on voting day, and companies providing their electronic delivery could probably also provide Accessible Absentee Ballots.

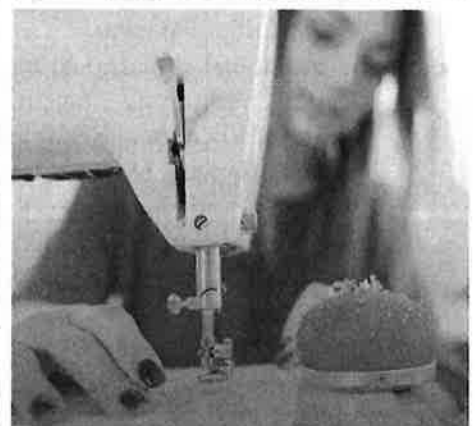
The companies providing Accessible Absentee Ballot Delivery systems are:

- Democracy Live – Visit [democracylive.com](https://democracylive.com/omniballot-online/) to learn more about the OmniBallot Online absentee ballot (<https://democracylive.com/omniballot-online/>) and OmniBallot Tablet ballot marking systems.
- Secure Select
- Dominion Voting Systems
- ImageCast Remote
- Five Cedars Group
- Alternate Ballot Format
- University of Florida
- Prime III



EXECUTIVE ORDER 2016-03: RECOMMENDATIONS

**Establishing 'Employment First' Policy
and Increasing Competitive-Integrated Employment
for Pennsylvanians with a Disability**

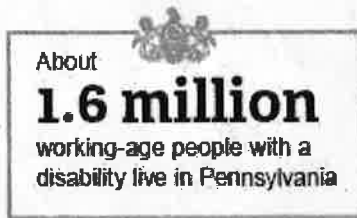


EXECUTIVE ORDER 2016-03

RECOMMENDATIONS

INTRODUCTION

Pennsylvanians with a disability are valued members of society and have demonstrated that they are productive, contributing members of the workforce. There is dignity in work, and when people with a disability hold jobs and earn competitive wages they can achieve greater independence and inclusion in the community. However, far too many Pennsylvanians with a disability are not working. Many



programs supported with public dollars have a great opportunity to promote and support work in which people with disabilities earn competitive wages and are integrated with people without disabilities.

On March 10, 2016, Governor Tom Wolf signed Executive Order 2016-03, entitled "**Establishing 'Employment First' Policy and**

Increasing Competitive-Integrated Employment for Pennsylvanians with a Disability" (see Appendix A). The executive order establishes policy for agencies under the Governor's jurisdiction, requiring competitive-integrated employment be the first consideration and preferred outcome of all publicly-funded education, employment and training, and long-term supports and service programs for working-age Pennsylvanians with a disability. The executive order defines competitive-integrated employment (see Appendix A). The executive order directed the departments of Labor and Industry, Human Services, and Education to obtain stakeholder and business input and work with other agencies as appropriate to develop a plan within 120 days to implement the executive order. The order defines standards against which progress will be measured.

The Governor's Office of Administration is also charged with exploring the means to reduce barriers to commonwealth employment for people with a disability.

PROCESS

An interagency workgroup was convened to solicit input and develop a plan. That workgroup consists of the following:

- **Governor's Policy Office (GPO)**
 - Meg Snead, Senior Policy Analyst
- **Governor's Office of Administration (OA)**
 - Robin Jones, Chief, Equal Employment Opportunity Division
- **Department of Labor and Industry (L&I)**
 - David DeNotaris, Executive Director, Office of Vocational Rehabilitation
 - Jennifer Rapach, Director, Office of Policy, Planning, and Development
- **Department of Education (PDE)**
 - Pat Hozella, Director, Bureau of Special Education
- **Office of Policy**
 - Beth Olanoff, Director, Office of Policy
- **Department of Human Services (DHS)**
 - Steve Suroviec, Special Advisor to the Secretary
 - Caitlin Palmer, Executive Policy Specialist, Office of Policy Development
- **Department of General Services (DGS)**
 - Ken Hess, Deputy Secretary for Procurement
- **Department of Transportation (PennDOT)**
 - Danielle Spila, Director, Bureau for Public Transportation
 - Susan Heimberger, Executive Assistant, Office of Multimodal Transportation

The interagency workgroup actively sought stakeholder and employer input through many channels to inform the development of the plan. Efforts included the following:

- Publishing a 30-day public comment notice in the Pennsylvania Bulletin on April 30, 2016, describing the goals of Executive Order 2016-03 and requesting public comment by mail or email.
- Holding a statewide teleconference on April 27, 2016 - more than 170 individuals participated in the call and 35 individuals provided verbal comments.
- Conducting presentations before state agency advisory or policy-making boards or committees:
 1. Office of Developmental Programs' (DHS) Information-Sharing & Advisory Committee - April 7, 2016
 2. PA Developmental Disabilities Council's Policy & Information Exchange Committee - April 14, 2016
 3. Medical Assistance Advisory Committee, Subcommittee for Managed Long-Term Supports (DHS) - webinar April 21, 2016 and in-person meeting June 1, 2016
 4. Medical Assistance Advisory Committee (DHS) - April 28, 2016
 5. Pennsylvania Rehabilitation Council (L&I) - May 4, 2016
 6. Special Education State Advisory Panel (PDE) - May 4, 2016
 7. Pennsylvania Statewide Independent Living Council (L&I) - May 12, 2016
 8. State Task Force on the Right to Education (PDE) - May 18, 2016
 9. Governor's Advisory Committee for People with Disabilities (Governor's Office) - May 20, 2016
 10. Advisory Committee for the Blind of Pennsylvania (L&I) - May 24, 2016
 11. Advisory Council for the Deaf & Hard of Hearing (L&I) - June 3, 2016
 12. State Vocational Rehabilitation Board (L&I) - June 9, 2016
 13. Office of Mental Health & Substance Abuse Services' Consumer Planning Council (DHS) - June 16, 2016
 14. Education Related to Children with Hearing Loss Advisory Committee (PDE) - June 20, 2016
 15. Pennsylvania National Agenda for Visually Impaired (PDE) - June 23, 2016
- Developing an online survey to gain input from employers and sending it thousands of email addresses of businesses contained on DGS and L&I listservs. Responses were received from 374 businesses. Letters requesting input were sent May 9, 2016, to the Pennsylvania Chamber of Business and Industry and the Pennsylvania State Chapter of the National Federation of Independent Businesses.

RELEVANT STATISTICS FOR PENNSYLVANIA

- According to the U.S. Census Bureau, 19 percent of the population has a disability. About 66 percent of the population is working age (typically defined as ages 16-64), which means in Pennsylvania there are approximately 1.6 million working-age people with a disability.
- The U.S. Bureau of Labor Statistics reports that only 20 percent of people with a disability participate in the labor force, meaning they are either employed or unemployed but looking for work, compared to a 63 percent labor participation rate for all people.
- In Pennsylvania, more than 105,000 students with a disability ages 14-21 (transition age).

EMPLOYMENT & DISABILITY IN PENNSYLVANIA



19 percent
of U.S. population
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66 percent
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(typically 16-64)

- L&I's Office of Vocational Rehabilitation (OVR) assisted nearly 9,000 Pennsylvanians with a disability to obtain or maintain a job during the past year, and about 20,000 new applicants were referred to OVR for employment assistance. At any given time, OVR is assisting more than 50,000 Pennsylvanians with a disability secure or maintain employment.
- More than 50,000 adult Pennsylvanians with an intellectual disability and/or autism are served by a publicly funded home- and community-based service program.
- More than 28,000 people with a disability (other than intellectual disability or autism) ages 18-59 are served by a publicly funded home and community-based service program.
- More than 204,000 Pennsylvanians received non-Medical Assistance publicly funded community mental health services (outpatient and inpatient), while more than 507,000 Pennsylvanians received Medical Assistance-funded community mental health services either through DHS' managed care or the fee-for-service program.
- There are nearly 100,000 full-time jobs within Pennsylvania state government. This includes the authorized complement of 80,042 positions (full-time equivalents; as indicated in the Governor's Executive Budget), an additional 7,603 filled positions categorized as "wage" positions, and more than 12,000 professional and support staff employed by the PA State System of Higher Education (state employees, but not included in the 80,000 figure).
- There are nearly 12,000 companies that do business with the commonwealth each year. Specifically, in 2015, 11,724 procurement suppliers received at least one payment from the commonwealth.

More than
50,000
 adult Pennsylvanians
 with an intellectual
 disability and/or autism are
 served by a publicly funded and
 community-based service program.



RECOMMENDATIONS:

Priority: Review, identify, and change policy to align with Executive Order 2016-03.

1. **Policy review.** Every agency under the Governor's jurisdiction that has a direct or indirect impact on increasing competitive-integrated employment outcomes for working-age Pennsylvanians with a disability in the public sector or private sector should issue an Employment First statement or an Employment First policy, articulating the values and principles consistent with Executive Order 2016-03. The agencies should conduct a review of all existing regulations and policies to identify provisions which are, or may be, in conflict with Executive Order 2016-03 and pursue the adoption of changes to ensure that regulations and policy align.

Priority: Raise the expectations of employment goals for children with a disability at an early age. Work with parents and publicly funded programs to shift expectations towards this goal.

2. **Discuss Employment with Parents.** Within Pennsylvania's Early Intervention program, families should be engaged in discussions that promote positive life course trajectories

(aspirations and expectations) for their child that include community involvement, inclusive education and competitive-integrated employment. The Office of Child Development and Early Learning (OCDEL) should make changes to its Individualized Family Service Plans (IFSP) or Individualized Education Programs (IEP) for children birth to age 5 that require the expectation that children with disabilities will work as an adult be discussed with parents during meetings. Linkages and connections to resources and supports will be provided through recommendations in evaluation reports, family assessment, progress monitoring/reporting, and transition planning.

3. **Promote Integrated Settings.** Serving children in a segregated setting early in life may instill within them and their parents that living and working in typical community-integrated settings is not an outcome they should expect as an adult. Through policy and/or provider agreements, OCDEL should promote and encourage the provision of early intervention services for children



ages 3-5 in integrated settings. OCDEL should continue to build provider capacity to increase the number of children, compared to baseline, receiving Early Intervention services in integrated environments and reduce the number of children receiving Early Intervention services in restrictive settings/special education classes.

4. **Parent Training.** Young adults with significant disabilities whose parents “definitely expected” them to obtain post-school work when their children are in high school are more than five times as likely to have paid, community-based employment within two years after exiting school (Carter, Austin, & Trainor, 2012). PDE, L&I, and DHS should collaborate to develop and make available training opportunities for parents of children with significant disabilities no later than high school for the purpose of promoting an expectation that their child will work as an adult.


Priority: Prepare young people with a disability to become working adults with a disability.

5. **Leadership.** The mission of PDE is to “academically prepare children and adults to succeed as productive citizens,” which includes students with a disability. Leadership from state government should be exhibited (i.e., Governor, Secretary of Education, etc.) to promote a vision and culture throughout PDE and all Local Education Agencies (LEAs) that emphasizes the role of education is to help students with a disability transition into a job, not just transition out of school.
6. **Effective Use of Transition Funding.** PDE, in collaboration with OVR, should implement a pilot project with select school districts to identify a statistically significant number of students with varying degrees of disabilities (i.e., severe cognitive disabilities and/or students with physical disabilities) and examine IEP expenditures for those students that can be used to develop and distribute recommendations for school districts outlining how to most effectively educate students with a disability to achieve competitive-integrated employment outcomes.

7. **Paid Work Experience.** One of the best predictors of whether students with a disability will work as adults is if they get at least one paid work experience before they leave high school. PDE should develop and promote policies to encourage LEAs to increase paid work experiences for students with a disability before leaving high school. As indicated in Executive Order 2016-03, this is something that should be measured to determine whether progress is being made when implementing Employment First policy.
8. **Self-Advocacy.** To increase students' confidence, independence, and self-advocacy skills, which can translate into greater chances of success in employment, PDE should promote strategies to materially increase the number of students who lead their own IEP meetings.
9. **Professional Training.** PDE should develop and implement specialized training for special education teachers and transition coordinators to improve competitive-integrated employment outcomes.
10. **Vocational Rehabilitation Counselor Participation.** PDE, in collaboration with OVR, should identify and reduce barriers that exist for vocational rehabilitation counselors so that more frequent and consistent participation in students' IEP meetings by vocational rehabilitation counselors will occur.
11. **Decrease Reliance on Sheltered Employment.** PDE should exhibit leadership to train school personnel and families of students with a disability about the federal Workforce Innovation and Opportunities Act (WIOA), which prohibits LEAs from contracting with entities whose work is compensated at subminimum wage. Personnel should also be trained on the impact the federal Centers for Medicare and Medicaid Services' (CMS) 2014 home and community-based services rule (prohibiting adult waiver funding from being used to pay for services that tend to isolate and segregate people with a disability from the community of people without disabilities). Public education funding should promote educational programming that leads to competitive-integrated employment and reduces the use of, and reliance on, segregated educational programming. PDE should monitor progress in moving away from non-integrated, segregated educational services and programming in IEPs of students with disabilities toward goals and strategies that promote (1) paid work experiences while a student is still in school and (2) transition to post-secondary competitive-integrated employment. PDE may monitor progress by conducting a survey of a sample of special education teachers to understand the progress being made. Periodic findings and annual progress reports should be submitted to the Governor's Office for review.



12. **Increase Pre-Employment Skill Development.** When students are prepared with skills and competencies that increase the likelihood of success on the job or success in post-secondary education programs that lead to a job, they are more likely to succeed in a competitive-integrated job as an adult. PDE, in collaboration with OVR, should ensure that transition plans in IEPs exist by age 14, and that they include meaningful pre-employment services (e.g., self-advocacy skills, public transportation and travel skills, assistive technology assessments and training, organizational skills, personal presentation and hygiene competencies, note-taking skills, etc.)

About
20,000 
new applicants were referred
to OVR for employment assistance
in the past year.

13. **Discovery and Customized Employment.** Discovery is a process that identifies the unique contributions offered by people who, due to the impact of their disabilities, might not compete for jobs as well as others. Customized employment is the process of matching the abilities of an individual with the needs of a business, instead of following the traditional method of hiring people and expecting them to perform job tasks predetermined in a standard job description. Instead, customized employment enables a worker to emphasize their abilities and interests, thereby increasing the likelihood that they will succeed, while at the same time enabling the business to increase productivity by having the work completed effectively. PDE should promote knowledge and awareness of discovery and customized employment services for IEP team members, including parents, special education professionals, and transition coordinators, to utilize in the development and implementation of IEPs.
14. **Expand Summer Initiatives.** Over the last nine years, OVR's Bureau of Blindness and Visual Services has worked with a growing team of partners, including the Pennsylvania Training and Technical Assistance Network, Salus University, and Penn State University, in providing high-school students and recent graduates with a taste of university life with a packed curriculum of orientation & mobility, vocational preparation, post-secondary preparation activities, independent daily living activities, assistive technology skill development, adapted recreational activities, and exposure to the overall college campus experience. OVR and PDE's Bureau of Special Education should expand the concept to students earlier in their educational career by developing a Junior Summer Academy. This academy would provide a weeklong learning experience for students ages 8-13, teaching adapted daily living skills, orientation & mobility skills, assistive technology skills, and how to access other necessary educational resources necessary to eventually succeed and thrive as an adult in the workplace.

Priority: Transition students from secondary education to adult life. Given the significant investment of public resources preparing young people with a disability to be productive adults, all state agencies must be committed to employment outcomes, innovation, and seamlessness when students with a disability transition from school to work.

15. **Community-Integrated Programming.** For students eligible to stay in school from age 18 through age 21 under the Individuals with Disabilities Education Act, PDE should adopt policies and promote practices emphasizing educational programming that is based in the community, and prepares the student to work and function in a community setting.

16. **Discovery and Customized Employment.** OVR should expand its discovery and customized employment pilot program statewide and make these services available to customers in their Individualized Plan for Employment.

More than

105,000

Pennsylvania
students with
a disability are
transition age (14-21).



17. **Case Information Sharing.** To reduce delays and eliminate duplication, PDE, DHS, and L&I should work collaboratively to enable and promote the ability of individual student/adult case information to be accessible by, and shared between, LEAs, county mental health and developmental services agencies, and district OVR offices. Appropriate confidentiality protections must be considered.

18. **CTC Improvements.** Career and Technical Centers (CTC) are valuable resources for students with a disability. PDE and L&I should review CTC programs and pursue changes that enable students with a disability to participate, test, and transition to a job.
19. **Waiver Access to High School Seniors.** DHS should make Person-Family Directed Service waiver capacity available to students with an intellectual disability and/or autism in the student's last year of secondary education if needed for competitive-integrated employment. This will encourage work experiences before a student leaves secondary education and ensure there is a seamless transition from school to adult life, avoiding gaps in service that could disrupt a student's job.
20. **Eliminate Disincentives.** Many individuals with a disability require support on a long-term basis to sustain employment. Currently, there is no guarantee that long-term supports will be available to those who need them when they need them. This lack of guaranteed long-term support is often cited as a reason why that the individual chooses not to pursue competitive-integrated employment or why certain public agencies choose to not invest time and resources into supporting a customer's pursuit of employment. DHS should establish policy and/or reserve waiver capacity to make sure anyone with an intellectual disability and/or autism transitioning-out of secondary education or from OVR with competitive-integrated employment has access to the waiver.
21. **Comprehensive Transition Programs.** An emerging trend nationally is the availability of college-based certificate programs for young adults with intellectual or other developmental disabilities who are not otherwise able to meet eligibility criteria to enroll in traditional two or four-year college-degree programs. Such college programs are called Comprehensive Transition Programs (CTP) and they provide academic enrichment, independent living skills, self-advocacy skills, integrated work experiences, and career skills that lead to competitive-integrated employment. They are usually one or two-year programs where the student earns a certificate upon successful completion of the program. There are nine such college programs in Pennsylvania currently. The commonwealth should strengthen access to CTPs for adults with an intellectual disability and/or autism in the following ways:
- a. L&I should support the proliferation of additional CTPs by sustaining ACES (Access College-Employment Success) beyond the current three-year grant.

- b. PDE should encourage and promote CTP programs by helping LEAs and IHEs to collaborate and expand CTP programs based upon successful models demonstrated between LEAs and Institutions of Higher Education.
- c. PDE should also, to the extent state and/or federal funds are available, collaborate with LEAs to help fund the tuition of students ages 18-21 participating in a CTP program.
- d. OVR should allow payment for CTPs in its College Policy.
- e. DHS should solicit input from CTP programs and waiver participants and their advocates to identify potential barriers facing waiver participants who want to attend and benefit from CTPs and then make changes to remove those barriers.

22. Innovation and Expansion. OVR should sustain, improve, and increase programs like Project Search, Early Reach, and Jobs For All.

- a. **Project Search** is an innovative cross-agency program that enables high school seniors with significant disabilities to spend their final school year working, receiving on-the-job training, earning competitive wages, and gaining real-world experience while rotating through various job experiences with a participating employer.
- b. **Early Reach** is an initiative spearheaded by OVR that targets information and outreach to individual students with disabilities and their families to ensure they are aware of vocational rehabilitation services as early as possible, know when the student will be eligible for vocational rehabilitation services, and learn how they can take advantage of educational programming while still in secondary education to prepare the student for competitive-integrated employment.
- c. **Jobs For All** is a wage reimbursement initiative to offset an employer's costs of hiring a young person with a disability and providing on-the-job training. This serves as an incentive to the employer to hire young people with a disability, and increases the likelihood of retention.

23. Cross-System Training. The web of program and funding rules among the departments of Education, Labor and Industry, and Human Services and their local agents or partners is complex and complicated. Given the importance of inter-agency cooperation and collaboration to the success of an individual with a disability being supported to get or keep a job, it is important that professionals within each system know and understand the other systems. PDE, L&I, and DHS should conduct regionalized, in-person trainings for supports coordinators, local special education professionals, and vocational rehabilitation counselors so they can learn together how their respective systems work and what is possible when it comes to services that can support competitive-integrated employment outcomes.

The Office of Vocational
Rehabilitation (OVR) helped nearly

9,000 Pennsylvanians

with a disability obtain/maintain
a job in the past year.

Priority: Assist adults with a disability in getting and keeping a job.

- 24. Embrace the Future/Don't Discount Family Fears.** In 2014, WIOA was passed into law. In the same year, CMS issued a Home and Community-Based Services rule (CMS HCBS rule). Both of these actions moved publicly funded employment services away from segregated settings and subminimum wage compensation. DHS, L&I, and PDE should embrace the spirit and letter of the new rules. At the same time, changes must be made thoughtfully and not precipitously.

Implementation should respect the fact that many families whose adult sons and daughters have relied on certain services for decades may harbor doubts and fears about what the future may hold – such concerns must not be discounted. The departments should communicate frequently to all stakeholders, emphasizing the possibilities, answering questions, and allaying concerns.

- a. PDE should implement Section 511 of WIOA by immediately communicating with LEAs that contracting with entities whose work is compensated at subminimum wage is prohibited.
- b. L&I should implement Section 511 with creativity and innovation to support individuals receiving services in sheltered workshops who want to pursue competitive-integrated employment.
- c. DHS should implement the CMS HCBS rule by:
 - i. Providing training and support for families to use Life Course tools, which encourages developing a vision that includes employment.
 - ii. Identifying services that do not support or lead to competitive-integrated employment and working to adopt changes to waiver service definitions.
 - iii. Placing limits on the amount of time an individual can receive a service in a vocational facility or other large-group employment activity.
 - iv. Offering training and/or assisting providers to transform their service models from segregated ones to those supported by the CMS HCBS rule.

25. **Benefits Counseling.** People with a disability whose lives are dependent on access to medical care, long-term supports and services, etc., often fear getting a job and earning wages because earning too much can result in the loss of eligibility for publicly funded services and benefits. There are programs and work incentives that enable a person to earn an income while remaining eligible for life-sustaining services, but few people with a disability are aware of them. DHS

More than
28,000
people with a disability (other than an intellectual disability or autism) ages 18-59 are served by a publicly funded and community-based service program.



should make its home and community-based service program participants aware of free benefits counseling available through the Social Security Administration's Work Incentives Planning and Assistance Program (WIPA) and should also develop benefits counseling services within its waivers to cover the cost of benefits counseling when free WIPA assistance is not readily available. The service should be performed by qualified professionals who hold a Certified Worker Incentive Counseling credential accepted by the WIPA program.

26. **Discovery and Customized Employment.** As discussed in an earlier recommendation, discovery and customized employment are innovative models of service and are particularly effective for individuals with significant disabilities. DHS should fund the development of more provider capacity in Pennsylvania for these emerging services, and should ensure that they are available to program participants of home and community-based service programs.
27. **Reconsider Waiver Caps.** ODP's Person-Family Directed Services (PFDS) waiver may not exceed \$30,000 in individual annual costs for services. Individuals who want to pursue employment typically require supported employment services and transportation (to and from work) in addition to services traditionally associated with community living. Stakeholders have said the current \$30,000 limit precludes many of the waiver participants from pursuing, securing, or retaining competitive-integrated employment. DHS should ensure that the \$30,000

limit does not prevent a PFDS waiver participant from working in a competitive-integrated job and is not a deterrent for PFDS waiver participants from considering competitive-integrated employment.

28. **State Center Residents.** Pennsylvania operates five public Intermediate Care Facilities for People with Intellectual Disabilities (also known as state centers). About 900 Pennsylvanians reside in these state centers and roughly two-thirds are working age. State center resources may be used to support individuals who want to hold competitive-integrated jobs in the community outside the state center (e.g., transportation to and from work, job coaching staff support, etc.), but competitive-integrated employment in the community for these individuals has not been a priority heretofore. DHS should make it a priority to increase the number of state center residents who hold competitive-integrated jobs in the community. Specifically, it should:
 - a. Train staff in discovery, customized employment and other supported employment competencies.
 - b. Engage OVR to make connections between center residents and vocational rehabilitation counselors for career assessment, job development, post-secondary training opportunities, and job coaching services.
 - c. Innovate when it comes to finding and developing jobs in the community.
 - d. Commit to making reliable transportation to and from a job available for individuals who get and keep jobs in the community.
 - e. Engage non-public employment service providers if necessary to achieve the desired outcome.
29. **Provider Qualifications.** Currently, staff that provide supported employment services to waiver participants generally are not required to be trained in supported employment or hold any type of professional credentials. It is in the individual's best interest and the public funders' best interest to have high-quality career assessment, job finding, and job coaching services. Otherwise, failure can occur, which is not only wasteful in terms of time and resource but can do irreparable damage to the confidence of the individual with a disability who is attempting employment. DHS should raise the provider qualification standards of professionals receiving public funds who support individuals with a disability find and keep competitive-integrated jobs.
30. **Supports Coordination.** Supports Coordinators are the professionals who work directly with participants of publicly funded home and community-based service programs to discuss their needs and goals, and to identify services and supports necessary to meet their needs and achieve their goals. "Employment First" means that competitive-integrated employment will be the first consideration and preferred outcome of publicly-funded services, and therefore Supports Coordinators are foundational to making Employment First a reality. DHS should provide specific guidance and invest in sustained training to Supports Coordinators (also known as "Service Coordinators") to ensure that employment is the first consideration and preferred outcome of ISP planning. This should include tools and discussion guides for supports coordinators to use when discussing employment with program participants.
31. **Community HealthChoices.** In addition to Home and Community-Based Services waivers and state-funded programs, many Pennsylvanians with a disability will receive necessary long-term supports through the new managed care program called Community HealthChoices. DHS should make increasing competitive-integrated employment outcomes a priority within

Community HealthChoices by including necessary service definitions and data collection requirements.

32. **Maximize Federal Funds for Employment.** The federal Rehabilitation Services Administration makes available to state vocational rehabilitation agencies funding at a 78.7 percent to 21.3 percent federal-to-state ratio. Beginning in State Fiscal Year 2015-16, \$5 million in new state funds were appropriated to maximize available federal vocational rehabilitation funds. L&I should submit annual budget requests to the Governor's Budget Office that, if proposed to and approved by the General Assembly, would maximize all available federal vocational rehabilitation funds.
33. **Interagency Funding Memorandum of Understanding (MOU).** To promote interagency collaboration and program innovation, and to ensure sufficient staff capacity exists, L&I and DHS should sustain the interagency funding MOU signed in 2015, which annually directs state funds from ODP to the Vocational Rehabilitation Fund for the purpose of matching those funds with additional federal vocational rehabilitation funds. The purpose of the new funding is to meet the vocational rehabilitation needs of people with an intellectual disability and/or autism and promote program innovation and service expansion. New vocational rehabilitation staff specializing in intellectual disabilities and/or autism should be authorized, hired, and trained immediately (as contemplated in the MOU) to eliminate backlogs in eligibility determinations and employment service authorizations.
34. **Collaboration between Workforce Development and OVR.** Many people with a disability simply need assistance securing and retaining employment like their peers without disabilities. L&I should direct and train the agencies connected to the workforce development system and the vocational rehabilitation system to promote improved collaboration between the two systems. People with a disability who visit their local PA CareerLink® site should be served by that site if possible. PA CareerLink® staff should not automatically refer all people with a disability to OVR.
35. **CareerLink Accessibility.** Because PA CareerLink® serves people with a disability, their physical plant, information technology and communication systems, and programs should be fully accessible to all users of the PA CareerLink® sites. L&I should use local Centers for Independent Living, Assistive Technology Resource Centers, and the Office of Deaf and Hard of Hearing to conduct onsite reviews of accessibility and make recommendations. Onsite visits should take place no less frequently than every three years.
36. **Individuals with Serious Mental Illness (SMI).** Individuals with SMI have many strengths, talents, and abilities that may be overlooked, including the desire to be employed in a competitive-integrated job. Many individuals with an SMI are capable of working competitively in the community if the right job, work environment, and needed supports are available. Resources that help individuals find and keep jobs that capitalize on individual strengths and skills while accommodating needs with support services should be the goal for this population.
 - a. The Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS) and OVR should develop a MOU for the purpose of increasing funding for increased service capacity and innovation. State funding from OMHSAS, if available, should be directed to the Vocational Rehabilitation Fund to draw down

additional federal vocational rehabilitation funds at a 78.7 percent (federal) to 21.3 percent (state) ratio. OVR should use these funds for the following purposes:

- i. Training and certification to increase the number of certified peer specialists (CPS), including additional sub-specializations for young adults and older adults. CPSs are trained and certified individuals who utilize their personal recovery experience as a tool in providing support to individuals in crisis, or potential crisis. The CPS serves as an advocate, provides information and peer support in a variety of settings, and assists individuals with living their own lives and directing their own recovery and wellness process. Pennsylvania has trained and certified more than 4,000 CPSs, the most of any state in the country. More than 50 percent are competitively employed in a variety of settings in the behavioral health field.
- ii. Pre-employment services and employment opportunities for youth and young adults with serious mental illness/serious emotional disturbance. Develop curriculum to train certified peer specialists working with youth and young adults.
- b. DHS should submit a Medicaid State Plan Amendment to add Psychiatric Rehabilitation Services (PRS) as a Medicaid-reimbursable service in both managed care and fee-for-service programs. PRS is a rehabilitation service that focuses on variety of life domains, including employment. For example, PRS includes the Clubhouse Model, which promotes work and job placement.
- c. State agencies should promote the Fairweather Lodge, a model that requires lodge members to develop a business and then assign each member one aspect of the business for which they are responsible.
 - i. OMHSAS should expand the Fairweather Lodge model within its publicly funded services.
 - ii. OVR should create a Training Lodge at the Hiram G. Andrews Center in Johnstown as a permanent training facility for the Fairweather Lodge model.
- d. OMHSAS should encourage county mental health administrators to increase the use of evidence-based supported employment services.
- e. OMHSAS should collect baseline data on individuals in the behavioral health system who are in competitive-integrated jobs for the purpose of identifying and implementing future program and policy improvements.
- f. OMHSAS should amend licensing regulations so that the needs of youth and young adults ages 14-17 can be met by psychiatric rehabilitation services (currently limited to age 18 and older).

37. **Self-Employment.** Starting and running one's own business is empowering and can be a fulfillment of the American Dream. Publicly funded programs should assist people with a disability pursue business ownership. L&I should develop and implement a small business policy to support vocational rehabilitation customers who want to be a small business owner, and DHS should ensure that the service definitions in its home and community based service programs include self-employment support. In addition, DGS's Bureau of Diversity, Inclusion and Small Business Opportunities should make business owners with a disability and VR counselors aware that businesses owned by persons with a disability may now be eligible for the Small Diverse Business (SDB) program. The business must meet "small business" eligibility requirements and must be certified by the U.S. Business Leadership Network as a disability-owned business or service-disabled-veteran-owned business. This change is part of DGS' commitment to maximizing inclusion and diversity in state contracting as outlined in Governor

Priority: Transportation. For individuals to succeed on the job, they need reliable transportation to get to and from work, on time, every time.

38. Shared Ride for People with Disabilities. People with a disability need access to reliable, accessible, and affordable transportation. PennDOT should improve the Shared Ride Program for people with a disability so that reliable transportation is available to people with a disability across county lines, during the evenings, and on weekends:

- a. Work with transit agencies and other partners to test alternative funding and delivery mechanisms to improve service to meet the needs of individuals who are seeking employment and need transportation during hours or in areas not currently served by paratransit providers. PennDOT will seek to identify targeted ways to test the cost effectiveness, market demand, and operational sustainability of expanded service and will pursue federal and other grant opportunities for additional funding to support this initiative.
- b. Pursue transit agency consolidation/regionalization as an approach to keep shared ride service sustainable and an affordable option for individuals with a disability. Sharing administrative costs across a region might generate sufficient savings to allow transit systems to expand hours or service areas.
- c. Continue implementation of Shared Ride scheduling software to improve customer service. Some features that would improve customer service, information, and reliability include:
 - i. Customer notification of vehicle arrival time the day before and 15 minutes before.
 - ii. Customer ability to schedule online.
 - iii. Customer ability to tracking vehicle location online.

39. Transportation Network Companies. Companies that use online platforms to connect passengers with drivers using their personal, non-commercial vehicles (i.e. Uber and Lyft) are known as Transportation Network Companies (TNCs). This emerging industry has significant potential for people with a disability who want to work. Leadership must be exhibited to unleash the potential of TNCs.

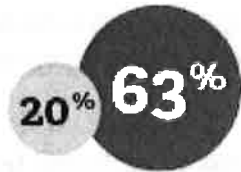
- a. PennDOT should exhibit leadership to connect TNC companies and technology with the Shared Ride Program to increase access to accessible rides in rural areas. In addition, PennDOT should explore how TNCs might increase cost-effective access to service on weekends and evenings in areas where that service is not available.
- b. There are hundreds of disability service providers in Pennsylvania that maintain accessible van fleets for the purpose of transporting individuals under their care to programming, services, and community activities. However, during most hours of the day, it is not uncommon for these accessible vehicles to sit idle. This unused capacity could be turned into a resource to get people with a disability to and from work. PennDOT and DHS should exhibit leadership by working with TNCs to find ways to take advantage of these accessible vehicles.
- c. Earning income as a TNC driver offers potential for people with a disability who want to work. OVR should promote this as a potential employment outcome for its customers.

- d. Currently, only providers enrolled in Medical Assistance (MA) can be reimbursed for allowable services. TNCs are not MA providers, nor are individual drivers. DHS should identify easy-to-use mechanisms to eliminate barriers to Medicaid waiver participants who would like to use waiver funding for TNC trips to and from work.
40. **Maximize and Publicize Existing Resources.** PennDOT should develop and publicize programs that make efficient use of, and maximize, existing ride resources.
- a. Encourage and increase awareness of carpooling and vanpooling opportunities for people with a disability.
 - b. Pursue funding for programs such as findmyridepa.com so people with a disability have ready access to information on transit options available to them, including online reservation and tracking.
41. **Rail Transportation Accessibility.** Many commuters rely on Amtrak to get to and from work. If a person with a disability cannot access the service, a significant number of employment opportunities immediately become out of reach for them. PennDOT should build upon the infrastructure improvements already occurring at passenger rail stations along the Amtrak Keystone line between Harrisburg and Philadelphia to improve accessibility.
42. **Public Transportation.** Since passage of the Americans with Disability Act (ADA) in 1990, significant improvements have been made to the accessibility of public transportation. However, the public transportation experience for many people with a disability can be poor, making it difficult to sustain a job. Much has been learned over the past 26 years with respect to advances in technology, and what works and does not work. PennDOT should work with accessibility experts, transportation providers, and users of public transportation who have disabilities to identify barriers, research new and emerging practices and technology, and establish priorities with respect to improving the experience of people with a disability who would use public transportation to get to and from work.
43. **Autonomous Vehicle Technology.** The development of Autonomous Vehicle (AV) technology promises new opportunities to provide independence and mobility for populations that have faced mobility challenges. People with disabilities figure to be among the foremost beneficiaries of this transformative technological breakthrough. Pennsylvania is one of the nation's epicenters for research and testing of AV technology, and the commonwealth is actively supporting this progress by working with technology development entities, federal and local governments, and representatives of stakeholder interests to enable on-road AV testing while protecting public safety. Through its Autonomous Vehicle Testing Task Force, which is working to recommend policies to enable the safe on-road testing of AV technology, PennDOT will work to ensure that testing addresses the needs and priorities of people with disabilities. In the expected event that the Task Force recommends the creation of a permanent advisory body dealing with AV issues, PennDOT commits to enlisting a representative of the disability community as a working member.
44. **Medicaid Waiver Transportation.** Currently, individuals receiving residential services through a Medicaid Home and Community-Based Service waiver are only able to get transportation paid by the waiver by the residential service provider itself. The provider is required to transport its residents to all activities, including work. However, it is not a strong likelihood that a provider will be able to reliably provide transportation to multiple residents who have jobs, at potentially different times of the day, in potentially different geographical locations. DHS should change

waiver service definitions to ensure waiver participants are not limited to, and solely dependent on, their community home providers for transportation to and from work.

Priority: Lead by example - improve state contracts.

45. **Seven Percent Hiring Goal.** In 2014, the federal "Section 503" rule (Section 503 of the federal Rehabilitation Act) took effect. The new rule requires federal contractors and subcontractors to aspire to, and track progress toward, employing individuals with disabilities. Called an



According to the U.S. Bureau of Labor and Statistics, 20 percent of people with a disability participate in the labor force, compared with a 63 percent rate for all people.

aspirational goal, federal contractors and subcontractors must attain, or show progress toward attaining, a workforce that consists of at least seven percent of people with disabilities. DGS should lead an effort to develop contract requirements that could be applied to all state contracts issued by state agencies under the governor's jurisdiction. The requirements should apply to contracts over a certain size (e.g., contracts of \$100,000 or more involving contractors with 50 or more employees). Contractors would be required to establish an aspirational goal of having a workforce that consists of at least seven percent of people with a disability. If the goal is not

met, then the contractor would be required to develop and implement a plan to recruit, interview, hire, onboard, train, and retain qualified workers with a disability. The new requirements should be piloted with a few state agencies, such as the Departments of Human Services and/or Labor and Industry, before consideration for state agency-wide application.

46. **Contract Awards.** DGS should continue its effort to improve the Diversity, Inclusion, and Small Business Opportunities (DISBO) program. DGS should aggressively recruit additional disability-owned small businesses in Pennsylvania to participate in the newly expanded program. DGS should also explore further expansion of the DISBO program to award points in commonwealth RFPs to businesses that demonstrate a sustained commitment to competitive-integrated employment of Pennsylvanians with a disability through its hiring practices and overall workforce composition.

Priority: Lead by example – reduce barriers to commonwealth employment.

47. **Hiring Goal for Executive Agencies.** OA should review federal and state laws and rules that may permit, disallow, or present barriers to the establishment of an aspirational goal, such as seven percent, for hiring people with disabilities. It should also identify other states that may have successfully implemented such a goal, and identify and consider the necessary components of a successful initiative. Stakeholder input on the issue should also be considered. OA should then provide its findings and recommendations to the Governor's Office.

48. **Exhibit Leadership – New Human Resource Strategies.** Qualified people with a disability make excellent workers yet many are either unaware of commonwealth employment opportunities or have said the process to apply, interview, be selected, and be on-boarded can be challenging. OA is committed to using best practices for hiring and retention of qualified individuals with disabilities and will endeavor to review and, where necessary, develop and implement a comprehensive set of changes that improve the following:

- a. Recruiting people with a disability to apply for commonwealth jobs.
- b. Ensuring the application process is accessible, user-friendly, and promotes alternative formats to attract qualified applicants with varying disabilities.
- c. Developing an interview process that mitigates any potential adverse impact applicants' disabilities might have on their ability to interview but would not adversely impact their ability perform the job.
- d. Devising and implementing an onboarding process that creates the best possible chance of success in the job.
- e. The ongoing implementation of a training regimen that accounts for and accommodates the trainee's disability.
- f. The ongoing implementation of retention strategies specifically geared toward employees with disabilities, such as affinity programs, staff retention programs for staff who acquire disabilities after being hired, telecommuting as an accommodation, etc.

49. **Alternative Hiring Process.** OA, in partnership with the Civil Service Commission, should work toward the development of a unique job classification for individuals with a disability. In addition, OA should explore the possibility of developing a hiring process that explicitly targets individuals with severe physical disabilities, psychiatric disabilities, and intellectual disabilities for employment in specific commonwealth agencies. In doing so, OA should identify successful programs at the federal level and in other states that can inform such a process in Pennsylvania and report such findings and make recommendations to the Governor's Office for consideration.

50. **Commonwealth Internship Program** – A commonwealth internship initiative should be supported to increase access to paid work experiences within the commonwealth. OA would make temporary wage positions available to agencies interested in hiring post-secondary education students with a disability as interns. The program would offer temporary internships only (one to six months) to expose enrolled post-secondary students with a disability to career options and commonwealth employment. Wages would be fully paid with funding from OVR through its On-The-Job-Training reimbursement program. Wages would be determined by OVR and the hiring agency at a rate that is minimum wage or higher. The student with a disability would have to meet OVR eligibility criteria established for the initiative. OVR would be available to assist the host agency with locating, recruiting, and onboarding students with a disability as needed.



51. **Disability Awareness Training.** OA will ensure commonwealth staff is trained on disability awareness and diversity, non-discrimination policy, and reasonable accommodations. Specifically, OA will undertake the following:

- a. Review, update as necessary, and mandate disability awareness training for all managers and supervisors under the Governor's jurisdiction.

- b. Develop an online “refresher” course and require it for all managers and supervisors under the Governor’s jurisdiction every three years.
 - c. Develop an online disability awareness training for all commonwealth employees.
52. **“Bake-In” Accessibility Specifications.** The ability of commonwealth employees with a disability to succeed in their jobs is dependent on their abilities to access information, utilize equipment and information technology, and communicate with coworkers and customers. Employees with disabilities may require accommodations of assistive technology in order to perform the functions of their jobs. DGS and OA will further the objectives of providing appropriate accommodation support as follows:
- a. Identify goods and services that provide disability accessibility and, where appropriate, include accessibility specifications in procurement documents.
 - b. Draw upon the expertise of organizations within and outside of government, such as the Office of Vocational Rehabilitation, to enhance awareness of cost-effective, up-to-date assistive technology.
 - c. Work with disability accessibility experts to identify individuals to assist with testing accessibility specifications before being used widely, accepted, or purchased.
53. **Transportation and Work Schedule Flexibility.** Commonwealth employees who require accessible or specialized transportation to get to and from work can experience reliability challenges over which they have no control. OA should work with human resource offices to enable commonwealth employees’ awareness of the availability of “non-standard work schedules,” particularly for individuals with a disability who find themselves facing transportation challenges. OA should also ensure that agency human resource offices have information on the Shared Ride Program (e.g., how it works for persons with disabilities, including prior day reservation and registration procedures, etc.).

Priority: Expand private-public partnerships.

54. **Local Employment Coalitions.** A number of local human service, education, and employment agencies have come together to develop employment first coalitions. These have proven to be effective at educating professionals about what other systems have to offer, sharing information and resources, developing positive interagency relationships, enforcing policy, collecting and sharing data, and engaging the business community. However, only a few coalitions exist. DHS, L&I, and PDE should provide financial support to develop and sustain additional employment coalitions across Pennsylvania.
55. **Single Point of Contact (SPOC) Model.** Businesses interested in hiring qualified people with a disability to meet their workforce needs can easily become confused and frustrated when it comes to knowing which state or local agency to work with to find talent, get information on accommodations, identify services to support individuals with a disability, etc. If businesses must work with multiple agencies to find, hire, and support a person with a disability, they may give up or choose not to try in the first place. OVR utilizes a “single point of contact” (SPOC) model for businesses to make the process as easy and efficient as possible. The “SPOC” would be the only person the business works with, while assuming the responsibility of working with county human service agencies, employment providers, and the education system to meet the needs of the business. L&I should fully develop and support OVR’s SPOC model and identify

ways to improve the number of businesses it assists so more people with a disability can get and keep a job.

56. **Business Services.** The ability to increase the number of people with a disability employed in a competitive-integrated job is directly proportional to the willingness of a business to hire a person with a disability. L&I should strengthen and publicize OVR's Business Services & Outreach Division, making it business' "go-to" source for pre-screened qualified applicants (with disabilities) to meet staffing needs, information on federal tax incentives to hire people with a disability, information on the ADA and accommodations, disability etiquette training, and resources to retain staff who may acquire a disability after being employed for some time.

Priority: Increase public awareness.

57. **"Works For Me".** If you are a person with a disability, a family member, or a business, knowing where to go to get current and accurate information in state government about disability employment can be very challenging. In 2009, a successful website called "Works For Me" was developed with a federal grant and it provided relevant information to a broad audience interested in disability employment. A toll-free number was also established and a marketing campaign developed to promote "Works For Me," including billboards, brochures and other materials. While the website and toll-free number still exist, neither has been kept current or promoted since the federal grant ended. L&I, in collaboration with DHS, should update the Works For Me website, ensure it is accessible, publicize it along with the toll-free telephone number, and implement a social media strategy to promote it. It should be maintained and promoted as a credible "go-to" source of information on disability employment resources, data, success stories, and professional training resources. Targeted users should be people with a disability, families, advocates, businesses, local education agencies, post-secondary education agencies, and public agencies involved in promoting employment.
58. **Encourage People with a Disability to Join State Government.** The Governor's Office should support the development and funding of a public awareness campaign that encourages people with a disability to pursue commonwealth employment. It should emphasize that the commonwealth values the contributions employees with a disability bring to the workplace and that people with a disability are encouraged to apply for positions within the commonwealth's workforce.
59. **Encourage Businesses to Hire People with a Disability.** L&I should develop and implement an aggressive outreach strategy to make businesses aware that people with a disability add value to places of business, especially in the areas of service and product innovation, staff productivity, etc., but that people with disabilities remain a largely untapped labor pool. OVR's Business Services and Outreach Division and SPOC model should be promoted as a credible, go-to resource for businesses to assist them with identifying talent to meet workforce needs and coordinate disability services and training. The effort should include making connections with local chambers of commerce, manufactures associations, private recruiters, human resource professionals associations, etc.

Priority: Collect and coordinate data.

60. **Labor Participation and Unemployment.** L&I should mainstream the collection and publication of labor participation rates and unemployment rates for Pennsylvanians with a disability in commonwealth press releases and reports.



61. **Early Childhood.** OCDEL should collect and publish the number of children receiving early intervention services in segregated environments and non-segregated environments.

62. **Human Services:** DHS should collect and publish data on all program participants enrolled in any program that provides home and community-based services and:

- Have employment as a goal in their service plan,
- Are receiving employment services,
- Are employed, and
- Determine other important data that should be published, such as hours worked, type of job, full or part-time, etc.

63. **Paid Work Experience.** PDE should publish information related to how many students with a disability leave secondary education with at least one paid work experience.

64. **Leaving High School with a Job.** PDE should collect and publish data on how many students with a disability are connected to competitive-integrated jobs before they leave secondary education settings and to the extent possible, work with school districts and employers to conduct surveys of students after they leave secondary school to collect information on the number of competitive-integrated jobs secured.

65. **Act 26 of 2016.** Act 26 of 2016 is called the Work Experience for High School Students with Disabilities Act. The new law imposes duties on OVR to increase access to services that lead to competitive-integrated employment outcomes for students with a disability. L&I, in collaboration with PDE, should collect and publish data as required of OVR in Act 26 of 2016 (HB400), including:

- The number of IEP meetings attended by OVR.
- The number of IEPs that include new or significantly modified goals and specific steps toward the attainment of competitive integrated employment.
- The number of job referrals made to employers on behalf of students with disabilities while still in high school.
- The number of high school students with disabilities working in part-time and summer jobs as a result of referrals made by OVR staff.
- The number of high school students with disabilities working in part-time or summer jobs who are receiving job-coaching services.



- f. The number of high school students with disabilities who enter competitive integrated employment within three months of their graduation.
- 66. **Vocational Rehabilitation.** L&I should collect and publish data on the number of individuals referred to OVR, the number determined eligible, and the number for whom competitive-integrated jobs were secured or maintained. If possible, OVR should show the number of these individuals who were, at the time of referral, being compensated at subminimum wage.
- 67. **Business Assistance.** L&I should collect and publish data on the number of private-sector businesses that request and receive assistance from OVR with the hiring or retention of a worker with a disability.

Priority: Implement, monitor, and provide accountability.

- 68. **Governor's Cabinet for People with Disabilities.** The Chair of the Governor's Cabinet for People with Disabilities should establish a permanent Employment First Subcommittee for the purpose of implementing the recommendations accepted by the Governor's Office, monitoring progress, and getting regular input to develop new recommendations. Members of the subcommittee should be department secretaries or their designated deputy secretaries. A chairperson should be named to lead the subcommittee, and meetings should be held at least quarterly. The chairperson should develop a work plan that includes action steps and target completion dates. Progress updates should be made available on a quarterly basis to the Governor's Advisory Committee for People with Disabilities and published on the website used by the Governor's Cabinet for People with a Disability. The executive director of the Governor's Cabinet for People with Disabilities should be charged with staffing the subcommittee and should be given project management staff support. A progress report for the Governor should be delivered to the Governor's Secretary for Policy and Planning within six months of the Governor's approval of the recommendations and then annually thereafter. The progress report should include summary reports on the progress made on each recommendation and any new recommendations that have been developed since the last report.
- 69. **Governor's Advisory Committee for People with Disabilities.** The Governor's Advisory Committee for People with Disabilities should be utilized to advise the Employment First Subcommittee convened by the Chair of the Governor's Cabinet for People with Disabilities. It should also play a role in monitoring progress. It should regularly seek stakeholder input for the purpose of soliciting new ideas to realize the goal of increasing the number of Pennsylvanians with a disability working in a competitive-integrated job. It should agree on and make recommendations to either the Employment First Subcommittee or to the chair of the Governor's Cabinet for People with Disabilities. The advisory committee should receive progress reports quarterly from the executive director or the subcommittee chairperson.

APPENDIX A

Executive Order 2016-03 - Establishing "Employment First" Policy and Increasing Competitive Integrated Employment for Pennsylvanians with a Disability

Subject: Establishing "Employment First" Policy and Increasing Competitive Integrated Employment for Pennsylvanians with a Disability

By Direction of: Tom Wolf, Governor

Date: March 10, 2016

WHEREAS, Pennsylvanians with a disability are valued members of society and all members of society deserve to have the opportunity to work; and

WHEREAS, there is dignity in work, as it provides an individual not only the income necessary to meet basic living needs but can help contribute to his or her self-identity, self-worth and self-respect, and offer a sense of accomplishment; a job can also provide opportunities for social interaction, meaningful friendships, and to be and feel included; and

WHEREAS, efforts to increase the hiring of Pennsylvanians with a disability should be based on the principle that Pennsylvanians with a disability make-up a largely untapped labor pool, and that workers with a disability add value to the workplace, whether it is because they can be dedicated, loyal, and productive members of a team or because they can increase productivity and contribute to new product and service innovations that improve a company's bottom line; and

WHEREAS, the unemployment rate for Pennsylvanians with a disability is consistently twice that of the general population, and such a rate is even worse than it appears because it is based on a workforce participation rate of about 20 percent for Pennsylvanians with a disability compared to about 70 percent for all individuals; and

WHEREAS, Pennsylvania has a history of valuing employment for people with a disability and providing services intended to promote each person's ability to live, contribute and achieve status in their communities; and

WHEREAS, Pennsylvania government is actively committed to promoting improved competitive integrated employment outcomes through its involvement as a core state selected by the United States Department of Labor's Office of Disability Employment Policy's Employment First State Leadership Mentoring Program, and participation in the National Association of State Directors of Developmental Disability Services' State Employment Leadership Network; and

WHEREAS, the 21ST Century has brought a significant change in public policy regarding employment of individuals with a disability recognized by the passage of the Workforce Innovation and Opportunity Act (WIOA), new federal rules for home and community based services, amendments to the Americans with Disabilities Act Amendments Act of 2008, and new federal rules that implement Section 503 of the Rehabilitation Act of 1973, as amended; and

NOW, THEREFORE, I, Tom Wolf, Governor of the Commonwealth of Pennsylvania, by virtue of the authority vested in me by the Constitution of the Commonwealth of Pennsylvania and other laws, do hereby order and direct as follows:

1. "Employment First" is the policy of all Commonwealth executive branch agencies under the jurisdiction of the Governor. This policy reflects the Commonwealth's goal of making the

Commonwealth of Pennsylvania a model state when it comes to creating a climate hospitable to workers with a disability.

a. The definition of Employment First is that competitive integrated employment is the first consideration and preferred outcome of publicly-funded education, training, employment and related services, and long-term supports and services for working-age Pennsylvanians with a disability, as "disability" is defined in each agency's governing statutes and rules.

b. The definition of competitive integrated employment for purposes of this Executive Order is the definition contained in the WIOA, which is work performed on a full or part-time basis (including self-employment) for which a person is:

(1) Compensated at not less than federal minimum wage requirements or State or local minimum wage law (whichever is higher) and not less than the customary rate paid by the employer for the same or similar work performed by people without a disability;

(2) At a location where the employee interacts with people without a disability (not including supervisory personnel or people who are providing services to such employee); and

(3) Presented, as appropriate, opportunities for similar benefits and advancement like those for other employees without a disability and who have similar positions.

2. The Office of Administration will explore the means to reduce barriers to Commonwealth employment for Pennsylvanians with a disability.

3. The Secretaries of the Departments of Education, Human Services and Labor and Industry, working with other Commonwealth agencies or executive office officials as appropriate, will develop a written plan to address the implementation of the following goals:

a. Implement Employment First as the policy of all Commonwealth executive branch agencies;

b. Align funding, policy, data collection, and practice toward an emphasis on competitive integrated employment rather than non-competitive, non-integrated employment; and

c. Increase the number of Pennsylvanians with a disability employed in a competitive integrated job.

4. Progress toward meeting these goals is to be measured by gathering and evaluating, as permissible by law and as available:

a. The labor participation rate and unemployment rate of Pennsylvanians with a disability

b. The number and percentage of Pennsylvania youth with a disability who successfully complete at least one paid community integrated work experience or community integrated work-based learning experience before exiting secondary education;

c. The number and percentage of Pennsylvania youth with a disability who transition from secondary education to adult life with a competitive integrated job or an integrated post-secondary education or training opportunity intended to lead to a competitive integrated job;

- d. The number and percentage of Pennsylvanians with a disability employed in a competitive integrated job who are participants in a Medicaid-funded or state-only funded program that provides home and community-based services; and
 - e. The number of private-sector businesses that have been provided requested technical assistance with the recruitment, hiring and retention of qualified Pennsylvanians with a disability.
5. The plan described in Section 3, of this Executive Order, will be developed with broad stakeholder input including but not limited to people with a disability, the Governor's Advisory Committee for People with Disabilities, potential employers, and disability advocacy groups.
6. General Provisions. Nothing in this Executive Order shall be interpreted to supersede or preempt the provisions of any federal, state or local law, regulation, rule or ordinance. This Executive Order is not intended to, and does not create, any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the Commonwealth of Pennsylvania, its departments, agencies, or entities, its officers, employees, or agents, or any other person.
7. The plan should be submitted to the Governor's Office for review and approval 120 days from the effective date of this Executive Order.
8. Effective Date. This Executive Order shall be effective immediately.
9. Termination Date. This Executive Order shall remain in effect until amended or rescinded by the Governor.

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Exhibit A – Family A’s account of the search for employment

Our son is 22 and has intellectual disability and autism. He is personable, hardworking and capable to the best of his abilities.

When he was 19, he got a part-time job washing dishes at a restaurant. This was meant only to be a temporary job, like those many teenagers get at 15 or 16. We were delighted that he got it.

Three years and two postsecondary programs later, he’s still washing dishes.

His postsecondary programs were designed to develop job search skills and “soft” employment skills, such as dressing properly for work and navigating public transit. The second of these programs gave him on-the-job practice in a host of skills such as helping to set up events. It promised to help him find employment by assigning him to a job coach. This program was funded, in part, by the state Office of Vocational Rehabilitation.

The program didn’t promise a job, but it certainly played up the successes that could be found by participation in it. We chose it over other training opportunities funded by OVR.

He did well in it. His attendance was exemplary, and he enjoyed most of the job tasks. His reviews were solid. We expected that he would leave it with at least several interviews in place, if not a job.

In our last sit-down meeting with the program’s administrators, held just weeks before he graduated, we found that the program had only started to help him put in applications. In the months to come, his job “search” ended up being intermittent, uncoordinated and ineffective.

Days and weeks would go by before we heard from a job coach. Most of the search was done online, which is frustrating for anyone, let alone for someone with disabilities. (We had to unsubscribe our son from employment portals that jammed his email with spam.) Many of the jobs were limiting in terms of location, hours or safety considerations – all considerations for any prospective employee, but even more so for a person with disabilities.

I contacted an OVR supervisor, who said that OVR could contract with another provider for a community-based job evaluation that could net our son a job if the fit was right. I explained that we had several comprehensive evaluations, conducted in high school, his postsecondary programs and at least two summer programs. A community-based assessment seemed repetitive, but we agreed because we hoped for success.

We met an OVR contractor and discussed jobs in which our son might succeed, like and be easily accessible. After weeks, she turned up two possibilities, both outside of what we had discussed and at least one like his current job. These were offered by companies that historically partner with the provider; there was no one else, we were told. We are now trying to refocus the search.

To give a pointed example of how inefficient this job search system can be, just recently his OVR counselor emailed to ask about a job interview that occurred months ago. Not only didn’t he get that job, it’s only one of two in a year-and-a-half for which he has received an interview. And one of those interviews happened only after we attended a job fair and found someone willing to talk to him.

Every day that goes by is a day that the skills our son learned in his programs deteriorate. We must continue reassuring him that we're working on getting him another job. To his credit, he keeps working at the job he doesn't like much and remains a reliable employee.

We've been asked what needs to be fixed in this system. There are several things:

- The coordination between high schools and post-secondary programs should be seamless, with written proof that OVR and its providers have considered previous evaluations to build upon them, not repeat them.
- OVR and providers need to adhere to timelines and prove productivity, with routine written reports to parents and participants.
- OVR and its providers need to secure more companies willing to hire postsecondary students with disabilities.

We believe strongly that it is not the people involved in this system who are at fault. Many have been supportive and kind in trying to help our son, most especially his current employer. We also understand the difficulties in supporting a population with broad needs and that our expectations might not always be met.

But what exists now is a disjointed, one-size-fits-all system that limits the future for our young adults with disabilities. It needs to be improved.

Exhibit B – Family B’s account of searching for employment

Although services seem to be improving for transition age students, I have to say it has been a struggle for me since graduating. I started trying to get job experience my last semester in high school. Unfortunately, no job coaching was provided. I did have the opportunity to job shadow at a local hardware store but because I did not have job coaching support, I was unsuccessful.

I was also supposed to have additional job shadowing opportunities over the summer of my graduation but because of a change in counselors and WBLE providers it did not happen until August, at which time I began attending a tech school as an adult. This was supposed to end with an opportunity for a Co-Op, but that did not happen. I was also told that I could not receive any job shadowing or coaching while attending school.

I found a part-time job my last semester of tech school in retail. I had asked OVR to help me find a WBLE for when I graduated. Unfortunately, there was a turnover with my counselor so nothing happened. I then lost my part-time retail job after eight months due to my poor social skills. The retailer was not open to me having a job coach on site that may have helped me better succeed.

I then spent several months taking resumes around to several different local businesses, asking if I could intern or just even job shadow to get some experience and skills. No one ever called me back. In the mean-time I volunteered at a local museum. In December I interviewed for a paid position at the museum. We talked to my new OVR counselor and her supervisor to see if I could have job support so that I could be more successful. Since OVR had never worked in this place of employment, I had to wait five months while they and the employer reviewed the process. With Representative Miller’s help a decision was made and I was hired with job coach support. I have now maintained this job for nine months. However, I am only working 15-20 hours per week at \$9 an hour which does not allow me to support myself nor do I have benefits and I have been on the Autism Waiver wait list for 3 years.

My thoughts on the process:

Since graduating from High School I have found that I regularly am working through challenges and successes as a result of my special needs. Challenges include finding, holding, keeping and succeeding at a job. There are things that I am interested in but find it hard to put them together into a full time job. I have had two part time jobs, one of which I still hold. In my first job, I believe I ultimately failed in maintaining that job because I focused more on working with the machinery than in communicating with co-workers and customers, which was an important part of that job. In my current job, I had some problems when I first started in communicating with some co-workers, which I was able to overcome with the help of my parents and job coaches from OVR.

In my current job, I enjoy that I am able to take the trolley to travel from my home to the job. I do rely on my parents sometimes to get me to and from the trolley, and I have to be careful not to fall asleep on the trolley or miss my stop. I also like the independence it gives me and the familiarity with the environment.

Although I have had great contributions from groups like OVR in helping to find and continue at a job, I have also had to deal with times where they were not able to be consistent with the services they offered, or develop new job opportunities for me to consider. I do think they have been doing the best they can with the limited resources and turnover they have.

I think I would like to go back to school to improve my math and my writing ability, because I know that would help me to better sell myself, find better employment, and a career, but I find it difficult to commit to school as I have not had the best experiences at school.

One of the issues I struggle with in succeeding at a job is to fully understand and comply with the rules. At my current job, an example is the rule about not accessing your cell phone while you are on the clock, which I see other co-workers failing to follow.

Another issue is knowing how to talk to people. I am not very good at small talk or knowing what are appropriate subjects for conversations.

Successes have included having a paying job which is teaching me life skills in how to hold and maintain a bank account, and structuring my spending so as to be able to pay for things I want, a skill I frequently struggle with. I also find having a job gives me more structure which helps me be more healthy.



everychildinc.
Family Ever After

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**Representative Dan Miller's Disability & Mental Health Summit
Legislative Panel
March 15, 2019**

Submitted by
Laura A. Maines, Executive Director
Every Child Inc.

Thank you for the opportunity to discuss Pennsylvania's Behavioral HealthChoices program and the quality and innovation it has fostered in our state's behavioral healthcare system.

History

Behavioral HealthChoices (BHC) is a statewide program through which every county delivers mental health and drug and alcohol services to vulnerable Pennsylvanians enrolled in the Medical Assistance program. This carve-out is a financing model in which behavioral health services are managed and/or financed separately from physical health services. BHC was created over 20 years ago to replace an inefficient, fragmented, costly system that failed to meet the health care and support needs of our most vulnerable populations. Since its inception, it has enjoyed strong bipartisan support in four successive administrations, among lawmakers in both chambers, and by virtually every provider of this essential services.

Today, Pennsylvania's BHC program remains the most efficient, effective way to identify and address the mental and behavioral health needs of Pennsylvania's children and their families. In spite of this undeniable success, House Bill 335 and its companion Senate Bill 268 seeks to "carve in" behavioral health services by integrating physical and behavioral healthcare through participation in a single medical assistance capitated managed care program for all persons eligible for medical assistance. The practical effective of such action would be to set Pennsylvania's behavioral healthcare back 20 years, increase cost to taxpayers, suppress innovation, undermine quality and restrict access to care.

Local Solutions, Cost-Effective, Integrated Care

The cornerstone of BHC is local control, local solutions, and the ability to creatively, effectively, and efficiently serve our most vulnerable citizens. Here's why it works and why Pennsylvania needs to build on BHC, not abandon it:

- Each county can develop the programs and services that its communities need. BHC has given counties, Behavioral Health Managed Care Organizations (in Allegheny County, Community Care Behavioral Health), and providers the flexibility to develop and implement programs and services that meet the unique needs of our children and families. Behavioral health needs in Allegheny County can be very different from needs in York County.
- The BHC program has saved Pennsylvania taxpayers \$11 to \$14 billion statewide through 2016¹ and this cost savings has allowed BHMCOs to reinvest funds for the development and expansion of services directly back into our community. Reinvestment funding has resulted in increased access to care, improved service use, improved outcomes, and service innovation across Allegheny County.
- Integrated funding is not the same as integrated care, and BHC has promoted effective, efficient, integrated care throughout Allegheny County. As a clinical family service provider, Every Child is often in touch with a child or family members' physical health care provider to coordinate care and share input. We collaborate with the child welfare system, education services, and others to ensure that we are treating the whole person.
- When behavioral health services were "carved in" during a demonstration project in Philadelphia more than 25 years ago, at least half of the taxpayer-funded behavioral health capitated payment did not reach the behavioral health consumer and instead went direction to the MCO's profit margin.²
- The "carve-in" model proposed by HB 335 and SB 268 doesn't work for kids. A 2002 study³ considered design characteristics of carve outs and integrated designs, and found that carve outs included features more advantageous to children with behavioral health disorders and their families. Integrated designs focused almost exclusively on physical health issues and not those customized for children with behavioral health disorders, particularly children with serious disorders. Integrated designs were also less likely than carve outs to coordinate with multiple financing streams across child-serving systems for children's behavioral health care.

¹ County Commissioners' Association of Pennsylvania COMCARE 2018 Report

² See Craig McCoy and Karl Stark, "An HMO Finds Lots of Money in Poverty," Philadelphia Inquirer, August 3, 1997.

³ Health Care Reform Tracking Project, <https://www.chcs.org/media/Promising Approaches in Behavioral Health.pdf>

We can always do better, but let's build on what we've done well and learn the lessons of the past.

Behavioral Healthcare can always be improved. As a provider, Every Child strives to ensure quality outcomes for our consumers, the appropriate level of care, and a continuum that ensures progress made in treatment is not lost when treatment ends. The current BHC model incentivizes quality improvement, innovation and cost-effectiveness. It was created with bipartisan support specifically because the previous "carve-in" capitated managed care program left our most vulnerable without care. Twenty years ago we committed to a system that has worked well all this time. Now is not the time to move backwards. We urge you to vote "no" on HB 335, SB 268 or any similar language that may be proposed during the budget process.

Thank you for your time and consideration.

A Formula for Success:

Pennsylvania's Behavioral Health Carve-Out in ALLEGHENY COUNTY, 1999 - 2017

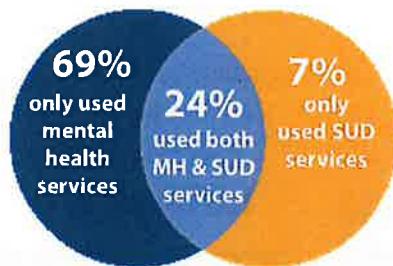
Allegheny County ensures that human service system providers, behavioral health providers, and the behavioral health Medicaid managed care organization use a coordinated approach to the delivery of services and supports that address the individualized and comprehensive needs of each person and/or family. This integrated human service model has yielded quantifiable, improved outcomes for HealthChoices members.



1. Allegheny County's HealthChoices behavioral health carve-out provides effective coverage and access to needed substance use disorder and mental health services.

Between 1999 and 2017:

174,000 of the **549,000** people who enrolled in HealthChoices used at least one behavioral health service



Since the implementation of the carve-out,



mental health (MH) service use increased by almost **300%**



substance use disorder (SUD) service use increased by over **400%**

...while there was an **82%** increase in overall HealthChoices enrollment

2. The carve-out ensures that savings from the behavioral health system are reinvested in mental health and/or substance use disorder services.

Between 1999 and 2017:

\$114 million in reinvestment funds* have been used to develop and expand behavioral health services and supports based on provider, County, and other stakeholder input.

Key Projects funded by reinvestment dollars include:

Community and School Based Behavioral Health Teams



Housing and Residential Treatment related to the closure of Mayview State Hospital

Certified Peer Support Specialists

Community Treatment Teams (CTTs) & Assertive Community Treatment (ACT) Teams

Comprehensive Crisis Network

resolve CRISIS SERVICES

Permanent Supportive Housing (PSH)



Allegheny County Peer Support Warmline

Mobile Treatment Services for Youth and Young Adults

*Reinvestment funds are the program revenues remaining after all medical claims and other obligations are paid. Allegheny County can retain these funds, up to a certain limit, and use them to reinvest in certain state-approved initiatives.

3. A locally-operated carve-out positions the behavioral health system to respond quickly and effectively to emerging challenges.

Responding the Opioid Crisis (2016 to present)

With the rise in opioid-related overdose deaths, Allegheny County has expanded its programs to meet the growing need while also maintaining a positive fiscal outlook.

The rate of SUD services users with a primary diagnosis related to opioid use **nearly doubled** since 1999.



Key initiatives and programs include:

- Allegheny County Workgroup focused on overdose prevention through increased access & administration of Naloxone. The Allegheny County Health Department have distributed over 2,850 Naloxone kits in the community.
- A jointly issued position paper advocating for medication-assisted treatment (MAT), an evidence-based practice.
- Six Centers of Excellence (COEs) serving as health homes for people with opioid use disorder

Responding to the Closure of Mayview State Hospital (2008)

In support of efforts for adults who have serious and persistent mental illness to live in the least restrictive setting, Mayview State Hospital (MSH) closed in December 2008.

Five years after the closure of Mayview.. **only one quarter** of individuals discharged from Mayview reside in institutional living.



100% of individuals continued to receive coordinated care through an ACT team or case manager.

In addition to supporting prior residents, new policies diverted **1,278 people** into community-based treatment who would have otherwise been admitted to a state mental hospital.

4. HealthChoices has invested in building relationships and infrastructure to support better coordination of people's physical health, behavioral health, and human service needs.

Physical/Behavioral Health Integration

- The Connected Care program links members to needed services after assessing their behavioral, medical, and psychosocial needs
- Community Care's Behavioral Health Home Plus (BHHP) project partners with 11 behavioral health providers to serve as behavioral health homes
- Pharmacy initiatives monitor prescribing practices and use of antipsychotics
- Behavioral health providers and primary care facilities, pediatric care offices, and Federally Qualified Health Centers (FQHCs) partner to imbed physical and behavioral health care for residents. This includes a center that integrates prenatal care, MAT, and SUD treatment for pregnant women with opioid use disorder

Human Service Integration

- Housing for people with serious and persistent mental illness
- Care for youth (and their families) involved in multiple systems who have specialized mental health care needs
- Partnership with local schools to better address the mental health care needs of children and families in their area
- Peer supports to assist people in their recovery
- Treatment options for people with co-occurring (both mental health and substance use) disorders
- Oversight of behavioral health treatment for people in the Allegheny County Jail
- Education and training for individuals with mental illness and/or substance use disorders as well as their families, friends, and providers

Recent Pennsylvania Law

Supporting Employment for Pennsylvanians with Disabilities

EMPLOYMENT FIRST ACT - ENACTMENT Act of Jun. 19, 2018, P.L. 229, No. 36

An Act Providing for competitive integrated employment in State and county agencies and any entity providing publicly funded education, training, employment and related services and long-term services and supports for working-age Pennsylvanians with a disability; establishing Employment First, the Governor's Cabinet for People with Disabilities and the Employment First Oversight Commission and providing for their powers and duties; and conferring powers and imposing duties on the Governor and the Office of the Governor.

Policy of the Commonwealth that competitive integrated employment shall be the preferred outcome for all individuals with a disability eligible to work under Federal or State law, regardless of severity of disability and assistance required, and work-based learning experiences for all youth with a disability in collaboration with the Department of Labor and Industry. Employment services and opportunities must be offered to all individuals with a disability receiving publicly funded services, regardless of whether they live in their own home or in a residential setting.

State and county agencies and entities shall comply with requirements and effectively implement and shall coordinate efforts and collaborate...

State agencies shall make an effort to employ individuals with a disability in no less than 7% of the overall State work force.

- State agencies shall review on a biannual basis, the adequacy of hiring, placement and advancement practices with respect to individuals with a disability. No State agency shall be required to give preference in hiring to individuals with a disability.
- The Office of Administration shall develop a framework for individuals to self-report a disability.
- The State Civil Service Commission shall review and consider changes in its policies and procedures in order to support progress towards the initial goal established under this subsection.

Initial plan

- the Office of the Governor shall develop an initial three-year plan
- The plan shall identify the specific policies and implementation dates for State agency compliance with this act.

Recent Pennsylvania Law

Supporting Employment for Pennsylvanians with Disabilities

- Annual report.—finalized October 1 of each year --report shall be submitted to the General Assembly no later than January 30 of each year.

Oversight Commission (Appointed by Governor and Legislative Leadership)

- Progress.--The commission shall establish/track measurable goals and objectives governing the implementation of this act.
- Annual report.—The commission shall issue an annual report on October 1 of each year, detailing the progress made on each of the measurable goals and objectives and recommendations to the Governor and the General Assembly for effective strategies and policies needed to support the implementation of this act.

WORK EXPERIENCE FOR HIGH SCHOOL STUDENTS WITH DISABILITIES ACT - ENACTMENT

Act of May. 17, 2016, No. 26

An Act Providing for the Work Experience for High School Students with Disabilities Act; and imposing duties on the Office of Vocational Rehabilitation.

The Office of Vocational Rehabilitation shall provide preemployment transition services to students with disabilities and facilitate the process of job and career development between schools and public and private employers to ensure the successful transition of high school students with disabilities into competitive integrated employment.

- Provide information (and when possible also by conference and phone) attend Individual Education Plan (IEP) Meetings ensuring that job skill training is included in the plans when appropriate.
- Arrange for work-based learning experiences, which may include in-school or after-school opportunities or experience outside the traditional school setting, including internships, at competitive wages in integrated settings with public or private sector employers.
- Provide professional guidance relative to job coaching services to eligible individuals when the services are included in an individualized plan for employment (IPE) by OVR on, so that high school students with disabilities may succeed in competitive employment with private sector and public employers.
- Provide counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education.

Recent Pennsylvania Law

Supporting Employment for Pennsylvanians with Disabilities

Publish on its publicly accessible Internet website 45 days after the end of each calendar quarter the following information:

- the number of individualized education meetings attended by Office of Vocational Rehabilitation staff;
- the number of individual education plans that include new or significantly modified goals and specific steps toward the attainment of competitive integrated employment;
- the number of job referrals made to employers on behalf of students with disabilities while still in high school;
- the number of high school students with disabilities working in part-time and summer jobs as a result of referrals made by Office of Vocational Rehabilitation staff;
- the number of high school students with disabilities working in part-time or summer jobs who are receiving job coaching services; and
- the number of high school students with disabilities who enter competitive integrated employment within three months of their graduation.

Report on the progress of the Office of Vocational Rehabilitation regarding the implementation of this act on at least a quarterly basis to: the Secretary of Labor and Industry; the Pennsylvania Rehabilitation Council; the State Board of Vocational Rehabilitation; and the Secretary of Education.

State Board of Vocational Rehabilitation. The State Board of Vocational Rehabilitation shall be responsible for reviewing reported progress and providing advice to Office of Vocational Rehabilitation officials on achieving the objectives of this act. The reports must be:

- Published on the publicly accessible Internet website of the Office of Vocational Rehabilitation in a format that is easily understandable by members of the public.
- Made available to: the President pro tempore of the Senate; the Majority and Minority Leaders of the Senate; the chairman and minority chairman of the Labor and Industry Committee of the Senate; the chairman and minority chairman of the Public Health and Welfare Committee of the Senate; the Speaker of the House of Representatives; the Majority and Minority Leaders of the House of Representatives; the chairman and minority chairman of the Labor and Industry Committee of the House of Representatives; and the chairman and minority chairman of the Human Services Committee of the House of Representatives.