

**HUMAN SERVICES ADVISORY BOARD
NOVEMBER 9, 2022
SHARWELL BUILDING**

CALL TO ORDER:

A meeting of the Human Services Advisory Board was Called To Order at 5:05 p.m. by Pete Smeltz, Chairman.

Members: Pete Smeltz, Jennifer Lake; Chad Riley; Michele Hazel; Nancy Penfield; Carol Sides; Marwin Reeves, Jr., Commissioner Mirabito; Ben Green; Emily Powell Hodges; Dr. Terri Calvert; Virginia Council; Susan Newcomer; and Jonah Milliken.

Staff: Keith Wagner – Executive Director/MH-ID Administrator; Matt Salvatori - CYS Administrator; Kathy Hepler – Administrative Entity Quality Manager; and Cathy Bennett - Administrative Assistant.

Guests: Morgan Granlund – Center For Community Resources and Jennifer Reeder – West Branch Drug and Alcohol Abuse Commission.

MINUTES OF PREVIOUS MEETING:

Mr. Smeltz asked if everyone had reviewed the minutes from the meeting held on 5/18/22 and asked for a Motion. Commissioner Mirabito Moved and Carol Sides Seconded a Motion to:

“Approve the minutes from the May 18, 2022 Human Services Advisory Board meeting as presented by staff.”

The Motion passed unanimously.

OVERVIEW OF ADMINISTRATIVE ENTITY MANAGEMENT QUARTERLY REPORT AND IM4Q UPDATES:

Kathy Hepler, the Joinder’s Administrative Quality Manager, provided the HSAB with a required update of Administrative Entity Quality Management Plan Objectives and IM4Q reporting information. She noted there were four ongoing objective areas addressed in the review period of 7/1/22 to 9/30/22: Individual to Individual Abuse; Employment; Restraints; and IM4Q. She provided a brief review of each objective which is summarized on the handout she distributed to the Board. In regard to IM4Q reporting, the MH/ID Agency has a contract with Advocacy Alliance to conduct evaluations with consumers to determine their level of satisfaction with services and they plan to interview 58 individuals during the contract period of 7/1/22 to 6/30/23. As this is early in the contract period, to date they have not conducted any interviews but will be starting the process in the coming months. The summary documents distributed by Ms. Hepler are an attachment to these minutes (**Attachment A**).

FAMILY ENGAGEMENT INITIATIVE

Mr. Salvatori noted that this past January Lycoming County Children and Youth Services had been selected by the Office of Children and Families in the Courts to participate in the newly implemented Pennsylvania’s Family Engagement Initiative (FEI) which was designed to assist Counties in furthering collaborative efforts between the judiciary and child welfare agency to enhance meaningful family involvement in the child welfare system. He noted that meaningful

family involvement increases the likelihood that children will safely remain in their own home or, if out of home placement is necessary, to be placed with other family members that the child is familiar with. He added that this initiative focuses on the well-being of the child, as well as the entire family. He noted that Agency staff have received training in this initiative and are using the evaluation materials, etc. provided in the FEI trainings. He also provided a summary sheet which showed that prior to 5/4/22, which was the start date of the FEI initiative, there were 51 children in out-of-home placements and as of 11/3/22, there were 42 children in placement. He noted that since the start of the FEI, in home cases have decreased by 47%, out-of-home placements by 21%, and kinship placements are at 45% which is an increase of 8%. The summary document distributed by Mr. Salvatori is an attachment to these minutes (**Attachment B**).

CENTER FOR COMMUNITY RESOURCES (CCR) PRESENTATION:

Keith noted that in May of this year the Joinder transitioned their mental health crisis intervention services to the Center For Community Resources (CCR). He noted that this change was not a reflection on the quality of work performed by the Joinder's staff, but rather, it allowed the MH/ID Program the opportunity to expand MH Crisis Intervention services in the community to on-site 24/7. He added that a grant had been obtained to help offset the start up costs CCR would incur to set up these programs in Lycoming and Clinton County. Morgan Granlund, Program Manager for CRR, provided a power point presentation which summarized the services being provided by this organization. She noted that CCR staff were currently providing services 24 hours on site in Lycoming County from lease spaced at the Sharwell Building. In Clinton County, space is also being leased at the MH/ID Satellite Office and services are being provided on site during the work day, with on call services available all other times. She noted that plans are to include a residential component in Lycoming County sometime in the future when an appropriate site can be secured.

OTHER BUSINESS:


Keith reminded the group that Election of Officers is to occur at the January meeting and that our current Officers are: Pete Smeltz - Chairman; Carla Mitcheltree – Vice Chairman; and Carol Sides – Secretary. He also noted that the meeting dates for 2023 will be January 11, 2023; April 12, 2023, August 9, 2023; and November 8, 2023. Meetings will continue to be held at 5:00 p.m. at the Sharwell Building with zoom/call in available for those who wish to attend via this option.


Keith noted that following May's meeting which had been held to continue discussions pertaining to the need for additional funding for mental health services, he had reached out to some peer services organizations to see if they could locate some consumers who would be willing to speak about their experiences and need for services to legislators and other individuals if we were to coordinate a breakfast meeting or other type of event. He noted that they were unable to locate any participants as the individuals they contacted were not comfortable speaking in a group setting about their mental health experiences. He added that he also contacted Jamie Flick, recently elected State Representative, and that he is willing to meet with the Board to discuss potential next steps to address mental health funding concerns. He also noted that Act 54 of 2022 established a Behavioral Health Commission for Adult Mental Health and a 24 member Commission has been charged with providing recommendations to the Pennsylvania General Assembly on the allocation of one-time \$100 million dollar funding to address adult behavioral health needs. He noted that since the Commission appears to be reviewing and looking into the same concerns we have, it would be of benefit for everyone to review this document. He noted that he will be forwarding it to everyone in the near future and that discussions about this can continue at the January meeting. This document appears as **Attachment C** to these minutes.

NEXT MEETING AND ADJOURNMENT:

It was noted that the next quarterly meeting of the Human Services Advisory Board is scheduled for Wednesday, January 12, 2023 at 5:00 p.m. at the Sharwell Building. With no further business before the HSAB, the meeting was adjourned at 6:30 p.m.

Respectfully Submitted,


Keith A. Wagner
MH/ID Administrator


Matthew Salvatori
CYS Administrator

Review Period 7/1/2022-9/30/2022

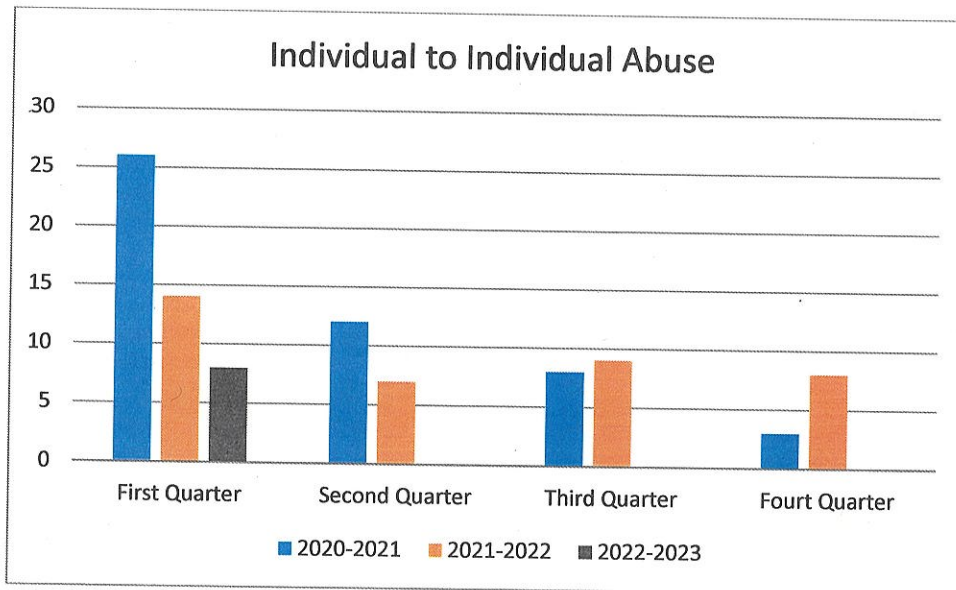
Focus Area: Individual to Individual Abuse

Data Review: The goal for this objective is to reduce incidents by 10% for FY 21/22 from 39 incidents to 35 incidents of Individual-to-Individual Abuse.

There eight incidents of Individual-to-Individual Abuse filed this quarter (July-1; August-2; September-5).

All eight incidents were physical abuse. Agency staff continue to work with housemates to teach better coping skills. Staff also work with Behavior Specialist to help support individuals living in the home.

Identification of Barriers and Strategies to Overcome Them: Agency staff continue to work with housemates to teach better coping skills. Staff also work with Behavior Specialist to help support individuals living in the home.

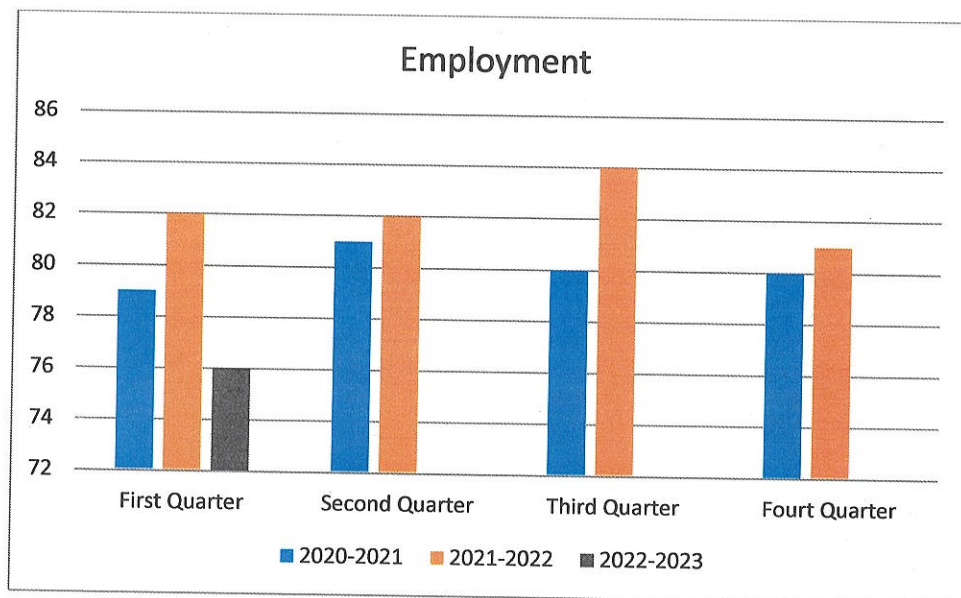


Focus Area: Employment

Data Review: The goal for this objective is to increase unduplicated individuals employed in Competitive Integrated Employment to 95, 10% over the baseline number of 86 by 6/30/2023. Last quarter, there were 84 people were employed. This quarter, one person was fired from his job but gained employment at a locally owned pizza place. Two people gained employment and was fired within weeks of getting hired. One person had many changes in his life and decided to leave his job. It is unknown if he would like to be employed in the future when his life stabilizes. At this time there is a total of 76 people employed. This is a reduction from last

quarter. The SCO has closed cases which would not be possible to track due to not receiving any services. The updated goal for this objective is to increase unduplicated individuals employed in Competitive Integrated Employment to 84, 10% over the baseline number of 76 by the end of FY 2023.

Identification of Barriers and Strategies: Providers continues to work on job skills and job development for those who are interested in employment. Barriers this quarter appear to be mental health and major life changes.



Focus Area: Restraints

Data Review: The goal for this objective is to maintain restraints at no more than seven restraints for Fiscal Year 21-22. This quarter there were no restraints.

Identification of Barriers and Strategies to Overcome Them: For FY 22-23, the goal for this objective will be to maintain restraints to no more than eight restraints.

Focus Area: IM4Q

Data Review: The goal for this objective is to review and track to 100% completion of filed IM4Q considerations monthly. There were no considerations completed this quarter. Pre-surveys were completed in preparation for interviews to be completed.

Identification of Barriers and Strategies to Overcome Them: No Barriers identified at this time due as there were no interviews completed this quarter.

8/23/2022

2022-2023 IM4Q Program Monthly Reporting Form

Please complete and submit this two-page form the 1st week of each month reporting the previous month's activity to the appropriate IM4Q Regional Coordinator, and AE office(s). If AAW surveys have been completed this month, please also copy the appropriate BSASP IM4Q Coordinator and attach screenshots of the finished AAW surveys.

Contact Person: Katie Connolly
 Program Name: IM4Q
 Telephone Number: 570-207-0149
 County/Joinder(s): Lycoming/Clinton

Date: 9/29/2022
 E-mail: kc@theadvocacyalliance.org

Please Provide the Following Information – Thank You:

A. Total number of individuals to be monitored for this contract year:	58
a. Number of individuals to be interviewed for the Core Indicators:	7
b. Number of individuals to be interviewed for the IM subset:	48
c. Number of individuals to be interviewed for the AAW subset, if applicable:	3
d. Number of individuals to be interviewed for the State Center subset, if applicable:	0
e. Number of individuals to be interviewed in person	N/A
f. Number of individuals to be interviewed via Zoom	N/A
B. Total number of individuals monitored in this month's reporting period:	0
a. Number of Core Indicator interviews this month:	0
b. Number of IM interviews this month:	0
c. Number of individuals interviewed for the AAW subset, if applicable:	0
d. Number of State Center interviews this month, if applicable:	0
e. Number of individuals to be interviewed in person	0
f. Number of individuals to be interviewed via Zoom	0
C. Total number of individuals monitored so far this contract year:	0
a. Number of interviews that were Core Indicators:	0
b. Number of interviews that were IM:	0
c. Number of individuals that were AAW, if applicable:	0
d. Number of interviews that were State Center surveys, if applicable:	0
e. Number of individuals to be interviewed in person	0
f. Number of individuals to be interviewed via Zoom	0
D. Number of consumers refusing to be interviewed this month:	0
a. When contacted before the actual interview:	0
b. At the time of the actual interview	0
E. Number of individuals who could not be interviewed for reasons other than refusal (death, not meeting residency or other requirements, etc.) this month:	0
F. Number of legal guardians, including parents of minor children, refusing on behalf of the person to be interviewed this month:	0
G. Number of individuals who were unable to be contacted or who did not respond to requests this month:	0
H. Are there a disproportionate number of refusals from a specific agency, program, or setting? If so, please explain: N/A	
I. Total number of surveys data-entered into ODESA in this month's reporting period:	0
a. Number of Core Indicator surveys entered:	0
b. Number of IM surveys entered:	0
c. Number of AAW surveys entered (if applicable):	0
d. Number of State Center surveys entered, if applicable:	0
J. Total number of surveys data-entered into ODESA so far this contract year:	0
a. Number of Core Indicator surveys entered:	0
b. Number of IM surveys entered (include AAW surveys, if applicable):	0
c. Number of AAW surveys entered (if applicable):	0
d. Number of State Center surveys data-entered, if applicable:	0
K. Total number of pre-surveys entered into HCSIS in this month's reporting period:	0
L. Total number of pre-surveys entered into HCSIS so far this contract year:	0
M. Number of postcard evaluations received this month:	0

Lycoming County Data Points

2022 Prior to May 4, 2022 FEI start date		
Out-of-Home Placements total: 51		
Type of placement	Number of placements	Percentage
In-Home	15	
Kinship	19	37%
Foster Care	31	61%
Congregate Care	1	2%

2022 After May 4, 2022		
Out-of-Home Placements total: 42 <i>As of 11/3/22</i>		
Type of placement	Number of placements	Percentage
In-Home	8	
Kinship	19	45%
Foster Care	21	50%
Congregate Care	2	5%

Since beginning the FEI, there have been:

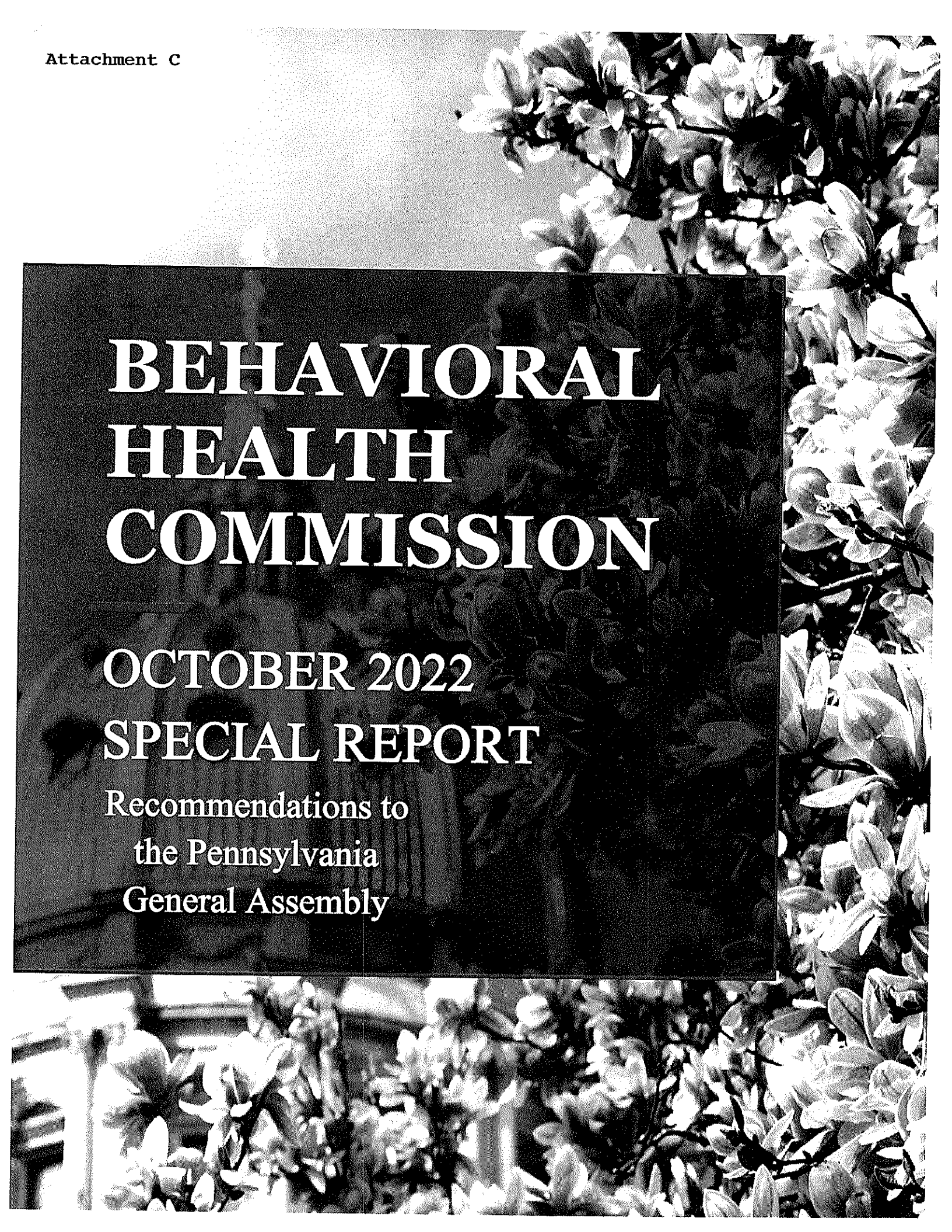
- Decrease of In-Home cases by 47% (7 cases)
- Decrease in Out-of-Home placements by 21% (9 cases)
- Kinship Care placements are at 45% (an increase of 8%)
 - State average is 44%

Congregate Care placements have been consistently low for several years.

BEHAVIORAL HEALTH COMMISSION

OCTOBER 2022
SPECIAL REPORT

Recommendations to
the Pennsylvania
General Assembly



Commission Scope and Purpose

ACT 54 OF 2022

Act 54 of 2022 established the Behavioral Health Commission for Adult Mental Health. The 24-member Commission was charged with providing recommendations to the General Assembly on the allocation of one-time \$100 million funding to address adult behavioral health needs. As required by Act 54, the Commission voted to visit Centre County and Dauphin County to hear from representatives from rural and urban counties respectively. This report encompasses the recommendations compiled by the Commission.

BACKGROUND


The number of adults with Any Mental Illness (AMI) has been increasing in recent years. Nearly 34 percent of Pennsylvanians have a mental illness or substance use disorder, whereas nationally the prevalence rate for all Americans with a behavioral health diagnosis is 31 percent¹. In 2020 it is estimated that 299,000 of people in Pennsylvania met criteria for a substance use disorder, and in 2021 approximately 5,224 Pennsylvanians fatally overdosed².


The already strained behavioral health workforce has struggled to meet the increasing need for services at every level of care. Solutions to complex systemic issues facing the behavioral health system will require continued partnership, sufficient funding, and renewed commitment to meeting the needs of Pennsylvanians struggling with a mental health diagnosis or substance use disorder.


The Commission is comprised of experts in various fields ranging from the criminal justice system, to treatment professionals, to people with lived experiences. Act 54 of 2022 prescribes ten priority areas that the recommendations should address, detailed on page three.


The Commission explored investment opportunities in the ten areas that were identified by Act 54 throughout the development of this report. Intersectionality between these components indicates that investments in one sector will have impacts in others. Conceptually, these ten focus areas can be categorized in three overarching categories - workforce, criminal justice, and expanding services and supports - each of which touch upon one or more areas identified below.


Act 54 Focus Areas


- 


Delivery of services via telemedicine
- 


Behavioral health rates, network adequacy, and mental health payment parity
- 


Workforce development and retention
- 

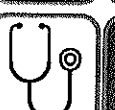
Expansion of certified peer support specialist services and peer-run services
- 

Development and provision of crisis services
- 

Integration of behavioral health and substance use disorder treatment
- 

Cultural competencies when providing behavioral health care
- 

Impact of social determinants of health on behavioral health
- 

Intersection of behavioral health and the criminal justice system
- 

Establishment of an integrated care model that can deliver timely psychiatric care in a primary care setting

Letter from Commission Leadership

Honorable Members of the General Assembly,

The Behavioral Health Commission is pleased to provide the following report to support adults in Pennsylvania with behavioral health diagnoses. Per Act 54, these recommendations on how to allocate \$100 million have been informed by the input of the appointed Commissioners, stakeholders, diverse county representatives, and consumers. We are confident that these recommendations will help urban, suburban, and rural counties alike and are balanced to provide near-term and future benefits to our behavioral health system.

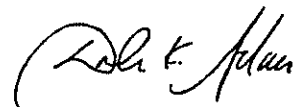
While the \$100 million in federal funds that has been carved out for adult behavioral health initiatives is a step towards improving current systems, the Commission has identified additional priority areas that could benefit from sustained and increased investment in the behavioral health infrastructure in Pennsylvania.

The Commission would like to stress the importance of swift action and ask that the funding authorized as a part of this year's budget be appropriated before the end of this legislative session. Thank you for your consideration of these recommendations and we look forward to continued partnership as we work collectively to improve the behavioral health landscape in Pennsylvania.

Sincerely,



Michael Humphreys, Co-Chair
Acting Insurance Commissioner



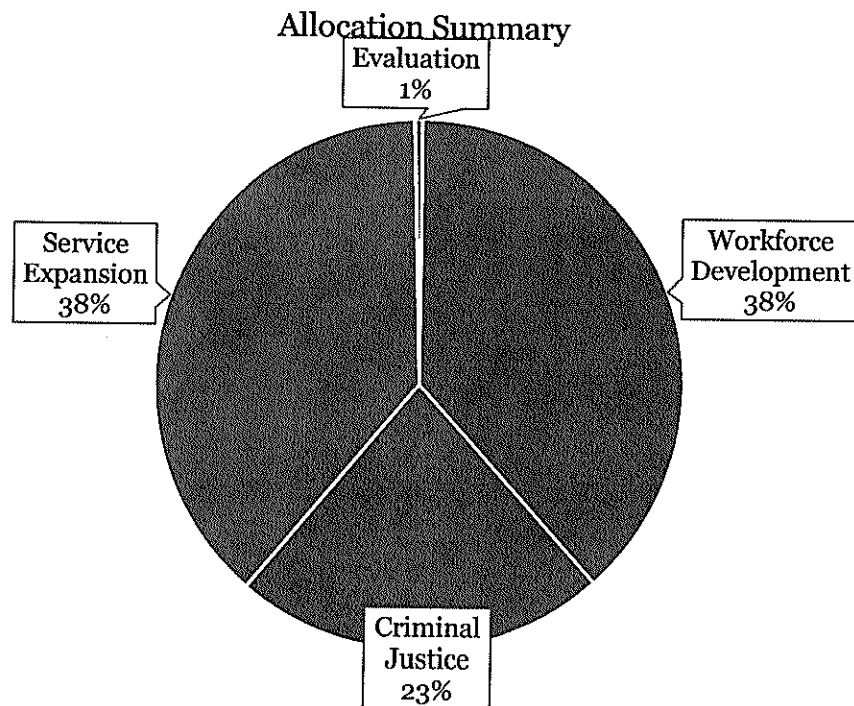
Dr. Dale Adair, Co-Chair
Chief Psychiatric Officer, Department of Human Services

Recommendations

The Commission met four times between August 18, 2022, and September 16, 2022, totaling a commitment of 17 hours of live meeting time. All meetings were advertised per the Sunshine Act, interested parties and members of the public were able to attend meetings of the Commission in-person or virtually. As required by Act 54, the Commission met with county officials in Dauphin County to understand the needs of urban and suburban counties. Additionally, the Commission met with Centre County officials to understand the unique needs of rural counties.

These recommendations are intentionally broad enough to permit counties and local organizations to use these one-time funds in the most impactful way for their communities. Additionally, when funding is awarded, weight should be given to culturally responsive initiatives that further promote equity in historically under-resourced communities.

The Commission would like to recognize the dedicated county officials and behavioral health staff that serve Pennsylvanians every day in the under-resourced behavioral health system. This one-time infusion of funding will cultivate a brighter future for these professionals and the people they serve.



Recommendation #1: Stabilize, Strengthen, and Expand the Workforce

The Commission recommends that **\$37 million** be used to support behavioral health professionals. Challenges recruiting and retaining behavioral health professionals are pervasive and widespread, leading to an underdeveloped and stressed workforce. The Commission heard from counties, community-based organizations, and treatment providers that behavioral health staff have been leaving the field at incredibly high rates and that it is very challenging to fill vacant positions; some organizations reported to the Commission as having vacancy rates in the 30 percent range. In some instances, fast food restaurants and other non-skilled labor positions can offer more competitive wages and better benefits for work that is less emotionally demanding. Pennsylvanians need more professional behavioral health resources. The Commission recommends that funding be targeted toward efforts to retain and recruit healthcare professionals and support professional development within the workforce.

“Without workers our services have no capacity to serve people. Vacancies exist throughout the residential support system and case management and crisis intervention services. Retaining our remaining experienced workers has become a top priority, but difficult to achieve without additional funds.” – Andrea Kepler, LCSW, Dauphin County MH/A/DP Administrator

\$37 Million - Workforce

The following priorities were identified to address the strained workforce:

Retain existing behavioral health staff and providers through stay bonuses, salary increases, and enhanced benefits

Incentive programs, such as tuition assistance or reimbursement for students entering high demand behavioral health professions

Provide opportunities for entry-level staff to develop their skills by attaining higher levels of education and/or credentials

\$32 Million

Dedicated to Pennsylvania's 67 counties to address unique workforce needs in their area

\$ 5 Million

Recommendation #2: Improve Criminal Justice and Public Safety Systems

The Department of Corrections and county jails have unintentionally become the largest providers of behavioral health services in the Commonwealth and are not sufficiently prepared and resourced to meet this population’s needs. The Commission recommends that **\$23.5 million** be used for enhancements to the criminal justice and public safety systems to better serve adults with behavioral health needs. The Commission recommends funding be targeted towards expanding crisis response training and resources, such as expanding pre-arrest diversion programs and investing in corrections-based services including proposals to increase telehealth in corrections-based institutional settings. Facilitating compassionate responses to behavioral health crises could lead to better outcomes for individuals and divert strained correctional resources. Police departments utilizing co-responder models, where a behavioral health professional accompanies police in behavioral health crises, have demonstrated positive outcomes.

“It is an injustice of our system that the neediest members of our community must enter the justice system to access mental healthcare, care that individuals struggle to maintain after they are released from jail.” – Gregory Briggs, Dauphin County Prison Warden

\$23.5 Million – Criminal Justice

Provide comprehensive evidence-based mental health and substance use disorder services and supports to people who are incarcerated and wraparound services for returning citizens to reduce recidivism

Support specialty courts and services for justice-involved individuals

\$13.5 Million

Develop and expand upon pre-arrest diversion programs that connect people with resources in a time of crisis, including individuals with intellectual disabilities and with autism spectrum disorder

\$5 Million

For counties to use to develop or expand co-responder models, train first responders in crisis intervention

\$5 Million

Recommendation #3: Expand Capacity for Services and Supports

Given the diverse geographic makeup of Pennsylvania, resources spanning the continuum of care are not readily accessible for Pennsylvanians in every area. Investing in the integration of care, initiation of services, and expansion of delivery mechanisms are all priorities identified by the Commission. The Commission recommends that **\$39 million** be used to broaden the scope of services and supports available to Pennsylvanians. Both Dauphin and Centre Counties indicated needs pertaining to treatment and recovery services. The Commission recommends funding to support innovative models of service delivery, such as 24/7 crisis walk-in centers, collaborative care models to integrate physical and behavioral, and telehealth infrastructure and programs, as well as addressing social determinants of health, and other services along the continuum of care that do not currently exist in various localities. The Commission specifically recommends funding for peer-support services as well as for non-profit organizations providing such services, including necessary training for certified specialists.

“One thing about small counties or rural counties is that everything is shared. So, whatever you decide, if it goes to mental health that is going to be a benefit to Children and Youth, right? Because we intersect on so many levels, we all reap the benefit of what each other gets.” – Julia Sprinkle, Director of Centre County Children and Youth

\$39 Million – Service Delivery

Support and expand the crisis continuum of care to include the establishment of 24/7 walk in centers, mobile crisis services, and suicide prevention

\$15 Million

Facilitate the integration of primary care with mental health and substance use disorder treatment using the collaborative care model

\$10 Million

For counties to address Social Determinants of Health needs including but not limited to supportive housing, older adult behavioral health needs

\$8 Million

Support peer-led services and training to develop peer-support professionals and support statewide consumer-led organizations in providing supports to individuals

\$6 Million

Recommendation #4: Impact Evaluation of Investments

The Commission recommends that \$500,000 be set aside to evaluate the impact of projects supported by this one-time funding at the end of the funding period. This retroactive study will inform future investments in the behavioral health system. This data will provide valuable insight and quantifiable information that can be used by the legislature for appropriations of future funding, as well as provide accountability for the use of the one-time \$100 million allocation.

Recommendation #5: Develop a Commission Dedicated to Ongoing Analysis and Systemic Reform of the Behavioral Health System

Throughout the course of this Commission, it was evident that there are non-monetary solutions that could be utilized to relieve the stretched behavioral health system. While not within the scope of the current Commission, members believe that continued dialogue about regulatory and legislative reforms could result in future actions to improve behavioral health service delivery in Pennsylvania. Therefore, the Commission recommends that the legislature continue this Commission, or create a new entity tasked with further examining the behavioral health needs of the Commonwealth and recommending enhancements to the behavioral health system to the legislature and relevant state agencies for consideration, funding, and action.

Recommendation #6: Consider Sustained Increases in County Base Funding

The behavioral health system in Pennsylvania, and nationwide, is in crisis and in need of consistent financial support at adequate levels. In 2012, base funding for counties was cut by 10 percent; it has not been increased since then. The need for behavioral health services has steeply risen since the 2020 start of the COVID pandemic and, while utilization is higher, the funding sustaining the services has remained stagnant, forcing counties to do more with less. Flexibility in use of these funds is critical, as each county has unique strengths and challenges, especially across the urban, suburban, and rural spectrum. Additional sustained funding could prevent further erosion of the behavioral health landscape in Pennsylvania. The Commission strongly urges the legislature to bring county base funding in line with the cost associated with providing these critical behavioral health services.

Acknowledgements

The Wolf Administration would like to thank the following Commission members for sharing their time and expertise in developing recommendations:

Co-Chair – Acting Commissioner Michael Humphreys, Insurance Department
Co-Chair – Dr. Dale Adair, Chief Psychiatric Officer, Department of Human Services
Representative Michael Schlossberg, 132nd House District
Representative Wendi Thomas, 178th House District
Senator Maria Collett, 12th Senate District
Ellen DiDominico, Department of Drug and Alcohol Programs
Muneeza Iqbal, Department of Health
Dr. Kathy Quick, Mental Health Planning Council
Lisa Kennedy, Mental Health Planning Council
Reverend Michelle Anne Simmons, Why Not Prosper
Tina Clymer, Pennsylvania Association of County Administrators
Dr. Matthew Hurford, Community Care Behavioral Health Managed Care Organization
Dr. Faith Dyson-Washington, Community Behavioral Health Managed Care Organization
Dr. Maria Oquendo, University of Pennsylvania
Chief Edward Cunningham, Elizabethtown Police Department
Dr. Stephanie Diez-Morel, National Association of Social Workers Pennsylvania Chapter
Dr. Hasshan Batts, Promise Neighborhoods of the Lehigh Valley
Dr. Kenneth Thomson, Pennsylvania Psychiatric Leadership Council
Dale Klatzker, Gaudenzia
Jillian London, Hamilton Health Center
Dr. Noreen Fredrick, UPMC
Dr. Jeanne Slattery, Pennsylvania Psychological Association
Jason Riligio, Pennsylvania Peer Support Coalition
Hon. William F. Ward, Pennsylvania Commission on Crime and Delinquency
Dauphin County Board of Commissioners, Government Officials, and Local Organizations
Centre County Board of Commissioners, Government Officials, and Local Organizations

SOURCES

¹ [Demographics and Health Insurance Coverage of Nonelderly Adults With Mental Illness and Substance Use Disorders in 2020 | KFF](#)

² [Pennsylvania Opioids | PA Open Data Portal](#)

ATTACHED WRITTEN TESTIMONY FROM STATUTORIALY REQUIRED COUNTY MEETINGS

Dauphin County

- Kristen Varner, Administrator, Dauphin County Drug and Alcohol
- Scott Suhring, CEO, Capital Area Behavioral Health Collaborative
- Ted Dallas, President/COO, Merakey
- Erika Saunders, MD, Chair of Psychiatry and Behavioral Health, Penn State
- Mike Alexander, Co-Chair, Dauphin County Community Support Program
- Andrea Kepler, LCSW
- Gregory Briggs, Warden, Dauphin County Prison
- Charles J. Hooker III, Keystone Human Services
- Noreen Fredrick, DNP, RN, UPMC Western Behavioral Health
- Kimberly Feeman, Acting CEO PPI
- Darrell R. Reider, Swatara Township Public Safety Director
- Pamela Rollings-Mazza MD, BMedSc., BN, RN. CCHP. Board Certified Psychiatrist
Chief Medical Officer, PrimeCare Medical, Inc.

Centre County

- Natalie Corman, Deputy Administrator, Centre County Government
- Felicia Stehley, Regional Director of Community Care Behavioral Health
- Cathy Arbogast, Assistant Administrator for Drug and Alcohol
- Tyler Jolley – Chief, Patton Township Police Department
- Val Barner, President/CEO, Skills of Central PA
- Erin Crown, Co-Owner, Oasis LifeCare, LLC
- Beth Gillan, Executive Director, Center for Community Resources
- Captain Kevin Creighton, Pennsylvania State Police
- Lucas Malishchak, Director of the Psychology Office, Department of Corrections

The Commission utilized a resource email account to collect and distribute comments to Commission members. This email address was shared during the public meetings and posted on the Behavioral Health Commission's [website](#), overall 21 comments were received. Submitted comments shared suggestions on improving behavioral healthcare across the Commonwealth and ideas on how to allocate the \$100 million.