

HOUSE DEMOCRATIC POLICY COMMITTEE



Legislative Panel

March 3, 2020

1:10 – 1:20 **Introduction**

1:20 – 2:10 **Advancing Policy for a More Inclusive Workforce**

- **State as a Model Employer of People with Disabilities**
- **Private Sector Engagement**
- **Future of Work from a Disability Perspective**

Bobby Silverstein, Esq.

Legislative Counsel, State Exchange on
Employment & Disability (SEED)

Principal, Law firm of POWERS, PYLES, SUTTER
& VERVILLE, PC

2:10 – 3:00 **Wolf Administration's Statewide Suicide Prevention Task Force (SPTF)**

Libby Mascaro

Family Member

Caitlin Palmer

Special Advisor, DHS, and State STPF Lead

Phyllis Knott

Office of Mental Health and Substance Abuse
Services (OMHSAS), DHS

Denise Macerelli

Deputy Director, Office of Behavioral Health
Allegheny County, DHS

3:00 – 3:10 **Mental Health Parity & Addiction Equity – HB 1696**

Rep. Tom Murt

3:10 – 3:20 **Closing**

**2020 DISABILITY AND MENTAL HEALTH SUMMIT
DISABILITY LEGISLATIVE PANEL**

**Presentation by Robert "Bobby" Silverstein
Legislative Counsel
State Exchange on Employment & Disability
March 3, 2020**

BRIEF BIO BOBBY SILVERSTEIN

- Principal in the law firm of POWERS PYLES SUTTER & VERVILLE, PC.
- More than 45 years of experience working in the area of disability policy.
- Former staff director and chief counsel to the U.S. Senate Subcommittee on Disability Policy when Congress enacted the Americans with Disabilities Act (ADA) and 20 other disability-related bills.
- Legislative counsel for the State Exchange on Employment & Disability (SEED).
- B.S. in Economics, Wharton School, University of Pennsylvania; JD, Georgetown University Law Center.

DESCRIPTION OF SEED

- Launched by the U.S. Department of Labor's Office of Disability Employment Policy, the [State Exchange on Employment & Disability](#) (SEED) is a unique state-federal collaboration that promotes the adoption of disability-inclusive state policy through an innovative partnership model.
- Current SEED partners include:
 - Board of Hispanic Caucus Chairs (BHCC)
 - Council of State Governments (CSG)
 - National Conference of State Legislatures (NCSL)
 - National Governors Association (NGA)
 - U.S. Conference of Mayors (USCM)
 - Western Governors Association (WGA)
 - Women In Government (WIG)

- Through collaboration with these partners, SEED helps state and local governments develop and implement meaningful policies and best practices that lead to increased employment opportunities for people with disabilities, and, by extension, a stronger, more inclusive workforce and economy.
- CSG, in partnership with NCSL convened the National Task Force on Workforce Development for People with Disabilities. The Task Force issued a report titled "[Work Matters: A Framework for States on Workforce Development for People with Disabilities](#)" ("Work Matters Report") that contains hundreds of examples of policy options for enhancing employment opportunities for people with disabilities. Examples are updated on a monthly basis.

BACKGROUND

1. According to the U.S. Census Bureau, 19 percent of the population has a disability and about 66% of the population is working age (16-64). According to the 2019 Annual Disability Statistics Compendium, there are 885,157 working age people with a disability—14.1 percent.
2. According to the U.S. Bureau of Labor Statistics December 2019 Report, only 20.5 percent of people with disabilities participate in the labor force (employed or unemployed but looking for work), compared to a 68.7 percent labor force participation rate for people without disabilities. The unemployment rate for people with disabilities was 7 percent compared to 3.2 percent for people without disabilities.
3. In Pennsylvania, according to the 2019 Annual Disability Statistics Compendium, the labor force participation rate of working age people with disabilities is 37.6 percent, versus 79.4 percent for people without disabilities, meaning there is an employment gap of 41.8 percent.
4. Recognizing the employment disparities affecting individuals with a disability, the Commonwealth of Pennsylvania recently has taken significant steps to establish a **framework** for addressing these disparities:
 - On March 10, 2016, Governor Wolf issued [Executive Order No. 2016-03](#) establishing Employment First Policy and Increasing Competitive Integrated Employment for Pennsylvanians with a Disability.
 - On June 19, 2018, the Governor signed into law the [Employment First Act, P.L. 229, No. 36](#).
5. The **goals** of the EO and Employment First Act are to make the Commonwealth of Pennsylvania a **model state** when it comes to creating a climate hospitable to workers with a disability.

6. The **purposes** of the EO and the Employment First Act are to ensure that individuals with a disability are given the **opportunity to achieve economic independence through jobs that pay competitive wages in community integrated settings.**
7. In accordance with the EO and the Employment First Act, **four reports** have been prepared highlighting existing structural barriers and recommended solutions:
 - [Establishing Employment First Policy and Increasing Competitive Integrated Employment for Pennsylvanians with a Disability: EO 2016-03 Recommendations](#) (September 2016)
 - [Employment First Act of 2018: Interagency Priorities and Recommendations](#) (August 2019)
 - [Pennsylvania Employment First Oversight Commission: First Year Report to Governor Wolf and the General Assembly](#) (October 2019)
 - Employment First Act of 2018: Interagency Priorities and Recommendations (January 2020 Updates & Progress)

These four reports address several important topics critical to ensuring equal employment opportunity for individuals with a disability. Included among the topics are:

- Making the state a model employer;
 - Engaging the private sector;
 - Ensuring interagency coordination and collaboration regarding the provision of state; services and supports;
 - Supporting early intervention, youth transition and parent education;
 - Addressing the needs of individuals with a serious mental illness;
 - Self-employment; and
 - Providing accessible transportation.
8. Today, I will discuss two of the topics addressed in the reports:
 - Policy options for making the state a model employer; and
 - Engaging the private sector in efforts to achieve equal employment opportunities for individuals with a disability.

In addition, I will address the "Future of the Workforce" from a disability perspective.

9. For each topic, I will provide examples of policies adopted by other states in the form of legislative and executive orders.

PRESENTATION TOPICS

- State As A Model Employer of Persons with Disabilities
- Private Sector Engagement
- Future of Work from a Disability Perspective

STATE AS A MODEL EMPLOYER OF PERSONS WITH DISABILITIES

- In Pennsylvania, the Commonwealth is the second largest employer after the Federal Government. State agencies and state colleges and universities account for approximately 100,000 civil service and non-civil service state jobs. The Office of Administration estimates that currently 4.81 percent of Commonwealth employees have a disability. [Page 25, [Oversight Commission Report](#)]
- In the past year, the responsibility for administering the civil service hiring process has been relocated to the Office of Administration. At the same time, the Office of Administration overhauled the existing hiring process to coordinate state agency Human Resources and streamline hiring.
- While these efforts have improved Commonwealth hiring overall, according to the 2019 Employment First Report by the Oversight Commission **significant and fundamental structural barriers exist** within these hiring systems, which must be reformed to provide persons with disabilities an equal opportunity to compete for state jobs.
- In other words, the conclusion reached in the 2019 Report by the Oversight Commission is that the **two systems remain largely closed to people with disabilities.**
- The Oversight Commission also recognizes that the success of Employment First Act depends upon Pennsylvania becoming a model employer.
- I will highlight the following topics regarding State as a Model Employer:
 - Infrastructure
 - Hiring Goals
 - Data Collection, Self-Identification, and Self-Disclosure
 - Strategic Plans and Progress Reports
 - Barrier Analysis and Best, Promising, and Emerging Practices
 - Alternative and Fast Track Hiring Authorities
 - Information and Communication Technology
 - Training of Employees and Managers and Supervisors
 - Personal Assistance Services

1. Infrastructure

Pennsylvania Employment First Statute: This legislation establishes the **Governor's Cabinet for People with Disabilities** with powers and duties that include conducting a detailed review of existing policies and procedures and developing recommendations for changes in policies and procedures. The legislation also establishes the **Employment First Oversight Commission** to track measurable progress and prepare an annual report detailing progress.

The 2020 Progress Report specifies that an "Employment First Steering Committee has been formed with representation from the Office of Administration, the Office of Vocational Rehabilitation, and the Office of General Counsel." This Committee meets monthly to review progress made by working groups. The 2020 Report also indicates that in December 2019 the Office of the Governor altered the leadership structure of the Employment First Initiative by assigning the Governor's Deputy Chief of Staff of Administration to oversee the progress of the cabinet and commission.

Pending legislation: [SB852](#), which was introduced by Senator Tartaglione, establishes the Office for People with Disabilities within the Office of the Governor and the Advisory Committee for People with Disabilities within the Office for People with Disabilities.

Examples from other states:

- **New Mexico** has established a bicameral special disability concerns subcommittee that focuses on issues/concerns related to people with disabilities. This effort is designed to ensure that disability champions within the General Assembly have an infrastructure to share information and data, policy ideas, and lessons learned in order to expand and improve public policy for people with disabilities.
- In June 2017, Governor Bevin established the [Kentucky Work Matters Task Force](#). (Note: CSG published "[The Kentucky Work Matters Task Force: Lessons Learned](#)" to highlight best practices gleaned from the Task Force's process and results.)
- In June 2019, **Connecticut** enacted [Bill No. 7093](#) to establish a Task Force to increase employment opportunities for persons with disabilities.
- The **Illinois** General Assembly in 2017 enacted [HB 2782](#), which created the [Employment and Economic Opportunity for Persons with Disabilities Task Force](#) and authorized the Task Force to administer the state Employment First initiatives and analyzing programs and policies of the state to determine what changes may be necessary to remove barriers to competitive employment and economic opportunity for persons with disabilities.
- In 2018, Governor Edwards of **Louisiana** issued [Executive Order JBE 18-08: State as a Model Employer](#). The EO establishes the State as a Model Employer Task Force.

2. Hiring Goals

Pennsylvania Employment First statute: State agencies shall make an effort to employ individuals with a disability in no less than seven percent of the overall state work force. The Office of Administration shall develop a framework for individuals to self-report a disability.

Examples from other states:

- In 2017, **Virginia** enacted [VA S 1530 \(VA H 2425 Identical\)](#), which established a goal to increase by *five percent* the level of individuals with disabilities employed by State Government by fiscal year 2023.
- In 2018, Governor Edwards of **Louisiana** issued [Executive Order JBE 18-08: State as a Model Employer](#). The EO establishes the State as a Model Employer Task Force whose duties include establishing a five-year plan with annual goals that will enable the state workforce to reach *parity* with the percentage of working age people with disabilities in Louisiana.
- In 2019, Governor Walz of **Minnesota** issued [Executive Order 19-15: Providing for Increased State Employment of Individuals with Disabilities](#) that orders best efforts to comply with affirmative action goals and achieve a goal of *10 percent* of employment of people with disabilities in the executive branch.
- In 2019, Governor Parsons of **Missouri** issued [Executive Order 19-16](#) directing the State to make best efforts to *eliminate the disparity* in the percentage of individuals with disabilities of working age in the population and the percentage of employees with disabilities in the State workforce and set annual goals for continuing to increase the percentage of individuals with disabilities in the State workforce.

3. Data Collection, Self-Identification, and Self-Disclosure

Pennsylvania Employment First Statute: The Office of Administration (OA) shall develop a framework for individuals to self-report a disability.

Pennsylvania recommendation: Develop a framework for individuals to self-identify and reasons why self-disclosure may be advantageous. The 2020 Report indicates that a work force survey has been completed that enables the commonwealth to determine the percentage of employees that consider themselves as having a disability and the state is exploring approaches for job applicants to self-identify as having a disability to help inform and assess the effectiveness of commonwealth recruitment efforts.

Examples from other states:

- In 2019, **Alaska** completed a new survey of employers regarding the employment of people with disabilities. [*Alaskan Employer Perspectives on Hiring Individuals with Disabilities* Summary Report 2019]

- In 2019, Governor Parsons of **Missouri** issued [Executive Order 19-16](#) directing the Office of Administration, on an annual basis, to collect data, based on voluntary self-disclosure, and report initial baseline numbers of state employees with disabilities and report and evaluate the State's progress in increasing the percentage of employees with disabilities in the State workforce.
- In 2019, Governor Walz of **Minnesota** issued [Executive Order 19-15: Providing for Increased State Employment of Individuals with Disabilities](#) that directed the applicable state agency to compile and post on its website enterprise-wide statistics on the hiring and turnover of individuals with disabilities.
- In 2019, Governor DeWine of **Ohio** issued [Executive Order 2019-03D Establishing Ohio as a Disability Inclusion State and Model Employer of Individuals with Disabilities](#) directing all state agencies to collect and evaluate self-disclosed data through the state personnel system to be used to measure progress in hiring people with disabilities. This data will be used to develop a strategic plan.

4. Strategic Plans and Progress Reports

Pennsylvania Employment First Statute: No later than one year after the effective date, the Office of the Governor shall develop an initial three-year plan based upon information provided by state agencies for implementing Employment First for submission to the General Assembly. The plan shall identify the specific policies and implementation dates for State agency compliance. The Governor shall prepare an annual report, which shall be submitted to the General Assembly no later than January 30 of each year.

Examples from other states of annual report by the state and annual reports by state agencies:

- [Illinois](#), [Kansas](#), [Maine](#), [Massachusetts](#), [Minnesota](#), [Missouri](#), [Ohio](#), and [Washington](#)

5. Barrier Analyses and Best, Promising, and Emerging Employment Practices

Pennsylvania Employment First Statute: State agencies shall review on a biannual basis, the adequacy of hiring, placement, and advancement practices with respect to individuals with a disability. The State Civil Service Commission shall review and consider changes in its policies and procedures in order to support progress toward the initial goal of seven percent.

Pennsylvania recommendation: Address issues such as job descriptions, recruitment, application process, testing, tracking, interviews, hiring, advancement, retention, reasonable accommodations, and telework (including centralized accommodation fund and expertise) and establishing a welcoming culture. The Governor's policy office in collaboration with the Office of Administration (OA) and Office of Vocational Rehabilitation (OVR) convene a workgroup that includes external disability experts to address the issues described in the previous sentence. The 2020 Report indicates that as part of the accommodation process, applicants unable to travel for

an interview can be interviewed utilizing Skype or other available technology and other communication options can be explored, as needed.

Examples from other states:

- Best practices in general (Kentucky, Louisiana, Minnesota, Missouri, Ohio)
- Centralized Accommodation Fund
 - [Massachusetts](#) and [Minnesota](#) (CAF)
- Centralized expertise
 - [Vermont](#) decision-making)
 - [Missouri](#)
 - [Minnesota](#)
- Telework ([Oklahoma](#) telework as workplace accommodation)
- Stay at work/return to work
 - [Delaware](#) (return to work coordinator)

6. Alternative and FastTrack Hiring Authorities

Pennsylvania recommendation: Civil Service Commission review and consider changes in its policies and procedures in order to support progress towards achieving goals. The Office of Administration will create a new customized employment classification. [Page 25, [Oversight Commission Report](#)] The 2020 Progress Report indicates that planning is underway for a third program year for the Office of Vocational Rehabilitation Internship Program, which places interns with Commonwealth agencies. The 2020 Report also indicates that traditional multiple-choice civil service tests are being phased-out in favor of vacancy-based hiring utilizing experience and training exams, where applicants apply online and respond to questions intended to draw-out their experience and education. Also, a civil service hiring procedure was drafted that focuses on persons with a disability, which is presently under review.

Pending legislation: [HB 1548](#), introduced by Rep Miller, creates explicit authority for appointing authorities to *noncompetitively* appoint an individual with a significant disability to a temporary or permanent position then convert the individual to a permanent position in the classified service upon satisfactory completion of a probationary period.

Note: The Federal Government has established the "[Schedule A Excepted Service Hiring Authority for Individuals with Disabilities](#)." Schedule A is a hiring authority for federal agencies to use to tap into a diverse and vibrant talent pool without going through the often-lengthy traditional hiring process. Schedule A allows individuals to apply for a federal appointment through a noncompetitive hiring process. This means that if an individual meets the eligibility

status of the appointment and the minimum qualifications for a position, the individual may be hired for the position without competing with the general public.

Examples from other states:

- Fast track hiring authorities (Special Appointment Lists; trial work periods, internships)
 - [Alaska, Delaware, Illinois, Maryland, Minnesota, Nevada](#)
- Hiring preferences
 - [Arizona \(Ariz. Rev. Stat. §38-492\), Kansas](#) and [Montana \(ARM 2.21.14\)](#)
- Mandatory interviews
 - [Vermont](#)
 - [Kentucky](#) and [Maryland](#) disabled vets
- Modifications to exams and onsite accommodations
 - [California, Illinois, New York, Oklahoma, Utah](#)

7. Information and Communication Technology

Websites (external and internal), online application systems, mobile apps, hardware, and software

Pennsylvania policy: Current [policy](#) specifies that Commonwealth agencies are required to produce accessible websites in compliance with [ITP-AAC001](#). This policy establishes guidance for the development of accessible websites and other information technologies for users requiring assistive technologies. [Executive Order 2016-03](#) ensures that the commonwealth provides an inclusive workforce with the organization. In instances where complete accessibility is not achievable, information and other assistance will be made available through alternative means.

Pennsylvania recommendation: Ensure applications and process is accessible.

Examples from other states:

- Numerous states have web accessibility requirements and standards (Section 508 of the Rehabilitation Act, Web Content Accessibility Guidelines 2.0 AA)
- [Missouri](#) and [Ohio](#) require that web-based hiring portals be accessible.

8. Training of Employees and Supervisors and Managers

Pennsylvania Employment First statute: Mandates training and outreach by state agencies providing services to individuals with a disability who are eligible to work.

Pennsylvania recommendation: Mandate disability awareness and disability etiquette training for supervisors and managers, and on-boarding training for employees of rights, including reasonable accommodations. The 2020 Progress Report indicates that ongoing education of managers and employees is occurring to raise disability awareness and help ensure a welcoming work environment.

Examples from other states:

- Mandatory training (**Florida**).
- Plan for training employees and managers and supervisors (**Illinois, Massachusetts, Minnesota** (two executive orders: [EO 19-15: Providing for Increased State Employment of Individuals with Disabilities](#) directed the creation of a plan for accessible training programs for agency hiring managers and supervisors, human resources personnel, Affirmative Action Officers, and ADA Coordinators; and [EO 19-14: Providing for State Agency Coordination of the Americans with Disabilities Act](#)), **Missouri**, and **Ohio**).

9. Personal Assistance Services

Currently, reasonable accommodation policy under Title I of the ADA and most state antidiscrimination laws does not require employers to provide personal aids and devices, including personal assistance services. Personal assistance services include assistance with performing activities of daily living that an individual would typically perform if he or she did not have a significant disability, and that is not otherwise required as a reasonable accommodation, including, for example, assistance with removing and putting on clothing, eating, and using the restroom.

For some individuals with significant disabilities, the lack of personal assistance services means that employment is not feasible. In recognition of this gap in policy, the [regulations](#) implementing the affirmative action provisions of Section 501 of the Rehabilitation Act, which, among other things, make a federal agency a model employer of people with disabilities, includes a new provision requiring the implementation of personal assistance services policies. Several states are now considering the adoption of similar personal assistance services policies for state agencies.

Florida, Massachusetts, and Ohio have personal assistance services programs.

PRIVATE SECTOR ENGAGEMENT

Governors and state legislators are increasingly recognizing the role State Government can play in advancing the recruitment, hiring, advancement, and retention of individuals with a disability by private sector employers.

Recommendations included in the Employment First Reports for improving policies and practices for facilitating engagement by the private sector include:

- Hiring Goals and Plans for State Contractors
- Single Point of Contact
- Business Services
- Support Local Employment First Coalitions

1. Hiring Goals and Plans for State Contractors

Pennsylvania recommendation: The Department of General Services should lead an effort to develop contract requirements that could be applied to all state contracts issued by state agencies that include an aspirational goal of having a workforce that consists of at least 7 percent of people with a disability. If the goal is not met, the state agency would be required to develop and implement a plan to recruit, interview, hire, onboard, train, and retain qualified workers with a disability. Also, the Administration should develop a strategy to increase the labor participation rate for people with disabilities.

Examples from other states:

Connecticut, Kentucky, Maine, Minnesota, New Jersey, Rhode Island, and Wisconsin include disability in the list of categories covered by affirmative action requirements applicable to entities that do business with State Government.

2. Single Point of Contact (SPOC)

Pennsylvania recommendation: The Office of Vocational Rehabilitation (OVR) uses a SPOC model for businesses to make the process easy and efficient. The Department of Labor and Industry 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.

3. Business Services, Including Stay at Work Services

Pennsylvania recommendation: The Department of Labor and Industry should strengthen and publicize OVR's Business Services and Outreach Division, making it business' "go to" source for pre-screened qualified applicants with disabilities and information on ADA and

accommodations, disability etiquette, and retention of employees who acquire a disability after being employed.

4. Support Local Employment First Coalitions

Pennsylvania recommendation: A number of local human service, education, and employment agencies have come together to develop Employment First Coalitions. State agencies should assist with a survey of all business engagement and education activities, including identifying gaps in geographic areas of the state, with the goal of aligning initiatives and addressing needs.

5. Tax incentives to encourage businesses to hire qualified applicants with disabilities

Employment First recommendations: The General Assembly should devise tax breaks to employ/retain people with significant disabilities.

Pending legislation: [HB 519](#), introduced by Rep. Jason Ortity and Tina Davis, permits the use of existing tax credits for entities establishing a “hiring program” for persons with disabilities.

Examples from other states:

[Delaware](#), [Iowa](#), [Kansas](#), [Louisiana](#), [Maryland](#), [New York’s Workers with Disabilities Employment Tax Credit](#) and the state’s [Workers with Disabilities Tax Credit Program](#), [North Dakota](#), and [Tennessee](#).

6. Tax credits for providing employment supports and accessibility

Examples in other states:

Arizona enacted [HB2214 \(2017\)](#), **Iowa** enacted the [Assistive Device Tax Credit and updated it in 2018](#) by [SF2417](#), the [Maryland Disability Employment Tax Credit](#), and **Kansas** [legislation](#).

FUTURE OF WORK AND THE WORKFORCE

Examples from other states:

After the publication of the “Work Matters Report,” CSG issued a report titled, “The Future of the Workforce: Approaches to Increasing Access and Inclusion,” which includes a review of issues and state policies relating to automation and technology (including the impact of web-based systems and artificial intelligence on the workforce) and the gig economy (companies hire workers for specific short-term projects or gigs, often times through web or app-based platforms).

- In 2019, **Alabama** adopted [SJR71](#), which establishes a commission to study and advise the governor and legislature on state policy issues related to artificial intelligence.

- In 2019, Governor Jared Polis of **Colorado** issued [Executive Order B-2019-009](#) creating the Office of Future of Work to serve as the central point of contact for the State's efforts to respond to the rapidly changing nature of work.
- In 2019, Governor Ned Lamont of **Connecticut** issued [Executive Order No. 4](#) directing the Governor's Workforce Council to study the future of work and the resulting implications for Connecticut's workforce needs.
- In 2018, **California** created an artificial intelligence [Roadmap](#), which includes policy recommendations intended to "grow the state's economy, take advantage of AI to enhance services..., while protecting sensitive data and promote privacy, transparency, and accountability in the development and use of AI."
- In 2019, Governor Gavin Newsom of **California** issued [Executive Order N-11-19](#) establishing the Future of Work Commission. The Commission's primary mission includes studying, understanding, analyzing, and making recommendations regarding the impact of technology on work.
- In 2018, Governor Philip Murphy of **New Jersey** issued [Executive Order No. 41](#) creating the Future of Work Task Force to, among other things, produce an evidence-based policy roadmap for New Jersey to prepare for the future of work.

Several states have addressed the questions whether a gig worker should be properly classified as an employee or, instead, as an independent contractor. This determination has considerable significance for workers, businesses, and the state.

- If an individual is properly classified as an employee, the business bears responsibility for paying Federal Social Security and payroll taxes, unemployment insurance taxes, and state employment taxes. The business is also responsible for workers compensation insurance and complying with federal and state laws governing wages, hours, and working conditions, including Title I of the Americans with Disabilities Act (employment discrimination).
- If an individual is properly classified as an independent contractor, the business does not bear the costs or responsibilities or obligations and the worker obtains none of the law's benefits. The state may be required to assume additional financial responsibilities.

States have taken different approaches to addressing the status of gig workers. Several states, including [Florida](#), [Indiana](#), [Iowa](#), [Kentucky](#), [Tennessee](#), and [Utah](#) have adopted a policy that creates a presumption that marketplace workers are considered independent contractors if they meet specified criteria.

In contrast, **California** recently enacted [AB5](#), which presumes marketplace workers are employees and places the burden on the business to demonstrate that the workers are not employees, consistent with specified criteria.

SEED

State Exchange on Employment & Disability



Policy Checklist

A Guidepost for Analyzing State Policy from a Disability Perspective

July 26, 2020 marks the 30th anniversary of the signing of the Americans with Disabilities Act (ADA). The ADA is based on two key principles. First, disability is a natural and normal part of the human experience that in no way diminishes a person's right to fully participate in all aspects of society. Second, public policy must ensure that facilities, products, services, and supports are accessible to and usable by people with the widest possible range of functional capabilities (universal design), including people with disabilities. The ADA also enunciates the four goals of disability policy: equality of opportunity, full participation, independent living, and economic self-sufficiency.

Consistent with the precepts of the ADA and goals guiding our nation's disability policy, the State Exchange on Employment & Disability (SEED) has prepared a policy checklist that can be used by state and local policymakers as a lens or guidepost to design, implement, and evaluate generic, as well as disability-specific, public policies (including legislation and executive orders) to ensure meaningful and effective inclusion of people with disabilities in mainstream society and the workplace.

This policy checklist is designed to help you develop inclusive policies for your constituents, including people with disabilities, and covers the following five components, often included in legislation or executive orders:



▶ Statement of Findings

Most policy pronouncements include a carefully constructed rationale (“Statement of Findings”), which facilitates enactment of the legislation by convincing policymakers of its merits. Once the policy is enacted, the rationale provides a clear statement to guide implementation. A well-constructed Statement of Findings includes the following four items.

- ✓ A description of the historical treatment of persons with disabilities;
- ✓ A summary of the nature of the problems and barriers addressed by the proposed policy;
- ✓ An explanation of why the issue is important and why change is needed; and
- ✓ A description of the role of various entities in designing, implementing, and evaluating the policy.

Statement of Purpose

In addition to the inclusion of a Statement of Findings, most major disability-specific policies includes a statement of purpose, which articulates the underlying conceptual basis for the policy. A well-constructed Statement of Purpose also provides a clear statement to guide implementation of the law. The Statement of Purpose should reflect the precepts and goals of disability policy.

- ✓ **Precept:** Disability is a natural and normal part of the human experience that in no way diminishes a person's right to participate fully in all aspects of life, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of the individual.
- ✓ **Goals:** The proper goals regarding individuals with disabilities are to ensure:
 - Equality of opportunity;
 - Full participation (empowerment);
 - Independent living; and
 - Economic self-sufficiency.

Definition of Disability

Policymakers must define who will be protected or benefit from the proposed policy. Most policy pronouncements include Definitions of Key Terms. The definition of the term "disability" within the specific legislation is drafted to accomplish its specific purposes.

- ✓ Civil rights statutes and executive orders contain a definition of "disability" that enables the reader to determine which individuals will be protected against discrimination on the basis of disability by the policy.

Note: The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. The term also includes people who have a record of such an impairment, even if they do not currently have a disability. In addition, the term includes individuals who do not have a disability but are regarded as having a disability.
- ✓ The definition of "person with a disability" is also included in formula grants and entitlement programs to determine which individuals are eligible for benefits or services.

Core Policies

Consistent with the Statements of Findings and Purpose, it is critical for policymakers to specify Core Policies. These core policies describe the scope and limitations of the protections, the nature and type of benefits and services and supports, and the circumstances under which benefits and services and supports will be provided.

The numerous core policies can best be understood when they are organized under the four goals of disability policy articulated in the ADA—equality of opportunity, full participation (empowerment), independent living, and economic self-sufficiency.



1. Equality of Opportunity

The core policy of equality of opportunity includes three main components: (1) individualization, (2) genuine, effective, and meaningful opportunity, and (3) inclusion and integration.

- ✓ **Individualization.** Make decisions based on the unique strengths, resources, priorities, concerns, abilities, and capabilities of each person with a disability. This may be accomplished through the following actions:
 - Treating a person with a disability as an individual based on facts and objective science and evidence, and not based upon generalizations, stereotypes, fear, ignorance, prejudice, or pernicious mythologies;
 - Using definitions and eligibility criteria that result in even-handed treatment of a person with a disability;
 - Using interdisciplinary assessments to make decisions, performed on a timely basis by qualified personnel conducted across multiple environments;
 - Using information provided by the individual with a disability, the person's family, or the representative; and
 - Developing individualized plans that identify and describe needs, goals, objectives, services, and accountability measures.
- ✓ **Genuine, Effective, and Meaningful Opportunity.** Ensure that the opportunities that are made available to persons with disabilities are genuine, effective, and meaningful. This may be accomplished through the following actions:
 - Providing appropriate services and supports that address the unique needs of the individual;
 - Making reasonable modifications to policies, practices, and procedures;
 - Providing auxiliary aids and services;
 - Providing reasonable accommodations to applicants and employees;
 - Making programs (to include physical locations and transportation options) physically accessible; and
 - Providing information and communication technology that is accessible and usable.
- ✓ **Inclusion and Integration.** Foster the inclusion and integration of persons with disabilities in programs, projects, and activities. The presumptive/default placement is the regular environment alongside nondisabled persons. Persons with disabilities should not be subjected to unnecessary or unjustified isolation or segregation. This may be accomplished by the following:
 - Administering programs, projects, and activities in the most integrated setting appropriate to the needs of the individual; and
 - Providing services in the least restrictive environment (continuum of program options).



2. Full Participation


The core policy of full participation includes empowering persons with disabilities, fostering self-determination and self-advocacy, allowing real and informed choices, and participating actively in decision-making processes at the individual and system level.

- ✓ Foster the active involvement (including self-advocacy) and real and informed choice of the individual with a disability in decisions directly affecting them by encouraging the following:
 - Opportunities to receive information about programs;
 - Assessments of progress;
 - Planning;
 - Services and supports (including the right to refuse or terminate services); and
 - Selection of service providers.
- ✓ Facilitate active involvement and real and informed choices of family members (under appropriate circumstances) in decisions affecting the individual with a disability and the family, including the following:
 - Opportunities to receive information about programs;
 - Assessments of the individual's progress;
 - Planning;
 - Services and supports for the individual (including the right to refuse or terminate services); and
 - Selection of service providers.
- ✓ Provide for active involvement in policy decisions at the system level, including the following:
 - Opportunities to comment on agency proposals and agency response;
 - Participation in governing boards, working groups, and/or councils that make or recommend policies relating to the program; and
 - Joint sign-off between the public agency and the governing board or council.
- ✓ Use "people-first" language that puts the person before the diagnosis, describing what a person "has" rather than asserting what a person "is."

3. Independent Living

The third core policy is to foster the ability and capabilities of individuals with disabilities to live independently.

- ✓ Provide independent living skills development and specialized planning, by offering the following:
 - Training in individual and systems advocacy;
 - Services related to securing food, clothing, and shelter;
 - Management of personal assistants and other support personnel; and
 - Use of assistive technology devices.

- 
- ✓ Provide long-term services and supports necessary to enable an individual to live independently in the community, including consumer-directed and agency-directed personal assistance services and supports.
 - ✓ Provide cash assistance and other programs of assistance that enable the individual to live independently in the community include, for example:
 - Cash assistance;
 - Healthcare;
 - Transportation;
 - Housing; and
 - Food.

4. Economic Self-Sufficiency

The fourth goal of disability policy articulated in the ADA is to foster the economic security, stability, and productivity of persons with disabilities consistent with their actual (not perceived) capabilities, strengths, needs, interests, and priorities.

- ✓ Establish systems that provide employment-related skills and supports, including:
 - Education;
 - Training;
 - Self-employment (entrepreneurship); and
 - Ongoing assistance on-the-job.
- ✓ Provide cash assistance and other programs, such as the following:
 - Worker incentive provisions;
 - Healthcare;
 - Transportation;
 - Housing; and
 - Food.
- ✓ Establish tax policies that provide:
 - Incentives to employers, consistent with business objectives, to hire people with disabilities; and
 - Deductions and credits for employment-related expenditures enabling an individual with a disability to work, such as accessible transportation and reasonable accommodations, for employers and individuals with disabilities.



▶ **Methods of Administration (Implementation Strategies)**

Public policy pronouncements must not only articulate goals and core policies, they must also include specific Methods of Administration to facilitate implementation. These methods of administration are designed to maximize the likelihood that the protections afforded by the civil rights statutes are realized, and that the benefits, services, and supports made available under entitlement and grant-in-aid programs are provided and implemented in accordance with best, promising, and emerging practices.

1. State Plans and Applications

- ✓ Establish leadership and infrastructure through executive orders or legislation.
- ✓ Review the historical context.
- ✓ Conduct needs assessments.
- ✓ Articulate policy and program components, including:
 - Goals;
 - Measurable objectives;
 - Specific action steps (including best, promising, and emerging practices, specific timetables, and responsible individuals or agencies);
 - Outcome performance measures;
 - Processes for continuous quality performance and improvement; and
 - Budgets and other funding.
- ✓ Provide for meaningful ongoing and supported involvement of stakeholders, including individuals with disabilities, in the design, implementation, and evaluation of the program.

2. Intake and Admissions Procedures, and Processes and Transition Programs

- ✓ Take steps to correct current inappropriate program placements and prevent inappropriate future placements.
- ✓ Include transition programs to address inappropriate placements.

3. Design Elements

- ✓ Include person-centered planning and budgeting, including stakeholder involvement in the process, and consumer-controlled community-based services and supports.

4. Financing Systems

- ✓ Ensure that the system for financing the services and supports facilitates the precepts, goals, and core policies.
- ✓ Use waiting lists as a management tool to achieve objectives, not to unreasonably delay achieving stated objectives.
- ✓ Take advantage of existing funding sources, particularly federal funding sources and waivers.



5. Reimbursement Schemes

- ✓ Provide for risk adjustment for serving those with significant disabilities requiring more intensive, on-going services and supports (prevent nonrandom selection of participants).

6. Interagency Coordination and Collaboration

- ✓ Ensure that the system is person-centered and not segmented based on the jurisdiction of various agencies (remove silos).
- ✓ Establish a seamless system.
- ✓ Sign memoranda of understanding that include blending and braiding of funding.
- ✓ Include an effectively functioning information and referral system.

7. Service Coordination

- ✓ Provide service coordination to assist individuals in receiving necessary services when a comprehensive array of services is required, and such services are provided or paid for by multiple agencies.

8. Adequacy of the Network of Qualified Providers

- ✓ Ensure that qualified personnel provide a range of necessary supports and services.

9. Monitoring and Enforcement

- ✓ Include a process for government agencies to review policies, practices, procedures, and implementation, and enable agencies to respond to findings in a timely and effective manner. This includes:
 - Preparing monitoring instruments;
 - Conducting monitoring reviews;
 - Issuing reports;
 - Requiring corrective action;
 - Imposing sanctions; and
 - Securing remedies for individuals.

10. Procedural Safeguards

- ✓ Provide for, among other things, a complaint resolution process/grievance procedure (including due process hearing and the right to appeal) for individuals to supplement the monitoring and enforcement by government agency personnel.
- ✓ Protect privacy and confidentiality.
- ✓ Require informed consent to minimize the extent of government intrusion.
- ✓ Provide for access to records to ensure individuals have the necessary information to make informed choices.
- ✓ Include self-advocacy training for protected class members, individual representation, and attorney's fees for the prevailing party.

11. Outcome Performance Measures; Information and Data Collection System

- ✓ Collect and provide necessary data and information for public agencies to provide for continuous quality improvement and for the legislative branch to carry out its funding and oversight responsibilities (measures should facilitate, not impede achieving policy goals and disaggregate data based on disability).
- ✓ Provide outcome performance measures that include:
 - Standards and performance indicators that reflect the expected outcomes for recipients with disabilities;
 - Sanctions for failure to meet expected outcomes; and
 - Rewards for exceeding expectations.

12. Outreach, Information Dissemination, and Technical Assistance to and Representation of Potential Beneficiaries

- ✓ Ensure that intended beneficiaries understand their rights and responsibilities and can exercise these rights themselves and through the provision of information and assistance by others.

13. Capacity Building/Training of Personnel

- ✓ Ensure that personnel who provide services and supports satisfy qualification standards to perform assigned tasks in an effective and efficient manner.
- ✓ Ensure personnel, including managers and supervisors, are knowledgeable about civil rights statutes and best, promising, and emerging practices by offering training and other learning programs.

14. Cultural Diversity

- ✓ Ensure services are provided in a culturally competent manner and are responsive to the beliefs, interpersonal styles, attitudes, language, and behaviors of individuals receiving services to ensure maximum participation in the program.

15. Systems Change and Research

- ✓ Support ongoing systems change and research to ensure that the services and supports remain state-of-the art.

To learn more about the ADA, visit: dol.gov/odep/topics/ADA.htm.

For assistance creating customized policy options, executive orders, and more, contact the SEED team: dol.gov/odep/topics/SEED.htm.

SEED *State Exchange on Employment & Disability Advancing Policy for a More Inclusive Workforce*

WORK MATTERS

WORKFORCE INCLUSION: STATE POLICY OPTIONS TO INCREASE EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH DISABILITIES.

WHY SHOULD STATES ADDRESS EMPLOYMENT OF PEOPLE WITH DISABILITIES?

Within the increasingly complex global economy, building a strong, inclusive workforce is vital to an individual state's economic success. As states strive to ensure workforce inclusion, people with disabilities—including veterans with service connected disabilities—are a key part of the solution. States with strong economies translate into a strong national economy.

WHAT IS THE STATE EXCHANGE ON EMPLOYMENT AND DISABILITY (SEED)?

The U.S. Department of Labor's Office of Disability Employment Policy (ODEP) launched the State Exchange on Employment & Disability (SEED), an initiative to help state policymakers implement policies that effectively address barriers that may hinder employers in their state from tapping into the skills and talents of people with disabilities.

SEED is a collaboration with state intermediary organizations, including the Board of Hispanic Caucus Chairs (BHCC), Council of State Governments (CSG), National Conference of State Legislatures (NCSL), National Governors Association (NGA), Western Governors' Association (WGA), Women in Government (WIG), and the U.S. Conference of Mayors (USCM), to best assist states in fostering employment success for people with disabilities through meaningful policies that promote disability-inclusive workforce development.

WHAT IS THE WORK MATTERS POLICY FRAMEWORK?

Work Matters: A Framework for States on Workforce Development for People with Disabilities offers state policymakers 13 broad policy options, as well as real-life examples of innovative programs and policies that states have successfully implemented to build strong, inclusive workforces.

Work Matters is a culmination of intensive deliberation and research conducted by the National Task Force on Workforce Development for People with Disabilities, a SEED collaboration convened by CSG and NCSL. *Work Matters* features bi-partisan and state-driven policy options that are actionable and have broad appeal to a wide number of stakeholders, all with an exceptional degree of customizability.

Among the policy options, *Work Matters* identified stay-at-work/return-to-work (SAW/RTW) as a critical priority area. In response, SEED and CSG launched the Stay-at-Work/Return-to-Work State Policy Toolkit. This supplemental resource—developed with input from state leaders, subject matter experts, and local government representatives—provides states with policy options, best practices, and implementation strategies to increase retention of employees who become ill or injured while in the workforce.



For more information, including policy options for states to consider in addressing workforce development for people with disabilities, please refer to *Work Matters: A Framework for States on Workforce Development for People with Disabilities* and reach out to the SEED team.

SEED CONTACT:


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Senior Policy Advisor

U.S. Department of Labor, Office of Disability Employment Policy

📞 202.329.2158 (Voice)

✉️ Mossburg.Nadia.I@dol.gov



TO ACCESS THE WORK MATTERS REPORT
VISIT: WWW.CSG.ORG/NTPWD/DOCUMENTS/SEED_REPORT_2016_WEB.PDF



TO ACCESS THE SAW/RTW TOOLKIT VISIT:
WWW.CSG.ORG/SEED/REPORT.PDF

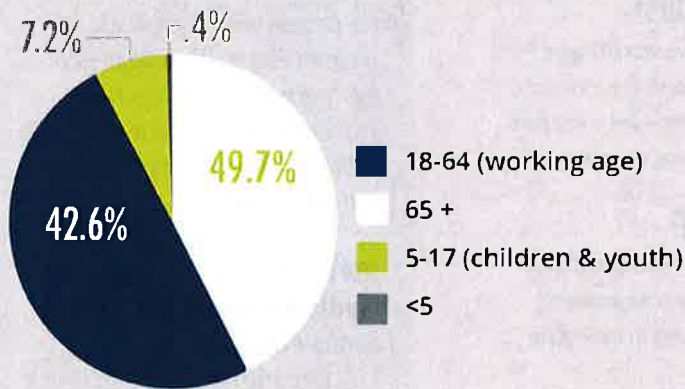
DISABILITY EMPLOYMENT SNAPSHOT STATE COMPARISON*

NJ, OH, PA

SEED | STATE EXCHANGE ON EMPLOYMENT & DISABILITY | ADVANCING POLICY FOR A MORE INCLUSIVE WORKFORCE

13.1% RATE OF PEOPLE WITH DISABILITIES
IN THE U.S. POPULATION

AGE OF U.S. POPULATION WITH DISABILITIES



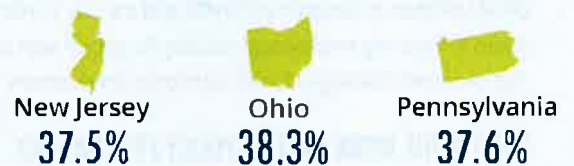
OVERALL PERCENTAGE OF PEOPLE WITH DISABILITIES



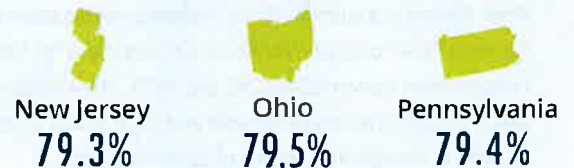
WORKING AGED PEOPLE (18-64) WITH DISABILITIES



EMPLOYMENT PERCENTAGE OF PEOPLE WITH DISABILITIES



EMPLOYMENT PERCENTAGE OF PEOPLE WITHOUT DISABILITIES



EMPLOYMENT GAP BETWEEN PEOPLE WITH VS WITHOUT DISABILITIES (18-64)



■ People with Disabilities
■ People without Disabilities

The overall employment gap in the U.S. between those with a disability and those without is

40.3%

EMPLOYMENT PERCENTAGE FOR PEOPLE WITH DISABILITIES: LOWEST VS. HIGHEST STATE

LOWEST MISSOURI & WEST VA **28.5%** | **56.5%** HIGHEST NORTH DAKOTA

EMPLOYMENT GAP: LOWEST VS. HIGHEST STATE

LOWEST NORTH DAKOTA **26.9%** | **45.9%** HIGHEST KENTUCKY

*Sources: University of New Hampshire, Institute on Disability, 2019 Annual Disability Statistics Compendium, <https://disability.compendium.org/>

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1548 Session of
2019

INTRODUCED BY D. MILLER, HILL-EVANS, MARKOSEK, YOUNGBLOOD,
READSHAW, JOHNSON-HARRELL, DEASY AND DeLUCA, JUNE 3, 2019

REFERRED TO COMMITTEE ON LABOR AND INDUSTRY, JUNE 3, 2019

AN ACT

1 Amending Title 71 (State Government) of the Pennsylvania
2 Consolidated Statutes, in civil service reform, providing for
3 excepted service hiring and promotion authority; and imposing
4 duties on the Office of Vocational Rehabilitation.

5 The General Assembly of the Commonwealth of Pennsylvania
6 hereby enacts as follows:

7 Section 1. Title 71 of the Pennsylvania Consolidated
8 Statutes is amended by adding a chapter to read:

9 CHAPTER 34

10 EXCEPTED SERVICE HIRING AND

11 PROMOTION AUTHORITY

12 Sec.

13 3401. Scope of chapter.

14 3402. Purpose.

15 3403. Definitions.

16 3404. Eligibility, documentation and certification generally.

17 3405. Hiring and promotion.

18 3406. Conversion.

19 3407. Customized employment job classification.

1 3408. Administrative support.

2 § 3401. Scope of chapter.

3 This chapter relates to excepted service hiring and promotion
4 authority for individuals with disabilities.

5 § 3402. Purpose.

6 The purpose of this chapter is to establish an excepted
7 service hiring and promotion authority that enables an
8 appointing authority to more effectively and efficiently hire
9 and promote qualified, working-age adults, whose physical or
10 mental impairments impact their ability to participate in the
11 competitive hiring and promotion process within this
12 Commonwealth's workforce.

13 § 3403. Definitions.

14 The following words and phrases when used in this chapter
15 shall have the meanings given to them in this section unless the
16 context clearly indicates otherwise:

17 "Customized employment." The development of job descriptions
18 based on a flexible process that:

19 (1) Is designed to personalize the employment
20 relationship between a job candidate and an employer in a way
21 that meets the needs of both.

22 (2) Is based on an individualized match between the
23 strengths, conditions and interests of a job candidate and
24 the identified needs of an employer.

25 (3) May take the form of any of the following:

26 (i) Task reassignment, which involves some of the
27 job tasks of incumbent workers being reassigned to a new
28 employee. The reassignment shall:

29 (A) allow the incumbent worker to focus on the
30 critical functions of the incumbent worker's job, in

1 the nature of primary job responsibilities and to
2 complete more of the central work of the job; and

3 (B) typically take the form of job creation,
4 whereby a new job description is negotiated based on
5 current and unmet workplace needs.

6 (ii) Job carving, which involves an existing job
7 description being modified so that one or more, but not
8 all, of the tasks are changed from the original job
9 description.

10 (iii) Job sharing, which involves two or more
11 individuals sharing the tasks and responsibilities of a
12 job based on the strengths of each individual.

13 "Working-age adult with a significant disability." An
14 individual who is a resident of this Commonwealth, is at least
15 18 years of age, has not reached 65 years of age and meets any
16 of the following conditions:

17 (1) Is or was a client of, or has a current eligibility
18 determination for vocational rehabilitation services by, the
19 Office of Vocational Rehabilitation.

20 (2) Has been determined to be eligible to receive Social
21 Security disability benefits or Supplemental Security income
22 benefits on the basis of disability, including an individual
23 who is eligible to participate in the Ticket to Work program
24 authorized under the Social Security Act (49 Stat. 620, 42
25 U.S.C. § 301 et seq.).

26 (3) Is eligible for appointment under Schedule A of 5
27 CFR Pt. 213 Subpt. C (relating to excepted schedules) on the
28 basis of disability.

29 (4) Has been determined to be eligible for services,
30 supports or benefits under programs administered by the

1 Department of Human Services through the Office of
2 Developmental Programs, the Office of Long Term Living or the
3 Office of Mental Health and Substance Abuse Services.

4 (5) Has been determined to be eligible for services,
5 supports or benefits under a program for disabled veterans
6 administered by the Federal Department of Veterans Affairs or
7 the State Department of Military and Veterans Affairs.

8 (6) Has relocated to this Commonwealth and had at the
9 time of relocation an eligibility determination in good
10 standing from a vocational rehabilitation office governed by
11 the Rehabilitation Services Administration located in another
12 state or territory of the United States.

13 (7) Is eligible to receive services, supports or
14 benefits under a program administered by an agency of the
15 Commonwealth that has been determined by the agency head to
16 be comparable to a program described under paragraph (1),
17 (2), (3), (4), (5) or (6).

18 § 3404. Eligibility, documentation and certification generally.

19 (a) Appointment.--An appointing authority may
20 noncompetitively appoint a working-age adult with a significant
21 disability to a temporary position or permanent position in
22 accordance with this chapter.

23 (b) Proof of disability.--

24 (1) An appointing authority shall require proof of an
25 applicant's significant disability prior to making a
26 noncompetitive appointment under this section.

27 (2) The appointing authority shall accept as proof of a
28 significant disability a letter or other official
29 certification from the Office of Vocational Rehabilitation.

30 § 3405. Hiring and promotion.

1 (a) Temporary appointment.--An appointing authority may
2 noncompetitively appoint a working-age adult with a significant
3 disability to a temporary position if the appointing authority
4 determines the following:

5 (1) The Office of Vocational Rehabilitation has
6 certified the working-age adult as eligible for
7 noncompetitive appointment under this chapter.

8 (2) It is necessary to observe the working-age adult on
9 the job to establish that the working-age adult is able or
10 ready to perform the duties of the position.

11 (b) Permanent appointment.--Subject to subsection (c), an
12 appointing authority may noncompetitively appoint a working-age
13 adult with a significant disability to a permanent position if
14 the appointing authority determines that the working-age adult:

15 (1) provided a copy of a document from the Office of
16 Vocational Rehabilitation certifying that the working-age
17 adult is eligible for noncompetitive appointment under this
18 chapter; and

19 (2) is likely to succeed in the performance of the
20 duties of the position for which the working-age adult is
21 applying. In determining whether the working-age adult is
22 likely to succeed in the performance of the duties of the
23 position, the appointing authority may rely upon the working-
24 age adult's employment, educational or other relevant
25 experience, including, but not limited to, service under
26 classified service or unclassified service.

27 (c) Probationary periods.--Appointment to a noncompetitive
28 permanent position shall be subject to the probationary periods
29 described in section 2404 (relating to probationary period).

30 § 3406. Conversion.

1 (a) Satisfactory performance of duties.--When an appointing
2 authority makes an appointment of a working-age adult with a
3 significant disability to a temporary position under section
4 3405(a) (relating to hiring and promotion) in order to determine
5 the working-age adult's job readiness, the appointing authority
6 may convert the working-age adult to a permanent position under
7 section 3405(b) if the appointing authority determines that the
8 working-age adult is able to perform the duties of the position.
9 Time spent in a temporary position shall not count toward the
10 completion of the probationary period described in section 2404
11 (relating to probationary period).

12 (b) Classified service.--When an appointing authority makes
13 an appointment of a working-age adult with a significant
14 disability to a permanent position under section 3405(b), the
15 appointing authority shall convert the working-age adult to
16 classified service upon completion of the probationary period
17 consistent with section 2404 if the appointing authority
18 determines that the working-age adult's work has been
19 satisfactory. Prior to the completion of the probationary
20 period, the appointing authority shall notify the working-age
21 adult in writing whether the working-age adult's work has been
22 satisfactory.

23 § 3407. Customized employment job classification.

24 (a) Development and implementation.--The appointing
25 authority shall develop and implement a customized employment
26 job classification.

27 (b) Limitation.--Eligibility for placement into a position
28 under a customized employment job classification shall be
29 limited to individuals who have been determined eligible for
30 vocational rehabilitation services by the Office of Vocational

1 Rehabilitation.

2 § 3408. Administrative support.

3 The Office of Vocational Rehabilitation shall, with its
4 appropriation, provide all necessary supports, including the
5 following:

6 (1) Identifying State agencies that will hire a working-
7 age adult under this chapter.

8 (2) Identifying eligible candidates for work under this
9 chapter.

10 (3) Developing customized employment job
11 classifications.

12 (4) Providing or arranging job coaching or other needed
13 services as necessary under this chapter.

14 (5) Providing or arranging another service for a
15 working-age adult that is customarily provided by the Office
16 of Vocational Rehabilitation to similarly situated customers
17 of the Office of Vocational Rehabilitation.

18 Section 2. This act shall take effect in 60 days.



Allegheny County
Department of
Human Services

Suicide in Allegheny County

Denise A. Macerelli, ACSW, LSW
Deputy Director, Office of Behavioral Health
Allegheny County Department of Human Services
Denise.Macerelli@AlleghenyCounty.us

March 3, 2020

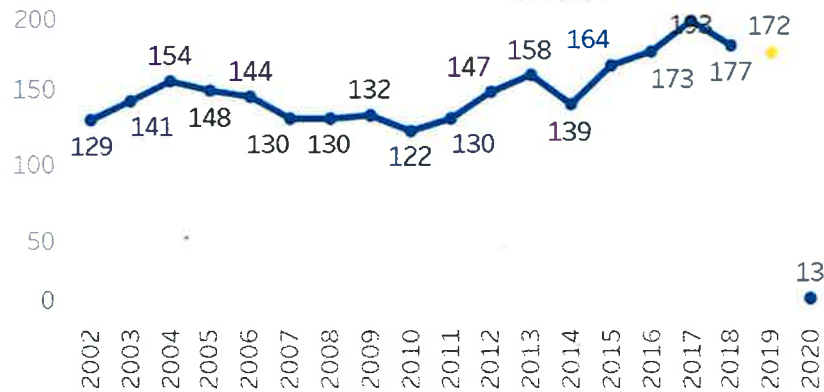
Overview

Suicides in Allegheny County

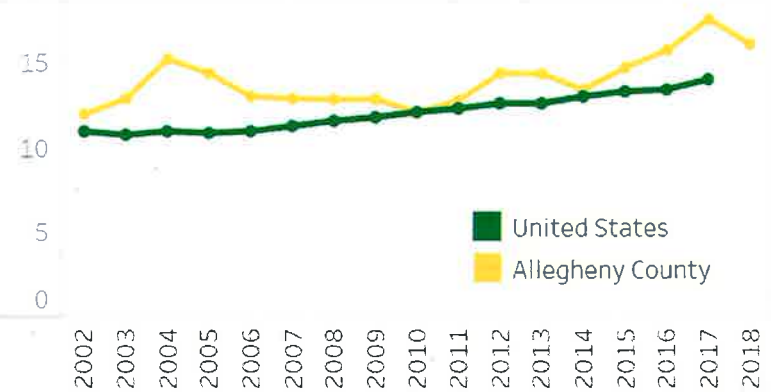
2,696

Number of Suicides over Selected Year(s).

Number of Suicides by Year



Age-Adjusted Suicide Rates per 100,000

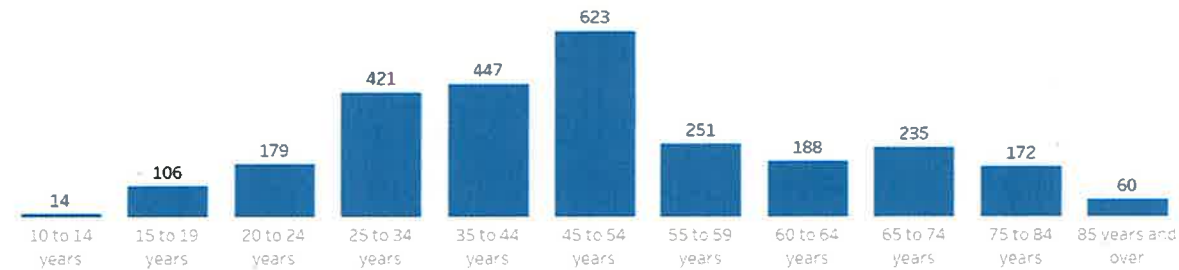


Demographics

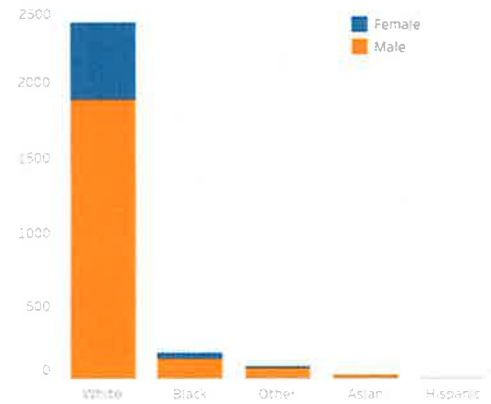
2,696

Number of Suicides over Selected Year(s)

By Age



By Race and Legal Sex



DHS (Medicaid/County) BH involvement

TABLE 3: Mental Health and Substance Use Disorder Services Used by Medicaid Recipients Who Died by Suicide (During the Year Prior to Death)

PUBLICLY FUNDED SERVICE	# OF PEOPLE WHO RECEIVED MEDICAID IN THE YEAR PRIOR TO THEIR DEATH	# OF MEDICAID RECIPIENTS WHO RECEIVED SERVICE IN THE YEAR PRIOR TO THEIR DEATH	% OF MEDICAID RECIPIENTS WHO RECEIVED SERVICE IN THE YEAR PRIOR TO THEIR DEATH
Mental Health Service Includes both clinical services, such as individual and group therapy, and non-clinical services, such as case management.	288	170	59%
Substance Use Disorder Treatment Includes both clinical services, such as individual and group therapy, and non-clinical services, such as case management and peer recovery support.	288	62	22%

*2008-2017

Prevention-Intervention-Response



- **Stand Together**

- A student-to-student initiative that inspires and equips youth to take action against stigma associated with mental illness and substance use disorders
- Currently at **30** schools
- Reached over **8600** students, teachers, and community members during SY 18/19



- **Mental Health First Aid**

- A skills-based training course that teaches participants about mental health and substance-use issues
- Since 2018, **3,850** individuals have received MHFA training



- **Crisis Intervention Training for Law Enforcement (CIT)**

- Trains officers to de-escalate, assess, and refer individuals with mental illnesses
- Since 2007, **1,279** law enforcement officers and probation/corrections officers have been trained in CIT skills

Prevention-Intervention-Response



- **Services in Schools** include Student Assistance Programs, Postventions, and Behavioral Health Liaisons
 - Currently have SAP teams in **188** of 217 school buildings in Allegheny County, including all high schools and middle schools
 - 11% of all postventions conducted in SY 18/19 were related to a completed suicide
 - 18% of postventions completed during current school year (to date) = 18%



- **Allegheny County DHS Information Referral and Emergency Services**
 - 24/7/365 operation that connects the community to Allegheny County staff for assistance in filing an involuntary commitment for emergency examination (302) and also provides information about services in Allegheny County
 - Of all 302s approved from January 2018 through February 2020, **43%** were related to for self-harm

Prevention-Intervention-Response

- **Peer Support and Advocacy Network (PSAN)**



- A fully consumer-lead and operated non-profit offering peer support to individuals with through a variety of programs
- In December 2019, PSAN received **41,000** at an average of 3200 calls per month and made and additional **15,767** outbound calls at an average of 1314 per month
- Works closely with Resolve Crisis Network



- **Resolve Crisis Network**

- **More than 116,000** services during FY 18/19 including phone, mobile, walk-in, and residential crisis services

- **Allegheny Family Network (AFN)**



- An organization that provides family to family support (with children ages 0-21) Served **1222** families in 2019, an **increase of 38%** over 2017

Moving forward together

- **Community Wide Symposium Every Life Matters - Together We Can Make A Difference March 31, 2020**
 - Partners: Allegheny County Department of Human Services Office of Behavioral Health, Community Care Behavioral Health, Allegheny HealthChoices Inc., Allegheny Family Network, Active Minds at the University of Pittsburgh, American Foundation for Suicide Prevention, Community Care Behavioral Health Organization, Mental Health America of Southwestern PA, NAMI Keystone PA, UPMC Western Psychiatric Hospital, and VA Pittsburgh Healthcare System and OMHSAS
- Counties including Allegheny will require resources to support a Task Force of local partners and to address existing gaps in the system
- Task Forces organized at the county level, in line with a statewide vision and strategy, will provide the most effective and most appropriate response to local needs



Pennsylvania Statewide Suicide Prevention Taskforce

Presentation for Representative Dan
Miller's Disability & Mental Health
Summit

March 3, 2020

Introductions

Caitlin Palmer, MSPH, CPS

Special Advisor to the Secretary

Statewide Suicide Prevention Task Force Lead

PA Department of Human Services (DHS) Office of the Secretary

Caipalmer@pa.gov

Phyllis Knott

Human Services Representative 2

DHS, Office of Mental Health and Substance Abuse Services
(OMHSAS)

Pknott@pa.gov

Suicide Prevention

- Suicide is a serious public health issue impacting individuals, families, friends, co-workers, schools, organizations, and communities throughout the Commonwealth of Pennsylvania.
- Historically, both in Pennsylvania and nationwide, suicide prevention has been addressed primarily through the efforts of the mental health system, rather than through a coordinated, cross-sector approach.
- While mental health disorders are a risk factor for suicide, the vast majority of individuals with a mental health diagnosis do not engage in suicidal behaviors.

By the Numbers: Suicide in Pennsylvania

- According to the Centers for Disease Control and Prevention (CDC), 48,344 individuals died by suicide in 2018, a rate of 14.8 per 100,000.
- Suicide deaths increased by 2% since 2017, continuing the recent (1999) rate increases after a previously long-term trend of decline.
- In 2018, 2,014 individuals died by suicide, a rate on 15.7 per 100,00.

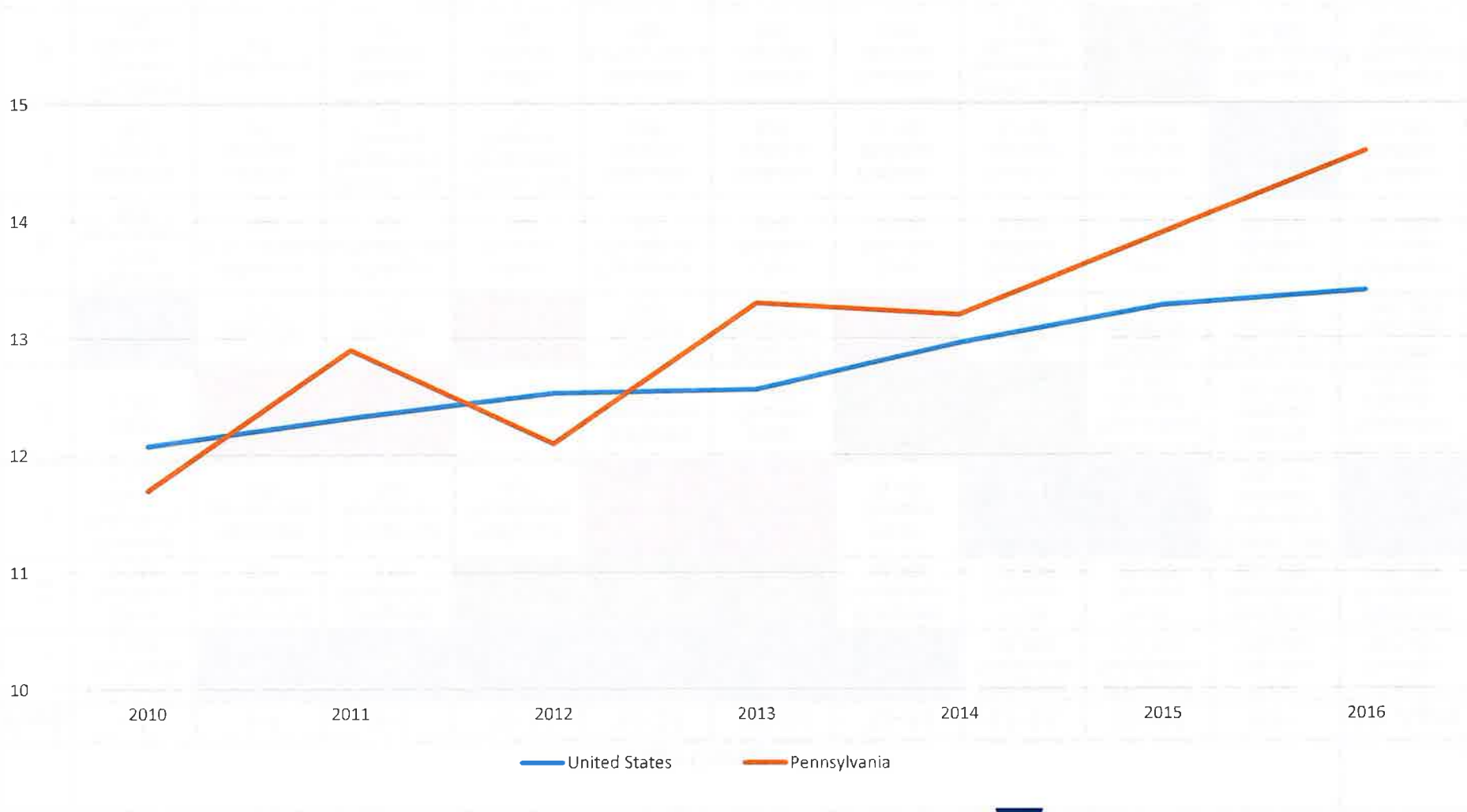
Centers for Disease Control and Prevention (2018). AAS Data Response.

<https://suicidology.org/2020/01/30/2018cdcrelease/>

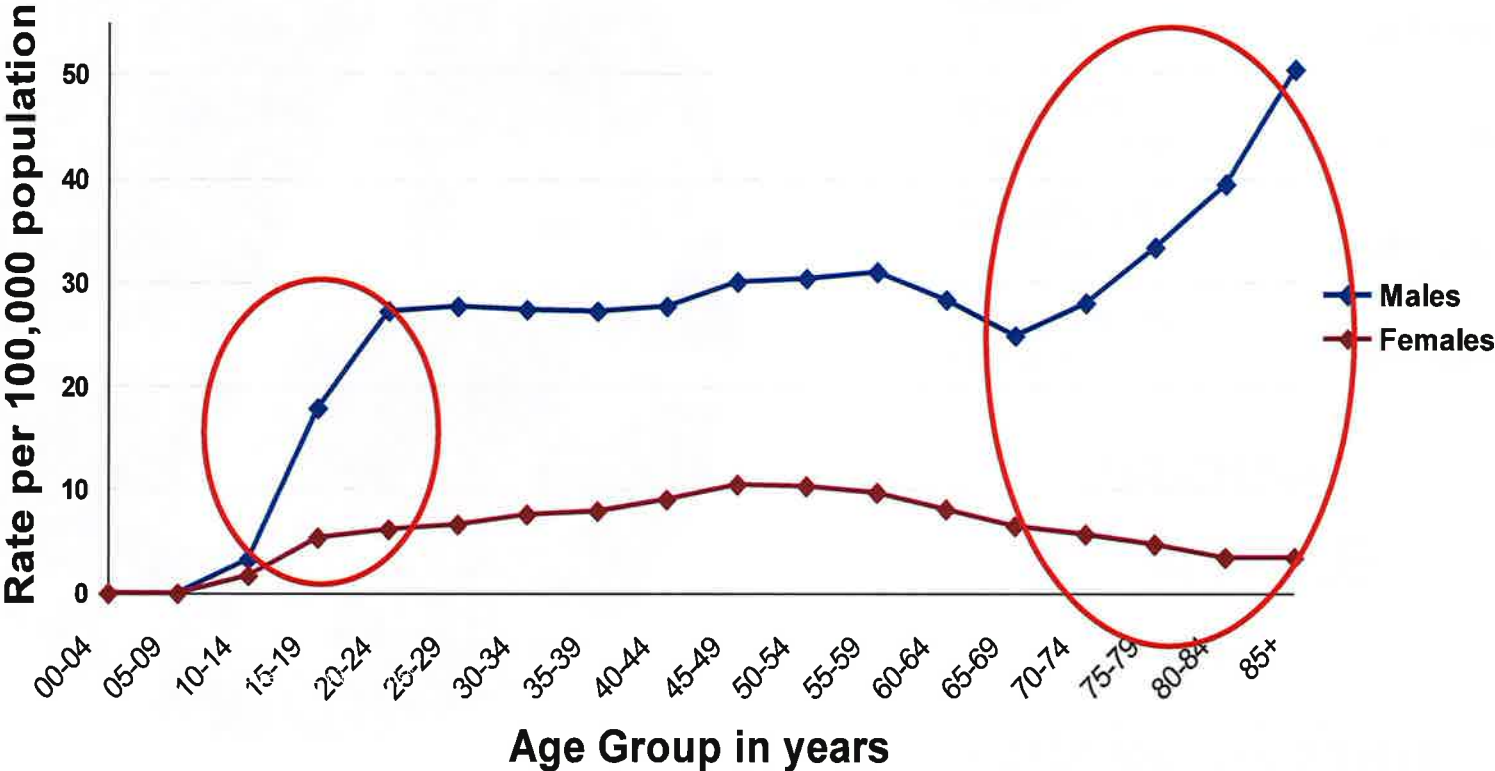
10 Leading Causes of Death, United States 2017, All Races, Both Sexes

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,580	Unintentional Injury 1,267	Unintentional Injury 718	Unintentional Injury 860	Unintentional Injury 13,441	Unintentional Injury 25,669	Unintentional Injury 22,828	Malignant Neoplasms 39,266	Malignant Neoplasms 114,810	Heart Disease 519,052	Heart Disease 647,457
2	Short Gestation 3,749	Congenital Anomalies 424	Malignant Neoplasms 418	Suicide 517	Suicide 6,252	Suicide 7,948	Malignant Neoplasms 10,900	Heart Disease 32,658	Heart Disease 80,102	Malignant Neoplasms 427,896	Malignant Neoplasms 599,108
3	Maternal Pregnancy Comp. 1,432	Malignant Neoplasms 325	Congenital Anomalies 188	Malignant Neoplasms 437	Homicide 4,905	Homicide 5,488	Heart Disease 10,401	Unintentional Injury 24,461	Unintentional Injury 23,408	Chronic Low. Respiratory Disease 136,139	Unintentional Injury 169,936
4	SIDS 1,363	Homicide 303	Homicide 154	Congenital Anomalies 191	Malignant Neoplasms 1,374	Heart Disease 3,681	Suicide 7,335	Suicide 8,561	Chronic Low. Respiratory Disease 18,667	Cerebrovascular 125,653	Chronic Low. Respiratory Disease 160,201
5	Unintentional Injury 1,317	Heart Disease 127	Heart Disease 75	Homicide 178	Heart Disease 913	Malignant Neoplasms 3,616	Homicide 3,351	Liver Disease 8,312	Diabetes Mellitus 14,904	Alzheimer's Disease 120,107	Cerebrovascular 146,383
6	Placenta Cord Membranes 843	Influenza & Pneumonia 104	Influenza & Pneumonia 62	Heart Disease 104	Congenital Anomalies 355	Liver Disease 918	Liver Disease 3,000	Diabetes Mellitus 6,409	Liver Disease 13,737	Diabetes Mellitus 59,020	Alzheimer's Disease 121,404
7	Bacterial Sepsis 592	Cerebrovascular 66	Chronic Low. Respiratory Disease 59	Chronic Low. Respiratory Disease 75	Diabetes Mellitus 248	Diabetes Mellitus 823	Diabetes Mellitus 2,118	Cerebrovascular 5,198	Cerebrovascular 12,708	Unintentional Injury 55,951	Diabetes Mellitus 83,564
8	Circulatory System Disease 449	Septicemia 48	Cerebrovascular 41	Cerebrovascular 56	Influenza & Pneumonia 190	Cerebrovascular 593	Cerebrovascular 1,811	Chronic Low. Respiratory Disease 3,975	Suicide 7,982	Influenza & Pneumonia 46,862	Influenza & Pneumonia 55,672
9	Respiratory Distress 440	Benign Neoplasms 44	Septicemia 33	Influenza & Pneumonia 51	Chronic Low. Respiratory Disease 188	HIV 513	Septicemia 854	Septicemia 2,441	Septicemia 5,838	Nephritis 41,670	Nephritis 50,633
10	Neonatal Hemorrhage 379	Perinatal Period 42	Benign Neoplasms 31	Benign Neoplasms 31	Complicated Pregnancy 168	Complicated Pregnancy 512	HIV 831	Homicide 2,275	Nephritis 5,671	Parkinson's Disease 31,177	Suicide 47,173

Suicide Death Rates: US and Pennsylvania

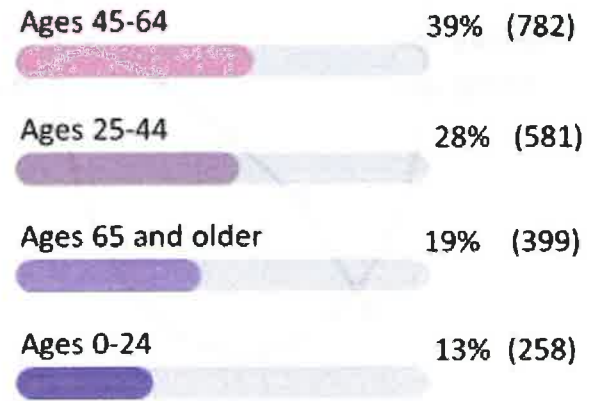


Suicide Rate by Sex





State of the STATE
for
Suicide in PA
Statistics



PA Suicide Deaths 78% (males) 22% (females)

Youth Suicide in Pennsylvania

1 in 6 youth seriously considered suicide



1 in 8 youth had a suicide plan



1 in 10 youth attempted suicide



(Pennsylvania Youth Survey, 2017)



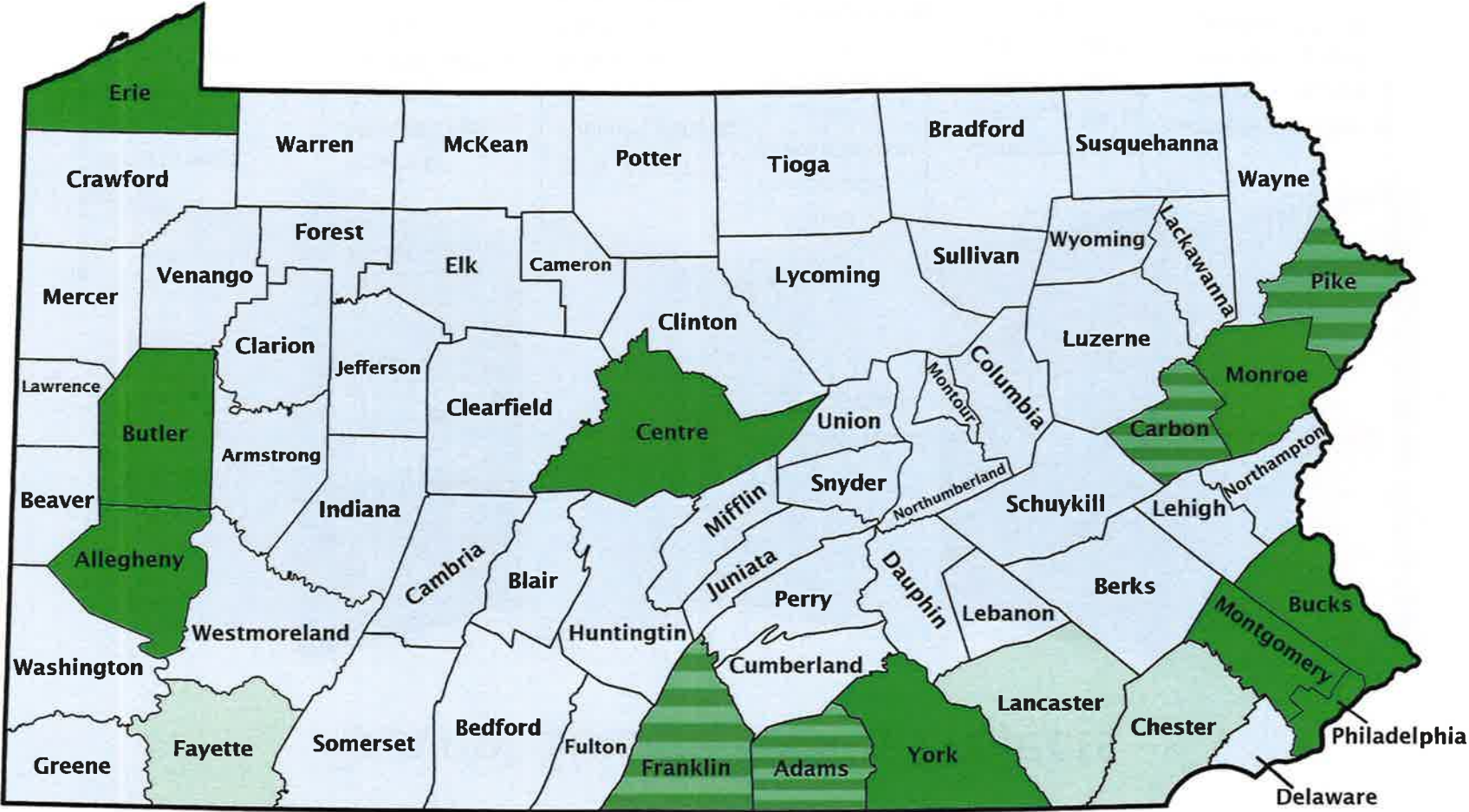
Garrett Lee Smith Grant Implementation

-  **Training**
-  **Screening**
-  **Training and screening**



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National Suicide Prevention Lifeline



Prevent Suicide PA Key Projects

County Suicide Task Forces

Need to work with County Suicide Task Forces to see what is going on in communities in PA

Video Project

Voices of Attempt/Loss Survivors, Youth/Adult/Older Adult, Clinicians, LGBTQ+, etc.

Trainings

QPR, ASIST, Online Learning Center, Survivor of Suicide Facilitator training, LOSS Team training, etc.

Awareness Events

Drive Out Suicide, Awareness Tables, Sports Partners, Suicide Awareness Day at the Capitol, Turnpike project

PSA Contest

Open to all high schools in PA to create PSA's (posters, videos, audio)

Fundraisers

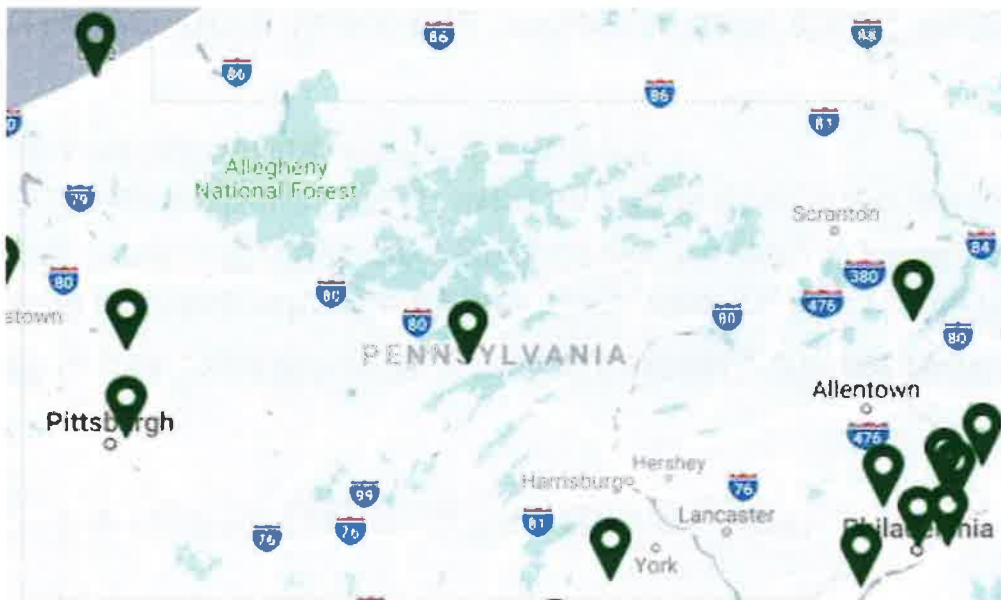
Fundraiser on Sept 6 in King of Prussia, Donations, grants, walk/run in 2020

Prevent Suicide PA (2017). SPTF Presentation, 2019.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Expansion of the National Suicide Prevention Lifeline Call Centers in PA



The Erroneous Assumption

- **Suicide prevention is the responsibility of behavioral health**
 - 90% of those who die by suicide are believed to have had a psychiatric diagnosis (although only about 50% are actually diagnosed)
 - **BUT...only about 25% of men and 50% of women who died by suicide EVER sought behavioral health treatment**
- **So to save more lives, the conversation MUST extend beyond behavioral health alone**

Prevent Suicide PA (2017). SPTF Presentation, 2019.

Pennsylvania Suicide Prevention Plan



Pennsylvania Statewide Suicide Prevention Task Force Initial Report January 14, 2020

Introduction

Suicide is a serious public health issue impacting individuals, families, friends, co-workers, schools, organizations, and communities throughout the Commonwealth of Pennsylvania. Historically, both in Pennsylvania and nationwide, suicide prevention has been addressed primarily through the efforts of the mental health system, rather than a coordinated, cross-sector approach. Given the scope, suicide must be addressed at multiple levels of the system, by a variety of partners, and under leadership that encourages effective collaborative strategies to address the problem.

Because suicide is a complex behavior affected by a combination of factors, a comprehensive approach to prevention is warranted. Not only must this incorporate multiple strategies, but it must include multiple partners to work collaboratively and strategically toward designated outcomes. To advance statewide suicide prevention efforts, partnerships must include stronger relationships and alignment of goals across state agencies, as well as between state and local initiatives.¹ Statewide efforts must also embrace the experiences of individuals who have experienced suicidal thoughts or attempts, and families who have suffered the tragic loss of a loved one to suicide. In prioritizing suicide prevention as a statewide initiative in Pennsylvania, there is increased opportunity for stakeholders to share responsibility for the overarching goal of reducing suicide deaths. Additionally, broadening traditional suicide prevention efforts to incorporate upstream approaches becomes more feasible through cross-systems collaboration.

Throughout Fall 2019, the Pennsylvania Statewide Suicide Prevention Task Force heard from more than 800 community members who shared how suicide impacts their lives and their recommendations to improve suicide prevention efforts in Pennsylvania. This initial report outlines themes that emerged through public engagement, which will lay the groundwork for Pennsylvania's 2020-2024 statewide suicide prevention plan.

Background

According to a 2018 report by the Centers for Disease Control and Prevention (CDC), suicide is the 10th leading cause of death in the United States.² In 2017, more than 47,000 individuals died by suicide nationwide. In Pennsylvania alone, 2,023 individuals died by suicide that year.³

Statewide Suicide Prevention Plan

Next Steps:

- Will publish draft statewide suicide prevention plan in March 2020 for public feedback:
 - Data sharing
 - Goals
 - Strategic objectives
 - Action item recommendations
- Finalize statewide suicide prevention package May-June 2020.
- Convene statewide advisory body for plan implementation in Summer 2020.



For more information, please visit

<http://www.dhs.pa.gov/citizens/SuicidePrevention/>

Crisis Resources

CRISIS TEXT LINE |

Text PA to 741741
Free, 24/7, Confidential

THE **TREVOR** PROJECT


LGBTQ CRISIS HOTLINE

CALL 1-866-488-7386

NATIONAL
SUICIDE
PREVENTION
LIFELINETM
1-800-273-TALK (8255)
suicidepreventionlifeline.org

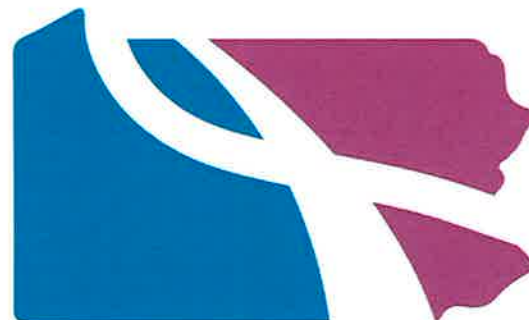


pennsylvania
DEPARTMENT OF HUMAN SERVICES



For more information or to learn how you can
prevent suicide, please go to

<https://www.preventsuicidepa.org/>



PREVENT SUICIDE PA





Pennsylvania Statewide Suicide Prevention Task Force Initial Report January 14, 2020

Introduction

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¹ National Governor's Association, [State Strategies for Averting Early Deaths](https://www.nga.org/wp-content/uploads/2019/04/NGA_SuicidePrevention_Brief_online.pdf), National Governors Association, 2019: https://www.nga.org/wp-content/uploads/2019/04/NGA_SuicidePrevention_Brief_online.pdf

² CDC Preventing Suicide, 2019: <https://www.cdc.gov/violenceprevention/suicide/fastfact.html>

³ CDC Stats of the State - Suicide Mortality, 2019: <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

Nationwide, firearms are the leading lethal means for completed suicides (50.6%), followed by suffocation and hanging (27.7%), and poisoning (13.9%).⁴ Of the more than 2,000 suicide deaths in Pennsylvania in 2017, nearly half were firearm related.⁵ Additionally, approximately 85% of suicide attempts with firearms are fatal, which is much higher than every other method of suicide attempt.⁶

These statistics are staggering and show that suicide does not discriminate. This is a public health issue that impacts individuals and families of all ages, genders, races, geographical regions, and socioeconomic status.

Mental illness affects one in five Americans⁷, but it is not always visible; this invisibility can make people feel isolated and unable to share their experience or seek help. Silence can perpetuate stigma and prevent people from realizing a better life is possible.

Reducing stigma can help people living with mental health challenges or suicidal thoughts know that they are not alone, resources and help are available, and they are not limited or defined by a mental health condition or substance use disorder. Studies by the Johns Hopkins Bloomberg School of Public Health's Stigma Lab have found that study respondents express less sympathy and more negative attitudes towards public portrayals of people living with untreated mental illness and addiction. Conversely, sharing stories of people who succeed in treatment for a mental illness or a substance use disorder led to greater confidence in treatment systems and programs, less discrimination, and increased desire to include people living with mental illness or in recovery in all opportunities and parts of society.⁸

About the Pennsylvania Statewide Suicide Prevention Task Force

In 2019, the Wolf Administration announced the formation of a statewide Suicide Prevention Task Force (Task Force). The purpose of the Task Force is to develop Pennsylvania's statewide suicide prevention plan, a four-year strategy to reduce suicide in Pennsylvania and fight the stigma associated with suicide, suicide attempts, and mental health issues.

The Task Force is made up of leadership and staff from multiple state agencies, members of the General Assembly, and Prevent Suicide PA. State agencies include the departments of Human Services (DHS), Health (DOH), Corrections (DOC), Aging (PDA), Education (PDE), Military and Veterans Affairs (DMVA), Transportation (PennDOT), Agriculture (PDA), Drug and Alcohol Programs (DDAP), the Pennsylvania Commission on Crime and Delinquency (PCCD), and the Pennsylvania State Police (PSP). Task Force members brought forth a wide array of knowledge of constituencies they represent or serve professionally, from their own lived experiences as loss survivors or attempt survivors of suicide, or as individuals who experience or support someone facing mental health challenges.

⁴ USA Suicide: 2017 Official Final Data, 2019: <https://suicidology.org/wp-content/uploads/2019/04/2017datapgsvl-FINAL.pdf>

⁵ 2017 USA State Suicide: All Suicides vs. Firearm Suicides, 2018: https://suicidology.org/wp-content/uploads/2019/04/2017States_Total_Firearms_TABLE.pdf

⁶ Firearm Suicide in the United States, 2019: https://everytownresearch.org/firearm-suicide/#foot_note_13

⁷ Centers for Disease Control and Prevention, Learn About Mental Health, 2018: <https://www.cdc.gov/mentalhealth/learn/index.htm>

⁸ Communication Strategies to Counter Stigma and Improve Mental Illness and Substance Use Disorder Policy, 2018: <https://www.ncbi.nlm.nih.gov/pubmed/28967320>

The creation of the Task Force highlights the importance of cross-sector collaboration and a comprehensive approach to suicide prevention, and the role of all Pennsylvanians in addressing this far-reaching public health issue.

Regional Suicide Prevention Task Force Listening Sessions

From late August through early December 2019, the Task Force held 10 listening sessions across Pennsylvania. In total, more than 800 community members, state and local officials, and representatives from county suicide prevention task forces convened to tell their stories of how suicide and mental health impacts their lives and communities, to provide educational information, and to share recommendations for the Task Force to consider in the development of the statewide suicide prevention plan.

The Pennsylvania National Alliance on Mental Illness (NAMI) chapter, the Mental Health Association in Pennsylvania (MHAPA), and the Pennsylvania Mental Health Consumers' Association (PMHCA) facilitated the sessions and county mental health crisis workers were on-site at each session to support those who needed to talk during or after the sessions.

At each listening session, the facilitators shared three guiding questions for the public to consider as part of their oral or written comments:

- 1) *What challenges are we facing in our communities related to suicide awareness, stigma, and prevention, and how can we best address these barriers to expand and improve our efforts?*
- 2) *How can we strengthen our safety net for individuals across the lifespan who are at risk of suicide, as well as for specific populations known to be at increased risk of suicide?*
- 3) *How can we better support survivors of suicide and those with lived experience in their healing and path to recovery?*

In addition to the public listening sessions, the Task Force invited the public to share their stories and recommendations through an [online web form](https://www.dhs.pa.gov/Services/Assistance/Pages/Suicide-Prevention.aspx), which can be found at <https://www.dhs.pa.gov/Services/Assistance/Pages/Suicide-Prevention.aspx>.

Key Themes from the Task Force Listening Sessions

Reducing Stigma

Speakers identified stigma associated with mental health, suicide, and suicide attempts as a widespread cultural challenge that affects the way society, family and friends, and individuals talk about mental health and wellness. Stigma also affects the likelihood of individuals to seek or continue mental health treatment, and how policymakers make decisions that affect mental health systems. Emerging themes to reduce stigma include:

- Elevate and empower the voices of individuals with lived experiences to engage in mental health policy and program decisions.
- Provide resources for families, schools, employers, and communities to encourage conversations about mental health and wellness early in life and throughout the lifespan, with an aim to prioritize mental health at the same level with physical health, and to emphasize that it is “okay” to share thoughts and feelings with others and seek out help when needed.

- Encourage a person-centered and humanized experience for prevention, treatment, and recovery practices.
- Provide evidence-informed and culturally competent suicide prevention trainings and resources to the public, cross-sector industries, “gate-keepers,” families, and support networks.
- Increase supports, like connections to resources or local support groups, for loss survivors, for attempt survivors, and for family, friends, or co-workers who support those struggling with their mental health.
- Collaborate with the media on responsible and culturally competent reporting related to mental health and suicide through safe and effective messaging guidelines.
- Support the implementation of the Federal Communications Commission’s (FCC) proposed 3-digit “988” national suicide prevention number, that would increase access to crisis resources for callers.

Mental Health System

During the listening sessions, speakers identified challenges with the mental health system that pose barriers for suicide prevention activities and individuals seeking treatment. Emerging themes to improve the mental health system include:

- Elevate mental health as a public health issue that encourages prevention efforts through upstream approaches at the system and community levels.
- Map and identify gaps in the mental health system and develop resources to inform the public on how and where to seek help, based on the needed level of care.
- Incentivize the integration of physical and behavioral health services to connect individuals to mental health services as necessary, during primary care visits, improve the treatment process, reduce duplication of services, and enhance coordination among providers, payers, and support networks.
- Increase funding and leverage cross-sector funding strategies at the local, state, and federal levels for mental health and suicide prevention.
- Support emerging and existing county suicide prevention task forces to implement consistent statewide prevention priorities in a way that meets the needs of their community.

Health Care Coverage

Individuals identified cost and confusion with health care coverage as a barrier to seeking or continuing treatment for mental health or suicidal thoughts. Emerging themes related to health care coverage and cost include:

- Continue to support Medicaid expansion, which has covered more than 1 in 10 Pennsylvanians since 2015 and currently provides coverage for nearly 700,000 Pennsylvanians.
- Enforce the Mental Health Parity and Addiction Equity Act (MHPAEA) to ensure group health plans and health insurance issuers that provide mental health or substance use disorder benefits do so at parity with physical health benefits.
- Explore payment strategies among private and public payers that incentivize quality over quantity of mental health prevention and treatment and promote coordination of physical and mental health.

- Inform the public, including the health care provider community and employers, about health care coverage, payment policies, and availability of low- or no-cost mental health services, so that individuals are able to better understand their eligibility and coverage options.

Data

Speakers identified lack of access to detailed suicide and suicide attempt data as a barrier for local and state policymakers and program developers to identify the full impact and scope of suicide in Pennsylvania. Emerging themes to improve data include:

- Analyze available mental health, suicide attempt, and suicide data across local, state, and federal agencies to identify gaps and recommend actions to improve data reporting.

Mental Health Workforce

During the listening sessions, the Task Force learned of capacity shortages related to the mental health workforce, resources, and training. Emerging themes to address mental health workforce and treatment access include:

- Bolster the use of Certified Peer Specialists or other paraprofessionals in appropriate crisis, treatment, and recovery support settings.
- Encourage the use of telehealth for mental health services to address geographical challenges.
- Examine professional health care providers' licensure requirements related to suicide prevention training and scope of practice requirements based on level of care needs.
- Research solutions that encourage entry into and the retention of a quality mental health workforce across Pennsylvania, including gleaning a better understanding of the scope of services provided by types of mental health practitioners, the competitiveness of salaries and benefits, and barriers of entry to the workforce.

Mental Health in Schools

Similar to barriers and recommendations related to mental health in schools, as outlined in the 2018 Pennsylvania School Safety Task Force Report, individuals at the Task Force listening sessions highlighted the roles of educators and schools as important partners in preventing and addressing suicide and mental health. Emerging themes to address mental health in schools include:

- Emphasize early identification and intervention of mental health challenges for young children.
- Include tailored mental health and wellness education for school-aged youth as a core part of the health curriculum.
- Examine the availability and extent of mental health screening and services provided in school and the referral process for community-based mental health services.
- Provide training on mental health and wellness and suicide prevention to adults that interact with children in schools.
- Increase the allocation of school safety resources towards intervention, including school counselors, social workers and nurses.

Legislative Themes

The Task Force's statewide suicide prevention plan will include specific recommendations for legislative changes needed to implement components of the plan. However, the task force heard the following high-level legislative themes during the sessions:

- Pass legislation that would develop, implement, and require consistent suicide death data reporting by coroners in counties across Pennsylvania.
- Pass legislation that would codify the suicide death review committee (SDRC), which conducts multi-disciplinary reviews of suicide deaths to inform prevention strategies. Legislative action to codify the SDRC in statute will provide important legal protections to the Committee members who review deaths and make system improvement recommendations.
- Increase penalties for a person that encourages or aids a minor or individual with an intellectual disability to complete suicide.
- Pass an Emergency Risk Protection Order (Red Flag) law to provide a means to remove firearms from someone with a demonstrable risk of suicide.
- Pass safe storage requirement legislation to reduce the likelihood of a firearm getting into the hands of someone at risk for suicide.
- Consider implementing a waiting period for firearm purchases similar to other states to provide a 'cooling off' period for someone at-risk for suicide by firearms.

Suicide Prevention for Various Demographics

While the Task Force heard clearly that suicide adversely affects individuals and families of all ages, genders, races, geographical regions, and socioeconomic status, there were also comments consistent with national and state data that certain populations are at a greater risk of suicide.⁹

These comments will help inform population-specific strategies. Populations that were specifically called out during the listening sessions include: school-aged youth and young adults; veterans; suicide loss and attempt survivors; first responders; law enforcement; farmers; older adults; people of color, with a growing suicide rate among black children; LGBTQ individuals; middle-aged individuals, particularly white men; and individuals with substance use disorders.

Recommendations to Reduce Suicide by Firearms for the Governor's Special Council on Gun Violence

In August 2019, Governor Wolf signed an Executive Order on Reducing Gun Violence (Executive Order 2019-06), which among other broad sweeping issues and strategies includes a focus on preventing suicide by firearms. Given the significant and growing number of firearm-related suicides in Pennsylvania, the executive order directs the DOH to establish a Suicide Death Review Team to conduct multidisciplinary reviews of suicides, provide data to a newly created violence data dashboard, and make recommendations to prevent future suicide deaths in Pennsylvania. Additionally, the executive order directs the Task Force to make recommendations on action to reduce suicide by firearms.

The Task Force, hearing from county suicide prevention task forces and listening session participants, developed a set of recommendations, based on a review of the research and national

⁹ National Institute of Mental Health Statistics: <https://www.nimh.nih.gov/health/statistics/suicide.shtml>

best practices, for consideration by the Special Council's Reducing Suicide by Firearm workgroup. The recommendations are as follows:

Training and Awareness

- Encourage clinicians and licensing entities to include lethal means reduction information in crisis and safety plans, with a focus on firearms.
- Promote lethal means reduction as an essential component to suicide safety planning.
- Offer training on reducing access to lethal means at local and state suicide prevention conferences.
- Develop handouts on suicide prevention to provide to individuals purchasing guns at gun shops and gun shows.
- Disseminate gun locks and other firearm safety devices to gun shop owners and at suicide prevention awareness events.

Partnerships

- Use resources from Harvard's Gun Shop Project, which works with mental health professionals, educators, gun shop owners, and firing range owners to share guidelines on how to avoid selling or renting firearms to customers who may be suicidal and encourages owners to display and distribute suicide prevention materials to their customers.¹⁰
- Partner with firearm instructors to include a module on suicide prevention in their training.
- Share information with county suicide prevention task forces to develop and implement a lethal means subcommittee within their structures.
- Partner with police and first responders to disseminate information about reducing access to lethal means related to firearms.
- Collaborate with schools and colleges to further educate students, faculty, and staff on reducing access to lethal means.
- Provide medical professionals with tools to support conversations with patients concerning access to firearms.

Next Steps

This initial report identifies key themes that emerged from the 10 public listening sessions and online webform. **The themes outlined in this summary will inform Pennsylvania's statewide suicide prevention plan**, a four-year strategy to reduce suicide in Pennsylvania and fight the stigma associated with suicide, suicide attempts, and mental health challenges. The Task Force anticipates releasing a draft statewide suicide prevention plan in early 2020 that will be available for a public comment period. Following updates based on public comment, the Task Force will publish the final 2020-2024 Pennsylvania statewide suicide prevention plan. The final statewide suicide prevention plan will include:

- The landscape and gap analysis of detailed suicide statistics nationwide and in Pennsylvania.
- Guiding principles for suicide prevention in Pennsylvania.

- Goals and objectives to reduce suicide and suicide attempts in Pennsylvania, including reducing stigma associated with suicide, suicide attempts, and mental health challenges.
- Recommendations for local and state policymakers, including public and elected officials, as well as cross-sector partners.
- A structure for the implementation and evaluation of Pennsylvania's statewide suicide prevention plan.

Additionally, the Task Force is represented on the Governor's Special Council to Reduce Gun Violence and the Reducing Suicide by Firearm workgroup and will continue to provide input on the recommendations included in the Council's report.

Suicide in Pennsylvania is a public health issue that touches the lives of many citizens. The Task Force heard from a diverse group of people who share the experience of living with the effects of suicide. It is clear Pennsylvania can do more to help and support those at risk. The ideas described above will help to create a statewide suicide prevention plan to foster a more open, compassionate dialogue to educate people about mental health and suicide and help all Pennsylvanians receive the care and support they need and deserve.

If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, the Lifeline Network is available 24/7 across the United States at 1-800-273-8255.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1696 Session of
2019

INTRODUCED BY MURT, POLINCHOCK, SCHLOSSBERG, GABLER, MILLARD,
BOBACK, WHEELAND, CALTAGIRONE, GILLEN, McNEILL, SCHWEYER,
HOHENSTEIN, DAVIDSON, DeLUCA, BURGOS, SOLOMON, TOOHL,
VITALI, OTTEN, ROZZI, KIRKLAND, HILL-EVANS, ISAACSON,
JOHNSON-HARRELL, DAY, MARKOSEK, STURLA AND ROEBUCK,
JULY 8, 2019

REFERRED TO COMMITTEE ON INSURANCE, JULY 8, 2019

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An
2 act relating to insurance; amending, revising, and
3 consolidating the law providing for the incorporation of
4 insurance companies, and the regulation, supervision, and
5 protection of home and foreign insurance companies, Lloyds
6 associations, reciprocal and inter-insurance exchanges, and
7 fire insurance rating bureaus, and the regulation and
8 supervision of insurance carried by such companies,
9 associations, and exchanges, including insurance carried by
10 the State Workmen's Insurance Fund; providing penalties; and
11 repealing existing laws," in health insurance coverage parity
12 and nondiscrimination, providing for annual reporting by
13 insurers.

14 The General Assembly of the Commonwealth of Pennsylvania
15 hereby enacts as follows:

16 Section 1. The act of May 17, 1921 (P.L.682, No.284), known
17 as The Insurance Company Law of 1921, is amended by adding a
18 section to read:

19 Section 604.1-B. Annual reporting by insurers.

20 An insurer shall annually file with the department such
21 information as required by the department to determine the

1 insurer's compliance with the Paul Wellstone and Pete Domenici
2 Mental Health Parity and Addiction Equity Act of 2008 (Public
3 Law 110-343, 122 Stat. 3881).

4 Section 2. This act shall take effect in 60 days.