



Disability & Mental Health *Summit*

Co-hosted by:
Rep. Jessica Benham, Rep. Emily Kinkead, & Rep. Jen Mazzocco

Disability & Mental Health Summit Legislative Panel | Thursday, May 7 | 2 p.m.
CCAC Allegheny Campus | 800 Allegheny Ave. | Pittsburgh

2 p.m. Welcome and member introductions

PANEL ONE

Stabilizing the ID/A System Workforce; Critical Challenges and a Path Forward

Rose Bauman, parent
Janelle Jones, parent/direct support professional (DSP)
Terra Swope, self-advocate
Lynn Cass, parent
Patrick DeMico, executive director, The Provider Alliance

PANEL TWO

Mental Health Campus; What it Means to Support Our College-Aged Students

Christine Michaels, NAMI Keystone Pennsylvania
Dr. Tiffany Evans, Community College of Allegheny County
Dr. Michaela Davila, University of Pittsburgh
Erin Barr, LCSW, JFCS Youth Services

Legislative Panel Presenters:

Rose Bauman lives in Washington County and is a well known and experienced disability advocate in Pennsylvania. Rose and her husband have an adult son, Collin, who has very complex behavioral issues. She is passionate about supporting and helping other families understand how to access the services their family members need to lead person centered lives. Like thousands of families of children and adults with disabilities across Pennsylvania, Rose has dealt with not being able to find enough Direct Support Professionals for most of Collin's life.

Terra Swope is a self advocate who joined Invision Human Services in April 2025, consistently showing kindness and positivity towards her staff and peers. Over the past year, she has shown tremendous personal growth, embracing a fresh and optimistic outlook on life. Terra enjoys activities like coloring, watching game shows, and the Weather channel. She is a proud fan of the Pittsburgh Steelers. Terra places great importance on family and friendships, and she truly enjoys meeting new people and staying connected.

Janelle Jones is an experienced Direct Support Professional who has worked at the Barber National Institute for 15 years. Janelle is also the proud parent of Marcus, her 9 year old son who has a disability. Janelle is passionate about educating people about how the workforce crisis is impacting her as a professional and family member.

Lynn Cass is a disability advocate with East Suburban Citizen Advocacy in Westmoreland County and brings her personal experiences navigating school age needs, transition concerns and social services to her work. Her professional experience includes media/communications, early intervention, nonprofit development, and recently as a special education paraeducator. Lynn is also the proud mother of Alex, who is an adult on the autism spectrum, with intellectual disability and epilepsy. Alex and his father are here with us today also. Lynn and her family have been impacted by the workforce crisis and lack of trained DSPs for many years.

Patrick DeMico began his career in 1982 as a Direct Support Professional (DSP) in a community home north of Pittsburgh. He continued his career as a caregiver in larger facilities, eventually advancing into supervisory and management roles. During his 30 plus-year career, Patrick has served served as a DSP, Supervisor, Program Manager, CFO, COO, board member, and advocate who effectively interacts with participants, families, government officials, and stakeholders throughout the disability community. Since 2017 Patrick has served as the Executive Director of The Provider Alliance, a well known and respected Pennsylvania provider association devoted to services for people with intellectual disability and autism.

Christine Michaels

Testimony

Thank you for the opportunity to speak today about an issue that is both urgent and deeply personal for thousands of families across our state: the mental health of college students.

Each year, when young people head off to college, we celebrate their independence, growth, and potential. But what often goes unspoken is that they are also leaving behind their safety net. They are stepping into environments where, for the first time, the people around them do not truly know them.

Roommates may not recognize when something is wrong. Professors may not notice subtle but important changes: missed classes, declining performance, withdrawal, or increased substance use. Parents, who once saw their child every day, are no longer there to observe shifts in mood or behavior. And when communication becomes less frequent, families often assume their student is simply adjusting and give them space.

In this environment, warning signs can be missed and too often, they are.

Broadly speaking, college students experiencing mental health challenges tend to fall into three groups.

First, there are students who arrive on campus with an existing mental health condition and a treatment plan. These students often understand their needs, but they face the difficult task of navigating a new system of care, finding providers, and maintaining continuity of treatment.

Second, there are students who have never experienced significant mental health challenges before but begin to struggle with situational depression or anxiety. For many, with the right support and timely intervention, they will recover and thrive.

But the third group is where the stakes are highest. These are students who experience a serious mental health crisis that may require immediate and intensive intervention. Without accessible, well-coordinated services, these crises can escalate quickly, with devastating consequences.

One area that demands particular attention is first episode psychosis. This refers to the first time an individual experiences a break from reality, which may include hallucinations, delusions, or disorganized thinking. Importantly, this often emerges in late adolescence and early adulthood, the exact age range of most college students.

Early identification and treatment are critical. Research consistently shows that the shorter the duration between the onset of symptoms and the start of treatment, the better the long-term outcomes.

This is where the Coordinated Specialty Care (CSC) model becomes essential. CSC is a team-based approach that includes therapy, medication management, family education, and support for education and employment. It is evidence-based, recovery-oriented, and highly effective, but only when it is accessible.

Colleges and policymakers must be aware of first episode psychosis and ensure that systems are in place to identify symptoms early and connect students to coordinated care quickly.

Recent data from the [Healthy Minds Network](#) shows modest improvement. Rates of depression, anxiety, and suicidal thoughts have declined since 2022. But the reality remains stark: more than one in three college students still experience significant depression or anxiety, and more than one in ten have seriously considered suicide in the past year. At the same time, only 36% of students report truly flourishing, making it clear that while fewer students may be in acute crisis, the vast majority are still struggling and in need of meaningful support. Yet many still do not seek help. The reasons are consistent: stigma, lack of awareness about available resources, and difficulty accessing timely care.

Isolation further compounds these challenges. Students may feel alone in their struggles, disconnected from support systems, and unsure of where to turn. As you will hear in future testimony, colleges and universities are working to increase mental health support and resources on their campuses, but they cannot do it alone.

We must do better.

This means investing in campus mental health services so that colleges can hire and retain qualified professionals. It also means strengthening the broader behavioral health workforce in our communities, ensuring that students can access care both on and off campus without long wait times.

Additionally, we must prioritize training for those who interact with students every day. Faculty, coaches, and resident assistants can be the first to notice when something is wrong. Equipping them with mental health first response training can make the difference between early intervention and missed opportunity.

Finally, we must address stigma head-on by normalizing conversations about mental health and ensuring that students are not only aware of available resources but feel empowered to use them.

Investing in college student mental health is not just a moral imperative, it is a practical one. These students are our future workforce, our leaders, and our communities. When we support their mental health, we are investing in the long-term health and prosperity of Pennsylvania.

I urge you to prioritize funding and legislation that expands access to care, strengthens the workforce, and equips our campuses to respond effectively to the growing mental health needs of students.

Thank you for your time and your commitment to this critical issue.

Christine Michaels, MSHSA
CEO, NAMI Keystone Pennsylvania
Bio

Christine Michaels, MSHSA, is Chief Executive Officer of NAMI Keystone Pennsylvania, the state organization for the National Alliance on Mental Illness (NAMI), the nation's largest grassroots mental health advocacy organization. Ms. Michaels has more than 35 years of experience in community mental health service delivery, social service agency administration, public policy, and legislative advocacy.

She is an accomplished instructor with experience in curriculum development and is nationally certified by NAMI as a state trainer for NAMI Family-to-Family, NAMI Support Group Facilitators, and NAMI Smarts for Advocacy. Ms. Michaels serves on the 988 Advisory and Advocacy Coalition and was appointed to the Torrance State Hospital Board of Trustees. She was named to the 2025 City & State Pennsylvania Trailblazers in Healthcare list for Innovators, Experts & Advocates. Ms. Michaels holds a Bachelor of Arts degree in Sociology and a Master of Science in Health Services Administration.

Dr. Tiffany Evans
Testimony

Thank you for the opportunity to speak about mental health on campus and basic needs, which are deeply interconnected and increasingly urgent.

[National data from the Hope Center's 2023–2024 Student Basic Needs Survey](#), representing more than 74,000 students across 16 states and 91 institutions, shows that 59% of students experience food or housing insecurity, including 41% facing food insecurity, 48% housing insecurity, and 14% experiencing homelessness. When additional challenges such as mental health, childcare, transportation, and technology are considered, that number rises to 73%. Notably, 44% of students report symptoms of anxiety and/or depression, and 57% of those who stop out of college identify mental health as a primary reason.

These national trends are reflected at the Community College of Allegheny County. In our 2025 institutional survey of 827 students, 40% reported experiencing anxiety or depression, 36% indicated that mental health negatively impacts their academic performance, and 16% reported unmet mental health needs. Additionally, 44% of our students experience housing insecurity, underscoring the strong connection between basic needs and mental health outcomes.

In response, CCAC has taken meaningful steps to expand access to mental health support. Our counseling teams work closely with students to connect them to community-based mental health services, and we currently partner with Allegheny Health Network to provide dedicated therapists on each campus. We recently removed the insurance requirement for enrolled students to access therapy, which has significantly increased utilization by 27% and counting as we have not completed the full academic year.

We also have campus cupboards and closets at each of our campuses and centers. In addition, we have resource navigators who connect our students to internal and community resources. However, this progress has also revealed a new challenge: demand

is now exceeding capacity, raising concerns about limits on sessions and timely access to care.

Alongside direct services, we continue to invest in professional development for faculty and staff and strengthen partnerships with community organizations to provide a broader network of support. Ultimately, our approach is grounded in a coordinated care model that recognizes students do not experience these challenges in isolation. Addressing mental health effectively also requires us to address the basic needs such as housing insecurity and homelessness that so often underpin it.

Thank you for this opportunity, your time and consideration.

**Dr. Tiffany Evans
Bio**

Tiffany Evans, Ph.D., has more than 20 years of experience in higher education administration with expertise spanning academic affairs, enrollment services, center operations, and student affairs. She currently serves as Associate Vice President of Enrollment Services and Student Affairs at the Community College of Allegheny County (CCAC), where she oversees Student Affairs, where she oversees four Deans of Students covering Student Advocacy, Student Engagement, Student Success, and Student Completion, and the Information Center. Dr. Evans is a member of College Council and serves on the College's Strategic Enrollment and Retention Management Team. Beyond CCAC, she serves as a board member of the Jefferson Regional Foundation, participating on the Grant Committee to address social determinants of health in the South Hills and Mon Valley communities, and also serves on the board of the Human Services Center Mon Valley, a nonprofit dedicated to improving the lives of residents of the Mon Valley. She holds a B.S. in Biochemistry from Duquesne University, an MBA with concentrations in Human Resources and Finance from DeVry University, and a Ph.D. in Instructional Management and Leadership from Robert Morris University.

Dr. Michael Davila

Testimony

I want to start by thanking you for the opportunity to speak today about an issue that continues to evolve in important and, at times, very challenging ways: the mental health and well-being of college students.

What we are seeing at the University of Pittsburgh and across the Commonwealth is not unique – and is not static. It is changing year to year, and in some cases, cohort to cohort. Over the past several years, we have experienced a sustained increase in both the acuity and complexity of student mental health needs. Students are presenting with more significant concerns, often layered with co-occurring challenges related to academic stress, financial strain, and social disconnection. At Pitt, we strive to meet this demand by a counseling center of approximately 40 dedicated professionals, alongside the ongoing and what we've found to be challenging work of ensuring students have timely access to psychiatric care.

At the same time, the demand for services continues to grow. And, while telehealth has expanded access in many ways, we are seeing a clear and increasing preference from students for in-person care, particularly among students with more complex clinical needs. That demand is placing pressure

on a model that many colleges and universities, including ours, have historically relied upon: a short-term, episodic counseling model designed to support students through situational concerns and developmental challenges.

That model still has an important place. But it is being stretched in ways that reflect a different reality.

In response, we have had to evolve.

At Pitt, we have expanded our University Counseling Center in targeted and intentional ways to meet these emerging needs. This includes the development of specialized clinical teams focused on areas where we are seeing significant demand. We now have a dedicated eating disorder team, recognizing both the prevalence and clinical complexity of these concerns. We have implemented a Dialectical Behavior Therapy (DBT) team to support students experiencing emotional dysregulation, self-harm behaviors, and other high-acuity needs. We also implemented the Higher Education Assessment and Response Team (HEART), which provides an immediate, coordinated response to students in distress—initially alongside police—when welfare checks are initiated by members of our university community.

And we have established an ADHD screening and support team, responding to a growing number of students seeking assessment, clarity, and structured support for attention-related challenges.

These are not abstract expansions. They are direct responses to what students are telling us—through their utilization of services, their lived experiences, and the ways they are struggling to navigate both academic and personal demands.

At the same time, we are seeing something else that is important to name.

Each year, in many ways, feels like we are welcoming a new generation of students, shaped by a different set of developmental experiences. The ongoing impact of COVID-19 is still very much present. For this year's entering class—and for the classes immediately following—many students missed critical periods of social and interpersonal development during middle school. Those are the years when young people typically build foundational skills in communication, conflict resolution, relationship-building, and resilience.

We are now seeing the downstream effects of that disruption.

Students are arriving on campus with strong academic abilities and tremendous potential, but often with less experience navigating in-person social environments, managing interpersonal conflict, or building community in the ways previous cohorts may have. This can manifest as increased anxiety, social withdrawal, difficulty forming connections, and, at times, a lower threshold for distress when challenges arise.

This is not to say that I have a deficit mindset—it is a recognition of context. And it requires us to respond differently.

Importantly, this is not a challenge that any one office—or even any one institution—can solve alone. As reflected in other testimony you hear today, students face a range of structural barriers when accessing care, from insurance limitations to licensing restrictions and a fragmented system. At the same time, many students struggle to recognize when they need help or how to access it in a timely way, particularly in environments where early warning signs can be missed.

That is why our approach has increasingly focused on building not just services, but an ecosystem of support—one that spans the upstream

interventions - prevention, early identification, and the downstream supports – quality and well-coordinated clinical care and wraparound support.

This includes expanding access to care, but also strengthening care coordination, so students can navigate complex systems more effectively. It includes investing in early intervention and skill-building through health and wellness coaching, so students develop the tools they need before reaching a point of crisis. And it includes strengthening partnerships across campus and with community providers, recognizing that student well-being exists at the intersection of higher education and the broader behavioral health system. We have made meaningful progress, but the demand continues to grow, and the needs continue to evolve.

Supporting student mental health is not only about responding to crises. It is about creating the conditions that allow students to learn, persist, and ultimately thrive. When we invest in student well-being, we are investing in retention, in workforce readiness, and in the long-term health of our communities.

I appreciate your attention to this issue and your commitment to strengthening the systems that support our students.

Thank you.

Dr. Michael Davila

Bio

Dr. Michael Davila was appointed as the Executive Associate Dean and Chief Wellness Officer at the University of Pittsburgh in October 2025. In this newly created role, he provides strategic leadership for Campus Recreation, Student Health Services, the University Counseling Center, Care and Resource Support, and the Office of Financial Wellness (shared with the Office of Admissions and Financial Aid).

Dr. Davila previously served as Vice President and Dean of Student Affairs at the University of Pittsburgh at Bradford for three years. With more than 15 years of progressive leadership in student affairs, Dr. Davila has centered his career on advancing holistic student well-being, embedding wellness, equity, and student success into every aspect of the student experience.

At Pitt-Bradford, Dr. Davila provides leadership for a comprehensive portfolio including Residence Life & Housing, Health & Counseling Services, Experiential Learning & Leadership, Career Services, Student Engagement, Care & Conduct, Inclusion & Belonging, Equity & Accessibility, and International Student Services & Global Citizenship. While also serving as a visible and engaged advocate for students, he represents Student Affairs in institutional strategic planning, policy development, and community partnerships. His recent initiatives include restructuring the first-year experience, developing new mission and strategic plan for Student Affairs, expanding assessment and data collection to inform decision-making, and launching new offices and leadership roles to strengthen inclusion and belonging.

Prior to Pitt-Bradford, Dr. Davila served as Associate Vice Chancellor and Dean of Students at the University of Arkansas at Monticello, where he also held the role of Title IX Coordinator. There he oversaw residence life, student conduct, counseling services, student health and wellness, intramurals and recreation, and student activities. He led the division's pandemic response, implemented a new student code of conduct, revitalized multiple student affairs units, and cultivated a campus perception of the Dean's office as a hub for student advocacy and support.

Earlier, he served as Dean of Students at Navarro College in Texas, where he provided district-wide leadership for counseling, advising, student success, tutoring, and first-year experience initiatives. At Navarro, he created the CARE Network and Behavioral Intervention Team, designed and authored the College Success Skills course, and developed "Beau Camp," a multi-day orientation program that became a signature student

engagement experience. He also advanced institutional compliance and equity efforts through his Title IX and student conduct leadership.

Dr. Davila's career began in residence life at East Texas Baptist University and Texas Wesleyan University before he advanced into student engagement and Greek life leadership at Austin College. Across these roles, he developed a track record of reimagining student engagement, wellness, and orientation programming to meet the evolving needs of students.

A lifelong learner, Dr. Davila earned his Doctor of Education in Higher Education Leadership from Texas Christian University, where his dissertation examined *The Emotional Labor of Student Affairs Work*. He also holds a Master of Education in Higher Education Administration from Dallas Baptist University and a Bachelor of Arts in Religion from East Texas Baptist University. In July 2025, he completed the Institute for Educational Management at Harvard University, a premier executive program for higher education leaders, and has also pursued advanced coursework in leadership and Ignatian traditions at Creighton University and Brite Divinity School.

Dr. Davila's professional philosophy is rooted in *cura personalis* – care for the whole person – and his leadership emphasizes student flourishing, shared governance, and equity of opportunity. Through his work, he continues to advance environments where students are not only prepared for academic and professional success but also empowered for lifelong well-being.

Erin Barr, LCSW**Testimony**

Thank you for the opportunity to highlight some of the barriers Pennsylvania's college students face in accessing consistent mental health care.

One significant barrier is our current provider licensing structure, which creates unintended disruptions in treatment continuity. Mental health providers are not always licensed in multiple states and many clinicians practice only in the state where they reside. At the same time, the widespread adoption of telehealth has made it easier than ever for students to access therapy remotely, regardless of where they are physically located. However, licensing laws have not kept pace with this reality. Many Pennsylvania students attend college outside of the Commonwealth, and under current law, a student who has an established relationship with a therapist in Pennsylvania is forced to discontinue that care when they cross state lines—even if both the provider and the student are willing to continue treatment via telehealth.

Mental health care is fundamentally different from many other forms of health care. Therapy depends on trust, safety, and a strong therapeutic relationship built over time. Requiring students to repeatedly “start over” with new providers each time they return home or return to campus can significantly impede treatment progress and undermine stability. And in reality, more students probably go without any care during these times.

This challenge has already been recognized by this body. The Pennsylvania House has passed legislation to join interstate licensure compacts for both professional counselors and social workers (House Bill 668 and 554, respectively), which are currently under consideration in the Senate. These efforts represent an important step toward modernizing care delivery and reducing barriers to treatment for college students.

In addition to these interstate issues, Pennsylvania students also face an intra-state access problem tied to how Medical Assistance (MA) is administered. Because MA is managed through county-based managed care organizations, access to providers depends on the county a student is originally enrolled in—not the county where the student is currently living while attending college.

Mental health providers must be credentialed with each county's managed care organization separately. Many providers are not credentialed across all counties because the process is costly, time-consuming, and administratively burdensome. As a result, a student who relies on Medical Assistance and attends college in a different county may be unable to find a provider who accepts their insurance—even though they remain within Pennsylvania.

While telehealth has expanded options for some students, many continue to prefer—or clinically benefit most from—in-person therapy, making these county-based insurance barriers particularly challenging for college students attending school away from home.

As we know, campus counseling centers are overwhelmed and understaffed. Making it easier for students to use their existing insurance and continue care with established providers—regardless of county or physical location—would reduce the burden on campus counseling centers and improve continuity of care.

These licensing and insurance barriers are just two examples of the broader, systemic obstacles college students face when trying to access mental health care. The systems themselves are often confusing and difficult to navigate—even for professionals who work within them—making it especially challenging for students managing mental health concerns alongside academic demands. These complexities also place a significant burden on parents, who are often expected to help coordinate care from a distance, in unfamiliar communities, and across fragmented systems. Too often, this confusion results in delays in care or students going without support altogether.

Addressing these structural barriers is not about expanding services—it is about ensuring that the services students already have access to can actually reach them when and where they need support most.

We respectfully request that the PA House of Representatives consider three important actions:

- **Support legislation enabling Pennsylvania to participate in interstate licensure compacts for professional counselors and social workers**, allowing students to maintain continuity of care across state lines and fully leverage the benefits of telehealth.
- **Establish a single, statewide Medical Assistance credential for social workers and counselors**, eliminating county-based barriers that disrupt care for students attending college away from home.
- **Fund care navigator positions on college campuses**, so students and their families have dedicated support to help them understand insurance, find appropriate providers, and access timely mental health care.

Erin Barr
Bio

Erin has more than twenty years of non-profit experience in the field of adolescent and young adult services. She has held a range of frontline and leadership roles spanning child welfare, workforce development, and mental health services. Her career has focused on strengthening systems that support youth, young adults, and families facing trauma, economic instability, and behavioral health challenges.

Currently, Erin serves as Director of Youth Services at Jewish Family and Community Services (JFCS) of Pittsburgh. Erin was an instrumental part of developing UpStreet, JFCS's mental health service for teens and young adults. In her current role she provides clinical and programmatic oversight, provides therapy to young people 12 – 22 years old, supervises licensed therapeutic staff, and builds partnerships with schools, health providers, and community organizations.

Erin holds a Master of Social Work from the University of Pittsburgh and is a Licensed Clinical Social Worker.