

COUNTY OF



ALLEGHENY

**Mental Health/Intellectual Disability Advisory Board
Meeting Minutes
Microsoft Teams
Tuesday, July 8, 2025**

Present: Aeisha Carter, Emily Barrie, Emperatris Zeiss, Christine Michaels, David Forsyth, Deborah Jozwiak, Ken-Netta Fowlkes, Kierston Parham, Nev Jones, Rachel Flinner, Donnesha Slider, Vanessa Dodds, Venuri Siriwardane; Jeff Long, Community Care Behavioral Health; Hilary Scherer, Planning Analyst, ATP; Kathryn Collins, Chief Analytics Officer, ATP; Erin Dalton, Director, DHS; Jewel Denne, Acting Director, OBH; Brenda Bulkoski, Director, ODS; Colleen Sokira, Special Projects Senior Manager, OBH; Sarah Bigelow, Special Projects Assistant, OBH; Robert Burack, Consultant, DHS

I. Introductions and Attendance

Colleen Sokira called the meeting to order at 4:30 p.m.

Will turn over to Robert Burack for facilitation – we have a very full agenda today. There will be time for public comment at the end – that was an oversight on the publicly published agenda.

Robert and Jessica Ruffin are working as consultants with all DHS boards and councils over the next year to ensure that they are highly effective spaces. Highly effective groups also understand the context in which they operate – we hope to round some of that out today.

II. Deepening Connections/Relationships

- Take a minute to briefly share what is motivating you to participate on the board, and/or what you hope to contribute.
- DJ – Motivated by the desire to help people meet their needs, who need support to meet them, when given the gift to help people advocate for them. This group is a great combination of gifts to help people meet their needs. What motivates me is all of you.

- DF – Echo what Debbie just said. The federal government has just passed new legislation that will eventually be implemented at the county level, with a major impact on the people we're trying to advocate for. We have a great position to advocate at the county level on how that legislation will impact that group of people.
- VD – Everything, my colleagues, the advocacy. We're the bridge between the voice of the individuals to the county to hold those open forums. We also have a governance piece to work as a collective arm with the county to move forward with some of these objectives.
- AC – Opportunity for advocacy, specifically with outreach in education at the transition age between youth and adulthood. There's so much to navigate for children and their caregivers, and knowledge is power.
- DS – Allowing people to remember that they have their own voice. Instead of leading with providing, it's leading with empowerment, heart, and love – not creating more, but doing less by being connecting people to people. We don't always need to be the leader
- IV - I am Iulia Vann, the Public Health Director for Allegheny County, and I am motivated by bringing a public health framework to the conversation as well as being the parent of a wonderful 11-year-old with autism. Advocacy for my son motivates me to advocate for everyone who needs support.
- EZ – Son has autism and a learning disability, and just came out of EI and is about to begin kindergarten. Right now is a time to advocate for him. Hope that taking an active role in advising and participating will help other parents do the same.

III. Setting Context for DHS, OBH, and ODS' Work

- High-level overview of DHS's work and key priorities
 - About
 - Serves 200,000+ people annually (~1 in 6 residents)
 - Manages a budget of \$1 billion (likely to go down)
 - Nearly 1000 staff
 - Funds more than 300 community-based agencies
 - Priorities
 - Prevent crises whenever possible
 - Help people during their most vulnerable times
 - Advocate for support and services so people can thrive
 - Services (high-level)
 - MH and SUD
 - Family strengthening and youth
 - Child protection
 - Homelessness
 - Older adults
 - People with ID/autism

- Organization
 - 5 program offices
 - 3 support offices
- Funding – most comes from the human services block grant, Behavioral HealthChoices, and OCYF
- Day-to-day operations
 - Many calls per year and people involved in services each day
- Five key goals
 - Improve access
 - Prevent harm
 - Prevent overuse of involuntary services
 - Increase economic security
 - Ensure quality
- High-level overview of OBH's work and budget
 - Provides the county with a system of care that addresses the highest community needs by delivering quality MH and substance use services
 - Budget: more than \$500 million
 - Incoming:
 - Mental Health base dollars have remained flat for the past 10 years
 - Loss of Medicaid-HealthChoices funds over the past 2 years due to the Medicaid unraveling after the COVID emergency ended
 - Can anticipate this continuing with recent legislation
 - Have received opioid settlement dollars in the past few years
 - Outgoing:
 - 56% on community-based treatment and support
 - 3% on crisis, intervention, and prevention – would like to increase
 - Numbers served:
 - ~75,000 in 2024
 - Recent approaches/innovations include:
 - Geographically focused resolve teams
 - Downtown, Northside, and soon on the Southside
 - Alternative response (A-Team) for BH-based 911 calls
 - In a few communities so far, feedback has been positive
 - Community-based competency restoration
 - During the pandemic in particular, able to invest ~\$6 million into informal MH supports
 - NJ – Lots of ambiguity about the advisory board's role based on the MH Act. Understanding from inquiring across the state is that there's a lot of variety across the state. There may not be time to fully address it now, but I would love to better understand what a more robust and substantive MH/ID board would look like.

- Erin – would love to see a dedicated session where we could share that law and absorb that a bit, look at how other jurisdictions are interpreting it, and move towards operationalizing it. Even in Allegheny County, we have boards that operate on different models. Open to figuring out how to strengthen the board. It would be reasonable to describe the board over the past decade as “less engaged,” but we don’t need to stay there. We’d need to think about what issues are really important and how to engage and support the board to be knowledgeable about those areas – those may be easy places for us to start in deep engagement. My short answer is I would definitely support a full discussion on that.
- VD – Thank you, Nev. I agree and put that in my survey response that I think it’s really important to think about governance and oversight as we move forward as a group.
- DF – As you look at this board that has been recreated recently and think about the environment we’re going into over the next year, what are the top three items you think this board should look at?
 - Erin – that’s a great question, but also a really hard question, and I encourage my colleagues to jump in as well. My top one is that DHS is going to have to wrestle with how we deal with so many more uninsured folks, period. We’re already starting to look at analysis and what our responsibilities are. We’re also looking at a smaller Medicaid and thinking about what a smaller size and scale means. In the ID/autism area, there’s some action at the state level that gives us more control at the County level in terms of waivers. I’ve been kind of baffled by the fact that we don’t universally screen for ID/autism. That seems like something we need to get a handle on because many programs require a diagnosis by a certain age. I’ve also been having a lot of conversations with Dr. Jones about how we treat the seriously mentally ill. That was five, I think.
 - DF – If I understand the present law [the new federal budget], it will go into effect next January, and a lot of the changes will be delayed until 2027 or 2028. Do you have any thoughts on what will happen in the interim?
 - Erin – we are already in a position where, if things were going to pick up, it would be okay, but there were challenges with Medicaid that predate this law, and we need to come to terms with figuring out what a different system looks like.
 - DF – Do you have any thoughts on what the county can do by itself?
 - Erin – The only way a county of our size can raise funding is through property taxes, and we saw how that went last fall

- We *can* work with our partners in the health system and do our best planning, but I don't think the county has those dollars, frankly.
- DJ – What do you mean by your comment that universal screening isn't in place? Every time my son, who has autism, is due for renewal, he has to be screened again, and it's a bummer, to use a non-professional term. I feel bad for anyone who has a disability that is not going to change, who has to constantly prove it. When you say universal screening, do you mean the initial screening?
 - Erin – I'm a bit beyond my depth when I talk about it, so thank you for sharing. The problem I'm talking about is when a young adult comes to us and we think they'd be a good fit for services, but they were never screened before a certain age. I do hate the idea of constantly being asked to prove a diagnosis when it's not going to change.
 - DJ – My other comment is that there's doom and gloom with this bill, but we're on this board because we've fought battles and we've won, but we can also find the positives, and maybe we can find the silver lining sometimes.
- RF – Part of my training as a school psychologist is an interest in improving things at a systems level, which is also why I'm interested in serving on this board. I've done what you said, Debbie. It would be great to be able to go to the State with a list of recommendations to help make obtaining services easier and less painful. Maybe we could get a subgroup that meets more frequently.
 - NJ – Thanks, Rachel. Yes, I hope we can discuss sub-committees and more frequent meetings before we end tonight
 - Brenda – Yes, there's a fair amount of confusion just getting into ODS, and then another layer getting a waiver. How a waiver is used is different than its original intent. My concern with the State is also that they also are not consistent with the tools they will accept for IQ and adaptive functioning. I think this group could be very helpful in helping us break this down at the State level. And yes, those yearly reassessments are difficult.
 - VD - Thank you, Brenda, for wanting and asking for the subcommittee opportunity for ODS.
- High-level overview of ODS' work and budget
 - Tabled until next meeting due to time constraints

IV. Navigating Federal and State Funding Challenges

- Federal reconciliation overview (the “One Big Beautiful Bill”)
 - The bill

- Makes significant cuts to Medicaid and SNAP that will reduce benefits to people and families and increase costs for states and counties
 - Reduces income for low-income households
 - Increases national deficit by ~\$3.4 trillion over 10 years
 - Will likely trigger spending cuts through sequestration of some mandatory funding, putting Medicare, Social Services Block Grant, Promoting Safe and Stable Families, and other funds at risk of cuts without additional congressional action
- Another piece is the other appropriation bills, which impact most key funding for human services
- State-level reactions
- Expected impacts in PA/Allegheny County
 - Medicaid
 - ~30k residents lose overage
 - Potential hospital closures
 - Increased costs for uncompensated care for uninsured individuals
 - SNAP
 - Approximately 16k residents could lose coverage
- Advocacy
 - Government entities and employees are required to remain free from partisan political influence through the Hatch Act
 - Community – community members (including board members) can advocate

V. Board Leadership Voting

- You all should have received a voting form on Govenda last night and had an opportunity to do so before this meeting. If you did not vote and would like to vote, please email Colleen.Sokira@alleghenycounty.us before the end of this meeting to resolve any tech issues.
- Chair – Dr. Donnesha Slider
- Vice Chair – Debbie Jozwiak
- Will need to send out an additional ballot just for Executive Committee positions tomorrow, as there was a 3-way tie for two seats. Will announce the results via email tomorrow afternoon once voting is complete.

VI. New Board Business

- AOT update
 - Current status – gathering feedback
 - Stakeholder engagement so far

- Oct/Nov 2024 – Allegheny County Law Dept, AC Public Defenders Office, Fifth Judicial District of PA, Behavioral Assessment Unit (BAU), Behavioral Health executive directors
- Nov/Dec 2024 – Discussion with Los Angeles Public Defender and Mental Health agency about their experience implementing AOT, family advocacy organizations (NAMI, Mental Health America, Allegheny Family Network), Western Psychiatric Hospital inpatient doctors
- Jan/Feb 2025 – ACLU, Disability Rights Network, began bi-weekly workgroup meetings that include the courts, BAU doctors, law department, public defender, OBH, and CCBH
- Mar/Apr 2025 – bi-weekly workgroup continues. Small group/core BH provider meetings led by CCBH
- May/Jun 2025 – Meeting with Wesley Family Services, who have implemented a version of AOT in western PA, discussion with medical directors at BH providers led by CCBH
- Upcoming engagement opportunities
 - Survey – for those who have experienced involuntary commitment(s)
 - Focus group - for those who have experienced involuntary commitment(s)
 - If you'd like to recommend someone or participate, email kathryn.collins@alleghenycounty.us
 - Open comment period– in the coming weeks. Will notify the board when it's posted.

VII. Announcements and Public Comments

Christine Michaels – I was on the previous board, and this was the best, most dynamic meeting I've been at in a long time. It's a big deal that you're here, Erin, and offering to come back and define what your relationship with the board will look like. I'm here as an observer, and this was a great meeting.

DS – Are we public still, or what does that mean?

- RB – Public just means that this is when public attendees of the meeting can speak
- DS – I guess I have a public comment in that I want to say this as a member of the community and not as a board member. We have to recognize that change is coming. We have to allow ourselves to not have an ego – get rid of titles, identity, red tape. We need to have a better, clearer strategic plan and vision for our county, no matter what's happening at the federal level. I want our community to go back to being an actual

community. A lot of the fixes for this stuff are natural supports. I'm a psychiatrist, and I think my job is stupid. Why? This stuff is human-ness, and yet we have to pay so much money for support. What do we want it to feel like in the city of Pittsburgh? It's dumb that parents feel like they have to come to me for normal parenting decisions. How do we simplify our view for the city?

AC – Thank you for that comment, Donnesha. That's what we and I try to do. It's connecting people with resources, natural supports, meeting people where they are, however that looks for them. I just felt compelled to share that; it resonates so much. It just echoes why I'm here.

Erin – All of the comments, I really appreciate them and take them to heart. Maybe it's not easier said than done – working with our elected officials to find a way to come together during this time and get through it. More on the bureaucratic side, I see this as a time to simplify the systems. A big reason, Chris, that this board looks and feels different than the past, is that the County Executive, as well as myself, want it to look different than in the past. It's a challenge, but let's be up for it.

DF – There was one agenda item that I did not see, but I saw an email from Colleen about the OBH Director posting, and I know you were looking for a board member to be on the selection committee. Are you still looking for that?

- Erin – We actually have three key positions. Jewel is currently serving as the interim OBH Director, and Kathryn Gadd is serving as the interim D&A Assistant Director. There is also a strategic planning role. We will send the board a message and some messaging when those three roles are reposted. In addition to the selection committee, the final candidate(s) also give a presentation, and there will be room for a board member to attend.

KP – Votes are in! I was out of town and had some IT issues. **[Note: Returned to Item V. and announced Chair and Vice-Chair results at this time]**

RB – suggestion for September is structuring conversation around 2-3 goals for the next year and forming subcommittees to meet once per month (or so) based on those goals.

- NJ – Curious if workgroups, committees, etc. can include those who are not on the board to bring in additional voices, perspectives, and experience

Board survey – has received 5 of 11 responses so far. Sarah will add a question about preferred meeting frequency for all board members to

RF – possible to have a meeting next month to discuss a structure going forward?

RB – typically in off months, have a meeting with board leadership, and we now have board leadership.

CS – Any time this group meets in full, it's a public meeting and subject to the Sunshine Act. Therefore, it can be hard to plan one on short notice, but going forward, if you decide to meet monthly, we can make sure we're meeting our legal obligations.

RB – news about further voting for ad hoc members, survey, etc., will follow.

VIII. Adjournment

The meeting was adjourned at 6:08.

IX. Next Public Meeting

The next public MH/ID Advisory Board meeting will be on **Tuesday, September 9**, from 4:30 – 6:00 p.m. on Microsoft Teams.

Colleen Sokira will send out the Teams invite for this meeting the week before. There is also a link posted on the [DHS advisory board webpage](#).