



Phoenixville  
Community  
Health Foundation

**MENTAL HEALTH AND  
SUBSTANCE ABUSE SUMMIT**  
October 23, 2018

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**SUMMARY REPORT**  
January 2019

*“No real change will happen if we don't get a wider look at the problems behind substance abuse and better understand the needs of those with mental illness.”*

*Summit Participant*

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# Phoenixville Community Health Foundation

January 2019

Dear Friends,

In 2017 the Phoenixville Community Health Foundation (hereafter PCHF) commissioned a Community Health Assessment to understand the health status, assets, and needs of children, youth, adults and seniors in the greater Phoenixville region. The intent of the study was to inform and guide PCHF's efforts to improve the health and wellness of all people living in the area. The assessment, published in August 2017, noted the following three areas as needing more resources, as there is a growing demand for services and the current level of care is insufficient:

**Mental Health:** including public awareness of mental health issues, access to specialists, resources for youth, and support for providers.

**Addiction:** prevention and treatment resources.

**Prevention:** education programs that can often prevent health problems and addiction.

In response to these significant findings, the PCHF leadership has included Mental Health and Substance Abuse issues into the subsequent Strategic Plan and is committed to increasing and diversifying its role in helping to address these issues today and in the coming years. This Summit was a direct result of Strategic Plan goals.

As a first step, on October 23, 2018 the PCHF convened a Mental Health and Substance Abuse Summit meeting of 54 people from mental health and substance abuse-related organizations serving the greater Phoenixville area. The goal of the meeting was to find out first-hand from the providers what their needs were, their views on community mental health and substance abuse issues and needs that were emerging, and ways the PCHF could help. The Summit was a resounding success filled with creativity, commitment and good energy, and we deeply appreciate all who participated and contributed to the day-long process.

This report summarizes the outcomes of the Summit and our initial thoughts about ways the PCHF can expand its role in addressing these significant community needs. In the coming years we will provide periodic reports on the different ways we are addressing these needs and our progress in reaching our strategic goals to help make a difference in our community.

Sincerely,

Louis J. Beccaria, Ph.D.  
President/CEO

Lynn Pike Hartman  
Vice President, Programs

# **EXECUTIVE SUMMARY**

## **Introduction and Summit Process**

The Summit was held on October 23, 2018 and opened with a plenary session with greetings from Louis Beccaria, Ph.D., CEO and President of the PCHF, John Colarusso, Board Chair of the PCHF, and an inspiring Keynote message from Kim Bowman, Director, Chester County Department of Human Services.

Following the plenary, each attendee spent the rest of the day attending three discussion groups, each focused on a different topic:

- Collaboration Opportunities
- Community-Based Treatment
- Community-Based Prevention and Education

Each group was asked to:

- Engage in a conversation about greater opportunities (within each of the three topics) among both public agencies and private, nonprofit agencies in the provision of mental health/substance abuse services as well as public and private sector funders.
- Give direction to PCHF on how best to philanthropically invest in helping to address mental health and substance abuse related needs in the community over the next three years. This might include:
  - making grants to area nonprofit and public sector providers to support them in exploring and developing new collaborations;
  - convening other local/regional public and private sector funders to learn about the issues and solutions, introduce them to service providers, and encourage them to make grants to service providers choosing to collaborate; and
  - promoting the development of a resource or a service/program that would reach community-wide.

At the end of the day the groups reconvened and shared feedback, thoughts and suggestions resulting from these discussions:

***The Collaboration Opportunities*** group meetings identified the benefits and challenges to building strong collaborations. These included: improved services, greater cost effectiveness, elimination of duplication, and improved communication. Key challenges included: differing policies among agencies, communication problems within and among agencies – often referred to as silo thinking, cultural competency differences, and limited staff availability and turnover which impedes building institutional relationships over time.

Roles that PCHF can possibly pursue include:

- providing funding and/or logistical support for training sessions that bring collaborators together to share resources and to promote self-care among stressed service delivery workers; and
- serving as a convener/broker to bring agencies and leadership together for targeted and concrete discussions and collaboration.

A complete list of unmet needs, challenges and ways in which PCHF could assist with collaborations is included on pages 8-9.

***The Community-Based Treatment*** group cited staffing challenges that included: need for qualified staff, staff burn-out and turnover, low pay, and constant need for professional education on emerging issues. Physicians trained in addiction issues are not in abundant supply and the field of addiction care and treatment is stigmatized and not viewed as a “respectable “career. Clients present challenges due to cultural issues and language, lack of understanding of the situation in which clients find themselves, recidivism, and the perceived stigma of addiction that precludes early intervention.

Roles that PCHF can possibly pursue include:

- funding an initiative to promote human services resources, reduce stigma around seeking mental health care, and encourage people to pursue the mental health field as a profession; and
- funding educational/awareness programs directed at high school and college age youth.

A complete list of unmet needs, challenges and ways in which PCHF can assist with substance abuse treatment is included on pages 10-12.

***The Community-Based Prevention and Education*** group cited challenges with staff who are underpaid and agencies that are under-resourced. And yet, there are available resources that are untapped because there is a need for marketing and promoting the available resources. Additionally, ineffective regulations of e-cigarettes, vaping and marijuana are exacerbated by parents’ lax attitudes and the stigma of reaching out for help. Finally, each group agreed that in order to be truly effective early prevention and comprehensive education needs to be provided before substance abuse begins.

Roles PCHF can possibly pursue include:

- facilitating a strategic plan to address substance abuse prevention education activities in the Phoenixville region;
- funding or providing marketing strategies;
- funding professional education opportunities for practitioners; and
- helping to educate elected officials about effective prevention education strategies.

A complete list of unmet needs, challenges and ways in which PCHF can assist with prevention and education is included on pages 12-14.

## **Phoenixville Community Health Foundation's Role**

We are inspired and challenged by the many creative and innovative suggestions that arose during the Summit concerning how the PCHF could help to address the mental health and substance abuse needs in the greater Phoenixville region in the coming years. We look forward to opportunities to engage in public/private partnerships and collaborations with other funders to help address these needs and support the many dedicated providers working in the community. The following is a list of items that we will carefully consider as we develop an action plan for the Foundation.

### **Grantmaking**

- Develop/fund a public relations program/agency to promote human services resources and reduce stigma around seeking mental health care and pursuing mental health careers. Messaging could also include education about what providers actually do and promote the essential roles case managers play. A multi-disciplinary/multi-cultural approach should be used.
- With a local university(s), fund tuition reimbursement/discounts for mental health/substance abuse education costs for direct service delivery staff.
- Develop conversation starters via positive messaging and fund their promotion (bill boards, Colonial Theatre slides, posters, coasters, stall stories, bumper stickers, etc.) to be placed in a variety of locations, such as libraries, restaurants, schools, MD offices, etc.
- Provide mini grants for providers seeking to attend educational programs.
- Provide funding for certification programs for Peer Specialists and Recovery Specialists.
- Provide funding for mental health/substance abuse internships.
- Fund periodic training sessions to bring people together to share resources. This could also include provider wellness, self-care and compassion fatigue.
- Provide funds for collaborative grants to provide co-mentoring of staff between agencies.

### **Capacity Building for Providers**

- Promote self-care for service providers.
- Promote peer support/co-mentoring opportunities.
- Promote the development of “lunch and learn,” monthly meetings where an agency would host a lunch and people could share their community resources and experiences.

### **Serving as a Catalyst, Ambassador and/or Convener**

- Promote education for primary care physicians concerning mental health and substance abuse matters.
- Promote solutions-based journalism about mental health/substance abuse that includes coverage about the problem, the background, and the solution, not just the issue.
- Promote Mental Health First Aid more for the general public in Northern Chester County.
- Sponsor a contest for teens to produce short videos depicting teen views about addiction.
- Fund a showing of the film “Anonymous People,” a film about people living in long-term recovery from substance abuse addiction, at the Colonial Theatre; include refreshments, discussion groups, and a provider “fair.”

- Sponsor some on-line web-based trainings for youth, parents and others on early substance use/abuse prevention strategies.
- Develop a strategic plan for Prevention/Education activities for the greater Phoenixville region.

## **DETAILED SUMMIT FEEDBACK**

The Executive Summary on pages 4-6 was compiled from the notes taken by Summit participants attending each of the breakout groups. The following pages contain a detailed listing of the feedback from the three breakout groups; comments have been edited for clarity and brevity.

- Collaboration Opportunities
- Community-Based Treatment
- Community-Based Prevention and Education

### **COLLABORATION OPPORTUNITIES**

*“Let’s eliminate the barriers, go see each other and use outside resources: there’s no need to reinvent the wheel.” (Summit Participant)*

#### **Types of Current Collaborations Providers Utilize**

- Long-term events
- Building relationships
- Cross-cultural collaborations
- Community and clinical collaborative relationships
- The Hub, School District, COAD, Chesco MH/IDD, Police, DCD, WCU, PARN, CARN

#### **Challenges**

- Time
- Communications
- Working with others
- Different agencies’ policies
- Obtaining facility support for collaborations
- Smaller programs get lost
- County lines
- Perceived risks
- Silos inhibit collaborations
- Turnover: relationships are lost; how can we sustain the institutional relationship? perhaps training/community investment or technology?
- The focus on similar approaches/philosophies can be a barrier when trying to find a “perfect match” in a collaboration
- Perception of competition for funds
- Cultural/language issues – clarity re expectations concerning roles

#### **Benefits**

- Better services; expanded knowledge of services
- Cost effectiveness
- Eliminates duplication

- Promotes communication, empathy, mutual respect, willing partners, flexibility, transparency

### **Successful Collaborations Require ...**

- Memorandum of Understanding establishing the collaborative relationship
- Clearly defined goals
- An evaluation process during the collaboration and at the end
- Desire to help and participate
- Referral agreements

### **How Could PCHF Help?**

#### **Grantmaking**

- Develop a central resource, or resource navigator, to help people find existing resources, such as a website and/or other tools to enable a person to search quickly and effectively; this would need to be kept up to date.
- With PCHF seed money develop a human services hub/multi-services “wellness” center that uses a standardized intake process and a holistic approach to service delivery. Include a therapeutic horticulture/farming component.
- Develop conversation starters via positive messaging and fund their promotion (bill boards, Colonial Theatre slides, posters, coasters, stall stories, bumper stickers, etc.).

#### **Capacity Building for Providers**

- Promote self-care for service providers
- Promote peer support/co-mentoring opportunities

#### **Serving as a Catalyst, Ambassador and/or Convener**

- Play a role with state policies; engage in education/advocacy
- Encourage local small businesses to collaborate with agencies concerning helping at-risk clients obtain employment. Work with the local Chamber of Commerce on this. Perceived risks would need to be addressed. Encourage businesses to become involved and to share costs; provide an incentive to take the risk and offer a support system.
- Promote town hall meetings with leadership.
- Promote education of primary care physicians about mental health and substance abuse matters.
- Promote collaboration between nonprofits and other organizations. Play a convening role in creating a revolving/consistent task force to address these issues in the community.

## COMMUNITY-BASED TREATMENT

*I think the main question we should therapeutically pose to people with addictions is not "how can I stop using?" but "how can I learn what it means out of my own self to be a whole human being?"* (Summit Participant)

### Unmet Client Needs

- Trauma treatment (ACES/screening)
- Lack of long-term care (15-18 months) resources
- Lack of transitional housing programs for substance abuse clients
- Lack of holistic community-based services when a client leaves long-term care
- Lack of inpatient resources and knowledge about where to go
- Need for more centralized services
- Need for services for non-citizens
- Trauma training for the community – limited understanding about what trauma is and its effects
- Lack of integrated care: physical, mental health, substance abuse
- TRANSPORTATION!
- The gap in services for the 18-35 age range
- Improved crisis intervention services
- Need for a “sitter” to accompany a client while he/she waits for emergency care
- Lack of community mentors/advocates to assist with life skills with long-term clients
- Uninsured people without access to treatment
- Need to educate Rover and Ride for Health drivers about the issues clients face

### Challenges Providers Face

- Eligibility requirements: helping clients receive care before a crisis occurs
- Silos of service providers: children, adults, mental health, substance abuse
- Clients’ limited understanding of their situations, especially families with kids
- Recidivism of clients
- Difficulty finding staff; it’s an employees’ market today
- Cultural competency: knowing the population and tailoring services to them; this is always evolving
- Parents’ shame/guilt/apathy about seeking care, and stigma about seeking/receiving care; families feel hopeless, so they aren’t willing to engage.
- Relying on grants; funding is cyclical and is always changing
- Getting approved as a mental health provider by insurance companies
- Finding bi-lingual staff
- Stigma re providers: mental health/substance abuse are not seen as “respected” careers
- Staff turnover, poor pay for case managers, and pressure to document and do billable hours. Case managers often leave jobs for higher pay at retail stores. Need to educate people about what a case manager does and how essential they are.
- Limited staff and resources
- Cooperation/collaboration with the county and local ERs
- Protocol differences between agencies; the systems are fragmented

- Limited/no availability of psychiatrists; need to pay high cost temp agencies to obtain MD services.
- Providers' burnout/trauma; first responders also have these needs
- Getting clients' buy-in for treatment
- Lack of trauma training for professionals, especially for private-practice professionals
- Need for constant staff education about emerging issues

## **How Could PCHF Help?**

### **Grantmaking**

- Develop/fund a public relations program/agency to promote human services resources and reduce stigma around seeking mental health care and mental health as a profession. Messaging could also include education about what providers actually do and promote case managers specifically. Use a multi-disciplinary/multi-cultural approach.
- Develop a central resource, or resource navigator, to help people find existing resources, such as a website for the Help Book and/or other tools to enable a person to search quickly and effectively; this would need to be kept up to date.
- Consider expanding the Ride for Health Initiative to include a collaboration with Uber or Lyft.
- Develop conversation starters via positive messaging and fund their promotion (bill boards, Colonial Theatre slides, posters, coasters, stall stories, bumper stickers, etc.)
- With a local university(s), fund tuition reimbursement/discounts/loan forgiveness for mental health/substance abuse education costs.
- Fund a showing the film "Anonymous People" (Chester County will do this) at the Colonial Theatre; provide refreshments, discussion groups, and a provider "fair."
- Develop and fund a local version of the PA STOP campaign.
- Provide mini grants for providers seeking to attend educational programs; agency budgets are very limited for this.
- Provide funding for mental health/substance abuse internships.
- Provide funding for certification programs for Peer Specialists and Recovery Specialists.
- Fund periodic training sessions to bring people together to share resources. This could also include provider wellness/compassion fatigue.
- Provide grants to provide co-mentoring of staff between agencies.

### **Capacity Building for Providers**

- Provide training about how agencies could appropriately utilize volunteers.

### **Serving as a Catalyst, Ambassador and/or Convener**

- Promote solutions-based journalism about mental health/substance abuse that includes coverage about the problem, the background, and the solution, not just the issue.
- Promote train the trainer educational workshops.
- Promote Mental Health First Aid more.
- Develop an incentive program for physicians to provide information about mental health/substance abuse; Tower Health might be a resource with this.
- Provide educational programs for the community about specific drugs.

- Support youth leaders to provide programs to engage youth and connect them to resources.
- What are other places doing that works? Could PCHF spearhead a project researching what works elsewhere and why, perhaps teaming with another city in another county? Rural and urban mental health and addiction care should be studied and evaluated. If from that study a plan could be put in place for a trial project, it could be tested out here and possibly change the culture state-wide of how we approach care.
- Could the foundation research what are the numbers of psychiatrists, social workers, etc. that are truly needed to take care of the population in a way that doesn't burn out the caregivers, who also need to be concerned about their own mental health. Are our systems healthy? If not, no healing can actually happen and often more pathology is created, which we see in the burnout phenomena and lack of long-term relationships in care.

## **COMMUNITY BASED PREVENTION AND EDUCATION**

*“Prevention is more than just not doing drugs.*

*Work with youth at an earlier age; 16 is too late!” (Summit Participant)*

### **Unmet Client Needs**

- Not sure people know about the availability of community services, as some are underutilized.
- The Hispanic community is underserved; need for providers to speak their language and understand the culture.
- The opiate crisis is upon us.
- There is a lack of alternative pain management services.
- There is a need for education about marijuana and “vaping” – there is low perceived risk and ineffective regulation.

### **Challenges Providers Face**

- Lack of funding
- Services are 24/7; staff are underpaid, and agencies are under resourced
- Lack of transportation
- Marketing, limited funding, and getting information out to the community
- Fear of liability
- Available activities after school hours
- Low perceived risk and ineffective regulation of e-cigarettes and marijuana, including parents’ lax attitudes
- Affluent parents often think they don’t need to be educated
- People don’t utilize what’s already available
- Stigma; need to make it “safe” to reach out for help
- Lack of accessibility
- It takes time to build trust
- Changing norms through education takes time

## **Strategies**

- Educate faith-based communities so they can help with system linkage.
- Educate youth in a well-rounded way, giving them tools to resist substance abuse (not just “say no”); meet them where they are; get youth involved with prevention.
- Help kids develop resiliency.
- Reach parents to get to youth at a younger age.
- Ensure resources are available at First Fridays.
- Have a community dinner at a day care, including providing literature regarding resources.
- Develop more Recovery/Peer Specialists.
- Educate providers on how to wean/detox clients from opiates.
- Educate the community on alternative methods of pain relief/management.
- Educate the community to ask questions and be their own advocates.
- Use media to inform parents about the risks and issues. Develop other strategies to engage parents before problems arise.
- Hold coffee and conversation meetings.
- Use relatable language, not jargon.
- Get early information to pediatricians and primary care providers.
- Develop family volunteers to provide peer education based on shared experiences.
- Use a variety of educational strategies and methods to reach the most people.

## **How Could PCHF Help?**

### **Grantmaking**

- With a local university(s), fund tuition reimbursement/discounts/loan forgiveness for mental health/substance abuse education costs.
- Fund a therapist(s) who is Spanish speaking and can-do mental health and substance abuse care with adolescents and adults.
- Publish some “stall stories” (Holcomb is a resource for these) and post in libraries, restaurants, schools, MD offices, etc.
- Develop/fund a public relations program/agency to promote human services resources and reduce stigma around seeking mental health care and mental health as a profession. Messaging could also include education about what providers actually do and promote case managers specifically. Use a multi-disciplinary/multi-cultural approach.
- Develop a central resource, or resource navigator, to help people find existing resources, such as a website for The Help Book and/or other tools to enable a person to search quickly and effectively; this would need to be kept up to date and be in several languages.
- Provide seed funding for a human services hub/multi-services “wellness” center that uses a standardized intake process and a holistic approach. Include a therapeutic horticulture/farming component.
- Develop conversation starters via positive messaging and fund their promotion (bill boards, Colonial Theatre slides, posters, coasters, stall stories, bumper stickers, etc.)
- Fund a “language line” where someone who doesn’t speak English could get help.
- Provide funding for mental health/substance abuse internships.
- Provide funding for certification programs for Peer Specialists and Recovery Specialists.

### **Capacity Building for Providers**

- Fund trainings in cultural competence.

### **Serving as a Catalyst, Ambassador and/or Convener**

- Improve online tools regarding community resources; the AA meeting list is difficult to use and understand.
- Play a role with state policies, including advocacy.
- Open up opportunities for the community for self-care (mindfulness, etc.), including free food and childcare.
- Sponsor a contest for teens to produce a short video depicting teen views about addiction.
- Fund or obtain some research about what strategies/approaches work best with different populations.
- Sponsor some on-line web-based trainings for youth, parents and others.
- Provide a forum to encourage leaders to emerge.
- Promote the development of “lunch and learn,” -- monthly meetings where an agency would host a lunch and people could share community resources.
- Develop a strategic plan for Prevention/Education activities in the Phoenixville area.

## **ASSESSMENT PLAN**

- A semi-annual survey will be sent to Summit participants based on PCHF's Summit-based strategic goals. The survey results will assist PCHF in assessing activities and outcomes of strategic goals based on Summit feedback.
- Annual focus groups of Summit participants will be held to discuss progress in making change, and to review and update the region's needs.
- An annual Summit Report will be distributed county-wide.

## **CONCLUSION**

The staff and board at the Phoenixville Community Health Foundation are very grateful to the participants for their time and energy in helping to make the Summit an exemplary collaborative initiative for the greater Phoenixville community. Our goal is for the Summit to be the first stage of an ongoing dialogue to develop, implement and expand strategies to address our community's mental health and substance abuse needs. The feedback and creative ideas generated that day will be used to inform the Foundation's grant making practices and programs in the coming years.

We hope others will join with us in working together to support the caring and committed providers who serve our region, and we welcome the opportunity for continued conversation and collaboration with nonprofits, funders and all who care deeply about the greater Phoenixville community.

## ADDENDUM 1

### LIST OF SUMMIT PARTICIPANTS

<u>ORGANIZATION</u>	<u>FIRST</u>	<u>LAST</u>	<u>ROLE</u>
Alianzas de Phoenixville	Francisca	Fuentes	Assistant
Alianzas de Phoenixville	Nina	Guzman	Executive Director
Audubon Management Consultants/ Phoenixville MH Advisory Chair	Frank	Mielke	President
Borough of Phoenixville	Peter	Urcheler	Mayor DO / Family Medicine
Carah Medical Arts	Melissa	Greer	Medicine
Chester County Dept. Of Human Services	Kim	Bowman	Director
Chester County Drug & Alcohol	Todd	Bender	Program Specialist
Chester County Drug & Alcohol	Kate	Genthert	Prevention Specialist
Chester County Drug & Alcohol	Jamie	Johnson	Deputy Director MHIDD
Chester County MHIDD	Linda	Cox	Administrator
Chester County MHIDD	Candy	Craig	MH Deputy Administrator
Chester County Veterans Affairs	Bailey	Bain	
Chester County Veterans Affairs	Amber	Coldwell	
Chester County Veterans Affairs	Lawrence	Davidson	Director
Cornerstone Clubhouse of Holcomb	Marilyn	Baker	Advisory Board
Cornerstone Clubhouse of Holcomb	Rob	Chisholm	Advisory Board

Cornerstone Clubhouse of Holcomb	Lindsey	Dougherty	Board Liaison CC OMIDD
Cornerstone Clubhouse of Holcomb	Elissa	Llorens	Coordinator Director of Outpatient Services
Creative Health Services	Karen	Becker	
Creative Health Services	Laurie	Beson	
Creative Health Services	Danielle	McLaughlin	
Crime Victims Center of Chester County	Steph	Rilett	
Crime Victims Center of Chester County	Chris	Zaccarelli	CEO
Daemion Counseling Center	Marti	Magee	Executive Director
East Coventry Police Department	Bill	Mossman	Chief of Police V.P. Behavioral Health
Elwyn Inc.	Dominic	Marfisi	
Fellowship Health Resources	Pamela	Daisey	COO
Fellowship Health Resources	Vanessa	Evearts	Clinical Supervisor
Fellowship Health Resources	Danielle	Gusperone	PRS Director
Gaudenzia Coatesville	Emily	Bodtke	
Gaudenzia Coatesville	Shannon	Butterfield	
Gaudenzia Coatesville	Donna	Clark	Program Director
Holcomb Behavioral Health Systems	David	Fales	COO  Outpatient Supervisor
Human Services, Inc.	Alicia	Emmanuel	
Human Services, Inc.	Elisha	Farley	LCSW Supervisor
Manor of Hope	John	Kellelea	

Manor of Hope	Steve	Kellelea	
Manor of Hope	Matthew	McFadden	
Phoenixville Area Community Services	Melissa	Threadgill	Program Director
Phoenixville Area School District	Kayla	Richards	Secondary Home & School Liaison
St. Mary's Franciscan Shelter	Zhantral	Castro	Case Manager
St. Mary's Franciscan Shelter	Kate	Gargas	Director Resident Services
The Clinic	Lew	Osterhoudt	Executive Director
The COAD Group	Keri	Brooks	Program Coordinator
The COAD Group	Jacquelyn Cara	Taylor Graver	Executive Director
PCHF	John	Colarusso	Chair
SylviaCarter Assoc.	Corrine	Sylvia	Summit Facilitator
SylviaCarter Assoc.	Constance	Carter	Summit Facilitator
PCHF	Louis	Beccaria	President/CEO
PCHF	Lynn	Pike Hartman	VP-Programs

## ADDENDUM 2

### SUMMIT EVALUATIONS

At the conclusion of the Summit, each participant was encouraged to complete an evaluation form. The following is a compilation of those evaluations.

**Please Indicate Your Current Role**

**32% Program; 18% Administrative; 21% Government [County/Municipal/Legislative];  
17% Other: Intern, Volunteer, PASD, Advisory Board**

**Did attending this Mental Health/Substance Abuse Summit...**

	Not Much	1	2	3	4	Very Much 5
Enhance your knowledge and understanding of MH & Substance Abuse issues?	9%		9%	29%	24%	29%
Enable you to better understand the underlying issues?	3%		12%	15%	35%	35%
Give you an understanding of the barriers for individuals seeking/needing treatment?			12%	9%	38%	41%
Provide you with new information and/or new ways of looking at MH/Substance Abuse prevention and treatment?			9%	18%	26%	44% N/A=3%
Open new doors for collaborative activities with other organizations?			3%	15%	35%	47%
How confident are you that your organization will use what you gained from today's Summit?	3%			15%	32%	47% N/A=3%
Provided me with an opportunity to make a difference in the future planning & funding for MH & Substance Abuse services.			3%	9%	38%	47% N/A=3%

**ASSESSMENT OF SUMMIT PLANNING & PROCESS**

**Please indicate the degree that you agree with the following statements:**

	Strongly Disagree	1	2	3	4	Strongly Agree	5
The communication with PCHF was clear and informative	3%			9%	23%		62% N/A=3%
The Summit was well planned	3%			3%	18%		73% N/A=3%
The Break-Out sessions kept you engaged & interested				9%	18%		70% N/A=3%
There was a good balance of learning and sharing				6%	23%		68% N/A=3%
The moderators encouraged participant input					23%		74% N/A=3%
The facility was conducive to sharing and learning	-	-	-		18%		79% N/A=3%
I will share information from the Summit with colleagues.	-	-		3%	9%		79% N/A=9%
Attending this Summit was a good use of my time.	-	-		3%	15%		79% N/A=3%

**What is the main recommendation you would like to share with the Phoenixville Community Health Foundation?**

**Community Needs, Priorities and Additional Thoughts**

- Improvements & innovation in transportation issues will enable better utilization of resources.
- Not only provide self-care training but also events i.e. yoga, massage discounts, co-mentoring group.
- Do more of these! This was an awesome event that I really enjoyed. Direct staff would benefit from a summit. Awesome job.
- Wonderful opportunity, thank you so much.
- Our community must attract mental health specialists in order to serve the growing diversity, diverse needs.
- PCHF has connections to the agencies that attended, and can disseminate connecting information.
- Funding for training opportunities for clinicians to gain knowledge and expertise; help address stigma. Fund opportunities for programming that is fun and family- based. Increase accessibility while also meeting mental health/substance abuse needs.
- Transportation is an issue; marketing & communication are important for moving forward; Strategic Plan for Prevention.
- Please communicate the data and outcomes of the breakout groups to Chester County DHS.
- Make CEU's available. Overall - very good; ensure the community about resources.
- Do it again!
- Have a follow-up meeting to review results. Consider hosting further follow-up action plans to increase provider investment & engagement. I thought this was great - I learned a lot & was able to identify with several concerns within the MH/DA realm.
- I love the idea of central or strategic information kiosk and the idea of a local "wellness" center.