

Stakeholder Committee

The Stakeholder Committee is a group of adult members, youth/young adult members, and family members who work together with Community Care and Blair HealthChoices to support the behavioral health system in Blair County.

Committee Details

The Stakeholder Committee is a group of individuals in Blair County who want to support the behavioral health system. The Committee will have representation from youth and young adults ages 18-26, adults 27 and older, and family members who have youth under the age of 18. The Committee will meet once every two months for approximately 1.5 hours. Committee members can serve up to a two-year term.

Goals

Goals of the Stakeholder Committee include but are not limited to:

- Provide feedback to Community Care and Blair HealthChoices on the behavioral health system.
- Identify other opportunities and help get feedback from other adults, youth/young adults, and family members who live in Blair County.
- Help to identify and implement solutions to concerns or issues identified by individuals receiving services in Blair County.
- Discuss opportunities for reinvestment.
- Support the Consumer/Family Satisfaction Team.

Member Roles and Responsibilities

In addition to supporting the goals of the committee, committee members are expected to:

- Attend five of the six meetings scheduled per year.
- Be prepared for the meeting, including arriving on time and staying for the whole meeting.
- Follow the ground rules of the meeting.
- Let your voice be heard and encourage participation from all committee members.
- Take on other responsibilities during and possibly outside of the meeting as identified by the committee.

If you are a Community Care HealthChoices member or family member, meaning you have Medical Assistance as your primary insurance, and you want to serve on the Stakeholder Committee, please complete the Stakeholder Committee Participation Form and send it to Community Care (120 Holliday Hills Drive, Hollidaysburg, PA 16648). If you have any questions, you may contact:

Joe Bettwy
814.693.4303
bettwyj@ccbh.com

Lindsay Wagner
814.696.5680 ext. 206
lwagner@blairhealthchoices.org



Stakeholder Committee Participation Form

Name

Address

Phone Number

Level of Participation

☐ Community Care Member (*circle one*)

Young Adult 18-26

Adult 27-34

Adult 35-54

Adult 55+

☐ Family Member/Guardian of Community Care Member

Member's age (*circle one*): 0-13 14-17

Please check the reason(s) you are interested in participating in the meeting:

☐ Provide feedback to help improve services

☐ Want to learn new information

☐ Peer and community networking

☐ Willing to help improve services

☐ Other: _____

What are your expectations of the meeting?

What are you most passionate about when it comes to the mental health/drug & alcohol system?

Strengths/talents you are willing to offer the committee? (e.g., leadership, communication, other skills)

Describe your involvement in any other community activities/meetings that focus on recovery and support of you/your family member with any mental health or drug/alcohol needs.
