



BLAIR COUNTY  
HUMAN SERVICES BLOCK GRANT  
ANNUAL PLAN  
FY 2019/2020



**HUMAN SERVICES**

November 2019

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Appendix "A"

Blair County Commissioners Assurance of Compliance

Appendix A

Fiscal Year 2019-2020



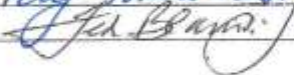
COUNTY HUMAN SERVICES PLAN

ASSURANCE OF COMPLIANCE

COUNTY OF: Blair

- A. The county assures that services will be managed and delivered in accordance with the county Human Services Plan submitted herewith.
- B. The county assures, in compliance with Act 80, that the county Human Services Plan submitted herewith has been developed based upon the county officials' determination of county need, formulated after an opportunity for public comment in the county.
- C. The county and/or its providers assures that it will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The county hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
  1. The county does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
  2. The county will comply with all regulations promulgated to enforce the statutory provisions against discrimination.


**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

<i>Signatures</i>	<i>Please Print</i>	
	Bruce Erb	Date: 7/9/19
	Terry Tomassetti	Date: 7/9/19
	Ted Beam, Jr	Date: 7/9/19

Appendix "A"  
Fiscal Year 2019-2020

COUNTY HUMAN SERVICES PLAN  
ASSURANCE OF COMPLIANCE

Blair County Leadership Coalition:

  
James Hudack, Executive Director  
Blair County Department of Social Services

6/25/19  
Date

  
Theresa Rudy, Director  
Blair County Mental Health Program

6/25/19  
Date

  
Melissa Gillin, Quality Assurance & Housing  
Coordinator Blair County Dept. Social Services

6/25/19  
Date

  
Amy Marten-Shanafelt, Executive Director  
Blair HealthChoices


6/25/2019  
Date

  
Judy Rosser, Executive Director  
Blair Drug & Alcohol Partnership

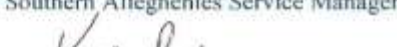
6/25/19  
Date

  
James Henry, Executive Director  
Southern Alleghenies Service Management Group

6-25-19  
Date

  
Melissa Gordon, Intellectual Disability Director  
Southern Alleghenies Service Management Group


6/25/19  
Date

  
Kelly Popich, Early Intervention Director  
Southern Alleghenies Service Management Group

6-25-19  
Date

  
Jon Frank, Chief  
Blair County Juvenile Probation Officer

6-25-19  
Date

  
Ashley Gehrdes, Executive Director  
Blair County Children, Youth & Families

6-25-19  
Date

# Blair County Human Services Plan Fiscal Year 2019-2020

## *Part I: COUNTY PLANNING PROCESS*

### ***Blair County Background Information***

Blair County's estimated 2018 census is 122,492 residents. This represents a 4% population decrease from 2010. As shown in *Table 1* below, a majority of the residents are between the ages of 18 and 64, and white. Transition aged youth (15 to 24 years of age) comprise 12% of the residents. Gender is split slightly high for females. Blair County's largest growing population is those 65 and over.

<b>Age</b>	
Under 18 years	20.7%
18 to 64 years	59.9%
65 and over	19.4%
<b>Race</b>	
White	95.7%
Black	1.5%
Two or more races	1.7%
Hispanic or Latino	1.2%
Asian	0.7%
American Indian or Alaska Native	0%
<b>Gender</b>	
Male	49%
Female	51%

Table 2 compares Blair County and the Commonwealth of Pennsylvania on various indicators.

<b>Table 2. Indicators for Blair County compared to Pennsylvania, 2018</b>		
	<b>Blair County</b>	<b>Pennsylvania</b>
<b>Education</b>		
High school graduation rate	90.7%	89.9%
Bachelor's degree or higher	20.3%	38.1%
<b>Income-related</b>		
Unemployment rate (Jan. 2019)	3.5%	4.0%
Median household income	\$45,664	\$56,951
Poverty rate	15.2%	13.1%
Poverty rate for children under 18	21.5%	18.6%
Poverty rate for 65 and over	9.0%	8.2%
<b>Public Assistance</b>		
Receiving Medical Assistance	27.0%	22.0%
Receive food stamp assistance	16%	14%
Adults 65 and over that enrolled in PA prescription assistance program	4,503	277,679
<b>Insurance</b>		
No Insurance	6.2%	7.1%
Under 19	3.5%	4.8%
19-64	8.8%	8.4%

As Table 2 details, Blair County has a slightly higher graduation rate than the state, but 18% fewer residents have completed four or more years of college. For income-related measures, the unemployment rate for Blair County is lower than for Pennsylvania, yet the median household income is \$11,287 less than the state, and poverty rates are moderately higher in Blair County when compared to the State. More people are receiving Medical Assistance in Blair County compared to the State; more people receive food stamps and more adults 65 and over receive prescription assistance.

According to the KIDS COUNT Data Center, the percentage of students who are enrolled in free/reduced school lunch programs in Blair County is 51.82% (2017/2018) as compared to Pennsylvania at 53.2%. Children living in families below 200% poverty is 40.6% (2016), compared to 39.6% (2015) and 38.1% statewide. The percentage of uninsured children under 18 years old in Blair County was 3.5% as compared to Pennsylvania at 4.8%. The percentage of children under age 18 with Medicaid coverage was 41%, compared to 37% in Pennsylvania. The percentage of unserved children eligible for publically funded Pre-K for 2016-17 in Blair County is 48.2% which is lower than the State percentage of 60.6%, and lower than the previous year at 48.7%.

In 2019 Blair County ranks 51 out of 67 counties in Pennsylvania in overall health care according to County Health Ranking and Roadmap although the trend has improved over the last six years, this past year Blair County has dropped six positions as compared to last year. Blair County residents demonstrate a very high morbidity ranking of 53 out of 67. This ranking, factors in overall poor health, poor physical days, and mental health days. Residents of Blair County also demonstrate a high level of risk behaviors such as smoking, obesity, and drinking as compared to other counties in the Commonwealth with a ranking of 40 out of 67. This was a significant decrease as compared to 2018 when Blair County was ranked at 48.



Blair County Health Rankings							
2012	2013	2014	2015	2016	2017	2018	2019
56	56	51	48	46	47	45	51

The cost of living in Blair County is 84.4 (less than the U.S. average at 100). The reason Blair County’s cost of living is lower is due to the lower cost of housing as compared to the rest of the nation. Blair County also has a lower cost of living when comparing utilities, transportation, clothing and other services to the rest of Pennsylvania. The median price for a house in Blair County is \$117,900.00 as compared to Pennsylvania at \$174,000.00 and nationally the median price is \$219,700.00. From 2010 to 2017, Blair County had a decrease of over 226 occupied housing units. Blair County has also since an increase of renter occupied units of 2,836 during this same period time.

There are seven public school districts in Blair County: Altoona, Bellwood-Antis, Claysburg-Kimmel, Hollidaysburg, Spring Cove, Tyrone, and Williamsburg. The Greater Altoona Career and Technology Center offers vocational training to high school students from all seven Blair County Public School Districts. In addition to the public schools there are six Catholic elementary schools and one Catholic high school. Other schools are faith based schools such as Great Commission School and Blair County Christian School. FY 2018/2019 enrollment data for Blair County reflects 17,776 children enrolled in public schools and 2,402 enrolled in private schools.

In 2018, Altoona Area Scholl District had 268 children were enrolled in home schooling and 2018/2019 enrollment at Central Pennsylvania Digital Learning Foundation Charter School was 186 students. The County has three alternative schools operating to support children who have been expelled from their home school districts. Grier School, a private boarding school for girls in grades 7-12, is also located in northern Blair County. Two hundred seventy four girls from 20 states and 16 foreign countries currently attend. 2016/2017 data reflects that all Blair County schools have a 1.2% drop out rate as compared to the state percentage of 1.72%.

The Pennsylvania State University (Penn State) Altoona Campus contributes to an influx of over 3,205 college students in 2018; and the campus is only 45 miles from the University’s main campus, University Park, in State College. Post-secondary trade/technical schools include Altoona Beauty School, Altoona Bible Institute, Pruonto’s Hair Design Institute, South Hills School of Business and Technology, and Pennsylvania Highlands Community College. Within a half hour of Blair County, other post-secondary schools include Mount Aloysius College, St. Francis University and Juniata College.

In January 2012, Blair County developed the Blair County Cross Systems Leadership Coalition to meet the requirements of Act 80, which established a Human Services Block Grant (HSBG) Program. Coalition members include County Commissioners, the Mental Health/Intellectual Disabilities/Early Intervention Administrator, the Chief Juvenile Probation Officer, Mental Health Director, Children, Youth, and Families Director, Human Services Office Director, and Executive Directors of the following organizations: Southern Alleghenies Service Management Group (SASMG) (Executive Director), Blair HealthChoices, and the Blair County Drug and Alcohol Partnership. In 2015, we also added to the Coalition the Intellectual Disabilities Director and the Early Intervention Director and the County Administrator. The coalition’s mission is to create a structure and build partnerships to collaboratively manage cross systems strategies that positively affect people. This Coalition meets monthly to review management and outcomes of the Block Grant Funds and the programs being supported with these Funds, and discuss any continuous issues and emerging trends. The Coalition reviews the progress made through the strategic plan, and helps prioritize next steps to better serve the residents of Blair County.

The Leadership Coalition developed a strategic plan based on prioritization of needs identified by the Coalition, additional stakeholders, and consumers of services. The priorities/needs identified were housing, transportation, employment, life skills, and the collection of data that allows for better informed decision making. These priorities have not changed over the past few years.

- *Attachment A (page 9)* outlines the stakeholder committee structure that includes individuals that receive services, families of service recipients, providers, and other system partners. These committees are held monthly, bimonthly, but not less than quarterly. Information and feedback shared by individuals that receive services, families of service recipients, providers, and other system partners' flows up and is reviewed within each system's planning process. It also flows up to the Leadership Coalition where recommendations are made to the County Commissioners. The planning and implementing of such recommendations is reported back to the individuals that receive services, families of service recipients, providers, and other system partners for ongoing feedback. This is an ongoing process that provides continuous opportunity for participation in the planning process.

In FY 2018/2019, the Blair County Cross Systems Leadership Coalition again partnered with the Healthy Blair County Coalition (HBCC) to participate in the triennial county-wide needs assessment process, also utilized by our three area hospitals to meet requirements for the Affordable Care Act. The Steering Committee collaborates with a broader group of community stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing and implementing strategies and activities. The Healthy Blair County Coalition is comprised of 139 community partners. They represent a diverse and valuable group of individuals and organizations which include the following: social services/charities, government, planning, public health, education, hospitals, community foundations, healthcare providers/behavioral health, businesses, economic development, criminal justice, libraries, drug and alcohol, health insurance/managed care, media, recreation, etc.

The HBCC survey was distributed to randomly selected households, businesses, associations, service providers, faith organizations, and key informants. The household survey was also administered to clients/consumers by seven other organizations in Blair County. In addition, secondary indicator data was collected and analyzed to track changes and trends over time for a given population. It is also useful as to whether research supports or does not support the perceptions of key informants and the general public as reflected in survey results. The 2015 and 2018 needs assessment identified drug and alcohol issues, children's mental health, poverty, smoking and tobacco, workplace wellness and community wellness, and dental care as priority areas. Workgroups were formed to address each priority area, and Leadership Coalition members facilitate or participate in each workgroup. The results of the 2018 needs assessment are almost the same as identified in the 2015 and 2012 also, in part, the 2007 needs assessments. Two new community challenges were identified with the 2018 survey. These are overuse/addition to cell phone, social media, internet, etc. and impaired/distracted driving. This includes driving under the influence, texting, road rage, etc. Discussion have already begun on how to adequately address these community challenges.

Funds from the HSBG have been used to partner with the three local hospitals and other providers for the planning and implementation of a community health needs assessment. The results of this information will supply a tremendous amount of data that can assist in the development of a strategic plan to better address the needs of the community in a variety of areas.

Currently, Healthy Blair County Coalition is in the process of completing the 2018 report. The results of this survey should be available in June 2019. Based on these results, a new strategic plan will be developed to include other areas that have been identified.



Blair County's Cross Systems Leadership Coalition works to assure that all of the residents of the County receive services in the least restrictive setting appropriate to their needs. Block Grant Funds are available to be shifted between categorical areas. The Leadership Coalition closely monitors how Block Grant Funds are used based on the Income & Expense (I&E) report. All decisions to realign the Funds are based on identified priorities/needs, as well as, outcomes or anticipated outcomes of those services funded through the Block Grant Funds. Any recommendations from the Leadership Coalition are submitted to the Blair County Board of Commissioners for final approval. How that shift in Funds is made is described below.

Through the strategic planning process, the Leadership Coalition, through stakeholder feedback, have identified the following priorities/needs; housing, transportation, employment, life skills, and data. The agreed upon standards are:

- Our decisions maximize resources to our community
- The management of resources are based on the values and priorities established in the annual plan (scope)
- Decisions (such as allocations, re-allocations, retained funds, etc.) are made in alignment with our priorities and values supported by objective data. Objective data measures the needs, capacity, efficiency, efficacy and outcomes of programs, services and projects
- Mandated services and target populations are defined and considered when making decisions

Our agreed upon values are:

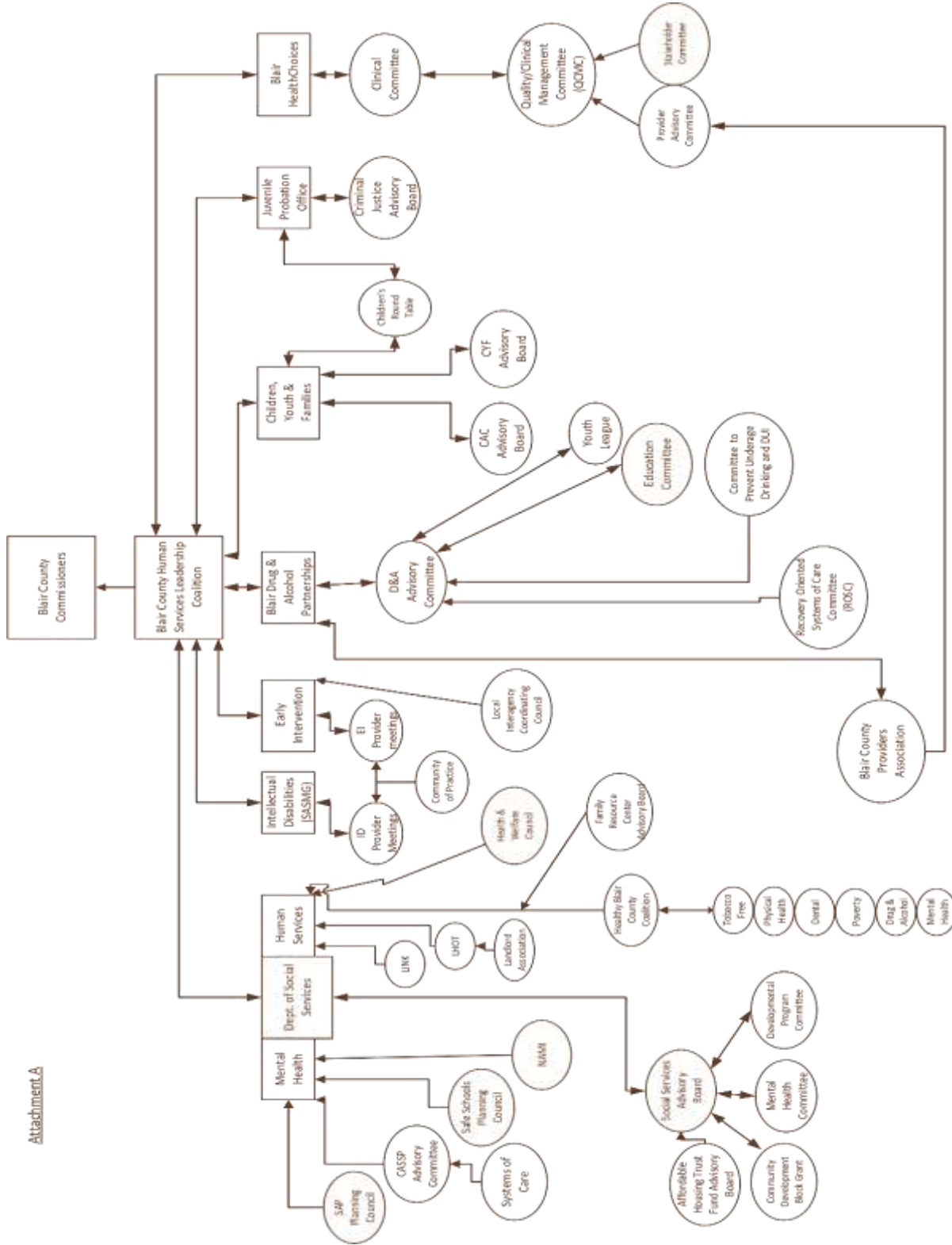
- It is about the people we serve
- Respect the dignity of people
- Respect the discipline of each program and their constituents
- Provide quality services
- Empower and support people who receive services to create healthy interdependence, through natural supports and access to services

In addition we have identified the following operational values:

- Collaboration and team work
- Mutual trust and respect
- Honesty and integrity
- Creativity and innovation
- Action and productivity
- Quality of services/products

The funding changes that were made as a consequence of the concept of block granting resulted in the redistribution of funds to programs that identified critical unmet needs.

# Blair County Stakeholder Involvement Flow Chart Attachment A



Attachment A

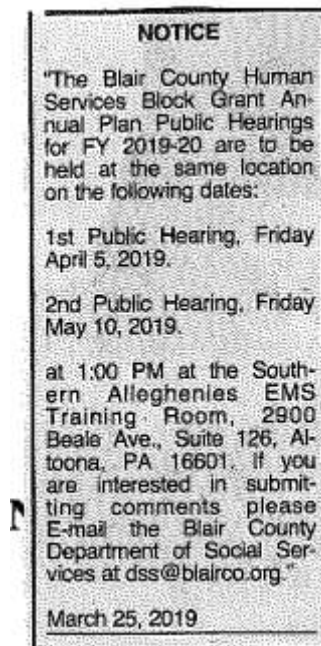
## ***PART II: PUBLIC HEARING NOTICE***

For the development of the FY 2019/2020 Human Services Annual Plan, Blair County conducted two Public Hearings to gain direct input from the community regarding priorities and issues that should be considered.

### ***1<sup>st</sup> Public Hearing***

On April 5, 2019, at 1:00 p.m., the first Blair County Human Service Annual Plan Public Hearing was held at the Southern Alleghenies EMS Training Room located in Altoona. The location was selected due to the availability of being along public transportation routes and located in easy walking distance from a number of Blair County's largest providers and UPMC Altoona. This facility was also handicapped accessible. Both hearings were advertised in the Altoona Mirror, the major newspaper of Blair County. A flyer was also created and posted throughout the County of Blair. In addition, the flyer was emailed through a number of program list serves with the request to have the hearing notice disseminated to providers and individuals they serve. Individuals were also encouraged to submit written comments if they were unable to attend any of the meetings. An advertisement for the public hearing was published in the Altoona Mirror on March 25, 2019.

The first public hearing had 20 residents of Blair County in attendance. The intent of the first public hearing was to give an overview and process of the annual plan and to receive public comments and suggestions to be considered in the annual plan development.



**PROOF OF PUBLICATION OF NOTICE IN ALTOONA MIRROR**

**NOTICE**  
The Blair County Human Services Block Grant Annual Plan Public Hearings for FY 2019-20 are to be held at the same location on the following dates:  
1st Public Hearing, Friday April 5, 2019.  
2nd Public Hearing, Friday May 10, 2019.  
at 1:00 PM at the Southern Alleghenies EMS Training Room, 2900 Beale Ave., Suite 126, Altoona, PA 16601. If you are interested in submitting comments please Email the Blair County Department of Social Services at [dss@blairco.org](mailto:dss@blairco.org).  
March 25, 2019

**STATE OF PENNSYLVANIA  
COUNTY OF BLAIR**

Rav Eckenrode, being duly sworn says: That he is the General Manager of the ALTOONA MIRROR, a newspaper of general circulation, published at Number 301 Cayuga Avenue, Township of Logan, City of Altoona, County of Blair, and State of Pennsylvania.


That said newspaper was established as a daily newspaper of general circulation on the Thirteenth Day of June 1874, since which date said newspaper has been published daily in the City of Altoona; that a copy of the printed notice, hereto attached, is exactly as the same was printed and published in the regular edition of the daily ALTOONA MIRROR published on the following date(s), viz:

March 25, 2019

The affiant further deposes and declares that he is not interested in the subject matter of the aforesaid notice of publication and that all allegations in the foregoing statement as to time, place and character of publication are true.

  
\_\_\_\_\_

Sworn to and subscribed before me the 2 day of April, 2019.

  
Debra D. Miller, Notary Public

My Commission expires \_\_\_\_\_ Commonwealth of Pennsylvania

Notarial Seal  
DEBRA D MILLER, Notary Public  
ALTOONA CITY, BLAIR COUNTY  
My Commission Expires July 25, 2021



# **BLAIR COUNTY HUMAN SERVICES 2019-20 ANNUAL PLAN 1<sup>ST</sup> PUBLIC HEARING NOTICE**

Blair County is beginning the process of developing the 2019-20 Human Services Block Grant Annual Plan. The Human Services Annual Plan must be submitted to the Department of Human Services by the beginning of May, 2019. The 1st Public Hearing will be held at the following location to solicit public comment on the Human Services Block Grant Annual Plan.

**Friday, April 5, 2019 at 1:00 p.m.**

**Southern Alleghenies EMS**

**Training Room**

**2900 Beale Avenue, Suite 126**

**Altoona, PA 16601**



We want to hear from the community about their views of human services in Blair County. This would include: mental health, intellectual disability, children services, drug and alcohol, housing and early intervention services. We want people to share their personal stories. All individuals who utilize services and supports and all providers of services within the community are welcome and encouraged to attend. Please share your thoughts, opinions, stories, satisfaction and dissatisfaction, and ideas in helping us develop a plan that will benefit the citizens of Blair County.

If you are interested in submitting comments, please E-mail the Department of Social Services at [dss@blairco.org](mailto:dss@blairco.org)





**PUBLIC HEARING  
FOR  
BLAIR COUNTY HUMAN SERVICE'S ANNUAL PLAN  
FOR FISCAL YEAR 2019/2020  
Friday, April 5, 2019  
AGENDA**

1. Welcome and Introduction of Presenters – Jim Hudack, Blair County Department of Social Services, Executive Director
2. PowerPoint Overview of Human Service's Annual Plan – Jim Hudack
3. Introduction of Front Table:
  - Intellectual Disability Services Plan – Jamie Henry, Executive Director of Southern Alleghenies Services Management Group
  - Human Services Development Fund, Human Services and Supports and Homeless Assistance Plans – Melissa Gillin, Blair County Human Services Director
  - Drug and Alcohol Services Plan – Judy Rosser, Executive Director for Blair Drug and Alcohol Partnership
  - Mental Health Services Plan – Theresa Rudy, Blair County Mental Health Director
4. Questions and Comments from Audience
5. Next Steps and Public Hearing Friday, May 10<sup>th</sup>, 1 PM at the Southern Alleghenies EMS, Training Room, 2900 Beale Ave., Suite 126, Altoona, PA





**Commissioners**  
Bruce Erb, President  
Terry Tomassetti, Vice-President  
Ted Beam, Jr., Secretary

**Blair County**  
**Department of Social Services**  
423 Allegheny Street, Suite 441B, Hollidaysburg, PA 16648-2022  
(814) 693-3023 • FAX (814) 693-3052  
Web [www.blairco.org](http://www.blairco.org) Email: [dss@blairco.org](mailto:dss@blairco.org)

**JAMES HUDACK**  
Executive Director  
**THERESA RUDY**  
MH Program Director  
**KENNETH DEAN**  
MH Program Specialist  
**CINDY JAMES**  
CASSP Coordinator  
**JACKIE SAYLOR**  
Fiscal Officer  
**LINDSAY DEMPSE**  
Fiscal Specialist  
**TRINA ILLIG**  
Grants Coordinator for  
Community Development  
**MELISSA GILLIN**  
Quality Assurance & Housing  
Coordinator  
**JENNIFER KEN SINGER**  
Administrative Assistant

**The Blair County Department of Social Services  
Human Services 2019-2020 Annual Plan 1<sup>st</sup> Public Hearing  
Friday, April 5, 2019 at 1:00 PM  
Southern Alleghenies EMS, Beale Ave., Altoona, PA**

**MINUTES**

**Welcome and Call to Order**

James Hudack, Executive Director of Blair County Department of Social Services, welcomed everyone and asked attendees to introduce themselves, as well as, the agency they represent. The Leadership panel consisted of Melissa Gillin, Theresa Rudy, Jamie Henry, and Judy Rosser.

Jim went over a power point presentation that described The Blair County Human Services Leadership Coalition, The Human Service Block Grant (HSBG) accomplishments since 2013, the process of submitting the Annual Plan, the Timeline and the requirements by the PA Dept. of Human Services. The tentative submission date is June 2019. Jim also reviewed prior allocations of funds and the proposed Blair County budget allocation for FY 2019-20.

**Public Comments/Input**

Tim Custer, Nulton Diagnostics, expressed concern for individuals who need transportation beyond employment or medical transportation to doctor appointments, such as, to the grocery store and pharmacy.

Mark Chuff, UPMC Behavioral Health of the Alleghenies, remarked that UPMC and Jim Hudack and Theresa Rudy, both of Blair County Social Services, have worked well together. UPMC Behavioral Health of Altoona was the first in the Pennsylvania to bring Telepsychiatric services to the inpatient unit. Mark expressed the need to expand mobile crisis to divert people from the inpatient unit. Also, an ongoing struggle has been with housing and discharging.

Diana Packech, UPMC Behavioral Health of the Alleghenies, reported that they lost their last HUD funded program. The individuals affected are being worked with to determine what they may have access to such as housing and funding. Diana reported that Blair House has been re-structured to add an additional, permanent apartment, but that vacancy has filled quickly. Additional needs are housing for older adults, as well as, how to support people in housing so that their daily needs are being met. Also, opportunities need to be explored to help individuals who are dually diagnosed with ID (Intellectual Disabilities) & MH (Mental Health) to help them with daily living skills.

Theresa Rudy, Mental Health Program Director for Blair County Social Services, added that the HARP program, which has served up to 36 people each year, is ending June 30, 2019. Information is being reviewed to see what may be done to help sustain that program in the new fiscal year. Theresa mentioned that the McKinney-Vento funding also ended for Juniata House two years ago. Theresa stated that the Juniata House is being sustained through the Blair County Human Service Block Grant (HSBG). Last April, Skills of Central PA, closed Tyler Hall, which was the first HUD funded mental health housing project opening in 1988. Theresa stated that there are efforts being made to sustain the HARP with County MH funding, as well as, UPMC Behavioral Health of the Alleghenies has applied for a City Community Development Block Grant (CDBG). Other opportunities are still being explored.

Theresa Rudy said for the benefit of today's participants she would give an overview regarding the specific funding streams in the HSBG. These are (1) Mental Health (MH) State Base (2) MH Community MH Block Grant (CMHBG), (3) MH Social Services Block Grant (SSBG) with CMHBG and CMHBG being state allocated federal funds, (4) MH Behavioral Health Services Initiative (BHSI), (5) Drug & Alcohol BHSI, (6) Intellectual Disabilities State Base (7) Human Services Development Fund (HSDF) (8) Housing Assistance Program (HAP), and (9) County Match. The HSBG gives the ability to reallocate funds between these funding streams during the fiscal year. Also up to 5% of the total County HSBG allocation can be retained to use in the next Fiscal Year. The County submits a plan for "retention" projects for the next fiscal year with the annual Income and Expense (I&E) Report submitted to the PA Department of Human Services (DHS) as these projects require DHS approval.

Theresa reviewed the FY 18/19 programs approved to use the approximately \$140,000 of FY 17/18 retention funding include: (1) Transportation for employment during the hours public transportation is not available (2) MH case manager located at the Blair County Jail (3) D&A Warm Hand Off program (4) Healthy Blair County Coalition for needs assessment and planning (4) Big Brothers Big Sisters. Prior year retention projects that are being sustained in one or more of the HSBG funding streams include the Peerstar Citizenship Group services at the Blair County jail, the MH/ID Dual Diagnosis Navigator position, MH First Aid (MHFA) Train-the-Trainers, and the Summer Employment Program for youth. Housing, employment, and transportation have consistently been identified as areas of need and are priorities of the HSBG team.

Jim Hudack asked the attendees for a "wish list" items, in regards, to what funding Blair County should pursue.

- A comment was made that an affordable & accessible Uber Program should be utilized for transportation.
  - John Hooper, UPMC Behavioral Health of the Alleghenies, commented that PHN (Primary Health Network) uses Uber.
- Diana Packech, UPMC Behavioral Health of the Alleghenies, commented that services for individuals to develop life skills to sustain their current living situations, such as, making sure they have food in the house, as well as, foods appropriate for their diet. Diana mentioned that there may be a tool, such as a survey, to measure someone's quality of life.
- Jon Frank, Blair County Chief Juvenile Probation Officer, reiterated that target areas are: Transportation, Housing, Employment, & Life Skills.
- John Hooper, UPMC Behavioral Health of the Alleghenies, added that transportation to and from rural areas needs to be addressed. Some individuals are waiting for hours for transportation after a scheduled appointment.
- Lisa Hann, Family Services, commented, in regards to the Blair Healthy Coalition, that there is a lack of accessibility for individuals to get healthy foods. Individuals, who live "up the mountain" may not have access to food banks in their area or may not be able to travel to food banks that are located "down the mountain".

Jim Hudack commented that retained fund forms were sent out to Leadership Coalition members. If attendees have a specific program need, Jim suggested they reach out to their Program Directors to get a copy of the form.

Judy Rosser, Executive Director of (BDAP) Blair County Drug & Alcohol, reported that additional funding is coming in for the opioid crisis. BDAP has been working to expand Medicated Assisted Treatment. BDAP is in the final stages of having a recovery center with the Pregnancy Care Clinic under UPMC Altoona. As of January 2, 2019, a Certified Recovery Specialist (CRS) has been working in the UPMC Emergency Medical Department. In January 2019, through the Department of Drugs & Alcohol, BDAP was awarded a 1.2 million grant to expand Certified Recovery Specialists and Intensive Case Management.

Jim Hudack commended Judy Rosser and her staff for their creativity and thinking out of the box when dealing with the challenges our community has been facing.

Jim spoke about the importance of cyber insurance. Last August 2018, there was a potential breach of two providers that had no direct bearing on Blair County, but were required by their insurance to report it. The total cost of the breach investigation was over \$4,000.00.

Jim announced The Columbia Suicide Severity Scale App, which was developed in Blair County, is available worldwide. The App can be found in the App store under Columbia Protocol.

Melissa Gillin, Quality Assurance & Housing Coordinator for Blair County Department of Social Services, reported that for the first time this Friday, April 12, 2019, that LHOT (Local Housing Options Team) & the Housing Round Table will have a combined meeting to focus on overlapping housing issues. Topics to be discussed are lack of housing for individuals coming out of prison, as well as, the confusion as to how coordinated entry works for the homeless. Individuals, who are in need of housing, dial 211 to take a survey that assesses the severity of their situation to determine their placement on the que.

Lisa Hann commented the struggle Family Services is encountering with the que and coordinated entry is that families, who were once served by Family Services, are not scoring high enough on the que. These families are couch surfing or doubling up creating a crowded living situation where tensions are high and the incidence of violence is increased.

Theresa Rudy commented that BCCAP (Blair County Community Action Program) manages HAP (Housing Assistance Program) funds. Theresa discussed highlights of the program.

Melissa Gillin stated that discussions are happening at the housing meetings to find a way to fill in the housing gap.

Jim Hudack thanked everyone for attending.

**The 2<sup>nd</sup> Public Hearing is tentatively scheduled for Friday May 10, 2019 at the Southern Alleghenies EMS, Beale Ave, Altoona, 1:00pm – 3:00pm.**

**HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2019/20**  
**1st PUBLIC HEARING**  
**April 5, 2019 @ 1:00PM**  
**SOUTHERN ALLEGHENIES EMS TRAINING ROOM, ALTOONA**

**SIGN IN SHEET**

NAME	EMAIL	AGENCY	MUNICIPALITY
1. Jennifer Kensing	jekensing@blairco.org	Social Services	Freedom Twp.
2. Melissa Giffin	mgiffin@blairco.org	Social Services	
3. Kenneth Dean	Kedean@blairco.org	Social Services	Frankstown Twp
4. Jim Hudock	jhudock@blairco.org	Social Services	
5. Rhonda Smith	rsmith@familyandcommunity.net	Social Services	
6. CHUCK DIVERLY	CHUCKENIA@VAHOC.COM	Social Services	
7. Traci Young	tyoung@skillsgroup.org	Skill	
8. Jon Frank	jfrank@blairco.org	J.P.O.	
9. Jamie Henry	jhenry@scany.org	SA SMO	Altoona
10. Mark J. Chuff	chuffmja@upmc.edu	UPMC	Altoona PA
11. Dan Beckwith	dbeckwith@upmc.edu	UPMC BHA	Blair
12. Howard Emin	hemin@blairco.org	Wormsley YSD NP	Blair
13. Christine Butterbaugh	cbutterbaugh@peustatille.com	Peustatille	Altoona
14. Cindy Jones	cjones@blairco.org	DSS	
15. John Hooper	JHooper@UPMC.BDU	UPMC BUA	Altoona
16. Samantha Humphrey	shumphrey@blairco.org	Big Brothers Big Sisters	Altoona/Blair
17. Theresa Trudy	trudy@blairco.org	DSS	Altoona/Blair
18. Tim Custer	tcuster@nuitan.com	Nuitan	Altoona
19. Lisa Han	Lhan@familyandcommunity.net	FSI	Altoona
20. Judy Ross	JRoss@blairco.org	BDAP	Blair
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## ***2<sup>nd</sup> Public Hearing***

The second hearing was held on June 19, 2019, at 1:00 p.m. at the Altoona Water Authority, 900 Chestnut Avenue, Altoona, PA.

The second Blair County Human Service Annual Plan Public Hearing conducted on June 19, 2019 had 12 residents of Blair County in attendance. During this hearing each program director gave a brief overview of their respective section of the annual plan. The audience had the opportunity to ask questions and make comments throughout the duration of the public hearing. The hearing was the final opportunity for any additional comments or suggestions. These comments were reviewed by the Blair County Leadership Coalition to be included in the final submission of the annual plan which was approved by the Blair County Commissioners on July 9, 2019. An advertisement for the public hearing was published in the Altoona Mirror on June 13, 2019.





**PROOF OF PUBLICATION OF NOTICE IN ALTOONA MIRROR**

<b>NOTICE</b>
The Blair County Human Services Block Grant Annual Plan 2nd Public Hearing for FY 2019-2020 has been scheduled for Wednesday, June 13, 2019 at 1:00pm at the Altoona Water Authority, 900 Chestnut Ave, Altoona, PA. If you are interested in submitting comments please E-mail the Blair County Department of Social Services at <a href="mailto:dss@blairco.org">dss@blairco.org</a>
June 13, 2019

**STATE OF PENNSYLVANIA  
COUNTY OF BLAIR**

Ray Eckenrode, being duly sworn says: That he is the General Manager of the ALTOONA MIRROR, a newspaper of general circulation, published at Number 301 Cayuga Avenue, Township of Logan, City of Altoona, County of Blair, and State of Pennsylvania.


That said newspaper was established as a daily newspaper of general circulation on the Thirteenth Day of June 1874, since which date said newspaper has been published daily in the City of Altoona; that a copy of the printed notice, hereto attached, is exactly as the same was printed and published in the regular edition of the daily ALTOONA MIRROR published on the following date(s), viz:

June 13, 2019

The affiant further deposes and declares that he is not interested in the subject matter of the aforesaid notice of publication and that all allegations in the foregoing statement as to time, place and character of publication are true.



Sworn to and subscribed before me the 20 day of June, 2019.

  
Debra D. Miller, Notary Public

My Commission expires

Commonwealth of Pennsylvania
Notarial Seal
DEBRA D MILLER, Notary Public
ALTOONA CITY, BLAIR COUNTY
My Commission Expires July 25, 2021



**Blair County Office of Social Services**

**Human Services  
Annual Plan**

**2<sup>nd</sup> Public Hearing  
for FY2019-2020**

**Wednesday, June 19, 2019**

**Altoona Water Authority, Board Room,  
900 Chestnut Avenue  
Altoona, PA**

**1:00 PM – 2:30 PM**

We want to hear from community members regarding their views of the human services annual plan for Blair County. This would include: mental health, intellectual disability, children services, drug and alcohol, housing and early intervention services. All individuals who utilize services and supports and all providers of services within the community are welcome and encouraged to attend. Please share your thoughts, opinions, and ideas in helping finalize the annual plan that will benefit the citizens of Blair County.

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**If you are unable to attend and interested in submitting comments, please E-mail the Blair County Department of Social Services at [dss@blairco.org](mailto:dss@blairco.org)**



**2<sup>nd</sup> PUBLIC HEARING  
FOR  
BLAIR COUNTY HUMAN SERVICE'S ANNUAL PLAN  
FOR FISCAL YEAR 2019/2020  
Wednesday, June 19, 2019  
AGENDA**

1. Welcome and Introduction of Presenters – Jim Hudack, Blair County Department of Social Services, Executive Director
2. Overview of Human Service's Annual Plan – Jim Hudack
3. Intellectual Disability Services Plan – Jamie Henry, Executive Director of Southern Alleghenies Services Management Group
4. Human Services Development Fund, Human Services and Supports and Homeless Assistance Plans – Melissa Gillin
5. Drug and Alcohol Services Plan – Judy Rosser, Executive Director for Blair Drug and Alcohol Partnership
6. Mental Health Services Plan – Theresa Rudy, Mental Health Director for Blair County Department of Social Services
7. Questions and Comments



**Commissioners**  
Bruce Erb, President  
Terry Tomassetti, Vice-President  
Ted Beam, Jr., Secretary

**Blair County**  
**Department of Social Services**  
423 Allegheny Street, Suite 441B, Hollidaysburg, PA 16648-2022  
(814) 693-3023 • FAX (814) 693-3052  
Web [www.blairco.org](http://www.blairco.org) Email: [dss@blairco.org](mailto:dss@blairco.org)

**JAMES HUDACK**  
Executive Director  
**THERESA RUDY**  
MH Program Director  
**KENNETH DEAN**  
MH Program Specialist  
**CINDY JAMES**  
CASSP Coordinator  
**JACKIE SAYLOR**  
Fiscal Officer  
**LINDSAY DEMPSE**  
Fiscal Specialist  
**TRINA ILLIG**  
Grants Coordinator for  
Community Development  
**MELISSA GILLIN**  
Quality Assurance & Housing  
Coordinator  
**JENNIFER KEN SINGER**  
Administrative Assistant

**The Blair County Department of Social Services  
Human Services 2019-2020 Annual Plan 2nd Public Hearing  
Wednesday, June 19, 2019 at 1:00 PM  
Altoona Water Authority, 900 Chestnut Ave., Altoona, PA**

**Meeting Minutes**

Jim Hudack called the meeting to order and self-introductions were made.

Jim gave an overview of the process of submitting the Human Services Block Grant Annual Plan & announced that the Human Services Block Grant Final Guidelines had been released. The plan is scheduled to be presented to the County Commissioners on Tuesday, June 25 at the County Commissioner's meeting. Final approval & Commissioners' signatures are scheduled for Tuesday July 9, 2019.

Each of the Human Services Program Directors presented an overview of their plan narrative and requirements outlined in the block grant guidelines for FY 19/20.

Questions were received from the attendees and were answered by the respective program directors.

Jim thanked everyone for attending and adjourned the meeting.

**HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2019/20**

**2nd PUBLIC HEARING**

**June 19, 2019 @ 1:00PM**

**ALTOONA WATER AUTHORITY, ALTOONA, PA**

**SIGN IN SHEET**

NAME	EMAIL	AGENCY	MUNICIPALITY
1. Jennifer Kensinger	jkensinger@blairco.org	Social Services	Freedom Township
2. Jim Hudack	jhudack@blairco.org	Social Services	
3. Cindy James	cjames@blairco.org	" "	Freedom Sp. Dist.
4. Judy Reaser	jreaser@blairco.org	BDAP/SCA	Holidaysburg Ppt
5. Jan Frank	janfrank@blairco.org	BCJPO	Altoona
6. Melissa Miller	mmiller@blairco.org	Social Services	
7. Bob Hooper		UMC: BUA	
8. Sherry Genthner	sgenthner@skillsgroup.org	Skills	
9. Charles Lashley	clashley@skillsgroup.org	Skills	
10. James Henry	jhenry@sasinc.org	SASinc	Altoona
11. Angela...	...	BHC	Holidaysburg
12. Theresa Rudy	trudy@blairco.org	Social Services	Holidaysburg
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### ***PART III: CROSS-COLLABORATION OF SERVICES***

During the FY 2017/2018, Blair County was able to address the needs of its residents concerning housing, transportation and employment. A working group has been meeting over the past two years in developing a plan to create a new homeless shelter that will be able to accommodate more individuals. The current homeless shelter only has the capacity of 16 beds. On an annual basis, the current homeless shelter turns away over 500 individuals who meet the criteria, but the shelter is already at capacity. Based on the additional need identified, it is our intent to identify a new facility that can accommodate 40 to 50 individuals. This year has been rather challenging. We were able to identify 2 options for a new shelter, develop a business plan, identify additional stakeholders and began the design and needs of the shelter. Each of these options fell through for one reason or another. Fortunately, a new option has become available and seems to be looking more promising. This has also given us more time to enhance our relationships with other stakeholders and explore other funding sources. It is our intent to secure a property during this 2018/2019 year and begin securing the necessary funding and the renovations with the blending of both public and private resources.

In April 2015, a Housing Summit was held using HSBG funds to engage stakeholders in a conversation around special needs for housing in Blair County. From the ideas generated, the Blair County Housing Steering Committee was established to develop a strategic plan and meets quarterly to address the continuum of housing. Based on the established strategic goals, the following objectives have been achieved to date: the implementation of a Prepared Renters Program (PREP) for individuals to learn how to be better tenants, the development of a resource guide for both landlords and tenants in conjunction with the Landlords Association, the development of more comprehensive and sustainable housing plans for individuals released from jail, and a partnership with the Local Housing Option Team (LHOT) to create additional opportunities for affordable housing and address specific issues concerning different populations and their respective needs. To date, over 60 individuals have become trainers for the PREP curriculum, including CYF workers, correction officers, case managers, members of Clubhouse, librarians, and other advocates. By the end of FY 2017/2018, all Blair County probation officers will be trained in PREP. Another small group is currently working with a developer to create a number of new housing units that will have at least half the units being able to serve those with physical disabilities. The Steering Committee was instrumental in identifying housing needs and opportunities for Blair County's HealthChoices reinvestment plan, including temporary housing, permanent housing, and homeless prevention funds. Finally, we are working on ways to leverage additional funding through various sources both public and private to support the housing continuum in Blair County.

Our transportation program, established in March 2015, was able to receive a continuation of funds in FY 2017/2018. This program offers transportation services to individuals employed or have scheduled interviews with employers outside the current public transit system's service area and to individuals working within the public transit system's area but outside of its normal hours of operations. This program provides the service at no charge for the first 60 days. The next 90 days the rider pays a small service fee. Through March of 2018, 125 individuals sought the use of transportation services. Fifty-eight (58) individuals enrolled in the service and 5,110 trips were made. 30% of individuals had a mental health and/or drug and alcohol diagnosis, 16% were veterans, 19% were living in temporary or transitional housing, and 43% were on probation or parole. This year, the average trip was 7.20 miles, at a cost of \$2.01 per mile compared to last year where the average cost was \$2.22 per mile. 71.25% of the riders work between 3pm and 7am, and 38.39% work outside of the Altoona area, places and times of the day when public transportation is not available. In FY 2016/2017, 25-30% of the riders were contributing to the transportation service, but over 75% are now contributing totaling \$7,596 through March. When riders were surveyed, 100% felt the service was helpful and assisted them in maintaining employment.



The transportation program continues to be a challenge to develop a model that is the most cost efficient, stable, and produces the best outcomes. The Leadership Coalition continues to work closely with the provider to monitor outcomes and ways to maximize the transportation service to achieve the lowest cost with the most optimal outcome.

Since January of 2017, a small group of the Leadership Coalition, as well as, Judges, prison leadership, and adult probation leadership have been meeting to identify ways to address the mental health issues of inmates. On average, 65% of the inmates at Blair County Prison have a mental health diagnosis, with 10% having a serious mental illness diagnosis. The group has been using the Stepping Up Initiative framework, and officially signed on as a Stepping Up County on December 19, 2017. One of the group's major accomplishments in the past year was hiring a Mental Health Forensic Case Manager (MHFCM). After analyzing the process flow between arrest, incarceration, and release, it was determined that most often inmates were released without a good plan to reconnect to mental health services in the community, often resulting in re-incarceration. Community-based mental health providers were accommodating the inmates within seven days of release, but the process as it existed did not allow appropriate coordination to occur. The MHFCM is primarily responsible for coordinating mental health services upon an inmates' release. The MHFCM is employed with Blair HealthChoices, the entity that manages medical assistance for behavioral health, and is funded through the Human Services Block Grant. This allows for better coordination of services for Blair HealthChoices high risk members that end up incarcerated.

As part of the Stepping Up Initiative, the group has also been working together to increase accessibility to mobile crisis services. Through process mapping, the group also recognized the lack of consistent accessibility to mobile crisis services that would be able to assist in a mental health crisis. When asked, officers stated they would likely not arrest individuals in a mental health crisis if other options were available to them at the time. Using Human Services Block Grant Funds, and HealthChoices reinvestment funds, the crisis provider was able to purchase vehicles and other equipment needed, hire dedicated mobile crisis workers, receive crisis training, and increase marketing to the public. Although no outcomes data is available at this time, the community's response to the increased availability has been appreciative.

Another opportunity for cross-system collaboration has occurred with a group of consumers operating a drop in center. The drop in center is currently open once a week through the lunch hour. It gives consumers the opportunity to connect with their peers and support each other in their recovery. The Human Services Block Grant has supported their growth by providing funds for one paid position and additional funds to support the operations of the program. The Leadership Coalition continues to partner with H.O.P.E. Drop in to strategically plan their expansion. In turn, H.O.P.E. Drop In plays a key role in Human Services Block Grant planning. They are active participants at the Human Services Block Grant public hearings and through the Community Support Program (CSP). They also participate in many other community outreach activities to increase awareness and reduce the stigma of behavioral health.

Blended funding was awarded to support individuals with a Dual Diagnosis. These funds went to cover additional expenses for programs and services that are funded out of Base Intellectual Disabilities funds. Blair County's Administrative Entity agency developed the position of a Mental Health/Intellectual Disabilities (MH/ID) Navigator. This position supports individuals with have a dual diagnosis and works to better coordinate services between the program areas of Intellectual Disabilities and Mental Health. So far this year, this position has worked with 10 teams to provide additional support and assistance to the team members. This position also is responsible for our Technical Assistance Support Team (TAST) that reviews complex cases and offers suggestions and advice to the individual's team. Since July 1, 2017, TAST has reviewed 25 cases. Finally, the Navigator is the main contact person for any referral for the Dual Diagnosis Treatment Team (DDTT) and the Community Stabilization and Reintegration Unit (CSRU).



Through HSBG funding a transition age summer employment program has been offered for the past four years. The first two years an average of 10 students who have an ID diagnosis received summer work experience just as many teenagers do. The intent of the program is to demonstrate to the students and their families that the students can work, be safe, and be successful outside of a segregated setting. The program is designed as a grant proposal. Each proposal is capped at \$10,000. Organizations can apply to offer work experience to any number of students in the program, and can design those experiences tailored to the students' needs and interests. Examples from previous grants range from traditional job placement with coaching, to the development of a micro enterprise with profit sharing for the students. This past year, the grant employment program was expanded to include a total 25 students. This year we again will be offering the same level of funding as in FY 2016/2017 with the goal of serving 25 to 35 individuals.

Since 2012, Blair County has been conducting Mental Health First Aid classes to the residents of the county through Blair County NAMI. Over time a number of the certified instructors have relocated or no longer have their instructor certifications. In order to continue to operate this program there is a need to conduct a new certification course through the National Council for Behavioral Health. These funds were matched with additional funds to lower the costs for participants. There were 28 individuals who received their Adult Mental Health First Aid certification. These MHFA certified individuals are required to offer 3 classes per year to maintain their respective certification.

All categoricals will be funded for FY 2018/2019.

## ***PART IV: HUMAN SERVICES NARRATIVE***

### **Mental Health Services**

#### **(a) County MH Program Highlights:**

##### **HSBG Fiscal Years (FY) 2013/14 – 2018/19**

The County Mental Health (MH) Program has benefitted from the use of block grant retention funds to start up several new programs including the Peerstar LLC Citizenship Group (2015/16), the Dual Diagnosis (MH/Intellectual Disabilities) Navigator (2015/16), the MH Forensic Case Manager (2017/18), and Mental Health First Aide (MHFA) (2017/18).

In FY 2018/19, \$117,500 from the HSBG MH funding amount required to continue the Citizenship Group, DD Navigator, and MH Forensic Case Manager with \$138,000 projected for FY 2019/20.

##### **Peerstar LLC Citizenship Group**

Peerstar Citizenship Group sessions were piloted at the Blair County Prison beginning March 2016. There were fifty-one (51) participants in FY 15/16, sixty-four (64) in FY 17/18, and thirty-one (31) in the current FY through March 2019. Forensic trained and Citizenship Facilitator trained Certified Peer Specialists facilitate the Yale University-based Citizenship Group classes for pre-release training and preparation. The curriculum covers topics that range from *processing emotions* and *communication skills* to *problem-solving* the logistics of *re-entry* into the community. The program targets participants' isolation and lack of valued social roles and skills for successful community living. Research using the citizenship framework has demonstrated its effectiveness in reducing participants' hospitalization days, substance use and increasing their quality of daily living. Groups occur once or twice a week for 2 hours each session with 1 facilitator to maximum of 10 group participants. Each facilitator has one hour each week to allow individual time to orient/intake new members and/or meet with current members individually as needed. A complete cycle of the Citizenship Group is 20 sessions. County HSBG MH funds committed to sustaining this program in 2018/19 are \$10,000 budgeted in the OMHSAS cost center Transitional & Community Integration – Forensic Services.

##### **Dual Diagnosis Navigator (MH/ID)**

The Dual Diagnosis Navigator originally was a part-time position at the Blair County's Supports Coordination agency. This position supports individuals (primarily adults and some transition age youth) who have a dual diagnosis and works to better coordinate services between the program areas of intellectual disabilities and mental health. Due to the success of this initiative, the Navigator was made a full time position and employed at Southern Alleghenies Service Management Group (SASMG) beginning in January 2017. The County MH transfers an allocation of \$35,000 from the MH HSBG to the ID HSBG funding stream each fiscal year.

##### **Mental Health Forensic Case Manager**

The Mental Health Forensic Case Manager serves to assist inmates in gaining access to needed behavioral health, medical, social, educational, and other services. The service is responsible for assessing inmates' needs, discharge plan development, implementing and reviewing success of discharge plans, and working with other community resources in meeting inmates' mental health needs. This service may also support adults with a mental health diagnosis, who have court service involvement due to criminal charges in attempt to divert from incarceration.

This position is organized under the County's Stepping Up Initiative to increase connections to mental health treatment upon release from jail, to help reduce the length of time spent in jail, reduce recidivism, and respond to mental health crises appropriately and safely to reduce the number of people with mental illnesses booked into jail. This Initiative

has full support of the Criminal Justice Advisory Board (CJAB) and the Commissioners in the County of Blair. The Mental Health Forensic Case Manager will work closely with the departments represented at CJAB, including but not limited to the Judges, District Attorneys, Public Defenders, Adult Parole and Probation, Children and Youth, Juvenile Probation, Department of Social Services, and Blair HealthChoices. The Mental Health Forensic Case Manager will be an integral part in streamlining communication systems to improve the response to people with mental illness entering the legal system. Blair HealthChoices received a county contract effective 12/1/17 to employ the Forensic Case Manager. County HSBG MH funds/County Match committed to sustaining this contract in 2018/19 are \$65,000 budgeted in the OMHSAS cost center Transitional & Community Integration – Forensic Services and the same amount is projected for FY 2019/20.

### **Mental Health First Aid (MHFA)**

MHFA is an international program that began in Australia in 2001 and the USA in 2007 and teaches how to identify, understand, and respond to signs of mental illness and substance abuse disorder in your community. MHFA is listed on the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidenced-Based Programs and Practices (NREPP). NAMI Blair County PA coordinates the 8 hour MHFA trainings and courses since 2012. NAMI Blair County PA hosted a MHFA Train the Trainer event in Altoona the week of October 23, 2017. The course was presented by the National Council for Behavioral Health. There were 28 facilitators who became certified to present the eight hour Adult MHFA program.

The 8 hour MHFA was offered for community law enforcement and first responder personnel on 7/26/18, 9/19/18, and 11/13/18. Upon successful completion of the course, participants are certified as active MH First Aiders for a three year period.

The Intermediate Unit (IU) # 08 serving 4 counties provides Youth MHFA. In 2017 there were two courses held in Blair County and one in Altoona June 2018.

### **Health, Opportunity, Purpose and Empowerment (H.O.P.E.) Drop In**

H.O.P.E. Drop In began in 2015 and in FY 2016/17 received a county contract for this new mental health program with eighty-one (81) individuals participating, ninety-one (91) in FY 17/18, and one hundred-four (104) in the current FY through March. A part-time Executive Director, who self-identifies as a consumer of mental health services oversees this Drop In Center program location at the Bethany Lutheran Church in Altoona. The program hours are Mondays Noon – 4 p.m., and Thursdays 1 p.m. – 3 p.m. The Thursday hours are an expansion in FY 2018/19 with the provision of an Art Studio in collaboration with Dr. Talbot, Mount Aloysius College. There is an active steering committee working on a strategic plan to grow this program in the future. HSBG MH funds committed to this program in FY 2018/19 is \$30,000 and the same for 19/20 budgeted in the OMHSAS cost center Social Rehabilitation.

### **Blair County's Behavioral HealthChoices Program**

Blair County has had the Right of First Opportunity to manage the risk-based contract to fund behavioral health services for individuals on medical assistance since July 2007. Due to two bills, one in the House and one in the Senate, the Behavioral HealthChoices Program has come under scrutiny. Claims have been made that the carve out prevents the ability to treat the whole person. This is not the case in Blair County. Since 2014, Blair HealthChoices has worked with Community Care to create Behavioral Health Homes in every mental health clinic and methadone/suboxone clinic in Blair County. While simultaneously expanding access to psychiatric care and case management, all of the clinics employ a dedicated Wellness Nurse Navigator and have all staff trained in wellness coaching. Often times, individuals with serious mental illness have significant co-morbid physical health issues. At the same time, they are less likely to seek appropriate medical care until the disease has significantly progressed. Once connected to physical health care, they often times have challenges with advocating for their physical healthcare while managing their mental health. The

Wellness Nurse Navigator and Wellness Coaches are able to advocate and coordinate care for the individuals they serve. A Disease Registry, created from the physical health data shared with Community Care, helps to identify and prioritize those individuals with significant chronic diseases such as diabetes, hypertension, and COPD. The Behavioral Health Home coordinates care while at the same time, identifies wellness goals with the individual to improve their health outcomes. All Behavioral Health Homes are established through a pay for performance value-based contract. The first provider to implement the Model is now in the advanced phase of contracting where health outcomes are measured and rewarded through the P4P. This provider was able to demonstrate a significant reduction in blood pressure measurements for those individuals diagnosed with hypertension.

Blair HealthChoices recognizes that preventative care is what reduces medical costs overall. Blair HealthChoices has been piloting a wellness project with a case management provider that identifies youth diagnosed with obesity and assists those youth with setting wellness goals that include better nutrition and exercise. During FY19/20, Blair HealthChoices will be working with this provider to establish a pay for performance contract to incentivize their health outcomes.

## **b) Strengths and Needs:**

- ***Older Adults (ages 60 and above)***

- **Strengths:**

- Continue to add senior Housing options.
- Contract with Blair Senior Services for Domiciliary Care, Guardianship and Power of Attorney
- Assessing capacity as we prepare for Community HealthChoices in 2018

- **Needs:**

- Psychiatric expertise and Peer Support working with the aging population.
- Geriatric addiction resources
- Accessibility to Medicare behavioral health providers
- Coordination of services with Office on Aging for Housing Issues

- ***Adults (ages 18 and above)***

- **Strengths:**

- Blair HealthChoices care management for high risk adults managing 10% of HealthChoices members
- Providing a curriculum of MH/ID trainings to increase competencies of behavioral health providers
- Increased capacity for targeted case management now operating as an integrated physical /behavioral health home
- Comprehensive continuum of MH services, including addition of Mobile Psychiatric Rehabilitation
- Revitalized the Blair County Community Support Plan (CSP) Committee in FY 2016/17 through technical assistance from the PA Mental Health Consumers Association (PMHCA) and provided the PMHCA Leadership in Recovery (LIR) training in Altoona. Meetings are held monthly generally the third Friday of the month at 1:00pm at the Altoona Water Authority in the conference room.
- Development of a Dual Diagnosis Treatment Team through HealthChoices reinvestment
- Lexington Clubhouse, expansion of services

- National Alliance for the Mentally Ill (NAMI) Blair County offers the NAMI Peer to Peer and Family to Family Education classes, NAMI Connection support group, and Annual Recovery Conference
- Dual Diagnosis (MH/ID) steering committee
- Drop In Center (s) continue to increase attendance
- Technical Assistance Support Team (TAST), multi-disciplinary team to support individuals with complex mental health and intellectual disabilities
- Navigator to support cross system coordination for individuals with mental health and intellectual disabilities
- Re-occurring May is Mental Health Month Event
- **Needs:**
  - Increase recovery oriented mental health services, shifting more toward recovery model
  - 24 hour supervised living arrangement Long Term Structured Residence (LTSR)
  - More personal care home opportunities for more individuals that have SSDI with personal care home supplement
  - Safe, decent, and affordable housing
  - Mobile support for Domiciliary Care
  - Transportation
  - Employment opportunities
  - Increase availability of mobile crisis
  - Availability of Domiciliary Care

- ***Transition-age Youth (ages 18-26)***

- **Strengths:** Transition age youth are prioritized across all County systems. The MH Program Office recognizes the struggle making the shift from youth to young adulthood can be, and having a mental illness can add a unique dimension to this change. There are several services and activities that are available in Blair County to assist transition age youth. For example, targeted case management (TCM) works with youth as they transition into adulthood. The TCM staff assist with finding housing, exploring educational and vocational options, accessing clinical services and treatment, etc.

Transition age youth are also supported by the Blair County Transition Council. The purpose of the Blair County council is to enhance services & supports for persons with disabilities as they transition from school to post school activities & adult community living. The council meets monthly.

Other supports include drop-in centers and specialized support groups for transition aged youth with autism.

- Active local Transition Council including ID and MH
- Targeted Case Management set up to work through transitional age
- Included in Drop In Center (s)
- Elements of Harmony is a transitional age youth with autism support group
- Implemented a Youth and Young Adult Advisory Committee
- Prioritized across all systems
- Started a System of Care Team working on youth engagement
- Implementation of SAMHSA's Community Conversations
- Implementing Peer Support Services for TAY

- **Needs:**
  - Local job training
  - Independent living skills development/housing
  - Smoother transition from child serving system to adult serving system
  - Individuals with Autism or ID transitioning out of Behavioral Health Rehabilitative Services (BHRS)
  - Autism Adult Waiver provider capacity
  
- **Children (under 18)**
  - **Strengths:**
    - Implementation of SAMHSA’s Community Conversations
    - BHRS Consortium: transformation of services- i.e. clinical training, provider faculty, value-based contracting
    - School Collaborative Strategies initiative to improve relations between providers and schools, annual event followed by monthly meetings and the BHRS Consortium.
    - Suicide Prevention Task Force (SPTF) meets monthly, Aevium
    - Established and trained on an updated Multi-Disciplinary Investigative Team (MDIT) including mental health care and a MDIT Coordinator
    - PCCD Grant to train 21 Licensed Therapists in Trauma Focused Cognitive Behavioral Therapy to provide services to children referred to the MDIT of future Blair County Child Advocacy Center.
    - Child/Adolescent Service System Program (CASSP) Advisory Committee
    - CASSP Blair County Learning Community PA System of Care Partnership
    - Student Assistance Program (SAP) including the SAP Coordination Team and SAP School District Council
    - Maintained and expanded Community and School Based Behavioral Health teams in Tyrone and Altoona Area School Districts, adding one additional elementary school in Altoona
    - HealthChoices comprehensive care management for children
    - Expanded Teen Shelter at new location
    - CASSP Team Meetings
    - Maintaining Evidenced Based Programs including Family Group Decision Making(FGDM), Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Parent Child Interaction Therapy (PCIT)
    - Completed an RFP for specialized Residential Treatment for adolescent with high risk behaviors and adolescents with MH/ID.
    - Implementing Peer Support Services for Youth 14 years and older
    - Beginning a truancy court
  
  - **Needs:**
    - Co-Occurring Disorder (COD) adolescent treatment
    - Provider competency for aggressive children
    - Respite care-lack of adequate funds
    - Prevent adoption disruption
    - Children with multiple out of home placements coming up on age 18
    - Increased efforts and sustainability of anti-bullying programs
    - Truancy



- ***Individuals Transitioning Out of State Hospitals***

- **Strengths:** Participation on the individual's Community Support Plan (CSP) Team meetings always includes the Torrance State Hospital (TSH) team, Blair County Department of Social Services, Blair HealthChoices and/or Community Care Clinical Care Manager(s), the Home Nursing Agency (HNA) state hospital liaison, Contact Altoona peer mentor, and the meetings are facilitated and recorded by the Allegheny HealthChoices, Inc. (AHCI). The CSP document is a person-centered plan which includes services and residential preferences the individual has identified as vital to his/her recovery process to insure a successful transition from the state hospital into the community. There were 25 CSP meetings 7/1/16 – 7/31/17 resulting in 6 discharges from the state hospital. As a result of Pennsylvania's revision to the state Olmstead Plan guidelines in Fiscal Year (FY) 2016/17, Blair County Department of Social Services: Conducted a scan of the existing services and housing options available for people with mental illness; Met with key stakeholders to discuss gaps in the service system and housing inventory; Conducted an extensive review of previous planning efforts, documentation and data and developed a Plan that acknowledges successful integration efforts and maps out ways to address integration and community based services and supports. The OMHSAS sent letters to Counties 7/10/17 that the Olmstead Plans have been received and are considered final.
- **Needs:**
  - Supervised housing
  - Transition to Partial Hospital Program (PHP) under-utilized
  - Enhanced/Specialized Personal Care Homes (PCH) DPW licensed for less than 16
  - Long Term Structured Residence
  - Mobile Treatment Teams: Community Treatment Team (CTT), Assertive Community Treatment (ACT)
  - DBT treatment
  - Crisis Diversion/Crisis Intervention Services: Residential
  - Extended Acute Care Hospital to reduce the need for state hospital admissions

- ***Co-occurring Mental Health/Substance Use Disorder***

- **Strengths:** Blair County works with its partners in the service system to treat individuals of all ages with co-occurring mental health and substance use disorders. For example, Blair HealthChoices initiated Recovery Oriented Methadone (ROM) for people 18 years and older in July 2012 and has worked closely with Blair County Drug and Alcohol Partnerships to roll out the Recovery Oriented Systems of Care (ROSC) Initiative. Community Care has taken this initiative statewide with the ROSC Center for Excellence. Two Blair County providers are participating in this initiative.

Blair County also has very active specialty courts, including a criminal drug court, family drug court, juvenile drug court, and the Driving Under the Influence (DUI) court, which frequently places individuals into treatment instead of incarceration.

In addition, Blair County has also worked to provide the infrastructure and training staff need to better serve individuals with co-occurring disorders. For example, the County has used the Comprehensive Continuous Integrated System of Care (CCISC) model (Minkoff and Cline) since 2004. Since that time, co-occurring disorder development for all clinical and direct care staff has been offered through Pennsylvania Certification Board (PCB) approved training. The Blair County Change Agent Connection also facilitates the use of the Blair CCISC training curriculum and case studies to make the

connection between competencies and clinical practice goals, and provides learning collaborative across all systems, and in the community.

- **Needs:**

- Increase clinicians applying for the PCB CCDP credential
- Easier way to dually license and monitor co-occurring competent programs
- Increase capacity for detox, or outpatient detox programs

- ***Justice-involved Individuals***

- **Strengths:** There are several ways in which Blair County addresses the needs of both adults and juveniles with a mental illness who are also involved with the justice system.

For adults, a cross-disciplinary team meets for case discussions and planning for the most complex individuals referred by the criminal justice system, primarily Blair County Adult Parole Office (APO) and the Blair County Prison (BCP). Blair County also has very active specialty courts, including a criminal drug court, family drug court, juvenile drug court, and DUI court, which frequently places individuals into treatment instead of incarceration. Forensic Certified Peer Specialists provide support and services for people involved with the justice system. This peer-based service is a complement to treatment for behavioral health issues. Blair County established a Crisis Intervention Team (CIT) in collaboration with human service providers and law enforcement offices within the community. The CIT received a Pennsylvania Commission on Crime and Delinquency (PCCD) Grant to assist with training expenses. Blair HealthChoices' Care Management participates in the Assessment Team and complete mental health level of care assessments in the prison for those with complex needs. Upon release, a psychiatric appointment is available within seven days. Blair County MH worked with Blair County Prison, PrimeCare Medical, County Assistance Office, and the UPMC Access Center/Base Service Unit (BSU) to develop a process for individuals at their minimum sentence date to expedite MA enrollment and the following:

- Ten day supply of medication with prescription to cover until psychiatric medication management appointment
- Triage with the Access Center/BSU and arrange initial appointment at Primary Health Network (PHN)/Federally Qualified Health Center (FQHC)
- Referral for Targeted Case Management

Lastly, Blair County has been able to help support a pilot project established by Blair County Drug and Alcohol Partnerships, Inc. to provide Vivitrol to individuals incarcerated in the Blair County Jail. Inmates are offered Vivitrol, as well as support from a Certified Recovery Specialist who assists inmates in developing a recovery plan. A plan is established for continued care upon release, including follow up visits to receive Vivitrol.

- **For Individuals with Criminal Justice/Juvenile Justice History**

- The Blair County court system also embraces the Permanency Practice Initiative (PPI) philosophy and promotes recommended practices. These practices include: Family Group Decision Making (FGDM), which Blair County makes available to any member of the community, regardless of agency involvement; Strength-Based Family Worker (SFW) credentialing program formerly known as Family Development Credentialing (FDC), allowing over 180+ community partners to become credentialed at no cost to participants over the past four years; Alternatives to Truancy, from which Blair County had

developed a Truancy Court and other Positive School Attendance support group services, with Magisterial District Judge (MDJ) participation and support.

Blair County CYF, in conjunction with the JPO, members of the court and judicial system, provider agencies, mental health professionals, early childhood education and school district personnel, and other various entities who work with children and families on a daily basis have continued to meet regularly. The discussions have been held to find solutions for the ongoing community issues which present challenges and barriers to safety, permanency, and well-being.

One community issue, Trauma and Trauma-Informed Care, continues to rise to the forefront of need for the children and adolescents of Blair County. Our community is in need of additional and expanded opportunities for Trauma based care and therapy services. Blair County CYF, during the year of 2015/2016, began a trauma-informed certified Therapeutic Yoga Program (TYP) for those children in both traditional and kinship foster care situations. This also program served children through General Protective Services (GPS). Both the resource parent(s) and the biological parent(s) are invited to attend and participate in the TYP with the child. This program is expected to reduce the reliance of psychotropic medication and poor behaviors in the school, home, and community settings by teaching new relaxation, breathing, and self-centered skills through TYP. Finding alternative ways and fostering support to increase the use of Kinship care (subsidized and non-subsidized) is also under consideration and will receive more attention through a dedicated work group of Blair County professionals.

Blair County also has extensive services for children and youth with a mental illness who are involved in the juvenile justice system.

These services are the result of system-wide team, such as the collaboration within the Juvenile Protection Office (JPO) and Children, Youth, and Families (CYF) agencies; the county CASSP system; CYF's Provider Group meetings; the Clinical Based Outcomes Committee; Evidence Based Team meetings; and the Children's Roundtable effectively led and guided by Blair County's President Judge Jolene Kopriva in which both JPO and CYF are integral parts of the process.

Communication techniques and goal setting practices such as Motivational Interviewing (MI); Critical Thinking skills and techniques; and capitalizing on family and individual strength based successes are all crucial tools used to assure Safety, Permanency, and Well-being for the families of Blair County. All County workers, as well as community service providers, are strongly encouraged and supported to complete the Temple University curriculum led Strength Based Family Worker (SBFW) program which aids the worker in finding the positives and best scenarios for all families and individuals served in the community.

The Blair County CASSP Advisory Committee, comprised of representatives from numerous child service agencies and educational realms, has been instrumental with assistance for children, youth, and families experiencing difficulty within the system or who just have very specialized needs such as severe emotional disorders or other difficult mental health needs. Permanency Practice Initiatives, Truancy, Safe Schools Initiatives, and Suicide Prevention Initiatives are just a few examples of community needs that have been focused upon within the CASSP Advisory Committee.

Many therapeutic enhancement strategies, new procedures, and strengthened practices for prevention services have occurred during workgroup sessions and subcommittee level meetings, all for the benefit of children, youth, and families within Blair County. A myriad of nationally acclaimed, outcomes based,

and statistically proven programs have been researched and discussed during one or more collaborative group meetings held by entities coming together for children, youth and families.

Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) are just a few examples of nationally recognized evidence based programs which have been offered in Blair County since as early as the year 2000, funded originally by grants through the Pennsylvania Commission on Crime and Delinquency (PCCD). These two programs were later added to the Special Grants funding proposal due to the research and evidence based proven outcomes, as well as the fiscal incentives to the county for utilization of these best practice methods. Both of these programs are viewed as preventative in nature and are now also funded through the Medical Assistance program for eligible children and youth, this is especially important for service delivery to those children not currently involved with CYF or JPO. These two services are also included in Blair County's continuum of care for BHRS.

- **Needs:**
  - Re-entry planning and support
  - Co-Occurring Disorder (MH/SA) treatment, prescription of services to be more individualized and based on stage of change for the individual, less is sometimes more
  - More comprehensive in-prison mental health services
  - Better coordination between APO and Medication Assisted Treatment Services Providers
  - Increase employment and training options for those with criminal records.
- ***Veterans:***
  - **Strengths:**
    - Veterans Committee, a sub-committee of the specialty courts system, exploring peer mentoring when veterans are in the court system
    - Local access to services
    - James Van Zandt VA Medical Center in Altoona has a Behavioral Health Clinic with competent clinicians
    - VA participates in LHOT, CJAB, Suicide Prevention Task Force, MHFA and CIT Training
  - **Needs:**
    - Limited coverage of MH providers for their family/children (Tricare)
    - Communication between VA services and non-VA services
    - Case Management Services
- ***Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers***
  - **Strengths:**
    - Local LGBTQI training through Community Care
    - Therapy services are available
    - SAP groups targeted for LGBTQI
    - Support group at Penn State University (PSU) Altoona for community
    - BDAP offers continuing education credits/trainings that are valuable
    - Community Support Group

- **Needs:**
  - Support Groups for Adults
  - Increased cultural sensitivity and anti-bullying efforts
  - Increased training opportunities
  - Need to advertise services that are currently available
- ***Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)***
  - **Strengths:**
    - Assessment process is thorough
    - Bi-lingual care management (Spanish)
    - Written material in Spanish
  - **Needs:**
    - Not well advertised, accessible

- ***Other - Individuals with Both Behavioral Health and Physical Health Needs***

Blair County recognizes that most people served in the system have complex needs that require coordinated treatment, including mental health and physical health needs. Physical health symptoms can often mimic or exacerbate behavioral health symptoms and vice versa. Looking at each person holistically, means focusing on symptoms and illness, but also wellness and prevention.

To address the needs of this population, Blair County providers have participated in Community Care’s Person-Centered Outcomes Research Institute (PCORI) grant, Behavioral Health Homes, and Chronic Special Needs Population (CSNP) projects to engage adults/adults with Medicare in various wellness approaches to stabilize mental health and physical health symptoms. Through Blair HealthChoices Comprehensive Care Management, the County has implemented a physical health/behavioral health coordination model for both adults and youth with complex needs.

Blair County also continues to be an active partner in initiatives established by the Healthy Blair County Coalition, based on priorities identified through the community needs assessment, including improving children’s mental health, Screening Brief Intervention Referral and Treatment (SBIRT) for adults and adolescents, and healthy lifestyle behaviors.

- ***Other - Individuals Who are Deaf or Hearing Impaired***

PATH has the ability to provide sign language interpreters so that adolescents who are deaf or hard of hearing to access behavioral health services and treatment. There is also a toll-free TTY number available to contact Community Care Behavioral Health for assistance finding providers enrolled in the HealthChoices program, getting basic information on treatment, and answering general questions.

The Center for Independent Living South Central PA (CILSCPA) ([www.cilsepa.org](http://www.cilsepa.org)) is located in Altoona PA and serves adults in seven counties including Blair. Core services include: Peer Counseling, Advocacy, Independent Living Skills, Information and Referral, Transitioning, and secondary services include: Service Coordination, Technical Assistance, and Voter Registration. In addition to these core and secondary services, the Deaf Action and Awareness Programs (DAAP) services include:

- Technical Assistance regarding compliance with the ADA Public Law 94-142 governing public school education and the care and maintenance of hearing aids.
- Interpreter referral services
- The CILS Deaf and Hard of Hearing Specialist maintains a list of certified and experienced interpreters
- Information about hearing dogs
- Information about use of video and TTY phones
- American Sign Language courses are offered several times per year
- Support groups for moral support and increased social opportunities include interpreters and Communication Access Real Time (CART)

The Hearing Loss Association of America (HLAA) Blair County PA Chapter was established in 2016 and the monthly support meetings are for anyone with hearing loss, interested parents, educators, and professionals and are held at the CILSCPA office in Altoona.

The regional Office for the Deaf and Hard of Hearing is located in Johnstown PA. The PA Department of Labor and Industry Office for the Deaf and Hard of Hearing ([www.dil.pa.gov](http://www.dil.pa.gov)) advocates on behalf of people of all ages who are deaf or hard of hearing for equal access to services, acts as a clearing house of information, makes referrals and ensures the provider is communicatively accessible and administers the Sign Language Interpreter and Translator Registration Act.

The Appalachia Intermediate Unit (IU) 8 ([www.iu08.org](http://www.iu08.org)) serves Blair, Cambria, and Somerset Counties and offers support services for Deaf and Hard of Hearing (DHHS) students from birth through age 21. The types of services available include: Intervention in the home of natural setting for deaf and hard of hearing infants and preschoolers and their families, individualized instruction in schools by certified teachers of the Deaf, parent training and support, consultation with school personnel about hearing loss, assistive technology, communication methods, and instructional and/or classroom accommodations, individual hearing testing and amplification system evaluation and loaner programs, sign language interpreters, and school-to-adult life transition services.

Blair HealthChoices/Community Care Clinical Committee in 2016 added a Mental Health Residential Treatment Facility (RTF) for adolescents operated by PAHrtners Deaf Services, a subsidiary of Salisbury Behavioral Management, to the Blair network of care.



### **Is the County currently utilizing Cultural and Linguistic Competence (CLC) Training?**

Yes    No

We have shared with our staff and contracted agencies all training opportunities received at the County MH office.

In the FY 2018/19 the PA Care Partnership Cultural and Linguistic Webinar Series were disseminated and these are available to view at the [www.pacarepartnership.org](http://www.pacarepartnership.org) website.

“Addressing Unconscious Bias to Create an Inclusive System of Care” webinar 1/23/19

“Culturally Responsive Systems of Care Often Engage the Family First” webinar 3/27/19

“Understanding Social Media Bullying, Bias and Micro-aggressions” webinar 5/22/19

In addition, the Blair HealthChoices BH-MCO Community Care Behavioral Health’s Code of Ethics includes the Cultural Competency Vision and expectations for provider cultural competence which are detailed at [www.ccbh.com](http://www.ccbh.com) in the provider manual.

### **Does the County currently have any suicide prevention initiatives?**

Yes    No

The Blair County Suicide Prevention Task Force (SPTF) was established in October 2004 and consists of about 25 community members including family survivors of suicide. The task force partners with the American Foundation for Suicide Prevention (AFSP) AFSP Eastern PA Chapter and Prevent Suicide PA. An AFSP Business Plan is developed for each fiscal year with activities described in the areas of fundraising, survivor programs, prevention/education/research, and public relations. A few of the 2018/19 activity events include the annual Out of the Darkness Walk held September 2018, the annual International Survivors of Suicide Loss day in November 2018, various trainings for community and school districts, assisting and promoting the Columbia Suicide Prevention App for iPhones and Android, promoting mental health awareness month in May, helping plan and promote community fundraising and awareness through the Wise Cracker Comedy Club and the Ripple Effect Movie. The Task Force was chosen for the Altoona Mirror’s (local newspaper) Season of Sharing Fundraiser this past year. The money that was raised will help with prevention and education activities for our community. The task force is an enthusiastic committee with the goal to reduce the suicide rate in our county.

On 3/12/19 Blair County announced the launch of the Columbia Protocol, a free smartphone application that gives residents access to a few simple questions that can help save lives. The county is the first in the country to develop an app that uses the Columbia-Suicide Severity Rating Scale (C-SSRS) while also providing local contact information to nearby crisis centers for individuals at risk of suicide. The Columbia Lighthouse Project worked closely with the county and PS Solutions to develop the app and other Counties across the state and country are able to sign on to have their local resources included for individuals using the app based on a user’s phone location.

**Based on the Governor’s Employment First Initiative:**

The Blair County MH program has promoted the employment first model for over thirty years. The County MH program contracts with Skills of Central PA for Community Employment services. The County MH program is also engaged with the Mobile Psychiatric Rehabilitation (MPR) at Skills of Central PA and the Lexington House, Clubhouse PR program at the UPMC BH of the Alleghenies who provide job coaching to individuals in their respective PR programs.

1. Do you use the Individual Placement and Support (IPS) model of supported employment for individuals with SMI?  Yes  No

Skills of Central PA utilizes IPS model of supported employment for individuals with SMI as well as Dual Diagnosis. Our staff are certified with Supported Competitive Employment for Individuals with Mental Illness Association of Community Rehabilitation Educators (ACRE) certificates and/or IPS Supported Employment for IPS Practitioners, and Job Development and Job Retention for Persons in Mental Health Recovery via Boston University.

UPMC BH of the Alleghenies Lexington Clubhouse does not officially use the IPS model as no staff have received formal training. We do assist members in applying for jobs on line. We coach members on what to wear, how to present during an interview, and we discuss possible interview questions and recently started to work with OVR to do mock interviews. We also help members create and update their resume. Lexington Clubhouse plans to have staff complete the ACRE training within the next 6 months which will lead to more formal supports in this area.

2. Do you collaborate with the local PA Office of Vocational Rehabilitation and/or Careerlink to increase employment for individuals with SMI?  Yes  No

Skills of Central PA collaborates with the local PA Office of Vocational Rehabilitation by providing supports with Career Information Sessions, Community Based Work Assessments, Job Development, Job Shadowing, Work Based Learning Experiences, as well as Job Readiness group classes. Skills collaborates with Careerlink to enhance local employment opportunities, employment educational courses and assisting with on-site job coaching. Skills also collaborates with the PA Office of Vocational Rehabilitation as well as Careerlink with the Blair Transition Group to assist High School Students with their transition into Adulthood with employment.

UPMC BH of the Alleghenies Lexington Clubhouse is in the process of building a relationship with OVR. We have a vocational rehabilitation counselor on site one hour each week to meet with members about employment and or education opportunities. We also have held “job club” sessions with OVR to discuss mock interviews, to assess members’ employment interests. We work with AHEDD to make sure members are educated about the impact of employment on benefits. We also refer members to the Ticket to Work Program so they can take advantage of employment incentives. Members have been encouraged to go to Career Link but they often choose to do their resume at Lexington Clubhouse.

**) Supportive Housing:**

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
<p><b>Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).</b></p>									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 19-20 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</b>									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Bridge Subsidies in FY 17-18	Average Monthly Subsidy Amount in FY 17-18	Number of Individuals Transitioned to another Subsidy in FY 17-18	Year Project first started
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</b>									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 17-18	Average subsidy amount in FY 17-18	Year Project first started
Notes:									

**4. Housing Clearinghouse for Behavioral Health**

Check if available in the county and complete the section.

**An agency that coordinates and manages permanent supportive housing opportunities.**

	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 17-18	Year Project first started
Notes:									

5. Housing Support Services for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
HSS are used to assist consumers in transitions to supportive housing and/or services needed to assist individuals in sustaining their housing after move-in.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Number of Staff FTEs in FY 17-18	Year Project first started
UPMC BH of the Alleghenies PATH	PATH Federal Homeless Grant	\$47,087	\$47,087	65	65			1.7	2004
UPMC BHA	HSBG MH	\$32,996	\$70,000	60	100				
UPMC BHA	County Match	\$ 3,600	\$4,606						
Blair Senior DOM Care	HSBG MH	\$7,539	\$9,000	13	15			.10	1996
Blair Senior DOM Care	County Match	\$1,461							
Skills Housing Support Staff	HSBG MH	\$48,271	\$3,000	80	25			1.10	1990*
Skills Tyler Hall	HSBG MH	\$16,858	0	13	0			1.0	1988*
UPMC BHA Blair House	HSBG MH	\$107,597	\$112,564	14	14			1.05	1990
UPMC BHA Blair House	County Match	\$11,995	\$12,507						
UPMC BHA Juniata House	HSBG MH	\$18,443	\$33,995	7	9			.45	2003*
UPMC BHA Juniata House	County Match	\$2,048	0						
UPMC BHA Tartaglio Home	HSBG MH	\$175,129	\$235,229	14	14			9.05	1997
UPMC BHA Tartaglio Home	County Match	\$10,050	\$11,995						
Notes:	Tyler Hall 20 unit SRO 1988-April 2018 closed, 18/19 reduced 1.0 FTE housing case management Juniata House 7 unit SRO McKinney-Vento funds ended June 2017								



6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20			Average Contingency Amount per person	Year Project first started
Skills	HSBG MH	\$9,455	\$5,000	38	30			\$250	1990
UPMC BHA	HSBG MH	0	\$28,000	0	15				2003
UPMC BHA	City CDBG	0	\$28,000						2019
Notes:	The Housing Assistance Rental Program (HARP) McKinney-Vento funding 2003-June 2019 for a 1.0 FTE housing case manager and rental assistance. The housing case manager position will be a .5 FTE added to the Housing Support Services #5 above. The County MH and the City of Altoona will partner with UPMC BHA in 19/20 to continue the rental assistance program.								

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Project Based Operating Assistance (PBOA is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol ), other.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 17-18	Projected \$ Amount for FY 19-20	Actual or Estimated Number Served in FY 17-18	Projected Number to be Served in FY 19-20				Year Project first started
Notes:									

#### **d) Recovery-Oriented Systems Transformation:**

Blair County Department of Social Services (DSS) and Blair HealthChoices have met to review relevant data, system progress, and stakeholder input in developing the Human Services Plan for FY 2019/2020. This has included a discussion on recovery-oriented systems transformation. The top five priorities related to these efforts include the following:

##### ***1) Increasing Community Tenure***

As Blair County continues to transform its service system to become more recovery oriented, measures such as community tenure gain added importance. Despite an increase in access to community-based services, hospitalization rates have not significantly changed. Also, readmission rates continue to be above the benchmark. Both affect a person's time spent in the community and both are disruptive and stressful on the person involved, despite best efforts otherwise.

Up to September 2017, a series of meetings were held to develop the root cause analysis for reducing readmission to the hospital within 30 days of their initial stay. Some of the root causes identified:

- People Root Cause 1: Mental Health Inpatient Hospitalization (MHIP) admissions are not planned and can be disruptive to the flow of an individual's life.
- People Root Cause 2: Community support services are recovery oriented and are able to meet with the individual in a convenient and agreed upon location.
- Providers Root Cause 1: Hospital Social Worker have other duties that take away from exploring adequate discharge options.
- Policies/Procedures Root Cause 1: MHIP is for acute stabilization.
- Provisions Root Cause 1: There is a lack of psychiatrists who are willing to work in rural areas.

Based on the RCA, several interventions were identified and a Pay For Performance was created for the inpatient unit to implement the interventions.

Update: Neither hospital met their goals nor received their incentive payment. The P4P was renewed for another year.

Also, H.O.P.E. Drop In implemented a community outreach effort called "Better Than Roses" to provide a support package to individuals leaving the inpatient unit to assist in a smoother transition back into the community.

Update: H.O.P.E. Drop In continues to provide resources and support to individuals being discharged from the hospital. They are currently working on a plan with the inpatient unit to provide education and support on the unit.

In October 2017, an additional psychiatric outpatient clinic was added to Blair County to increase access to psychiatry for adults and children.

Update: The new clinic served an additional 1060 children and adults since 7/1/2018.

In December 2017, using the Human Services Block Grant (HSBG), a Mental Health Forensic Case Manager was hired to support individuals incarcerated with a mental health diagnosis. This allows better screening and coordination of care for inmates, with the goal to reduce recidivism and improve their quality of life in the community. This is one of the first steps in Blair County's Stepping Up Initiative.

Update: In 2018, 118 people were released with an aftercare appointment to receive mental health or co-occurring treatment. Only 8 people refused any aftercare treatment. 62.7% were diagnosed with a serious mental illness. 81.75% had a co-occurring substance use diagnosis.

Since July 2017, Blair HealthChoices and the BCDSS have been working with the local crisis provider to expand access to mobile crisis through a reinvestment plan and the HSBG. This allows more community outreach to occur in partnership with the police and Children, Youth, and Families (CYF). The service is also being used to outreach to individuals recently discharged from the hospital that do not follow through with their scheduled outpatient appointments. Although, the service is still ramping up, we have already seen a 100% increase in mobile crisis utilization.

Update: Prior to initiation of the reinvestment plan, there were 189 episodes of mobile crisis. Since implementation of the reinvestment plan 367 episodes of mobile crisis occurred within the same timeframe. We continue to assess the need for additional expansion.

Pending approval, Blair HealthChoices submitted a reinvestment plan to establish a single room occupancy annex to provide short-term housing for individuals integrating back into the community. Often times, housing is the barrier to and individual returning to the community from hospitalization, rehabilitation, or prison. This short-term housing will allow individuals to discharge when medically ready and have safe housing and supports through local behavioral health providers to establish a long term plan for continued recovery.

Update: The reinvestment plan was approved in September 2018. Renovation plans are currently underway.

### **Interventions planned in FY19/20:**

1. Hire Care Coordinator to assist with consumers that may experience greater challenges with follow up after hospitalization/incarceration.
2. Utilize reinvestment dollars to purchase a building to be utilized as a full-time drop in center.
3. Utilize housing contingency dollars to fill gaps in housing assistance.
4. Care Managers will meet with physical health providers to increase awareness of mental health resources available to their patients, to identify symptoms and intervene earlier.
5. Care Managers/Care Coordinators will interview upon initial admission to the hospital, rather than upon readmission.

**Timeline:** Progress is reviewed quarterly, and adjustments to the plan are made accordingly. This will be ongoing until we are able to sustain readmission rates below the benchmark and reduce beds utilized at the state hospital.

In January 2018, Blair County rolled out Community HealthChoices. Outreach occurred with all the nursing homes to assess needs for additional services or increased access to existing services. Blair HealthChoices is currently working with Community Care to establish a mobile team including a psychiatrist, clinician, case manager and peer to incorporate behavioral health services in the home and community setting for Community HealthChoices members.

**Resources needed:** We continue to need appropriate supportive housing, alternatives to mental health inpatient, such as crisis residential services, and increased access to psychiatry.

**Plan for tracking implementation:** The strategic plan includes goals, measurable objectives, person/s responsible, and timeframes for completion. Updates will be reported regularly to the Healthy Blair County Coalition, Blair County Leadership Coalition and Blair HealthChoices Clinical Committee.

## ***2) Building a Trauma Informed Care Culture in Children's Mental Health***

Experiencing a traumatic event can have a long-term impact on a person, affecting his/her body, mind, and spirit. Trauma can overwhelm a person's ability to experience a sense of control over oneself and the immediate environment. It can also make it difficult to maintain connections to others. Despite these challenges, people can recover from the impact of trauma.

Blair County is committed to building a trauma informed care culture in its service system. Trauma informed services are services that incorporate an understanding of the enormous effect of trauma on people. This understanding is built into all levels of an organization and into all interactions with people receiving services to help facilitate recovery. Beginning with children's mental health services, Blair County will take a two-pronged approach for this effort, systemic trauma-informed care and building clinician competencies. A Trauma Summit was held in spring 2016 to incorporate SAMHSA's TIP 57, Trauma Informed Care in Behavioral Health Services. A Trauma workgroup continues to convene monthly and works on four priority areas: agency-wide trauma informed care, identification and assessment, tools and timelines, clinical competencies and evidence-based practices. In June 2017, a training was held for Peer Support Specialists to build skill competencies in trauma informed care and therapeutic boundaries.

Update: Another Trauma Summit will be held July 23, 2019 organized by Blair County Children's Roundtable. Over the last year, Blair HealthChoices, in partnership with Community Care, has implemented a trauma-informed clinical model across all child serving levels of care.

In addition, Blair County continues to facilitate a Multi-Disciplinary Investigative Team (MDIT) Protocol and is continuing to work toward the accreditation of a Child Advocacy Center, which opened in September 2017. Coordination of trauma therapy and other supportive services for children and their families are an integral part of a Child Advocacy Center, with accreditation requiring trauma treatment to be evidence-based.

Blair HealthChoices was awarded a PCCD grant in September 2016 to train up to 24 licensed or licensed eligible therapists in Trauma Focused Cognitive Behavioral Therapy (TFCBT). To date, 19 therapists completed their supervision groups. Three therapists are now certified. In April 2018, ongoing supervision was established monthly for six months to continue to support clinicians seeking certification. An advanced TFCBT training was held in June 2017 and was attended by most of the therapists involved in the grant. In May 2018, a TFCBT clinician retreat is being held and the clinicians continue to remain involved in the process. A referral process from the Child Advocacy Center to the TFCBT therapists has been established.

**Interventions planned for FY19/20:**

1. Apply for grant to pilot the addition of mental health case management services in the Child Advocacy Center to improve connections to treatment and other resources needed by the child and family.
2. Assist in facilitation of a county-wide trauma summit to increase awareness of trauma.
3. Increase number of therapists that complete certification for TFCBT.

**Timeline:**

The goal is to continue to increase the number of TFCBT certified therapists and establish a fidelity monitoring process by January 2020.

Update: Blair HealthChoices continues to meet with the TFCBT certified therapists to establish a differential rate and a fidelity monitoring process.

**Resources needed:**

Continue to have access to grants to support the Child Advocacy Center.

**Plan for tracking implementation:**

The MDIT Steering Committee will track progress related to the accreditation of the Child Advocacy Center. Blair HealthChoices will continue to monitor the number of therapists obtaining TFCBT certification.

### ***3) Increase Quality and Consistency with Services Related to Prevention and Early Identification of Behavioral Health Issues for Children and Youth***

Pennsylvania's Student Assistance Program (SAP), is designed to assist school personnel in identifying issues including drugs and mental health issues that pose a barrier to a student's success. The primary goal of the Student Assistance Program (SAP) is to help students overcome these barriers so that they achieve, remain in school, and advance.

SAP is a systemic process using techniques to mobilize school resources to remove barriers to learning. SAP team members are trained to identify problems, determine whether or not the presenting problem lies within the responsibility of the school, and make recommendations to assist the student and his/her family. When the problem is beyond the scope of the school, the SAP team will assist the student and family with accessing services within the community.

Blair County DSS has a robust SAP program for children and youth. Efforts coordinated through the Blair County DSS and the Blair County Drug and Alcohol Partnership (BC DAP) FY 2016-2017 – present include:

- County SAP Coordination Team convened by the County MH Director and the County D&A partners expanded to include MH and D&A agencies providing outpatient treatment in the school setting to include: Alternative Community Resource Program (ACRP), Blair Family Solutions, CenClear, UPMC BH of the Alleghenies for mental health treatment, and Impact Counseling, and LaRocco Counseling for drug and alcohol treatment.
- County SAP Letter of Agreement developed with the County Drug and Alcohol (D&A) Partnership, and County MH/SAP Provider/School District using the PA Department of Education (DPE), and DHS/OMHSAS/D&A template, which includes a Blair specific agency protocol to clarify roles/responsibilities and best practice approaches to shorten the time from the SAP screen to assessment and treatment services in the school and community, and to enhance communication between the SAP partners. The Blair SAP Agency Protocol was selected to be shared with other counties and is posted at [www.pnsas.org/About-SAP/SAP-Liaisons](http://www.pnsas.org/About-SAP/SAP-Liaisons).
- A screening tool was developed and is being utilized by both MH and D&A SAP liaisons.
- The SAP MH contract with UPMC Altoona was expanded by adding 1 FTE (Full Time Equivalent) to provide MH liaison to the elementary SAP teams.
- UPMC Altoona SAP MH Liaisons served 997 unduplicated students in FY 2016/17, 1166 in FY 2017/18, and 1,178 in the FY through May 2019. The SAP MH student demographic and encounter data is in the process of further analysis and comparison to the data reported and aggregated by the PA Department of Education.

#### **Timeline:**

**2019/2020: Policy and Procedures – 2019/20** Letters of Agreement between the County MH, UPMC Altoona MH Liaison, and School Districts presented to the County Commissioners for review and approval/signature 9/3/19. 2020/21 Letter of Agreement, SAP Agency Protocol and Parent Consent Forms to be reviewed and revised as needed by SAP District Council by 4/30/20. Agreements signed by all parties and presented to County Commissioners no later than 8/31/20.

**Referral Mechanisms and Interventions:** Assure routine meetings are convened by the SAP/ESAP School District Council (10/1/19, 12/10/19, 1/21/20, 3/10/20, 4/7/20), and County SAP Coordination Team (12/6/19, 3/10/20) to continuously review what is happening specific to SAP being accessible to all targeted students, and there are the needed support and linkages for students and parents to access school and community services, and continuous monitoring of student progress, parent involvement and recommendations.



**Training:** SAP Network Day was 11/14/19 with over 100 individuals participating and some of the topics were information about the Dark Web, substance use update including vaping/e-cigarettes, CBD and medical marijuana. Maintenance of SAP Teams is promoted and the County MH and D&A budget funds for the facilitator and substitute teacher(s) if needed by the school district – Martinsburg Elementary ESAP maintenance session 9/16/19.

**Resources needed:** Additional resources are not needed for efforts at increasing consistency of SAP services throughout the school system or with monitoring fidelity to the model. Funds would be required to expand SAP MH liaison services to additional elementary SAP Teams in the County.

**Plan for tracking implementation:** The Blair County Department of Social Services (DSS) MH Director and the Independent Single County Authority (SCA) at Blair County Drug and Alcohol Partnership (BDAP) will work together with the Blair Student Assistance Program (SAP) Coordination Team to assure the strategies we have prioritized: Policy and Procedures, Referral Mechanism, and Training are working and identifying continuation of these goals and other strategies for the 2020/21 school year. Participation with and feedback occurs at the Blair SAP District Council, Blair SAP Coordination Team, CASSP Advisory Committee, the Blair County DSS MH Committee and Advisory Board, the BDAP Board and the Leadership Coalition for the Blair Human Services Block Grant.

#### ***4) Increase Housing Options and Supports***

In April 2015, through HSBG retained earnings, a Housing Summit was held to learn about housing models in other counties and also spend time brainstorming opportunities in Blair County. A Housing Steering Committee was established to develop a Strategic Plan. Three priority areas were established: educating and supporting landlords; educating and supporting tenants; and providing safe, affordable, and accessible housing.

The PREP Train the Trainer Training was provided March 2017 to 38 individuals including Blended Case Managers, members of Lexington Clubhouse, Housing Support Staff, Drop In Center leadership, Drug and Alcohol Case Management, Prison Staff, Probation Officers, and others that support and advocate for those that struggle to find and maintain housing. Since the training, three programs have reported back setting up training at their agency utilizing the curriculum, the shelter holds classes every Saturday, the Blair House, and a re-entry program at the Blair County prison. Another PREP Train the Trainer was held in March 2018, training an additional 21 community members. Another training is being held in May 2018 for all Adult Probation Officers.

Update: All probation officers were trained in PREP in May 2018. An additional training is scheduled Fall 2019.

Blair County continues to work toward building a shelter with increased capacity to meet the needs of the county, as well as, expand transitional housing opportunities. A new teen shelter was opened in Blair County in November 2016, with drop in hours for youth.

Blair HealthChoices recently submitted a reinvestment plan to develop three separate housing projects, support a housing manager to assist and support individuals in the housing units, and have contingency funds to prevent homelessness.

The BCDSS is also applying for a grant to support 5-10 individuals with mental illness upon release from Blair County jail to provide safe housing and effectively reintegrate back into the community.

#### **Interventions planned in FY 19/20**

1. Facilitate at least one PREP train the trainer event.
2. Utilize reinvestment dollars and grant dollars to expand access to transitional and permanent housing.

**Timeline:**

Continue to expand capacity for PREP Trainer, as well as, utilize the PREP curriculum in the community. Expand housing opportunities and housing supports to prevent recidivism.

**Resources needed:**

Continue funding opportunities to expand housing options.

**Plan for tracking implementation:**

The strategic plan is reviewed quarterly at the Housing Steering Committee.

**5) Fostering Data Driven Decision Making**

While funding streams often silo programs, the reality is that individuals access services without much regard to whether they are HealthChoices or Block Grant funded. They are simply trying to get the care and treatment to address their behavioral health needs.

In order to consider the systems, and thereby the individuals using these systems, comprehensively and as a whole, the Blair County Department of Social Services (BC DSS), in partnership with Blair HealthChoices, is working on meaningful data integration that is efficient and helpful in decision-making from a systemic level, as well as, at the individual level. The goal is to develop a data warehouse that provides information that paints a more complete data picture related to who is using which services, in what amount and at what costs. This will assist BC DSS in developing a strategy for assessing needs and better allocating resources across systems.

Over the long-term, the aim is to integrate data across the entire BC DSS system; however, due to the importance of such an endeavor, we need to begin quickly - with the integration of mental health data from the HealthChoices and County-funded programs.

The data warehouse design strategy will center on open-systems architecture and off-the-shelf hardware and software. This strategy will offer distinct advantages in terms of flexibility, adaptability, and the elimination of any technical barriers to adoption and utilization.

**Interventions planned for FY 19/20**

1. Implement a Business Associate Agreement to facilitate data exchange by June 30, 2020.

**Timeline:**

Data elements have been aligned. A Business Associate Agreement is currently under review. We anticipate full integration by September 2020.

Update: Due to some challenges presented by legal counsel, the full integration of data has not occurred. We continue to work on resolving these issues.

**Resources needed:**

The additional cost is still being assessed. We anticipate shared administrative costs between county based funds and HealthChoices.

**Plan for tracking implementation:**

Status update meetings will be held monthly between BC DSS and Blair HealthChoices

**e) Existing County Mental Health Services:**

<b>Services By Category</b>	<b>Currently Offered</b>	<b>Funding Source (Check all that apply)</b>
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Inpatient Hospitalization	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Partial Hospitalization		
Adult	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Child/Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family-Based Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
ACT or CTT	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Evidence Based Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis Services		
Telephone Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Walk-in Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Crisis Residential Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Psychiatric Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children’s Psychosocial Rehabilitation	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator’s Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Mobile Mental Health Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Behavioral Health Rehabilitation Services for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient Drug & Alcohol (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient Drug & Alcohol Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Methadone Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Clozapine Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Additional Services (Specify – add rows as needed)	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment

\*HC = HealthChoices

**f) Evidence Based Practices Survey:**

<b>Evidenced Based Practice</b>	<b>Is the service available in the County/ Joinder? (Y/N)</b>	<b>Current Number served in the County/ Joinder (Approx)</b>	<b>What fidelity measure is used?</b>	<b>Who measures fidelity? (agency, county, MCO, or state)</b>	<b>How often is fidelity measured ?</b>	<b>Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)</b>	<b>Is staff specifically trained to implement the EBP? (Y/N)</b>	<b>Additional Information and Comments</b>
<b>Assertive Community Treatment</b>	No							
<b>Supportive Housing</b>	No							
<b>Supported Employment</b>	No							<b>Include # Employed</b>
<b>Integrated Treatment for Co-occurring Disorders (MH/SA)</b>	No							
<b>Illness Management/ Recovery</b>	No							
<b>Medication Management (MedTEAM)</b>	No							
<b>Therapeutic Foster Care</b>	Yes	1						
<b>Multisystemic Therapy</b>	Yes	35						
<b>Functional Family Therapy</b>	Yes	55						
<b>Family Psycho-Education</b>	No							

**g) Additional EBP, Recovery Oriented and Promising Practices Survey:**

<b>Recovery Oriented and Promising Practices</b>	<b>Service Provided (Yes/No)</b>	<b>Current Number Served (Approximate)</b>	<b>Additional Information and Comments</b>
Consumer/Family Satisfaction Team	Yes	Approx. 500	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist- Total**	Yes	250	
CPS Services for Transition Age Youth	Yes	42	
CPS Services for Older Adults	Yes	15	
Other Funded Certified Peer Specialist – Total**	No		
CPS Services for Transition Age Youth	No		
CPS Services for Older Adults	No		
Dialectical Behavioral Therapy	Yes		Unable to measure because not using modifier
Mobile Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes		Unable to measure because not using modifier
High Fidelity Wrap Around/Joint Planning Team	No		
Shared Decision Making	Yes		Family Group Decision Making; Unable to measure because not using modifier
Psychiatric Rehabilitation Services (including clubhouse)	Yes	82	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes		Unable to measure because not using modifier
Consumer Operated Services	Yes	105	
Parent Child Interaction Therapy	Yes	9	
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	unknown	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	unknown	
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

\*Please include both County and Medicaid/HealthChoices funded services.

\*\*Include CPS services provided to all age groups in Total, including those in the age break outs for TAY and OA below



**h) Certified Peer Specialist Employment Survey:**

<b>Total Number of CPSs Employed</b>	<b>30</b>
<b>Number Full Time (30 hours or more)</b>	<b>12</b>
<b>Number Part Time (Under 30 hours)</b>	<b>18</b>

## **INTELLECTUAL DISABILITY SERVICES**

Everyday Lives has been a foundational principle for Blair County since the first conference in Harrisburg in the early 1990's. Through Person Centered Thinking (PCT) and Person Centered Planning (PCP), Southern Alleghenies Service Management (SASMG) supports the residents of Blair County to experience an Everyday Life. For over 19 years Blair County/SASMG has provided free Person Centered Thinking Training for any employee in Blair County, in fact, the expectation is that each employee will complete the training within 60 days of hire. This training has always been provided by a credentialed PCT trainer or Mentor Trainer. Training is just the beginning of exposure to PCT, PC Coaching and The Blair County Community of Person Centered Practices has offered learning and support for over 15 years. To further address the principles of Everyday Lives SASMG has applied to participate in the Statewide Community of Practice to Support Families Across the Lifespan.

SASMG is a non-profit agency, under contract with the County of Blair to deliver the requirements of the Administrative Entity Operating Agreement. SASMG also manages all funding streams for people with intellectual disabilities. The service system starts at Intake, and includes the management of supports for all of the seven hundred forty eight (748) people who are active. Each person, regardless of his or her place of residence (from state centers to a private apartment) or the services that they are receiving chooses a Supports Coordinator (SC). Along with all team members, the SC facilitates the development of a plan in the Home and Community Services Information System (HCSIS), authorized by SASMG.

The majority of eligible service recipients receive services through the three Medicaid Waivers. The non-waiver block grant funds are available for emergencies, one-time adaptations, and needed equipment for people so that they can remain in their current residence or respite so that their family members can have a much-needed break. The ability to support families in any way reduces the burden on the County and offers an 'Everyday Life' to all. Each person's plan identifies strengths, gifts and needs regardless of funding opportunities.

It is the firm belief from the perspective of SASMG that everyone has a place in society and can make a contribution. The implementation of the CMS final rule is a source of great satisfaction for many who have worked for the last great civil rights movement of our time, the full participation of people with disabilities in the world

## Individuals Served

	<i>Estimated Individuals served in FY 18-19</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 19-20</i>	<i>Percent of total Individuals Served</i>
<b>Supported Employment</b>	5	.001	9	.015
<b>Pre-Vocational</b>	0	0	0	0
<b>Adult Training Facility</b>	2	.003	0	0
<b>Base Funded Supports Coordination</b>	49	.08	50	.087
<b>Residential (6400)/unlicensed</b>	0	0	0	0
<b>Life sharing (6500)/unlicensed</b>	0	0	0	0
<b>PDS/AWC</b>	3	.005	5	.008
<b>PDS/VF</b>	0	0	0	0
<b>Family Driven Family Support Services</b>	0	0	0	0

### *Supported Employment:*

Local agencies currently provide career assessments, job development, follow up services, continued services and customized employment within the scope of Employment services. The Discovery model is now provided by three agencies and compliments the PC approaches of “Presence to Contribution” and “Using Gifts to Build Connections”. On the job support is tailored to the needs of the person and provided by Employment Agencies. An informal memorandum of understanding has existed for decades between the local OVR office and the AE. Funds are prioritized for people to retain jobs, or have follow up after an OVR assessment. These funds are among the first prioritized after allocation.

To address the barrier of families expecting service and having little confidence in their loved one obtaining gainful employment after graduation, SASMG has sponsored a summer employment grant for the past six fiscal years. The grant helps students have a typical high school work experience. This year eleven student will get this experience.

Through outreach and community partnerships SASMG continues to work on the relationships with local businesses to create opportunities and change. A great support that could be provided by ODP is how to create strong coalition partnerships.

### *Supports Coordination:*

Paired with the Lifecourse Grant and Community of practice a service request form has been implemented that requires the SCO to explore natural supports prior to the request of paid services. A resource bank is in development to help facilitate this process. To enhance the skills of Supports Coordinators (SC)'s, we recognize the need for additional training on how to build bridges and how to identify generic and natural supports.

In a Person Centered Planning environment, families are encouraged to contribute to the learning that teams need as they plan for a person. SC's are counseled to make every effort to include families in the planning process so as not to jeopardize the current natural supports. Some families may feel that they are not welcome anymore, and we will make efforts to make sure they understand that they are valuable. Some families think that we know better, therefore, they don't feel needed anymore. With the implementation of the Lifecourse Curriculum families will learn more about the system and be better able to realize their loved one's potential. Data suggests that the preponderance of the people supported live with families and that relationship needs to be respected and supported.

### *Life sharing Options:*

Life sharing continues to be priority in Blair County. Many of the longest relationships have resulted from Life sharing. SASMG will continue to participate in Life sharing groups and collaboratives, as well as ensuring that this is discussed before all other living options when planning with a person. The changes in the definitions should allow a greater flexibility and clarity to the service. Hopefully this will result in expansion.

The barriers to Life sharing often resulted in the funding arrangement between agencies and families as well as the lack of potential families. Surveys and demographic studies have been completed to review what a "typical" life sharing family is comprised of.

### *Cross Systems Communications and Training:*

Blair County created a Leadership Coalition in 2012 in response to the block granting of state funds, which continues to operate to deliver the priorities of service needs that the strategic planning process identified; housing, transportation and employment as needs across all residents of the county. Coalition members include County Commissioners, the County Social Services Director and Management of all agencies who have funds within the Block Grant. This diverse group has the ability to identify and recommend supports that will more fully respond to the needs of people with multiple needs. During monthly review meetings initiatives that have been developed that address the strategic priorities are identified, decisions made as to the urgency and consensus to respond to the requests are made.

SASMG has been a regular active member of the local Transition Council. Through that venue two day Person Centered Thinking sessions have been offered and many education professionals have been trained on the creation of a One Page Description that captures vital information about each student that can be carried forward with them throughout their educational career and into the adult system, making for a smooth transition from school to adult supports. As students near graduation, it is imperative to know their gifts and their desires so that planning for their future is truly person centered. Additionally, a bi-annual Transition Expo has been planned. This expo will focus on transition age youth and their families. The Lifecourse will be a critical piece of the information and the development of a sustainable infrastructure of collaboration.

SASMG is part of the local LINK to services as well. SASMG collaborates with many social services agencies through participation in various committees, i.e., Children Youth and Families, Diversionary team meetings, etc. Efforts are made to participate in wellness fairs, block grant coalition meetings, the dual diagnosis steering committee, the County Advisory Board, and various work groups that are established along the way.

### ***Emergency Supports:***

The staff of Southern Alleghenies Service Management Group and the Management team from the Supports Coordination Organizations, Center for Community resources, Family Links, North Star Services, Inc. (NSS) and SAM Inc meet monthly to review the PUNS, discuss emergent issues, cooperate with waiver admissions and sort out any/all issues with people being supported. SC's alert supervisors at the SCO's of potential issues as soon as they are aware. Any 'high profile' issues are identified and potential crises are often dealt with prior to an untenable situation. SASMG's ID and Executive Director are accessible at all times via published cell phone numbers.

In addition, the Staff from SCO's rotate 'on call' duties with the local Crisis center so that when a person who uses intellectual disability services presents at the outpatient center, a Supports Coordinator gets involved to assure that the needs of the person are met. Additionally, an electronic record that is remotely accessible by the on call SC is kept up to date for each person.

The incident reporting requirements in HCSIS are monitored by SASMG staff 7 days a week, keeping us informed of any/all issues as soon as they arise. Agencies and Supports Coordinator directors are free to contact management of SASMG at any time, should there be a need.

To respond to many incidents, one agency, Skills of Central PA, Inc. is currently building a respite facility that will be willing to take emergency cases with an agreement that such activity will be authorized at the beginning of the next business day, regardless of funding needs. This facility should be opening in July 2019. On occasion, a residential home with an opening is a suitable match, and that service option is offered. State and county funds are utilized until other arrangements can be made.

SASMG monitors the block grant funds that we are responsible for, assuring enough funds throughout the year to respond to any unforeseen emergency without unnecessary encumbrance of funds.

Mobile crisis is provided on a limited basis through the crisis unit of UPMC. Most staff have an exclusive MH background, but cooperative cross training efforts are ongoing to address the needs of the team.

### ***Administrative Funding:***

SASMG has been training staff from all agencies in Person Centered Thinking Principles for many years and has offered family attendance. If families are knowledgeable about Person Centered Practices, that may go a long way in assuring that all personnel of all agencies are sure to follow them at all times. The more informed people are, the better their service design can be. Our intention is to utilize the Lifecourse curriculum to develop networks for families and connections to natural supports.

The Health Care Quality Unit (HCQU) Nurse assigned to Blair County is active on many committees, i.e., Risk Management, Providers Group, Quality Assurance and the Human Rights Committee. She is available for trainings to the system on many topics. She is used as consultation and advocacy for any medical related issues as needed. HCQU data identified is used to generate targets and goals for the Risk management group as well as for the Quality plan.

SASMG staff along with representation from the SCO meet quarterly with the Independent Monitoring for Quality (IM4Q) Program Manager to discuss considerations around quality of life. Data is used in our plan around employment, satisfaction with where people live and communication. It would be helpful if there were more interviews conducted to gather better data, which could be accomplished with additional funding to IM4Q. Also, follow up on identified issues would be valuable.

In order to support local providers to increase their competency and capacity to support people who present with higher levels of need, the concept of a 'Health Home' has been implemented. Primary Health Network, a Federally Qualified Health Center (FQHC) provider has created the opportunity for people who with a dual diagnosis, MH/ID to receive both physical health and behavioral health services from one source with an integrated database. The promise is for any physical issues that may affect mental health will be identified and managed prior to a crisis.

The Dual Diagnosis Navigator is supported with matching funds from the state. The primary purpose of this role is to bridge the two systems, and assure that the person is getting the supports that are needed from both. We have identified that 46% of the people who are open in the Intellectual Disability system have a mental health diagnosis. The Navigator has participated on many complex case reviews, TAST team, and all CNP appointments.

Blair's Risk Management group meets monthly, with representatives from the AE, SCO's, Providers and the HCQU. A website was developed to share guidance tools, supervision tip sheets, and best practices for incident management reporting for consistency to help teams' better support people. A quarterly newsletter is published and is accessible to all provider agencies. ODP has been involved as Theresa Burgard and Randy Everetts have been an integral part of planning.

Capacity for people with a dual diagnosis is at a premium in Blair County. Recruitment and development of provider agencies with the necessary skill sets to support people with complex needs has been difficult. One support that ODP could provide would be contact information and a reputation description for any agencies that are skilled in this support.

### ***Participant Directed Services (PDS):***

The concept of participant directed services meets the intent of person centered practices. The practice of participant directed services sometimes does not. A few service recipients and families choose Participant Directed Supports/Agency with Choice (PDS/AWC) options because they are truly interested in assuring that they have control over their services and take full responsibility to assure following all of the rules. Unfortunately, there are a few who see the opportunity through the Participant Directed Supports/Vendor Fiscal (PDS/VF) model to hire friends and family members at the published rates, which is significantly higher than the entry level rate of provider agencies in Blair County.

Self direction of service is one of the first items discussed by the SC at any meeting. SASMG is focused on managing all of the requirement to promote PDS in light of the family focus and changes to the waivers and service definitions.

Financial Management Services (FMS) is a difficult service to manage, and there are some situations where families started using FMS services prior to full understanding on the responsibilities. Changing the service delivery later creates conflict. Often hour limits are exceeded without knowledge of the situation, until notice is provided by the region.

### ***Community for All:***

Blair County's census at state operated Intermediate Care Facilities for people with Intellectual Disabilities (ICF/ID) is twenty-one. One hundred fifty three people live in licensed residential settings, and sixteen live in licensed Life sharing homes. Eighty-six attend Vocational Training facilities, and the census at five Adult Training Facilities is two hundred and six. The on-going goal of all teams is to help people supported and their families to access less restrictive services. For instance, a discussion about the option of Life Sharing takes place at least annually with all who reside in licensed residential settings. Employment is a high priority for those who have spent time in vocational training and are thinking about the next move. In addition, all Adult Training Facilities work hard to give everyone opportunities to engage in community activities that are specific to the needs and wants of each person. The adherence to the CMS final rule will continue to assist people to explore the options of an Everyday Life.



## *Homeless Assistance Services*

### *Services To Be Provided*

#### **Bridge Housing**

Blair County Community Action Agency (BCCAA) receives Housing Assistance Program (HAP) dollars for Bridge Housing. The HAP funds provide assistance to homeless or near homeless individuals for eligible individuals residing within Blair County. These are transitional services that allow individuals who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently. This is the “bridge” that helps move individuals from being homeless into permanent housing. This service allows the individual to stay in a shared facility or apartment for up to 12 months but may be extended up to 18 months with the County’s approval. While in this program, individuals must receive case management supportive services and must have a service plan that describes how the program will assist individuals for up to 18 months with the goal of returning them to live independently.

The Agency’s Housing Counseling Program will provide eligible households with financial assistance, while promoting motivation and individual responsibility to achieve the outcome of affordable housing of their choice. The Housing Assistance component, shall consist of payment for room and board, clothing, housing payments paid on behalf of the client for rent, utilities and security deposits. It will also pay for client services purchased that directly support clients and are not available from any other existing resources. Housing Assistance will not include payment for mass nights at a shelter, motel, hotel or boarding homes. The maximum payment of up to \$1,500 for families with children and \$1,000 for adult only households.

The target group served by BCCAA includes individuals and families who are homeless and either living in the streets or in shelters. The target population would be defined as 18 years of age or older who are homeless, near homeless or facing utility terminations. Bridge housing will be scattered site and will be leased. The cost of renting units for the bridge housing is covered with a combination of HAP and Housing and Urban Development (HUD) funds. The programs utilized falls under BCCAA’s Rapid Re-Housing Programs (RRH). Rent paid for units will not exceed the Fair Market Rate published by HUD for Blair County. Each unit to be rented is inspected to ensure that it meets the HUD Housing Quality Standards. Supportive services provided to participants are designed to move clients into permanent housing and enable them to become self-sufficient. The costs associated with the delivery of supportive services are paid for with funds from HUD and Blair County Community Action Agency. Upon entrance into the program, each client is assigned a Case Manager. Initially, the clients complete an intake/assessment to determine their needs. Upon completing the intake/assessment phase of the program, the Case Manager determines housing alternatives for each participant based upon their status at the time of the interview. The client and Case Manager explore alternatives and strategies that can be used to work toward obtaining and maintaining permanent housing. The assessment ends with the creation of a Housing Development Plan, which will include goals and objectives for individuals to work towards more stabilization and self-sufficiency.

First, immediately upon entry into the program, case managers assist individuals in applying for Section 8 and subsidized housing through both the Altoona and Blair County Housing Authorities. Case managers provide budget counseling to individuals to ensure that they can budget their money wisely and prioritize how they spend their money so that money can be saved for a security deposit and for rent when they are ready to move into permanent housing. BCCAA explains to the individuals in person and in writing that the Landlord-Tenant Act is not applicable to housing provided with the HAP funds unless in cases where the individual signs the lease directly with the landlord then the Landlord-Tenant Act does apply. The individual is made aware that if they are terminated from HAP services, the HAP rental payments

and case management services will be discontinued and the individual will be solely responsible for future rental payments.

BCCAA works with the individuals to develop a contribution policy and savings plan. All individuals are expected to pay 30% of their adjusted gross income as a fee for living in the bridge housing unit. A portion of the money paid by each individual will be put into a savings account. When the individual is ready to leave transitional housing and move into permanent housing this money can be used as a security deposit/first month's rent for an apartment.

The following supportive services are available to individuals in the Bridge Housing program:

- *Employment Assistance* – every effort is made to assist individuals in obtaining employment. Finding employment is a primary objective for the individuals served for two reasons: (1) individuals will not have the financial means to obtain permanent housing without employment; and (2) landlords are reluctant to lease to persons who are unemployed.
- *Case Management* – Services are provided to each individual on an individual basis. BCCAA assigns a Case Manager who performs activities which insure that each participant has access to and receives resources and services which help them to reach their highest level of function and productivity.
- *Child Care* – BCCAA provides individuals (who meet the HUD homeless criteria and are not able to access other child care assistance) with \$200.00/month for six months while they are participating in the program.
- *Transportation* – there is a limited public transportation system in the City of Altoona that is available to individuals. There isn't any public transportation available in the rural areas of Blair County. To address this need, individuals can be referred to BCCAA's Employment Transportation program to transport individuals to job interviews or employment. Bus passes are given to individuals who have access to public transportation, for short term needs.
- *Clothing Allowance* – each individual (who meets the HUD homeless criteria) is eligible to receive \$200.00 (one time only) towards the purchase of clothing so that they can be properly dressed for job interviews.
- *Moving Costs* – One (1) time moving costs are available to RRH consumers when they successfully exit the program.
- *Food Vouchers* – Vouchers will be provided to individuals or families to assist with emergency food in the home or on an as requested basis.
- *Food Bank referrals* – the Altoona Food Bank is located in the same building as BCCAA. Each participant is eligible to receive a food bank referral for a maximum of 12 times per year. The need is determined during the intake/assessment phase of the program.
- *Housing Counseling* – Each individual is mandated to attend two (2) money management workshops at BCCAA to improve their money management skills.

Family Services, Inc. received Housing Assistance Program (HAP) dollars for Bridge Housing up until February 1, 2018. During FY 17/18, Family Services Inc., closed the Domestic Abuse shelter, and in doing so ceased offering Bridge Housing services. The Family Services Bridge Housing HAP funds are now being used to offer additional housing services to victims of crimes facing homelessness.

## **Achievements and Improvements in Services**

Blair County Community Action Agency has greatly enhanced its' ability to assist families who are homeless or at risk of homelessness. This has been achieved with the addition of several programs that the agency is operating, including the Emergency Solutions Grant (ESG), PA Housing Affordability and Rehabilitation Enhancement (PHARE), and Human Service Block Grant (HSBG) under contract with Blair County and the Regional Veteran Services (RVS) program for Blair County as a subcontractor to Lawrence County Community Action Partnership. The ESG, PHARE, HSBG and, RVS all offer "Homeless Prevention Services" for those at risk of homelessness or "Rapid Re-Housing Services" for the homeless. BCCAA has contracted with Blair County to provide the Employment Transportation program to Blair County residents who are struggling to get to work because they live outside the public transportation routes or its hours of operation.

## **Unmet Needs and Gaps**

- Shortage of shelter beds in Blair County
- Lack of public transportation in rural areas
- Lack of jobs that provide a living wage
- Lack of affordable housing

## **Evaluation of Efficacy Bridge Housing Services**

We evaluate the HAP services provided by Blair County Community Action through the annual reports that they prepare and submit to HUD regarding the HAP/HUD-RRH services that they provide. They annually identify a minimum of three benchmarks that they work to achieve. These benchmarks typically include but are not limited to; the percent of persons who exit into permanent housing and the percent of people who become employed.

During FY 17/18, 67% of the individuals gained employment during the program and 100% transitioned into permanent housing upon program completion.

As of March 31, 2019, for FY 18/19, 45% of the individuals have gained employment and 45% have transitioned into permanent housing.

## **Case Management**

As of July 1, 2019, Blair County Community Action and Family Services, Inc. will receive HAP dollars for Case Management. This service runs through all the components of HAP and is designed to provide a series of coordinated activities to determine, with the client, what services are needed to prevent the reoccurrence of homelessness and to coordinate their timely provision by administering agency and community resources. Case Managers assist in identifying needs and reasons for homelessness or near homelessness. The focus is to provide clients with the tools and skills needed to prevent future homeless situations. The many services include budgeting, life skills, job preparation, home management, and referral to drug and alcohol services, if necessary.

### Blair County Community Action

Blair County Community Action anticipates to serve 150 individuals in FY 19/20. As of March 31, 2019, for FY 18/19, Blair County Community Action has served 119 individuals.

The assignment of a case management function is used to (1) screen all applications and prevent duplication of services and payments for an individual or their family unit; (2) integrate or coordinate any existing housing assistance programs, such as those funded with Emergency Shelter funds, with the housing Assistance Programs; (3) Establish linkages with the local County Assistance Office to ensure that transitional housing assistance clients do not jeopardize their eligibility for public assistance; (4) provide financial assistance as appropriate.

### Family Services

Family Services Incorporated, hereafter known as Family Services, will receive HAP funding for its Victim Services Program to use for Emergency Shelter Case Management services. The agency will use these funds to provide case management services to victims/survivors of domestic violence. During the time of their emergency sheltering, victims/survivors will work with the Family Services Victim Services Counselor Advocates to determine housing needs and options. When appropriate, victims/survivors will be referred to the Family Services Victim Services Housing Advocate to find long-term, stable, and safe housing within their budget. Referrals to Blair County Community Action, UPMC Behavioral Health of the Alleghenies, and other agencies may also be appropriate.

The objective of Family Services' Victim Services Program is to work with victims/survivors of domestic violence and other victimizing crimes to remain free from violence and abuse; to move towards emotional and financial stability so they may become self-sufficient, not relying on an abuser. We will provide these services for one to twelve months. Family Services anticipates serving approximately 30 adults and 35 children with new safe housing in FY 19/20 utilizing this new model.

Family Services Victim Services Program has served 177 individuals as of July 1, 2108 through March 31, 2019.

Family Services has provided 831.25 hours of Supportive Counseling to survivors of domestic violence as of July 1, 2018 through March 31, 2019 which consisted of goal planning, obtaining employment and housing. In FY 17/18 the program provided a total of 1248 hours of Supportive Counseling. Family Services is projecting to provide 1350 hours of Supportive Counseling in FY 19/20.

### **Achievements and Improvements in Services**

The Case Management component of the HAP services has transitioned from Blair Senior Services to Blair County Community Action in FY 18/19. Blair County Community Action was able to add two staff members to their Housing Counseling Case Management team. All case managers are in the process of becoming Certified Housing Counselors through HUD and the Pennsylvania Housing Finance Agency (PHFA).

During FY 17/18, the Victim Services Program provided 39 victims and their families with emergency safe shelter to flee domestic violence. Seventeen (17) of those families were assisted in finding new permanent housing, safe and free from abuse. Others were assisted in returning to their residence while legally having their abuser removed from the residence. Two (2) were assisted in relocating out of Blair County for safety reasons.

## **Unmet Needs and Gaps**

- Lack of Transportation in rural areas
- Lack of jobs that provide a living wage
- Lack of affordable housing

The lack of affordable housing options for victims newly leaving abusive relationships hinders Family Services' efforts. The power and control of a domestic abuse relationship often times disallows victims to have their own income and/or access to money. Therefore, victims are often presenting to Family Services in need of safe shelter without income and ability to pay for new housing options. The agency has secured funding to provide temporary assistance in paying for rent, but many of the employment opportunities available to victims may still limit their affordable housing options.

## **Evaluation of Efficacy of Case Management**

Blair County Community Action evaluates the efficacy of Case Management by the number of participants and by measuring the change in accessing community resources as a result of program participation. We also evaluate the Case Management component by determining the housing status change (was the eviction prevented) and/or the number of evictions successfully resolved (did the family move out of homelessness).

From July 1, 2018 through March 31, 2019, 24 households received help with Rental Arrears Assistance and 2 households received Utility Assistance to avoid eviction; 6 households moved into new units; and 16 households received a hotel/motel stay to avoid homelessness.

The Victim Services Program evaluates efficacy of services based on answers provided anonymously on the Empowerment Satisfaction Questionnaire. This is given to all survivors served by the program after a minimum of three (3) appointments and measures the survivors' self-identified progress toward goals, self-sufficiency, empowerment and coping after victimization.

An annual monitoring of both providers, both programmatic and fiscal, will be performed.

## **Rental Assistance**

As of July 1, 2019, Blair County Community Action will receive HAP dollars for Rental Assistance. This service provides payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences. The HAP provider works with the landlord to maximize the client's chances for staying in his/her apartment or home, or works with the client to find a more affordable apartment. HAP can also be used to move out of shelter, into an affordable apartment.

Blair County Community Action projects to serve 225 individuals in FY 19/20. Currently, Blair County Community Action has served 200 individuals from July 1, 2018 through April 30, 2019.

Allowable costs, which shall consist of payment for any of the costs listed below, up to a maximum of \$1,500.00 for families with children and \$1,000.00 for adult only households. Allowable costs are; first month's rent; security deposit for rent; utilities (if client is not in Section 8 or subsidized housing; also must state in client's current lease that utility termination is grounds for eviction); emergency shelter; mortgage payments; delinquent rent (cannot be Section 8 or subsidized).

## **Achievements and Improvements in Services**

An improvement was transitioning the Rental Assistance HAP services for FY 18/19 from Blair Senior Services to Blair County Community Action. Blair County Community Action was able to add two staff members to their Housing Counseling Case Management team. All case managers are in the process of becoming Certified Housing Counselors through HUD and the Pennsylvania Housing Finance Agency (PHFA).

## **Unmet Needs and Gaps**

- Lack of jobs that provide a living wage
- Lack of affordable housing
- Lack of transportation in rural areas

Residents in Blair County continue to struggle with their ability to pay utilities putting them at risk of being evicted.

We will evaluate the Rental Assistance program provided by Blair County Community Action by measuring the housing status change (was the eviction prevented) and/or the number of evictions successfully resolved (did the family move out of homelessness or near homelessness).

From July 1, 2018 through March 31, 2019, 24 households received help with Rental Arrears Assistance, 2 households received Utility Assistance to avoid eviction and 6 households were assisted with moving into new units

Annual monitoring of the provider, both programmatic and fiscal, is completed.

## **Emergency Shelter**

As of July 1, 2019, Blair County Community Action and Family Services, Inc. will receive HAP dollars for the Emergency Shelter and the Victim Services Program. This service provides refuge and care services to persons who are in immediate need and are homeless with no permanent legal residence of their own, or, who are victims of domestic violence.

## **Blair County Community Action**

Blair County Community Action will use HAP funding to provide assistance to homeless or near homeless individuals for eligible consumers residing within Blair County. The agency's housing programs will provide eligible households with financial assistance, while promoting motivation and individual responsibility to achieve the outcome of affordable housing of their choice. The agency can provide emergency hotel stays for up to ten days. A broad description of the target population would be defined as 18 years of age or older who are homeless, near-homeless or facing utility terminations. Individuals or head of households under the age of 18 would be eligible when validated as emancipated through the Department of Human Services.

Blair County Community Action projects to serve 50 individuals in FY 2019/2020. Currently Blair County Community Action has served 38 individuals from July 1, 2018 through March 31, 2019.



### **Family Services, Inc.**

Family Services Inc. provides accessible emergency shelter beds 24/7 for men, women, and children in Blair County. The Family Shelter provides safe housing for homeless or near homeless individuals while assisting them in securing employment and permanent housing. They encourage and help motivate residents to seek job training, education, mental health services, family counseling medical care and other needed services. The Family Shelter is the only facility in Blair County that provides shelter services for families and individuals.

The Family Shelter accepts self-referrals as well as referrals from Blair County social service agencies and religious organizations. In January of 2018, Family Services, Inc. became part of the Coordinated Entry System of Eastern PA. The agency strives to affect positive change by providing a clean, safe, and supportive environment while assisting clients in obtaining permanent housing and other services necessary to achieve a more independent lifestyle. On site case management is provided on a daily basis in order to help clients move toward self-sufficiency more expeditiously. The Family Shelter provides services to approximately 170 individuals/families a year and is accessible 24 hours a day.

The Family Shelter provides an integral part of the continuum of care in Blair County by providing the only emergency shelter in Blair County that exclusively addressed the needs of homeless families.

Program outcomes include the following:

#### *Increased safety:*

- Individuals feel safe and supported while in the shelter
- Individuals enter safe and appropriate housing at discharge

#### *Increased self-sufficiency:*

- Individuals increase their knowledge of community resources
- Individuals are able to meet basic needs to discharge from shelter

Family Services has served 177 individuals from July 1, 2018 through March 21, 2019 and projects to serve 190 individuals in FY 19/20. They project to turn away 380 individuals due to the shelter being full and project 5,000 days of shelter provided.

For FY 18/19, as of March 31, 2019, the Emergency Shelter has served 56 men, 78 women, and 43 children and the number of brief contact calls for shelter was 989. The number of days of shelter provided was 3,745.

For FY 17/18, the Emergency Shelter served 72 men, 75 women, and 30 children and the number of brief contact calls for shelter was 996. The number of days of shelter provided was 4,911. There were 366 individuals turned away in FY 17/18 due to the shelter being full.

Family Services will also use HAP funds to provide emergency shelter to victims/survivors of domestic violence. Victims/survivors fleeing domestic violence for safety reasons will be provided up to 30 days emergency shelter at local hotels. During the time of their emergency shelter, victims/survivors will be referred to the Family Services Victim Services Housing Advocate to find long-term, stable, and safe housing within their budget. Referrals to Blair County Community Action, UPMC Behavioral Health of the Alleghenies and other agencies may also be appropriate.

Family Services will work with victims/survivors of domestic violence and other victimizing crimes to remain free from violence and abuse; to move towards emotional and financial stability so they may become self-sufficient, not relying on an abuser. These services will be provided for one to twelve months.

Family Services Victims Services program anticipates to serve approximately 30 adults and 35 children in FY 2019/2020.

## **Achievements and Improvements of Services**

Family Services has increased the number of educational presentations provided to residents on a monthly basis.

Family Services has seen a decrease in the average length of stay so far in FY 18/19. As of March 31, 2019 the average length of stay was 23 days. In FY 17/18, the average length of stay was 30 days.

In January of 2018 we became a part of the Coordinated Entry System of Eastern PA. Individuals are interviewed to determine eligibility. Once eligibility is approved, an intake is completed. Following the intake, each resident meets with the on-site shelter supervisor to determine individual needs and goals in order to achieve self-sufficiency.

Family Service's vision over the next two years is to have a 35 bed Family Shelter.

## **Unmet Needs and Gaps**

- There is still a significant shortage of shelter beds in Blair County.
- Lack of transportation in rural areas or after normal business hours
- Lack of jobs that provide a living wage.
- Households with zero income are not eligible even in inclement weather
- 448 Individuals were turned away due to the shelter being full in FY 18/19 as of March 31, 2019
- Lack of permanent, affordable housing resulting in longer lengths of stay in the shelter decreasing the number of individuals served. The current housing situation lends to 2 year (or longer) waiting lists for subsidized housing in the Blair County area. These programs have stopped accepting applications in the latter part of the fiscal year, which is a trend we have seen in the past few years.
- Residents in Blair County continue to struggle with their ability to pay utilities putting them at risk of being evicted.

## **Evaluation of Efficacy of Emergency Shelter Services**

We do evaluate the efficacy of each HAP service that we provide. Blair County Community Action is evaluated by the number of households they are able to get off the streets. As of March 31<sup>st</sup>, they have assisted 16 households with Emergency Hotel/Motel stays.

We also evaluate the efficacy of the Family Shelter program through Family Services, Inc. We review outcome measurements based on increased safety and self-sufficiency of those served in the Family Shelter. According to the latest exit survey results, 100% of the participants felt safe while in the shelter. The current fiscal year statistics report indicates that 99% of the participants increased their knowledge of community resources; 51% were able to obtain employment; and 78% were able to obtain housing.

## **Other Housing Supports**

We do not currently use Block Grant funding for this category. Our HAP providers use other funding streams to offer several housing support services to their HAP clients.

## Homeless Management Information Systems

Family Services currently tracks the number of homeless or near homeless individuals who received emergency shelter and were then transitioned into stable housing. For FY 2018/2019, 171 clients received emergency shelter and 133 of the 171 (78%) were transitioned into stable housing.

Family Services agreed to track the known destination for clients upon exit or verified connection to permanent housing and also the increased participation by homeless individuals in mainstream systems. For FY 2018/2019, the known destinations, by zip code, for clients are as follows:

- Zip Code 16601 – 73 consumers
- Zip Code 16602 - 55 consumers
- Zip Code 16617 - 0 consumers
- Zip Code 16635 - 5 consumers
- Zip Code 16648 - 6 consumers
- Zip Code 16673 - 1 consumer
- Zip Code 16637 - 3 consumers
- Zip Code 16686 - 3 consumers

Family Services Inc. currently tracks whether a client went to a new home or returned to previous residence upon exit from the Victim Services Program. As of July 1, 2018, the Victim Services Program provided emergency shelter to 20 persons; 5 of whom successfully obtained permanent, safe housing; 4 are still working with victim advocates but have not secured permanent housing as of yet; 2 have returned to their abuser and 9 have discontinued without notifying Family Services, Inc. of their intentions.

The staff of the Family Shelter tracks the percentage of clients who are still in permanent housing at 6 week intervals. As of March 31, 2019 the percentage was 96%.

The staff of the Family Shelter also tracks the number of people who are turned away due to lack of space at the shelter. From July 1, 2018 through March 31, 2019, 448 individuals had to be turned away because the shelter was full.

Family Services Inc. has also begun to track the increased participation by homeless individuals in mainstream systems. During the 2017/2018 fiscal year, 250 referrals were made to mainstream systems and 246 (98%) had followed through and participated.

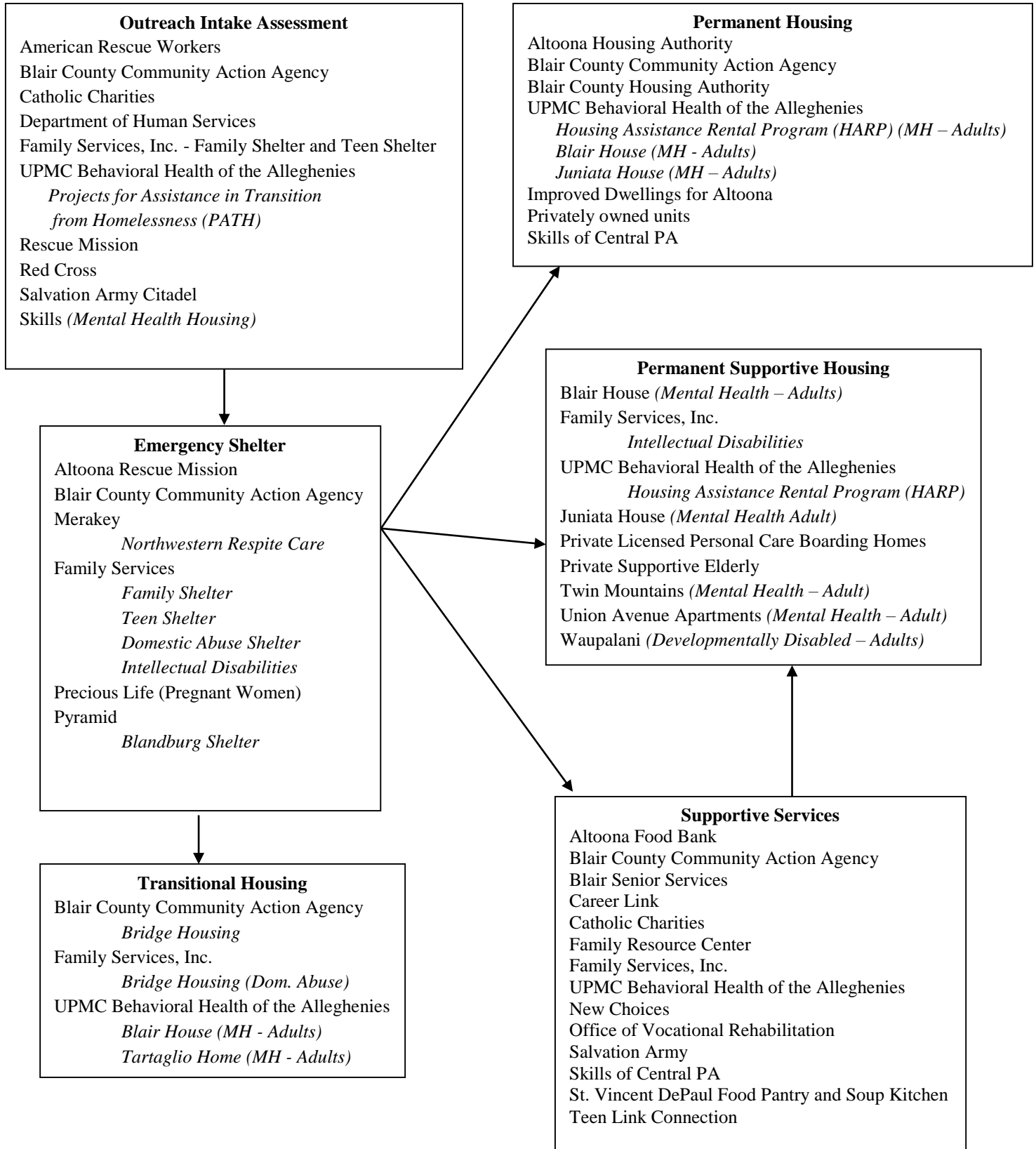
Blair County Community Action Agency reported the following data on the known destination of clients who stayed longer than 90 days and exited their homeless programs. In their HUD funded Rapid Re-Housing 1 (formerly called Transitional Housing) Program (RRH1) during the year between 10/1/2017 thru 9/30/2018 they had 64 (95%) exit into permanent housing. In their HUD funded Rapid Re-Housing 2 (formerly called Journey) Program (RRH2) during the year between 10/1/2017 thru 9/30/2018 they had 40 participants exit the program. 39 (99%) exited into permanent housing, 1 (1%) exited to an unknown destination, and 0 (0%) returned to homelessness.

Blair County Community Action agency also tracks participation in mainstream benefits but not the increase in usage. In their RRH1 program 89% were receiving 1 or more mainstream benefits (in the case of this program the benefits included Medicaid and food stamps). In their RRH2 program 78% were receiving 1 or more mainstream benefits ( in the case of this program the benefits included Medicaid, food stamps, Medicare, VA Medical Benefits and Section 8 housing assistance).

Blair County is a member of the Eastern Pennsylvania Continuum of Care (CoC PA-507). This CoC is a consortium of 33 counties in the eastern part of the State. All homeless programs funded through the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Program are under the purview of the CoC. This includes the Emergency Solutions Grant (ESG) and the CoC Programs that in the past were referred to as the McKinney-Vento Homeless Programs funded by HUD.

As a member county of the CoC, all of the HEARTH funded homeless programs (ESG and CoC Programs) in the County are required to enter data into the Homeless Management Information System (HMIS) that has been developed by and is operated by the Pennsylvania Department of Community and Economic Development (DCED). The DCED HMIS was designed to capture all of the data elements that are required by HUD for these programs and is made available for all of the member counties of the CoC.

# 2019 Blair County Continuum of Care Services



## **SUBSTANCE USE DISORDER SERVICES**

### **1. Waiting List Information:**

	<b># of Individuals</b>	<b>Wait Time (days)**</b>
Withdrawal Management	0	0
Medically-Managed Intensive Inpatient Services	0	0
Opioid Treatment Services (OTS)	0	0
Clinically-Managed, High-Intensity Residential Services	0	0
Partial Hospitalization Program (PHP) Services	0	0
Outpatient Services	0	0

### **2. Overdose Survivors' Data:**

Hospital Procedures: The SCA has partnered with all 3 hospitals and the veteran hospital since July 1 2016 to implement the warm hand off protocols. We have 24/7 case management service with a dedicated phone for the hospitals. All Emergency Room Staff have been trained on the protocols. We provide the coordination of care when notified by the hospital. Since 1/2/19, we have embedded a CRS in the largest ED in the county. We are in the process of staffing it 7 days a week for 10 hours a day. This has significantly increase the number of contacts with SUD and OD patients during the ED visit. In addition, the CRS is able to make contact with any inpatient admitted patient once stabilized.

General Community: We have gone 24/7 to the general community for immediate coordination of treatment as of 5/1/2019. We are also developing protocols for 24/7 CRS and mobile case management access for after hours and weekends. The SCA has been working with the largest ED to provide induction of Suboxone when appropriate with warm hand to a MAT provider. 15 physical health providers attended an ASAM 4-hour waiver training on 4/30/2019. They are in the process of completing the 4 hour on line training.

<b># of Overdose Survivors</b>	<b># Referred to Treatment</b>	<b># Refused Treatment</b>	<b># of Deaths from Overdoses</b>
July 1 2017- Jun 30 2018 DATA			2018
27 referred	25 entered treatment	2 refused treatment	25 OD deaths (down 50% from previous year)
July 1 2018-May 31 2019			
48 referred	41 engaged	7 refused treatment	No data at this time

As you can see in the data for 2018-2019, we have increased the number of OUD patients being intercepted at the time of admission to the ED due to the CRS being embedded in this department.



**3. Levels of Care (LOC):**

<b>LOC ASAM Criteria</b>	<b># of Providers</b>	<b># of Providers Located In-County</b>	<b># of Co-Occurring/Enhanced Programs</b>	<b># of Co-Occurring/Enhanced Programs</b>
4 WM	1	0		
4	1	0		
3.7 WM	11	2		
3.7	19	2	7	
3.5	19	1	7	
3.1	11	3		
2.5	2	2		
2.1	4	4		
1	8	8		

**4. Treatment Services Needed in County:**

The SCA is currently implementing a federal grant to expand MAT services and EBP within the treatment system. The SCA in collaboration with DDAP and UPMC Center for High Value Health (CHVH) have been providing on going Motivational Interviewing training, ASAM leadership training for clinical supervisor staff and ASAM individual service planning training. In addition, we are working on a best practice MAT project to support office based opiate treatment (OBOT) programs referred to as the Co-op model of care. We are expanding the number of providers waived in our community as well as expansion of induction of Suboxone on our inpatient psychiatric clinic, pregnancy care clinic, behavioral health clinics and emergency departments. Training is being offered and provided by UPMC Center for High Value Health to our partners. Since July 2018 all Community Care Providers are required to educate OUD individuals on medicated assisted treatment as a viable option in their recovery.

We have also partnered with a physical therapist to provide a chronic pain and relapse prevention training for SUD line staff and a training for physical therapist on chronic pain and warm hand off to the Blair County Drug and Alcohol Program. In addition, we are expanding case manager mobile assessments and outreach by our CRS staff. This will be completely 24/7 by July 1, 2019. In addition, we are in the middle of a national grant from the National Chain Pharmacy foundations. We are working with 8 pharmacies to implement the SBIRT model in the pharmacy. The SCA has another federal grant we are implementing at 3 primary care sites, one being our pregnancy care clinic in the SBIRT model of care. We are partnering with the Pregnancy care unit to open a Recovery Center for Pregnant Moms. This is model after the UPMC Magee hospital. As part of our expansion to mobile case management, we have seen increase access from the inpatient hospitals, inpatient psychiatric, and criminal justice system. One area we are beginning to work on is the first responder partnership. We are in the process of assessing needs of this sector of our community. Our OD Prevention Task force will be developing a plan to implement training and warm hand off strategies. The funding from the HSBG provides some of the funding to support these projects.

### Access to and Use of Narcan in County:

There has not been any expansion from last year by police departments. The same number exist this year that provide NARCAN. The SCA is able to provide NARCAN for free to the general community. In addition, starting July 1 2018, the SCA educates 100% of all assessment clients on NARCAN and provide it to those who are interested in having NARCAN. Since this time, we have dispensed 248 NARCAN kits. We also work with our CCE to ensure first responders are utilizing this resource. We currently have a pharmacy project called Project Lifeline. It is an SBIRT project that also focuses on the education of patients regarding NARCAN for any opioid prescription. The pharmacies have distributed 185 kits in the last twelve months. The SCA also provides community education on overdose prevention. We work with partners when attending health fairs to provide NARCAN.

### 5. County Warm Handoff Process:

The SCA has expanded its warm hand off to other intercept points during the last year. We have been utilizing the ED warm handoff since July 1 2016. This has expanded to the inpatient case management unit at all three hospitals to provide mobile assessment available on the inpatient medical floor prior to discharge. We currently have a working relationship with the probation office to provide warm hand off of OUD/SUD probation/parolees when testing hot in the field. In addition, we have developed a relationship with the inpatient psychiatric unit to provide warm hand off to our mobile assessment unit for all OUD/SUD patients prior to discharge from the unit. We have been able to increase the number of individuals engaging in treatment post discharge. We are also currently in discussion with the Inpatient Psychiatric Unit, Medical Director to do induction of MAT for OUD patients prior to discharge.

Mobile assessment performed: 2018/2019 to date

	3G	50
	UPMC	48
	APO	18
	JPO	2
	BCP	159
	Pyramid IP	3
	Cove Forge	2
	Nason	2
	VA HOME	1
	Rossi Corner Store	1
	<b>TOTAL</b>	<b>286</b>

## Warm Handoff Data: 2017-2018 (ED)

<b>Number Served</b>	27 OD Survivors Referred
<b>Number Entering Treatment</b>	25 Entered treatment
<b>Number Completing Treatment</b>	Not available at this time

## *Human Services and Supports/Human Services Development Fund*

### Services to Be Provided

#### Adult Services

**Program Name:** Counseling Services

**Description of Services:** The target group to be served by Family Services, Inc. consists of individuals, families and couples. Counseling services are provided by master's trained clinicians who are licensed and/or certified to practice in Pennsylvania. The staff also coordinates and clinically facilitates Men Helping Men, a group program for men who are abusive towards their partners and their children directly or indirectly.

Family Services, Inc. provides a diverse range of counseling services for low income persons of all ages. However, the counseling services funded through HSDF are provided only to those who are between the ages of 18 and 59 years of age or under. The primary purpose and need of the counseling programs are to provide counseling services that assist people in solving problems that are interfering with their healthy development and functioning. The expected outcome is that people will learn the skills necessary to solve their problems in the future. This outcome prepares the clients to move toward economic and emotional self-sufficiency and moves clients to a more optimal level of functioning and wellbeing. It helps families to become stronger and improves life skill development.

**Service Category:** Counseling

**Program Name:** Information and Referral

**Description of Services:** The target group to be served by CONTACT Altoona includes individuals or agencies in need of referral assistance for health and human service in the Blair County area. It is a major challenge for people to learn about and connect with services that are available. Too often people looking for help do not know where to begin. Locating such basic resources as food, shelter, employment or health care may mean calling dozens of phone numbers and struggling through a maze of agencies to make the right connection. This growing need of our population for human services increases the need to effectively and efficiently connect people with the broadest possible range of community resources. CONTACT Altoona's role in this provision of information and referral services is Blair County's connection to PA 2-1-1.

Many people have a myriad of problems when they call. CONTACT volunteers listen for the unspoken, as well as the spoken, indicators while assisting the caller in determining the most appropriate source of help. CONTACT attempts to address each of the callers' needs and/or successfully refer the caller to the proper agency for help. CONTACT volunteers are trained to listen reflectively to persons of all ages and socio-economic backgrounds. There are two types of information and referral calls received by CONTACT Altoona: (1) persons knowing what the problem is and seeking a referral to solve their problem or persons seeking services from a certain agency; and (2) a caller may need a referral to another agency for help in solving his/her problems. When it becomes apparent that a referral is appropriate, the telephone workers may suggest a referral. In many instances it is advisable to assist callers in how to approach an agency when calling. Good information and referral services will assist callers in how to present their problems so they will not be denied service before reaching the appropriate person.

CONTACT Altoona is one of the founding partners in the PA 2-1-1 initiative. CONTACT Altoona serves 211 by updating resources within the database. We also use the 211 database for callers calling into the helpline with needs of information and referral. CONTACT Altoona's provision of Information and Referral Program in Blair County is necessary and essential in the implementation of PA 2-1-1. CONTACT Altoona continually updates and maintains the PA 2-1-1 Database (<https://pa211.communityos.org/cms/>). The PA 2-1-1 Database provides the most accurate and updated resources for information and referrals in response to health and human service needs. The PA 2-1-1 Database is accessible 24 hours a day through the PA 2-1-1 Central Region Website (<https://pa211central.info>) and by phone (2-1-1), ensuring information and referral services available to all members of the community. CONTACT Altoona's

provision of information and referral services is necessary and vital in the implementation of 2-1-1, 24 hours a day, 365 days a year.

**Service Category:** Information and Referral

### **Aging Services**

**Program Name:** Care Management Services

**Description of Services:** Blair Senior Services provides Care Management Services. All persons requesting or receiving Care Management services are assigned to a Care Manager. An initial visit is scheduled with the consumer and the family, if requested. This initial visit is conducted within 7 days of the receipt of the referral. The consumer is assessed for all care needs, using the Needs Assessment Tool (NAT). The information is then used to create a care plan to meet the consumer's needs. The Care Manager uses the information gained in the assessments to assess a Needs Assessment Score for the consumer. This score determines the consumer's position on a waiting list for services, should a waiting list exist. Regardless of a consumer being on a waiting list, Care Management services are still provided. The Long Term Living Program Supervisor reviews all completed assessments and care plans. Consumers approved to begin services are offered a choice of providers and the services are initiated. A follow-up call is made to the consumer two weeks following the initiation of services. Consumers are reassessed annually or more frequently if needed, to assess for any changes in need. The Care manager is available to the consumer for assistance with provider issues, scheduling, change in services or amounts of service, assistance with applications and forms completion, and as a source of information and referral. Those consumers who remain on the waiting list receive a call every 6 months from the Care Manager to assess the consumer's desire to stay on the waiting list. The Care Manager is available for assistance with applications, forms completion and as a source of information and referral.

**Service Category:** Care Management

### **Children and Youth Services**

We do not currently use Block Grant funding for this category.

### **Generic Services**

**Program Name:** Reassurance Program

**Description of Services:** CONTACT Altoona provides a Reassurance Program, the only provider of this service in the Blair County community. CONTACT Altoona's Reassurance program provides personal contact by telephone to check on an individual's wellbeing. The purpose of the daily reassurance calls is multi-fold. Daily calls are made to make sure that the person is in reasonable good health and able to answer the telephone; to share a few minutes in a friendly chat to let the person know that someone cares; make sure they are getting adequate nutrition; and if applicable, remind the person to take medicines. This program seeks to be a safety net to ensure the health and safety of our target population. When the Reassurance call is not answered, help is sent to the individual.

**Service Category:** Information and Referral

**Client Population to be Served:**

Adult, Aging, SUD, MH and ID

**Specialized Services**

**Program Name:** Big Brothers Big Sisters Mentoring

**Description of Services:** Big Brothers Big Sisters of Blair County, Inc. an affiliate of Big Brothers Big Sisters of America, Inc. provides youth mentoring services designed to help a child develop a positive relationship with a caring adult, who serves as a role model and will see the child on a regularly scheduled basis. The Agency provides youth development activities and programs. These programs are conducted on a monthly or weekly basis, are age appropriate, and utilize Search Institute's 40 Developmental Assets as a base for presenting a wide variety of youth development activities. The agency has a core group of children and youth who continually participate monthly providing a greater impact and learning. Big Brothers Big Sisters of Blair County, Inc. has expanded services to include site-based/school-based mentoring, known as SMART programming. Two current High School Big mentoring programs have proven effective over the past several years. These programs are designed in partnership with school personnel to meet the needs of school identified students.

Through their Community-based Mentoring Program, Big Brothers Big Sisters of Blair County supported 46 matches in 2018. During the 2018-2019 school year, Big Brothers Big Sisters of Blair County had a total of 55 matches throughout the various SMART Programs, serving 101 children in total. With the hope of expanding into another school district this coming year, Big Brothers Big Sisters has the potential to increase the matches in our SMART programming by 25% taking our clients served to 68. Furthermore, through the duration of the matches and at the match's close, satisfaction and youth surveys are presented to the Big, Little, and the Little's parent/guardian. Consistently and frequently, Big Brothers Big Sisters has received positive feedback from all parties involved in the program, as well as reports from teachers indicating progress in the Little's academics.

**Program Name:** Teen Link Connection

**Description of Services:** Child Advocates of Blair County, through their Teen Link Connection program, provides intervention services, prevention services, case management, and referral services to pregnant and parenting teens and their families. Although other programs are available to support pregnant and parenting teens, these programs have restrictions with who they can serve. One program requires the adolescent to be enrolled in school, while another program requires the adolescent to be on their first pregnancy and request services by a specific number of weeks within the pregnancy. Teen Link Connection is the only program in Blair County that provides services to pregnant and parenting teens that have dropped out or recently graduated from school. Teen Link Connection is also a program that can provide services to adolescents even if they did not request services while they were pregnant. We currently do not have any pregnant or parenting teens on our case load due to a lack of clients fitting the requirements; however we are still very active in offering parent education and referral services.

Teen Link Connection also continues to provide education and support services to the community in an effort to prevent teen pregnancy and to raise awareness of the problems associated with teen pregnancy. This is done through outreach efforts such as Teen Power Day, the Teen Pregnancy Prevention Team, CHOICES, and the All STARS program. The 16<sup>th</sup> annual Teen Power Day was held on March 8, 2019 on the Penn State Altoona Campus. Students from all surrounding school districts were invited and we had 4 districts in attendance with a total of 72 students. We had speakers from Family Services Inc, UPMC Mental Health, Altoona Lung Specialists, Blair Drug and Alcohol, ELECT and Penn State Altoona. These speakers addressed the following topics: Cyberbullying and Sextortion, Healthy Relationship, Coping with Anxiety and Stress, Electronic Smoking, Alcohol 101; Not Becoming a Statistic, Teen Pregnancy.



We have begun planning and preparation for CHOICES, our 8 week summer program, which will take place at Evergreen Manors from the middle of June to the beginning of August. CHOICES will be made available to all female residents between the ages of 12 and 16. Once again we will be joined by local agencies such as Family Services, Blair Drug and Alcohol Partnerships, and UPMC Mental Health to partner together in sharing information with participants regarding risky choices and the consequences they bring.

Winter Warmth 2018 served 82 children ages 4 to 15 with a shopping trip to Boscov's to purchase appropriate winter clothing, meeting needs which the family themselves were not able to supply for the child.

## **Interagency Coordination**

The Blair County Department of Social Services will use Human Services Development Fund dollars for Interagency Coordination to help fund a coordinated county-wide Needs Assessment. The purpose of the comprehensive assessment is to identify community assets, identify targeted needs and develop an action plan to fill those needs. The ultimate goal is to improve the lives of all people living in Blair County. These dollars are also used to build partnerships through collaboration with other agencies and organizations. We work toward solving problems that exist within our community and to improve the effectiveness of the service delivery system. Our goals are to develop a better knowledge of existing agencies and services, provide education to others about community resources, and increase and promote the quality of human services in the community. Interagency Coordination expenditures include expenses incurred for staff to attend the following Human Services Committees or Councils which serve in an advisory capacity: Blair County Health & Welfare Council, Blair County Local Housing Options Team (LHOT), Blair County Healthy Community Partnership, Blair County Leadership Coalition, Blair County Needs Net, Blair County Fuel Bank, and Operation Our Town Housing Roundtable. These collaborations are vital for the coordination of not only state funded programs but the link to private partnerships such as faith based organizations, United Way, and local leaders. Expenditures also include staff coordination with state committees such as Long Term Care, Department of Education and PACHSA. PACHSA dues are not included in the expenditures for Interagency Coordination.

*Appendix "C-1"*  
Blair County Human Services Block Grant  
Proposed Budget and Individuals Served

County: <b>BLAIR</b>	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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**MENTAL HEALTH SERVICES**

ACT and CTT	0					
Administrative Management	2,167		445,715		6,804	
Administrator's Office			427,762	9,500	31,260	36,649
Adult Developmental Training	0					
Children's Evidence-Based Practices	0					
Children's Psychosocial Rehabilitation	0					
Community Employment	55		153,012			
Community Residential Services	40		445,741		27,754	
Community Services	0		31,501		3,499	
Consumer-Driven Services	60		77,939		8,661	
Emergency Services	824		413,034		43,576	
Facility Based Vocational Rehabilitation	14		139,150		15,351	
Family Based Mental Health Services	6		25,000			
Family Support Services	49		94,808		12,438	
Housing Support Services	170		134,333	47,087	14,656	
Mental Health Crisis Intervention	1,033		251,544			
Other	0					
Outpatient	1,395		470,034		11,095	
Partial Hospitalization	25		47,075			
Peer Support Services	0					
Psychiatric Inpatient Hospitalization	0					
Psychiatric Rehabilitation	25		40,000			
Social Rehabilitation Services	205		184,637		17,642	
Targeted Case Management	260		208,728			
Transitional and Community Integration	230		269,657		12,911	

<b>TOTAL MENTAL HEALTH SERVICES</b>	6,558	\$3,859,670	\$3,859,670	\$56,587	\$205,647	\$36,649
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<b>County:</b> <b>BLAIR</b>	<b>1.</b> <b>ESTIMATED INDIVIDUALS SERVED</b>	<b>2.</b> <b>HSBG ALLOCATION (STATE &amp; FEDERAL)</b>	<b>3.</b> <b>HSBG PLANNED EXPENDITURES (STATE &amp; FEDERAL)</b>	<b>4.</b> <b>NON-BLOCK GRANT EXPENDITURES</b>	<b>5.</b> <b>COUNTY MATCH</b>	<b>6.</b> <b>OTHER PLANNED EXPENDITURES</b>
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**INTELLECTUAL DISABILITIES SERVICES**

Administrator's Office		1,310,668	1,066,058	23,928	5,910	
Case Management	940		41,036	2,931,715	4,449	
Community-Based Services	765		203,574	19,584,675	27,296	
Community Residential Services	195			35,749,476		
Other	0					

<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	1,900	\$1,310,668	\$1,310,668	\$58,289,794	\$37,655	\$0
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**HOMELESS ASSISTANCE SERVICES**

Bridge Housing	10		10,948			
Case Management	150		80,000			
Rental Assistance	225		70,739			
Emergency Shelter	190		75,030			
Other Housing Supports	0		0			
Administration			26,300			

<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	575	\$263,017	\$263,017	\$0	\$0	\$0
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<b>County:</b> <b>BLAIR</b>	<b>1.</b> <b>ESTIMATED INDIVIDUALS SERVED</b>	<b>2.</b> <b>HSBG ALLOCATION (STATE &amp; FEDERAL)</b>	<b>3.</b> <b>HSBG PLANNED EXPENDITURES (STATE &amp; FEDERAL)</b>	<b>4.</b> <b>NON-BLOCK GRANT EXPENDITURES</b>	<b>5.</b> <b>COUNTY MATCH</b>	<b>6.</b> <b>OTHER PLANNED EXPENDITURES</b>
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***SUBSTANCE USE DISORDER SERVICES***

Case/Care Management	1,200		174,590			
Inpatient Hospital	1		3,000			
Inpatient Non-Hospital	20		45,000			
Medication Assisted Therapy	25		30,000			
Other Intervention	1,500		10,000			
Outpatient/Intensive Outpatient	25		50,000			
Partial Hospitalization	30		50,000			
Prevention	250		7,000			
Recovery Support Services	500		150,000			
Administration			57,732			

<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	3,551	\$577,322	\$577,322	\$0	\$0	\$0
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***HUMAN SERVICES DEVELOPMENT FUND***

Adult Services	48		13,337			
Aging Services	45		2,182			
Children and Youth Services	0		0			
Generic Services	2,500		2,425			
Specialized Services	150		16,005			
Interagency Coordination			91,180			
Administration			13,901			

<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	2,743	\$139,030	\$139,030	\$0	\$0	\$0
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<b>GRAND TOTAL</b>	15,327	\$6,149,707	\$6,149,707	\$58,346,381	\$243,302	\$36,649
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# Mental Health in Blair County

Access Center for Mental Health Services 814-889-2289

It's OK to talk about mental health.

Get help if you need it.

Help is available and effective.

If you know someone in need, help is available.

**UPMC COMMUNITY CRISIS CENTER**

814-889-2141

**BLAIR DRUG AND ALCOHOL  
PARTNERSHIPS**

814-381-0921

**FOR HEALTH &  
HUMAN SERVICE  
NEEDS CALL 211**



(1) Pennsylvania Youth Survey (PAYS 2015) <http://www.psd.pa.gov/overlook-justice/Documents/PAYS2015%20County%20Reports/Blair%20County%20Profile%20Report.pdf>  
 (2) United States Census Bureau (2016)  
 (3) American Foundation of Suicide Prevention <https://afsp.org/afsp-2016-annual-report-facts-figures/#Pennsylvania>  
 (4) Community Conversations About Mental Health, Information Sheet, SAMHSA <https://www.samhsa.gov>  
 (5) Pennsylvania Student Assistance Report <https://www.saschools.state.pa.us>  
 (6) Healthy Blair County Coalition [www.healthylblaircountycoalition.org](http://www.healthylblaircountycoalition.org)  
 (7) Blair County Data

Healthy Blair County Coalition  
<http://www.healthylblaircountycoalition.org/>



Appendix "I"

UPMC Altoona Provision of Short-Term Inpatient Psychiatric Care for Residents of Blair County

Appendix I

Provision of Short-Term Inpatient Psychiatric Care for Residents of Blair County Contract Appendix "I"

A. UPMC Altoona agrees to:

- 1. Provide short-term inpatient psychiatric diagnosis and treatment for all residents of Blair County who are evaluated as requiring this service, regardless of ability to pay.
2. Accept and provide evaluation and treatment for both voluntary and involuntary commitments.
3. Cooperate with the Program Office in all aspects of the involuntary commitment and hearing process.
4. Coordinate with the Base Service Unit and all mental health and other referral agencies in the development of a comprehensive treatment and aftercare plan for each patient admitted.
5. Seek reimbursement from the patient, family, if applicable, and all third party carriers in accordance with the liability regulations of the PA Department of Human Services. The County shall not be billed for nor will they reimburse for any short-term inpatient care for Blair County residents.

B. The County agrees that the Administrator for the Blair County Department of Social Services agrees to:

- 1. Designate UPMC Altoona as the primary facility to evaluate and treat involuntary commitments of Blair County residents.
2. Coordinate the involuntary admission and hearing process, providing staff assistance as indicated.
3. Provide staff assistance as needed in the transfer process of patients from UPMC Altoona to all State operated psychiatric facilities.
4. Coordinate quarterly review meetings between UPMC and County regarding cases, policies, procedures and other items that affect the overall operations.

C. The services provided under this Work Statement are subject to the terms of the attached Agreement between the parties dated 5-14-19, with the exception of Articles III-V, IX-XI and XVI, which do not apply in their entirety to the services described in this Work Statement, and further that the reports and records required under Article XIV and XV shall not include fiscal records or costs due to the absence of payment by the County for services provided hereunder.

Approved by: Blair County Department of Social Services

James Hudack, Executive Director

5/14/19 Date

UPMC ALTOONA

Mark J. Chuff, L.P.C., Executive Director

5/15/19 Date

Jan Fisher, President/CEO

5/15/19 Date