



Blair County
Department of Social Services
Human Services Block Grant
FY 2022/2023
Annual Plan



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Appendix "A"

Blair County Commissioners Assurance of Compliance




Appendix A
Fiscal Year 2022-2023

**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 assures that it and its providers 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 (relating to contract compliance):
 - 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>Signature(s)</i>	<i>Please Print Name(s)</i>	<i>Date:</i>
	Bruce R. Erb	7/21/22
	Laura O. Burke	7/21/22
	Amy E. Webster	7/21/22

Appendix "A"

Blair County Leadership Coalition Assurance of Compliance

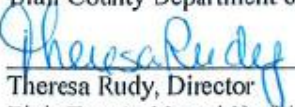
Appendix "A"
Fiscal Year 2022-2023

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

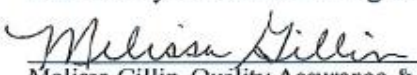
Blair County Leadership Coalition:


James Hudack, Executive Director
Blair County Department of Social Services

7/12/22
Date


Theresa Rudy, Director
Blair County Mental Health Program

7/8/22
Date


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

7/6/22
Date


Anty Marten-Shanafelt, Executive Director
Blair HealthChoices

7/6/22
Date


Judy Rosser (Jul 12, 2022 20:39 EDT)
Judy Rosser, Executive Director
Blair Drug & Alcohol Partnership

Jul 12, 2022
Date


James Henry, Executive Director
Southern Alleghenies Service Management Group

7/6/22
Date


Melissa Gordon, Intellectual Disability Director
Southern Alleghenies Service Management Group


7/6/22
Date


Kelly Popich (Jul 12, 2022 20:48 EDT)
Kelly Popich, Early Intervention Director
Southern Alleghenies Service Management Group

Jul 12, 2022
Date


Jon Frank, Chief
Blair County Juvenile Probation Officer

7/8/2022
Date


Laura O. Burke (Jul 13, 2022 09:30 EDT)
Commissioner Laura Burke, Interim Director
Blair County Children, Youth & Families

Jul 13, 2022
Date

Blair County Human Services Plan

Fiscal Year 2022-2023

Part I: COUNTY PLANNING PROCESS

Blair County Background Information

Blair County’s estimated 2021 census is 121,767 residents. This represents a 4.2% population decrease from 2010 when the population was 127,117. 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 at 51%. Blair County’s largest growing population is those 65 and over which was the only age group that had an increase.

Age	
Under 18 years	20.2%
18 to 64 years	58.5%
65 and over	21.3%
Race	
White	95.6%
Black	2.0%
Two or more races	1.5%
Hispanic or Latino	1.3%
Asian	0.7%
American Indian or Alaska Native	0.2%
Gender	
Male	49%
Female	51%

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

Table 2. Indicators for Blair County compared to Pennsylvania, 2021		
	Blair County	Pennsylvania
Education		
High school graduation rate	91.7%	91%
Bachelor's degree or higher	22.3%	32.3%
Income-related		
Unemployment rate (March 2022)	4.5%	4.9%
Unemployment rate (March 2021)	6.5%	7.1%
Median household income	\$50,856	\$63,627
Poverty rate	13.8%	12%
Poverty rate for children under 18	19%	17%
Poverty rate for 65 and over	10%	8%
Public Assistance March 2022		
Receiving Medical Assistance	38,268	3,487,729
Receiving Medical Assistance under age of 21	14,724	1,406,608
Receive food stamp assistance	22,344	1,899,689
Adults 65 and over that enrolled in PA prescription assistance program (2018)	4,226	254,426
Insurance 2019		
No Insurance	5.8%	5.7%
Employer Coverage	46%	50.7%
Medicaid	19.3%	16.3%
Medicare	14.8%	14.1%
Non-Group	13.3%	12.1%
Military or VA	1.84%	1.05%
COVID Vaccination April 2022	55.55%	68.3%

As Table 2 details, Blair County has a slightly higher graduation rate than the state, but 10% 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 \$12,771 less than the state. The spread between median for Blair County and Pennsylvania has closed by over \$1,500 as compared to the previous year. The poverty rates are moderately higher in Blair County when compared to the State (43% Blair County versus 37.7% PA); more people receive food stamps (18% Blair County versus 14% PA) and more adults 65 and over receive prescription assistance (3.4% Blair County versus 1.9% PA).

According to the KIDS COUNT Data Center, the percentage of students who are enrolled in free/reduced school lunch programs in Blair County is 48.3% (2019/2020) as compared to Pennsylvania at 53.7%. Blair

County has two school districts with percentages over 60% for free and reduced lunches. Children living in families below 200% poverty is 50.3% (2019), compared to 42.1% (2018) and 37% statewide.

The percentage of uninsured children under 18 years old in Blair County was 3.4% as compared to Pennsylvania at 4.4% (2018). Children under age 18 with Children’s Health Insurance Program (CHIP) 2020 coverage was 1,843 compared to 172,885 in Pennsylvania. The percentage of unserved children eligible for publically funded Pre-K for 2019-20 in Blair County is 53.6% which is lower than the State percentage of 59.8%, and lower than the previous year at 47.5%.

In 2022, Blair County ranks 40 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 eight years, in 2022 Blair County has dropped one position as compared to 2021. For 2022, Blair County improved by 11 positions as compared to 2019. Blair County residents demonstrated an increase in the premature morbidity ranking in 2022. This ranking, includes all deaths among people under 75 such as heart diseases, accidents, respiratory and cancer. Residents of Blair County also demonstrate a high level of risk behaviors such as smoking, obesity, teen births and drinking as compared to other counties in the Commonwealth. In 2022, there was an increase in all of these areas compared to last year.

Blair County Health Rankings								
2014	2015	2016	2017	2018	2019	2020	2021	2022
51	48	46	47	45	51	43	39	40

The cost of living in Blair County is 78.3 (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, health and other services to the rest of Pennsylvania. The median price for a house in Blair County is \$128,200.00 as compared to Pennsylvania at \$234,684.00 and nationally the median price is \$374,900.00. Over the past year, Blair County has remained basically the same on cost of living while the rest of the United States has seen an increase. The median price for a house in Blair County grew by \$4,800.00 while in the United States it has increased by \$143,700.00.

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 2021/2022 enrollment data for Blair County reflects 17,757 children enrolled in public schools which is a slight increase from the previous year. In 2021, the Central Pennsylvania Digital Learning Foundation Charter School was at 142 students which is a decrease of students from the previous year.

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 located in northern Blair County. Two hundred ninety-six girls from 20 states and 16 foreign countries currently attend.

The Pennsylvania State University (Penn State) Altoona Campus contributes to an influx of over 3,250 college students in 2022; and the campus is only 45 miles from the University's main campus, University Park, in State College. Penn State Altoona offers 24 baccalaureate degrees and 5 associate degrees. Post-secondary trade/technical schools include Altoona Beauty School, Altoona Bible Institute, The Salon Professional Academy, 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.

Based on March 2022 data, Blair County has a 4.5% unemployment rate as compared to March 2021 which was 6.5%. This significant decrease has been due to the economic recovery from COVID 19 and reopening of nonessential businesses. The labor force is at 57,600 with 54,900 working at the end of March 2022. Blair County's largest employment area is Health Care and Social Assistance followed by Retail Trade and Construction. The county's largest employers in order are: UPMC Altoona, Sheetz Inc., State Government, Federal Government and Altoona Area School District. The average annual wage for Blair County is \$44,290 as compared to Pennsylvania at \$53,950. This represents a 18% decrease when comparing the two yearly wages. This wage disparity has decreased by 7% over the past year.

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, 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 10)*** 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 2021/2022, 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 162 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 funds were utilized to continue and expand the program and activities which are determined based on the community health needs assessment (CHNA). The CHNA survey was distributed to randomly selected households, businesses, associations, service providers, faith organizers, and key informants. The household survey was also administered to clients/consumers by eight 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 last three needs assessments (2012, 2015, and 2018) identified drug and alcohol issues, mental health, poverty, smoking and nicotine, workplace wellness and community wellness, and dental care as priority areas. Workgroups continued to encourage collaboration among community partners to address each priority area, and Leadership Coalition members facilitate or participate in each workgroup.

Funds from the HSBG have been used to partner with the three local hospitals and other providers to implement specific programs and activities to address the areas identified in the community health needs assessment. This includes addressing mental health/depression/suicide prevention which was the greatest needs for education and prevention. One accomplishment was the development of training and the Columbia App to increase the capacity for residents and community members to identify whether someone is at-risk for suicide.

Beginning in late 2020, the Healthy Blair Coalition will begin the process of conducting the next needs assessment which will be administered in 2021 with a report available in the summer of 2022.

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:

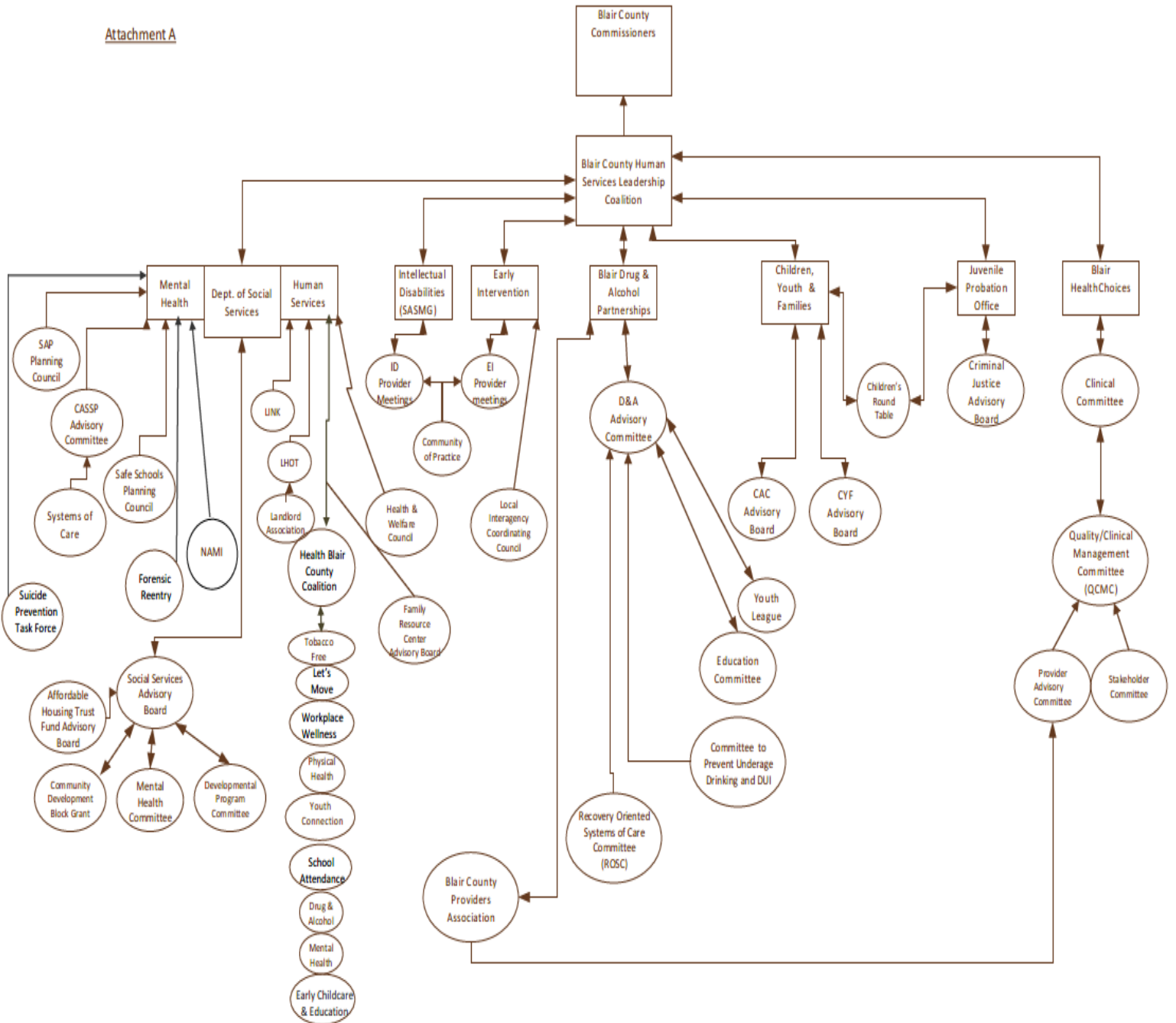
- Collaboration and team work
- Mutual trust and respect
- Honesty and integrity
- Creativity and innovation
- Action and productivity
- Quality of services/products

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.

Attachment A

Blair County Stakeholder Involvement Chart

Attachment A



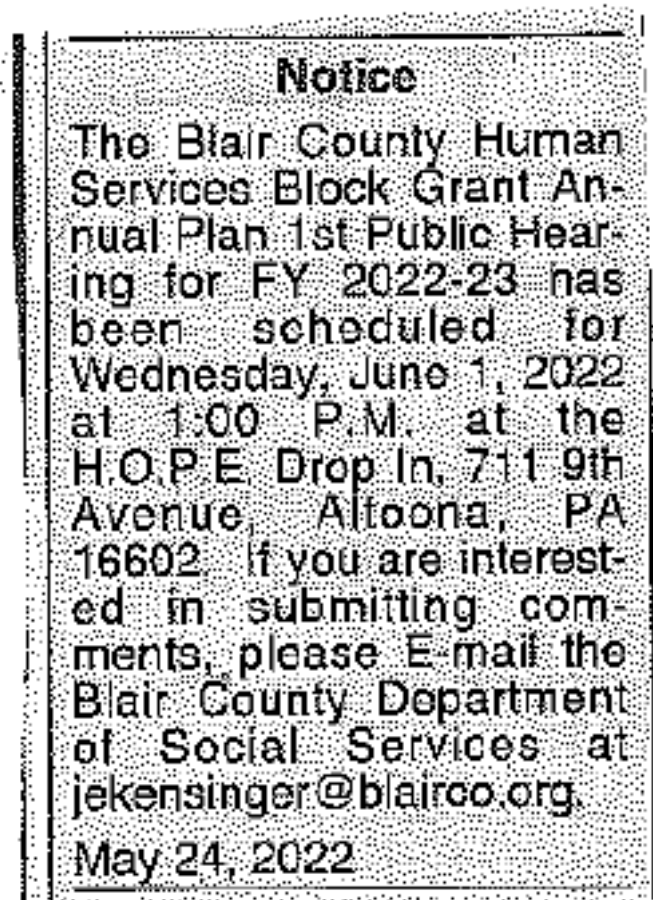
PART II: PUBLIC HEARING NOTICE

For the development of the FY 2022/2023 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.

1st Public Hearing

On June 1, 2022 at 1:00 p.m., the first Blair County Human Services Annual Plan Public Hearing was held at the H.O.P.E. Drop-In, 711 9th Avenue, Altoona, PA. 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. 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 May 24, 2022.

The first public hearing had approximately 11 Blair County residents participate in the hearing. 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.



Altoona Mirror

PROOF OF PUBLICATION OF NOTICE IN ALTOONA MIRROR

RECEIVED JUN 21 2022

Notice

The Blair County Human Services Block Grant Annual Plan 1st Public Hearing for FY 2022-23 has been scheduled for Wednesday, June 1, 2022 at 1:00 P.M. at the H.O.P.E. Drop In, 711 9th Avenue, Altoona, PA 16602. If you are interested in submitting comments, please E-mail the Blair County Department of Social Services at jekensinger@blairco.org.

May 24, 2022

STATE OF Pennsylvania
COUNTY OF Blair

Daniel N. Slep, being duly sworn, says: That he is the Publisher 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 the Thirteenth Day of June 1874, since which date said newspaper has been published daily in the City of Altoona; that copy of 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.:

May 24, 2022

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.

Daniel N. Slep

Sworn to and subscribed before me this

25 day of May, 20 22

Debra D. Miller

Debra D. Miller, Notary
Public

Commonwealth of Pennsylvania - Notary Seal
Debra D. Miller, Notary Public
Blair County
My commission expires July 25, 2025
Commission number 1112043
Member, Pennsylvania Association of Notaries



BLAIR COUNTY HUMAN SERVICES 2022/2023 ANNUAL PLAN 1ST PUBLIC HEARING NOTICE

Blair County is beginning the process of developing the 2022-23 Human Services Block Grant Annual Plan. The Human Services Annual Plan must be submitted to the Department of Human Services by July 2022. The 1st Public Hearing will be held at the following location to solicit public comment on the Human Services Block Grant Annual Plan.



Wednesday, June 1, 2022 at 1:00 p.m.

**H.O.P.E. Drop In
711 9th Avenue
Altoona, PA 16602**

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 jekensinger@blairco.org.



**PUBLIC HEARING
FOR
BLAIR COUNTY HUMAN SERVICE'S ANNUAL PLAN
FOR FISCAL YEAR 2022/2023
Wednesday, June 1, 2022
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 Presenters:
 - 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 2nd Public Hearing Wednesday, July 6, 2022, at 1:00 p.m., Hope Drop-In, 711 9th Avenue, Altoona, PA



Commissioners
Bruce Erb, Chairman
Laura Burke, Vice-Chairman
Amy Webster, 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 Email: dss@blairco.org

JAMES HUDACK
Executive Director
THERESA RUDY
MH Program Director
KENNETH DEAN
MH Program Specialist
CINDY JAMES
CASSP Coordinator
VACANT
Fiscal Officer
JEAN CUPP
Fiscal Specialist
TRINA ILLIG
Grants Coordinator for
Community Development
VACANT
Community Development
Specialist
MELISSA GILLIN
Quality Assurance &
Housing Coordinator
JENNIFER KENSINGER
Administrative Assistant

The Blair County Department of Social Services
Human Services 2022-2023 Annual Plan 1st Public Hearing
Wednesday, June 1, 2022 at 1:00 P.M.
H.O.P.E Drop In, 711 9th Avenue, Altoona

MINUTES

Welcome and Call to Order

James Hudack, Executive Director of Blair County Department of Social Services (BCDSS), welcomed everyone to the 1st Public Hearing for the Human Services Block Grant (HSBG) 2022 Annual Plan. Copies of the agenda and power point presentation were distributed to the attendees.

James Hudack presented a power point that described the Blair County Human Services Leadership Coalition, The HSBG accomplishments since 2013, the process of submitting the Annual Plan, the Timeline, and the requirements by the Pennsylvania Department of Human Services. The submission date is tentatively July 2022.

James Hudack stated that the Department of Social Services' budget has been flat-funded since 2012. James said that the governor has asked the State Legislators to consider increasing mental health base dollars by 36 million dollars, across the Commonwealth, for FY 2022-2023.

Jamie Henry, Southern Alleghenies Service Management Group (SASMG) Executive Director, stated that SASMG oversees the services for Intellectual Disabilities (ID) and autism, as well as, manages Early Intervention (EI) for Blair County. Most funding, for services, comes through federal waivers not related to HSBG funding. HSBG funding goes toward a Dual Diagnosis Navigator position, which is also partially funded by MH HSBG funds, Summer Employment Initiative, Person-Centered Practices and Lifecourse trainings and Emergency Supports. Jamie added that youngsters may have new federal funding for complex medical needs. Jamie ended his presentation with reporting that SASMG receives approximately 44 million dollars in federal waivers.

James Hudack discussed the Human Services Development Fund (HSDF) and Homeless Assistance Plan (HAP) funding since Melissa Gillin, Blair County Human Services Director was unable to be in attendance. James described how those funds are used to serve the community. James touched upon increasing concerns for issues such as homelessness, affordable housing, public transportation and livable wages.

Aleisha Albertson, Blair County Drug and Alcohol Partnership Assistant Director, reported that HSBG funding is mainly used toward the Warm Hand Off Program within area hospitals. A Certified Recovery Specialist (CRS) is embedded within UPMC Altoona's Emergency Department (ED). In 2021, CRSs saw 994 individuals and out of that number 554 accepted a referral. CRS are following up with individuals, who originally did not accept a referral, which has resulted in a few accepting service referrals.

Theresa Rudy, Blair County Mental Health Program Director, addressed the four funding streams in the HSBG plus the county match and Non-Block Grant award. Theresa stated that over the past couple years the majority of HSBG-CMHSBG funding (\$151,000) has gone toward Tartaglio Personal Care Home. Theresa reported that H.O.P.E. Drop-In received \$17,000 using those funds, but for the FY 2022/2023, those dollars will be coming out of the MH base funds. Theresa reported that Ken Dean, Blair County Department of Social Services MH Program Specialist, is retiring at the end of June 2022. Due to that retirement and added job responsibilities, DSS will be looking to hire (2) two MH Program Specialists. Theresa stated that funding for the System of Care (SOC) also comes through the Non-Block Grant MH award. Blair HealthChoices oversees SOC. Also, DSS received Community Mental Health Services Block Grant (CMHSBG) funding that was used toward expanding the Student Assistance Program (SAP) and Mobile Crisis. Those grants will continue through June 30, 2023. Theresa reported that the new Crisis Center building grand opening is still delayed. Theresa mentioned that UPMC Altoona is looking to develop an EmPATH Unit within the Altoona Emergency Department (ED). The Social Services Advisory Board approved a letter of support for the EmPATH Unit that was sent to Congressman John Joyce.

Public Input:

Jennifer, hearing participant, stated that she has been admitted to the Inpatient Unit (3G) on three (3) separate occasions and she felt that she did not receive enough one on one interaction with doctors, nurses, and/or social workers. She would like to see more money invested into hiring more staff. Theresa explained that over the past two years, due to the pandemic, people (support personnel, visitors) coming into the Inpatient Unit (3G) has been limited to essential staff. Theresa Rudy said that she would relay Jennifer's feedback to UPMC Altoona.

Pam Townsend, H.O.P.E. Drop-In Director, brought up the issue of individuals waiting for days to get beds at UPMC Altoona. She also feels that individuals, in crisis, are being turned away from getting the help they may need. Pam added, that perhaps, the Community would benefit from a Peer Support home.

Workforce capacity issues and delay in receiving mental health services, due to the number of people in need of services, was briefly discussed.

John Hooper asked if anyone reviews 302s. Theresa stated Social Services staff reviews 302s and denials.

James Hudack talked about the benefit the proposed EmPATH Unit would have for the Community.

Jennifer stated that her private insurance co-pays, for mental health services, are mounting. Due to income guidelines, she does not qualify for medical assistance and does not know who to turn to for financial assistance. James responded that there is not a program that he is aware that can help with those payments. James advised the attendees to write to Congressman John Joyce and Senator Judy Ward about this issue.

James Hudack thanked everyone for actively participating and closed the public hearing.

The 2nd Public Hearing is tentatively scheduled for Wednesday, July 6, 2022 at 1:00 PM.

**HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2022/23
1st PUBLIC HEARING**

**June 1, 2022 @ 1:00PM
H.O.P.E. Drop-In, 711 9th Avenue, Altoona**

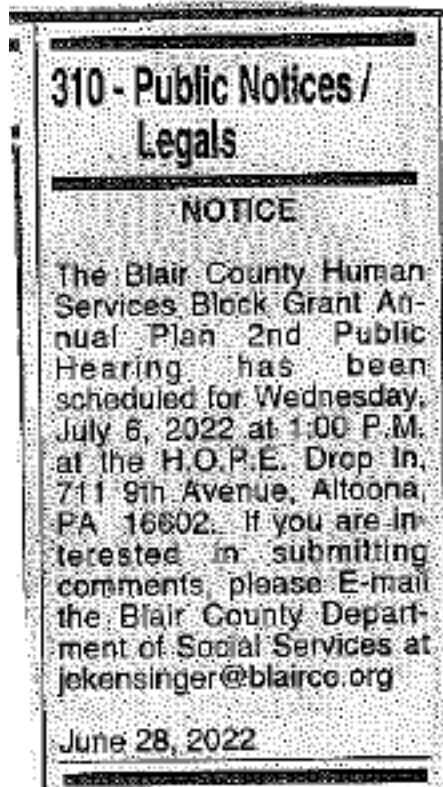
SIGN IN SHEET

NAME	EMAIL	AGENCY	MUNICIPALITY
1. Jen Kensing	jkensing@blairco.org	DSS	
2. Jim Haddock	jhaddock@blairco.org	DSS	
3. Pam Thompson	hopedropin@blairco.org	Hopi	
4. James Henry	jhenry@sasmy	SASMG	
5. Aimee Burns	office.blaircountygov@gmail.com	NAME	
6. Jeff Kramer	Jawover1846@gmail.com	Alamitape	
7. Amy Decker	amdecker@blairco.org	Business Bk	Andis
8. Dan Cooper	cooperd@blairco.org UPAC.EDU.	UPAC WBLA	
9. Theresa Judy	trudy@blairco.org	DSS MH	
10. Alisha Albertson	aalbertson@blairco.org	EDAN	
11. Paul Bookhamer	pbookhamer@blairco.org	CYF	
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2nd Public Hearing

The second hearing was held on July 6, 2022, at 1:00 p.m. at the H.O.P.E. Drop-In, 711 9th Avenue, Altoona, PA.

The second Blair County Human Service Annual Plan Public Hearing was conducted on July 6, 2022 had 13 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 21, 2022. An advertisement for the public hearing was published in the Altoona Mirror on June 28, 2022.



Altoona Mirror

PROOF OF PUBLICATION OF NOTICE IN ALTOONA MIRROR

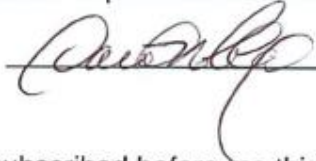
STATE OF Pennsylvania
COUNTY OF Blair

Daniel N. Slep, being duly sworn, says: That he is the Publisher 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 the Thirteenth Day of June 1874, since which date said newspaper has been published daily in the City of Altoona; that copy of 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 28, 2022

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 this

1 day of July, 20 22



Debra D. Miller, Notary Public

Commonwealth of Pennsylvania - Notary Seal
Debra D. Miller, Notary Public
Blair County
My commission expires July 25, 2025
Commission number 1112043
Member, Pennsylvania Association of Notaries

Notice

The Blair County Human Services Block Grant Annual Plan 2nd Public Hearing has been scheduled for Wednesday, July 6, 2022 at 1:00 P.M. at the H.O.P.E. Drop In, 711 9th Avenue, Altoona, PA 16602. If you are interested in submitting comments, please E-mail the Blair County Department of Social Services at jekensinger@blairco.org

June 28, 2022



Human Services Annual Plan

2nd Public Hearing for FY2022-2023

Wednesday, July 6, 2022

**H.O.P.E. Drop-In
711 9th Avenue
Altoona, PA**

1:00 – 2:00 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.

If you are unable to attend and interested in submitting comments, please E-mail the Blair County Department of Social Services at jekensinger@blairco.org.



**2nd PUBLIC HEARING
FOR
BLAIR COUNTY HUMAN SERVICE'S ANNUAL PLAN
FOR FISCAL YEAR 2022/2023
Wednesday, July 6, 2022
AGENDA**

1. Welcome and Introduction of Presenters – Amy Marten-Shanafelt, Blair County HealthChoices, Executive Director
2. Overview of Human Service's Annual Plan – Amy Marten-Shanafelt
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, Chairman
Laura Burke, Vice-Chairman
Amy Webster, 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 Email: dss@blairco.org

JAMES HUDACK
Executive Director
THERESA RUDY
MH Program Director
KENNETH DEAN
MH Program Specialist
CINDY JAMES
CASSP Coordinator
VACANT
Fiscal Officer
JEAN CUPP
Fiscal Specialist
TRINA ILLIG
Grants Coordinator for
Community Development
VACANT
Community Development
Specialist
MELISSA GILLIN
Quality Assurance &
Housing Coordinator
JENNIFER KENSINGER
Administrative Coordinator

**The Blair County Department of Social Services
Human Services 2022-2023 Annual Plan 2nd Public Hearing
Wednesday, July 6, 2022 at 1:00 PM
H.O.P.E. Drop-In, 711 9th Avenue, Altoona**

MINUTES

Welcome and Call to Order

Amy Marten-Shanafelt, Executive Director of Blair County Department of Social Services, welcomed everyone and called the public hearing to order. Amy introduced herself and gave an overview of the Human Services Block Grant and purpose of the 2nd Public Hearing.

Representation for the Leadership Panel included Theresa Rudy, Jamie Henry, and Aleisha Albertson.

Jamie Henry, Executive Director of Southern Alleghenies Service Management Group (SASMG), gave an overview of the Intellectual Disabilities plan for FY 22/23. He shared the three objectives that are being focused on which include Person-Centered Practices, Lifecourse and Employment. Jamie stated that four students are working and getting paid through the Summer Employment Initiative program. Jamie announced that SASMG has been allocated the job of serving complex medical needs children, but SASMG is awaiting training. Jamie asked the attendees if they had any questions.

Aimee Burns asked if SASMG serves individuals, age 21 and above, who have been diagnosed with autism. Melissa Gordon, Developmental Disabilities Program Director, answered that SASMG serves autistic individuals age 3 and up.

Erin Kay asked how many lifesharing homes are in Blair County. Melissa answered that there are, currently, 18 lifesharing homes.

In Melissa Gillin's absence, Theresa Rudy stated that Homeless Assistance Program (HAP) Services and Human Services Development Fund (HSDF) allocations have, basically, remained the same for the FY 22/23.

Aleisha Albertson, Assistant Director of Blair County Drug and Alcohol Partnerships (BDAP), reported on the Substance Abuse Disorder Services plan for FY 22/23. Aleisha reported that the funds are primarily used for the Warm Hand Off Program, which allows for a Certified Recovery Specialist (CRS) to be embedded in the UPMC Altoona Emergency Department. Since the onset of the program, BDAP has increased their engagement by 750%. Prior to the start of that program, BDAP had 116 referrals for UPMC Altoona. In 2021, BDAP had 994 warm hand contacts with 446 referred to treatment. In the first three quarters of 2022, BDAP has engaged 620 individuals sent 314 to treatment. BDAP is looking to expand this program, possibly, to the Tyrone Hospital.

Theresa Rudy, Mental Health Program Director, provided an update on the Mental Health Services plan for FY 22/23. Theresa stated that the Blair County Leadership Coalition meets regularly with our State Legislators. Theresa mentioned that the Coalition and County Commissioner's Association of PA (CCAP) have been advocating for the restoration of the 10% cut in funding in 2012 and a commitment of 3% annually for lifesaving cost-effective services. Theresa continued to give further details on the Mental Health Human Services Block Grant (HSBG) budget. Theresa added that the FY 22/23 Blair County HSBG Annual Plan is set to be reviewed and approved by the Blair County Commissioners on July 21, 2022.

Amy asked if anyone had any comments or questions before ending the hearing. No comments or questions were noted, so Amy ended the hearing and thanked everyone for attending.

HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2022/23
2nd PUBLIC HEARING
July 6, 2022 @ 1:00PM
H.O.P.E. Drop-In, 711 9th Avenue, Altoona

SIGN IN SHEET

NAME	EMAIL	AGENCY	MUNICIPALITY
1. James Henry	jhenry@sasmg.org	SASMG	Blair
2. Jen Kensingler	jenkensingere@blairco.org	Social Services	
3. Pam Townsend	hopedropin1663@gmail.com	Hope	Blair
4. Aimee Burris	office.blairnami@gmail.com	NAMI	Blair
5. Melissa Gordon	megordon@sasmg.org	SASMG	Blair
6. Ken Dean	kdean@blairco.org	BSS	Blair
7. Alisha Albertson	aalbertson@blairdap.org	BDAP	Blair
8. Jim Ham	jham@blyssentersinc.net	ESI	Blair
9. John Hooper	jhooper30@yahoo.com	UPMC UBed	Blair
10. Erin Kay	ekay@contactaltna.com	CONTACT Altoona	Blair
11. Cindy James	cjames@blairco.org	DSS	Blair
12. Theresa Lady	frudga@blairco.org	DSS MH	Blair
13. Amy Madison Kemnitz	amckemnitz@blaircountysocialservices.org	Blair Health Department	Blair
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PART III: CROSS-COLLABORATION OF SERVICES 2022

Shelter

The Blair County Shelter Task Force has been meeting over the past six years working towards the development of a new homeless shelter that can accommodate more individuals and families. This task force is composed of a large stakeholder group representing County government, the City of Altoona, developers, housing authority, an architect, engineers, private citizens, banks, nonprofit organization and various human services providers. During the past six years, this group has developed a comprehensive business plan that included the plans for a 35 bed shelter that included both single and family rooms. The plan also included 6 two bedroom private apartments on the second floor. In August 2019, a large property was purchased in the City of Altoona that could be renovated into a new homeless shelter. Once the property was purchased, the task force began the process of engaging an architect and engineers for the development of plans for the renovation of the building. Activates also began to secure the necessary funding for the project. This included both a public and private funding package. Through the efforts of this group and many other supporters, over 3.8 million dollars were raised for the new shelter. This amount will cover the total costs including furnishing both the shelter and apartments. Construction began on the shelter in the late summer of 2021. The anticipated completion date of the new shelter and apartments is schedule for the end of June 2022. It anticipated that the building can begin occupancy and operations in July of this year.

The Task Force also worked with the local Community Action agency to have this agency be relocated adjacent to the new shelter to allow additional services to be available to those individuals who will reside in the shelter. The new building was completed and has been operating since the fall of 2020. This will ultimately create additional services to be offered to residents without the need to travel to different agencies across the county.

Stepping Up Initiative

Blair County has been a Stepping Up County since December 2017. As part of the initiative, a Mental Health Forensic Case Manager, paid for through the Human Service Block Grant, screens and assesses inmates for behavioral health and social determinant of health needs. All aftercare needs are addressed and coordinated with probation. Through 2021, the average percentage of inmates being treated for a mental illness was 85% of the total jail population, up from 81.6% in 2020. The Mental Health Forensic Case Manager continued to have challenges meeting with inmates face to face through 2021 due to COVID. She continued to talked to inmates via phone in the prison while COVID outbreaks were occurring and successfully coordinated with the prison counselors, PrimeCare, probation, courts and attorneys to arrange aftercare appointments and address social determinants of health. She also continued to actively collaborate with SUD and Mental Health Providers. One provider continues to offer doctor appointments within seven days for those individuals being released. 85% of individuals released in 2021 agreed to follow up with behavioral health aftercare. 85% of those released with aftercare appointments did not recidivate. Blair County has initiated a Re-entry Coalition, where the Stepping Up Initiative sub-committee now sits under, as well as, continued coordination with the Criminal Justice Advisory Board.

January 2021, Blair HealthChoices initiated a community-based care management program, which includes the Mental Health Forensic Case Manager as part of the team. The team also includes the Care Coordinator who assists the inmate upon release to ensure they follow up with treatment, an Employment Specialist, Housing Specialist, Certified Recovery Specialist, and a Peer Advocate with their own lived experience with mental illness. The team works together to continue to address social determinant of health needs, treatment needs, and supports and empowers the individual to remain in the community. This has increased the ability to stay connected with high risk individuals.

HOPE Drop In

Another opportunity for cross-system collaboration has occurred with a group of consumers operating a drop in center. A HealthChoices reinvestment plan was approved in April 2019 to purchase a building to provide a dedicated space to allow the drop in center to be accessible through the week. A building was purchased in December 2019 and was renovated through 2020 and 2021. The drop in center is now fully operational. They are currently open three days a week. One day a week, a meal is provided. Other activities are planned throughout the week, including art classes. The drop in center averages about 40 people per week. The goal is to open five days a week. They are also partnering with local churches to address homelessness by providing laundry services. The Human Services Block Grant will continue to support ongoing operations, along with HealthChoices and other community support. 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.

MH/ID Navigator

The Mental Health/Intellectual Disabilities (MH/ID) Navigator supports individuals who have a dual diagnosis and works to better coordinate services between the program areas of Intellectual Disabilities and Mental Health. This year, this position has worked with 23 teams to provide additional support and assistance to the team members. This position is responsible for our Technical Assistance Support Team (TAST) that reviews complex cases and offers suggestions and advice to the individual's team. Since May 1, 2021, TAST has reviewed 15 cases. 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). The Navigator assists teams with discharge planning from the local psychiatric inpatient units. Finally, this position is responsible for requesting that a Higher Level Review be completed by ODP and OMHSAS for admission to the State Hospital or State Center, as well as assisting the support team with discharge planning from the State Hospital and State Center.

CRS Warm Hand Off

This year's retained funding received through the human service block grant continued to support the embedded Certified Recovery Specialists (CRSs) in the UPMC Altoona Emergency Department to facilitate warm hand off of substance use disorder patients. They have been embedded in the emergency department over the last 3 years and expanded their work to reach clients hospitalized on the floor units as well as inpatient psychiatric unit. Over the last 3 years we have been able to look at the data and analyze the impact of this service within this environment.

In FY 2020-2021 the embedded CRS engaged a total of 736 individuals throughout the hospital system. In addition to the 736 individuals engaged by the CRS an additional 258 were engaged and referred by medical staff at the times the CRS were not present. This speaks to the impacts shown through a social network analysis. Social network analysis highlights the importance of structure as a means to characterize the social environment, and examines patterns of relationships between individuals and their influence on outcomes among the team members around them. One of the key undertakings of this method in the social sciences is the use of data dimensions to explore the overall shape and positive change that occurs as a result of interconnections within the network. This brings the total clients engaged to 994 warm handoff contacts. This is approximately a 122% increase in the engagement of medical staff alone and an overall increase of 757% in client engagement services for warm handoffs. 554 individuals accepted a referral to treatment services, and increase of 473% before the onset of this service.

In the first 3 quarters of FY 2021-2022, 620 individuals have already been engaged and 314 of those individuals accepted a referral to treatment. In addition, the CRS in the ED also attempts a follow-up contact with all clients who refused treatment services in an attempt to re-engage them in care. The resources that support this program continue to benefit the community and address barriers that prevent linkages to care. Expanding these collaborations help to develop the programs and programming that address public need and other social determinants of health.

Suicide Prevention

Suicide Prevention continues to high priority in Blair County. In the year of 2021, 30 people died by suicide in Blair County. Since 2007, five community needs assessments have been completed. In responding to the question “What are the greatest needs regarding health education and prevention services in Blair County”, mental health/depression/suicide prevention was ranked number in every survey.

The county and the local suicide prevention task force continue to partner with the American Foundation for Suicide Prevention, the Garrett Lee Smith Suicide Prevention Initiative, and Prevent Suicide PA.

Blair County has been working with the Garrett Lee Smith suicide prevention initiative which conducted an assessment of the coordination, gaps, and areas of need. The overall mission is to improved communications, coordination of suicide prevention practices and resource sharing across systems. In developing the suicide strategic plan within the county, the following three goals were developed: 1. Develop awareness/infrastructure for comprehensive suicide prevention efforts. 2. Increase screening efforts/improve screening protocols within organizations and build awareness of screening among community members. 3. Improve reentry procedures and protocols for post care. Also, with this partnership many county agencies have the opportunity to participate in the Zero Suicide Community of Practice. Zero Suicide is a Transformational Framework for Health and Behavioral Health Care Systems. The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care.

The county continues to promote the Columbia Suicide Assessment Tool and Community Conversations about mental health. Both of these initiatives continue to address unmet needs, as well as working to improve mental health issues. There have been several trainings/conversations promoted throughout the county.

With our partnership with the American Foundation for Suicide Prevention, we continue to provide outreach programs, trainings, awareness night at our local ballpark, an Out of the Darkness Walk, and participate in the National International Survivor of Suicide Loss Day for our community.

The county also offers a suicide loss bereavement group through a local agency. A focus of the last year has been to promote the group as it is not well attended. The flyer was redone and shared on social media, in the local paper, and through email blasts. We will continue promoting the group during outreach activities.

This year, several agencies are working towards “Lighting it Up Green” for May is Mental Health Awareness Month. This campaign will reduce the stigma of mental health and provide awareness for suicide prevention.

Forensic Re-entry Housing

In January of 2020 one of the Commissioners approached the Department of Social Services about developing a Re-Entry Coalition. After numerous planning meetings the Coalition began to take shape with Specialty Court Director as the Coordinator. Members have been sourced from the community, treatment providers, the legal system, and other interested parties. We currently have 38 members.

The Blair County Re-entry Coalition is focused on assisting returning citizens with accessing needed resources, maintaining themselves in the community and preventing recidivism. At this time up to 68% of the population in Blair County prison recidivate. The Coalition has several sub-committees including Education, Employment, Resources, Prison, Stepping Up, and Housing. The sub-committees have been developing presentations for community service providers to inform them of available resources and how to access assistance for re-entrants.

Currently the coalition has obtained a grant to assist individuals who are in the prison and could be released if they had acceptable home plans. This grant can provide money for security deposit, rent and utilities for up to 24 months giving the re-entrant an opportunity to obtain employment and remain in the community and to become self-sufficient. Since beginning this program in 2021 26 individuals from the prison that have been released under this program.

Housing the Homeless during COVID-19

The state of emergency due to COVID-19 has caused all of us to think differently and creatively to continue to help and support our community. One of the challenges Blair County experienced was the ability to shelter the homeless population to contain the spread of COVID-19 in Blair County. A COVID-19 task force was developed with representatives from our local community action agency, Family Services, landlords, motels, city government, county government, emergency management, and other local stakeholders. This task force originally began meeting in late March 2020, twice a week, to develop a plan of action for the temporary and permanent housing of the homeless population in Blair County. As a result of their efforts, over \$260,000 of blended funding was obtained to work on meeting this need. As of June 1, 2021, the following outcomes have been achieved; 215 households have been placed in at least temporary housing, representing 257 adults and 107 children. Of these households placed, 151 or 70% of them were able to be moved into permanent housing. Those placed in permanent living arrangements were supplied with the necessary household items they would need to maintain their new home. All individuals served were assessed each day to ensure their basic needs were being met, including meals and other related services. In partnership with the Salvation Army, Sister

Paula's, and Center City Church, meals such as lunches, dinners, and food boxes are being provided to any of these households in need of nourishment. We have received gift cards and monetary donations from the people of Blair county to feed the homeless, and a collection of meal gift cards were distributed to the clients we placed in the hotels.

Blair County Community Action Program has continued to place the remainder of accessible households into hotels. Therefore, providing all households requesting shelter into temporary housing and off the streets. The continuation of the COVID-19 relief will extend through the upcoming months as we see the moratorium being lifted June 30, 2021. The task force and BCCAP are prepared to provide rental and utility assistance to the impacted households in the community to prevent homelessness and avoid safety hazards caused by utility termination. Family Services continues to provide safe shelter and resources for those not placed in hotels or permanent housing. Presently, of those individuals served through this initiative, none were diagnosed with COVID-19.

Landlord/Tenant Mediation Program

As a spin off from the housing the homeless task force, Blair County was able to establish a landlord/tenant mediation program. The Blair County Department of Social Services along with other stakeholders within the county developed and implemented a Landlord/Tenant mediation program to try to divert potential evictions from the court system. The workgroup consisted of staff from Blair County Department of Social Services, Blair County Community Action Program, Family Services, the Central PA Landlords Association, & other local volunteers. Family Services, Inc. is the agency that coordinates the program including the intake process, scheduling the mediation & also conducts a follow up with the individuals to gauge the outcome of the mediation agreement. The mediation process is a voluntary process between the landlord, tenant and a mediator to establish an agreement for payment that will help to prevent filing an eviction notice & keep the client in their home. Once an eviction notice is filed, it becomes a permanent file on a person's record and can prohibit the client from obtaining future rental housing. We currently have two trained certified volunteer mediator's in Blair County but unfortunately we have only had two tenants inquire about the program since the pandemic. With the availability of the emergency rental & utility assistance funds, (ERAP) both landlords and tenants have not been interested in trying to work out a compromise.

All categoricals will be funded for FY 2022/2023.

PART IV: HUMAN SERVICES NARRATIVE

Mental Health Services

(a) County MH Program Highlights:

Coalition for the Mental Health (MH) Safety Net FY 2021-22 Budget/State-Funded County MH Services

The Coalition is giving voice to the issue and fact that County community mental health services are facing a crisis. The Coalition is made up of county, provider, and advocacy partners from across PA who recognize the necessity and urgency of increasing state support for county mental health services to help stave off the collapse of a core part of the Commonwealth's mental health system. The Commonwealth has not invested new funding in these services in over a decade.

While this crisis has been building over the years, the COVID 19 pandemic has served to accelerate and deepen the impact of inadequate funding. Since 2009, state funding has remained flat, and this level funding, coupled with just the impact of normal inflation is having a devastating impact on the ability of counties to sustain these services. Level funding over the past decade translates into a reduction of approximately 25%. This does not include the 10% cut in 2012. This lack of adequate funding is well documented. Ongoing demand for mental health services is also growing significantly due to the COVID 19 pandemic.

On 5/25/21, the Coalition sent to the members of the PA General Assembly a request to commit at least \$28 million in annualized new funding in the state budget for community mental health funding in the Fiscal Year 2021-2022 budget and commit to a minimum of 3% annual adjustments to sustain these lifesaving cost-effective services. The Coalition created a white paper detailing our multi-year position. Every coalition member knows what happens without sufficient funding: increasing costs for emergency department, law enforcement, courts, corrections, and most heartbreaking, too many individuals not receiving the right services at the right time to maximize their chance of recovery.

The Coalition's agenda aligned with the PA County Commissioner's Association of PA (CCAP) 2021 Priorities of Protecting Funding for County Human Services, and Increased Funding for Mental Health Services. Counties did not receive an increase for County MH base funds in FY 2021/22 thus this work continued in the current state fiscal year.

In 2022, the Coalition and CCAP continued efforts to advocate appropriate funding to support the crumbling County Mental Health System. In February 2022, the Governor proposed his Commonwealth budget for FY 2022-23, which included a request for \$36.6 million in additional funding for the County mental health base funding, which if adopted by the General Assembly, will bring funding levels back to two-thirds of FY 2011-12 appropriations. Consistent with the counties' request for funding increases, these critical dollars will allow for better planning and contracting for services that will support our communities.

Counties are experiencing increasing demand for even more complex services, increasing suicide rates, difficulty in purchasing services from struggling contract agencies and spill over impacts felt by our schools, hospitals, law enforcement, and others as lack of service availability burdens the larger community system.

Counties' deliver critical mental health services on behalf of the state, which must be properly funded to ensure that the residents are able to access the care they need.

The Coalition and CCAP support:

- Advocating for an increased, sustainable investment to rebuild and strengthen community crisis services, residential mental health programs and other locally-provided care that will stabilize mental health services and assist hospitals with capacity concerns.
- Making annually increased investments in the mental health community base to help counties ensure that the existing safety net of services is fortified and sustainable, prior to adding additional programs and services.
- Preserving programs such as the Behavioral HealthChoices program, so that counties can continue to provide local mental health services in an effective way.

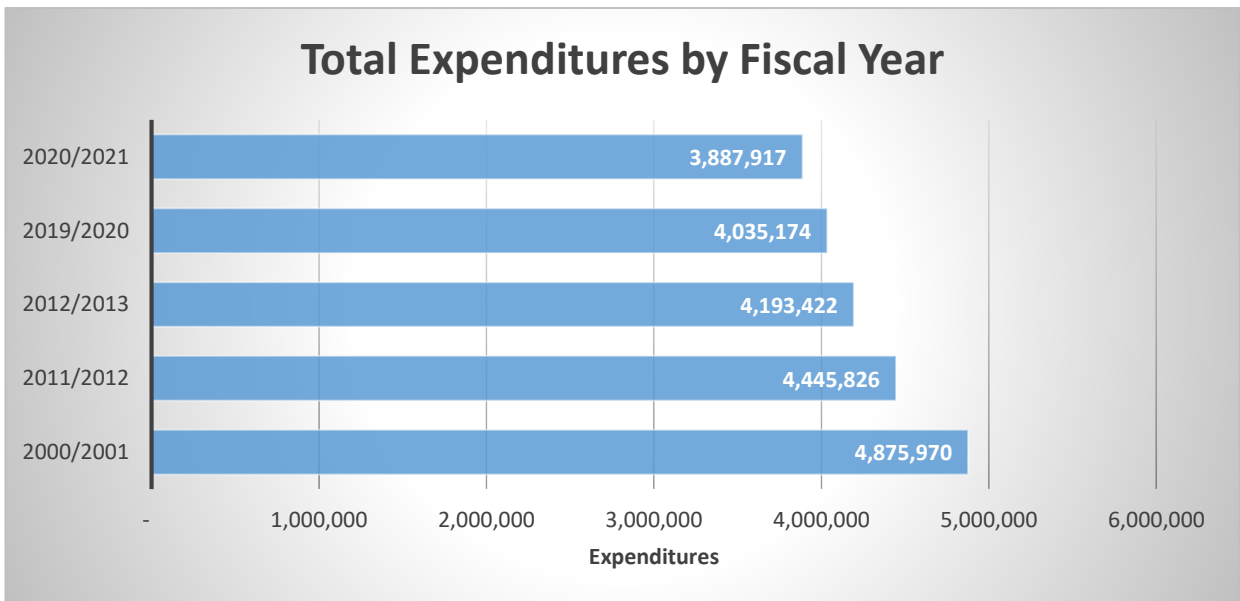
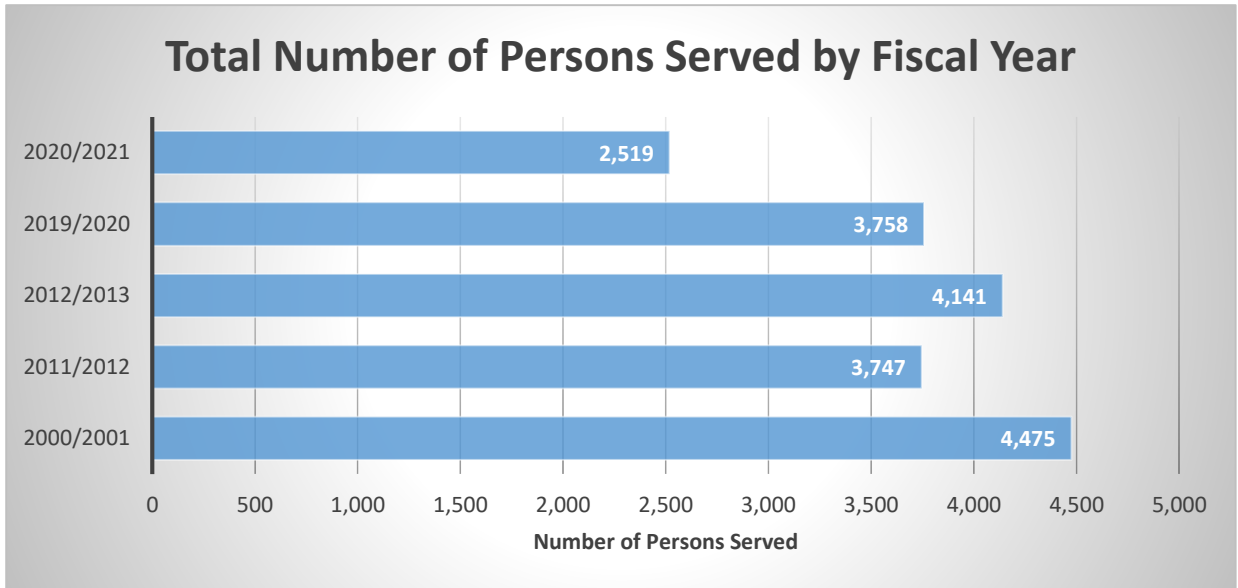
The Blair County Cross System (HSBG) Leadership Coalition continued regular meetings and regular communications with each other as we continue to learn how the pandemic was impacting daily operations at the administrative and direct care level plus monitoring expenditures through the HSBG funding streams.

The Blair County Cross System (HSBG) Leadership Coalition met together with our County Commissioner's and local Legislator's on September 25, 2020, March 25, 2021, and May 13, 2022. Discussion topics included:

- Reporting what trends each program area is experiencing now
- Current work force capacity issues we are experiencing with our office and providers
- The impacts the affordable housing crisis is having on the residents we serve
- What are the most critical issues each of the Elected Officials are experiencing now with those represented?

The MH Director shared in the Legislator’s meeting packet the abbreviated MH Cost Center Definitions from the HSBG plan guidelines, the CCRI description of the MH Priority Groups, the CCRI POMS Summary Report FY 2020/21. The charts below illustrate how the Blair County MH Program has been directly impacted by a decade of flat funding now compounded by the COVID 19 pandemic/endemic.

Twenty-two years ago, in the SFY 2000/2001 the Blair MH allocation was nearly one million dollars more than the current SFY 2021/2022.



The Commonwealth of Pennsylvania Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) has announced funding opportunities that are being made available through the Community Mental Health Services Block Grant (CMHSBG) COVID-19 Response Funding granted to states through the Consolidated Appropriations Action (CAA) of 2021 in combination with funds from Pennsylvania’s annual CMHSBG award. In May 2021, the Blair County Department of Social Services submitted two (2) Letters of Interest (LOI) to PA DHS OMHSAS in May 2021 asking consideration to be invited to complete applications in the program areas OMHSAS has submitted to the federal Substance Abuse Mental Health Services Administration (SAMHSA) and these are (1) Student Assistance Program (SAP) Support, and (2) Mobile Crisis Capacity Building. August 2021 - CAA funds were awarded to the County of Blair for the time period July 1, 2021 through June 30, 2023 (2 State FY’s) totaling \$723,176 for the two projects below:

(1) Student Assistance Program (SAP) Enhancement: UPMC Western Behavioral Health of the Alleghenies (BHA)

- Expand SAP MH Liaisons by 2 full time staff members
- Dedicate 2 SAP MH Liaisons to crisis intervention:
 - Participate in Specialty training for crisis intervention and suicide prevention
 - Be utilized by the school-based SAP Liaisons as “on call” when crisis occur. The Specialty SAP Liaisons will provide secondary crisis intervention before the Mobile Crisis unit is contacted.
 - Provide coordination of care and communication between Crisis, Inpatient, and schools. This is especially important upon admission and discharge of a student.

(2) Mobile Crisis Expansion: UPMC Western Psychiatric Hospital – Altoona Crisis

- Expand Crisis Services by 3 staff members to foster ability to have multiple crisis team responding in community.
 - Develop workflow process to increase mobile follow-up for individuals discharged from an inpatient behavioral health level of care and discharge after emergency room evaluation.
 - Enhance collaboration and handoff processes between SAP and mobile crisis, with development and utilization of crisis safety plan.
 - Enhance collaboration and handoff processes between Crisis and UPMC Altoona ER Evaluator Clinician Team, utilizing crisis safety plan and/or engaging medical director for complex care planning.
 - Engage Access Center for care coordination by providing additional resources and to consumers or providers.
 - Obtain additional Crisis vehicle

There are a number of special projects newer initiatives happening in Blair County including but not limited to the PA Partnership System of Care (SOC), the Garrett Lee Smith partnership, Stepping Up especially the local Reentry from Jail Coalition. More information is detailed in this plan in the Cross-System Collaboration, and the Recovery Oriented System Transformation (ROST) sections.

Section Reference and Page Numbers

See Cross-System Collaboration Section pages for:

- Stepping Up Initiative ~ Pgs. 26-27
- Suicide Prevention (Garrett Lee Smith Partnership) ~ Pgs. 28-29
- Forensic Reentry Housing ~ Pg. 29

See Recovery Oriented System Transformation (ROST) Section pages for:

- Building a Trauma Informed Care Culture in Children’s Mental Health – System of Care (SOC) and Garrett Lee Smith (GLS) Partnerships ~ Pgs. 51 & 53-56
- Increase Housing Options and Supports – Forensic Re-Entry Coalition ~ Pgs. 52 & 57-58

b) Strengths and Needs:

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

- **Strengths:**

- Area Agency on Aging Blair Senior Services partners with the County MH and the HSBG Leadership Team to facilitate communication on the resources of each system and how to access these.
- County MH has a contract with Blair Senior Services for DOM Care services and Guardianship/Power of Attorney services.
- County MH has a contract with Contact Altoona called “Reassurance Contacts” for Adults and Older Adults to reduce social isolation with routine check in phone calls and can remind individuals referred regarding medications and appointments.

- **Needs:**

- Participate with local agencies to address social isolation and learn what the aging in Blair County are experiencing to work on ways to help reduce and prevent social isolation.
- Participate with Blair HC/CCBH to assure coordination with the Community HealthChoices initiative and also to promote with providers to enroll to accept Medicare for mental health treatment.
- The PA Council on Aging released a Health and Wellness Guide in 2020-21 with information and resources to help older adults cultivate a healthy mind, body and spirit especially with the challenges of the COVID-19 pandemic. The SOLO (Strengthening Older Lives Online) Guide will be shared with the BH agencies and other systems represented at the HSBG Leadership Team table.

- **Adults (ages 18 and 59)**

- **Strengths:**

- Peer Support Services expanded for a total of 4 agencies including Alternative Community Resource Program (ACRP), Cen Clear, Peerstar LLC, and UPMC Western BH of the Alleghenies (BHA)
- Blended Case Management (BCM) expanded with 6 agencies total in Blair County with all participating in the Blair HC/CCBH Behavioral Health Home model with a nurse included at each BCM agency.
- Wide array of Outpatient Psychiatric Clinics including Alternative Community Resource Program (ACRP), Blair Family Solutions, Cen Clear, Nulton Diagnostic and Treatment Services, UPMC Western BH of the Alleghenies (BHA), and Primary Health Network Altoona BH (FQHC)
- HOPE Drop in Center purchased their own building in January 2020 and returned to face-to-face serving 127 to date in FY 21/22.
- NAMI Blair County offers the NAMI Peer to Peer, and Family to Family Education programs, NAMI Connection support group, and the Annual Recovery Conference. These programs worked to have these resource available “Virtually” during COVID 19.
- Lexington House is a Clubhouse operated by UPMC Western BHA is ICCD accredited by Clubhouse International and licensed as a psychiatric rehabilitation service with DHS/OMHSAS. The expanded hours evenings and weekends continue.

- Active County Community Support Program (CSP) Committee meets monthly (Third Monday at 1:00 p.m.)
- **Needs:**
 - Continue participation with the Blair HC/CCBH BCM Consortium monthly meetings with the 6 BCM agencies and this has been helping to keep everyone informed during the COVID-19 pandemic disaster situation on what is happening, what is working, and supporting the BCMs working in the communities at this time.
 - Continue partnerships with the County HSBG Leadership Team, and all County committees working to address providing safe, decent, and affordable housing to sustain current mental health supported housing projects, and to expand housing availability for all low income individuals with disabilities.
 - Continue partnerships with Office of Vocation Rehabilitation (OVR), MH Supported Employment Program, Lexington Clubhouse and local businesses to promote employment opportunities and look for funding opportunities for this work.
 - County HSBG Leadership Team met with local Legislator's (9/25/20, 3/25/21, 5/13/22) to advocate for a commitment to for adequate funds with an annual cost of living increase in the future.
- **Transition-age Youth (ages 18-26)**
 - **Strengths:**
 - Youth and Young Adult Peer Support Services have been added at Alternative Community Resource Program, Cen Clear, and UPMC Western BHA for ages 14 and older.
 - BCM staff work with youth as they transition to adulthood including assistance with finding housing, exploring educational and vocational options, accessing clinical and supportive services in the community.
 - Blair County Transition Council meets monthly and is actively supporting transition age youth from school to adulthood.
 - **Needs:**
 - Continue to build on the strengths above and assure transition age youth continue to be a priority and enhance what is available in the community through the implementation of the PA System of Care (SOC) initiative in Blair County. For example, the Youth Support Partner (YSP) guides youth through the process and ensure the youth voice is heard and the YSP shares their lived experience to help support youth to develop a team of natural and community supports.
- **Children (under age 18)**
 - **Strengths:**
 - CASSP Coordinator is Cindy James who has served in this position at the Blair County Department of Social Services for 13 years.
 - CASSP Coordinator in FY 2020/2021 facilitated 8 CASSP Team meetings involving children/adolescent at risk for psychiatric out of home placement (Psychiatric Residential Treatment Facility). This number is down from previous years due to the pandemic and facilities not accepting referrals.

- CASSP Coordinator in FY 2020/2021 participated in 36 team meetings held for children/youth/families with complex situations requiring the involvement of multiple child serving systems and agencies to rally the needed treatment, support and education planning services necessary. Again, referrals were down due to the pandemic.
- Student Assistance Program (SAP) MH Liaison services provided in the County 7 school districts and Catholic high school with 922 youth screened and assessed for suicide risk and recommendations for in school and community based treatment services in school year 2019/20.
- SAP Coordination Team and SAP School District Council (K-12) meet routinely during the school year with very active participation with the County DSS/MH, Drug and Alcohol Partnerships, SAP Regional staff, Blair HC/CCBH, school districts, and the MH and D&A agencies provided outpatient treatment in the school setting.
- County partnership with the Garrett Lee Smith Youth Suicide Prevention Grant Team allowing Blair County to promote early identification and referral of youth at risk of suicide and to increase the capability of behavioral health providers to screen, assess, manage and treat
- PA System of Care (SOC) initiative under the leadership of Blair HC starting in 2020 with implementation of High Fidelity Wraparound including new positions for a HiFi Coach, Facilitator, Family Support Partner, and Youth Support Partner
- Transition from BHRS to Intensive BH Services with County support for agencies to submit service descriptions to DHS/OMHSAS for approval/licensing including Children's BH, Cen Clear, Merakey, Blair Family Solutions, Evolution Counseling, Journey Center, Adelphoi MST, Alternative Community Resource Programs, and UPMC Western BH of the Alleghenies
- Evidence Based Practices in place include but not limited to Parent/Child Interaction Team (PCIT), Functional Family Therapy (FFT), Multi-Systemic Treatment, Positive Parenting Program (PPP), Trauma Focused Cognitive Behavioral Therapy (TFCBT).
- **Needs:**
 - CASSP Coordinator and the SOC Coordinator developed a protocol in response to the DHS Complex Case Bulletin and have tested the process multiple times in FY 2021/22
 - County with the Garrett Lee Smith team are working to expand partnerships to support care transitions, reentry, and follow-up for youth admitted to and discharged from hospitals and treatment centers in FY 2021/22.
 - The CASSP Advisory Committee and the SOC will continue to collaborate to form one leadership team to continue and implementation of the PA SOC model including offering training for a trauma informed community.
 - SAP Coordination Team and the SAP District Council met more often in the school year 2020/21 and 2021/22 to keep current with what is happening in the schools during the COVID 19 pandemic to adapt accordingly to meet the needs of students, families, teachers, and professionals.

- ***Individuals Transitioning From State Hospitals***

- **Strengths:**

- County Coordinator (Ken Dean 35 years plus MH experience) works closely with the Transitional and Community Integration staff at the UPMC BHA made up of the State Hospital Liaison (John Hooper) and psychiatric nurse (Ken Wojno), in collaboration with the Torrance State Hospital treatment team(s) with the County Community Support Plan (CSP) process facilitated by the Allegheny County HC Inc.
- TSH civil unit Admission/Discharges: FY 2020/21 - 3 Admissions and 7 Discharges (5 Tartaglio PCH, 2 Home with family). FY 2021/22 8 Admissions/5 Discharges (1-Cambria LTSR, 2 Tartaglio PCH, 2 home with family).
- County MH collaboration with TSH staff and UPMC BHA since the March 2020 COVID 19 disaster declaration resulted in changing the trial visit protocol from multiple trial visits to a 30-day trial visit and direct discharge upon successful completion of the CSP.
- CHIPP/S Ahoy is a collaboration of the 10 Counties assigned to the TSH catchment area with the County MH CHIPP/S coordinators convening monthly meetings to share and learn from each other and inform the TSH Continuity of Care process of this work together.

- **Needs**

- Tartaglio PCH has 9 bedrooms and is licensed to have a maximum of 13 individuals by the DHS. Due to the current COVID 19 pandemic the rooms are limited to single room occupancy. All residents are low income with Supplemental SSI and/or SSDI only with most eligible for the state/federal personal care home. A decrease in the census capacity during COVID 19 resulted in less Room and Board income in FY 20/21.
- Continue to explore the availability of property suitable for a second small agency operating PCH close to the Tartaglio PCH in Altoona.

Individuals With Co-occurring Mental Health/Substance Use Disorder

- **Strengths:**

- Partnerships with the Behavioral Health service providers to treat individuals of all ages with co-occurring MH/SUD. These include but are not limited to the Recovery Oriented Methadone (ROM) and the D&A Recovery Oriented Systems of Care (ROSC) Initiatives.
- Pyramid HealthCare and CRC at Cove Forge offer in county residential rehabilitation
- County wide commitment since 2002 to provide the infrastructure and training staff to better serve individuals with co-occurring disorders as the expectation not the exception.

- **Needs:**

- DHS has not prioritized the integration of MH and SUD treatment since the end of the PA Co-Occurring State Incentive Grant (COSIG) in 2007 and the state leadership is necessary for Counties to make progress toward an integrated MH/D&A system of care.
- Easier way to dually license and monitor co-occurring competent programs than the guidelines in the OMHSAS-06-03 bulletin issued 2/10/2006.
- The COVID 19 pandemic presents particular challenges for individuals with co-occurring mental illness, anxiety, and substance use conditions. The National Council

for BH is offering webinars and strategies to support individuals with increased stress and substance use disorder during the COVID-19 Pandemic which we will attend and share the information with the local stakeholders.

- ***Criminal Justice-Involved Individuals***

- **Strengths:**

- Blair County Criminal Justice Advisory Board (CJAB) meets monthly with a membership reflecting an array of County stakeholders.
- Blair CJAB subcommittees include the Re-Entry Coalition, Veteran’s Subcommittee, and Stepping Up Initiative since 12/19/17.
- MH Forensic Case Manager position created in 2017 Stepping Up Committee developed a Strategic Plan with Goals and Objectives in November 2019 to reduce the number of people with mental illness booked into the jail, reduce the length of time in jail, increase connections to treatment, reduce recidivism, and data integration.
- Blair CJAB convened a strategic planning session on June 16, 2022 to get organized for the future

- **Needs:**

- CJAB strategic plan document with priorities/outcomes with incremental steps to recognize the Blair CJAB progress over time
- Reentry Coalition has gathered information to apply for a PCCD grant due in June 2022 for funds to design and coordinate a strategic plan, develop action steps and identify future funding to develop and implement re-entry services. Upon completion of the strategic plan the Reentry Coalition will be certified.

- ***Veterans:***

- **Strengths:**

- CJAB Veteran’s sub-committee exploring peer mentoring/advocacy when veterans are in the court system.
- James VanZandt VA Medical Center in Altoona has a Behavioral Health Clinic with competent clinical professionals

- **Needs:**

- Ongoing communication with the VA in 2022/23 for identification of current strengths/needs

- ***Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers***

- **Strengths:**

- Evolution Counseling in Altoona offers “Allies” support group for LGBTQ Youth and families and meets monthly.

- **Needs:**

- County CSP Committee had a support group for Adults that is not meeting.
- Outreach is needed to resume this group.
- Outreach to the LGBTQ Center in Harrisburg about their resources

- ***Racial/Ethnic/Linguistic Minorities (including Limited English Proficiency)***

- **Strengths:**

- Blair with the PA Care Partnership has offered Cultural and Linguistic Competence (CLC) training for several years
- PA Care Partnership will offer “Urgency of Awareness: Unlocking the Power within Individual, Organizational, and Community Efforts” presented by Jodi Pfarr 8/17 and 8/21/21
- RCPA membership including the new Diversity, Equity, and Inclusion (DEI) Committee
- Blair HC and Community Care in accordance with HC Program Standards and Requirements are complying with the NCQA requirements for multicultural health care to attain NCQA Multicultural HealthCare Distinction.
- OMHSAS in SFY 20/21 added to the list of approved trainings eligible for the non-BG CMHSBG categorical training funds for Infant and Early Childhood and Housing. New training topics include health inequities, racial justice, and related topics to ensure staff are actively working to provide person-centered care to every individual and family served within our system.

- **Needs:**

- Utilize the RCPA DEI Committee resources and tools and promote with the County and Providers to use these guidelines in the DEI policy development and share the guide with interested parties to the related resources.
- Monitor the new Census data and the County MH CCRI Demographics related to individuals served. The 2021 Census reflects Blair 95.6% White. The Blair CCRI Data SFY 2020-21 reflects 85% White, 6% Black, and 6% other or not volunteered.
- Partner with Blair HC, Community Care, and local community agencies and contribute County MH training funds on the “new training topics” referenced above in the strengths.
- County MH Staff are participating in the Urgency of Awareness Training and will continue to build knowledge in this area and learn how best to practice what is learned in the work environment, provision of treatment and supportive services, and in the community at large.

- **c) *Strengths and Needs by Service Type***

- 1. Telehealth:**

- a. All providers are encouraged to utilize telehealth to increase access to care. Psychiatric services continue to be provided via telehealth at 59.5%, psychological services at 36%, and therapy at 13.6%.
- b. H.O.P.E. Drop In has set up a secure Wi-Fi system and will be installing several laptops for individuals to use to access telehealth services when needed.

2. Is the county seeking to have service providers embed trauma informed care initiatives (TIC) into services provided?

Yes No

3. Is the county currently utilizing Cultural and Linguistic Competence (CLC) Training?

Yes No

4. Are there any Diversity, Equity, and Inclusion (DEI) efforts that the county has completed to address health inequities?

Yes No

5. Does the county currently have any suicide prevention initiatives which addresses all age groups?

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, the Garrett Lee Smith Grant, and Prevent Suicide PA. Plans are developed within each partner, which overlap with the goals of the task force, in the areas of fundraising, survivor programs, prevention/education/research, and public relations.

Achievements of the local task force in partnerships:

Holding eleven successful Out of the Darkness Community Walks in Blair County beginning in 2011 and our twelfth walk will be held Saturday, 9/10/22 at Lakemont Park.

Sponsoring the 2022 Altoona Curve (5/21/22) event that focused on awareness of suicide risk and improve help-seeking in the community.

Providing support for the ISOSL Day each year. This annual event in which survivors of suicide loss gather in locations around the world to feel a sense of community and to promote healing.

Held educational trainings for schools, local agencies and businesses on suicide risk, warning signs and identifying local resources. Trainings include: Columbia Suicide protocol, Question Persuade Refer (QPR) and Talk Saves Lives.

Suicide Bereavement Group (SBG) meet the first and third Wednesday of each month beginning July 7, 2021 from 6p-7p. at 500 East Chestnut Avenue Altoona PA.

Garret Lee Smith (GLS) partnership is highlighted in several areas of this plan and going forward will be continue to offer a key component of the overall suicide prevention efforts in Blair County.

PA Act 36 of 2018, The Employment First Act:

Does the county have a mental health point of contact for employee services?

Yes No

Point of Contact: Theresa Rudy, Mental Health Program Director

Email: trudy@blairco.org

Does your county follow the SAMHSA Supported Employment Evidence Based Practice (EBP) Toolkit?

Yes No

County MH Office Supported Employment Data		
Data Requested	County Response	Notes
Total Number Served	51	
# served ages 14 up to 21	5	
# served ages 21 up to 65	45	
# of male individuals served	31	
# of females individuals served	20	
# of non-binary individuals served	0	
Non-Hispanic White served	45	1 unknown
Hispanic and Latino (of any race) served	0	
Black or African American served	5	
Asian	1	
Native Americans and Alaska Natives served	0	
Native Hawaiians and Pacific Islanders served	0	
Multiracial (Two or more races)	0	
# of individuals served who have more than one disability	51	
# working part-time (30 hrs. or less per wk.)	22	
# working full-time (over 30 hrs. per wk.)	1	
Lowest earned wage	\$7.25	
Highest earned wage	\$16.50	
# receiving employer offered benefits; (i.e. insurance, retirement, paid leave)	1	

) **Supportive Housing:**

County Housing Specialist/Point of Contact (POC)

- **Name:** Theresa Rudy, Mental Health Program Director
- **Email:** trudy@blairco.org

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
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).									
Project Name	Year of Implementation	Funding Sources by Type (include grants, federal, state & local sources)	Total Amount for SFY20-21 (only County MH dedicated funds)	Projected Amount for SFY22-23 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in SYF20-21	Projected Number to be Served in SFY20-21	Number of Targeted BH United		Term of Targeted BH Units (e.g., 30 years)
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
Project Name	Year of Implementation	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for SFY20-21	Projected \$ Amount for SFY22-23	Actual or Estimated Number Served in SYF20-21	Projected Number to be Served in SFY22-23	Number of Bridge Subsidies in SFY	Average Monthly Subsidy Amount in SFY20-21	Number of Individuals Transitioned to another subsidy in SFY20-21
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
Project Name	Year of Implementation	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for SYF20-21	Projected \$ Amount for SYF22-23	Actual or Estimated Number Served in SFY20-21	Projected Number to be Served in SFY22-23	Number of Owners/Projects Currently Leasing	Number of Units Assisted with Master Leasing in SFY20-21	Average Subsidy Amount in SFY20-21
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.

Project Name	Year of Implementation	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for SFY20-21	Projected \$ Amount for SFY22-23	Actual or Estimated Number Served in SFY20-21			Projected Number to be Served in SFY22-23	Number of Staff FTEs in SFY20-21
Notes:									

5. Housing Support Services (HSS) for Behavioral Health

Check if available in the county and complete the section.

HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in.

Project Name	Year of Implementation	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for SFY20-21	Projected \$ Amount for SFY22-23	Actual or Estimated Number Served in SFY20-21			Projected Number to be Served in SFY22-23	Number of Staff FTEs in SFY20-21
UPMC WBHA - PATH		MH HSBG 10248	\$91,557	\$96,154	46			50	1.25
	2004	MH NonBG	\$47,087	\$47,087					
		PHARE	16,180	0					
Blair Senior – DOM Care	1996	MH HSBG 10248	\$2,775	\$3,685	9			10	.10
Skills – HSS Staff			\$1,005		21			25	.10
	1990	MH HSBG 10248	\$958	\$1,005					
Notes:	Housing Support Services Table continued to the next page.								

Continued - Housing Support Services for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Project Name	Year of Implementation	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for SFY20-21	Projected \$ Amount for SFY22-23	Actual or Estimated Number Served in SFY20-21			Projected Number to be Served in SFY22-23	Number of Staff FTEs in SFY20-21
UPMC WBHA-Blair House		MH HSBG 10248	\$91,557	\$98,120	17			20	1.05
	1990	County Match	\$10,185	\$10,902					
		Rent	\$7,254	\$8,245					
UPMC WBHA-Juniata House		MH HSBG 10248	\$33,497	\$49,479	2			5	.52
	2003	County Match	\$3,043	\$5,498					
		Rent	\$16,619	\$17,000					
UPMC WBHA – Tartaglio Home		MH HSBG 10248	\$227,290	\$184,865	11			12	8.45
	1997	MH HSBG CMHSBG 70154	\$151,391	\$151,391					
		County Match	\$16,683	\$10,185					
		Rent	\$94,835	\$127,500					
Totals									
Notes:									

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.									
Project Name	Year of Implementation	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for SFY20-21	Projected \$ Amount for SFY22-23	Actual or Estimated Number Served in SFY20-21			Projected Number to be Served in SFY22-23	Average Contingency Amount per Person
Skills	1990	MH HSBG	\$4,565	\$10,000	21			20	\$217
Notes:									

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
<p>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.</p>									
Project Name (include type of project such as PBOA, FWL, CRR, Conversion, etc)	Year of Implementation	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for SFY20-21	Projected \$ Amount for SFY22-23	Actual or Estimated Number Served in SFY20-21			Projected Number to be Served in SFY22-23	
Notes:									

d) Recovery-Oriented Systems Transformation (ROST):

FY 2021/2022 Update

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 2022/2023. This has included a discussion on recovery-oriented systems transformation. The top four priorities related to these efforts include the following:

1) Increasing Community Tenure-Mobile Crisis Expansion

The County MH program contracts with UPMC Altoona for Crisis Intervention Services. Blair DSS submitted a letter of interest to apply for the OMHSAS CMHSBG Consolidated Appropriations Act (CAA) of 2021 funds to expand Mobile Crisis. June 2021: Invited to complete the CAA Application. August 2021: OMHSAS Funding Award letter received. Crisis Center Director resigned. August-September 2021: Outcome measurements were determined by DHS/OMHSAS and data collection started immediately. UPMC position descriptions for Crisis Clinician I, II, and III approved. October-June 2022: 4 Crisis Clinicians elevated from Clinician I to III, and new local director hired.

2) Building a Trauma Informed Care Culture in Children's Mental Health – System of Care (SOC) and Garrett Lee Smith (GLS) Partnerships

System of Care (SOC) Partnership:

Blair HealthChoices served 21 families through High Fidelity Wrap Around in 2021/2022. Through the System of Care Grant, 28 blended case managers at UPMC Western Behavioral Health of the Alleghenies were trained on the principles and practices of High Fidelity Wrap Around. Monthly consultations will begin in July 2022 to continue to support the shift in practice to family driven case management.

Garrett Lee Smith (GLS) Partnership:

The Blair County GLS team completed a strategic plan in FY 2021/22 that is Appendix “Garrett Lee Smith GLS Partnership”

“Blair County GLS Suicide Prevention Strategic Plan, Objectives and Action Steps (working document: (6/12/22))”. The narrative in the next ROST section for FY 2022/23 for d.3) has been revised this year to include a description of the evolution of this strategic plan to date and steps for the future FYs.

3) Increase Quality and Consistency with Services Related to Prevention and Early Identification of Behavioral Health Issues for Children and Youth – Student Assistance Program (SAP)

The County MH program contracts the MH SAP liaison with UPMC Western BHA since October 2020. May 2021: Blair DSS submitted a letter of interest to apply for the OMHSAS CMHSBG Consolidated Appropriations Act (CAA) of 2021 funds to enhance SAP. June 2021: Invited to complete the CAA Application. August 2021: OMHSAS Funding Award letter received. August-October 2021: Outcome measurements were determined by DHS/OMHSAS and data collection started immediately. November 2021: 2 MH SAP Liaisons were added to the BHA SAP Liaison Team bringing the staff complement to 6 full time, year round, master level MH SAP Liaison's plus a full time supervisor. The Summer SAP summer bridge and summer groups were held June-July 2021. The Blair SAP District Council and SAP Coordination Team met more often in FY 2020/21 to keep connected with the many challenges posed during the COVID 19 pandemic

this school year and to prepare for the new school year, and the frequency of these meetings continued in FY 2021/22.

4) Increase Housing Options and Supports – Forensic Re-Entry Coalition

During FY 2020/21 the COVID 19 emergency situation there was a human service community wide need to partner to maximize opportunities for safe, decent, affordable housing especially for individuals with disabilities in the low-moderate income category and these partnerships and efforts continued in FY 2021/22. Case managers are working together to assist individuals access Housing Assistance Program funding which increased with the CARES Act. The Forensic Re-entry Coalition continued to meet focusing on individuals returning to the community from jail. County PHARE grant funds obtained to support these individuals through assistance with security deposit, rent, utilities. June 2022: Blair Criminal Justice Advisory Committee held a Strategic Planning session facilitated by Interaction Dynamics Group. Blair Court Administration completed and submitted a PCCD grant application to do the strategic planning and work needed for the Re-Entry Coalition to be certified.

FY 2022/2023

d.1) Increase Community Tenure – Mobile Crisis Expansion

Continuing from prior year New Priority

UPMC Western Psychiatric Hospital Altoona Crisis Services strives to assist individuals in crisis in a person centered and recovery-oriented manner that supports the individual in their natural setting offering comprehensive services licensed for phone, walk-in, and mobile services to Blair County residents, twenty-four hours a day, seven days a week.

The primary goal of Altoona Crisis Services is to provide the highest possible quality of crisis intervention services to all populations consistent with recovery principles aiming to support individuals and their family members with coping strategies and mitigate risks and safety planning to maintain oneself in the community while expediting entry into treatment services and linkage to community resources. The primary goal of the mobile crisis expansion is to increase ability to respond to individuals in crisis and ensure all intervention options have been utilized, avoiding unnecessary utilization of the police or emergency department.

A new Crisis Center is being constructed in a location that offers convenient community access. Three Crisis clinician positions and a vehicle are being added to be able to provide multiple crisis team responses in the community. A career ladder has also been developed to allow for staff development and to foster staff retention.

Crisis clinicians are specially trained master's and bachelor's level professionals that provide mobile crisis intervention to individuals in teams of two throughout the county to maximize safety and therapeutic response. Clinicians are meeting recommended rural 30–60-minute response times from dispatch to arrival at designated community location. Clinicians attend trainings for suicide screening and assessment, crisis intervention, cultural diversity, community safety planning and motivational interviewing to develop assessment and intervention skills.

If a mobile crisis intervention results in a referral to the emergency room, the crisis clinicians will initiate safety planning and provide a warm hand-off to the emergency room team. Crisis clinicians also provide follow-up for individuals discharged from an inpatient behavioral health hospitalization or emergency room evaluation to facilitate engagement with recommended community behavioral health services.

Timeline:

July-December 2022: Transition crisis services from paper to Epic electronic health record. Crisis Center move from current location next to the UPMC Altoona ED to new location across the street from the hospital and co-location with the Access Center (Base Service Unit). Continue staff recruit and retention efforts and increase Mobile Team capacity during peak volume hours by adding two team members to the 7 a.m. -3:30 p.m. schedule with one team scheduled from 12 p.m. -8:30 a.m. January-June 2023: Obtain additional vehicle. Enhance collaboration and handoff processes between Crisis and SAP with development and utilization of crisis safety plan. Implement peer services with part-time peer specialist in the walk in crisis center.

Resources: Funding for the expansion is the PA CMHSBG grant 7/1/22-6/30/23.

Tracking Mechanism: Outcome measurements were determined by DHS OMHSAS in October 2022. Data collection system developed utilizing the Microsoft Forms application. Baseline data submitted at onset of project. Quarterly data is submitted to DHS OMHSAS via SurveyMonkey. Quarterly data reporting will continue through June 2023. 7/1/22-3/31/22, 749 individuals have been served by the mobile crisis in Blair County.

d.2) Building a Trauma Informed Care Culture in Children’s Mental Health – System of Care and Garrett Lee Smith Partnerships

Continuing from prior year New Priority

System of Care Partnership

In the fall of 2020, the CASSP (Children Adolescent Service System Program) System partnered with the System of Care which is being housed out of the Blair HealthChoices office in Blair County. CASSP and the System of Care have been working to align the CASSP and the System of Care Values and Principles: youth and family driven, culturally and linguistically competent, strength based, home and community based, individualized, date driven and outcome oriented, trauma informed, evidenced based, natural supports and networks, multisystem integration, county leadership and governance.

CASSP and System of Care began having combined meetings in January of 2021, which formed as the Blair County Partnership Committee. Members of this committee include the CASSP Coordinator, System of Care Coordinator, two representatives from education, a representative from Social Services, Early Intervention, Blair County Drug and Alcohol, Southern Alleghenies Service Management System, Blair Health Choices, Community Care, Evolution Counseling, Juvenile Probation, Child Welfare, and youth and family involvement.

The Blair County Partnership Committee will be working on increasing the family and youth involvement within the Partnership committee as well as within other committees in the county. The SOC grant is able to offer a consultant compensation to family and youth members for their expertise. These voices are needed in Blair County to get the youth and family perspective and help to move Blair County forward with a focus on improving behavioral health outcomes for children and their families.

The committee is currently focusing on the needs of youth and family within our community. At a recent meeting, the committee met with youth and youth group leaders, in the community, to gain their perspective on youth needs. In a meeting later this summer, the committee will be meeting with family members in the community to gain their perspective on family needs. The committee will take the feedback from the community and come up with a strategic plan.

The Partnership Committee will also be looking at the Memorandums of Understanding it has with different agencies within the county, as well as increasing the partnership to include more school districts, more child serving systems, and physical health representation. Increasing the partnership with other agencies and child serving systems, helps enable the Partnership Committee listen more to the voices of others to help provide more in our county.

A focus of the Partnership Committee is to relook at the county's complex case policy and procedures within our county. This will enable child serving entities to come together to help assist the more individual and family complexities that we are seeing within our county. Another focus of the Partnership Committee is to look at county trainings and promoting a "one stop shop" for all trainings within the county.

Timeline: Continue to increase youth and family participation in the Partnership Committee, as well as within other committees in the county where youth and family voice are needed. The goal is to have at least one more youth and one more family partner by the end of the 2022 calendar year, and then adding one of each by the end of the June 2023 fiscal year.

The Blair County Complex Case Policy and Procedure will be relooked at to see how to better the process of having all child serving agencies come together, and the complex case committee will begin having monthly meetings, as needed, to help the more complex youth and families that we are serving as a county. This will be completed by the end of summer 2022.

The partnership committee continues exploring options of having a training website, as well as a training calendar available. The initial planning is having the website through our partner agency, the Healthy Blair County Coalition. This will be confirmed by September 2021, with all county trainings that are available up and listed by the end of October 2021. This site will be monitored continually by several people who can make changes, additions, wants and needs on a regular basis. Unfortunately, with the change of staff positions, this has been delayed. The committee has worked with the Healthy Blair County Coalition to have the training website through them. The committee is continuing to work on the trainings to be added and accessible to the community.

Resources: Continue to have the system of care grant money to allow for the youth and family positions. The Partnership Committee will continue to meet every other month which will allow discussions and input to take place on the goals stated.

Tracking Mechanism: The Blair County Partnership Committee meets every other month and through county assessment surveys/reports that the PA System of Care sends out yearly.

[Garrett Lee Smith Grant Partnership](#)

Blair County began partnering with the Garrett Lee Smith Grant team, in early 2020, to improve the continuity of care across youth serving systems for youth at risk of suicide and their families, as part of the Zero Suicide Framework. The following goals were looked at: Promoting early identification and referral of youth at risk of suicide within youth-serving systems, including schools, colleges, and primary care; Increasing capacity-building among behavioral health providers to screen, assess, manage, and treat youth at risk of suicide; Expanding partnerships to support care transitions, reentry, and follow-up for youth admitted into and discharged from hospitals and treatment centers; Developing a comprehensive and sustainable statewide model for continuity of care for youth at risk of suicide based on lessons learned from targeted county-level efforts.

In the beginning of 2020, two surveys were sent out to collect data from Blair County Partners to collect information from youth serving systems, including school districts, emergency departments, inpatient psychiatric units, outpatient mental health agencies, crisis personnel, police departments, and student assistance liaison agencies. The [Pennsylvania Network Analysis \(PANA\)](#) – which gathered information about the extent to which your organization interacts with other organizations in the county regarding youth suicide prevention, and specifically in the event of a suicide-related crisis, and the [Pennsylvania Organizational Self-Study \(POSS\)](#) – which gathered information about youth suicide prevention efforts within your organization. It asks about your organization’s efforts in the areas of policies and procedures, training, screening, assessment, treatment or intervention, and some other areas as applicable to your system.

Due to the COVID pandemic the stakeholder meetings did not take place till spring of 2021. Blair county Stakeholders, the county, and the Garrett Lee Smith Grant Team met two times in 2021 (March 25th and April 26th) to look at the data collected, the strengths within the county, as well as looking at some areas of growth.

In FY2021/22, this work resulted in prioritizing the following goals: (1) Develop awareness/infrastructure for comprehensive suicide prevention efforts. (2) Increase screening efforts/improve screening protocols within organizations and build awareness of screening among community members. (3) Improve reentry procedures and protocols (post care).

The Blair County GLS Team created a strategic plan document with the objectives and action steps for each of these goals. The first page of the strategic plan explains the **Mission:** Improve communications, coordination of suicide prevention practices and resource-sharing across systems, **Target Populations:** (1) Across all systems and (2) Community at large with a visual of the goals and stakeholders needed to accomplish this.

Next the plan describes in detail for each of the Goals: Objectives, Action Areas, Agency/Committee/Person(s) Responsible, and Timelines. This plan is a working evolving document and is a helpful reference tool to understand what has been accomplished in FY 2021/22, and ongoing action steps to do in FY 2022/23.

[FY 2022/23 Timeline:](#) These are detailed in [“The Blair County GLS Suicide Prevention Strategic Plan: Objectives and Actions Steps \(working document: 6/12/22\)”](#) is **Appendix “Garrett Lee Smith (GLS) Partnership).**

[Resources Needed:](#) The Garrett Lee Smith Grant Team will continue to provide technical assistance to the county as needed. A grant is also available again this year to help with some related activities for the adult suicide prevention, so a partnership was formed to apply for the grant to help the county in improving screening

efforts to continue resource sharing, improving communication and building awareness. Also, committees that are already in place will take ownership of some of the goals to begin working on them.

Plan for Tracking: We will continue meeting with the Garrett Lee Smith Grant Team to ensure that we are continually working on the above goals. and we will be implementing post surveys (PANA, POSS) to stakeholders. We will also be monitoring ourselves monthly to ensure that we are meeting the timelines for the goals.

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

Continuing from prior year New Priority

The Commonwealth of Pennsylvania’s Student Assistance Program (SAP), which is administered by the PA Department of Education’s Safe Schools Office in partnership with the PA Department of Drug and Alcohol Programs’ Division of Prevention and Intervention, and the PA Department of Human Services’ Office of Mental Health and Substance Abuse Services is designed to assist school personnel in identifying alcohol, tobacco, other drugs, and behavioral health issues which pose a barrier to a student’s success. The primary goal of the SAP is to help students overcome these barriers in order that they may achieve, remain in school, and advance.

However, there are times, that students may experience extreme emotional distress at school that requires immediate intervention. With the high demand placed on formal mobile crisis intervention teams at this time, Blair County is proposing the expansion of SAP services to allow four additional liaisons. Two of these SAP liaisons will be specially trained master's level SAP professionals. The specialty liaisons will provide on-call, crisis intervention to students throughout the county. The goal of the highly trained SAP liaison is to provide additional professional support to the school’s identified SAP liaison or school personnel ensuring all intervention options have been utilized, before making a referral to the local crisis center or emergency department. The specialty liaison will complete additional training hours focused on suicide screening and assessment, crisis intervention, and Motivational Interviewing, which will be utilized for assessment and intervention. The specialty liaison will also demonstrate competencies in each of these areas.

If a student needs further evaluation and intervention, the specialty liaison will assist in providing the referral to the appropriate community provider and will work as a conduit between the provider and the school, as permitted, until the student returns to the classroom. Having a specialty liaison involved throughout the child’s community treatment will provide the student’s home school district with valuable information that is typically omitted upon the student’s return. Such information may include:

- Return to school date
- Community provider’s treatment plan
- Individualized tailored transition plan
- Recommended classroom accommodation
- Safety planning
- Warm hand-off to the identified district's SAP liaison and school counselor

Timeline:

July-December 2022: Liaisons receive ongoing training and demonstrate competency in the areas of SAP, Crisis Intervention Stress Management, Trauma Informed Care, CBT, DBT, and ABT interventions. Continue active participation on the Garrett Lee Smith Grant team to improve the continuity of care across youth serving systems for youth at risk of suicide and their families. January-March 2023: Work with the OMHSAS CAA grant team to analysis the quarterly data collected from 7/1/21-12/30/22 and implement program evaluation with youth/family survey process. April-June 2023: Final program and fiscal reports submitted to OMHSAS.

Fiscal and Other Resources: Funding for the expansion is the PA CMHSBG CAA grant opportunity for 7/1/22 – 6/30/23. Data resources are the CCRI encounter reporting, and the OMHSAS JQRS, DPE PA 4092.

Tracking Mechanism: Data collection is in place for the outcome measurements are being identified to collect baseline data for the grant within 30 days of the funding award, and quarterly thereafter through June 2023.

d.4) Increase Housing Options and Support – Forensic Re-Entry Coalition

Continuing from prior year New Priority

The Blair County Re-Entry Coalition had its beginning in January of 2020 when Commissioner Bruce Erb approached us about developing a Re-Entry Coalition. After numerous planning meetings the Coalition began to take shape with Scott Schultz of Court Administration as the Coordinator.

The Blair County Re-entry Coalition is focused on assisting returning citizens with maintaining themselves in the community and preventing recidivism. At this time up to 68% of the population in Blair County prison recidivate. The Coalition has several sub-committees including education/employment, Resources, Prison, and housing. Stepping Up will also be added as a separate sub-committee. Members have been sourced from the community, treatment providers, the legal system, and other interested parties. Currently there are 38 members.

The Coalition is working on obtaining a housing grant to assist individuals in the prison who could be released if they had acceptable home plans. This grant could provide money for security deposit, rent and utilities for up to 24 months giving the re-entrant an opportunity to obtain employment and to become self-sufficient, to obtain and maintain housing, employment and resources.

The process for this program would be an assessment at Blair County Prison determining need for housing, the individual could then be linked with support services to assist with obtaining financial and housing resources. The individual would be followed in the community by the appropriate provider for up to 24 months.

Goals and objectives of the Reentry Coalition would include:

- 1. To have a standardized assessment for all inmates to be done within 72 hours of incarceration, with results that would follow the inmate both during incarceration and after release.*
- 2. To have a designated individual(s) to work with the returning citizen to review their needs and make referrals to appropriate providers and to communicate their both their current status and possible needs upon release.*
- 3. A develop a process for a warm hand-off of the reentrant to community services within 7 days of release.*

4. To provide Data tracking to monitor progress and recidivism for up to 24 months.

5. To reduce recidivism by ensuring that housing, employment, financial assistance, treatment and supports are available and being maintained.

Timeline: June 2022 County submits PCCD grant application to develop a detailed strategic plan with the goal to achieve certification of the Re-entry Coalition. The PCCD County Reentry Planning grant would provide funds for consulting service to facilitate meetings with key stakeholders to discuss reentry planning and development of a strategic plan, needs assessment, formalize the county reentry coalition mission/vision/scope, goals and objectives, and organizational structure, assist with the development of a data collection process to track recidivism outcomes in the county, and plan to evaluate the effectiveness of county reentry services.

October 2022-October 2023:

Strategic plan process that involves monthly twelve (12) one-hour, meetings with the steering committee, and nine (9) three hour meetings with the members of the reentry coalition. The consultation budget also includes research and data collection assistance in regards to conducting a systems analysis and tracking recidivism outcomes in the County.

Fiscal and Other Resources: There is a MH Forensic Case Manager housed at Blair HC working with individuals transitioning from jail to the community. The Reentry Coalition meets monthly and has a lot of expertise within their membership. Stepping Up participation makes available much practice informed expertise in this arena.

Tracking Mechanism: The County HSBG Leadership Team meets monthly and receives routine reports regarding the work of the MH Forensic Case Manager and will identify any challenges/barriers that the team can partner to make improvements. The County LHOT also a leadership table to partner on a variety of housing opportunities and coordinate resources in this housing arena. See timeline above specific to PCCD County Re-entry grant that will include strategic planning to include how outcomes will be tracked.

e) Existing County Mental Health Services:

Services By Category	Currently Offered	Funding Source (Check all that apply)
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:

Assertive Community Treatment	No							
Supportive Housing	No							
Supported Employment	No							Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)	No							
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	Yes							
Multisystemic Therapy	Yes	29	TAM-R, SAM, CAM, PIR	Agency with MST Institute	TAM-R monthly, SAM and CAM every other month, PIR every 6 months	Yes	Yes	Licensing and Measurement of the implementation of MST is a function of the MST Institute.
Functional Family Therapy	Yes	24	FFT Assessment Protocol, Weekly Supervision Checklist and Global Therapist Ratings (GTR)	Agency with FFT LLC and FFT National	Supervision checklist is weekly, GTR is 3 times per year.			FFT LLC trains, consults, and provides QA, FFT site certifications, and FSS Clinical Supervisor System (CSS)
Family Psycho-Education	No							

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	450	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist- Total**	Yes	181	
CPS Services for Transition Age Youth	Yes	3	Ages 16-24
CPS Services for Older Adults	Yes	50	55+
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	Yes	21 Families	
Shared Decision Making	Yes		Family Group Decision Making; Unable to measure because not using modifier
Psychiatric Rehabilitation Services (including clubhouse)	Yes	50	
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	150	
Parent Child Interaction Therapy	Yes	unknown	Unable to measure because not using modifier
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	unknown	Unable to measure because not using modifier
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	unknown	Unable to measure because not using modifier
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:

CPS Point of Contact (POC)	Name: Theresa Rudy Email: trudy@blairco.org
Total Number of CPSs Employed	22
Average Number of Individuals Served	FT AVG: 18 PT AVG: 5
Number of CPS Working Full Time	7
Number of CPS Working Part Time	15
Hourly Wage (low and high)	\$12.00 - \$23.26
Benefits	Yes, for those who qualify

i) Involuntary Mental Health Treatment:

1. During CY2021, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY2021
 - Yes, AOT services were provided from _____ to _____ after a request was made to rescind the opt-out statement
 - Yes, AOT services were available for all of CY2021

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2021 (check all that apply):
 - Community psychiatric supportive treatment
 - ACT
 - Medications
 - Individual or group therapy
 - Peer support services
 - Financial services
 - Housing or supervised living arrangements
 - Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness
 - Other, please specify: _____

3. If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2021:
 - How many written petitions for AOT services were received during the opt-out period?

0

- How many individuals did the county identify who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c))?

NA

	AOT	IOT
Number of individual's subject to involuntary treatment in CY2021	0	12
Inpatient hospitalizations following an involuntary outpatient treatment for CY2021		NA
Number of AOT modification hearings in CY2021	0	
Number of 180-day extended orders in CY2021	0	0
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2021	NA	\$16,480

j) CCRI Data reporting



Have all available claims paid by the county/joinder during CY 2021 been reported to the state as a pseudo claim? Yes No

Categorical State Funding-FY 21-22

1. Does the county currently receive state funds for Respite services?

Yes No

2. Does the county currently receive state funds for Consumer Drop-in Centers?

Yes No

3. Does the county currently receive state funds to be used for the Direct Service Worker Initiative?

Yes No

4. Does the county currently receive state funds to support the Philadelphia State Hospital closure?

Yes No

5. Does the county currently receive state children's funds to support the closure of the Eastern State School & Hospital?

Yes No

6. Does the county currently receive state funding for the Mayview Children's Unit Closing?

Yes No

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 22 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 19 years. This past year (2021-2022) this training had to be postponed due to the Covid 19 pandemic. As restrictions are lifted, SASMG will resume this training. To further address the principles of Everyday Lives, SASMG is part of the collaborative that utilizes the Lifecourse tools. Blair County has identified itself as a single member of the above collaborative.

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 eight hundred and six (799) 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.

Most 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

	Estimated Individuals served in FY 21-22	Percent of total Individuals Served	Projected Individuals to be served in FY 22-23	Percent of total Individuals Served
Supported Employment	2	.001	4	.001
Pre-Vocational	0	0	0	0
Adult Training Facility	0	0	0	0
Base Funded Supports Coordination	15	.010	25	.010
Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	0	0	0	0
PDS/VF	0	0	0	0
Family Driven Family Support Services	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 nine fiscal years. The grant helps students have a typical high school work experience. This year the COVID-19 pandemic prevented the applications for the grant. Funds were reallocated to the HSBG block grant.

Through outreach and community partnerships SASMG continues to work on the relationships with local businesses to create opportunities and change. The Chamber of Commerce has been a critical partner in the process of engaging businesses.

Supports Coordination:

Paired with the Lifecourse Grant and Community of Person-Centered Practices a service request form has been implemented that requires the SCO to explore natural supports prior to the request of paid services. 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.

Currently, Blair County has 4 supports coordination entities to serve people and their families. We felt that offering choice in SCO is critical to assuring quality in our system.

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 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. Currently, 21 people reside in a life sharing arrangement in Blair County

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 can 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. A great cross systems example of the efforts of this group is the establishment and funding of a Dual Diagnosis Navigator. The Navigator can supplement teams and act as a resource to help both disciplines communicate and collaborate.

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. Multiple training sessions for parents have been conducted as well throughout the fall. Unfortunately, due to the Covid-19 pandemic training opportunities could not be scheduled.

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 always accessible 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.

Respite continues to be a great asset in the resolution of emergencies involving removal for an unsafe setting. 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 always follow them. The more informed people are, the better their service design can be. The PA Family Network has offered training to SCO's and to students through the transition expo. SASMG participated in the credentialing of an Ambassador training for the Lifecourse.

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 upon identified issues would be valuable.

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 quarterly, 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 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 the requirements to promote PDS considering 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 nineteen. One hundred sixty-eight people live in licensed residential settings, and twenty-one live in licensed Life sharing homes. Fifty-three attend Vocational Training facilities, and the census at five Adult Training Facilities is One hundred and thirty-five. These numbers are down due to the Covid-19 pandemic. Not all programs are working at full capacity due to social distancing guidelines and people choosing not to return to services. 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

Case Management

As of July 1, 2022, 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 Agency

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, Inc.

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 10 adults and 15 children with new safe housing in FY 22/23 utilizing this new model.

Family Services' Victim Services Program has served 723 DV/SA/OC victims as of July 1, 2021, through March 31, 2022.

Achievements and Improvements in Services

Blair County Community Action Agency

Four of Blair County Community Action case managers are Certified Housing Counselors through HUD, with two case managers currently seeking HUD certification.

Blair County Community Action anticipates to serve 250 individuals in FY 22/23.

Family Services, Inc.

During FY 21/22, the Victim Services Program provided seven (7) victims and their families with emergency safe shelter to flee domestic violence. Two (2) of those families were assisted in finding new permanent housing, safe and free from abuse. One was assisted in returning to their residence while legally having their abuser removed from the residence. One was 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 leaving abusive relationships hinders Family Services' efforts. The power and control of a domestic abuse relationship often 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 Agency

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).

Family Services, Inc.

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.

Case Management Service Results

Blair County Community Action

As of March 31, 2022, for FY 21/22, Blair County Community Action has served 5 individuals.

From July 1, 2021 through March 31, 2022, 2 households received help with Rental and/or Utility Assistance; and 2 households received a hotel/motel stay to avoid homelessness.

Family Services, Inc.

The Victim Services Program utilizes the Empowerment and Satisfaction Questionnaire (ESQ), an evaluation tool developed by Pennsylvania Coalition Against Domestic Violence (PCADV) in collaboration with Pennsylvania Coalition Against Rape (PCAR) and the Pennsylvania Commission on Crime and Delinquency (PCCD), to measure client satisfaction and program effectiveness.

In FY 2021/2022, 0.1% of participants returned their housing ESQ and 100% of them rated their answers to questions #3, 9-11, 14, and 18 as a 3 or above out of a maximum of 5. Questions #3, 9-1, 14, and 18 specifically rate their success toward self-sufficiency strategies and goals.

Rental Assistance

As of July 1, 2021, Blair County Community Action Agency 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 25 individuals in FY 22/23.

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

Four of Blair County Community Action case managers are Certified Housing Counselors through HUD with two case managers currently seeking HUD certification.

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 Agency 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).

Rental Assistance Service Results

Currently, Blair County Community Action has served 3 individuals from July 1, 2021 through March 31, 2022.

From July 1, 2021 through March 31, 2022, 2 households received help with Rental Arrears Assistance, 0 households received Utility Assistance to avoid eviction.

Emergency Shelter

As of July 1, 2021, 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 25 individuals in FY 2022/2023.

Family Services, Inc.

As of July 1, 2021, Family Services Incorporated received HAP dollars for Emergency Shelter Services. The agency uses these 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 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, Home Nursing, 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. Beginning July 1, 2022 through June 30, 2023, we anticipate serving approximately 10 adults and 15 children utilizing this new model.

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 180 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 93 individuals from July 1, 2021 through March 31, 2022 and projects to serve 150 individuals in FY 22/23. They project to turn away 1,327 individuals due to the shelter being full and project 3,631 days of shelter provided.

For FY 21/22, as of March 31, 2022, the Emergency Shelter has served 31 men, 49 women, and 13 children and the number of brief contact calls for shelter was 2,161. The number of days of shelter provided was 3,631.

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.

Achievements and Improvements of Services

Currently Blair County Community Action has served 2 individuals from July 1, 2021 through March 31, 2022.

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 21/22. As of March 31, 2022 the average length of stay was 42 days. In FY 20/21, the average length of stay was 26 days.

In January of 2018 Family Services 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 year 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
- 1,327 Individuals were turned away due to the shelter being full in FY 21/22 as of March 31, 2022
- 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

Blair County Community Action

We do evaluate the efficacy of each HAP service that is provide by evaluating the number of households they are able to get off the streets.

Family Services, Inc.

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.

Emergency Shelter Service Results FY 21/22

Blair County Community Action

As of March 31st, 2022 Blair County Community Action has assisted 2 households with Emergency Hotel/Motel stays.

Family Services, Inc.

From July 1, 2021 through March 31, 2022, 7 DV/SA/OC victims were placed in a Motel for up to 30 days.

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, 2021, the Victim Services Program provided emergency shelter to 7 persons; 2 of whom successfully obtained permanent, safe housing; 1 of whom were relocated out of Blair County; 3 have returned to their abuser; and 3 have discontinued without notifying Family Services, Inc. of their intentions.

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 100% of the participants increased their knowledge of community resources; 48% were able to obtain employment; and 76% were able to obtain housing.

Impact of COVID-19 on these programs

The lifting of the housing moratorium, enacted during covid resulted in an increase in evictions. Numbers on the By Name List resulted in more referrals to the Family Shelter and more turn aways due to lack of available beds. Length of stays increased.

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 (HMIS)

Blair County Community Action Agency

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 known as RRH 2 (Journey) and SCRRH) Program during the year between 10/1/2020 thru 9/30/2021 there were a total of 246. Of this 246, 89 (97%) Households exited into permanent housing. There are also 154 stayers.

Blair County Community Action Agency also tracks participation in mainstream benefits but not the increase in usage. In their program 82 participants were receiving 1 or more mainstream benefits (in the case of this program the benefits included Medicaid and food stamps).

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.

Family Services, Inc.

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 2021/2022, 93 clients received emergency shelter and 93 of the 71 (76%) were transitioned into stable housing.

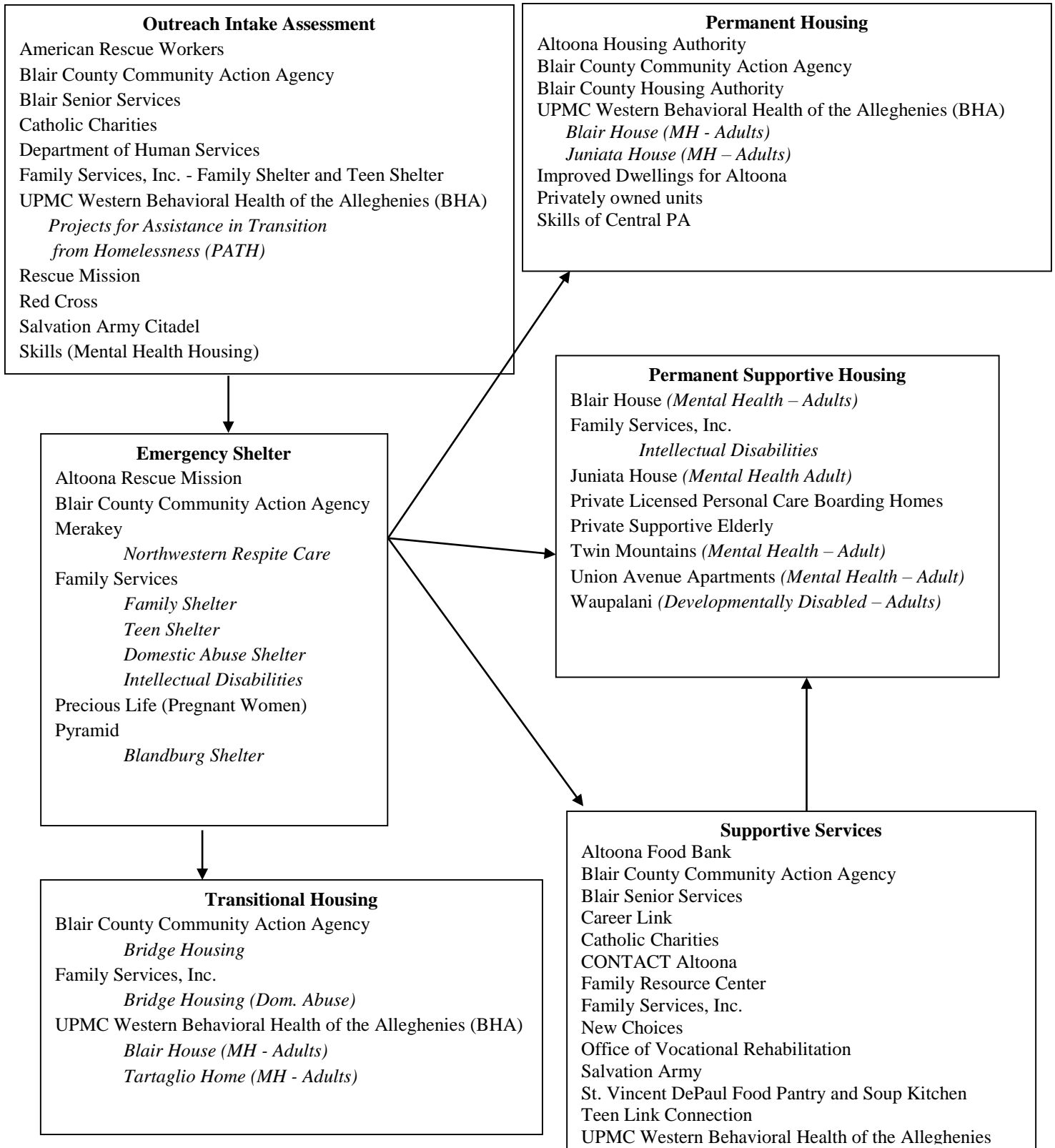
Family Services agreed to track the known destination for clients upon exit or verified connection to permanent housing and also the increased participation by homeless individuals in mainstream systems. For FY 2021/2022, the known destinations, by zip code, for clients are as follows:

- Zip Code 16601 – 24 consumers
- Zip Code 16602 - 38 consumers
- Zip Code 16617 - 0 consumers
- Zip Code 16635 - 2 consumers
- Zip Code 16648 - 6 consumers
- Zip Code 16693 - 2 consumers
- Zip Code 16866 - 2 consumers
- Zip Code 16652 – 1 consumer
- Zip Code 15221 – 1 consumer
- Zip Code 14302 – 1 consumer
- Zip Code unknown – 16 consumers

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, 2022 the percentage was 100%.

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, 2021 through March 31, 2022, 1,327 individuals had to be turned away because the shelter was full.

2023 Blair County Continuum of Care Services



SUBSTANCE USE DISORDER SERVICES

1. Waiting List Information: We have not experienced any waiting list for the services listed below:

	# of Individuals	Wait Time (days)**
Withdrawal Management	0	0
Medically-Managed Intensive Inpatient Services	.5	7-10
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
Other (specify)	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-UPMC in the county. We are staffed 7 days a week for 10 hours a day. This has significantly increased 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. During the COVID-19 pandemic, we were not in the ED from April-June 2020. The hospital did allow our staff to return but the focus for the ED and hospital was addressing the increase admission rates for the COVID-19 patient. This resulted in a slight decrease in referrals during 19-20 but since January 2022, the focus and referral process for substance use disorders has resumed.

General Community: We have gone 24/7 to the general community for immediate coordination of treatment as of 5/1/2019. We implemented 24/7 CRS for after hours and weekends in April 2020. The SCA has been successful in implementing in our largest ED the ability to provide induction of Suboxone, when appropriate, with warm hand off to a MAT provider. Blair County Drug and Alcohol Program, Inc., was the recipient of a 3-year federal grant managed through the Department of Drug and Alcohol Programs from October 2017-September 2020. The purpose of the grant was to expand the availability of medicated assisted treatment and address stigma in the 3 counties that received the grant. At the start of the grant, we had 16 providers who were buprenorphine waived. We have increased that amount to 32 in the last three years. In addition, we have worked with our local pregnancy health beginnings program to expand waived doctors in this practice and to implement a Recovery Center at this clinic for OUD moms. We have also expanded our contracts from 2 methadone clinics to 4 licensed treatment providers offering suboxone within their milieu in Blair County. We also provide access to Vivitrol in the prison and in the community. This work has provided an expansion of medicated assisted treatment. Since Department of Human

Services application for Centers of Excellence’s (COEs), Blair County has seen an increase of COEs in our communities. Currently, we have five COEs approved to operate in the County.

In September 2019, Blair SCA was awarded a federal grant in partnership with the University of Pittsburgh Overdose Task Force to implement a first responder screening brief intervention and referral to treatment (SBIRT) protocols and warm handoff to our 24/7 on call system with our Emergency Management System (EMS). Both of the Blair County based EMS agreed to be part of the project. Over the last fiscal year 21-22, one of the departments has implemented a NARCAN leave behind project and is currently in the planning stages of a post overdose intervention project by EMS. In addition, we were the first county in the state to include two police departments in this model. We will be developing the training and warm hand off protocols for the law enforcement partners.

The SCA partnered with the University of Pittsburgh during FY 20-21/21-22 to provide in county training to first responders. Three trainings were completed from June 2021-September 2021.

Fiscal Year 2019-2020 & 2020-2021

# of Overdose Survivors	# Referred to Treatment	Referral Method(s)	#Refused Treatment
2019-2020			
65	21	CRS/CM	44
2020-2021			
42	34	CRS/CM	32

3. Levels of Care (LOC):

LOC ASAM Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	1	0	0
4	1	0	0
3.7 WM	17	2	10
3.7	5	0	4
3.5	31	2	10
3.1	15	3	0
2.5	2	1	0
2.1	5	5	0
1	8	9	0

4. Treatment Services Needed in County:

The Blair SCA has established a hub and spoke model to facilitate access to care for substance use disorders. We work with all sectors of our community to facilitate the education, stigma reduction and warm handoff from and to support services in our community. We facilitate care coordination to support the ongoing engagement of individuals in early recovery. Our model reflects the best practice being supported through the center of excellence programs.

As part of our expansion to mobile case management, we have seen increase access from the inpatient hospitals, inpatient psychiatric, and criminal justice system. The funding from the HSBG provides some of the funding to support these projects.

Treatment Capacity:

The SCA is working with DDAP, DHS and the local Health Choices Administrative Unit and BH-MCO to ensure the implementation of clinically aligned ASAM services. The SCA and local Health Choices partners have identified the following gaps in services locally and statewide:

Adolescent: 2.1 IOP/2.5 PHP/3.1 HWH/3.5 Residential/3.7WM/4.0/4WM

Extreme needs

Adults: 2.5 PHP/3.7 medically complicated/4.0 (even though we have contracts for these levels of care, it has become increasingly difficult to place them in a timely manner to this level of care).

One of our local providers have implemented an adult partial hospital program (PHP, ASAM 2.5) and is processing their application through DHS and the local Health Choices program.

BDAP is currently in sustainability planning for the grants, we have concerns on long term sustainability for the following projects:

- CRS/ED warm handoff project
- CRS 24/7 on call
- Care Management and CRS services
- Ongoing Evidence based training to clinical staff

5. 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 1302 NARCAN kits to individuals seeking services and the general community. We have also expanded partnerships with the prison and EMS partners. The SCA also provides community education on overdose prevention. We work with partners when attending health fairs to provide NARCAN.

6. County Warm Handoff Process:

Blair County has 3 hospitals within the county. All hospitals have been trained to provide warm handoff for overdose survivors and person with Substance Use Disorders (SUD). BDAP is the central point of contact for referrals to SUD treatment. The Emergency Departments have access to our program 24/7. We provide staffing of 2 CRSs in the largest ED (UPMC) 7 days a week for 10 hours per day. We use a combination of CRS staff and Case Managers to facilitate the referral treatment. We use face-to-face and telephonic referrals to support the warm hand off process. Sustainability of these expanded services is priority. The Block Grant funds have helped to support the ongoing management of the services. Most of these services are not Medicaid eligible through the SCA has in

the last year partnered with the Health Choices partner to develop a billing code for Warm Hand Off. This provides some additional resources to support the project.

Methamphetamine and Methamphetamine with Fentanyl have increased over the last 2 years. Individuals present with high psychiatric symptoms which result in a primary mental health diagnosis and admission to inpatient psychiatric units. We have increased the number of persons being placed from the inpatient psychiatric unit due to the warm hand off process being in place. We have a strong working relationship with the unit post admission and in aftercare planning.

Warm Handoff Data:

Data	FY 19-20	FY 20-21
# of Individuals Contacted	803	994
# of Individuals Referred to Treatment	446	544
# of individuals who have Entered Treatment	338	298
# of individuals who have Completed Treatment	NA	NA

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.

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 - Nonmedical, supportive or therapeutic activities, based upon a service plan developed to assist in problem solving and coping skills, intra- or inter-personal relationships, development and functioning.

Program Name: Information and Referral

Description of Services:

The target group to be served by CONTACT Altoona includes individuals or fellow agencies in need of referral assistance for health and human services 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. The growing need of our population for human services also increases the need to connect people effectively and efficiently with the broadest possible range of community resources. CONTACT Altoona's role in this provision of information and referral services is as much needed back up to Blair County's connection to PA 2-1-1.

Many people have a wide array 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 an agency they are unaware of for help in solving his/her problems. When it becomes apparent that a referral is appropriate, the telephone workers may suggest a referral or multiple referrals. 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.

In 2021, CONTACT Altoona received 1,776 calls specifically for information and referrals. CONTACT volunteers did not miss a beat helping to provide Blair County with updated resource information on several different local agencies. This enabled us to continue to serve the needs of each individual looking for services, ease fears and confusion surrounding the pandemic, all while also helping 211.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

Aging Services

Program Name: OPTIONS

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 or Reviewer 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 contact every 3 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 - Care Management activities through the Area Agencies on Aging serve as a coordinative link between the identification of consumer needs and the timely provision of services to meet those needs by utilizing all available resources.

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 Blair County with our 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, 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 their medications. 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, backups are notified and/or help is sent to the individual. It can also serve as piece of mind for the individual's family members.

In year 2021, CONTACT Altoona's non-MH Reassurance Program completed 16,492 calls. (Beating the 12,043 calls from 2020 by over 4,000 calls). The increase in calls was more than likely due to increasing our standards for number of shifts covered and the ability to cover more shifts and add more clients.

Service Category: Information & Referral - The direct provision of information about social and other human services, to all persons requesting it, before intake procedures are initiated. The term also includes referrals to other community resources and follow-up.

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, programs, and family support through donations, fundraising events, and small grants. These programs, which 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 programing. These programs are designed in partnership with school personnel to meet the needs of school identified students. The program runs the duration of the academic year with supervised summer opportunities for the students to meet outside of the school setting. Currently, Big Brothers Big Sisters of Blair County is present in four school districts with a fifth at Penn State Altoona. In the next five years, the Agency plans to have a running program in all Blair County school districts.

Through their Community-based Mentoring Program, Big Brothers Big Sisters of Blair County supported 32 matches in 2020. Unfortunately, due to the inconsistency of in-person instruction, the 2020-2021 school year did not see all of the school-based programs running with only two running completely, either in-person,

virtually, or a hybrid. The agency had 14 matches for the 2020-2021 school year. During the 2019-2020 school year, Big Brothers Big Sisters of Blair County had a total of 61 matches throughout the various SMART Programs, serving 120 children in total. With the start of the 2021-2022 academic year, Big Brothers Big Sisters of Blair County expects to have all of the previous SMART programs back up running with in-person match meetings for the students. Through the duration of the matches' time together and at the matches' close, satisfaction and youth surveys are presented to the Big, Little and the Little's parent/guardian, as well as the referring teachers from mentees' classes. 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. The impact the programs have on participant's education is evident through our surveys done by teachers and parents/guardians. Big Brothers Big Sisters has found over the years that the mentees enrolled in the programs skipped half as many days of school as did their peers not enrolled. They have felt more competent about doing schoolwork and skipped fewer classes. In addition, the programs have the ability to change a youth's whole perspective on school and education. Surveys conducted show that 97% of mentees said working hard in school is very important, 95% of mentees said going to school and getting a good education is very important, and 94% of mentees said graduating from college is very important. With data showing such strong benefits to the youth, it is becoming ever more important to find children mentors to give them the strong chance of successful futures; thus, helping their lives and the communities as a whole.

Program Name: Teen Link Connection

Description of Services:

Child Advocates of Blair County, through their Teen Link Connection program, provides intervention services, prevention services and referral services to at risk teens and their families. Teen Link Connection also continues to provide education and support services to the community in an effort to prevent teen pregnancy as well as other risky behaviors and to raise awareness of the problems associated with negative choices. This is done through outreach efforts such as Teen Power Day, the Teen Pregnancy Prevention Team, and the CHOICES summer program.

Unfortunately, we were not able to host Teen Power Day again this year due to the continued effects of COVID in the schools. With many students with such low attendance because of sickness, schools were not ready to allow students to miss a day of classes for a field trip. We are prepared and hopeful to be able to begin Teen Power Day next year with some new and fresh ideas.

We are beginning to plan and prepare for CHOICES, our 8-week summer program, which will take place at Evergreen Manors from the end of June to the middle of August. CHOICES will be made available to male and female students ages 10 to 15. Once again we will invite local agencies such as Family Services, Blair Drug and Alcohol Partnerships, Evolution Counseling and Altoona Lung Specialists to partner with us in sharing information with participants regarding risky choices and the consequences they bring. This year we hope to get parents more involved by encouraging them to meet their students after each session and to allow us to share information about each of these topics with them as well. The CHOICES program is designed to teach students to make positive life decisions, avoid risky behaviors and to build healthy relationships in the home and in the community. We have seen positive changes between the students in their interactions with one another as well as adhering to property rules.

Winter Warmth 2021 served 50 children ages 4 to 15 thanks to many shoppers who volunteered their time to shop for these children. When parents submitted their child's application, we also asked them to give us a detailed list of their child's needs, likes and sizes. Families were invited to pick up their child's bags according to a scheduled meeting time, allowing the child and family to meet the shoppers. The Winter Warmth program

is an excellent opportunity for children to get appropriate winter clothing. This program helps by meeting needs which the families themselves were not able to supply for the child.

HSDF funds pays the salary of the director of Teen Link Connection, who prepares for and facilitates each of the programs described above.

Interagency Coordination

The Blair County Department of Social Services helps fund a coordinated county-wide Needs Assessment through collaboration with the Healthy Blair County Coalition (HBCC). The Healthy Blair County Coalition (HBCC) is a partnership of local individuals and organizations working to promote the social, economic, emotional, and physical well-being of our community. 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. Currently, there are 132 community partners who represent individuals and organizations such as social services, 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.

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), Healthy Blair County Coalition (HBCC), Blair County Leadership Coalition, and Operation Our Town Housing Roundtable to name a few. 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 Office of Aging, Department of Education, Office of Mental Health & Substance Abuse (OMHSA), PACHSA and others. 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: BLAIR	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	1,140		\$385,057		\$33,500	
Administrator's Office			\$456,660	\$10,000	\$49,497	\$46,000
Adult Developmental Training	0					
Children's Evidence-Based Practices	0					
Children's Psychosocial Rehabilitation	0					
Community Employment	36		\$192,120		\$19,070	
Community Residential Services	35		\$548,443		\$36,941	\$129,755
Community Services	0					
Consumer-Driven Services	39		\$86,600			
Emergency Services	565		\$387,690			
Facility Based Vocational Rehabilitation	5		\$106,517		\$11,835	
Family Based Mental Health Services	5		\$27,758			
Family Support Services	40		\$81,084		\$1,275	
Housing Support Services	59		\$118,729	\$47,087		
Mental Health Crisis Intervention	300		\$244,544	\$250,000		
Other	0					
Outpatient	1,155		\$456,055	\$458,176	\$48,452	
Partial Hospitalization	2		\$10,000			
Peer Support Services	0					
Psychiatric Inpatient Hospitalization	0					
Psychiatric Rehabilitation	10		\$34,507			
Social Rehabilitation Services	220		\$180,975			
Targeted Case Management	175		\$281,939			
Transitional and Community Integration	245		\$257,389		\$20,830	

TOTAL MENTAL HEALTH SERVICES	4,031	\$3,856,007	\$3,856,007	\$765,263	\$221,400	\$175,755
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County: BLAIR	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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INTELLECTUAL DISABILITIES SERVICES

Administrator's Office		\$837,901	\$641,219		\$17,221	\$652,470
Case Management	1,114		\$33,629		\$3,548	\$1,548,000
Community-Based Services	958		\$163,053		\$16,896	\$29,014,853
Community Residential Services	186					\$41,370,270
Other	0					

TOTAL INTELLECTUAL DISABILITIES SERVICES	2,258	\$837,901	\$837,901	\$0	\$37,665	\$72,585,593
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HOMELESS ASSISTANCE SERVICES

Bridge Housing	0					
Case Management	250		\$85,948			
Rental Assistance	100		\$70,739			
Emergency Shelter	200		\$80,030			
Innovative Supportive Housing Services	0		0			
Administration			\$26,300			

TOTAL HOMELESS ASSISTANCE SERVICES	550	\$263,017	\$263,017	\$0	\$0	\$0
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County: BLAIR	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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SUBSTANCE USE DISORDER SERVICES

Case/Care Management	1,200		\$199,590			
Inpatient Hospital	1		\$3,000			
Inpatient Non-Hospital	20		\$40,000			
Medication Assisted Therapy	15		\$55,000			
Other Intervention	1,750		\$10,000			
Outpatient/Intensive Outpatient	25		\$60,000			
Partial Hospitalization	5		\$10,000			
Prevention	250		\$7,000			
Recovery Support Services	500		\$150,000			
Administration	0		\$59,232			

TOTAL SUBSTANCE USE DISORDER SERVICES	3,766	\$593,822	\$593,822	\$0	\$0	\$0
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HUMAN SERVICES DEVELOPMENT FUND

Adult Services	600		\$13,500			
Aging Services	80		\$2,200			
Children and Youth Services	0		0			
Generic Services	125		\$2,425			
Specialized Services	100		\$16,004			
Interagency Coordination			\$91,000			
Administration			\$13,901			

TOTAL HUMAN SERVICES DEVELOPMENT FUND	905	\$139,030	\$139,030	\$0	\$0	\$0
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GRAND TOTAL	11,510	\$5,689,777	\$5,689,777	\$765,263	\$259,065	\$72,761,348
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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

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 Altoona 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 July 29, 2021, 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 on behalf of the
Department of Social Services**

UPMC Altoona

James A. Hudack

James Hudack, Executive Director

Date Jul 13, 2021

Jan E. Fisher

Jan E. Fisher (Jul 16, 2021 13:07 EDT)

Jan Fisher, President/CEO

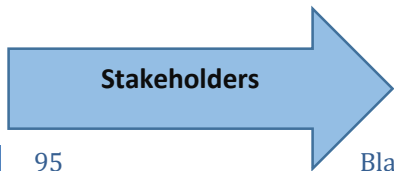
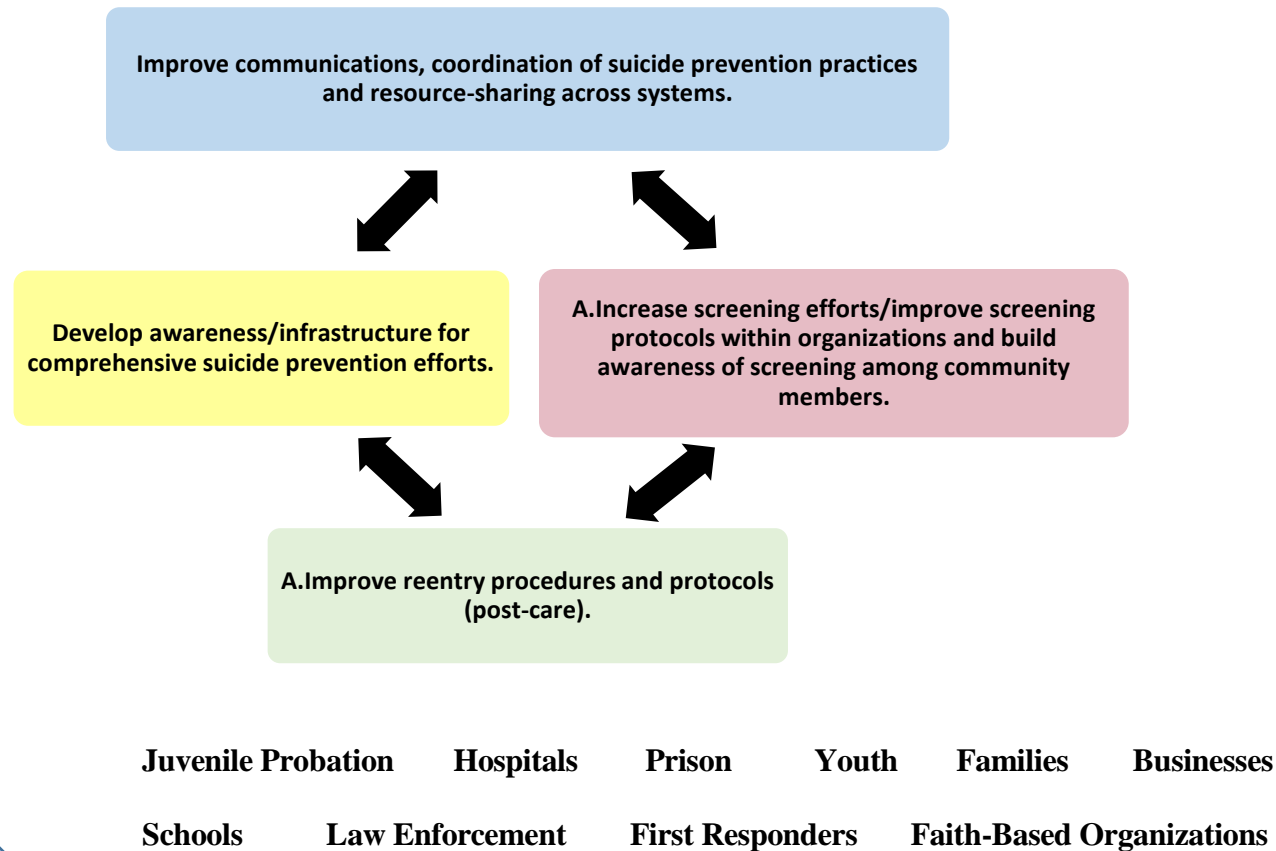
Date Jul 16, 2021

Appendix “Garrett Lee Smith (GLS) Partnership”

***Blair County GLS Suicide Prevention Strategic Plan
Objectives and Action Steps (working document: (6/12/22))***

Mission: Improve communications, coordination of suicide prevention practices and resource-sharing across systems.

Target Populations: 1). Across all systems and 2). Community at large



Higher Education Youth-Serving Agencies Community-Based Organizations

Goal 1 – Develop awareness/infrastructure for comprehensive suicide prevention efforts.

Objectives	Action Areas	Agency/Committee/ Person(s) Responsible	Timelines
<p>1. Increase the capacity of individuals and organizations involved in suicide prevention efforts in Blair County.</p> <p>2. Review and utilize Blair County suicide and mental health data in order to monitor progress and outcomes (e.g. HBCC community health needs assessment, suicide statistics, GLS report, PA Youth Survey, etc.).</p> <p>3. Increase suicide prevention awareness efforts that reduce stigma and promote safety, help-seeking, and wellness.</p>	<p>Invite stakeholders to a strategic planning session(s) to develop short and long-term goals for the Blair County GLS Suicide Prevention Plan.</p>	Department of Social Services	<p>August 13, 2021 September 30, 2021 Completed</p>
	<p>Identify and recruit additional stakeholders to join the Suicide Prevention Strategic Planning Committee and/or support programs focusing on suicide prevention by using the collective impact model.</p>	Suicide Prevention Strategic Planning Committee	<p>September-October 2021 Ongoing</p>
	<p>Incorporate suicide prevention as a priority within the Healthy Blair County Coalition.</p> <ul style="list-style-type: none"> • Request that the Healthy Blair County Coalition’s Steering Committee include suicide prevention as a priority in their community health needs assessment process. • Add the Suicide Prevention Strategic Planning Committee as a sub-committee of the HBCC Mental Health Work Group. • Explore options for the Suicide Prevention Task Force to become a sub-committee under the HBCC Mental Health Work Group. • Explore options for the United Way to become the fiduciary agency for the Suicide Prevention Task Force as part of HBCC. • Enhance the role of the Blair County Suicide Prevention Task Force. • Enhance communications between the HBCC Mental Health Work Group, the Suicide Prevention Strategic Planning Committee, and the Suicide Prevention Task Force. 	HBCC Director	<p>September- October 2021 Completed</p>
	<p>Schedule regular Suicide Prevention Strategic Planning Committee meetings.</p>	Suicide Prevention Strategic Planning Committee	<p>Third Fridays of the month from 10:15 – 11:30 am</p>

			Ongoing
	Promote and conduct “Community Conversations about Mental Health” by recruiting additional volunteers, including peer support.	HBCC Mental Health Work Group	In Progress
	Continue to utilize GLS staff and resources, including participation in monthly cross-county meetings.	Blair County GLS Team Leaders	Last Thursday of the month at 9:00 am Ongoing
	Provide more awareness and resource information to youth/students (e.g. Prevent Suicide PA resources, PSA posters, Erika’s Lighthouse, Jana Marie Foundation, Jason Foundation, etc.).	Suicide Prevention Strategic Planning Committee Suicide Prevention Task Force Youth-Serving Agencies and other Community Groups	Ongoing
	Promote and market suicide prevention events, training, resources, etc.	Suicide Prevention Strategic Planning Committee Suicide Prevention Task Force Youth-Serving Agencies and other Community Groups	Ongoing
	Participate and implement the Zero Suicide Community of Practice in Blair County by attending the eight session events.	Blair County Team	Beginning February 17, 2022 from 12:00 – 1:00 pm In Progress
	Plan and conduct a Blair County Suicide Prevention Summit.	Suicide Prevention Strategic Planning Committee	September 2023

Goal 2 – Increase screening efforts/improve screening protocols within organizations and build awareness of screening among community members.

Objectives	Action Areas	Agency/Committee/ Person(s) Responsible and Progress	System(s) of Focus	Indicator of Success
<p>1. Increase the number of individuals trained to administer the C-SSRS.</p> <p>2. Increase the number of youth screened with the C-SSRS by systems partners and family/community members.</p> <p>3. Increase the number of organizations that incorporate the C-SSRS or other validated screening tool into their policies and procedures.</p>	<p>Develop and distribute a survey to all systems (Survey Monkey) to assess screening practices in Blair County</p> <ul style="list-style-type: none"> • Assess what systems do not screen for suicide risk and encourage them to utilize the C-SSRS and provide training. • Contact those agencies/organizations that are not using the C-SSRS and encourage them to use that tool and provide training. <p>Develop a marketing/social media plan on the availability of the Columbia Suicide Risk assessment training and the App.</p> <ul style="list-style-type: none"> • Build awareness/disseminate information among key systems partners about the C-SSRS. • Build awareness among youth, community and family members about the C-SSRS and address stigma. • Expand general suicide prevention training efforts and/or incorporate into C-SSRS training. • Implement trainings on how to use the C-SSRS, including logistics and also how to obtain valid responses when screening. 	<p>Suicide Prevention Strategic Planning Committee</p> <p>HBCC Director</p> <p>Survey completed and organizations are submitting information.</p> <hr/> <p>Department of Social Services</p> <p>Marketing/Social Media Sub-Committee</p> <p>Columbia C-SSRS trainings are being conducted (5 trainings with 130 participants).</p>	<p>Schools, SAP, crisis, behavioral health providers, law enforcement, emergency departments, adult and juvenile probation, CYF, Early Intervention, BDAP, community/family members, and youth-serving agencies</p>	<p># of people trained</p> <p># of youth screened</p> <p>data on downloading of app</p> <p>linkage to services/referral to Crisis Center</p>

	<ul style="list-style-type: none"> • Create and distribute materials (e.g. flyer, C-SSRS index size cards, C-SSRS forms, etc.). 	<p>Completed</p>		
	<p>Enhance and promote a better understanding of the role of crisis and the UPMC Altoona emergency department evaluator.</p>	<p>Department of Social Services UPMC Western Psy In Progress</p>		
	<p>Increase the capacity of resources in the county (e.g. increase the number of mobile crisis staff and SAP agency liaisons).</p>	<p>Department of Social Services In Progress</p>		
	<p>Explore options for common systems to review and collaborate on policies and procedures for screening of suicide risk.</p>	<p>To be determined</p>		

Goal 3 – Improve reentry procedures and protocols (post care).

Objectives	Action Areas	Agency/Committee/ Person(s) Responsible	System(s) of Focus	Indicator of Success
<p>1. Increase the number of organizations that have established policies and protocols for reentry.</p> <p>2. Implement cross-systems training/workforce development to improve consistency in reentry procedures.</p> <p>3. Increase family engagement and active participation in reentry procedures across systems.</p>	<p>Update the “Communications Protocol between Schools and Inpatient Providers” by contacting inpatient providers to assess their willingness to complete the form and then obtain a contact person for each school district.</p>	<p>Department of Social Services</p> <p>UPMC Behavioral Health of the Alleghenies</p> <p>Family Coordinator/BHC CARES Team</p> <p>In Progress</p>	<p>Schools, outpatient providers, family members, inpatient units</p>	<p># of youth suicide attempts</p> <p>Student Assistance program (SAP) data</p> <p>PAYS data</p>
	<p>Revisit the communications protocol between schools and the Crisis Center and/or ED Evaluator.</p>	<p>Department of Social Services</p> <p>UPMC Behavioral Health of the Alleghenies</p> <p>In Progress</p>		<p># of hospital admissions/ Readmissions (MA only)</p>
	<p>Increase communications between provider case managers, outpatient, and schools pre-discharge to facilitate coordinated discharge planning.</p> <ul style="list-style-type: none"> • Assure development of a case manager for children. • Improve discharge follow-up/ensure families and youth are engaged and understand discharge instructions. • Identify resources (resource mapping) through the mental health system and other community organizations for family members to support follow-up post-discharge. 	<p>Blair Health Choices CARES Team</p> <p>Ongoing</p>		<p># youth/families engaged in follow-up treatment (MA only)</p> <p>Crisis Center follow-up data</p>
	<p>Complete the Child/Adolescent Inpatient Feasibility Study.</p>	<p>HBCC Mental Health Work Group</p> <p>In Progress</p>		