Written Statement - Dr. Jennifer Evans ***August 2025***

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Across Pennsylvania, we have moved beyond denial, to acknowledgment and into a shared understanding: our systems—while well-intentioned—are not functioning with the coherence, accessibility, or accountability that children, youth, families, and our communities deserve.

Behavioral health services remain inconsistently available; trauma-impacted youth are overrepresented in the justice system; individuals struggling with behavioral health concerns are disproportionately represented in the court system; and frontline professionals bear the operational and ethical strain of chronic under-resourcing.

Acknowledging these realities is not an act of defeatism. It is the first and most necessary step in transforming them. Justice Dougherty articulates it with clarity:

"We are the system. We must do better to change how we apply that system."

That statement demands internal reckoning. It underscores that transformation will not originate from external mandates or programmatic cycles, but from how we prioritize, coordinate, and allocate our authority and discretion as system and institutional leaders.

In Snyder County, we have endeavored to actualize that responsibility from the ground up. Through our recent NCSC (National Council of State Courts) Upstream Mapping process, in which we convened cross-sector stakeholders—probation, child welfare, behavioral health, judiciary, and community-based organizations—and most importantly, we listened to families and professionals with lived experience. They are not just system recipients—they are system informants, experts, and, when empowered, system changemakers.

- Families and caregivers shared the barriers they face and the community strengths they rely on when systems fall short.
- Frontline staff and professionals voiced the emotional labor in navigating fragmentation and the need for shared responsibility.
- Local data and analysis substantiated what lived experience had already made visible.
- Waitlists persist not due to lack of will, but due to a dearth of trauma-competent providers in rural regions.
- Youth are retained in placements not because it is therapeutically appropriate, but because viable community-based alternatives are unavailable.
- Turnover is not merely a workforce issue—it is a systems design flaw manifesting as worker burnout and the lack of capacity at child and family-serving entity partners who provide needed programs and services.

Our community's insight was clear: real sustainability does not come solely from programs or services—it comes from connecting families with their own networks of support. Neighbors, churches, schools, extended kin, youth mentors—these are the connectors that insulate families from crisis. We

must stop equating "support" with "referral" and start resourcing natural support systems with the same seriousness we give to formal interventions.

Too often, structural fragmentation leaves counties navigating misaligned mandates, incompatible data systems, and redundant planning processes. When a single case intersects child welfare, behavioral health, and juvenile justice, it should not launch three separate conversations—it should initiate one integrated plan.

The NCSC Behavioral Health Blueprint represents a significant stride toward statewide coherence. From a county implementation perspective, the following tenets are indispensable:

1. **Deliberate, accountable collaboration.** Regional councils must be more than convening bodies—they require defined authority, resource alignment, and bidirectional communication with the state. Accountability cannot be aspirational; it must be structural.
2. **High-fidelity, embedded training infrastructure.** Trauma-informed and responsive care, de-escalation, and sequential intercept mapping must move beyond episodic workshops and become recurrent, interdisciplinary, and regionally embedded practices.
3. **Real-time operational resource visibility.** Static directories are insufficient. We need dynamic, living tools that accurately represent capacity, access criteria, and referral pathways.
4. **Structural adaptability for rural counties.** Uniformity does not equal equity. Rural jurisdictions require latitude to braid funding, contract regionally, and prototype models that urban infrastructures neither require nor accommodate.
5. **A principled and persistent approach to prevention.** As the late Chief Justice Max Baer wisely counseled, progress is achieved through *"gentle pressure, relentlessly applied."* Prevention must be tangible and relational: early screening, warm handoffs, co-authored plans, and ongoing, culturally attuned support that honors the whole family system—not just the case file.

What we are advancing in Snyder County and ideally beyond District 4 and other class 7 and 8 counties, is not a model of perfection or utopia—it is a model of servant leadership in action. We are centering the expertise of those with lived experience, prioritizing relational trust, and rebuilding the connective tissue between systems and communities.

This is not reform for reform's sake. It is systems stewardship rooted in humility, shared ownership, and the belief that healing happens in relationships, not in isolation.

The tools exist, the data is available, and the families have spoken. My responsibility now is to follow through—not with performative urgency but with sustained, relational commitment.

We have acknowledged the problem. Now will you join and lead the solution?

Hope changes everything. Together, working diligently and persistently in partnership with those who know it best—individuals and families struggling with behavioral health concerns, judges, district attorneys, criminal justice and law enforcement professionals, child welfare and education leaders, and community providers—we can bring this intention to fruition.