
Blair County Department of Social Services

Human Services Block Grant

FY 2025/2026

Annual Plan



Table of Contents

Appendix “A” Blair County Commissioners Assurance of Compliance	2
Appendix “A” Blair County Leadership Coalition Assurance of Compliance	3
Appendix “B” Blair County Human Services Plan	
<i>Part I: County Planning Process</i>	4
<i>Part II: Public Hearing Notice</i>	7
<i>Part III: Cross-Collaboration of Services</i>	21
<i>Part IV: Human Services Narrative</i>	
<i>Mental Health Services</i>	25
<i>Substance Use Disorder Services</i>	58
<i>Intellectual Disability Services</i>	62
<i>Homeless Assistance Development Fund</i>	70
<i>Human Services Development Fund</i>	85
Appendix “C-1” Human Services Proposed Budget and Individuals to be Served.....	90

Appendix "A"

Blair County Commissioners Assurance of Compliance

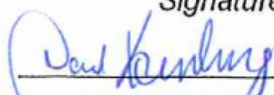
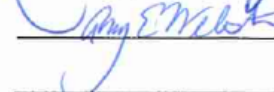
Appendix A
Fiscal Year 2025-2026

**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 153 of 2016, 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>
	David Kesling, President	Date: 7-24-25
	Amy E. Webster, Vice President	Date: 7-24-25
		Date:

Appendix "A"

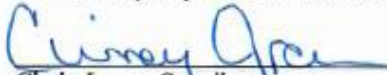
Blair County Leadership Coalition Assurance of Compliance

Fiscal Year 2025-2026
COUNTY HUMAN SERVICES PLAN
Assurance of Compliance

Blair County Leadership Coalition:


Tricia Johnson, Director
Blair County Department of Social Services

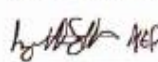
7/1/2025
Date


Cindy James, Coordinator
Blair County Mental Health Program

7/1/2025
Date


Melissa Gillin (Jul 1, 2025 11:01 EDT)
Melissa Gillin, Quality Assurance & Housing
Coordinator Blair County Dept. Social Services

7/1/2025
Date


Amy Marten-Shanafelt, Executive Director
Blair HealthChoices

07/07/2025
Date


Judith A Rosser (Jul 8, 2025 09:29 EDT)
Judy Rosser, Executive Director
Blair Drug & Alcohol Partnership


07/08/2025
Date


James D. Henry (Jul 8, 2025 09:43 EDT)
James Henry, Executive Director
Southern Alleghenies Service Management Group

07/08/2025
Date


Melissa Gordon (Jul 8, 2025 09:58 EDT)
Melissa Gordon, Developmental Disability Director
Southern Alleghenies Service Management Group

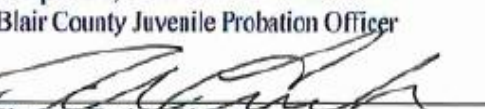
07/08/2025
Date


Kelly Popich (Jul 8, 2025 10:02 EDT)
Kelly Popich, Early Intervention Director
Southern Alleghenies Service Management Group

07/08/2025
Date


Joseph Cox, Chief
Blair County Juvenile Probation Officer

7/1/25
Date


Shannon Tucker, Director
Blair County Children, Youth & Families

7/10/25
Date

Blair County Human Services Plan

Fiscal Year 2025-2026

Part I: COUNTY PLANNING PROCESS

Blair County Stakeholder Information

Blair County is a Class 5 county located just west of the geographic center of Pennsylvania. Its estimated 2024 census is 120,269 residents. This represents a 2.1% population decrease from 2020. While the population is shrinking, the number of consumers continues to increase. Meeting the rising need is, as always, a challenge.

Ninety three percent of Blair County residents have completed high school and almost one quarter hold a bachelor's degree or higher. The Blair County median household income is \$60,594 per year, per capita income is \$34,593, and 14% of the residents live in poverty. The housing stock in Blair County is aging and the average monthly cost with a mortgage for an owner-occupied structure is \$1,234 or \$14,808 annually. Seventy-two percent of residents live in owner-occupied structures. The median gross rent is nearly \$1,000 per month and affordable adequate housing continues to be of concern to our residents.

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. 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 in northern Blair County. Two hundred fifty girls from multiple states and fifteen foreign countries currently attend.

The Pennsylvania State University (Penn State) Altoona Campus contributes to an influx of over 2,500 college students annually and the campus is only forty-five miles from the University's main campus, University Park, in State College. Penn State Altoona offers twenty-one baccalaureate degrees and five 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. In addition, Saint Francis University, whose main campus is in neighboring Cambria County, has opened a location at the Curry Innovation Center in downtown Altoona. This allows for additional partnerships to be formed with educational resources. Within a half hour of Blair County, other post-secondary schools include Mount Aloysius College, St. Francis University and Juniata College.

Blair County is blessed to have multiple behavioral health providers. This allows for a robust provider network. The limited population of people who are searching to start a career in the behavioral health field is small and has created a system with work force imbalance. Due to staffing, it is not unusual for providers to have reduced availability or a wait list. Working as a close team, rapid engagement in services is still taking place. In addition, multiple partners from the business and education fields have stepped up as partners to ensure opportunities to engage in services.

Planning

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, the Mental Health Program Coordinator, the Children, Youth, and Families Director, the Quality Assurance and Housing Coordinator, the Intellectual Disabilities Director, the Early Intervention Director, the County Administrator and Administrators of the following organizations: Southern Alleghenies Service Management Group (SASMG), Blair HealthChoices, and Blair County Drug and Alcohol Partnerships,. 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 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 the next steps to better serve the residents of Blair County.

The Leadership Coalition works consistently to evaluate, amend, and add critical strategies to serve their consumers. The priorities focused on include housing, transportation, employment, life skills, and the collection of data that allows for better informed decision making. These priorities remain consistent while the coalition continues to look toward the future, monitoring the needs of the consumers in the community and evaluating the need for a change in priorities.

Advisory Boards and Stakeholder Involvement:

Attachment A found immediately following this section, outlines the advisory board and 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' is shared with and is reviewed by the advisory boards 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 implementation of such recommendations is reported back to the consumers. This ongoing process provides continuous opportunity for participation in planning.

Funds from HSBG have been used for specific programs and activities to address the areas identified in the community's health needs assessment. These include addressing mental health/depression/suicide prevention which were the greatest needs for education and prevention. One accomplishment in FY 24-25 was the creation of a resource website where residents can go to find resources and activities available to them in the county. The Heart of Blair County brings provider and community information together in one location for easy access for all.

Least Restrictive Environment:

Blair County's Cross Systems Leadership Coalition works to assure that all the residents of the county receive services in the least restrictive setting appropriate to their needs. Ongoing review of situations and assessments in conjunction with provider and administrative collaboration provides clear and consistent monitoring of appropriate levels of service. Block Grant Funds are available to be shifted between categorical areas should the need arise. The Leadership Coalition closely monitors how Block Grant Funds are used based on the Income & Expense (I&E) report. All decisions to realign 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.

Programmatic Funding:

Through the strategic planning process, the Leadership Coalition, with stakeholder feedback, have identified the following priorities/needs; housing, transportation, employment, life skills, and data. Collaboration and teamwork along with mutual respect, integrity and creativity allow for a team of resolute individuals to work together to ensure fiscally responsible responses to the needs of the residents of Blair County,

The funding changes that were made because of the concept of block granting resulted in the redistribution of funds to programs that identified critical unmet needs. Looking forward, most programmatic funding will remain unchanged. Some priorities that are beginning to appear on the horizon are the need for supports for those with mental illness and involvement in the justice system, dual diagnosis, and complex cases. We continue to investigate which programs, services, and resources need to be added or increased to close the identified gaps in services. Moving forward, we are looking to boost the support of the Re-entry Coalition to support those coming back to the community from incarceration, and the addition of a program specialist to engage with people newly involved in the criminal justice system who have a mental health condition of diagnosis.

PART II: PUBLIC HEARING NOTICE

For the development of the FY 2025/2026 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 13, 2025 at 10:00 a.m., the first Blair County Human Services Annual Plan Public Hearing was held at the Greenbean Coffee House, 715 6th 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 and posted to the Blair County web-site. 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 29, 2025.

The first public hearing had approximately 29 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.

NOTICE

The Blair County Human Services Agencies will hold two Public Hearings to promote awareness of Blair County's ongoing participation in the Human Services Block Grant Plan.

1st Public Hearing has been scheduled for Friday, June 13, 2025 at 10:00 AM at the Greenbean Coffee House, 715 6th Avenue, Altoona, PA 16602.

2nd Public Hearing has been scheduled for Friday, June 13, 2025 at 2:00 PM at the Greenbean Coffee House, 715 6th Avenue, Altoona, PA 16602.

These hearings will serve as a means to gather public input/comments regarding the plan's development and implementation. If you are interested in submitting comments or require special accommodations to attend one of these meetings, please e-mail the Blair County Department of Social Services at jkensinger@blaircountypa.gov

May 29, 2025

Altoona Mirror

AFFIDAVIT OF PUBLICATION

See Proof on Next Page

STATE OF Florida
COUNTY OF Broward

Edmar Corachia, being first duly sworn, deposes and says: That (s)he is a duly authorized signatory of Column Software, PBC, duly authorized agent of Altoona Mirror, a newspaper printed and published in the City of Altoona, County of Blair, State of Pennsylvania, and that this affidavit is Page 1 of 2 with the full text of the sworn-to notice set forth on the pages that follow, and the hereto attached:

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. 29, 2025

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.

Edmar Corachia

(Signed) _____



VERIFICATION

State of Florida
County of Broward

Subscribed in my presence and sworn to before me on this: 06/02/2025

S. Smith

Notary Public

Notarized remotely online using communication technology via Proof.

Notice

The Blair County Human Services Agencies will hold two Public Hearings to promote awareness of Blair County's ongoing participation in the Human Services Block Grant Plan.

1st Public Hearing has been scheduled for Friday, June 13, 2025 at 10:00 AM at the Greenbean Coffee House, 715 6th Avenue, Altoona, PA 16602.

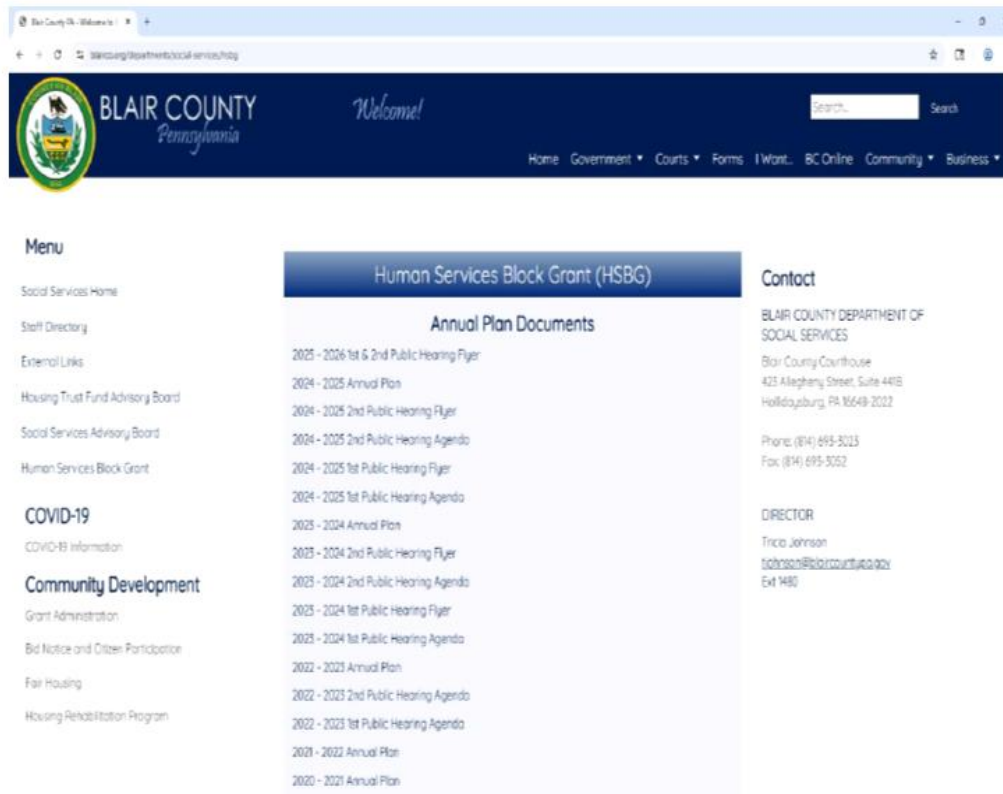
2nd Public Hearing has been scheduled for Friday, June 13, 2025 at 2:00 PM at the Greenbean Coffee House, 715 6th Avenue, Altoona, PA 16602.

These hearings will serve as a means to gather public input/comments regarding the plan's development and implementation. If you are interested in submitting comments or require special accommodations to attend one of these meetings, please e-mail the Blair County Department of Social Services at jkensinger@blaircountypa.gov

May 29, 2025

Blair County Website Posting of Flyer for the 1st & 2nd Public Hearings

A link advertising the 1st and 2nd Human Services Block Grant Public Hearings was posted on the Blair County Social Services Website page weeks prior to the hearings.





COFFEE &

CONVERSATIONS

with the Blair County Human Services

Leadership Team

Please join us in a friendly discussion where you can share your thoughts/ ideas on a variety of important topics, including **Mental Health**, **Substance Use**, **Juvenile Probation**, **Intellectual Disabilities**, **Behavioral Health Medicaid Dollars**, and **Housing** in Blair County. Your insights are truly valued!

Friday June 13th @ 10:00am or
2:00pm
at Greenbean Coffee House
715 6th Avenue
Altoona PA

If you have any questions, please contact
Tricia at 814-693-3023



Public Hearing 2025

1st & 2nd Public Hearing Agenda

Blair County Leadership Coalition

Human Services Block Grant

Public Hearings June 13, 2025 10 AM/ 2 PM

Purpose

The Blair County Leadership Coalition is a planning advisory, and development team dedicated to meeting the human service needs of citizens of Blair County.

Programs Funded

- Mental Health
- Behavioral Health Services
- Intellectual Disability Services
- Drug and Alcohol Services
- Homeless Assistance Program
- Human Services Development Funds

AGENDA

- Welcome
- Introductions
- Program Descriptions
- Public Discussion



We want to hear from you!

Barriers?

Biggest Concerns?

Most Helpful Services?

Unmet Needs?

Future Programming?

What do you want us to know?

When Speaking

- State your name
- Where you are from
- Limit comments to 3 minutes



Commissioners
David Kessling, Chairman
Amy Webster, Vice-Chairman
Laura Burke, 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

TRICIA JOHNSON
Director
CINDY JAMES
MH Program Coordinator
NIKKI MCHUGH
MH Services Specialist
VIRGINIA CHRISTY
CASSP Coordinator
VACANT
Fiscal Officer
VACANT
Fiscal Specialist
TRINA ILLIG
Grants Coordinator for
Community Development
ELIZABETH NELSON
Community Development
Specialist
MELISSA GILLIN
Quality Assurance & Housing
Coordinator
JENNIFER KENSINGER
Administrative Coordinator

The Blair County Department of Social Services
Human Services 2025-2026 Annual Plan 1st Public Hearing
Friday, June 13, 2025 at 10:00 A.M.
Greenbean Coffee House, 715 6th Avenue, Altoona, PA

MINUTES

Welcome and Call to Order

Tricia Johnson, Director of Blair County Department of Social Services (BCDSS), welcomed everyone to the 1st Public Hearing for the Human Services Block Grant (HSBG) 2025/2026 Annual Plan. Agenda flyers were made available to all participants. Tricia stated that the HSBG funding supports mental health, intellectual and autism, drug and alcohol, homeless and human services within Blair County. Tricia added that the purpose of the public hearing is to gather input from the public on services, unmet needs, concerns and future programs.

Representatives of the Leadership Panel introduced themselves: Cindy James, Blair County Social Services Mental Health Program Coordinator; Jamie Henry, Southern Alleghenies Service Management Group (SASMG) Executive Director; Joe Cox, Blair County Juvenile Probation Chief; Judy Rosser, Blair Drug and Alcohol Partnership Executive Director; and Missy Gillin, Quality Assurance & Housing Coordinator.

Tricia stated that Blair County receives most of their funding through the HSBG, which comes with stipulations and regulations.

Jamie Henry stated that SASMG oversees the Intellectual Disabilities ID) and autism services in Blair County. SASMG uses portions of the HSBG to fund a Dual Diagnosis Navigator and certified nurse practitioner. SASMG matches their funds with the HSBG funds for a summer employment initiative. The funding also is used in emergency situations such temporary housing, pest/bug removal and home accessibility. SASMG is also focusing on how technology can ensure the health and safety of their clients without paid staff to assist.

Missy Gillin oversees Blair County's Human Services Development Funds (HSDF) and Housing Assistance Program (HAP). The HSDF is used for counseling services through Family Services, wellness/reassurance calls through CONTACT Altoona; care management through Blair Senior Services; mentoring through Big Brothers/Big Sisters and Teen Link through Child Advocates. The HAP funds, through Center for Community Action, are used for rental assistance and case management. Family Services' emergency shelter also receives HAP funding.

Cindy James distributed a chart reflecting how HSBG funding is distributed to twelve (12) different agencies that provide mental health services in the county. Cindy listed some of the providers and the services that they provide. Last year's \$200,000 budget increase for mental health was earmarked for housing for individuals who are eligible for discharge from a state facility but are in need of supportive housing.

Judy Rosser stated that Blair County Drug and Alcohol Partnership HSBG funds have been stagnant for many years. These funds are used for prevention all the way to recovery support. Most of this funding is used for intervention. HSBG funding has contributed to having certified recovery specialists in the UPMC Altoona emergency department. CRS have also traveled to Nason and Tryone hospitals. Other uses include recovery housing, community support groups and case management.

Joe Cox added that his office does not receive any HSBG funding, but his office works with providers that do receive the funding.

Tricia Johnson stated that the 2025-2026 HSBG Annual Plan is to be submitted to the State, for their approval, by August 11, 2025. Currently, there is no word on how much the budget will be, so the Annual Plan is being developed using last year's budget numbers. If the allocated budget is higher than last year, the Department of Social Services will reevaluate to see what existing or possible new programs may best benefit from additional funding.

Tricia wrapped up the presentations and asked for public input.

Public Input

Charles Lansberry, The Learning Community, opened the discussion by asking if his agency would be able to apply for employment funding through BCDSS.

Kathi Ardizzone, Altoona Housing Authority, would like to see more programs for recovering alcoholics.

Marianne Sinisi, Families United for Change, said that there needs to be funding available for families who lose a family member to a substance use disorder (SUD) so that they can afford to bury or cremate their loved one. Tricia stated that BCDSS does not have funding available for that. Tricia suggested contacting the Blair County Coroner.

Hilary Livingston, Providence Presbyterian Church Pastor, asked if there is a county resource guide. A website www.heartofblaircounty.org was created that lists county resources and events.

Amber Bott, Community Care Behavioral Health, said that if the individual has Medicaid that they can call CCBH which funds all the mental health and SUD services.

Tricia stated that one of the main issues that Blair County is focused on is affordable housing. If facing homelessness or near homelessness, the individual should call "211" to get on the by names list.

Shannon Morris, FSK Inc, would like to see more funding going toward prevention services. Judy Rosser commented that there are prevention programs in all the local school districts. The focus is on universal, evidence-based programs that are typically taught in the school's health class. The curriculum depends on the age of the student.

Donna Gority, ArtsAltoona, asked what mental health program BCDSS newly funded this year. Cindy James answered that it was Parent Child Interactive Therapy (PCIT). Cindy is still waiting for the data to come in on that program.

Tricia provided her email: tjohnson@blaircountypa.gov

Marianne Sinisi distributed a flyer about free clothing and hygiene products for women.

Tricia thanked everyone for attending and closed the public hearing.

HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2025/26

1st PUBLIC HEARING

June 13, 2025 @ 10:00 AM

Greenbean Coffee House, 715 6th Avenue, Altoona

SIGN IN SHEET

NAME	EMAIL	AGENCY	MUNICIPALITY
1. Jen Kensinger	jenniferk@gmail.com	DSS	
2. C.B. Gohl	COHN53@YAHOO.COM	AT LARGE	Blair
3. Ken Dean	ken dean@rocketmail.com	Re Entry	Frankstown
4. Charles Clausberg	clausberg@tlc of PA.org	The Learning Community of PA	Blair
5. Amber Bott	botta@eckh.com	Community Care	Blair
6. Jane Henry	jhenry@sasmg.org	SASMG	Blair
7. Nikki McHugh	nmchugh@blaircountypa.gov	DSS	
8. Melissa Gordon	mgordon@sasmg.org	SASMG	Blair
9. Tessa McKay	tmckay@evolutionblair.com	Evolution	Blair
10. Emily-Grace Danwood	cjzcc@iup.edu		Blair
11. Hilary Livingston	heliving@gmail.com	Providence Presbytery	Blair
12. Melissa Gillin	mgillin@blaircountypa.gov	Dept Social Services	
13. Kaiti Ardizzone	kaiti.ardizzone@altoonahousing.org	ATA	Blair Co
14. Judy Rasser	jrasser@blairlap.org	BDAP	Heldaysburg
15. Joe Cox	JCox@blairco.org	JPD	Blair
16. Peggy Horner	Ph930@breezelive.net	Providence Presby	Blair
17. Marianna Simis	gleangreen378@gmail.com	Families United for change	Blair
18. Jeff Colbert	jcolbert@evolutionblair.com	Evolution Council	Blair Co.
19. Christine Berry	cberry@tlc of PA.org	The Learning Community of PA	Blair
20. Tyler Wertz	tylwertz@pa.gov	DOH	Blair
21. Shannon Morris	Shannon@Socursgrey.com	FSK inc	Blair
22. Renee Busack	buseckr@eckh.com	Community Care	Blair
23. Jake Bollinger		Gloria Gates	Blair
24. Holly Huber	holly.huber@gloriagatescare.com	Gloria Gates	Blair
25. Valerie Luther	valerie.luther@gloriagatescare.com	Gloria Gates	Blair
26. Cindy James	cjames@blaircountypa.gov	DSS	Blair
27. Donna Garity	ddghec@gmail.com	Auto Altoona	Altoona/Blair Co
28. Jamie Pao	jpao@eckh.com	Community Care	
29. Tricia Johnson		DSS	
30.			
31.			
32.			

2nd Public Hearing

The second hearing was held on June 13, 2025, at 2:00 p.m. at the Greenbean Coffee House, 716 6th Avenue, Altoona, PA.

The second Blair County Human Service Annual Plan Public Hearing had 12 residents of Blair County in attendance. During this hearing each program director gave a brief overview of their program. 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. An advertisement for the public hearing was published in the Altoona Mirror on May 29, 2025.



Commissioners
David Kessler, Chairman
Amy Webster, Vice-Chairman
Laura Burke, 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

TRICIA JOHNSON
Director
CINDY JAMES
MH Program Coordinator
NIKKI MCHUGH
MH Services Specialist
VIRGINIA CHRISTY
CASSP Coordinator
VACANT
Fiscal Officer
VACANT
Fiscal Specialist
TRINA ILLIG
Grants Coordinator for
Community Development
ELIZABETH NELSON
Community Development
Specialist
MELISSA GILLIN
Quality Assurance & Housing
Coordinator
JENNIFER KENSINGER
Administrative Coordinator

The Blair County Department of Social Services
Human Services 2025-2026 Annual Plan 2nd Public Hearing
Friday, June 13, 2025 at 2:00 P.M.
Greenbean Coffee House, 715 6th Avenue, Altoona, PA

MINUTES

The director of the Blair County Department of Social Services, Tricia Johnson welcomed everyone and called the public hearing to order. The Leadership Panel gave self-introductions. Other attendees introduced themselves as well. Tricia gave an overview of the Human Services Block Grant (HSBG) and the purpose of the 2nd public hearing. The HSBG 2025/2026 Annual Plan is scheduled to be submitted to the Blair County Commissioners for their approval once completed and submitted to the State for their review and approval by August 11, 2025. Tricia stated that once the annual plan is approved it will be posted on the Social Services site on the county website.

Jamie Henry, Executive Director of Southern Alleghenies Service Management Group (SASMG), stated that SASMG oversees the intellectual disabilities, autism and early intervention services in Blair County. Jamie said that the HSBG funds are a small portion of the funding that their agency receives which is primarily used for emergency situations like overnight stays and modifications to residences, but it also goes toward a MH/ID (Dual Diagnosis) Navigator and a staff certified nurse practitioner. Also, HSBG funding will be used for a summer employment program.

Missy Gillin, Blair County Department of Social Services Quality Assurance and Housing Coordinator gave an overview on the Homeless Assistance Program (HAP) and Human Services Development Fund (HSDF). HAP funding is primarily used for rental assistance, case management and emergency shelter. The HSDF funding is used by different providers for counseling, information, referrals, reassurance calls, Teen Link, care management and mentoring programs. Funding for these programs has not increased in several years.

Judy Rosser, Executive Director for Blair Drug and Alcohol Partnership (BDAP) stated that HSBG funding helps with case management, prevention, early engagement, community-based services, recovery support, recovery housing and intervention services. Also, these funds are used for Certified Recovery Specialists (CRSs), who are embedded in the emergency department of UPMC Altoona. Funding is also used for the 24/7 call line. This funding has not increased in several years.

Joe Cox, Juvenile Probation Chief, stated that he does not receive any direct funding from the HSBG, but he does work with agencies that do receive funding from the HSBG.

Cindy James, Blair County Mental Health Program Coordinator, stated that the majority of the HSBG funding goes toward mental health services. The county contracts with twelve providers to carry out those services. Cindy distributed a flyer showing how the funding is divided between those providers. Last year, mental health received an additional \$200,000 in funding which was earmarked for housing for individuals needing a place to reside once discharged from a state facility.

Public Comment

An unidentified attendee asked for clarification on how much of the funding is State and how much is Federal funding and if the funds are impacted by what is currently going on at the Federal level. Tricia answered that Social Services (Mental Health) funding is through the State, but some of it funnels to the State from the Federal government. Social Services is planning their 2025/2026 expenditures using 2024/2025 budget numbers.

The same attendee asked if County funds are allocated to one fund and then distributed to other agencies. Tricia answered that State funds do come through Social Services and pass through to other County agencies. Tricia stated that the \$200,000 increase to the budget had been stipulated for Mental Health services only.

The same attendee asked what prevention services are being offered for children. Cindy replied that funding has been allocated to an agency for Parent Child Interactive Therapy (PCIT). Also, Infant Mental Health training was offered in May 2025. The attendee would like to see the Circle of Security Program offered in the County.

The attendee would like to see a “mobile unit” be deployed within the County. The mobile unit would go out to different locations on different days and offer services like vaccinations, resources, counseling and activities.

The attendee questioned how individuals can find the resources that they need. Tricia stated that there is a website HEART of Blair County (www.heartofblaircounty.org) that lists County resources and events.

Katie Clauss, UPMC WHBA, explained that most funding has certain requirements attached and, in most cases, sustainability must be taken into consideration.

The attendee stated that she would like to volunteer more but was concerned about liability and who would cover that. Discussion continued about what steps providers or agencies would have to take to cover volunteer liability if they did not already have that in place.

The attendee also asked about resources for the homeless or those facing homelessness individuals. Tricia stated that “211” is the number to call or access online to get on the by names list to help get shelter and/or housing. The attendee would like to see more resources out there to help these folks sustain housing once they get it. Katie answered that UPMC WBHA does offer case management services.

Tricia thanked everyone for their comments and input and closed the public hearing.

HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2025/26

2nd PUBLIC HEARING

June 13, 2025 @ 2:00PM

Greenbean Coffee House, 715 6th Avenue, Altoona

SIGN IN SHEET

NAME	EMAIL	AGENCY	MUNICIPALITY
1. TRicia Johnson		Dapt S.S	
2. Katie Clauss	clauski@upmc.edu	UPMC WBHA	
3. Juan Rosser	Jrossera@blaircounty.org	BDAP	Hollidaysburg
4. Joseph Cox	jcoke@blairco.org	JPD	Blair
5. Melissa Dellini	mgillin@blaircounty.org	DSS	
6. James Henry	Jhenry@sasmg.org	SASMG	Blair
7. Melissa Gordon	Mgordon@sasmg.org	SASMG	Blair
8. Cindy Jans	Cjans@blaircounty.org	DSS	Blair
9. Bev Moss Oswalt	bevmopa@gmail.com	Parent/Ad Use	Blair
10. Belinda Hall	belindasuenell@gmail.com	FBHI	Blair / Bedford / Cambria Centre / Somerset
11. Amanda Penicola		FBHI	Centre / Blair
12. Megan Hyde		FBHI	Centre
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			

PART III: CROSS-COLLABORATION OF SERVICES

Blair County is blessed with a strong collaborative environment. This cooperative attitude crosses all sectors of the Human Services landscape in the county allowing for multiple opportunities to join forces and provide a seamless stream of services to those in need. Housing and employment have become the focus of several cross collaborative coalitions this year.

Housing

The housing crisis has impacted Blair County deeply. The Family Homeless Shelter that opened in 2023 is doing its best to house all those in need but often, there are no rooms available. Supporting those in need has become the focus of multiple coalitions in the county. The largest coalition, The Hope for the Homeless Coalition, continues to focus on supporting those individuals who are at risk of or experiencing homelessness. Consisting of multiple faith-based groups, human service, and mental health providers, along with city and county officials, this group has successfully provided a warming center during the winter of 2025 which supported 121 unique individuals during its operation. This year, the Warming center had two paid staffers who directed the volunteers and staff from local human service and mental health agencies and helped to engage the guests in services including housing supports and employment searches. There are hopes to expand the warming center and add a transportation complement to help bring those in need to the center during its operation.

In addition to the Hope for the Homeless committee, several other efforts to increase affordable housing in the area have been underway. The Affordable Housing Trust Fund continues to support the maintenance or creation of affordable housing in Blair County through multiple programs including the First Time Home Buyers Program, the Code Compliance Program, the Demolition fund, and multiple other programs. This group works closely with the Blair County Landlords Association to build a network of available appropriate and affordable housing, decrease and remove blight, and improve the housing stock within the county.

The Local Housing Options Team (LHOT) meets bimonthly. This collaborative group has undergone a revitalization since the pandemic caused a reduction in attendance. Drawing everyone back together in the same room has allowed for some great conversation and ideas to be developed. The LHOT team continues to focus on its relationship with the area landlords, realtors, and city and county officials to provide the most support possible for those in need. The LHOT team has begun the process of reviewing and updating their strategic plan to identify needs and fill the gaps in services to support the residents in Blair County.

Employment

Skills of Central PA, Inc. works to provide supportive facility and community-based employment services to residents of Blair County. These services are designed to provide skill acquisition, retention and promote recovery once employment has been secured. On the job training, as well as maintenance training, is provided to ensure performance goals are attained and retained. Support is also provided to assist employees as they assimilate into the work environment to build natural support in house and to ensure employees are familiar with policies and expectations of the employer. In addition, Skills of Central PA provides a Job Finding service.

As in previous years, SASMG will be offering a summer employment program for transition age youth. The intent of the program is to demonstrate to the students and their families that the students can work, be safe, and be successful outside of a segregated setting. The reinstatement of this program is a great asset to those

transition age youth and it is our sincere desire to identify sustainable funding sources so that this program can be offered year in and year out.

In addition to these specific programs, the collaborative environment in Blair County has created several groups who work to support individuals with both employment and housing among other needs. What follows is a synopsis of these groups and how they work collaboratively to impact the housing and employment opportunities. Many familiar faces sit around the table at each of the following collaborative group meetings.

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. 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. Crisis Intervention Training is undergoing a revision to make it more feasible for police officer participation. NAMI continues to offer the NAMI Connections support group within the prison. Blair County received a PCCD grant in February 2024, to increase trauma-informed care through our system of care. A series of training courses have been offered, and evidence-based programs have been put into use to support those impacted by trauma.

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 determinants of health needs, treatment needs, and support 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. Since the addition of a second paid staff member, they are currently open five days a week. Three days a week, a meal is provided. Other activities are planned throughout the week, including art classes. Case managers and other human service providers often meet with their clients at the drop-in center. It has become an integral part of connecting consumers with housing and employment services.

The drop-in center now averages about seventy-five people per day. 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 center 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.

Re-entry Coalition

The Blair County Re-entry Coalition formalized and completed its strategic plan for 2024 through 2029 with a vision of: Providing every incarcerated individual returning to the community with support, tools, and knowledge needed to successfully and safely return to the community and become a productive citizen by remaining offense free. The coalition's mission is: To collaborate with government entities, faith and community-based organizations, and other stakeholders to bring about a holistic approach that includes emphasis on education, families, health services, treatment, employment, mentorship and housing intended to empower individuals with criminal records and enhance our community through their successful reintegration back into the community. The Blair County Re-entry Coalition is focused on assisting returning citizens with accessing needed resources, maintaining themselves in the community and preventing recidivism. Currently more than 50% of the population in Blair County prisons are recidivating.

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. The Housing, and Education and Employment subcommittee work together to aid in completing educational needs, securing employment, and finding suitable housing for those without another support system as they prepare to reenter society. This year, the housing subcommittee was able to successfully support one re-entrant in finding and maintaining safe and affordable housing.

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 twenty teams to provide additional support and assistance to the team members. This position is responsible for our Technical Assistance Support Team (TAST), which reviews complex cases and offers suggestions and advice to the individual's team. Since July 1, 2024, TAST has reviewed more than five cases. The Navigator is the main contact person for any referrals to the Community Stabilization and Reintegration Unit (CSRU). The Navigator assists teams with discharge planning from the local psychiatric inpatient units. This includes plans to ensure successful reintegration into the community with support for housing and supportive employment. 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.

Collaboration and Funding

With the collaborative nature of the work that is already taking place in the county, the blending of funds to achieve the greatest impact is also key. During each of the collaborative meetings funding sources are discussed. Identifying where there are opportunities to pursue additional funding and growing the coalitions to include new members with resources to increase sustainability are focal points. Leveraging funds to provide the greatest impact is one of the strengths of the collaborative efforts. In the coming year, it is hoped that additional non congregate shelter will be created by a local non-profit that will be supported by the providers of the county. Reimplementation of the transition age summer employment program will also be a focus.

The Human Services community in Blair County continues to grow as new partners emerge. As the group faces workforce and funding concerns, there has been a concerted effort to pull together and support each other to ensure that services remain available for the residents of the county. It is through this gathering of resources

that opportunities to increase partnerships continue. Working together, we continue to add new and important partners into the folds of the human services group. It is the hope that, as in years past, the coming year will result in a stronger and larger human service support system for the residents of our county.

PART IV: HUMAN SERVICES NARRATIVE

Mental Health Services

(a) County MH Program Highlights:

The Blair County Cross Systems Leadership Coalition

- The Blair County Cross-Systems Leadership Coalition continues to meet monthly and maintains regular communication to monitor and coordinate Human Services Block Grant (HSBG) funding streams.
- A Legislative Breakfast was held on March 7, 2025, to engage elected officials in a discussion focused on housing challenges within Blair County.
- Two *Community Coffee and Conversation* events were conducted on June 13, 2025, to gather input from residents and stakeholders regarding the county's most pressing needs.

Housing Initiatives

- Funding was allocated this past year to support individuals transitioning from state hospitals and Long-Term Structured Residential (LTSR) programs.
- Utilizing reinvestment funds through HealthChoices, Healthy Community Living, a 501(c)(3) nonprofit organization, was established to assist individuals with housing needs and to support their transition into more stable and permanent living arrangements.

The Blair County Warming Center

- The Blair County Warming Center successfully completed its second year of operation, providing critical overnight shelter and support to individuals in need during the winter months.
- The center operated from January 6 through March 2, open seven days a week from 8:00 PM to 7:00 AM.
- Area agencies and local churches generously volunteered their time to support the center. This year, funding allowed for the addition of a full-time staff member who was present most nights, enhancing consistency and overall coordination.
- A total of 121 individuals were served throughout the season.
- Partner agencies engaged with individuals onsite to connect them with essential services and supports.
- The local Salvation Army provided daytime resources, including a safe space for individuals to go and access hygiene-related assistance.

Blair County Crisis Workgroup

- A multidisciplinary committee, comprised of representatives from various agencies, was established to review the 2025 National Guidelines for a Behavioral Health Coordinated Crisis Care System.

The Columbia Suicide Severity Rating Scale

- Blair County has continued promoting the rating scale and sharing information about the available app.
- This past year 140 individuals were trained. They included Penn State Altoona Nursing students, volunteers from Contact Altoona, and Central High School.

The Blair County Children’s Partnership Committee

- The committee continues to meet on a bi-monthly basis to strengthen connections to resources that support youth and families. Its work focuses on building an integrated system of care that includes all child-serving systems, community partners, youth, and families—guided by the principles of the System of Care and the Child and Adolescent Service System Program (CASSP)—to ensure comprehensive and holistic support.
- The Heart of Blair County is a resource website developed by the Partnership Committee. It serves as a centralized hub for information on human services, including available resources, training opportunities, and upcoming community events.

The Healthy Blair County Coalition

- The HBCC is a partnership of local individuals and organizations working to promote the social, economic, emotional, and physical well-being of Blair County residents.
- The Mental Health Workgroup (a sub-committee of the HBCC) is addressing unmet needs and working to improve issues related to mental health services. This committee continues to meet monthly.

Criminal Justice Advisory Committee

- Continuing to work with the CJAB committee on sharing community resources.
- Participated in a meeting with the chiefs of police to discuss issues/barriers regarding the Mental Health Procedures Act.

Mental Health Awareness Night and Light It Up Green

- In May, several local agencies and residential facilities illuminated their exteriors with green lighting in recognition of Mental Health Awareness Month, with a focus on three communities in our county.
- On May 29, 2025, 28 agencies came together at the local ballpark to share resources and promote awareness and suicide prevention.
- Displayed green ribbons on parking meters in two communities within the county.

Crisis Intervention Team Redevelopment Committee

- The committee has been working with law enforcement officers and area agencies on a web-based training that will be more accessible to the officers.
- Funding is available to assist in stipends for the trainers, as well as overtime for the officers.

Blair County Emergency Behavioral Health

- Meeting monthly to ensure that the county can provide emergency behavioral health services.
- New team members are working on the required training.

Trauma Informed Care

- Offered Train the Trainer training and added 10 new trainers in the county.
- Implementation of SSET in schools using the MH and SUD SAP liaisons.
- Trauma 101 and 102 trainings have been offered throughout the community.
- There are six providers interested in applying for the Trauma Informed Care Center Designation.

The Veterans Advocate Network

- Continues to meet monthly and aims to serve veterans through collaborative efforts.
- Many resources have been shared by local veterans within the group.

Coordination with the Coroner and Implementation of the LOSS (Local Outreach to Suicide Survivors) Team

- An initiative out of the suicide prevention task force to help meet the needs of survivors of suicide loss in the county.
- The team is completing training and the goal is to begin the program in September

Safe Schools Committee

- In November, the committee hosted a meeting to learn more about the I Love You Foundation project. Most school districts in Blair County were interested in adopting common language (hold, secure, lockdown, evacuate, and shelter) and having reunification training. This will help with a common language if members of one district is helping out another district.

People with Disabilities Committee

- In May, the committee hosted two community trainings focused on emergency preparedness. The sessions emphasized the importance of developing a personalized emergency plan for individuals who may need to evacuate to a shelter or alternative location. The goal was to ensure that essential needs are clearly communicated and met in the event of relocation, such as access to medications, accommodation of service animals, and the availability of necessary durable medical equipment.

Infant Mental Health Committee

- This new committee was able to hold an Infant Mental Health Training “Infant and Early Childhood Mental Health: Risk, Resilience, and Promoting Optimal Development. Over 130 individuals from our community participated in the training.

NAMI

- Began The Power of Creativity Program for Children and Families' Mental Health, and is using a scaled back version for summer programs in the county.
- Added three more support group meetings.
- Trained additional trainers for the In Our Own Voice Program, and launched In Our Own Voice in an additional school district within our county.
- Increased the amount of Family-to-Family, Peer-to-Peer, and NAMI Basics from 2 times each per year to 3 times each per year.
- Partnering with a few churches to start the NAMI Faithnet program in their facilities.

UPMC Altoona Behavioral Health PODS

- UPMC Altoona has been working in the Emergency Room to create a behavioral health POD for those experiencing a mental health crisis. The POD was to open the beginning of 2025, but construction has delayed opening till July of 2025.

Blair County Community Support Program

- The CSP committee was able to have the following speakers/trainers involved this year: suicide prevention, basic computer skills, Heart of Blair County resource, nutrition, and positive affirmations.

Inclusion Alliance

- Hosted multiple family game nights and picnics.
- Held a Pride Parade in conjunction with a local college.

Re-entry Committee

- Worked this past year on getting three people back into the community from the local prison.

Community Resource Fair

- Several agencies collaborated to plan and host the second annual Resource Fair, featuring participation from over 50 organizations to share valuable resources with members of our community.

b.) Strengths and Needs by Populations:

1. Older Adults (ages 60 and above)

Strengths:

- 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.
- Community HealthChoices Program.
- Outpatient Mental Health Expansion for Nursing Home Residents.

Needs:

- Engage with local agencies to understand the experiences of aging individuals in Blair County and develop strategies to reduce and prevent social isolation.
- Join with Blair HC/CCBH to ensure coordination with the Community HealthChoices initiative and encourage providers to accept Medicare for mental health treatment.
- More clinicians credentialed with Medicare.
- More providers knowledgeable in Dementia.

2. Adults (ages 18 and 59)

Strengths:

- Thorough continuum of care.
- HealthChoices Cares Team.
- Blended Case Management (BCM) has expanded and some agencies moving towards a case rate.
- A wide array of outpatient psychiatric clinics are available, including 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), providing comprehensive mental health services.
- HOPE Drop In Center is a dedicated drop-in center that is open 5 days per week, averaging 60-70 people per day. They are launching new recovery and peer to peer classes July 1st, working on trying to launch all recovery groups. Their meal program is very successful as they feed everyone who comes into the center.
- NAMI Blair County has increased the services they provide to our community. Along with all they have been offering, they have begun The Power of Creativity Program, In Our Own Voice Program within several school districts, and are partnering with some area churches for their Faithnet Program. They have also increased the number of support groups that they have throughout the year.
- 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 clubhouse continues to offer expanded evening and weekends hours.
- Active County Community Support Program (CSP) Committee meets monthly (Third Monday at 1:00 p.m.) fostering active community involvement.

Needs:

- Continue partnerships with all County committees to work towards providing safe, decent, and affordable housing to sustain current mental health supported housing projects and to expand housing availability for all individuals with disabilities.
- Continue to support the local CSP by providing more training, education, and community events.
- Quality Substance Use Disorder services to align with ASAM (American Society of Addiction Medicine).

3. Transition Age Youth (ages 16 – 26)**Strengths:**

- BCM staff work with youth transitioning to adulthood including assistance with finding housing, exploring educational and vocational options, accessing clinical and supportive services in the community.
- Youth and young adult peer support services.
- Blair County Transition Council meets monthly and is actively supporting transition age youth from school to adulthood
- High Fidelity Youth Peers Support.

Needs:

- Continue to build on the strengths above and assure transition age youth continue to be a priority.
- Exploration of transition-age housing opportunities.
- Education on support of transitional age youth from child to adult services

4. Children (under age 18)**Strengths:**

- CASSP Coordinator continues to facilitate meetings involving children/adolescents at risk for psychiatric out of home placements, as well as with complex situations requiring the involvement of multiple child serving systems and agencies to rally the needed treatment, support and education planning as necessary.
- Student Assistance Program Mental Health Liaisons serve all school districts in the county and are screened and/or assessed for suicide risk and mental health recommendations for in school and community based treatment services. They also provide summer support groups. Liaisons are beginning to use evidenced based group intervention within the school environment.
- 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.
- The continuation of High Fidelity Wraparound including Facilitator, Family Support Partner, and Youth Support Partner
- Evidence Based Practices include Parent/Child Interaction Team (PCIT), Multi-Systemic Treatment, Positive Parenting Program (PPP), Trauma Focused Cognitive Behavioral Therapy (TFCBT),.

- County Mental Health Workgroup is continuing to work to expand partnerships to support care transitions, reentry, and follow-up for youth admitted to and discharged from hospitals and treatment centers.
- NAMI is presenting, In Our Own Voice and Ending the Silence Programs in the various school districts.
- The Infant Mental Health Workgroup Initiative to look at gaps in services for young children.

Needs:

- The PA System of Care (SOC) initiative will be concluding in August with the end of the grant cycle. There is a need to continue the work that has been started with this initiative.
- Need for appropriate services for infant mental health and the more complex issues that children are experiencing.
- Workforce for community-based services
- Coordination with complex cases

5. Individuals transitioning from state hospitals

Strengths:

- County Mental Health Program Specialist works closely with the Transitional and Community Integration staff at the UPMC BHA made up of the State Hospital Liaison and psychiatric nurse, 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.
- Tartaglio PCH has 9 bedrooms and is licensed to have a maximum of 13 individuals by the DHS. All residents are low-income with Supplemental SSI and/or SSDI only with most eligible for the state/federal personal care home.
- Contact Altoona continues to meet with individuals discharged from TSH to help transition back into the community.

Needs:

- Continue to explore housing options for those transitioning from TSH

6. Individuals with co-occurring mental health/substance use disorder

Strengths:

- Close relationship with the single county authority, Blair Drug and Alcohol Inc.
- Strong partnerships have been established with behavioral health service providers to ensure comprehensive treatment for individuals of all ages experiencing co-occurring mental health and substance use disorders. This includes a range of initiatives designed to meet the diverse needs of the county.
- Pyramid Healthcare **and** CRC at Cove Forge provide in-county residential rehabilitation services, increasing accessibility for residents requiring intensive support.
- There is a county-wide, cross-system commitment to building infrastructure and providing staff training to ensure that co-occurring treatment is viewed as the standard of care, not the exception.

Needs:

- Prioritize and create additional initiatives to generate a fully integrated mental health and substance abuse system of care
- Need for an improved partnership with UPMC Emergency Room regarding the Mental Health Procedures Act.
- Exploration of option for an additional 302 designated facility for our county.

7. Criminal Justice-involved individuals**Strengths:**

- Blair County Criminal Justice Advisory Board (CJAB) meets every other month with a membership reflecting an array of county stakeholders.
- Blair CJAB subcommittees include the Re-Entry Coalition, Veteran's Subcommittee, and Stepping Up Initiative.
- MH Forensic Case Manager works 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.
- Participation with the local chiefs of police.

Needs:

- Increase participation from partnering groups to ensure proper resource coordination.
- Increased case management to assist in re-entry and help to reduce recidivism.
- Additional support from all parties to provide a unified effort to achieve the mission.
- There is a need for evaluators in our county to conduct competency evaluations.
- Need for an improved partnership with UPMC Emergency Room regarding the Mental Health Procedures Act.

8. Veterans**Strengths:**

- James VanZandt VA Medical Center in Altoona has a Behavioral Health Clinic with competent clinical professionals.
- NAMI recently implemented NAMI Homefront for veterans/active service members.
- There is a good working relationship with our county director of Veterans' Affairs whose office is very accessible.
- The Blair Huntingdon Veteran Advocate Network has been working together for two years. They believe that no single organization can meet all the needs of our veterans — but together, through networking, partnership, and open communication, they can build a stronger, more effective system of support. Their collective knowledge and resources are the backbone of this effort, and every meeting strengthens the connections that make this possible. In the last two years, they have:
 - Helped countless veterans access the support they deserve;
 - Built a network of trust and collaboration between agencies, providers, and advocates;
 - Created new friendships and professional partnerships; and
 - Launched social media channels and started building a central website to continue expanding our reach.

Needs:

- Maintain ongoing communication with the VA to identify current strengths and needs.

9. Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI)**Strengths:**

- Evolution Counseling in Altoona offers “Allies” support group for LGBTQI Youth meets bi-monthly.
- Family Services Incorporated in conjunction with the Teen Center hosts a teen LGTBQ+ support group monthly.
- Blair County Inclusion Alliance is working to provide social services across a spectrum of needs, including but not limited to mental health, victim services, and child welfare. They meet monthly and create safe spaces for Blair County LGBTQI individuals.
- Partnering with Penn State Altoona
- Hosting community events

Needs:

- More education for healthcare providers.
- Creation of adult support groups.
- More support from local governments.
- Work to ensure safe spaces within the community.

10. Racial/Ethnic/Linguistic Minorities (RELM), including individuals with Limited English Proficiency (LEP)**Strengths:**

- The Altoona School District offers ESL classes to the community that are free for adults. They also offer GED preparation classes and can work with individuals to improve their basic skills.
- A local program works with individuals from diverse racial and ethnic groups in the community to teach the English language and support skill development in other areas, including learning about the local culture.
- Behavioral health providers can utilize resources offered by Community Care for those who speak different languages.
- Apps are available to help with translation.

Needs:

- Increase funding for local libraries to expand access to educational classes and literacy programs.
- Ongoing training opportunities should be provided to equip providers with effective strategies for communicating with families experiencing literacy challenges and for completing required documentation in a clear and accessible manner.
- An expansion of community-based resources would greatly benefit individuals with literacy needs; however, stigma remains a significant barrier to individuals seeking support.

Other populations, not identified in #1-10 (if any, specify)

11. First Responders

Strengths

- The county has recognized a significant gap in mental health support for first responders.
- Several agencies have come together to create BRAG (Blair Responder Advocate Group).

Needs

- Provide trainings to equip the first responder with the necessary background knowledge and skills to effectively support them in their roles.

c) *Recovery-Oriented Systems Transformation (ROST)*

FY 2024/2025 Update

1) **Mobile Crisis Expansion**

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. Mobile crisis and the emergency room clinician evaluators coordinate together effectively in safety planning and provide a warm hand-off to each other as needed. 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.

In the FY 24/25, crisis opened a walk-in milieu with peer support services. They have been offering Information Sessions throughout the year so members of the community can learn more about crisis in Blair County. Crisis staff continues to meet monthly to work on all the previous goals across the service line. They track naloxone distribution, have standardized staff training and performance expectations across all the service line, they have quality projects that they are continuing to work on (coordination of care with other providers, naloxone distribution and assess admissions to increase volume of services) and as a service line. They continue to track their outreaches to increase accessibility and service delivery.

A workgroup was formed to review the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit to ensure continuous quality improvement for those in Blair County.

2) **Building a Trauma Informed Care Culture**

Exposure to violence is a significant traumatic experience that adversely affects the health and development of children in our communities. Research has shown that both experiencing and perpetrating violent acts at a young age are linked to chronic physical health issues, emotional disturbances, and substance use disorders. The *Blair County Trauma-Informed Community for Families* initiative aims to address these challenges by fostering a trauma-informed approach across agencies serving families in our county. The overarching goal is to embed an understanding of trauma at all levels of service delivery, ensuring that individuals interacting with those affected by trauma recognize its impact on development and can intervene early—before more intensive services are required.

In Fiscal Year 2024–2025, Trauma 101 and Trauma 102 trainings were offered to community providers. In addition, a *Train-the-Trainer* version of Trauma 101 and 102 was held, resulting in 10 new certified trainers. Six provider agencies in the county have expressed interest in applying for the *Trauma-Informed Care Center Designation*. To further support school-aged children, a workgroup was formed to implement the *Support for Students Exposed to Trauma (SSET)* program using Mental Health and Substance Use Disorder Student Assistance Liaisons. The *Cognitive Behavioral Intervention for Trauma in Schools (CBITS)* evidence-based program has also been delivered in school districts by three local providers. Looking ahead, a *Trauma Summit* is being planned for Spring 2026, focusing on education, training, support, and enhancing community connections around trauma. Additionally, trainings in *Trauma-Focused*

Cognitive Behavioral Therapy (TF-CBT) and *Seeking Safety* are scheduled for September and October 2025.

3) **Infant Mental Health Initiative**

Infant mental health has emerged as a critical area of focus in Blair County. Recognizing a significant gap in services for this vulnerable population, a dedicated workgroup was formed to assess and address these needs. The initial membership included representatives from Southern Alleghenies Service Management Group Early Intervention, the Blair County Department of Social Services, and Blair County Head Start. This core team began by identifying specific service gaps and exploring potential resources to support infant mental health across the county.

In Fiscal Year 2024–2025, the workgroup successfully expanded its membership to include additional key stakeholders, enabling a broader assessment of community needs. As a result of these collaborative efforts, a pilot program was launched to implement *Behavioral Health PODS* within the Early Head Start Program. Funding was also secured to support the integration of *Teacher-Child Interaction Training (TCIT)* and *Parent-Child Interaction Therapy (PCIT)* within Early Head Start services.

To further raise awareness and build capacity, a free training event was held in spring 2025, drawing over 130 participants. The training featured Dr. Gallen, who presented on the topics of infant and early childhood mental health, risk factors, resilience, and strategies to promote optimal development.

4) **Assisted Outpatient Treatment**

Assisted Outpatient Treatment is a practice that provides community-based mental health care under a civil court order. It is designed to support adults with serious mental illness who have difficulty adhering to voluntary treatment, by encouraging sustained engagement with their treatment plans and reinforcing provider accountability in maintaining effective care. Blair County initially explored participation in this initiative. Efforts included research and collaboration with other counties to better understand the implementation and impact of AOT. However, due to a shortage of judges and the inability to secure a judicial partnership, the county was unable to move forward with implementation as planned. This initiative may be revisited once all judicial seats in the county are filled and the necessary support can be secured.

FY 2025/2026 (New Priorities)

c.1) Housing Initiatives for those Transitioning out of State Hospital or LTSR (Long Term Structured Residence)

Continuing from prior year New Priority

Our county has identified a significant need for appropriate housing options for individuals transitioning from Torrance State Hospital (TSH) and Long-Term Structured Residences (LTSR). While several individuals are clinically ready for discharge, the lack of suitable housing has delayed their reintegration into the community. We have identified two housing initiatives that may help with the transitions back into the community.

Juniata House:

Juniata House is a single room occupancy housing for individuals with serious and persistent mental illness and co-occurring diagnosis. This coming year, Prioritization will be given to those being discharged from state hospital or LTSR. Residents will be able to reside at Juniata House for up to one year as long as they abide by the rental agreement, house rules and individual plans of care. Each resident will have a private room and share the common areas with all other residents. There will be a Residential Coordinator responsible for the day-to-day operations of the program as well as determining eligibility for individuals referred, conducting house meetings, financial monitoring, quality and outcome data. This Residential Coordinator will provide for on-call emergencies via cell phone. All residents will work closely with a Blended Case Manager to ensure they are linked to appropriate social, behavioral health, employment, primary care, and other services necessary to improve independent living skills and maintain permanent housing. All residents will participate in a variety of behavioral health services including but not limited to Medication Management, Mobile Med Nurse, Outpatient Individual and Group Sessions, Lexington Clubhouse Psychiatric Rehabilitation, and/or Certified Peer Support Service. Each individual will work closely with the state hospital, Case Management Liaison, and Residential Coordinator to create an individualized plan of care prior to hospital discharge.

Healthy Community Living:

Through reinvestment dollars from Blair HealthChoices, a 501(c)(3) organization, Healthy Community Living, was established. This program is designed to support individuals in need of housing, particularly those transitioning from higher levels of care, by assisting them in reintegrating into the community. The program will offer rooms with access to appropriate supportive services. A dedicated Supportive Housing Case Manager will provide comprehensive case management, including assessing individual needs, developing personalized service plans, and coordinating with community resources to promote housing stability and long-term self-sufficiency.

Timeline:

- July/August – upgrade to the facilities and maintenance
- August/September – hiring of qualified staff
- The target for both programs to begin accepting individuals from TSH or LTSR is October.

Resources:

- County Funding
- Blair HealthChoices
- Healthy Community Living
- UPMC Western Behavioral Health of the Alleghenies
- Provider Agencies in the County

Tracking Mechanism:

Monthly meetings will be established to ensure that upgrades and hiring of staff are on target.

Once the facilities begin accepting individuals transitioning from higher levels of care, bi-monthly coordination meetings will be implemented to monitor individual needs, provide ongoing support, and ensure effective collaboration among all agencies involved. This process will be facilitated by the Mental Health Program Specialist in partnership with the Transition and Community Integration Team.

FY 2025/2026 (Continuing New Priorities)**c.2) Additional 302 Designated Facility within the County**

Continuing from prior year New Priority

Blair County currently has one designated 302 facility located at UPMC Altoona. Community members and behavioral health providers have increasingly expressed the need for an additional designated 302 facility. Over the past two years, Penn Highlands Tyrone—located at the opposite end of the county—has reached out to the County Office on several occasions to request designation as a 302 facility. Given the volume of individuals presenting in mental health crisis at their facility, it is inefficient and redundant to have these individuals evaluated at Penn Highlands Tyrone, transferred to UPMC Altoona for the 302 process, and then transported again to an inpatient facility. Designating Penn Highlands Tyrone as a 302 facility would help streamline the process, reduce delays, and improve access to timely care.

Timeline:

- The goal is to have Penn Highlands Tyrone as a designated facility by January 2026. Some initial work has already begun in regard to the coordination and logistics, and the touring of the hospital.
- July/August – approval of the annual plan, waivers/licenses obtained by Penn Highlands Tyrone
- September – Protocol/Standard of Practice Implemented
- October – attorney and solicitor review
- November – training for Penn Highland Emergency Room Staff
- December – announcement to the community and providers

Resources:

- Training for Penn Highland Emergency Room Staff
- Penn Highlands Behavioral Health Units

Tracking:

Monthly meetings will continue to ensure progress remains aligned with the established timeline and goals outlined above.

FY 2025/2026 (Continuing New Priorities)

c.3) Criminal Justice Advisory Board (CJAB) Coordination

Continuing from prior year New Priority

Through our ongoing collaboration with the Criminal Justice Advisory Board (CJAB), several critical issues have been identified, including challenges related to competency evaluations, law enforcement responsibilities in serving 302 warrants, extended wait times at the designated 302 facility, and the need for targeted training for emergency room physicians.

Timeline:

Q1:

- Meet with the Chief of Police to discuss concerns related to the serving of 302 warrants and provide targeted training to law enforcement personnel.

Q2:

- Initiate research to identify local providers capable of conducting competency evaluations and begin developing a standardized protocol to coordinate these services.

Q3:

- Convene a meeting with the designated 302 facility to address concerns related to extended wait times, particularly the impact on law enforcement officers who must remain on-site until individuals are evaluated.

Q4:

- Deliver training to staff at the designated 302 facility on Mental Health Procedures Act, along with any additional training identified as necessary.

Resources:

- Criminal Justice Advisory Board
- County Mental Health Staff
- Chiefs of Police
- 302 Designated Facilities
- Provider Agencies in the county
- Trainings – county training funds

Tracking:

Tracking will be accomplished through CJAB meetings to ensure timeline and goals are met.

FY 2025/2026 (Continuing Priorities)

c.1a) Infant Mental Health

Continuing from prior year New Priority

Infant mental health continues to be a critical concern in Blair County. Recognizing the gap in services for this vulnerable population, a workgroup was initiated last year to address these needs. The workgroup includes representatives from Southern Alleghenies Service Management Group Early Intervention, Blair County Department of Social Services, Blair County Head Start, Community Cares, Blair Health Choices, and early intervention providers. The team continues to brainstorm the specific needs and resources required to support infant mental health in the county. The following action steps have been identified to develop and implement effective services:

Stakeholder Engagement: Engage with parents, caregivers, healthcare providers, and community organizations to gather insights and foster collaborative solutions.

- Resource Mapping: Identify existing resources, programs, and funding opportunities to support infant mental health initiatives
- Program Development: Develop evidence-based programs tailored to the specific needs of infants and their families in Blair County.
- Training and Capacity Building: Provide training for professionals and caregivers on infant mental health best practices and interventions. Engage many professionals in the Infant Mental Health Community of Practice monthly trainings to build a solid foundation

Timeline:

Q1:

- Implement pilot program within the county HeadStart agency.

Q2:

- Continue to identify existing resources and programs

Q3:

- Engage with stakeholders

Q4:

- Provide community training

Resources:

- Funding: Secure funding through grants, county budget allocations, and partnerships with local organizations.
- Staffing: Allocate dedicated staff from participating organizations to lead and support the initiative.
- Training: Invest in professional development for staff and caregivers to enhance their skills in infant mental health.
- Materials: Develop and distribute educational materials for the public awareness campaign and training sessions.

Tracking:

To ensure accountability and measure the success of the infant mental health initiative, the following tracking mechanisms will be implemented:

- Quarterly Reports: Document activities, goals achieved, and deliverables provided each quarter.
- Feedback Surveys: Collect feedback from stakeholders, including parents, caregivers, and professionals, to gauge satisfaction and effectiveness of the services.
- Performance Metrics: Track key performance indicators such as the number of infants served, improvements in mental health outcomes, and participation in training sessions.

d) Strengths and Needs by Service Type

1. Telehealth Services in Blair County

- 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 internet system and has several laptops for individuals to use to access telehealth services.
- c. Obstacles include limited access to internet due to the cost of having internet. Internet is available at all local libraries, but some do not have transportation to the local libraries, and is not always private for telehealth services.

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

Yes No

Blair County Trauma Informed Community for Families is a project that will close gaps by developing a trauma informed community across agencies serving families in our county. The goal is to integrate an understanding of trauma at every level so that anyone who interacts with those who have experienced trauma understands the impact that the trauma has on development and can intervene before the need for more intensive services.

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

Yes No

In FY 24-25, Blair HealthChoices has continued to promote Community Care Behavioral Health trainings developed by the Social and Racial Justice Steering Committee. Topics included: Recruiting and Retaining a Diverse Workforce, Trauma 107 - Trauma-Informed Cultural Sensitivity, Trauma 108 - How Trauma Impacts Racism, Sexual Orientation Gender Identity and Expression, HAIR initiative, Addressing Culturally Appropriate Needs for individuals Being Served Across the State, Clinical Work with Immigrant Families: Culturally Responsive Care. Upcoming training topics identified are poverty and literacy needs in the county. The Culture and Linguistic Lead for Blair County coordinates with system partners to identify needs and implement training opportunities.

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

Yes No

DEI efforts to address health inequities have focused on data analysis to identify any disparities. Data is analyzed to determine if there are any statistically significant differences within quality initiatives around follow-up after hospitalization, hospital readmissions, and Integrated Care Plan goals. Community Care Behavioral Health reviews and analyzes segmentation data within Significant Member Incidents, Complaints and Grievances, and Penetration Rates to implement any interventions

if applicable. The Cultural and Linguistic Lead for the System of Care grant created goals within the Disparity Impact Statement to develop and implement a cultural wraparound tool for High Fidelity Wraparound. A tool was created to ensure that staff are supported with the tools needed to provide culturally competent care. A separate tool was created to used with families to ensure their voice is heard and needs are being met. Next steps consist of implementation and analysis to identify any gaps and to share the tools across our provider network.

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 collaborates with the American Foundation for Suicide Prevention (AFSP), AFSP Eastern PA Chapter, the Garrett Lee Smith Grant, and Prevent Suicide PA. Each partner develops plans that align with the task force's goals in fundraising, survivor programs, prevention/education/research, and public relations.

Achievements and Initiatives:

1. Out of the Darkness Community Walks:

- Since 2011, the task force has held thirteen successful Out of the Darkness Community Walks in Blair County. The fifteenth walk is scheduled for September 2025.

2. Altoona Curve Event:

- Sponsoring the fifth Altoona Curve event on May 29, 2025, focused on raising awareness of suicide risk and promoting help-seeking behavior within the community. The committee urged all local mental health providers to participate, ensuring the community is fully aware of the available resources.

3. International Survivors of Suicide Loss (ISOSL) Day:

- Providing annual support for ISOSL Day, where survivors of suicide loss gather globally to foster a sense of community and healing.

4. Educational Trainings:

- Conducting trainings for schools, local agencies, and businesses on suicide risk, warning signs, and local resources. Training programs include the Columbia Suicide Protocol, Question Persuade Refer (QPR), and Talk Saves Lives.

5. Suicide Bereavement Group (SBG):

- Hosting the Suicide Bereavement Group meetings on the first and third Wednesday of each month since July 7, 2021, at 500 East Chestnut Avenue, Altoona, PA. Attendance at these meetings has been steadily increasing.

6. Suicide Prevention Summit:

- The SPTF is working on the next summit.

7. My Ascension Film:

- In partnership with the System of Care, the film "My Ascension" was shown to the public and local college students to raise awareness about suicide and its impact on everyone around the person who attempts it. Following the screening, a panel discussion was held with experts and licensed clinicians.

8. Community Presence:

- Actively participating in local events such as workforce development fairs, junior and senior high school wellness fairs, and community benefit outings to reduce the stigma associated with suicide.

9. LOSS Team:

- Goal is to have the LOSS Team engaged within the community in September

10. Trainings

- Will be providing ASSIST Training and Mental Health First Aid Trainings in the fall.

By leveraging these partnerships and initiatives, the Blair County Suicide Prevention Task Force continues to make significant strides in addressing and preventing suicide in the community programs, prevention/education/research, and public relations.

Individuals with Serious Mental Illness (SMI): Employment Support Services

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

Yes No

Point of Contact: Cindy James, Mental Health Program Coordinator

Email: cjames@blairco.org

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

Yes No

Supported Employment Agencies and Providers

Blair County Social Services contracts with Skills of Central PA, Inc. to provide supported employment services to prepare individuals, who have a mental health diagnosis, for employment opportunities throughout our community. If referrals other than Skills are needed, a referral is sent to the Blair County Office of Vocational Rehabilitation.

County MH Office Supported Employment Data		
Data Requested	County Response	Notes
Total Number Served	36	
# served ages 14 up to 21	0	
# served ages 21 up to 65	36	
# of male individuals served	20	
# of females individuals served	16	
# of non-binary individuals served	1	
Non-Hispanic White served	1	
Hispanic and Latino (of any race) served	0	
Black or African American served	3	
Asian	0	
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	36	
# working part-time (30 hrs. or less per wk.)	21	
# working full-time (over 30 hrs. per wk.)	0	
Lowest earned wage	2	\$7.25
Highest earned wage	1	\$14.50
# receiving employer offered benefits; (i.e. insurance, retirement, paid leave)	0	

) Supportive Housing:

County Housing Specialist/Point of Contact (POC)

- **Name:** Cindy James, Mental Health Program Coordinator
- **Email:** cjames@blairco.org
- **Phone:** 814-693-3023

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 SFY24-25 (only County MH dedicated funds)	Projected Amount for SFY25-26 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in SYF24-25	Projected Number to be Served in SFY25-26	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 SFY24-25	Projected \$ Amount for SFY25-26	Actual or Estimated Number Served in SYF25-26	Projected Number to be Served in SFY25-26	Number of Bridge Subsidies in SFY	Average Monthly Subsidy Amount in SFY24-25	Number of Individuals Transitioned to another subsidy in SFY24-25
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 SYF24-25	Projected \$ Amount for SYF25-26	Actual or Estimated Number Served in SFY24-25	Projected Number to be Served in SFY25-26	Number of Owners/Projects Currently Leasing	Number of Units Assisted with Master Leasing in SFY24-25	Average Subsidy Amount in SFY24-25
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 SFY24-25	Projected \$ Amount for SFY25-26	Actual or Estimated Number Served in SFY24-25			Projected Number to be Served in SFY25-26	Number of Staff FTEs in SFY24-25
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 SFY24-25	Projected \$ Amount for SFY25-26	Actual or Estimated Number Served in SFY24-25			Projected Number to be Served in SFY25-26	Number of Staff FTEs in SFY24-25
UPMC WBHA - PATH		MH HSBG 10248	\$89,113	\$84,513	52			58	1.44
	2004	MH NonBG	\$47,087	\$47,087					
Blair Senior – DOM Care					9			7	.10
	1996	MH HSBG 10248	\$3,549	\$5,500					
Skills – HSS Staff					20			25	.10
	1990	MH HSBG 10248	\$900.00	\$1,075					

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 SFY24-25	Projected \$ Amount for SFY25-26	Actual or Estimated Number Served in SFY24-25			Projected Number to be Served in SFY25-26	Number of Staff FTEs in SFY24-25
UPMC WBHA-Blair House		MH HSBG 10248	\$115,000	\$115,000	15			20	2.78
	1990	County Match	\$0	\$0					
		Rent	\$9,418	\$7,274					
UPMC WBHA-Juniata House		MH HSBG 10248	\$46,000	\$146,000	5			7	.54
	2003	County Match	\$0	\$0					
		Rent	\$8,129	\$7,456					
UPMC WBHA – Tartaglio Home		MH HSBG 10248	\$202,839	\$202,839	14			13	9.33
	1997	MH HSBG CMHSBG 70154	\$168,861	\$168,861					
		County Match	\$0	\$0					
		Rent	\$203,306	\$188,224					
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 SFY24-25	Projected \$ Amount for SFY25-26	Actual or Estimated Number Served in SFY24-25			Projected Number to be Served in SFY25-26	Average Contingency Amount per Person
Skills	1990	MH HSBG	\$3,750	\$6,000	20			25	
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 SFY24-25	Projected \$ Amount for SFY25-26	Actual or Estimated Number Served in SFY24-25			Projected Number to be Served in SFY25-26	
Notes:									

e) Certified Peer Specialist Employment Survey:

CPS Point of Contact (POC)	Name: Cindy James Email: cjames@blairco.org Phone: 814-693-3023
Total Number of CPSs Employed	28
Average Number of Individuals Served	189
Number of CPS Working Full Time	6
Number of CPS Working Part Time	22
Hourly Wage (low and high)	\$14.00 - \$28.59
Benefits	Yes, for full-time staff No, for part-time staff
Number of New Peers Trained in CY 2024	3

f) 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
Partial Hospitalization - 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 checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Children's Evidence Based Practices	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/> Reinvestment
Crisis Residential Services	<input type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Crisis In-Home Support Services	<input type="checkbox"/>	<input type="checkbox"/> County <input checked="" 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 Rehabilitation Services	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" 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 type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/> Reinvestment
Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" 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 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

g) Evidence Based Practices Survey:

EBPS	In County	# Served	Fidelity Measured Used	Who Measures Fidelity	Frequency Measured	SASHSA Toolkit Used	Staff Trained To Implement	
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	No							
Multisystemic Therapy	Yes	18	<p>1. TAM-R Therapist Adherence Measure</p> <p>2. SAM Supervisor Adherence Measure</p> <p>3. CAM Consultant Adherence Measure</p> <p>4. PIR Program Implementation Review</p>	Agency Counties MCO State (OMHSAS /DHS Field Offices)	<p>Weekly and Monthly by Agency</p> <p>Periodically by the MCO and counties through audits.</p> <p>Yearly through OMHSAS DHS Field Office IBHS Audits</p>	Yes	<p>Yes – Ongoing training</p> <p>MST Orientation training upon hire, weekly individual reviews, quarterly booster trainings, weekly supervision and consultation</p>	
Functional Family Therapy	No							
Family Psycho-Education	No							

h) 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	564	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist- Total**	Yes	126	
CPS Services for Transition Age Youth	Yes	Unknown	Unable to measure
CPS Services for Older Adults	Yes	Unknown	Unable to measure
Other Funded Certified Peer Specialist – Total**	No	63	
CPS Services for Transition Age Youth	Yes	Unknown	Unable to measure
CPS Services for Older Adults	Yes	Unknown	Unable to measure
Dialectical Behavioral Therapy	Yes	Unknown	Unable to measure
Mobile Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes	Unknown	Unable to measure
High Fidelity Wrap Around/Joint Planning Team	Yes	23	
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	41	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	No		
Consumer Operated Services	Yes	913	
Parent Child Interaction Therapy	Yes	42	
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	Unknown	Unable to measure
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	Unknown	Unable to measure
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

i) Involuntary Mental Health Treatment:

1. During CY2024, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY2024
 - 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 CY2024

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 CY2024 (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 CY2024:
 - 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 individuals subject to involuntary treatment in CY2024	0	0
Inpatient hospitalizations following an involuntary IOT or AOT for CY2024		NA
Number of AOT modification hearings in CY2024	0	
Number of 180-day extended orders in CY2024	0	0
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2024	NA	0

j) CCRI Data reporting

File	Description	Data Format/Transfer Mode	Due Date	Reporting Document
837 Health Care Claim: Professional Encounters v5010	Data submitted for each time an individual has an encounter with a provider. Format/data based on HIPAA compliant 837P format	ASCII files via SFTP	Due within 90 days of the county/joinder accepting payment responsibility; or within 180 calendar days of the encounter	HIPAA implementation guide and addenda. PROMISE™ Companion Guides

Have all available claims paid by the county/joinder during CY 2024 been reported to the state as an encounter? Yes No

k) Expansions or New Programs that would Implemented with increased base funding:

There are multiple needs in Blair County that could be addressed with an increase to base funding.

Currently, supportive housing for individuals with serious mental illness (SMI) is critically limited in Blair County. With increased base funding, supplemented by additional funding sources, the county would be positioned to expand supportive housing options. This expansion could include, but not be limited to, Long-Term Structured Residences (LTSR), Community Residential Rehabilitation (CRR) programs, and personal care homes. Enhancing these resources is essential to support individuals transitioning back into the community from higher levels of care, promoting stability and recovery.

Blair County is also actively exploring the implementation of Assisted Outpatient Treatment (AOT) and/or the development of a mental health court. There is a clear and growing need for such services to support individuals with severe psychiatric disorders. AOT, in particular, offers a cost-effective alternative to inpatient hospitalization or state facility placement, allowing individuals to remain in the community under structured, court-ordered treatment. These initiatives aim to enhance public safety and improve quality of life for participants. However, further exploration and implementation of AOT are contingent upon the appointment of a full bench of judges within the county.

In addition, Blair County is considering the establishment of a Program Specialist, Case Manager, or Social Worker role specifically assigned to support law enforcement. Preliminary discussions with the District Attorney's office have been positive. Law enforcement officers are frequently encountering the same individuals with behavioral health challenges, often leading to repeated disruptions in the community. A dedicated behavioral health professional embedded within the justice system would provide timely interventions and connect individuals with appropriate services, reducing recidivism and promoting better outcomes.

Lastly, at a recent public hearing, community members and service providers highlighted the need for increased county funding for employment programs targeting individuals with mental health diagnoses. While Blair County currently allocates some resources toward supported employment services, there is consensus among providers that additional funding is necessary. Enhancing these programs would empower individuals with SMI to engage more fully in the community, fostering independence and long-term recovery.

M) Federal Grant Funding

- **CMHSBG – Non-Categorical (70167):** For fiscal year 2025–2026, CMHSBG funds will be allocated to Tartaglio Personal Care Home, operated through UPMC Western Behavioral Health of the Alleghenies. This specialized personal care home serves individuals with mental illness who are engaged in services through the Blair County behavioral health system. The facility is licensed by the Pennsylvania Department of Public Welfare and offers 13 beds. It may be utilized as a step-down placement from state hospitalization or community psychiatric inpatient care, as well as a diversion option from both levels of care.

Services are provided 24 hours a day, 7 days a week. Residential Assistants support residents by providing meals, personal care, supervision, and daily living assistance. In addition, professional supports—such as case management, mobile psychiatric rehabilitation, and other transition services—may be offered within the home. Referrals are accepted from case managers, state hospitals, and behavioral health units.

- **CMHSBG – General Training (70167):** The Social Services Department has approximately \$8,000.00 in carryover funds from FY 2024–2025. Several trainings have already been completed, while others are scheduled for the current fiscal year. In August 2025, an ASIST Training was held, and a Mental Health First Aid Training is planned for late September. Additional trainings in development include a session for landlords working with residents experiencing serious mental health challenges, as well as a training focused on involuntary policies and procedures in Blair County.
- **Social Service Block Grant (70135):** For fiscal year 2025–2026, Social Services Block Grant funds will be allocated to the Lexington Clubhouse. The Clubhouse provides psychiatric rehabilitation services to individuals with mental health and/or co-occurring diagnoses, following the internationally recognized Clubhouse model. This model emphasizes meaningful work as a way to foster skill development, social connection, and community integration. Members of the Clubhouse collaborate with staff in managing daily operations, while gaining the skills and supports needed to achieve personal satisfaction and success in their daily lives. The Clubhouse also offers a wide range of opportunities, including educational, vocational, and social programming. These services are delivered through a structured Work-Ordered Day, a Transitional Employment Program, Extended Hours and Social Program, as well as formal and informal education offerings to the community (e.g., GED preparation, skill-based classes). Through these programs, members develop practical skills, build confidence and self-esteem, and strengthen their capacity for independent living and meaningful community participation.
- **KEEP EMPOWERING YOUTH - PARTNERS, PROVIDERS, LIVED EXPERIENCE KEY-PPL (71022) – Not Applicable to Blair County**

SUBSTANCE USE DISORDER SERVICES

1. Waiting List Information:

	# 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 medical and psychiatric inpatient admitted patient once stabilized. The Blair SCA has been involved since October 2022 with a federal rural grant through Penn Highland hospital system. We have been included in the grant to provide an embedded CRS part time in the Penn Highland Tyrone Hospital in Tyrone PA. It is anticipated the CRS-ED project will be implemented by September 2023 and be funded through 2026.

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.

We received in the Spring of 2023 a Pennsylvania Commission on Crime and Delinquency (PCCD) grant to expand medicated assisted treatment in the county prison. The implementation was delayed but inmates are now being maintained on MAT at the prison since May 2025. We built into the grant funding for treatment while the individual is receiving these services in the prison and coordination of care upon release. This work has provided an expansion of medicated assisted treatment. Since Department of Humans Services application for Centers of Excellence's (COEs), Blair County has seen an increase of COEs in our communities. We currently 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 Blair County based EMS agreed to be part of the project. One department implemented a NARCAN leave behind project

Fiscal Year	# of Overdose Survivors	# Referred to Treatment	Referral Method(s)	#Refused Treatment
24-25 To Date	39	23	CRS/CM	16
23-24	34	15	CRS/CM	19

3. Levels of Care (LOC):

LOC ASAM Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	0
4	2	0	0
3.7 WM	19	2	10
3.7	6	1	5
3.5	33	2	10
3.1	15	4	0
2.5	2	1	0
2.1	5	5	0
1	8	8	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.

Stable funding sources that do not rely on the drug of choice is needed to support the infrastructure of substance use recovery supports to include treatment. Rates have increased as well as the critical needs of the individuals being served. Wrap around services such as recovery planning by a CRS or intensive community-based care management are not able to be expanded due to the unstable funding structure. Social determinants of health needs continue to complicate the forward movement of individuals in early recovery. We also see an increased need for family focused services for youth and adults and adolescent residential services and intensive outpatient continue to be a gap in our continuum.

Treatment Capacity: 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: 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).

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

As part of our expansion to mobile case management, we have seen increased 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. Due to the unstable federal funding sources, flat funding of state funds and the unwinding from May 2023, the SCA has seen an increase of uninsured individuals the resulted in a \$300,000.00 increase in treatment for the 23-24 fiscal year. The SCA is attempting to maintain services that have been enhanced over the last 5 years.

The SCA is unaware of any investment funds that have been used to support drug and alcohol services.

5. **Access to and Use of Narcan in County:**

During the 23-24 fiscal year, the SCA applied for and become a Regional Entity to distribute harm reduction supplies. The SCA is able to provide NARCAN and wound care kits 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. Our agency has dispensed 2040 NARCAN kits to individuals seeking services and the general community. We have also expanded partnerships with the prison, 1 EMS partner to provide a leave behind program. We are expanding this program to the Altoona Fire Department. The SCA also provides community education on overdose prevention. We work with partners when attending health fairs to provide NARCAN.

All of the drug and alcohol licensed treatment providers are offering and providing NARCAN to clients that are open in treatment. This change started in 2021 with a provider alert issued by our BH MCO, Community Care. This enhanced the dispensing of NARCAN to those at risk of overdose or in a position to be a first responder. In 2024, we dispensed 1518 boxes in the community.

6. **County Warm Handoff Process:**

Hospital Program: 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 to treatment. We use face-to-face and telephonic referrals to support the warm hand off process. Sustainability of these expanded services is a priority. The Block Grant funds have helped to support the ongoing management of the services. Most of these services are not Medicaid eligible.

Methamphetamine and Methamphetamine with Fentanyl have increased over the last 2 years. Individual 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 person being placed from the inpatient psychiatric unit due to the warm hand off process in place and the Community Base Case Management program implemented by Blair Health Choices.

General Community: We continue to see direct referrals from our community to our 24/7 case management system. This is the result of the outreach and some billboards and radio spots that encourage individuals to seek help. Data collection continues to be a challenge

Warm Handoff Data:

Data	FY 24-25
# of Individuals Contacted	808
# of Individuals Referred to Treatment	420
# of individuals who have Entered Treatment	339
# of individuals who have Completed Treatment	NA

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 24 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 22 years.

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, Autism and medically complex children. The service system starts at Intake and includes the management of supports for all of the seven hundred twelve (712) 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 24/25	Percent of total # Individuals Served	Projected # Individuals to be served in FY 25/26	Percent of total # Individuals Served
Supported Employment	61	.08	70	.09
Pre-Vocational	51	.07	45	.06
Community Participation	309	.40	320	.42
Base Funded Supports Coordination	38	.05	35	.05
Residential (6400)/unlicensed	8	.01	8	.01
Life sharing (6500)/unlicensed	21	.03	30	.04
PDS/AWC	38	.05	40	.05
PDS/VF	89	.12	90	.12
Family Driven Family Support Services	0	0	0	0
Assistive Technology	25	.03	40	.05
Remote Supports	23	.03	35	.05

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 eleven fiscal years. The grant helps students have typical high school work experience.

Through outreach and community partnerships SASMG continues to work on relationships with local businesses to create opportunities and change. The Chamber of Commerce has been a critical partner in the process of engaging businesses. SASMG has also started an Employment Coalition which brings together community members, OVR, Provider agencies and local businesses to discuss employment opportunities in Blair County.

Supports Coordination:

Paired with the Lifecourse initiative 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 a 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, 16 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 support 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.

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, Complex case teams, 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 A Bridge to independence 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 seven days a week, keeping us informed of any/all issues as soon as they arise. Agencies and Supports Coordinator directors are free to contact the 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 a 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 training 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 representatives from the SCO meet quarterly with the Independent Monitoring for Quality (IM4Q) Program Manager to discuss considerations around quality of life. Data is used in our plan around employment, satisfaction with where people live and communication. It would be helpful if there were more interviews conducted to gather better data, which could be accomplished with additional funding to IM4Q. Also, follow up on identified issues would be valuable.

To support local providers to increase their competency and capacity to support people who are present with higher levels of need, the concept of '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 support 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 in many complex case reviews, TAST team, and all CNP appointments.

Blair's Risk Management group meets monthly, with representatives from 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 Evertts 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 ensure they follow 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.

Technology:

Another area that SASMG is focusing on is around remote supports. For people to be less dependent on staff and live as independently and safely as possible, SASMG encourages the use of remote supports. This involves the use of technology that uses two-way real time communication in the person's home or community that allows awake staff from an agency who is offsite to monitor and respond to the person's health and safety needs. This service allows people to live their lives without the reliance of a staff member being present and knowing if they need anything that a staff member would be available to them immediately

Community for All:

Blair County's census at state operated Intermediate Care Facilities for people with Intellectual Disabilities (ICF/ID) is eighteen. One hundred sixty-four people live in licensed residential settings, and sixteen live in licensed Life sharing homes. Forty-eight attend Vocational Training facilities, and the census at five Adult Training Facilities is One hundred and thirty-six. The on-going goal of all teams is to help people supported and their families to access less restrictive services. For instance, a discussion about the option of Life Sharing takes place at least annually with all who reside in licensed residential settings. Employment is a high priority for those who have spent time on 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. Adherence to the CMS final rule will continue to assist people to explore the options of an Everyday Life.

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 ten fiscal years. The grant helps students have typical high school work experience. This year SASMG was unable to obtain grant funding and was not able to have this work experience.

Through outreach and community partnerships SASMG continues to work on 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 initiative 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.

Homeless Assistance Program Services

Continuum of Care Services (CoC)

Center for Community Action (CCA) actively participates in the Eastern PA Continuum of Care (COC) which encompasses thirty-three counties. Director of Human Services for CCA chairs the South Central Regional Homeless Advisory Board (RHAB) which consists of 9 counties (Centre, Cambria, Blair, Huntingdon, Somerset, Huntingdon, Bedford, Fulton, Franklin, and Adams) and actively sits on the Eastern PA COC Board. The mission of the Eastern PA COC is to end and prevent homelessness. CCA actively holds a Continuum of Care (COC) Grant that covers Blair County to be eligible for assistance households must fall into either Category 1 or Category 4 of HUDs Homeless definitions as stated below:

(Category 1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary night-time residence that is a public or private place not meant for human habitation.
- (ii) Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

(Category 4) Any individual or family who:

- (i) Is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized.
- (ii) Has no other safe residence; and
- (iii) Lacks the resources to obtain other safe permanent housing

Financial assistance to include security deposit, rental assistance, and utility deposit are some of the areas of assistance that can be provided to these households along with case management, budget counseling, referrals to other agencies, job search, landlord mitigation, how to be a good tenant (PREP training) etc., if the client would like these services, they are not mandatory for enrollment into the program.

Center for Community Action also holds grants that can assist with Homeless Prevention which is defined as Category 2: Imminent Risk of Homelessness: Individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) Residence will be lost within 14 days of the date of application for homeless assistance.
- (ii) No subsequent residence has been identified; and

- (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Dependent on specific grant guidelines, homeless prevention assistance can provide utility arrears and/or rental arrears when served with an eviction notice, security deposit and some additional on-going rental assistance along with case management, budget counseling, referrals to other agencies, job search, landlord mitigation, how to be a good tenant PREP training, etc. If the client would like to enroll in any of these services, it is not mandatory for enrollment into the program. All of these services are offered to mitigate eviction proceedings to keep families housed and avoid literal homelessness. The funding for Homeless Prevention Assistance is often fully expended in a quick manner, and there always seems to be a wait list for families that need these services.

Bridge Housing Services

Bridge Housing Is not provided with Block Grant Funds in the County of Blair by Center for Community Action. The requests in our community have been for Rental/Utility Assistance or for Emergency Shelter. There is a lack of affordable housing in Blair County.

Case Management

Center for Community Action and Family Services, Inc. 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.

Center for Community Action

HAP Case Management is the component for coordination of all the activities needed by the client from the service provider agency and other community resources to achieve the goal of self-sufficiency. Case Management involves the establishment of the ongoing client/caseworker relationship. Case Management services are available to all clients applying for homeless assistance services. As a prerequisite to receiving Emergency Shelter and/or Rental Assistance, clients are required to participate in Case Management services.

Individuals who are seeking any type of housing assistance and appear to qualify for Homeless Assistance are required to complete a formal intake interview conducted by the Housing Intake Specialist as soon as it can be arranged. The Housing Intake Specialist determines whether the client meets HAP requirements for eligibility, documents the reason(s) for needing services, identifies other services the client may benefit from and checks to see if the client has received homeless assistance in the past 24 months by checking the Homeless Management Information System (HMIS) and the internal database Outcome Results System (ORS).

The client's role in HAP is a voluntary one, however, once the client receives HAP assistance, they are required to participate in at least one Financial Literacy workshop. Once clients complete the written intake process and their housing need (s) are identified, a written Housing Service Plan is completed by the client with the assistance of the Housing Intake Specialist. The Housing Service Plan establishes expected client outcomes and is signed by the client. Copies of pertinent written forms such as Intake, Housing Service Plan, consent to Release Information, Legal Rights to appeal, etc. are issued to the client during this meeting. The Housing Intake Specialist reviews the Housing Service Plan and updates the plan, when necessary, in order to ensure applicants are successfully networked into appropriate community and supportive services and are eventually able to obtain the services needed to maintain their housing. The Housing Service Plan utilizes the Arizona Self- Sufficiency Matrix, to see where the client needs to improve upon to reach self- sufficiency.

The involvement of a network of community referral resources is imperative in assisting clients toward attaining housing stability. Clients are referred to any number of resources as deemed necessary throughout their program participation. Most direct coordination of services between the Housing Intake Specialist and significant community agencies occurs when the client is present and able to participate. All referrals are documented.

Following the intake and Housing Service Plan reviews, all meetings between clients and the Housing Intake Specialist take place based on household need (s) and are documented in the case notes. Case notes are maintained to track client progress and are located in the individual client files and in the in-house database system known as the Outcome Results System (ORS).

The Housing Intake Specialist contacts the landlords to verify their willingness to rent to the client. Clients are first referred to the Blair County Assistance Office to see if the household would qualify for ESA. If the client is a TANF client and/or receives cash, the County Assistance Office will make the determination of whether and by what amount that agency will assist. Clients who have been approved for Emergency Housing Assistance through the County Assistance Office will be referred to HAP to determine eligibility. In most cases, clients will be eligible for the balance of funds the Assistance Office does not provide.

In most cases, eligibility is determined immediately following the intake interview. The Housing Intake Specialist provides the client with a written decision approving or denying the request for assistance.

When a client is determined eligible for HAP assistance, the Housing Intake Specialist contacts the landlord regarding payment of rent and/or security deposit. Prior to any financial assistance, the Housing Intake Specialist will inspect the housing unit to assure it meets habitability standards. The client signs a Service Plan and agrees to notify the Housing Intake Specialist of any changes within a twenty-four-month period. The landlord signs an agreement to accept HAP funding. Follow-up contact is made at the end of 60 days and then again at 90 days.

The Housing Intake Specialist uses third party contacts to verify homelessness and/or near homelessness, the amount necessary to resolve the crisis, the landlord's agreement to rent and follow up with written documentation.

Homeless Assistance Program Case Management services include, but are not limited to, the following:

- Intake and assessment for individuals and families who need supportive services
- Assessing service needs, eligibility, and availability
- Preparation and review of written service plans, with measurable objectives and expected client outcomes, developed in cooperation with and signed by the client
- Coordination of services and referrals for the provision of necessary supportive services
- Providing support to ensure the satisfactory delivery of requested services and support for homeless or near-homeless families in search of permanent housing
- Establishing linkages on behalf of homeless children with local school districts, housing authorities and local housing programs for low-income housing opportunities
- Housing inspection to ensure the client is in a habitable rental unit
- Maintaining client confidentiality
- Follow-up to evaluate the effectiveness of services and outcomes

Case Management Sessions are entered into the in-house database called Outcome Results System (ORS). Within this system, case managers record case notes and goals that the clients set, along with the financial literacy attendance. Each meeting consists of reviewing goals and the progress that has been made towards the goals are discussed. Once the client is exited from case management, the case manager will then follow up with the client for sixty days and ninety days from the closing date to see how the client is and if any additional assistance is needed at that time. Case Managers also use the database HMIS (Homeless Management Information System). This is a great way for case managers to record data such as income, place staying when entering program, mainstream benefits, and health concerns. This same information is recorded when exiting the program. The Human Service Director will also use this information to gauge if successful case management has been completed by evaluating if additional income has been achieved, mainstream benefits are there, and if a stable residence has come from case management. There is end of the year reports that can be pulled out of the HMIS system to make reporting less cumbersome at the end of the fiscal year for HAP.

Upon completion of case management within the program, the Human Services Director will review the number of case management sessions the clients had with case managers, and what the outcomes were of these sessions. The Human Service Director will also pull quarterly reports from the HMIS database to see if clients are progressing while enrolled in the program. If there is no progress being shown, the Director will discuss the lack of progress with the case managers and will discuss possible additional ways to assist the consumers. This is to evaluate the efficacy of the program.

Center for Community Action anticipates serving approximately 250 individuals with case management services for FY 25/26.

No pragmatic changes are being made for FY 25/26.

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 and Case Management services. The agency will use these funds to provide case management services to victim/survivors of domestic violence. During the time of their emergency sheltering, victims/survivors will work with the Family Services Victim Services Program Counselor Advocates to determine housing needs and options. When appropriate, victims/survivors will be referred to the Family Services Victim Services Program Housing Advocate to find long-term, stable, and safe housing within their budget. Referrals to Center for 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. Family Services 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 25/26 utilizing this new model.

Achievements and Improvements in Services

In FY 2024/2025, the Victim Services Program was able to provide hoteling services through a different funding source. HAP funds were able to be used on other supportive costs to provide the hoteling services.

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 or 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 Services

Center for Community Action

Upon completion of case management within the program, the Housing Intake Specialist will review the number of case management sessions the clients had with case managers, and what the outcomes were of these sessions. The Housing Intake Specialist will also pull quarterly reports from the HMIS database to see if clients are progressing while enrolled in the program. If there is no progress being shown, the

Housing Intake Specialist will discuss the lack of progress with the case managers and will discuss possible additional ways to assist the consumers. This is to evaluate the efficacy of the program.

Center for 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. Center for Community Action also evaluates 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 Victim Services Satisfaction Survey (VS3) 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. In past years, this survey was the Empowerment Satisfaction Questionnaire (ESQ). The funders who created the ESQ have introduced the VS3 to replace the ESQ. Very similar questions are asked.

Case Management Services Results FY 25/26

Center for Community Action

During FY 24/25, Center for Community Action has served 45 households consisting of 68 adults and 54 children.

Family Services, Inc.

The Victim Services Program utilizes the Victim Services Satisfaction Survey (VS3), 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 2024/2025, there were 0 HAP clients who received the VS3s.

Proposed Changes to Case Management Services FY 25/26

No pragmatic changes are being made for FY 25/26.

Rental Assistance

Rental Assistance is the payment for rent, security deposit and/or utilities made on behalf of clients to prevent and/or end homelessness or near homelessness by maintaining clients in their own residences and, as appropriate, case management services. Utility payments will be made on behalf of clients not eligible for payment from the Department of Human Services Low Income Home Energy Assistance Program (LIHEAP), when LIHEAP funds are not available, or when all LIHEAP funds have been exhausted. Rental assistance includes assistance to prevent homelessness or near homelessness by intervening where an eviction is imminent. The program is also used to expedite the movement of individuals out of shelters into existing housing.

Rental Assistance is provided to those applicants who are near homeless or homeless county residents, are eighteen (18) years of age or older and meet HAP requirements. An individual seventeen (17) years of age and younger who is married, separated from a spouse, or has children is considered an emancipated minor and can receive services.

HAP Rental Assistance funds are used for the following:

- first month's rental payment
- one-time security deposit
- no more than three current months rental arrearage and only when any balance has been paid
- the lesser of three current months utility arrearage or the amount on the shutoff notice and only when any balance has been paid
- utility connection/hook-up
- trailer lot rental payment.

Rental Assistance funds are *not* used for mortgage assistance and arrearage, assistance towards the purchase of a home, payment of liens or payments for equipment.

Clients for Rental Assistance must be homeless or at imminent risk of homelessness as defined by HUD. The client must have an agreement with the landlord to rent to them and have sustainable income sufficient to pay rent in the future or have no income with reasonable expectations for sufficient income in the next ninety days to maintain rental agreements. Income must be at or below 200% of the Federal Poverty Guidelines. Services will not be provided to clients with no income, except for individuals and families fleeing domestic violence. Domestic violence families do not need to meet the income guidelines and will be automatically eligible for the homeless assistance program.

During a twenty-four (24) month period, clients may receive up to \$1,000 for a single person, and a family may receive up to \$1,500.00 and will attend budget counseling. Returning clients, within twenty-four (24) months, will receive intensive case management. The client will be referred to other services to cease repetition as needed, i.e., CareerLink (for job training and job search), Drug and Alcohol (for D&A assessment), and budget counseling and money management courses.

The Housing Intake Specialist will establish written agreements with all clients receiving assistance which describe the client's obligation in the service plan and the distribution of the rental assistance payments. All payments are made directly to the landlord and/or utility vendor. Under no circumstances do clients receive direct payment.

When determining client eligibility, the agency does not ascertain whether the client has received assistance from another county in the past twenty-four (24) months.

HAP does not fund clients who are moving from one county into another county. Clients are instructed to seek assistance from the county into which they are moving. However, HAP may assist homeless clients from another area who are moving into a permanent residence in the county.

When Rental Assistance funds are used for a security deposit and later the client moves elsewhere, the Housing Intake Specialist attempts to recoup the security deposit from the landlord. All recouped deposits are used in the same fiscal year they are returned.

Restrictions to the Rental Assistance component are as follows:

- Funding is limited to \$1,000 for rental arrearages and/or utility arrearages for a single person. Funding is limited to \$1,500 for rental arrearages and/or utility arrearages for a family.
- Payment for heating fuel is non-allowable
- Utility assistance is available to the extent that it meets the objective of preventing homelessness
- Utilities shall be defined as electric, water, sewage and propane not used for heat
- Clients requesting utility assistance will be required to have a shut-off notice
- Clients facing eviction must have written documentation that the landlord will drop the eviction and be willing to continue to rent to the client after rental assistance is granted
- Payments to clients already receiving Section 8 subsidized housing will be limited to security deposits.

Achievements and Improvements in Services

Center for Community Action is implementing a new process in which all client data will be entered into the HMIS system to ensure that clients are not receiving over the maximum amount allowed for HAP services and to ensure that the most eligible people are receiving services.

Center for Community Action anticipates serving approximately 225 individuals in FY 25/26.

Unmet Needs and Gaps

Gaps in services within the Rental Assistance categorical are as follows in Blair County:

- Lack of employment opportunities that provide a livable wage
- Lack of safe affordable housing
- Lack of transportation in areas outside the city
- Limited number of housing vouchers available for the county

Evaluation of Efficacy of Rental Assistance Services

With Rental Assistance, information is entered into the ORS and HMIS database system. In the HMIS system, case managers can keep track of how much rental assistance is given to the client throughout the course of being enrolled in the program. This is a good tool to ensure that each client is receiving the proper amount of funding within the program guidelines. Upon exit from the program, case managers contact the client in sixty and ninety days to assure that the rental assistance provided was successful, and that no additional help is needed. In the event that additional help is needed, the case manager will reach out to other agencies and look for further assistance to assure the client does not fall behind on rental assistance again. This is then recorded, and the Program Director reviews the case to see where additional support could be added to assist in future assistance. This is how the evaluation of efficacy in the program is calculated.

Rental Assistance Services Results FY 24/25

In FY 24/25, a total of 45 households were served consisting of 68 adults and 54 children.

Proposed Changes to Rental Assistance Services FY 25/26

There are no programmatic changes under Rental Assistance for FY 25/26.

Emergency Shelter

Center for 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. Emergency Shelter funds used for motel/hotel stays will not exceed ten (10) consecutive days.

Center for Community Action

Center for 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 heads of households under the age of 18 would be eligible when validated as emancipated through the Department of Human Services. When Emergency Shelter funds are used, proper documentation is required that all shelters are completely full, and documentation that there is nowhere else for the client to reside for the night (friends, family, etc). When these funds are used, additional case management is provided to the client, in hopes of finding housing quickly and preventing the client from encountering this situation again in the future. Case Managers work closely with consumers in the hotel/motel with locating safe, affordable, permanent housing as quickly as possible. The client information is tracked in ORS and HMIS, from which the Housing Intake Specialist pulls reports and reviews on a quarterly basis. Any proposed changes will come from the Program Director from reports pulled from ORS and HMIS, along with case notes that the case manager provides.

Center for Community Action anticipates serving a total of 20 individuals in FY 25/26.

There are no programmatic changes for FY 25/26 under Emergency Shelter.

Family Services, Inc.

Family Services Incorporated receives 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 of emergency shelter at local hotels. During the time of their emergency shelter, victims/survivors work with the Family Services Victim Services Program Counselor Advocates to determine housing needs and options. When appropriate, victims/survivors are referred to the Family Services Victim Services Program Housing Advocate to find

long-term, stable, and safe housing within their budget. Referrals to Center for 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, 2025, through June 30, 2026, 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 changes 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 daily 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 addresses 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 can meet basic needs to discharge from shelter.

Family Services has served 541 individuals from July 1, 2024 through June 30, 2025, and is projected to serve 600 individuals in FY 25/26. Family Services projects to turn away 811 individuals due to the shelter being full and project 8,263 days of shelter provided.

For FY 24/25, the Emergency Shelter has served 158 men, 191 women, and 190 children and 2 other and the number of brief contact calls for shelter were at 317. The number of days of shelter provided was 8,263.

Achievements and Improvements of Services

In FY 24/25, Center for Community Action served 19 households consisting of 19 adults and 3 children.

Family Services has seen a decrease in the average length of stay FY 24/25. In FY 24/25, the average length of stay was 23 days. In FY 23/24, the average length of stay was 43 days.

Unmet Needs and Gaps

- There is still a significant shortage of shelter beds in Blair County and neighboring counties
- Lack of transportation in rural areas or after normal business hours
- Lack of employment opportunities that provide a livable wage.
- Households with zero income are not eligible even in inclement weather
- The Emergency Shelter is averaging 225 individuals a month on their waiting list to enter the shelter
- Lack of permanent, safe affordable housing. The current housing situation leads 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.
- Increase in rental units being red tagged (uninhabitable) in the City of Altoona by Codes Office
- 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

Center for Community Action

The evaluation of efficacy in the program is calculated by reviewing the multiple database systems to see if Emergency Shelter was helpful in the person obtaining safe affordable housing.

Family Services, Inc.

Family Services also evaluates the efficacy of the Family Shelter program through Family Services, Inc. Family Services review outcome measurements based on increased safety and self-sufficiency of those served in the Family Shelter.

Emergency Shelter Services Results FY 24/25

Center for Community Action

In FY 24/25, a total of 10 households have been served consisting of 16 adults and 5 children.

Family Services, Inc.

- 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; 37% were able to obtain employment; and 36% were able to obtain housing.

Proposed Changes to Emergency Shelter Services FY 25/26

There are no planned changes to the Emergency Shelter services.

Innovative Supportive Housing Services

Other housing support services will be coordinated through Center for Community Action (CCA) as this is the agency that administers the HAP funds. During the initial intake the client completes a service plan. This assessment includes identification of barriers to stable housing, barriers to obtaining employment such as transportation, childcare, and educational attainment. The assessment also shows if the individual is seeking any behavioral health or addiction services. Mental health, intellectual disabilities, and addiction services are referred to local community partners for services. In the case of employment needs, CCA offers the EARN program. For childcare needs, CCA offers the program known as ELRC (Early Learning Resource Center), which CCA has the contract for Blair County, which can provide families with subsidized childcare. Transportation is always a need in Blair County.

Additional services to be provided through housing support are budget counseling and financial literacy.

Proposed Changes to Other Housing Supports Services FY 25/26

Center for Community Action plans to implement the New Beginnings Baskets in Blair County for FY 25/26. Center for Community Action piloted these baskets in other counties the past two years, and it was extremely successful. The Center for Community Action New Beginnings Baskets Blair County project, is anticipated to serve approximately twenty-four homeless families. These baskets will include but will not be limited to the following: bath towels, dish towels, wash clothes, small crock pots, dishes, pots and pans, utensils such as silverware and cooking utensils, can openers, broom and dustpan, cleaning supplies, etc. These items are basic household items that many homeless families do not usually have when moving into a new home and are needed for the basic needs such as cooking, bathing, and cleaning. Center for Community Action does not currently have any other funding streams that allow for this type of item to be purchased for households and finds that it is a critical need for homeless families.

In FY 2023/2024 and FY 2024/2025, consumers in other counties greatly appreciated these baskets and were able to move into their housing units with the basics needed without having to spend or find additional funding to try to meet this basic housing need.

In evaluating for efficacy, the homeless households that received the New Beginnings Baskets made less phone calls to their case manager than households that did not receive the baskets. Also, households that did not receive the baskets had to attempt to contact various organizations to get the basic things that were needed for the initial move into the household with the assistance of the caseworker, which took up case management time of the caseworker. By providing a New Beginnings Basket to the homeless households, it was found that less case management time was spent trying to find initial items for move in, as well as less phone calls from the consumers upon move in. It is important to mention that households that received the New Beginnings Baskets were extremely grateful, as we even received a thank you card for the additional support provided to the household.

Homeless Management Information Systems (HMIS)

Center for Community Action

Center for Community Action utilizes the Homeless Management Information System (HMIS) for Homeless Assistance and other housing program clients. All HAP clients are entered and tracked using HMIS. Clients are also entered into the ORS (Outcome Results System) which tracks the programs and services the client receives in CCA. Both systems track the client/household from intake to exit. The reports pulled from the system included: number of individuals/households that received an intake, case management, financial assistance, financial literacy, programs the client was enrolled into, length of stay in the program, did the client exit into permanent housing, and did the income in the household increase upon exit. The reports are evaluated on a quarterly basis to identify success, trends, gaps in services, and numbers served in each service. The year-end reports are also compared to previous years for trend analysis. Please note that the HMIS system continues to improve with updates. The Data Program Manager and the Data Entry Specialist continue to learn new skills on the HMIS system, as there are continually new updates being completed on the system.

Changes Identified in Service Needs

Center for Community Action has found that safe affordable housing is extremely difficult to locate following COVID. After the pandemic, rent payments have increased drastically making it difficult to house families in units that are affordable, often way above fair market rent values for the area. Case managers actively work with landlords on the unit prices and try to assist in obtaining section 8 vouchers for consumers, but this tends to be difficult as the list only opens once a year.

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 2024/2025, 541 clients received emergency shelter and 36% were transitioned into stable housing.

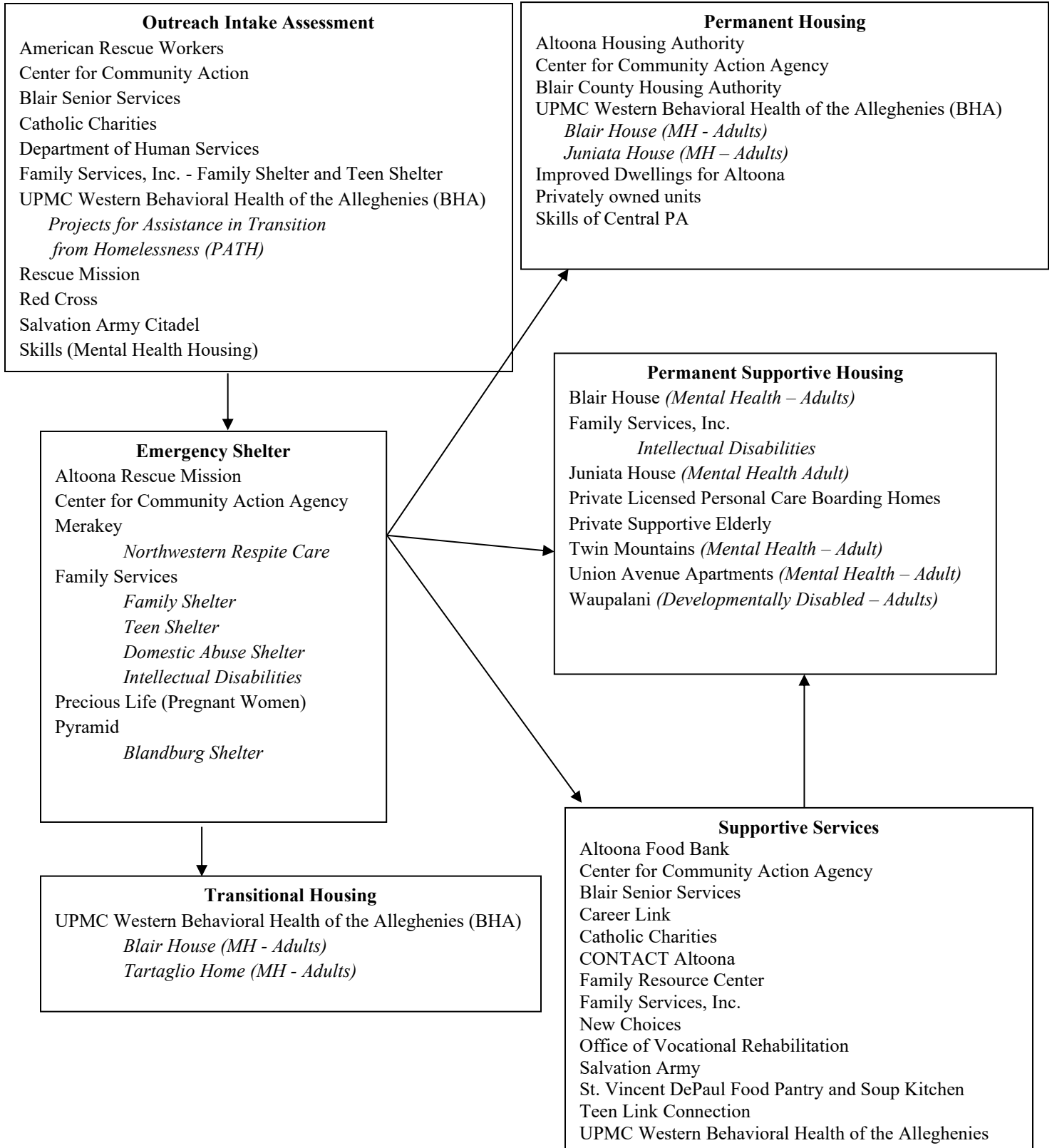
Family Services agreed to track the known destination for clients upon exit or verified connection to permanent housing and also the increased participation by homeless individuals in mainstream systems. For FY 2024/2025, the known destinations, by zip code, for clients are as follows:

- Zip Code 15522 – 2 consumers
- Zip Code 15906 – 2 consumers
- Zip Code 15946 – 1 consumer
- Zip Code 16601 – 38 consumers
- Zip Code 16602 - 40 consumers
- Zip Code 16637 – 1 consumer
- Zip Code 16686 – 2 consumers
- Zip Code 18015 – 1 consumer
- Zip Code 19055 – 1 consumer
- Zip Code 19104 – 1 consumer
- Zip Code unknown – 30 consumers

The staff of the Family Shelter tracks the percentage of clients who are still in permanent housing at 6 week intervals. For FY 24/25, 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 in the shelter. The average number of individuals on the monthly wait list is 150.

2026 Blair County Continuum of Care Services



Human Services and Supports/Human Services Development Fund

Services to Be Provided

Adult Services

Program Name: Counseling Services; Information and Referral; Service Planning/Case Management; Transportation

Description of Services: The target group to be served by Family Services, Inc. consists of individuals, families, and/or couples presenting trauma due to current or past domestic violence, sexual abuse, child abuse, human trafficking, and/or any other victimizing trauma. In FY 24/25, 6 clients were provided services. The limited-service provision was due to a staffing shortage. Counseling services are provided by master's level clinicians who are licensed and/or certified to practice in Pennsylvania. Information and Referral, Service Planning/Case Management, and/or Transportation services as direct and/or indirect care, are provided by Victim Services Program Advocates and/or Administrative Support staffing.

Family Services, Inc. provides a diverse range of services for low-income people of all ages. The primary purpose and need are to provide services that assist people in solving problems that are interfering with their healthy development and functioning. The expected outcome is that people will gain 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 Altoona's volunteers listen for the unspoken, as well as the spoken, indicators while assisting the caller in determining the most appropriate source of help. CONTACT Altoona attempts to address each of the callers' needs and/or successfully refer the caller to the proper agency for help. CONTACT Altoona volunteers are trained to listen reflectively to people of all ages and socio-economic backgrounds. There are two types of information and referral calls received by CONTACT Altoona: (1) people knowing what the problem is and seeking a referral to solve their problem or

people 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 FY 2024/25, CONTACT Altoona handled approximately 1,800 calls for information and referrals. CONTACT Altoona 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, still 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: Care Management

Description of Services:

Blair Senior Services provides Care Management Services. All people 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 10 business 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 reasonably 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 peace of mind for the individual's family members.

In FY 24/25, CONTACT Altoona's non-MH Reassurance Program completed an estimated 8,700 calls. CONTACT Altoona continues to increase their standards by decreasing the number of shifts missed along with increasing the ability to cover more shifts and adding 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 three school districts. Further growth will be achieved by strengthening and expanding existing successful programs. This involves increasing match numbers at established sites like Bellwood-Antis Middle School and Penn Lincoln Elementary, while

maintaining stable matches at Stone Church (Juniata College). Tyrone Area School District is scheduled to be added for the FY 25/26 school year. Targeted community partnerships will also be fostered to create ten new community-based matches by the end of 2025.

Through their community-based Mentoring Program, Big Brothers Big Sisters of Blair County supported 3 matches in 2024. During 2024, Big Brothers Big Sisters of Blair County had SMART programs running in Altoona Area School District (Penn-Lincoln Elementary), Claysburg-Kimmel School District (Middle & High School), Bellwood-Antis School District (Middle & High School), and a program at Hillside Church in Juniata where Penn State Altoona students served as Bigs and Littles were from the Altoona area. There were 80 matches serving a total of 160 students (Bigs and Littles) in the program. All programs included in-person match meetings for the students. Throughout the duration of the matches' time together, Youth Development Surveys are conducted at the beginning and end of the academic year to establish goals and measure success in the programs' ability to help the Littles achieve the identified goals. In addition, Child/Youth Outcome Surveys (COS/YOS) are conducted following that same timeline. These surveys allow us to measure Littles' social-emotional growth throughout the academic year. 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 Littles' academics. The impact the programs have on participants' 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 their peers did not enroll. They have felt more competent about doing schoolwork and skipped fewer classes. In addition, the programs could change a youth's whole perspective on school and education. Surveys conducted show that 94% 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 93.7% 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's mentors to give them the strong chance of successful futures; thus, helping their lives and the communities as a whole.

Program Name: Child Advocates of Blair County Teacher Child Interact Training (TCIT), Intensive Behavior Coaching

Description of Services:

Child Advocates of Blair County provides early childhood education to over 300 preschoolers each year as the Blair County grantee for the Head Start program, Pennsylvania Head Start Supplemental Assistance Program, and the Pennsylvania Pre-K Counts program. These programs support the development of the whole child, including social-emotional, cognitive, and academic skills needed for kindergarten and lifelong success. Teachers are highly trained and skilled at individualizing instruction to meet the unique needs of each learning and building classroom communities that are trauma-sensitive and relationship-focused.

Child Advocates Head Start Program takes a multi-pronged approach to preventing, reducing, and responding to Adverse Childhood Experiences (ACEs) including concerted efforts to foster resiliency and bolster protective factors, such strong social connections and positive experiences with parents to ward off long-term implications of those adverse experiences in childhood. One such approach includes the transition of a position from Instructional Coach to Intensive Behavior Coach. The Intensive Behavior Coach's job duties include

working with classrooms to provide Teacher-Child Interaction Training (TCIT), working with parents to provide Parent-Child Interaction Therapy (PCIT) and on-the-spot intensive behavior coaching. TCIT encourages warm, secure caregiver-child relationships that have positive impacts on all children in the household or classroom, which can be observed in increases in children's protective factors that are central to social and emotional health and resilience. As a result, TCIT and PCIT serve as an intervention for dysregulated behaviors and emotional issues in childhood but also can improve mental health even when risk factors or high ACE scores are present. Intensive behavior coaching supports teaching teams' program-wide in responding to, predicting, and preventing intense dysregulated behaviors by introducing, modeling, and reinforcing a wide variety of behavioral intervention techniques that support the mental health and wellbeing of the children enrolled at Blair County Head Start.

HSDF helps support the Blair County Head Start Program in sustaining a paid position that provides TCIT and Intensive Behavior Coaching. Each year more than 320 Head Start children benefit from services provided program-wide by Child Advocates of Blair County Intensive Behavior Coach. In FY 24/25, TCIT enabled Child Advocates, and the Blair County Head Start program to deliver complete TCIT training to four classrooms and a total of 12 staff, strengthening the practices of labeled praise, reflection, and behavior descriptions and reducing/avoiding negative talk, commands, and questions. Post assessment results from the final coding sessions show mastery across all classrooms and staff in the targeted practices and a significant improvement in reducing the undesired interactions. These improvements in teacher-child interactions directly benefit the nearly 70 children enrolled across these classrooms in FY 24/25 and will continue to positively impact future children working with these educators in years to come. In planning and preparations for FY 25/26 program year, Child Advocates is working to incorporate these skills into staff appraisal systems to ensure long-term and consistent applications of the TCIT training.

In 2025-2026, Child Advocates plans to provide TCIT to four classrooms (two in the fall and two in the spring), which ultimately impact approximately 70 children. Goals would include even more staff who regularly exhibit the targeted skills. Child Advocates also plans to continue providing program-wide IBC, which impacts all 320+ children and provides full PCIT cycles for up to 6 families per year. Together, these interventions support their approach to prevent, reduce, and respond to ACEs, foster resilience, and bolster protective factors to ward off long-term impacts of high ACE scores.

Interagency Coordination

The Blair County Department of Social Services helps fund Interagency Coordination expenditures 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, Operation Our Town Housing Roundtable, Re-entry Housing Committee, Warming Center and Hope for the Homeless 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 expenditure for Interagency Coordination.

Appendix “D”
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
--------------------------	--	---	---	--	--------------------------------	--

MENTAL HEALTH SERVICES

ACT and CTT	0		\$0			
Administrative Management	1,175		\$315,000	\$35,000	\$36,500	
Administrator's Office	0		\$471,061	\$35,000	\$42,973	\$60,000
Adult Developmental Training	0		\$0			
Children's Evidence-Based Practices	0		\$0			
Children's Psychosocial Rehabilitation	0		\$0			
Community Employment	37		\$90,000		\$10,000	
Community Residential Services	35		\$444,023		\$44,402	\$175,000
Community Services	0		\$0			
Consumer-Driven Services	33		\$86,000			
Emergency Services	593		\$400,000			
Facility Based Vocational Rehabilitation	3		\$42,016		\$4,668	
Family Based Mental Health Services	5		\$28,136		\$1,275	
Family Support Services	9		\$60,898			
Housing Support Services	60		\$100,000	\$47,087		
Mental Health Crisis Intervention	307		\$250,000			
Other	0		\$0			
Outpatient	1,165		\$527,146	\$275,000	\$58,439	
Partial Hospitalization	0		\$0			
Peer Support Services	0		\$0			
Psychiatric Inpatient Hospitalization	0		\$0			
Psychiatric Rehabilitation	11		\$30,000			
Social Rehabilitation Services	224		\$220,000			
Targeted Case Management	241		\$232,519			
Transitional and Community Integration	250		\$250,000	\$81,000	\$26,000	

TOTAL MENTAL HEALTH SERVICES	4,148	\$3,546,799	\$3,546,799	\$473,087	\$224,257	\$235,000
-------------------------------------	-------	-------------	-------------	-----------	-----------	-----------

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
--------------------------	--	---	---	--	--------------------------------	--

INTELLECTUAL DISABILITIES SERVICES

Administrator's Office	0	\$923,793	\$812,825	\$820,721	\$37,665	\$0
Case Management	763		\$54,184	\$0	\$0	\$3,791,699
Community-Based Services	569		\$56,784	\$0	\$0	\$27,407,970
Community Residential Services	181		\$0	\$0	\$0	\$42,246,775
Other	0		\$0	\$0	\$0	\$0

TOTAL INTELLECTUAL DISABILITIES SERVICES	1,513	\$923,793	\$923,793	\$820,721	\$37,665	\$73,446,444
---	-------	-----------	-----------	-----------	----------	--------------

HOMELESS ASSISTANCE SERVICES

Bridge Housing	0	\$263,017				
Case Management	275		\$120,187			
Rental Assistance	225		\$45,000			
Emergency Shelter	561		\$82,504			
Innovative Supportive Housing Services	0		\$0			
Administration	0		\$15,326			

TOTAL HOMELESS ASSISTANCE SERVICES	1,061	\$263,017	\$263,017	\$0	\$0	\$0
---	-------	-----------	-----------	-----	-----	-----

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
--------------------------	--	---	---	--	--------------------------------	--

SUBSTANCE USE DISORDER SERVICES

Case/Care Management	1,250		\$180,500			
Inpatient Hospital	1		\$3,000			
Inpatient Non-Hospital	40		\$159,185			
Medication Assisted Therapy	30		\$90,000			
Other Intervention	500		\$3,500			
Outpatient/Intensive Outpatient	30		\$30,000			
Partial Hospitalization	5		\$10,000			
Prevention	1,250		\$5,000			
Recovery Support Services	600		\$155,815			
Administration	0		\$77,736			

TOTAL SUBSTANCE USE DISORDER SERVICES	3,706	\$714,736	\$714,736	\$0	\$0	\$0
--	-------	-----------	-----------	-----	-----	-----

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	1,806		\$8,275			
Aging Services	50		\$2,182			
Children and Youth Services	0		0			
Generic Services	8,700		\$2,425			
Specialized Services	70		\$31,952			
Interagency Coordination			\$80,293			
Administration			\$13,903			

TOTAL HUMAN SERVICES DEVELOPMENT FUND	10,626	\$139,030	\$139,030	\$0	\$0	\$0
--	--------	-----------	-----------	-----	-----	-----

GRAND TOTAL	21,054	\$5,587,375	\$5,587,375	\$1,293,808	\$261,912	\$73,681,444
--------------------	--------	-------------	-------------	-------------	-----------	--------------

Blair County
2025/2026
Human Services Block Grant