



BLAIR COUNTY
HUMAN SERVICES BLOCK GRANT
ANNUAL PLAN
FY 2021/2022



Blair County Department of Social Services

July 2021

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Appendix "A"

Blair County Commissioners Assurance of Compliance




Appendix A
Fiscal Year 2021-2022

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

COUNTY OF: BLAIR

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

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

<i>Signature(s)</i>	<i>Please Print Name(s)</i>	<i>Date:</i>
	Bruce R. Erb	7/22/21
	Laura O. Burke	7/22/21
	Amy E. Webster	7/22/21

Appendix "A"

Blair County Leadership Coalition Assurance of Compliance

Appendix "A"
Fiscal Year 2021-2022

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

Blair County Leadership Coalition:

 James Hudack, Executive Director Blair County Department of Social Services	Jul 6, 2021 Date
 Theresa Rudy, Director Blair County Mental Health Program	Jul 6, 2021 Date
 Melissa Gillin, Quality Assurance & Housing Coordinator, Blair County Dept. Social Services	Jul 6, 2021 Date
 Amy Marten-Sharafelt, Executive Director Blair HealthChoices	Jul 6, 2021 Date
 Judith Rosser, Executive Director Blair Drug & Alcohol Partnership	Jul 15, 2021 Date
 James Heary, Executive Director Southern Alleghenies Service Management Group	Jul 15, 2021 Date
 Melissa Gordon, Developmental Disability Director Southern Alleghenies Service Management Group	Jul 16, 2021 Date
 Kelly Popich, Early Intervention Director Southern Alleghenies Service Management Group	Jul 16, 2021 Date
 Jim Frank, Chief Blair County Juvenile Probation Officer	Jul 16, 2021 Date
 Dawana Wyandt, Assistant Administrator Blair County Children, Youth & Families	Jul 16, 2021 Date

Blair County Human Services Plan Fiscal Year 2021-2022

Part I: COUNTY PLANNING PROCESS

Blair County Background Information

Blair County’s estimated 2019 census is 121,829 residents. This represents a 4.2% population decrease from 2010 when the population was 127,117. As shown in *Table 1* below, a majority of the residents are between the ages of 18 and 64, and white. Transition aged youth (15 to 24 years of age) comprise 12% of the residents. Gender is split slightly high for females. Blair County’s largest growing population is those 65 and over.

Table 1. Demographics of Blair County Residents, 2019	
Age	
Under 18 years	20.4%
18 to 64 years	58.8%
65 and over	20.8%
Race	
White	95.6%
Black	2.0%
Two or more races	1.5%
Hispanic or Latino	1.3%
Asian	0.7%
American Indian or Alaska Native	0%
Gender	
Male	49%
Female	51%

Note: The 2020 United States Census data is estimated not to be released until later this year. The most current data is the 2019 estimate.

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

Table 2. Indicators for Blair County compared to Pennsylvania, 2019		
	Blair County	Pennsylvania
Education		
High school graduation rate	90.9%	90.2%
Bachelor's degree or higher	20.8%	30.8%
Income-related		
Unemployment rate (April 2021)	6.5%	7.4%
Unemployment rate (April 2020)	18.2%	14.8%
Median household income	\$49,181	\$63,463
Poverty rate	14.9%	12%
Poverty rate for children under 18	20.5%	16.9%
Poverty rate for 65 and over	9.0%	8.3%
Public Assistance		
Receiving Medical Assistance	49,056	3,247,991
Receiving Medical Assistance under age of 21	13,778	1,337,569
Receive food stamp assistance	20,550	1,804,182
Adults 65 and over that enrolled in PA prescription assistance program (2018)	4,257	256,219
Insurance 2017		
No Insurance	5.8%	5.7%
Under 18	3.4%	4.4%
18-64	6.3%	7.0%
COVID Vaccination June 2021	40.2%	48.0%

As Table 2 details, Blair County has a slightly higher graduation rate than the state, but 10% fewer residents have completed four or more years of college. For income-related measures, the unemployment rate for Blair County is lower than for Pennsylvania, yet the median household income is \$14,282 less than the state. The spread between median for Blair County and Pennsylvania continues to widen each year. The poverty rates are moderately higher in Blair County when compared to the State. More people are receiving Medical Assistance in Blair County compared to the State; more people receive food stamps and more adults 65 and over receive prescription assistance.

According to the KIDS COUNT Data Center, the percentage of students who are enrolled in free/reduced school lunch programs in Blair County is 47.1% (2018/2019) as compared to Pennsylvania at 53.3%. Blair County has two school districts with percentages over 60% for free and reduced lunches. Children living in families below 200% poverty is 43% (2018), compared to 40% (2017) and 36% statewide. The percentage of uninsured children under 18 years old in Blair County was 3.4% as compared to Pennsylvania at 4.4%.

Children under age 18 with Medicaid coverage was 4,257, compared to 256,219 in Pennsylvania. The percentage of unserved children eligible for publically funded Pre-K for 2019-20 in Blair County is 47.5% which is lower than the State percentage of 59.6%, and lower than the previous year at 65.2%.

In 2021 Blair County ranks 39 out of 67 counties in Pennsylvania in overall health care according to County Health Ranking and Roadmap although the trend has improved over the last eight years, in 2019 Blair County has dropped six positions as compared to 2018. For 2021, Blair County improved by 12 positions as compared to 2019. Blair County residents demonstrated a significant decrease in the morbidity ranking in 2020 and this has remained the same for the current year. This ranking, factors in overall poor health, poor physical days, and mental health days. Residents of Blair County also demonstrate a high level of risk behaviors such as smoking, obesity, and drinking as compared to other counties in the Commonwealth. Another area that Blair County struggles with is Clinical Care by not having enough medical care professionals in the local community to serve the population.

Blair County Health Rankings								
2013	2014	2015	2016	2017	2018	2019	2020	2021
56	51	48	46	47	45	51	43	39

The cost of living in Blair County is 78.3 (less than the U.S. average at 100). The reason Blair County’s cost of living is lower is due to the lower cost of housing as compared to the rest of the nation. Blair County also has a lower cost of living when comparing utilities, transportation, clothing, health and other services to the rest of Pennsylvania. The median price for a house in Blair County is \$123,600.00 as compared to Pennsylvania at \$192,600.00 and nationally the median price is \$231,200.00. Over the past year, Blair County has seen a trend downward on cost of living while the rest of the United States has seen an increase. The median price for a house in Blair County fell by \$5,700.00 while in the United States it has increased by \$11,500.00.

There are seven public school districts in Blair County: Altoona, Bellwood-Antis, Claysburg-Kimmel, Hollidaysburg, Spring Cove, Tyrone, and Williamsburg. The Greater Altoona Career and Technology Center offers vocational training to high school students from all seven Blair County Public School Districts. In addition to the public schools there are six Catholic elementary schools and one Catholic high school. Other schools are faith based schools such as Great Commission School and Blair County Christian School. FY 2020/2021 enrollment data for Blair County reflects 17,781 children enrolled in public schools which is a slight increase from the previous year. In 2021, the Central Pennsylvania Digital Learning Foundation Charter School was at 181 students which is an increase of students from the previous year.

The Pennsylvania State University (Penn State) Altoona Campus contributes to an influx of over 2,991 college students in 2021; and the campus is only 45 miles from the University’s main campus, University Park, in State College. Post-secondary trade/technical schools include Altoona Beauty School, Altoona Bible Institute, The Salon Professional Academy, South Hills School of Business and Technology, and Pennsylvania Highlands Community College. Within a half hour of Blair County, other post-secondary schools include Mount Aloysius College, St. Francis University and Juniata College.

Based on April 2021 data, Blair County has a 6.5% unemployment rate. This significant decrease has been due to the economic recovery from COVID 19 and reopening of non-essential business. The labor force is at 58,900 with 54,800 working at the end of March 2021. Blair County's largest employment area is Health Care and Social Assistance followed by Retail Trade and Manufacturing. The county's largest employers in order are: UPMC Altoona, Sheetz Inc., State Government, Federal Government and Altoona Area School District. The average annual wage for Blair County is \$43,096 as compared to Pennsylvania at \$57,497. This represents a 25% decrease when comparing the two yearly wages.

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

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

- *Attachment A (page 10)* outlines the stakeholder committee structure that includes individuals that receive services, families of service recipients, providers, and other system partners. These committees are held monthly, bimonthly, but not less than quarterly. Information and feedback shared by individuals that receive services, families of service recipients, providers, and other system partners' flows up and is reviewed within each system's planning process. It also flows up to the Leadership Coalition where recommendations are made to the County Commissioners. The planning and implementing of such recommendations is reported back to the individuals that receive services, families of service recipients, providers, and other system partners for ongoing feedback. This is an ongoing process that provides continuous opportunity for participation in the planning process.

In FY 2020/2021, the Blair County Cross Systems Leadership Coalition again partnered with the Healthy Blair County Coalition (HBCC) to participate in the triennial county-wide needs assessment process, also utilized by our three area hospitals to meet requirements for the Affordable Care Act. The Steering Committee collaborates with a broader group of community stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing and implementing strategies and activities. The Healthy Blair County

Coalition is comprised of 143 community partners. They represent a diverse and valuable group of individuals and organizations which include the following: social services/charities, government, planning, public health, education, hospitals, community foundations, healthcare providers/behavioral health, businesses, economic development, criminal justice, libraries, drug and alcohol, health insurance/managed care, media, recreation, etc.

The funds were utilized to continue and expand the program and activities which are determined based on the community health needs assessment (CHNA). The CHNA survey was distributed to randomly selected households, businesses, associations, service providers, faith organizers, and key informants. The household survey was also administered to clients/consumers by eight other organizations in Blair County. In addition, secondary indicator data was collected and analyzed to track changes and trends over time for a given population. It is also useful as to whether research supports or does not support the perceptions of key informants and the general public as reflected in survey results. The last three needs assessments (2012, 2015, and 2018) identified drug and alcohol issues, mental health, poverty, smoking and nicotine, workplace wellness and community wellness, and dental care as priority areas. Workgroups continued to encourage collaboration among community partners to address each priority area, and Leadership Coalition members facilitate or participate in each workgroup.

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

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

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

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

- Our decisions maximize resources to our community
- The management of resources are based on the values and priorities established in the annual plan (scope)

- Decisions (such as allocations, re-allocations, retained funds, etc.) are made in alignment with our priorities and values supported by objective data. Objective data measures the needs, capacity, efficiency, efficacy and outcomes of programs, services and projects
- Mandated services and target populations are defined and considered when making decisions

Our agreed upon values are:

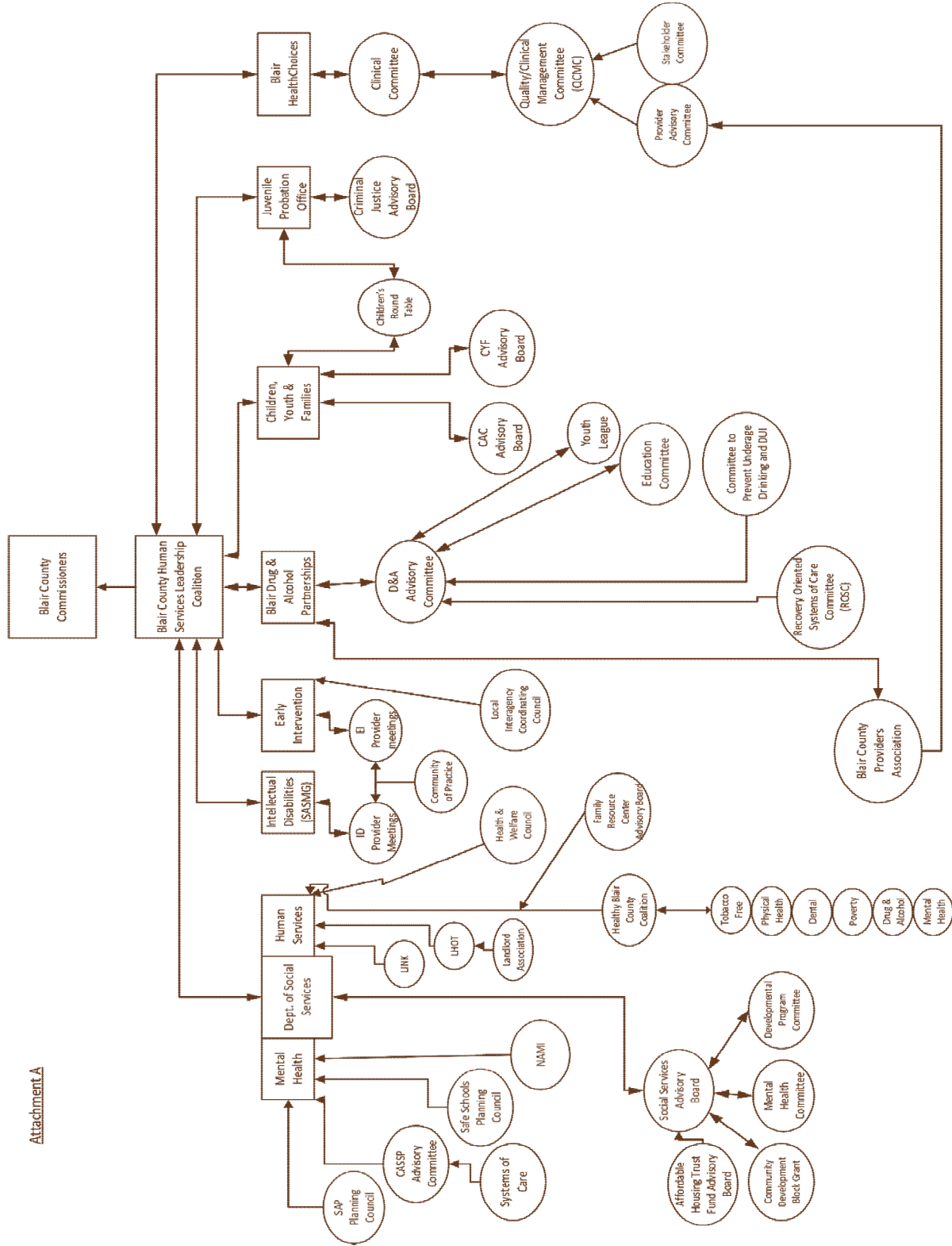
- It is about the people we serve
- Respect the dignity of people
- Respect the discipline of each program and their constituents
- Provide quality services
- Empower and support people who receive services to create healthy interdependence, through natural supports and access to services

In addition we have identified the following operational values:

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

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

Attachment A Blair County Stakeholder Involvement Flow Chart



Attachment A

PART II: PUBLIC HEARING NOTICE

For the development of the FY 2021/2022 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 May 7, 2021 at 12:00 p.m., the first Blair County Human Services Annual Plan Public Hearing was held via BlueJeans Conference Platform due to COVID-19 precautions. The hearing was recorded. Both hearings were advertised in the Altoona Mirror, the major newspaper of Blair County. A flyer was also created and posted throughout the County of Blair. In addition, the flyer was emailed through a number of program list serves with the request to have the hearing notice disseminated to providers and individuals they serve. Individuals were also encouraged to submit written comments if they were unable to attend any of the meetings. An advertisement for the public hearing was published in the Altoona Mirror on April 27, 2021.

The first public hearing had approximately 15 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.



RECEIVED MAY 10 2021

PROOF OF PUBLICATION OF NOTICE IN ALTOONA MIRROR

NOTICE

The Blair County Human Services Block Grant Annual Plan 1st Public Hearing for FY 2021-2022 has been scheduled for Friday, May 7, 2021 at Noon. The public is invited to participate by telephone conference by calling 1-408-419-1715 or 1-408-915-6290 and entering the meeting ID: 24680931444.

The Blair County Social Services Advisory Board Meeting has been scheduled for Thursday, June 3, 2021 at Noon. The public is invited to participate by telephone conference by calling 1-408-419-1715 or 1-408-915-6290 and entering the meeting ID: 24680931444.

If you are interested in submitting comments or would like to be e-mailed a link to access the public hearing or meeting from your computer, tablet or smartphone, please e-mail the Blair County Department of Social Services at jkensinger@blairco.org.

Public participants may only speak during the designated public comment period and must keep their phones muted during the rest of the public hearing and/or meeting.

April 27, 2021

**STATE OF PENN
COUNTY OF**

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

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

April 27, 2021

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.

[Signature]

Sworn to and subscribed before me the 4 day of May, 2021.

[Signature]
Debra D. Miller, Notary Public

My Commission expires _____ Commonwealth of Pennsylvania

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



BLAIR COUNTY HUMAN SERVICES 2021/2022 ANNUAL PLAN 1ST PUBLIC HEARING NOTICE

Blair County is beginning the process of developing the 2021-22 Human Services Block Grant Annual Plan. The Human Services Annual Plan must be submitted to the Department of Human Services by July 2021. The 1st Public Hearing will be held as a virtual meeting only to solicit public comment on the Human Services Block Grant Annual Plan.

Friday, May 7, 2021 at Noon



**Please call: 1-(408)-419-1715 or 1-(408)-915-6290
then enter the Meeting ID:
246 809 3144#**

If you would like the "BlueJeans Link" emailed to you to join the virtual meeting by computer, tablet or smartphone, please send an e-mail request to: jekensinger@blairco.org.

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

If you are interested in submitting comments, please E-mail the Department of Social Services at jekensinger@blairco.org.



**PUBLIC HEARING
FOR
BLAIR COUNTY HUMAN SERVICE'S ANNUAL PLAN
FOR FISCAL YEAR 2021/2022
Friday, May 7, 2021
AGENDA**

1. Welcome and Introduction of Presenters – Jim Hudack, Blair County Department of Social Services, Executive Director
2. PowerPoint Overview of Human Service's Annual Plan – Jim Hudack
3. Introduction of Presenters:
 - Intellectual Disability Services Plan – Jamie Henry, Executive Director of Southern Alleghenies Services Management Group
 - Human Services Development Fund, Human Services and Supports and Homeless Assistance Plans – Melissa Gillin, Blair County Human Services Director
 - Drug and Alcohol Services Plan – Judy Rosser, Executive Director for Blair Drug and Alcohol Partnership
 - Mental Health Services Plan – Theresa Rudy, Blair County Mental Health Director
4. Questions and Comments from Audience
5. Next Steps and 2nd Public Hearing Friday, June 18, 2021, at 1:00 p.m., Virtual BlueJeans Conference Line



Commissioners
 Bruce Erb, Chairman
 Laura Burke, Vice-Chairman
 Amy Webster, Secretary

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

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

**The Blair County Department of Social Services
 Human Services 2021-2022 Annual Plan 1st Public Hearing
 Friday, May 7, 2021 at Noon
 BlueJeans Platform Only**

MINUTES

Welcome and Call to Order

James Hudack, Executive Director of Blair County Department of Social Services (BCDSS), welcomed everyone and introduced the members of the Leadership panel to include Theresa Rudy, Melissa Gillin, Judy Rosser and Jamie Henry. Due to COVID-19 precautions, the hearing was conducted virtually via the BlueJeans conference line.

James Hudack presented a power point that described the Blair County Human Services Leadership Coalition, The Human Services Block Grant (HSBG) accomplishments since 2013, the process of submitting the Annual Plan, the Timeline, and the requirements by the Pennsylvania Department of Human Services. The submission date is tentatively planned for July 2021.

Theresa Rudy, Blair County Mental Health Director, discussed Blair County provider contracts, mental health programs, strategic planning, and the Student Assistance Program (SAP). Theresa detailed a new grant opportunity, The Community Mental Health Block Grant. BCDSS will be submitting a Letter of Intent (LOI) to ask for funds to expand upon the student assistance program and mobile crisis. Theresa reminded the public that the county has a COVID help line that can be contacted Monday through Friday, 8:00 a.m. – 4:00 p.m. at 814-889-2684 (COVI).

Judy Rosser, Blair Drug and Alcohol Partnerships Executive Director, discussed early-on COVID related challenges such as clients lack of access to broadband services to utilize virtual services, as well as, increases in methamphetamines, opioid usage and overdose deaths. Judy stated that in June 2020 services returned to face to face, as much as possible, with tele-health services being utilized when needed.

Melissa Gillin, Blair County Human Services Director, stated that challenges exist in finding affordable housing and/or available housing, in part, due to the eviction moratorium currently in place. Other areas of support include rental/utility assistance and housing the homeless. Melissa gave a brief overview of the Emergency Rental Assistance Program (ERAP) that is being administered through Blair County Community Action Program (BCCAP).

Jamie Henry, Southern Alleghenies Service Management Group Executive Director, commended Intellectual Disabilities (ID) providers and direct support professionals, who went above and beyond to maintain life-sustaining services, during the closure of day programs throughout the county, due to the pandemic. Jamie added, due to the pandemic, folks supported through the ID program are having an easier time finding employment.

Public Comments/Input

James Hudack asked the hearing participants if there were any questions, comments, suggestions or ideas. No responses were noted. Participants were encouraged to reach out to James with any suggestions or ideas.

James Hudack thanked everyone for attended and closed the public hearing.

The hearing was recorded.

The 2nd Public Hearing is scheduled for Friday, July 9, 2021.

**Recorded “BlueJeans Conference Line” Virtual Meeting Attendance
1st Public Hearing
Friday, May 7, 2021 at Noon**

James Hudack: Executive Director, Blair County Department of Social Services
Theresa Rudy: Mental Health Program Director, Blair County Department of Social Services
Melissa Gillin: Human Services Director, Blair County Department of Social Services
Cindy James: CASSP Coordinator, Blair County Department of Social Services
Ken Dean: Mental Health Program Specialist, Blair County Department of Social Services
Jennifer Kensinger: Administrative Assistant, Blair County Department of Social Services
Judy Rosser: Executive Director, Blair Drug and Alcohol Program
Jamie Henry: Executive Director, Southern Alleghenies Service Management Group (SASMG)
Kelly Popich: Early Intervention Program Director, SASMG
Molly Wink: Deputy Chief, Blair County Juvenile Probation Office
Amber Bott: Community Care
Jamie Pyo: Community Care

Additional Hearing Participants Identified:

Sybil Rossi
David Young
Anonymous Caller

2nd Public Hearing

The second hearing was held on July 9, 2021, at 1:00 p.m. via BlueJeans Platform, only, due to COVID-19 precautions.

The second Blair County Human Service Annual Plan Public Hearing was conducted on July, 9, 2021 had 17 residents of Blair County in attendance. During this hearing each program director gave a brief overview of their respective section of the annual plan. The audience had the opportunity to ask questions and make comments throughout the duration of the public hearing. The hearing was the final opportunity for any additional comments or suggestions. These comments were reviewed by the Blair County Leadership Coalition to be included in the final submission of the annual plan which was approved by the Blair County Commissioners on July 22, 2021. An advertisement for the public hearing was published in the Altoona Mirror on June 29, 2021.

NOTICE

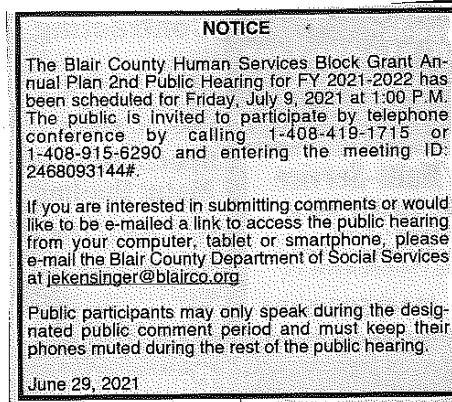
The Blair County Human Services Block Grant Annual Plan 2nd Public Hearing for FY 2021-2022 has been scheduled for Friday, July 9, 2021 at 1:00 P.M. The public is invited to participate by telephone conference by calling 1-408-419-1715 or 1-408-915-6290 and entering the meeting ID: 2468093144#.

If you are interested in submitting comments or would like to be e-mailed a link to access the public hearing from your computer, tablet or smartphone, please e-mail the Blair County Department of Social Services at jekensinger@blairco.org

Public participants may only speak during the designated public comment period and must keep their phones muted during the rest of the public hearing.

June 29, 2021

PROOF OF PUBLICATION OF NOTICE IN ALTOONA MIRROR



**STATE OF PENNSYLVANIA
COUNTY OF BLAIR**

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

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

June 29, 2021

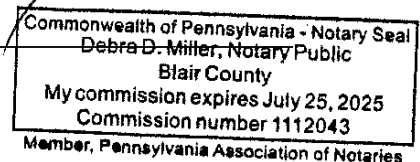
The affiant further deposes and declares that he is not interested in the subject matter of the aforesaid notice of publication and that all allegations in the foregoing statement as to time, place and character of publication are true.

[Handwritten Signature]

Sworn to and subscribed before me the 29 day of June, 2021.

[Handwritten Signature]
Debra D. Miller, Notary Public

My Commission expires



Blair County Office of Social Services

**Human Services
Annual Plan**

**2nd Public Hearing
for FY2021-2022**



Friday, July 9, 2021 from 1:00 PM – 2:00 PM

**Please call: 1-(408)-419-1715 or 1-(408)-915-6290
then enter the Meeting ID:
246 809 3144#**

**If you would like the "BlueJeans Conference" link emailed to
you to join the virtual meeting by computer, tablet or
smartphone, please send an e-mail request to:
jekensinger@blairco.org**

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

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



**2nd PUBLIC HEARING
FOR
BLAIR COUNTY HUMAN SERVICE'S ANNUAL PLAN
FOR FISCAL YEAR 2021/2022
Friday, July 9, 2021
AGENDA**

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



Commissioners
 Bruce Erb, Chairman
 Laura Burke, Vice-Chairman
 Amy Webster, Secretary

Blair County
Department of Social Services
 423 Allegheny Street, Suite 441B, Hollidaysburg, PA 16648-2022
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**The Blair County Department of Social Services
 Human Services 2020-2021 Annual Plan 2nd Public Hearing
 Friday, July 9, 2021 at 1:00 PM
 BlueJeans Virtual Platform Only**

Meeting Minutes

James Hudack, Executive Director of Blair County Department of Social Services, welcomed everyone and advised participants how the virtual public hearing would be conducted.

Jim gave an overview of the process of submitting the Human Services Block Grant (HSBG) Annual Plan & announced that the Blair County Human Services Block Grant Annual Plan has been developed. The plan is scheduled to be presented to the County Commissioners on Tuesday, July 20, 2021 at the County Commissioner’s meeting. Final approval & Commissioners’ signatures are scheduled for Thursday, July 22, 2021. Once approved, the plan will be available to be viewed on the Blair County Courthouse Web-site. Requests can, also, be made to have the Plan sent out to individuals electronically.

Melissa Gillin gave an overview of the Human Services Development Fund (HSDP) and the Housing Assistance Program (HAP). Melissa, also, highlighted details of the Emergency Rental Assistance Program administered through Blair County Community Action Program (BCCAP).

Judy Rosser gave an overview of Blair County Drug & Alcohol Partnerships programs to include Warm Hand Off. Judy stated that grants are needed for the sustainability of such programs, as well as, Certified Recovery Specialists (CSR) who are embedded in the Emergency Department (ED). Judy shared Warm Hand Off data to include 803 contacts by CSR.

Jamie Henry gave an overview of Southern Alleghenies Service Management Group (SASMG) Intellectual Disabilities/Early Intervention 2021/2022 Annual Plan. Jamie stated that employment numbers for individuals served is up significantly. Jamie announced that SASMG may pursue funding opportunities for enhancing technology to help clients have more control and freedom with their everyday lives.

Theresa Rudy gave a summary of the Mental Health (MH) component of the Annual Plan. Theresa noted, despite advocating for increased state funding, the Mental Health/Human Services budget remains flat-funded. Theresa stated that funds retained above the allowable 5% were redistributed to BDAP & SASMG. Theresa, also, informed the hearing participants that Blair County was invited to apply for funding through the Community Mental Health Block Grant (CMHBG), which, if awarded, will be used to expand mobile crisis and the Student Assistance Program (SAP).

Public Comments/Input

Participants were given the opportunity to comment and/or ask questions at the end of each presentation, as well as, at the conclusion of the hearing. No comments or questions were given.

Jim Hudack thanked everyone for attending and concluded the 2nd public hearing.

The hearing was recorded.

**Recorded “BlueJeans” Virtual Meeting Attendance
2nd Public Hearing
Friday, July 9, 2021 at 1:00 PM**

James Hudack: Executive Director, Blair County Department of Social Services
Theresa Rudy: Mental Health Program Director, Blair County Department of Social Services
Melissa Gillin: Human Services Director, Blair County Department of Social Services
Cindy James: CASSP Coordinator, Blair County Department of Social Services
Ken Dean: Mental Health Program Specialist, Blair County Department of Social Services
Jennifer Kensinger: Administrative Assistant, Blair County Department of Social Services
Judy Rosser: Executive Director, Blair Drug and Alcohol Program
Jamie Henry: Executive Director, Southern Alleghenies Service Management Group (SASMG)
Melissa Gordon: Developmental Disabilities Program Director, SASMG
Kelly Popich: Early Intervention Program Director, SASMG
Jon Frank: Chief, Blair County Juvenile Probation Office
Lisa Hann: Executive Director, Family Services
John Hooper: UPMC Western Behavioral Health of the Alleghenies
Commissioner Bruce Erb: Blair County
Aimee Burns: Executive Director, NAMI of Blair County
Amy Marten-Shanafelt: Executive Director: Blair HealthChoices
Katie Clauss: UPMC Western Behavioral Health of the Alleghenies

PART III: CROSS-COLLABORATION OF SERVICES

Shelter

During the FY 2020/2021, Blair County was able to address a variety of needs for the residents of Blair County. The Shelter Task Force has been meeting over the past five years in developing a plan to create a new homeless shelter that will be able to accommodate more individuals. The current homeless shelter only has the capacity of 16 beds. On an annual basis, the current homeless shelter turns away over 500 individuals who meet the criteria, but the shelter is already at capacity. Based on the additional need identified, it is our intent to identify a new facility that can accommodate 40 to 50 individuals. Over the past 2 years the Task Force has identified and purchased a property for a new homeless shelter as of August 2019. This building will allow for 35 shelter beds and create 6 two bedroom apartments on the second floor that can be for permanent residence. Currently, we are in the process of securing the necessary funding for the renovations with the blending of both public and private resources and working with a variety of stakeholders in the development of various aspects of the entire project. As of May 2021, we have been able secure over 85% of the funding towards the completion of this project. The architect and mechanical engineers have developed the final set of plans for the rehabilitation of the facility and all permits have been secured. Finally, the total project has been out to bid and are in the process of awarding the bids to the various contractors. The Task Force also worked with the local Community Action agency to have this agency be relocated adjacent to the new shelter to allow additional services to be available to those individuals who will reside in the shelter. The new building was completed and is in operations since the fall of 2020. This will ultimately create additional services to be offered to residents without the need to travel to different agencies across the county.

Stepping Up Initiative

Blair County has been a Stepping Up County since December 2017. As part of the initiative, a Mental Health Forensic Case Manager, paid for through the Human Service Block Grant, screens and assesses inmates for behavioral health and social determinant of health needs. All aftercare needs are addressed and coordinated with probation. Through 2020, the average percentage of inmates being treated for a mental illness was 81.6% of the total jail population. 8.4% were hospitalized within six months prior to incarceration. This was higher than average since the overall jail population was reduced due to COVID. COVID presented many challenges the past year that made it challenging to engage individuals in need of mental health services that were incarcerated. All case management had to be provided telephonically. There were also several unplanned releases to reduce the jail population, which made it difficult to ensure inmates had all their needs met before their release. 32.5% of those that were served by the Mental Health Forensic Case Manager did recidivate. 25% of the inmates served by the Mental Health Forensic Case Manager ended up refusing any aftercare to treat their mental illness. Both statistics are very concerning and likely due to action that needed to be taken because of COVID.

Although the outcomes were not as positive, overall, there is improved coordination and communication occurring about mental health and its impact within the criminal justice system. Blair County has initiated a Re-entry Coalition, which the Stepping Up Initiative now sits under, as well as, continued coordination with the Criminal Justice Advisory Board.

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

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. It was undergoing renovations and planned to be fully operational by the end of summer 2020, but COVID significantly delayed the project. The renovations are almost complete and once the City of Altoona inspects and approves all renovations, H.O.P.E. Drop In will be fully operational. In the meantime, the Director coordinated activities for attendees whenever feasible and safe. Most recently, H.O.P.E. Drop In partnered with NAMI to provide office space at the drop in and begin facilitating NAMI programming at the drop in. The Human Services Block Grant will continue to support ongoing operations, along with HealthChoices and other community support. In turn, H.O.P.E. Drop In plays a key role in Human Services Block Grant planning. They are active participants at the Human Services Block Grant public hearings and through the Community Support Program (CSP). They also participate in many other community outreach activities to increase awareness and reduce the stigma of behavioral health.

MH/ID Navigator

The Mental Health/Intellectual Disabilities (MH/ID) Navigator supports individuals who have a dual diagnosis and works to better coordinate services between the program areas of Intellectual Disabilities and Mental Health. This year, this position has worked with 18 teams to provide additional support and assistance to the team members. This position is responsible for our Technical Assistance Support Team (TAST) that reviews complex cases and offers suggestions and advice to the individual's team. Since July 1, 2019, TAST has reviewed 13 cases. The Navigator is the main contact person for any referral for the Dual Diagnosis Treatment Team (DDTT) and the Community Stabilization and Reintegration Unit (CSRU). The Navigator assists teams with discharge planning from the local psychiatric inpatient units. Finally, this position is responsible for requesting that a Higher Level Review be completed by ODP and OMHSAS for admission to the State Hospital or State Center, as well as assisting the support team with discharge planning from the State Hospital and State Center.

CRS Warm Hand Off

This year's retained funding received through the human service block grant continued to support the embedded Certified Recovery Specialists (CRSs) in the UPMC Altoona Emergency Department to facilitate warm hand off of substance use disorder patients. While they are embedded in the emergency department, over the last 2 ½ years their work continued to reach clients hospitalized on the floor units as well as inpatient psychiatric unit. Over the last 2 ½ years we have been able to look at the data and analyze the impact of this service within this environment.

All treatment experiences should be tailor-fit to best support the client that is seeking care, but there can be a lot to learn by summarizing data and analyzing variables that are presented when looking at program development or community issues. When reviewing the effectiveness of peer support embedded into the emergency department at UPMC Altoona, it clearly shows there was a gap in services prior to implementation of this program. When reviewing the variable of “primary reason for visit” within the data set it shows that roughly 47% of the individuals engaged at the hospital did not present to the emergency department seeking treatment, rather their primary concern was a physical health complaint, and an additional 11% came in seeking mental health support. Throughout the first 12 months of the program, January of 2019 through December 31, 2019, approximately 58% of the people who needed to be engaged in services prior to the onset of peer support would have been missed opportunities to provide care. This is a trend that has continued throughout 2020, with 62% of the individuals seen not initially identifying a drug and alcohol need, rather seeking care for an alternative issue but was identified as need D&A intervention by hospital staff. This can make drug and alcohol interventions more difficult because patients may be in the earlier stages of change and have not yet recognized their substance use issues for the CRS, but referrals continue to be made and clients continue to accept for care. This speaks to the change this program has also had on the physical healthcare atmosphere around addiction.

Another area to consider is in the arena of social network analysis. Social network analysis highlights the importance of structure as a means to characterize the social environment, and examining patterns of relationships between individuals and their influence on outcomes among members, just as outcomes among members are influenced by their position within the larger network structure. This broadly depicts individuals as embedded connections between collaborative partners and patients. One of the key undertakings of this method in the social sciences is the use of data that characterizes structures, positions, and dyadic dimensions to explore the overall shape and positive change that occurs as a result of interconnections within the network. Certified Recovery Specialist Supervisor reported a change in the hospital environment since the onset of the program citing, “When I began here, the medical staff was not sure of who I was or my role in the hospital, but through positive interactions and producing results the atmosphere slowly began to change. Medical Staff see me as a part of the team, someone who can not only help them with patients, but help the patients find recovery too, and I can be an example of how recovery works for people without substance use experience”. This position creates an arena for stigma to dissipate around those who struggle with addiction because it is a clear example the internal and external healing recovery can provide. This positive change is also shown numerically by the increase in referrals on the days the certified recovery specialist is not in the hospital as well. In the first 3 quarters of the 2020 fiscal year the referrals from the hospital have increased by 35% from 136 in the previous fiscal year to 184 as of March, 2020. With an average of around 50 client contacts monthly, the ED CRS position is expected to exceed the 803 contacts in the previous fiscal year by almost 100 additional individuals, and this is not including referrals outside of ED CRS hours, which have already increased by 35%.

Suicide Prevention

Blair County Suicide Prevention Task Force continues to partner with the American Foundation for Suicide Prevention and Prevent Suicide PA, which enables more opportunities to bring suicide awareness to Blair County. Even through COVID last year, we were still able to offer a Remembrance Path for our community, and was able to hold a virtual International Survivor of Suicide Loss for individuals of our county to participate in.

The county had the opportunity to have a Suicide Prevention/Mental Health Awareness Night at the local baseball PNC field in May, which enabled us to reach out to a different part of our community that has not been reached yet. During this event, agencies were able to share information and we had multiple interviews to share with the community on what Blair County is doing for suicide awareness and prevention.

Blair County has been identified by the Garrett Lee Smith grant team as a partner county. For this partnership we were asked to complete two survey measures, a pre and a post survey to help recognize youth at risk of suicide or in a suicide-related crisis and how often they move between multiple youth-serving systems (e.g., schools, primary care, SAP, crisis, emergency rooms, inpatient, outpatient). The grant has a primary goal of improving coordination and collaboration between these systems to better support youth and their families. In addition to promoting cross-systems efforts, the project offered resources and technical assistance for training, screening, awareness, and policy/procedure development within the systems listed above. Our county has completed the first survey measure, has held two stakeholder meetings, and will now begin working on the goals that were identified by the stakeholders. To not overwhelm the county, we will begin working on the two most recognized goals by the stakeholders which are:

- A. Increase screening efforts/improve screening practices within agencies and build awareness of screening among community members.
- B. Improve reentry procedures and protocols.

Forensic Re-entry Housing

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

The Blair County Re-entry Coalition is focused on assisting returning citizens with maintaining themselves in the community and preventing recidivism. At this time up to 68% of the population in Blair County prison recidivate. The Coalition has several sub-committees including education/employment, Resources, Prison, and housing.

Currently the coalition is working on obtaining a grant to assist individuals who are in the prison and could be released if they had acceptable home plans, with obtaining and maintaining housing, employment and resources. This grant could provide money for security deposit, rent and utilities for up to 24 months giving the re-entrant an opportunity to obtain employment and to become self-sufficient. At this time there are a number of individuals in the prison that could be released under this type of program.

Housing the Homeless during COVID-19

The state of emergency due to COVID-19 has caused all of us to think differently and creatively to continue to help and support our community. One of the challenges Blair County experienced was the ability to shelter the homeless population to contain the spread of COVID-19 in Blair County. A COVID-19 task force was developed with representatives from our local community action agency, Family Services, landlords, motels, city government, county government, emergency management, and other local stakeholders. This task force originally began meeting in late March 2020, twice a week, to develop a plan of action for the temporary and

permanent housing of the homeless population in Blair County. As a result of their efforts, over \$260,000 of blended funding was obtained to work on meeting this need. As of June 1, 2021, the following outcomes have been achieved; 215 households have been placed in at least temporary housing, representing 257 adults and 107 children. Of these households placed, 151 or 70% of them were able to be moved into permanent housing. Those placed in permanent living arrangements were supplied with the necessary household items they would need to maintain their new home. All individuals served were assessed each day to ensure their basic needs were being met, including meals and other related services. In partnership with the Salvation Army, Sister Paula's, and Center City Church, meals such as lunches, dinners, and food boxes are being provided to any of these households in need of nourishment. We have received gift cards and monetary donations from the people of Blair county to feed the homeless, and a collection of meal gift cards were distributed to the clients we placed in the hotels.

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

Landlord/Tenant Mediation Program

As a spin off from the housing the homeless task force, Blair County was able to establish a landlord/tenant mediation program. The Blair County Department of Social Services along with other stakeholders within the county developed and implemented a Landlord/Tenant mediation program to try to divert potential evictions from the court system. The workgroup consisted of staff from Blair County Department of Social Services, Blair County Community Action Program, Family Services, the Central PA Landlords Association, & other local volunteers. Family Services, Inc. is the agency that coordinates the program including the intake process, scheduling the mediation & also conducts a follow up with the individuals to gauge the outcome of the mediation agreement. The mediation process is a voluntary process between the landlord, tenant and a mediator to establish an agreement for payment that will help to prevent filing an eviction notice & keep the client in their home. Once an eviction notice is filed, it becomes a permanent file on a person's record and can prohibit the client from obtaining future rental housing. Seven individuals have been trained as certified mediator's and are part of a volunteer group of mediators in Blair County.

All categoricals will be funded for FY 2021/2022.

PART IV: HUMAN SERVICES NARRATIVE

Mental Health Services

(a) County MH Program Highlights:

COVID 19 Impact July 2020-February 2021

In February 2021 this information was submitted to Deputy Secretary Hauser on behalf of Blair HealthChoices and the Blair County Department of Social Services, we have noted the following impact specific to the COVID 19 pandemic to the behavioral health system and the people in our community:

- Our suicide rate in 2020 was up 20% from 2019 and at the highest rate since 2015. The rate of suicide for females almost doubled in 2020. A majority of individuals that committed suicide were 55 and older, followed by those between the ages of 26-35.
- Blair County had 55 accidental overdose deaths in 2020, compared to 29 in 2019.
- Year over year, we saw an increase in 302 commitments as outlined in the chart below:

	2019	2020	2021
January	46	55	55
February	37	44	33
March	53	53	51
April	56	41	52
May	43	59	68
June	48	58	
July	46	46	
August	44	61	
September	50	57	
October	62	57	
November	51	56	
December	39	46	
Totals	575	633	

- Despite efforts to sustain funding levels, one large provider has decided to close family based mental health services and adult and children partial hospitalization programs.
- Despite an increase in Medicaid enrollment, we have seen an 11% drop in children receiving services and a 4% drop in adults seeking services.
- Most services experienced decreases in units due to delivery of services being provided via telehealth, but drug and alcohol services, both community-based and residential, saw increases in utilization.
- We had ten waiver requests due to challenges with staffing in multiple levels of care
- H.O.P.E. Drop in, a peer run, peer driven drop in center had to close for several months and has only been able to operate with very limited capacity, with attendees reporting increases in fear, anxiety, and social isolation.

Specific issues related to Blair County Mental Health Contracts:

- **The Dorothy M. Tartaglio Home** opened in 1997 and is a PA DHS licensed Personal Care Home with 13 approved beds and is owned and operated by UPMC Western Behavioral Health of the Alleghenies (WBHA) formerly known as the Home Nursing Agency. Initially funded from Housing and Urban Development (HUD), Emergency Shelter (City of Altoona), County Community Hospital Integrated Placement Program (CHIPP) with closure of the Somerset State Hospital. Current funds Blair County MH Base Funds/County Match/Resident Rent and the DHS PCH Supplement. 95% of the residents have only SSI/SSDI income. 50% (4 of 8) of the Blair residents discharged from Torrance SH in FY 19/20 and 50% (2 of 4) to date in FY 20/21 were discharged to Tartaglio PCH.
 - 3 open beds at beginning of pandemic March 2020 – unable to fill.
 - 5 open beds by June 2020.
 - From Mar 2020 to present (Feb 2021) at least 3 beds open at all times due to state hospital not discharging and/or yellow/red zones at Tartaglio due to COVID exposure = over \$30,000 in lost revenue
 - Staff testing costs \$100/person – average cost of \$600 per testing cycle. 5 weeks of weekly testing (due to county positivity rate) = over \$3000 costs for testing supplies.
 - Full PPE (including N95s, shields, and gowns) was purchased for 8 staff members to be worn all shifts in yellow/red zones.
 - Purchased 2 TVs, various activity books such as coloring, word searches, journals, and supplies for residents to use while quarantined in their rooms.
 - Increased staff absence due to quarantine and sick time.
- **Lexington House (Psychiatric Rehabilitation ICCD Accredited Clubhouse)**
 - Decreased available service during shut down (instead of being open for 8 hours, meetings were offered lasting 2-3 hours).
 - Decreased social activities due to community closures.
 - Decreased capacity from 20 members to 12 members to ensure social distancing.
 - Increased cost of cleaning supplies/sanitizer due to sanitizing all surfaces multiple times daily and ensuring availability to all members.
 - Lost Transitional Employment position in local hotel due to layoffs.
- **Opportunity Club (Social Rehabilitation Drop In Center)**
 - Unable to provide social rehabilitation services for 6 months due to pandemic. (Population served is high risk for medical complications due to COVID and is unable to engage in group activities).

In general, we expect a significant increase in behavioral health service utilization following the pandemic due to untreated physical and behavioral health needs that are likely now exacerbated by increase anxiety and isolation.

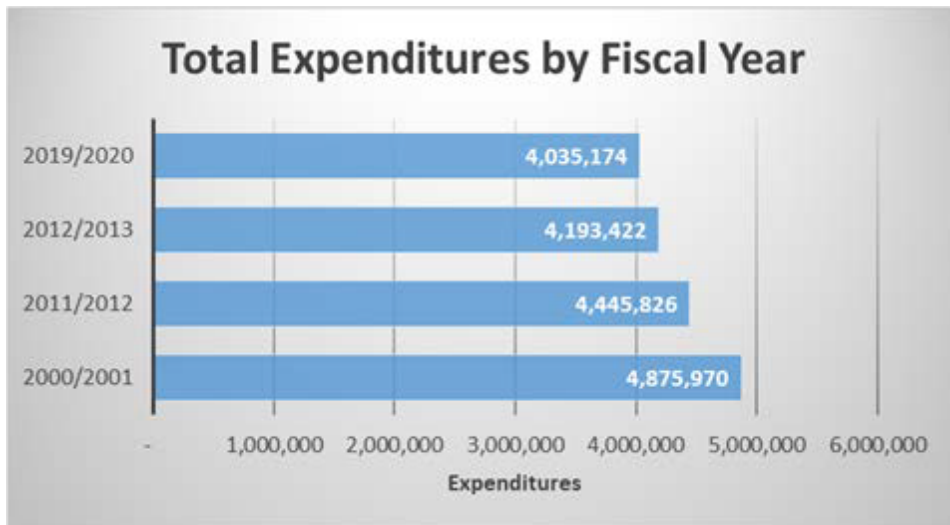
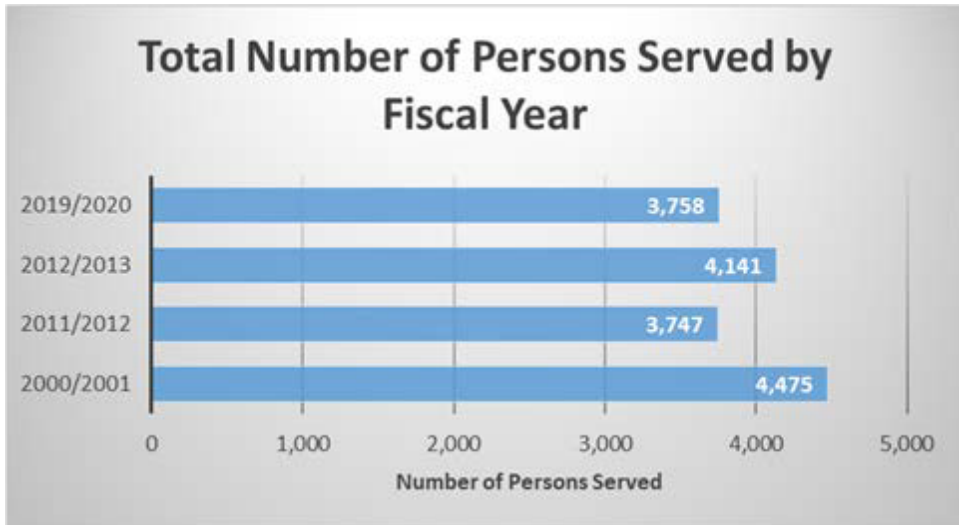
Coalition for the Mental Health (MH) Safety Net FY 2021-22 Budget/State-Funded County MH Services

The Coalition is giving voice to the issue and fact that County community mental health services are facing a crisis. The Coalition is made up of county, provider, and advocacy partners from across PA who recognize the necessity and urgency of increasing state support for county mental health services to help stave off the collapse of a core part of the Commonwealth's mental health system. The Commonwealth has not invested new funding in these services in over a decade. While the crisis has been building over the years, the COVID 19 pandemic has served to accelerate and deepen the impact of inadequate funding. Since 2009, state funding has remained flat, and this level funding, coupled with just the impact of normal inflation is having a devastating impact on the ability of counties to sustain these services. Level funding over the past decade translates into a reduction of approximately 25%. This does not include the 10% cut in 2012. This lack of adequate funding is well documented. Ongoing demand for mental health services is also growing significantly due to the COVID 19 pandemic.

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

The Coalition's agenda aligns with the PA County Commissioner's Association of PA (CCAP) 2021 Priorities of Protecting Funding for County Human Services, and Increased Funding for Mental Health Services. CCAP recognizes Counties provide community-based MH services such as community residential programs, family based support, outpatient care and crisis intervention, which are critical to the well-being of community members. A targeted, strategic investment of state dollars into county community mental health services is necessary to sustain the existing safety net and bolster the availability of mental health services. At the same time, the Behavioral HealthChoices program must be preserved to allow counties to coordinate and invest in mental health and drug and alcohol programs and services that meet local needs. Close collaboration between the legislature, the administration and counties is critical to addressing the mental health system and ensuring that the safety net remains sustainable for those who need it.

Blair County HSBG Leadership met together with local Legislators on 9/25/20 and each director gave an overview of their services and explained the HSBG funding streams/programs. The MH Director shared in the meeting packet the abbreviated MH Cost Center Definitions from the HSBG plan guidelines, the CCRI description of the MH Priority Groups, the CCRI POMS Summary Report FY 2019/20 and to illustrate how the Blair County MH Program has been directly impacted by all of the above funding issues compounded by the COVID 19 pandemic the charts below were shared:



Many difficult decisions were required by the County MH with their contracted agencies resulting in the closure of three important programs between December 2020-February 2021 - the UPMC Altoona Family Based MH Services (FBMHS), and UPMC Western Behavioral Health of the Alleghenies (WBHA) Acute Partial Hospitalization for Children, Adolescents, and Adults. UPMC Altoona inpatient psychiatric unit suspended adolescent admissions (14-18). UPMC Altoona transitioned the Student Assistance Program to the UPMC Western BHA and the transition was completed 10/15/2020.

The Blair HSBG Leadership Team continued regular meetings and regular communications with each other as we continue to learn how the pandemic was impacting daily operations at the administrative and direct care level plus monitoring expenditures through the HSBG funding streams. A second leadership meeting with our legislator's was held on 3/25/21 with the focus to highlight the importance of funding considerations as the state budget for 2021/22 is in progress. More importantly the discussion topics were meant to inform the team as we began preparation for the HSBG Annual Plan FY 21/22 and the first public hearing. The topics were (1) Impact of COVID 19 on our residents and programs (2) Long term projections of COVID 19 and its impact on our residents (3) What do each of you (Senator Judy Ward, and Representative's Jim Gregory, John Joyce, Lou Schmidt) believe we should be aware of in future planning (4) What are the most critical issues each of you are experiencing now with those you represent?

In March 2021, we identified the service lines with expenditures projected to be over or under the HSBG amounts allocated in the County contracts. We do appreciate the opportunity the block grant allows to transfer funds during the fiscal year with the block grant funding streams. The County MH did identify funds that would be more than the 5% retention allowed with the block grant and transferred funds to increase the Drug and Alcohol program, and the Intellectual Disabilities program's FY 20/21 block grant awards for their HSBG funding stream to use for expenses in the FY 20/21. The County DSS is working through a similar process to reallocate the block grant HSDF and HAP funding across these providers based on a review of un-audited actual expenses in the FY 20/21. The Blair HSBG leadership is projecting the funds remaining that are eligible for the DHS retention plan process to be higher than in the past several years. The retention plan projects will be developed, reviewed by the leadership team and submitted to DHS with the year-end Income and Expenditure report in September 2021.

Despite the funding situation and the COVID 19 pandemic, the County MH Program is proud to be part of the County Department of Social Services made up of 10 staff members who worked a hybrid schedule mid-March 2020 until returning to the office at the Courthouse full time mid May 2020. This dedication is what helps us successfully navigate the new normal business routines we all experience with the COVID 19 pandemic to sustain the connections with other County departments, community agencies, individuals and families served by community MH, and our peers across PA.

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

The Commonwealth of Pennsylvania Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) has announced funding opportunities that are being made available through the Community Mental Health Services Block Grant (CMHSBG) COVID-19 Response Funding granted to states through the Consolidated Appropriations Action of 2021 in combination with funds from Pennsylvania's annual CMHSBG award.

The Blair County Department of Social Services submitted two (2) Letters of Interest (LOI) to PA DHS OMHSAS in May 2021 asking consideration to be invited to complete applications in the program areas OMHSAS has submitted to the federal Substance Abuse Mental Health Services Administration (SAMHSA) and these are (1) Mobile Crisis Capacity Building, and (2) Student Assistance Program (SAP) Support.

OMHSAS has informed us both of these projects have been conditionally accepted for funding and invited to submit full applications due 7/12/21. The application for the UPMC Western Psychiatric Hospital (WPH) – Altoona Crisis may request a maximum of \$465,080 for Mobile Crisis expansion, and the UPMC Western Behavioral Health of the Alleghenies (WBHA) a maximum of \$258,176 for SAP expansion for the two-year period of 7/1/21 – 6/30/23.

[CMHSBG Block Grant Opportunity for SAP Expansion:](#)

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

[CMHSBG Block Grant Bullets for Mobile Crisis Expansion:](#)

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

9-8-8 - Additional Area of Interest for FY 2021/22 and beyond:

- Explore opportunities for UPMC Western Psychiatric Altoona Hospital Access Center to serve as call center for Blair County 9-8-8.
- The Access Center is embedded within UPMC Western Psychiatric Hospital Altoona Crisis Services, which is aligned with the UPMC Re:Solve Crisis Network, who is a designated operational site for the national suicide hotline and has potential to serve as a regional 9-8-8 hub.
- Recommend identifying who currently operates the national suicide hotline for Blair County, as part of 9-8-8 is mapped in accordance by stakeholders – FCC, Vibrant, and SAMSHA.

b) Strengths and Needs:

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

- **Strengths:**

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

- **Needs:**

- Participate with local agencies to address social isolation and learn what the aging in Blair County are experiencing to work on ways to help reduce and prevent social isolation.
 - Participate with Blair HC/CCBH to assure coordination with the Community HealthChoices initiative and also to promote with providers to enroll to accept Medicare for mental health treatment.
 - PA Council on Aging released 11/16/2020 a Health and Wellness Guide with information and resources to help older adults cultivate a healthy mind, body and spirit especially with the challenges of the COVID-19 pandemic. The SOLO (Strengthening Older Lives Online) Guide will be shared with the BH agencies and other systems represented at the HSBG Leadership Team table.

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

- **Strengths:**

- Peer Support Services expanded for a total of 4 agencies including Alternative Community Resource Program (ACRP), Cen Clear, Peerstar LLC, and UPMC Western BH of the Alleghenies (BHA)
 - Blended Case Management (BCM) expanded with 6 agencies total in Blair County with all participating in the Blair HC/CCBH Behavioral Health Home model with a nurse included at each BCM agency.
 - Wide array of Outpatient Psychiatric Clinics including Alternative Community Resource Program (ACRP), Blair Family Solutions, Cen Clear, Nulton Diagnostic and Treatment Services, UPMC Western BH of the Alleghenies (BHA), and Primary Health Network Altoona BH (FQHC)
 - HOPE Drop in Center purchased their own building in January 2020 (see page 26 for more information).

- NAMI Blair County offers the NAMI Peer to Peer, and Family to Family Education programs, NAMI Connection support group, and the Annual Recovery Conference. These programs worked to have these resource available “Virtually” during COVID 19.
- Lexington Clubhouse operated by UPMC Western BHA is ICCD accredited and expanded hours in FY 19/20 and 20/21 in the evenings and weekends.
- Active County Community Support Program (CSP) Committee meets monthly
- **Needs:**
 - Continue participation with the Blair HC/CCBH BCM Consortium monthly meetings with the 6 BCM agencies and this has been helping to keep everyone informed during the COVID-19 pandemic disaster situation on what is happening, what is working, and supporting the BCMs working in the communities at this time.
 - Continue partnerships with the County HSBG Leadership Team, and all County committees working to address providing safe, decent, and affordable housing to sustain current mental health supported housing projects, and to expand housing availability for all low income individuals with disabilities.
 - Continue partnerships with Office of Vocation Rehabilitation (OVR), MH Supported Employment Program, Lexington Clubhouse and local businesses to promote employment opportunities and look for funding opportunities for this work.
 - County HSBG Leadership Team will meet with local Legislator’s to advocate for adequate funds in FY 2021/22 in January 20201. A legislative meeting was held on 9/25/20.
- **Transition-age Youth (ages 18-26)**
 - **Strengths:**
 - Youth and Young Adult Peer Support Services have been added at Alternative Community Resource Program, Cen Clear, and UPMC Western BHA for ages 14 and older.
 - BCM staff work with youth as they transition to adulthood including assistance with finding housing, exploring educational and vocational options, accessing clinical and supportive services in the community.
 - Blair County Transition Council meets monthly and is actively supporting transition age youth from school to adulthood.
 - **Needs:**
 - Continue to build on the strengths above and assure transition age youth continue to be a priority and enhance what is available in the community through the implementation of the PA System of Care (SOC) initiative in Blair County. For example, the Youth Support Partner (YSP) guides youth through the process and ensure the youth voice is heard and the YSP shares their lived experience to help support youth to develop a team of natural and community supports.

- **Children (under age 18)**

- **Strengths:**

- CASSP Coordinator is Cindy James who has served in this position at the Blair County Department of Social Services for 12 years.
- CASSP Coordinator in FY 2019/20 facilitated 25 CASSP Team meetings involving children/adolescent at risk for psychiatric out of home placement (Psychiatric Residential Treatment Facility).
- CASSP Coordinator in FY 2019/20 participated in 52 team meetings held for children/youth/families with complex situations requiring the involvement of multiple child serving systems and agencies to rally the needed treatment, support and education planning services necessary.
- Student Assistance Program (SAP) MH Liaison services provided in the County 7 school districts and Catholic high school with 922 youth screened and assessed for suicide risk and recommendations for in school and community based treatment services in school year 2019/20.
- SAP Coordination Team and SAP School District Council (K-12) meet routinely during the school year with very active participation with the County DSS/MH, Drug and Alcohol Partnerships, SAP Regional staff, Blair HC/CCBH, school districts, and the MH and D&A agencies provided outpatient treatment in the school setting.
- County partnership with the Garrett Lee Smith Youth Suicide Prevention Grant Team allowing Blair County to promote early identification and referral of youth at risk of suicide and to increase the capability of behavioral health providers to screen, assess, manage and treat
- PA System of Care (SOC) initiative under the leadership of Blair HC in 2020 includes plans to implement High Fidelity Wraparound including new positions for a HiFi Coach, Facilitator, Family Support Partner, and Youth Support Partner
- Transition from BHRS to Intensive BH Services with County support for agencies to submit service descriptions to DHS/OMHSAS for approval/licensing including Children's BH, Cen Clear, Merakey, Blair Family Solutions, Evolution Counseling, Journey Center, Adelphoi MST, Alternative Community Resource Programs, and UPMC Western BH of the Alleghenies
- Evidence Based Practices in place include but not limited to Parent/Child Interaction Team (PCIT), Functional Family Therapy (FFT), Multi-Systemic Treatment, Positive Parenting Program (PPP), Trauma Focused Cognitive Behavioral Therapy (TFCBT).

- **Needs:**

- CASSP Coordinator and the SOC Coordinator to convene a meeting by January 31, 2021 to develop a protocol in response to the DHS Complex Case Bulletin
- County with the Garrett Lee Smith team are working to expand partnerships to support care transitions, reentry, and follow-up for youth admitted to and discharged from hospitals and treatment centers in FY 2020/21.

- The CASSP Advisory Committee and the SOC will collaborate to form one leadership team to continue implementation of the PA SOC model including offering training for a trauma informed community.
 - SAP Coordination Team and the SAP District Council are meeting more often in the school year 2020/21 to keep current with what is happening in the schools during the COVID 19 pandemic to adapt accordingly to meet the needs of students, families, teachers, and professionals.
- ***Individuals Transitioning From State Hospitals***
 - **Strengths:**
 - County Coordinator (Ken Dean 35 years plus MH experience) works closely with the Transitional and Community Integration staff at the UPMC BHA made up of the State Hospital Liaison (John Hooper) and psychiatric nurse (Ken Wojno), in collaboration with the Torrance State Hospital treatment team(s) with the County Community Support Plan (CSP) process facilitated by the Allegheny County HC Inc. with 32 CSP meetings held in FY 2019/20. There were 10 admissions and 8 discharges from the TSH civil unit in 19/20 with 4 individuals discharged home with family, 1 to a group home with an Intellectual Disabilities waiver, and 4 to the Tartaglio Personal Care Home owned and operated by the UPMC BHA in Altoona.
 - County MH collaboration with TSH staff and UPMC BHA since the March 2020 COVID 19 disaster declaration resulted in changing the trial visit protocol from multiple trial visits to a 30-day trial visit and direct discharge upon successful completion of the CSP. 3 individuals discharged to the Tartaglio personal care home with 1 in June, 1 in September and 1 in October 2020.
 - **Needs**
 - Tartaglio PCH has 9 bedrooms and is licensed to have a maximum of 13 individuals by the DHS. Due to the current COVID 19 pandemic the rooms are limited to single room occupancy. All residents are low income with Supplemental SSI and/or SSDI only with most eligible for the state/federal personal care home. A decrease in the census capacity during COVID 19 will result in a loss of about \$100,000 R&B income in FY 20/21. Additionally, staff administer COVID 19 testing at the PCH which costs \$900 per test which is \$8,100 to do once per month and does not include staff time.
 - PHARE funds (\$25,000) have been secured to use through December 2021 for repairs of the sprinkler system and handicapped ramp at the Tartaglio PCH. Plan to apply for funds to continue needed repairs in the next PHARE application.
 - Alternate funding will be explored to cover the increased COVID 19 related expenses at the Tartaglio PCH through the City of Altoona, Blair County, and other opportunities that may be available with CARES Act etc.

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

- **Strengths:**

- Partnerships with the Behavioral Health service providers to treat individuals of all ages with co-occurring MH/SUD. These include but are not limited to the Recovery Oriented Methadone (ROM) and the D&A Recovery Oriented Systems of Care (ROSC) Initiatives.
- Pyramid HealthCare and CRC at Cove Forge offer in county residential rehabilitation and both have increased the number of dually licensed beds in FY 19/20.
- County wide commitment since 2002 to provide the infrastructure and training staff to better serve individuals with co-occurring disorders as the expectation not the exception.

- **Needs:**

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

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

- **Strengths:**

- Blair County Criminal Justice Advisory Board (CJAB) meets monthly with a membership reflecting an array of County stakeholders.
- Blair CJAB subcommittees include the Re-Entry Coalition, Veteran's Subcommittee, and Stepping Up Initiative since 12/19/17.
- MH Forensic Case Manager position created in 2017 (see cross system collaboration page 28 of this document).
- Stepping Up Committee developed a Strategic Plan with Goals and Objectives in November 2019 to reduce the number of people with mental illness booked into the jail, reduce the length of time in jail, increase connections to treatment, reduce recidivism, and data integration.

- **Needs:**
 - Stepping Up Committee updating the Strategic Plan for 2021
 - Reentry Coalition gathering information to apply for grant opportunities for a position to coordinate a strategic plan, develop action steps and identify funding to develop and implement re-entry services. More detail page 28

- **Veterans:**
 - **Strengths:**
 - CJAB Veteran’s sub-committee exploring peer mentoring/advocacy when veterans are in the court system.
 - James VanZandt VA Medical Center in Altoona has a Behavioral Health Clinic with competent clinical professionals
 - **Needs:**
 - Ongoing communication with the VA in 2021 for identification of current strengths/needs

- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**
 - **Strengths:**
 - Evolution Counseling in Altoona offers “Allies” support group for LGBTQ Youth and families and meets monthly.
 - **Needs:**
 - County CSP Committee had a support group for Adults that is not meeting.
 - Outreach is needed to resume this group.
 - Outreach to the LQBT Center in Harrisburg about their resources

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

▪ **Needs:**

- Utilize the RCPA DEI Committee resources and tools and promote with the County and Providers to use these guidelines in the DEI policy development and share the guide with interested parties to the related resources.
- Monitor the new Census data and the County MH CCRI Demographics related to individuals served. The prior Census reflects Blair 95.6% White. The Blair CCRI Data SFY 2019-20 reflects 85% White, 6% Black, and 6% other or not volunteered.
- Partner with Blair HC, Community Care, and local community agencies and contribute County MH training funds on the “new training topics” referenced above in the strengths.
- County MH Staff are participating in the Urgency of Awareness Training and will continue to build knowledge in this area and learn how best to practice what is learned in the work environment, provision of treatment and supportive services, and in the community at large.

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

Yes No

The PA Care Partnership has offered CLC training to their System of Care (SOC) partners including Blair for several years. The Blair SOC Coordinator/High Fidelity Wraparound Coach is interested to create a sub-workgroup focused on Cultural and Linguistic Competency to improve CLC through the work of staff, organizations, and our community. The PA Grant Director Community of Practice is offering a virtual “Urgency of Awareness” training presented by Jodi Pfarr. This leadership multi-day training is scheduled 8/17/21 and 8/31/21 from 9 a – 12 p both days. Each participant will receive a copy of “The Urgency of Awareness: Unlocking the Power within Individual, Organizational, and Community Efforts”.

Another opportunity through the PA Care Partnership is the Supporting LGBTQ+ Community Conversations on Sexuality and Gender with the next webinar on 6/29/21 2:30 p-4 p “Learn about the Language, the Culture, and the People”.

The PA DHS “Racial Equity Report 2021” is another document useful to us as we continue to evolve in this area and plan for staff and community education/awareness each year.

The RCPA Rehabilitation and Community Providers Association has created a Diversity, Equity, and Inclusion (DEI) Committee and there are many resources posted at their website www.paproviders.org. One useful article is titled “RCPA DEI Policies: Frequently Asked Questions” regarding DEI policy development and refinement, and to guide interested parties to related resources.

OMHSAS has awarded Counties funds for Housing and Infant Early Childhood training and in 2021 added to the list of approved trainings eligible for these dollars. OMHSAS has encouraged Counties to promote training for Housing and IEC MH staff on health inequities, racial justice, and related topics to ensure staff are actively working to provide person-centered care to every individual and family served within our system. We will look for opportunities to partner our funding with other organizations such as some of those noted above and beyond to plan, raise awareness, and train to build competencies in these important areas for the future.

In accordance with the 2021 HealthChoices Program Standards and Requirements, Blair HealthChoices and Community Care are complying with the NCQA’s requirements for multicultural health care to attain NCQA Multicultural Health Care Distinction. An annual workplan has been developed and is being reviewed in order for the final to be submitted by the June 30, 2021 deadline.

In August 2020, Community Care released the Performance Standards: Ensuring Safe and Welcoming Treatment Environments for Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Asexual (LGBTQIA+) Members. A provider alert accompanied the release to notify all programs and providers of the new performance standards and requiring all providers be in compliance by September 1, 2020. The performance standards are “intended to provide a foundation and serve as a tool to promote continuous quality improvement and progression towards best practice performance, increase the consistency of service delivery and supervision of staff, and improve outcomes for LGBTQIA+ members and their families.”

<https://providers.ccbh.com/uploads/files/Performance-Standards/202008-perf-standards-lgbtqia.pdf>

Are there any additional DEI efforts that the County has completed to address health inequities?

Yes No

Does the County currently have any suicide prevention initiatives?

Yes No

The Blair County Suicide Prevention Task Force (SPTF) was established in October 2004 and consists of about 25 community members including family survivors of suicide. The task force partners with the American Foundation for Suicide Prevention (AFSP) AFSP Eastern PA Chapter and Prevent Suicide PA. An AFSP Business Plan is developed for each fiscal year with activities described in the areas of fundraising, survivor programs, prevention/education/research, and public relations.

Achievements of the local task force in partnership with the Central PA AFSP:

Holding ten successful Out of the Darkness Community Walks in Blair County beginning in 2011 and our eleventh walk will be held Sunday, 9/19/21 at Lakemont Park.

Sponsoring the 2021 Altoona Curve (5/26/21) event that focused on awareness of suicide risk and improve help-seeking in the community.

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

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

Suicide Bereavement Group (SBG) – the SPTF and UPMC Western BH of the Alleghenies (WBHA) met in May 2021 to finalize the agreement and arrangements for the new SBG to meet the first and third Wednesday of each month beginning July 7, 2021 from 6p-7p. at 500 East Chestnut Avenue Altoona PA.

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

The Blair Community Care Provider Advisory Committee met in June 2021 and one of the items shared and discussed was the CCBH Provider Alert #6 dated 3/23/21 “Monitoring Guidelines of Provider Implementation of Suicide Prevention Interventions” with the purpose to provide guidelines and resources to all providers and programs of the expectations related to implementation of suicide prevention protocols to be implemented by July 2021. Education and resources related to suicide prevention can be found on the Community Care’s website, and there are plans to offer a six-part webinar series regarding these suicide prevention performance standards.

PA Act 36 of 2018, The Employment First Act:

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

Yes No

Point of Contact: Theresa Rudy, Mental Health Program Director

Email: trudy@blairco.org

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

Yes No

County MH Office Supported Employment Data		
Data Requested	County Response	Notes
Total Number Served	49	
# served ages 14 up to 21	5	
# served ages 21 up to 65	44	
# of male individuals served	31	
# of females individuals served	18	
# of non-binary individuals served	0	
Non-Hispanic White	44	1 unknown
Hispanic and Latino (of any race)	0	
Black or African American	4	
Asian	0	
Native Americans and Alaska Natives	0	
Native Hawaiians and Pacific Islanders	0	
Two or more races	0	
# of individuals served who have more than one disability	32	
# of individuals served who have more than one disability	0	
# working part-time (30 hrs. or less per wk.)	17	
# working full-time (over 30 hrs. per wk.)	3	
Lowest earned wage	\$9.50	
Highest earned wage	\$19.17	
# receiving employer offered benefits; (i.e. insurance, retirement, paid leave)	13	

) Supportive Housing:

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
<p>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).</p>									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 19-20 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 21-22 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 19-20	Projected Number to be Served in FY 21-22	Number of Targeted BH Units FY 19-20	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Notes:									

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 19-20	Projected \$ amount for FY 21-22	Actual or Estimated Number Served in FY 19-20	Projected Number to be Served in FY 21-22	Number of Bridge Subsidies in FY 19-20	Average Monthly Subsidy Amount in FY 19-20	Number of Individuals Transitioned to another Subsidy in FY 19-20	Year Project first started
Notes:									

3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 19-20	Projected \$ Amount for FY 21-22	Actual or Estimated Number Served in FY 19-12	Projected Number to be Served in FY 21-22	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 19-20	Average subsidy amount in FY 19-20	Year Project first started
Notes:									

4. Housing Clearinghouse for Behavioral Health

Check if available in the county and complete the section.

An agency that coordinates and manages permanent supportive housing opportunities.

	*Funding Source by Type (include grants, federal, state & local sources)	<i>Total \$</i> Amount for FY 19-20	Projected \$ Amount for FY 21-22	Actual or Estimated Number Served in FY 19-20	Projected Number to be Served in FY 21-22			Number of Staff FTEs in FY 19-20	Year Project first started
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.

	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
UPMC WBHA - PATH	MH HSBG 10248	\$66,197	\$102,913	50	75			1.1	2004
	MH NonBG	\$47,087	\$47,087						
Blair Senior – DOM Care	MH HSBG 10248	\$6,118	\$10,000	12	15			.10	1996
Skills – HSS Staff	MH HSBG 10248	\$1,596	\$5,000	19	30			.10	1990
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.					
	Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY19-20	Projected \$ Amount for FY21-22	Actual or Estimated Number Served in FY19-20	Projected Number to be Served in FY21-22			Number of Staff FTEs in FY19-20	Year Project first started
UPMC WBHA- Blair House	MH HSBG 10248	\$94,495	\$94,495	22	22			1.05	1990
	County Match	\$10,499	\$10,499						
	Rent	\$13,528	\$13,785						
UPMC WBHA- Juniata House	MH HSBG 10248	\$34,350	\$33,982	5	5			.60	2003
	County Match	\$3,817	\$3,043						
	Rent	\$3,458	\$3,500						
UPMC WBHA – Tartaglio Home	MH HSBG 10248	\$207,605	\$150,151	13	13			9.05	1997
	MH HSBG – CMHSBG 70154	\$151,391	\$141,391						
	County Match	\$10,185	\$10,185						
	Rent	\$107,090	\$128,000						
Totals		\$636,418	\$589,031						
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.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 19-20	Projected \$ Amount for FY 21-22	Actual or Estimated Number Served in FY 19-20	Projected Number to be Served in FY 21-22			Average Contingency Amount per person	Year Project first started
UPMC WBHA-PATH	MH HSBG 10248	\$3,757	\$10,000	8	20			\$470	2003
Skills	MH HSBG	\$4,447	\$10,000	19	30			\$234	1990
Notes:									

7. Other: Identify the Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Project Based Operating Assistance (PBOA is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 19-20	Projected \$ Amount for FY 21-22	Actual or Estimated Number Served in FY 19-20	Projected Number to be Served in FY 21-22			Year Project first started	
Notes:									

d) Recovery-Oriented Systems Transformation (ROST):

FY 2020/2021 Update

Blair County Department of Social Services (DSS) and Blair HealthChoices have met to review relevant data, system progress, and stakeholder input in developing the Human Services Plan for FY 2021/2022. This has included a discussion on recovery-oriented systems transformation. The top four priorities related to these efforts include the following:

1) Increasing Community Tenure

Hope Opportunity Purpose and Empowerment (HOPE) Drop In began in 2015 and in FY 2016/17 entered a County MH Contract with an award of \$30,000 initially from HSBG 3% retention for the HOPE Drop In Executive Director salary/benefits for the part – time position. HOPE completed the CCRI Provider Enrollment as a Social Rehabilitation (Drop In Center) service type approved by DHS March 2017. A new CRRRI Provider Enrollment application was submitted June 2021 for the new building purchased in December 2019. The County MH contract with HOPE in FY 2021/22 is approximately \$40,000.

The County MH program in January 2021 added two agencies to provide Family Based MHS and Blended Case Management – Blair Family Solutions and Cen-Clear.

The County MH program with UPMC Altoona submitted a Letter of Interest to expand Mobile Crisis and with UPMC WBHA an LOI to enhance the Student Assistance Program. Blair has received conditional awards and an invitation to submit an application to DHS/OMHSAS for each project which are due 7/12/21.

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

There are 16 therapists certified to do Trauma Focused Cognitive Behavioral Therapy in Blair County. A Trauma Summit was held in 2019 and the follow up summit that was to happen in the Spring 2020 was not held due to the pandemic. Blair HealthChoices developed a High Fidelity Wraparound Team in FY 20/21 supported by the System of Care Grant.

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

The County MH program transitioned the MH SAP liaison contract from UPMC Altoona to UPMC Western BHA in October 2020. There are currently 4 full time master level MH SAP Liaison's plus a full time supervisor. The Summer SAP summer bridge and summer groups were not held in 2020 but are in progress beginning June 2021. The Blair SAP District Council and SAP Coordination Team met more often in FY 2020/21 to keep connected with the many challenges posed during the COVID 19 pandemic this school year and to prepare for the new school year.

4) Increase Housing Options and Supports

During FY 2020/21 the COVID 19 emergency situation there was a human service community wide need to partner to maximize opportunities for safe, decent, affordable housing especially for individuals with disabilities in the low-moderate income category. Case managers are working together to assist individuals access Housing Assistance Program funding which increased with the CARES Act. The Forensic Re-entry Coalition continued to meet focusing on individuals returning to the community from jail.

d.2) Increase Community Tenure – Mobile Crisis Expansion

Continuing from prior year New Priority

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

The primary goal of Altoona Crisis Services is to provide the highest possible quality of crisis intervention services to all populations consistent with recovery principles aiming to support individuals and their family members with coping strategies and mitigate risks and safety planning to maintain oneself in the community while expediting entry into treatment services and linkage to community resources.

To be most responsive in meeting the demand for crisis services and support individuals in the community, Blair County is proposing the expansion of Mobile Crisis services to allow three additional liaisons to foster the ability to have multiple crisis team responses in the community. These crisis clinicians will be specially trained master's level professionals, responding in teams with specialized workflow incorporated to maximize safety and therapeutic response. Crisis Clinicians will provide mobile crisis intervention to individuals in teams of two throughout the county and provide follow-up for individuals discharged from an inpatient behavioral health level of care or emergency room evaluation. The goal of crisis expansion is to increase ability to respond to individuals in crisis and ensure all intervention options have been utilized, avoiding unnecessary utilization of the police or emergency department. Crisis Clinicians attend annual training hours for suicide screening and assessment, crisis intervention, community safety planning and Motivational Interviewing, which will be utilized for assessment and intervention.

If a mobile crisis intervention results in a referral to the emergency room, the crisis clinicians will initiate safety planning and provide a warm hand-off to the emergency room team. The crisis team will provide for enhanced collaboration between SAP and ER Evaluators for continuity of care and utilization of developed crisis safety plan.

Timeline: DHS OMHSAS Grant Application will be submitted by the July 12, 2021 due date and OMHSAS funding award in August 2021. The County MH contract will be amended accordingly and UPMC will add 3 full time Crisis Clinicians between October 2021 and January 2022.

Resources: Funding for the expansion is the PA CMHSBG grant opportunity for FY 2021/22.

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

d.3) Building a Trauma Informed Care Culture in Children’s Mental Health – System of Care and Garrett Lee Smith

Continuing from prior year New Priority

System of Care Partnership

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

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

The Blair County Partnership Committee will be working on increasing the family and youth involvement within the Partnership committee as well as within other committees in the county. This is done by providing compensation through the System of Care for their participation in the meetings to hear their voices. These voices are needed in Blair County to get the youth and family perspective and help to move Blair County forward with a focus on improving behavioral health outcomes for children and their families.

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

A focus of the Partnership Committee is to finalize the county’s complex case policy and procedures within our county. This will enable child serving entities to come together to help assist the more individual and family complexities that we are seeing within our county.

Another focus of the Partnership Committee is to look at county trainings and promoting a “one stop shop” for all trainings within the county.

Timeline: Continue to increase youth and family participation in the Partnership Committee, as well as within other committees in the county where youth and family voice are needed. The goal is to have at least one more youth and one more family partner by the end of the 2021 calendar year, and then adding one of each by the end of the June 2022 fiscal year. Memorandums of Understanding - it is the goal of the partnership committee to have 15 MOU’s signed by December of 2021, with an additional 5 more signed by June 2022.

The Blair County Complex Case Policy and Procedure will be put into place by the end of summer 2021, and the complex case committee will begin having monthly meetings, as needed, to help the more complex youth and families that we are serving as a county.

The partnership committee is exploring options of having a training website, as well as a training calendar available. The initial planning is having the website through our partner agency, the Healthy Blair County Coalition. This will be confirmed by September 2021, with all county trainings that are available up and listed by the end of October 2021. This site will be monitored continually by several people who can make changes, additions, wants and needs on a regular basis.

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

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

Garrett Lee Smith Grant Partnership

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

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

Due to the COVID pandemic the stakeholder meetings did not take place till spring of 2021. Blair county Stakeholders, the county, and the Garrett Lee Smith Grant Team met two times (March 25th and April 26th) to look at the data collected, the strengths within the county, as well as looking at some areas of growth. As of the April 26th meeting, the stakeholders wanted the county to work on the following: Increase screening efforts/improve screening protocols within organizations and build awareness of screening among community members; and improve communication, coordination of suicide prevention practices, and resource sharing across systems, and improve reentry procedures and protocols.

Timeline: The focus is to continue meeting with the Garrett Lee Smith Grant Team on a regular basis and begin working on implementing the above goals that came out of the strategic planning. By the end of summer

2021, both goals will be housed out of committees that are already working on suicide prevention efforts within the county.

Improve communication, coordination of suicide prevention practices, and resource sharing across systems and improving reentry procedures and protocols: meeting to come up with plan (by end of September 2021), implementing plan (by December 2021), asking for feedback (by end of February 2022), re-evaluating the plan and making changes if needed (May 2022) and then monitoring the plan (Ongoing).

Increase screening efforts/improve screening protocols within organizations and build awareness of screening among community members: Blair County has already begun looking at how to promote the Columbia Suicide Risk Assessment within our county among agencies, as well as community members. By the end of September 2021, the goal is to have two trainings about the screening assessment, have billboards in place promoting the app of the Columbia Suicide Risk Assessment, and will have promoted the screening app two times at local sporting venues, as well as the promotion of the app at the local suicide prevention walk. By the end of November 2021, the committee working on this goal will meet with the app developers to see if any changes need to be put into place; By June of 2021, have at least two trainings, quarterly, on the Columbia Suicide Screening Process. In March of 2022, data will be looked at to see if more people are using the app and screening process and looking at the data will be ongoing monthly.

Resources Needed: The Garrett Lee Smith Grant Team will continue to provide technical assistance to the county as needed. A grant is also available to help with some related activities for the adult suicide prevention, so a partnership was formed to apply for the grant to help the county in improving screening efforts. Also, committees that are already in place will take ownership of some of the goals to begin working on them.

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

d.4) Increase Quality and Consistency with Services Related to Prevention and Early Identification of Behavioral Health Issues for Children and Youth

Continuing from prior year New Priority

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

However, there are times, that students may experience extreme emotional distress at school that requires immediate intervention. With the high demand placed on formal mobile crisis intervention teams at this time, Blair County is proposing the expansion of SAP services to allow four additional liaisons. Two of these SAP liaisons will be specially trained master's level SAP professionals. The specialty liaisons will provide on-call, crisis intervention to students throughout the county. The goal of the highly trained SAP liaison is to provide additional professional support to the school's identified SAP liaison or school personnel ensuring all

intervention options have been utilized, before making a referral to the local crisis center or emergency department. The specialty liaison will complete additional training hours focused on suicide screening and assessment, crisis intervention, and Motivational Interviewing, which will be utilized for assessment and intervention. The specialty liaison will also demonstrate competencies in each of these areas.

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

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

Timeline: DHS OMHSAS Grant Application will be submitted by the July 12, 2021 due date and OMHSAS funding award in August 2021. The County MH contract will be amended accordingly and UPMC will add 2 full time master level MH SAP Liaison's between October 2021 and January 2022.

Fiscal and Other Resources: Funding for the expansion is the PA CMHSBG grant opportunity for FY 2021/22. Data resources are the CCRI encounter reporting, and the OMHSAS JQRS, DPE PA 4092.

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

d.5) Increase Housing Options and Support – Forensic Re-Entry Coalition

Continuing from prior year New Priority

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

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

The Coalition is working on obtaining a grant to assist individuals in the prison who could be released if they had acceptable home plans. This grant could provide money for security deposit, rent and utilities for up to 24

months giving the re-entrant an opportunity to obtain employment and to become self-sufficient, to obtain and maintain housing, employment and resources.

At this time there are at least 8 individuals in the prison who self- identify as homeless, and could be released under this type of program.

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

Goals and objectives of the Reentry Coalition would include:

- 1. To have a standardized assessment for all inmates to be done within 72 hours of incarceration, with results that would follow the inmate both during incarceration and after release.*
- 2. To have a designated individual(s) to work with the returning citizen to review their needs and make referrals to appropriate providers and to communicate their both their current status and possible needs upon release.*
- 3. A develop a process for a warm hand-off of the reentrant to community services within 7 days of release.*
- 4. To provide Data tracking to monitor progress and recidivism for up to 24 months.*
- 5. To reduce recidivism by ensuring that housing, employment, financial assistance, treatment and supports are available and being maintained.*

Timeline: The Coalition convened a strategic plan process in April 2021 and are developing priorities for FY 2021/22. The Coalition is currently working with the County Grants Developer for Community Development on grant opportunities for Rental Assistance supports through ESG, CDBG, and/or PHARE as these funding cycles occur through the FY.

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

Tracking Mechanism: The County HSBG Leadership Team meets monthly and receives routine reports regarding the work of the MH Forensic Case Manager and will identify any challenges/barriers that the team can partner to make improvements. The County LHOT also a leadership table to partner on a variety of housing opportunities and coordinate resources in this housing arena.

e) Existing County Mental Health Services:

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

*HC = HealthChoices

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment	No							
Supportive Housing	No							
Supported Employment	No							
Integrated Treatment for Co-occurring Disorders (MH/SA)	No							
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	No							
Multisystemic Therapy	Yes	27	TAM-R, SAM, CAM, PIR	Agency with MST Institute	TAM-R monthly, SAM and CAM every other month, PIR every 6 months	Yes	Yes	Licensing and Measurement of the implementation of MST is a function of the MST Institute.
Functional Family Therapy	Yes	62	FFT Assessment Protocol, Weekly Supervision Checklist and Global Therapist Ratings (GTR)	Agency with FFT LLC and FFT National	Supervision checklist is weekly, GTR is 3 times per year.			FFT LLC trains, consults, and provides QA, FFT site certifications, and FSS Clinical Supervisor System (CSS)
Family Psycho-Education	No							

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer/Family Satisfaction Team	Yes	500-600	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist- Total**	Yes	196	
CPS Services for Transition Age Youth	Yes	26	Ages 16-24
CPS Services for Older Adults	Yes	51	55+
Other Funded Certified Peer Specialist – Total**	No		
CPS Services for Transition Age Youth	No		
CPS Services for Older Adults	No		
Dialectical Behavioral Therapy	Yes		Unable to measure because not using modifier
Mobile Meds	No		
Wellness Recovery Action Plan (WRAP)	Yes		Unable to measure because not using modifier
High Fidelity Wrap Around/Joint Planning Team	No	4	
Shared Decision Making	Yes		Family Group Decision Making; Unable to measure because not using modifier
Psychiatric Rehabilitation Services (including clubhouse)	Yes	67	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	Yes		Unable to measure because not using modifier
Consumer Operated Services	Yes	214	
Parent Child Interaction Therapy	Yes	unknown	
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	unknown	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	unknown	
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

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

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

h) Certified Peer Specialist Employment Survey:

Total Number of CPSs Employed	26
Number Full Time (30 hours or more)	8
Number Part Time (Under 30 hours)	18

CPS Agency comments:

Increased difficulty hiring and retaining staff.

BH-MCO rate has made it difficult to sustain CPS. BH-MCO rate increased 3/1/21, which agencies say will be helpful.

Recognize the value and importance of hiring CPS integrated in all types of MH programs.

i) Involuntary Mental Health Treatment:

1. During CY2020, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?
 - No, chose to opt-out for all of CY2020
 - 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 CY2019
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 CY2020 (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 CY2019:

- How many written petitions for AOT services were received during the opt-out period?
0
- How many individuals did the county identify who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c))?
NA

	AOT	IOT
Number of individual's subject to involuntary treatment in CY2020	0	12
Inpatient hospitalizations following an involuntary outpatient treatment for CY2020		NA
Number of AOT modification hearings in CY20220	0	
Number of 180-day extended orders in CY2020	0	0
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2020	NA	\$16,480

j) CCRI Data reporting

File/Report Name	Description	Date Format Transfer/Mode	Due Date	Reporting Document
837P Reporting	Reports each time consumer has an encounter with county/provider. Format/data based on HIPAA compliant 837P format	ASCII files via FTP	Due within 90 calendar 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 2020 been reported to the state as a pseudo claim? Yes No

Categorical State Funding-FY 20-21

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

INTELLECTUAL DISABILITY SERVICES

Everyday Lives has been a foundational principle for Blair County since the first conference in Harrisburg in the early 1990's. Through Person Centered Thinking (PCT) and Person Centered Planning (PCP), Southern Alleghenies Service Management (SASMG) supports the residents of Blair County to experience an Everyday Life. For over 21 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 18 years. This past year (2020-2021) this training had to be postponed due to the COVID-19 pandemic. As restrictions are lifted, SASMG will resume this training. To further address the principles of Everyday Lives SASMG is part of the collaborative that utilizes the Lifecourse tools. Blair County has identified itself as a single member of the above collaborative.

SASMG is a non-profit agency, under contract with the County of Blair to deliver the requirements of the Administrative Entity Operating Agreement. SASMG also manages all funding streams for people with intellectual disabilities. The service system starts at Intake, and includes the management of supports for all of the Eight hundred and six (806) people who are active. Each person, regardless of his or her place of residence (from state centers to a private apartment) or the services that they are receiving chooses a Supports Coordinator (SC). Along with all team members, the SC facilitates the development of a plan in the Home and Community Services Information System (HCSIS), authorized by SASMG.

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

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

Individuals Served

	<i>Estimated Individuals served in FY 20-21</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 21-22</i>	<i>Percent of total Individuals Served</i>
Supported Employment	2	.001	4	.002
Pre-Vocational	0	0	0	0
Adult Training Facility	0	0	0	0
Base Funded Supports Coordination	30	.015	40	.02
Residential (6400)/unlicensed	0	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	4	.002	6	.003
PDS/VF	0	0	0	0
Family Driven Family Support Services	0	0	0	0

Supported Employment:

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

To address the barrier of families expecting service and having little confidence in their loved one obtaining gainful employment after graduation, SASMG has sponsored a summer employment grant for the past eight fiscal years. The grant helps students have a typical high school work experience. This year the COVID-19 pandemic prevented the applications for the grant. Funds were reallocated to the HSBG block grant.

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

Supports Coordination:

Paired with the Lifecourse Grant and Community of Person-Centered Practices a service request form has been implemented that requires the SCO to explore natural supports prior to the request of paid services. To enhance the skills of Supports Coordinators (SC)'s, we recognize the need for additional training on how to build bridges and how to identify generic and natural supports.

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

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

Life sharing Options:

Life sharing continues to be priority in Blair County. Many of the longest relationships have resulted from Life sharing. SASMG will continue to participate in Life sharing groups and collaboratives, as well as ensuring that this is discussed before all other living options when planning with a person.

The barriers to Life sharing often resulted in the funding arrangement between agencies and families as well as the lack of potential families. Surveys and demographic studies have been completed to review what a "typical" life sharing family is comprised of. Currently 18 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 has the ability to identify and recommend supports that will more fully respond to the needs of people with multiple needs. During monthly review meetings initiatives that have been developed that address the strategic priorities are identified, decisions made as to the urgency and consensus to respond to the requests are made. A great cross systems example of the efforts of this group is the establishment and funding of a Dual diagnosis navigator. The Navigator is able to supplement teams and act as a resource to help both disciplines communicate and collaborate.

SASMG has been a regular active member of the local Transition Council. Through that venue two-day Person-Centered Thinking sessions have been offered and many education professionals have been trained on the creation of a One Page Description that captures vital information about each student that can be carried forward with them throughout their educational career and into the adult system, making for a smooth transition from school to adult supports. Multiple training sessions for parents have been conducted as well throughout the fall. Unfortunately, due to the Covid-19 pandemic training opportunities could not be scheduled.

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

Emergency Supports:

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

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

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

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 follow them at all times. The more informed people are, the better their service design can be. The PA Family Network has offered training to SCO's and

to students through the transition expo. SASMG participated in the credentialing of an Ambassador training for the Lifecourse. Planning efforts will resume in the fall.

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

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

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

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

Blair's Risk Management group meets monthly, with representatives from the AE, SCO's, Providers and the HCQU. A website was developed to share guidance tools, supervision tip sheets, and best practices for incident management reporting for consistency to help teams' better support people. A quarterly newsletter is published and is accessible to all provider agencies. ODP has been involved as Theresa Burgard and Randy 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 assure following all the rules. Unfortunately, there are a few who see the opportunity through the Participant Directed Supports/Vendor Fiscal (PDS/VF) model to hire friends and family members at the published rates, which is significantly higher than the entry level rate of provider agencies in Blair County.

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

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

Community for All:

Blair County's census at state operated Intermediate Care Facilities for people with Intellectual Disabilities (ICF/ID) is twenty-one. One hundred fifty-seven people live in licensed residential settings, and eighteen live in licensed Life sharing homes. Thirty attend Vocational Training facilities, and the census at five Adult Training Facilities is One hundred and thirteen. These numbers are down due to the Covid-19 pandemic. Not all programs are working at full capacity due to social distancing guidelines and people choosing not to return to services. The on-going goal of all teams is to help people supported and their families to access less restrictive services. For instance, a discussion about the option of Life Sharing takes place at least annually with all who reside in licensed residential settings. Employment is a high priority for those who have spent time in vocational training and are thinking about the next move. In addition, all Adult Training Facilities work hard to give everyone opportunities to engage in community activities that are specific to the needs and wants of each person. The adherence to the CMS final rule will continue to assist people to explore the options of an Everyday Life.

Homeless Assistance Services

Services To Be Provided

Bridge Housing

Blair County will not be offering Bridge Housing services in FY 21-22. Our local community action agency has not seen a need for Bridge Housing this past year. The requests in our community have been for Rental/Utility Assistance or for Emergency Shelter. With the moratorium being extended so many times there is a lack of affordable housing in our County. There has also been an abundance of funds to assist individuals/families with either Rapid Re-housing or Homeless Prevention funds due to COVID-19.

Case Management

As of July 1, 2021, Blair County Community Action and Family Services, Inc. will receive HAP dollars for Case Management. This service runs through all the components of HAP and is designed to provide a series of coordinated activities to determine, with the client, what services are needed to prevent the reoccurrence of homelessness and to coordinate their timely provision by administering agency and community resources. Case Managers assist in identifying needs and reasons for homelessness or near homelessness. The focus is to provide clients with the tools and skills needed to prevent future homeless situations. The many services include budgeting, life skills, job preparation, home management, and referral to drug and alcohol services, if necessary.

Blair County Community Action Agency

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

Family Services, Inc.

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

The objective of Family Services' Victim Services Program is to work with victims/survivors of domestic violence and other victimizing crimes to remain free from violence and abuse; to move towards emotional and financial stability so they may become self-sufficient, not relying on an abuser. We will provide these services for one to twelve months. Family Services anticipates serving approximately 30 adults and 35 children with new safe housing in FY 21/22 utilizing this new model.

Family Services' Victim Services Program has served 590 DV/SA/OC victims as of July 1, 2020, through March 31, 2021.

Family Services has provided 2243.9 hours of Supportive Counseling to survivors of domestic violence as of July 1, 2020 through March 31, 2021 which consisted of goal planning, obtaining employment and housing. In FY 19/20 the program provided a total of 3158.6 hours of Supportive Counseling. Family Services is projecting to provide 3500 hours of Supportive Counseling in FY 21/22.

Achievements and Improvements in Services

Blair County Community Action Agency

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

Blair County Community Action anticipates to serve 250 individuals in FY 21/22.

Family Services, Inc.

During FY 19/20, the Victim Services Program provided thirteen (13) victims and their families with emergency safe shelter to flee domestic violence. Five (5) of those families were assisted in finding new permanent housing, safe and free from abuse. Others were assisted in returning to their residence while legally having their abuser removed from the residence. Two (2) were assisted in relocating out of Blair County for safety reasons.

Unmet Needs and Gaps

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

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

Evaluation of Efficacy of Case Management

Blair County Community Action Agency

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

Family Services, Inc.

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

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

Case Management Service Results

Blair County Community Action

As of March 31, 2021, for FY 20/21, Blair County Community Action has served 67 individuals.

From July 1, 2020 through March 31, 2021, 10 households received help with Rental and/or Utility Assistance; and 29 households received a hotel/motel stay to avoid homelessness.

Family Services, Inc.

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

In FY 2019/2020, 0% of participants returned their housing ESQ and 0% of them rated their answers to questions #3, 9-11, 14, and 18 as a 3 or above out of a maximum of 5. Questions #3, 9-1, 14, and 18 specifically rate their success toward self-sufficiency strategies and goals.

Rental Assistance

As of July 1, 2021, Blair County Community Action Agency will receive HAP dollars for Rental Assistance. This service provides payments for rent, mortgage arrearage for home and trailer owners, rental costs for trailers and trailer lots, security deposits and utilities to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences. The HAP provider works with the landlord to maximize the client's chances for staying in his/her apartment or home, or works with the client to find a more affordable apartment. HAP can also be used to move out of shelter, into an affordable apartment.

Blair County Community Action projects to serve 20 individuals in FY 21/22.

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

Achievements and Improvements in Services

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

Unmet Needs and Gaps

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

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

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

Rental Assistance Service Results

Currently, Blair County Community Action has served 26 individuals from July 1, 2020 through March 31, 2021.

From July 1, 2020 through March 31, 2021, 4 households received help with Rental Arrears Assistance, 2 households received Utility Assistance to avoid eviction and 4 households were assisted with moving into new units.

Availability of existing housing was decreased due to the eviction moratorium, making it more difficult to find suitable housing. Staff were able to stay connected to clients virtually and via phone support but this was difficult for some clients.

Emergency Shelter

As of July 1, 2021, Blair County Community Action and Family Services, Inc. will receive HAP dollars for the Emergency Shelter and the Victim Services Program. This service provides refuge and care services to persons who are in immediate need and are homeless with no permanent legal residence of their own, or, who are victims of domestic violence.

Blair County Community Action

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

Blair County Community Action projects to serve 35 individuals in FY 2021/2022.

Family Services, Inc.

As of July 1, 2020, Family Services Incorporated will receive HAP dollars for Emergency Shelter Services. The agency will use these funds to provide emergency shelter to victims/survivors of domestic violence. Victims/survivors fleeing domestic violence for safety reasons will be provided up to 30 days' emergency shelter at local hotels. During the time of their emergency shelter, victims/survivors will work with the Family Services Victim Services Counselor Advocates to determine housing needs and options. When appropriate, victims/survivors will be referred to the Family Services Victim Services Housing Advocate to find long-term, stable, and safe housing within their budget. Referrals to Blair County Community Action, Home Nursing, and other agencies may also be appropriate.

The objective of Family Services' Victim Services Program is to work with victims/survivors of domestic violence and other victimizing crimes to remain free from violence and abuse; to move towards emotional and financial stability so they may become self-sufficient, not relying on an abuser. We will provide these services for one to twelve months. Beginning July 1, 2021 through June 30, 2022, we anticipate serving approximately 30 adults and 35 children utilizing this new model.

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

The Family Shelter accepts self-referrals as well as referrals from Blair County social service agencies and religious organizations. In January of 2018, Family Services, Inc. became part of the Coordinated Entry System of Eastern PA. The agency strives to affect positive change by providing a clean, safe, and supportive environment while assisting clients in obtaining permanent housing and other services necessary to achieve a more independent lifestyle. On site case management is provided on a daily basis in order to help clients move toward self-sufficiency more expeditiously. The Family Shelter provides services to approximately 180 individuals/families a year and is accessible 24 hours a day.

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

Program outcomes include the following:

Increased safety:

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

Increased self-sufficiency:

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

Family Services has served 142 individuals from July 1, 2020 through March 31, 2021 and projects to serve 200 individuals in FY 21/22. They project to turn away 1,500 individuals due to the shelter being full and project 5,100 days of shelter provided.

For FY 20/21, as of March 31, 2021, the Emergency Shelter has served 53 men, 61 women, and 28 children and the number of brief contact calls for shelter was 1,596. The number of days of shelter provided was 3,480.

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

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

Achievements and Improvements of Services

Currently Blair County Community Action has served 57 individuals from July 1, 2020 through March 31, 2021.

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

Family Services has seen a decrease in the average length of stay so far in FY 20/21. As of March 31, 2020 the average length of stay was 26 days. In FY 19/20, the average length of stay was 34 days.

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

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

Unmet Needs and Gaps

- There is still a significant shortage of shelter beds in Blair County.
- Lack of transportation in rural areas or after normal business hours
- Lack of jobs that provide a living wage.
- Households with zero income are not eligible even in inclement weather
- 1,237 Individuals were turned away due to the shelter being full in FY 20/21 as of March 31, 2021
- Lack of permanent, affordable housing resulting in longer lengths of stay in the shelter decreasing the number of individuals served. The current housing situation lends to 2 year (or longer) waiting lists for subsidized housing in the Blair County area. These programs have stopped accepting applications in the latter part of the fiscal year, which is a trend we have seen in the past few years.
- Residents in Blair County continue to struggle with their ability to pay utilities putting them at risk of being evicted.

Evaluation of Efficacy of Emergency Shelter Services

Blair County Community Action

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

Family Services, Inc.

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

Emergency Shelter Service Results FY 20/21

Blair County Community Action

As of March 31st, 2020 Blair County Community Action has assisted 29 households with Emergency Hotel/Motel stays.

Family Services, Inc.

From July 1, 2020 through March 31, 2021, 8 DV/SA/OC victims were placed in a motel for up to 30 days.

Family Services currently tracks whether a client went to a new home or returned to previous residence upon exit from the Victim Services Program. As of July 1, 2020, the Victim Services Program provided emergency shelter to thirteen (13) persons; five (5) of whom successfully obtained permanent, safe housing; two (2) of whom were relocated out of Blair County; two (2) have returned to their abuser; and four (4) have discontinued without notifying Family Services of their intentions.

According to the latest exit survey results, 100% of the participants felt safe while in the shelter. The current fiscal year statistics report indicates that 100% of the participants increased their knowledge of community resources; 48% were able to obtain employment; and 73% were able to obtain housing.

The Emergency Shelter remained open and operational during COVID-19. PPE (Personal Protective Equipment) was made available and enhanced cleaning of the facility occurred.

Availability of existing housing was decreased due to the eviction moratorium, making it more difficult to find suitable housing. Staff were able to stay connected to clients virtually and via phone support but this was difficult for some clients.

Other Housing Supports

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

Homeless Management Information Systems (HMIS)

Blair County Community Action Agency

Blair County Community Action Agency reported the following data on the known destination of clients who stayed longer than 90 days and exited their homeless programs. In their HUD funded Rapid Re-Housing 1 (formerly known as RRH 2 (Journey) and SCRRH) Program during the year between 10/1/2019 thru 9/30/2020 there were a total of 224. Of this 224, 134 (90%) Households exited into permanent housing. There are also 90 stayers.

Blair County Community Action Agency also tracks participation in mainstream benefits but not the increase in usage. In their program 92 participants were receiving 1 or more mainstream benefits (in the case of this program the benefits included Medicaid and food stamps).

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

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

Family Services, Inc.

Family Services currently tracks the number of homeless or near homeless individuals who received emergency shelter and were then transitioned into stable housing. For FY 2020/2021, 142 clients received emergency shelter and 104 of the 142 (73%) 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 2020/2021, the known destinations, by zip code, for clients are as follows:

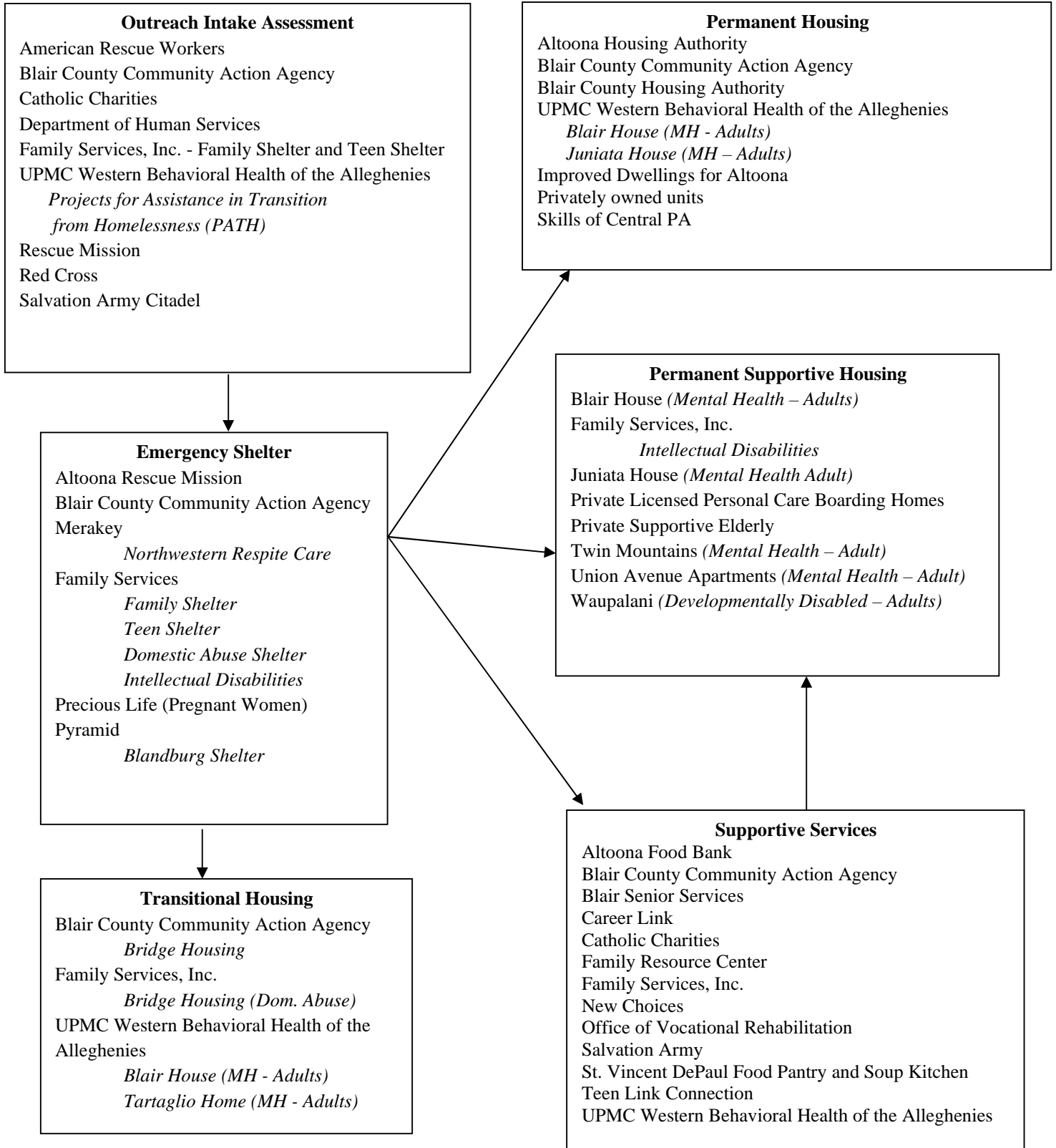
- Zip Code 16601 – 16 consumers
- Zip Code 16602 - 25 consumers
- Zip Code 16617 - 0 consumers
- Zip Code 16635 - 2 consumers
- Zip Code 16648 - 1 consumer
- Zip Code 16673 - 0 consumers
- Zip Code 16637 - 0 consumers
- Zip Code 16686 - 3 consumers
- Zip Code 15901 – 1 consumer
- Zip Code 16621 – 1 consumer
- Zip Code 17243 – 1 consumer

The staff of the Family Shelter tracks the percentage of clients who are still in permanent housing at 6 week intervals. As of March 31, 2021 the percentage was 100%.

The staff of the Family Shelter also tracks the number of people who are turned away due to lack of space at the shelter. From July 1, 2020 through March 31, 2021, 1,237 individuals had to be turned away because the shelter was full.

Family Services Inc. has also begun to track the increased participation by homeless individuals in mainstream systems. During the 2019/2020 fiscal year, 178 referrals were made to mainstream systems and 161 (90%) had followed through and participated.

2022 Blair County Continuum of Care Services



SUBSTANCE USE DISORDER SERVICES

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

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

2. Overdose Survivors' Data:

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

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

In September 2019, Blair SCA was awarded a federal grant in partnership with the University of Pittsburgh Overdose Task Force to implement a first responder screening brief intervention and referral to treatment (SBIRT) protocols and warm handoff to our 24/7 on call system with our Emergency Management System

(EMS). Both of the Blair County based EMS agreed to be part of the project. In addition, we were the first county in the state to include two police departments in this model. We will be developing the training and warm hand off protocols for the law enforcement partners.

Fiscal Year 2018-2019 & 2019-2020

# of Overdose Survivors	# Referred to Treatment	Referral Method(s)	#Refused Treatment
2018-2019			
53	46	Warm Handoff (Direct admit to tx or assessment to treatment)	7
2019-2020			
42	34	Warm Handoff (Direct admit to tx or assessment to treatment)	8

3. Levels of Care (LOC):

LOC ASAM Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	2	0	
4	2	0	
3.7 WM	18	2	
3.7	0	0	Not Available in the State
3.5	32	2	
3.1	18	3	
2.5	2	1	
2.1	5	5	
1	9	9	
OTP	5	5	

4. Treatment Services Needed in County:

The state, as well as, the SCA continues to work on the ASAM expansion. The SCA and BH-MCO has provided on going roundtables to assist the providers in their planning to come into alignment for OP and IOP. The state has taken the lead on 2.5, 3.5, 3.7 WM, 3.7. As of 7/1/2021, all OP will be substantially aligned and IOP will continue to align themselves through the 2021/2022 fiscal year. DDAP has started to complete the 2.5 alignments and 3.7 will be completed during the 21/22 fiscal year. As for gap services, there is a statewide gap in adolescent services. The 18 months of COVID impact and the best practices being modeled through Children, Youth and Families and Juvenile Probation has resulted in a vacuum of adolescent services, specifically residential. The SCA, Blair HealthChoices and Community Care are convening a workgroup and local providers to develop a more

robust continuum of services for adolescents. We are reviewing community based/home based models that may support keeping youth in their home environment and minimizing residential placement. We are also working regionally to develop a RFP that may support a residential placement for adolescent males and females.

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 though we are not supported through these funds. We were just awarded a Center of Excellence status in January 2021. In addition, two physical health providers and two behavioral health providers were also awarded this status. This provides a total of 5 sites in a fifth class county.

Workforce Crisis:

As with human service agencies, we have experienced a significant shortage in qualified staff in our community. We, as a system, continue to evaluate and develop ways to recruit individuals to our field.

Ongoing Training Needs:

As reported last year, the SCA implemented a federal grant to expand MAT services and EBP within the treatment system. The SCA in collaboration with DDAP and UPMC Center for High Value Health (CHVH) will again provide training in ASAM leadership training for clinical supervisor staff and ASAM individual service planning training in the beginning of the 2021-2022 fiscal year. In addition, in the last fiscal year the SCA was provided a grant to offer the Evidence Based Program from the MATRIX on methamphetamine

Trends impacting care:

The increase of methamphetamine/fentanyl has had a very devastating impact on our treatment system, community partners and families. The SCA is part of a methamphetamine workgroup through our BH-MCO Community Care. We are working to develop best practices at the time of intervention in our ED, jails, central booking and continuum of services that can support individuals at time of warm handoff.

The SCA continues to operate mobile assessments and 24/7 on call for the CRS 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. In addition, we have a federal grant that is focused on first responders (EMS). We have developed universal screening, intervention and referral to care from EMS contacts.

The SCA was invited to be part of an initiative through our local health choices partners, Blair HealthChoices and Community Care. The Community Based Care Management (CBCM) Program was established in 2021 by Blair HealthChoices to improve behavioral health outcomes, increase the partnership with Community Based Organizations, encourage the use of preventative services, mitigate

Social Determinants of Health Barriers, and reduce healthcare disparities (CARES team). The project provided an addition of one Certified Recovery Specialist to support the mobile work of this project.

BDAP is currently in sustainability planning for the grants. With the current funding and partnerships on these models, we have been able to sustain the following projects:

- CRS/ED Warm Handoff Project
- Case Manager embedded in our Health Beginning pregnancy care unit. We have expanded her role to provide service planning for social determinants of health to include the purchase of a vehicle to overcome the number one reason for SUD pregnant moms missing appointments
- CRS 24/7 On Call
- Ongoing Evidence Based Training to Clinical Staff
- Certified Recovery Specialist training (offered 2 times a year at our site)

The SCA is also supporting the planning for a recovery community organization in Blair County. We will be working with a committee under our organization, Rise for Recovery, to begin the planning.

5. Access to and Use of Narcan in County:

The SCA was able to work with the county prison to provide NARCAN upon release to all inmates being processed out of the prison. The SCA provided pouches for the NARCAN with a brochure on its use as well as information on how to access care. We do not have data at this time as the project was just implemented. The supply is provided by our local CCE. There has not been any expansion from last year by police departments. The same number exist this year that provide NARCAN. The SCA is able to provide NARCAN for free to the general community. In addition, starting July 1, 2018, the SCA educates 100% of all assessment clients on NARCAN and provide it to those who are interested in having NARCAN. Since this time, we have dispensed over 1000 NARCAN kits. We also work with our CCE to ensure first responders are utilizing this resource. The SCA also provides community education on overdose prevention. We work with partners when attending health fairs to provide NARCAN.

6. County Warm Handoff Process:

The SCA has expanded its warm hand off to other intercept points during the last year. We have been utilizing the ED warm handoff since July 1, 2016. This has expanded to the inpatient case management unit at all three hospitals to provide mobile assessment available on the inpatient medical floor prior to discharge. We currently have a working relationship with the probation office to provide warm hand off of OUD/SUD probation/parolees when testing hot in the field. In addition, we have developed a relationship with the inpatient psychiatric unit to provide warm hand off to our mobile assessment unit for all OUD/SUD patients prior to discharge from the unit. We have been able to increase the number of individuals engaging in treatment post discharge. As previously reported, we are expanding warm handoff protocols to both of the Emergency Management Systems and to the two largest police departments in the county. We now have a physical presence at our largest Health Beginnings program

to support this program and we will begin discussions with the Healthy Beginnings program in the southern end of our county.

Mobile assessment performed: 2019/2020 to date

Location	Mobile Assessments Completed
3G-UPMC Inpatient Psychiatric Unit	47
UPMC Hospital	62
APO	24
JPO	0
BCP	173
Pyramid IP	4
Cove Forge	8
Nason Hospital	0
VA Home	0
JC Blair Hospital (Huntingdon)	4
Penn Highlands School	1
Epworth Nursing Home	1
PA State Parole (Altoona office)	1
Sheetz-Met in Community	1
Discovery House	3
Adelphoi Youth Program (transitional youth)	1
Total	330

Warm Handoff Data:

Data	FY 19-20 to date
# of Individuals Contacted (Overdose)	65
# of Individuals who Entered Treatment (Overdose)	34
# of other Individuals Contacted	803
# of individuals who have Entered Treatment	338
# of individuals who have Completed Treatment	**Not available at this time

**We will be establishing a baseline this year. We will define completion as the Warm Handoff to the initial level of care and/or 90 days in care.

Human Services and Supports/Human Services Development Fund

Services to Be Provided

Adult Services

Program Name: Counseling Services

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

Family Services, Inc. provides a diverse range of counseling services for low income persons of all ages. However, the counseling services funded through HSDF are provided only to those who are between the ages of 18 and 59 years of age or under. The primary purpose and need of the counseling programs are to provide counseling services that assist people in solving problems that are interfering with their healthy development and functioning. The expected outcome is that people will learn the skills necessary to solve their problems in the future. This outcome prepares the clients to move toward economic and emotional self-sufficiency and moves clients to a more optimal level of functioning and wellbeing. It helps families to become stronger and improves life skill development. Unfortunately, Family Services was unable to provide services to clients from July 1, 2020 – March 31, 2021 due to the impact of COVID-19.

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

Many people have a myriad of problems when they call. CONTACT volunteers listen for the unspoken, as well as the spoken, indicators while assisting the caller in determining the most appropriate source of help. CONTACT attempts to address each of the callers' needs and/or successfully refer the caller to the proper agency for help. CONTACT volunteers are trained to listen reflectively to persons of all ages and socio-economic backgrounds. There are two types of information and referral calls received by CONTACT Altoona: (1) persons knowing what the problem is and seeking a referral to solve their problem or persons seeking services from a certain agency; and (2) a caller may need a referral to another agency for help in solving his/her problems. When it becomes apparent that a referral is appropriate, the telephone workers may suggest a referral. In many instances it is advisable to assist callers in how to approach an agency when calling. Good

information and referral services will assist callers in how to present their problems so they will not be denied service before reaching the appropriate person.

CONTACT Altoona is one of the founding partners in the PA 2-1-1 initiative. CONTACT Altoona serves 211 by updating resources within the database. We also use the 211 database for callers calling into the helpline with needs of information and referral. CONTACT Altoona's provision of Information and Referral Program in Blair County is necessary and essential in the implementation of PA 2-1-1. CONTACT Altoona continually updates and maintains the PA 2-1-1 Database (<https://www.211.org/>). The PA 2-1-1 Database provides the most accurate and updated resources for information and referrals in response to health and human service needs. The PA 211 Database is accessible 24 hours a day through the PA 2-1-1 website and by phone (2-1-1), ensuring information and referral services available to all members of the community. CONTACT Altoona's provision of information and referral services is necessary and vital in the implementation of 2-1-1, 24 hours a day, 365 days a year.

In year 2020 CONTACT Altoona received 1,947 information and referral calls. This increased by 501 calls from year 2019. This call increase was due to local individuals calling in with fears of COVID-19 and fears of society and government. Even though our calls increased, CONTACT Altoona never missed a beat and was able to easily transition to fully remote services, within a single working day. This enabled us to continue to serve the needs of individuals calling for services and ease fears and confusion surrounding the pandemic.

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

Aging Services

Program Name: OPTIONS

Description of Services:

Blair Senior Services provides Care Management Services. All persons requesting or receiving Care Management services are assigned to a Care Manager. An initial visit is scheduled with the consumer and the family, if requested. This initial visit is conducted within 7 days of the receipt of the referral. The consumer is assessed for all care needs, using the Needs Assessment Tool (NAT). The information is then used to create a care plan to meet the consumer's needs. The Care Manager uses the information gained in the assessments to assess a Needs Assessment Score for the consumer. This score determines the consumer's position on a waiting list for services, should a waiting list exist. Regardless of a consumer being on a waiting list, Care Management services are still provided. The Long Term Living Program Supervisor or Reviewer reviews all completed assessments and care plans. Consumers approved to begin services are offered a choice of providers and the services are initiated. A follow-up call is made to the consumer two weeks following the initiation of services. Consumers are reassessed annually or more frequently if needed, to assess for any changes in need. The Care manager is available to the consumer for assistance with provider issues, scheduling, change in services or amounts of service, assistance with applications and forms completion, and as a source of information and referral. Those consumers who remain on the waiting list receive contact every 3 months from the Care Manager to assess the consumer's desire to stay on the waiting list. The Care Manager is available for assistance with applications, forms completion and as a source of information and referral.

During the COVID-19 pandemic, OPTIONS care management activities were completed by phone call versus face-to-face contact during periods of high COVID-19 positivity rates in Blair County and/or throughout the

state, per Pennsylvania Department of Aging instruction. Aside from this modification, OPTIONS services continued to provide service normally during the pandemic.

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

In year 2020, CONTACT Altoona's non-MH Reassurance Program completed 12043 calls. The calls increased by 741. This increase was more than likely due to increasing our standards for number of shifts covered and the ability to cover more shifts and add more clients.

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

Client Population to be Served:

Adult, Aging, SUD, MH and ID

Specialized Services

Program Name: Big Brothers Big Sisters Mentoring

Description of Services:

Big Brothers Big Sisters of Blair County, Inc. an affiliate of Big Brothers Big Sisters of America, Inc. provides youth mentoring services designed to help a child develop a positive relationship with a caring adult, who serves as a role model and will see the child on a regularly scheduled basis. The Agency provides youth development activities, programs, and family support through donations, fundraising events, and small grants. These programs, which are conducted on a monthly or weekly basis, are age appropriate and utilize Search Institute's 40 Developmental Assets as a base for presenting a wide variety of youth development activities. The agency has a core group of children and youth who continually participate monthly providing a greater impact and learning. Big Brothers Big Sisters of Blair County, Inc. has expanded services to include site-

based/school-based mentoring, known as SMART programing. These programs are designed in partnership with school personnel to meet the needs of school identified students. The program runs the duration of the academic year with supervised summer opportunities for the students to meet outside of the school setting. Currently, Big Brothers Big Sisters of Blair County is present in four school districts with a fifth at Penn State Altoona. In the next five years, the Agency plans to have a running program in all Blair County school districts.

Through their Community-based Mentoring Program, Big Brothers Big Sisters of Blair County supported 32 matches in 2020. Unfortunately, due to the inconsistency of in-person instruction, the 2020-2021 school year did not see all of the school-based programs running with only two running completely, either in-person, virtually, or a hybrid. The agency had 14 matches for the 2020-2021 school year. During the 2019-2020 school year, Big Brothers Big Sisters of Blair County had a total of 61 matches throughout the various SMART Programs, serving 120 children in total. With the start of the 2021-2022 academic year, Big Brothers Big Sisters of Blair County expects to have all of the previous SMART programs back up running with in-person match meetings for the students. Through the duration of the matches' time together and at the matches' close, satisfaction and youth surveys are presented to the Big, Little and the Little's parent/guardian, as well as the referring teachers from mentees' classes. Consistently and frequently, Big Brothers Big Sisters has received positive feedback from all parties involved in the program, as well as reports from teachers indicating progress in the Little's academics. The impact the programs have on participant's education is evident through our surveys done by teachers and parents/guardians. Big Brothers Big Sisters has found over the years that the mentees enrolled in the programs skipped half as many days of school as did their peers not enrolled. They have felt more competent about doing schoolwork and skipped fewer classes. In addition, the programs have the ability to change a youth's whole perspective on school and education. Surveys conducted show that 97% of mentees said working hard in school is very important, 95% of mentees said going to school and getting a good education is very important, and 94% of mentees said graduating from college is very important. With data showing such strong benefits to the youth, it is becoming ever more important to find children mentors to give them the strong chance of successful futures; thus, helping their lives and the communities as a whole.

Program Name: Teen Link Connection

Description of Services:

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

The 18th annual Teen Power Day looked a little different this year. Due to COVID-19, we were not able to host our typical Teen Power Day since it is such a large event and schools were not in person schooling or open to field trips. As the Teen Pregnancy Prevention Team, we discussed and decided to use a substitute way to reach out to encourage and share information with the students. Using a grant, we purchased supplies and put together 72 care packages: a draw string backpack, a journal, scented pen, bubbles, play dough, ear buds, lotion, and a dice game. The items selected for the care package were all chosen because of their sensory benefits. We hoped to offer the students an opportunity to find some assistance in developing more proper coping skills in this chaotic period. We normally have 3-4 schools who participate in Teen Power Day and this year was no exceptions as 3 of our local schools opted to participate in this opportunity for their students. Once the care packages were delivered to the guidance counselors, they all responded with great appreciation!

We are beginning to plan and prepare for CHOICES, our 8-week summer program, which is scheduled to take place at Evergreen Manors from the end of June to the middle of August. CHOICES will be divided into 2 groups, per request of the property manager, being made available to all female residents between the ages of 12 and 16 and male residents ages 8 to 12. Once again we will be joined by local agencies such as Family Services, Blair Drug and Alcohol Partnerships, Evolution Counseling and Altoona Lung Specialists to partner with us in sharing information with participants regarding risky choices and the consequences they bring. This year we hope to get parents more involved by encouraging them to meet their students after each session and to allow us to share information about each of these topics with them as well. The CHOICES program is designed to teach students to make positive life decisions, avoid risky behaviors and to build healthy relationships in the home and in the community. We have seen positive changes between the students in their interactions with one another as well as adhering to property rules.

Winter Warmth 2020 served 53 children ages 4 to 15 thanks to many shoppers who volunteered their time to shop for these children. When parents submitted their child's application, we also asked them to give us a detailed list of their child's needs, likes and sizes. Once the volunteers completed their shopping, they delivered the bags to the agency that then distributed them on to their families. The Winter Warmth program is an excellent opportunity for children to get appropriate winter clothing. This program helps by meeting needs which the families themselves were not able to supply for the child.

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

Interagency Coordination

The Blair County Department of Social Services helps fund a coordinated county-wide Needs Assessment through collaboration with the Healthy Blair County Coalition (HBCC). The Healthy Blair County Coalition (HBCC) is a partnership of local individuals and organizations working to promote the social, economic, emotional, and physical well-being of our community. The Steering Committee collaborates with a broader group of community stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing and implementing strategies and activities. Currently, there are 132 community partners who represent individuals and organizations such as social services, government, planning, public health, education, hospitals, community foundations, healthcare providers/behavioral health, businesses, economic development, criminal justice, libraries, drug and alcohol, health insurance/managed care, media, recreation, etc.

Interagency Coordination expenditures include expenses incurred for staff to attend the following Human Services Committees or Councils which serve in an advisory capacity: Blair County Health & Welfare Council, Blair County Local Housing Options Team (LHOT), Healthy Blair County Coalition (HBCC), Blair County Leadership Coalition, and Operation Our Town Housing Roundtable to name a few. These collaborations are vital for the coordination of not only state funded programs but the link to private partnerships such as faith based organizations, United Way, and local leaders. Expenditures also include staff coordination with state committees such as Office of Aging, Department of Education, Office of Mental Health & Substance Abuse (OMHSA), PACHSA and others. PACHSA dues are not included in the expenditures for Interagency Coordination.

Appendix “C-1”
Blair County Human Services Block Grant
Proposed Budget and Individuals Served

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

ACT and CTT	0					
Administrative Management	1,380		\$350,589		\$36,124	
Administrator's Office			\$471,750	\$18,139	\$1,760	\$45,842
Adult Developmental Training	0					
Children's Evidence-Based Practices	0					
Children's Psychosocial Rehabilitation	0					
Community Employment	50		\$165,240		\$14,711	
Community Residential Services	35		\$562,633		\$14,316	
Community Services	0					
Consumer-Driven Services	40		\$86,600			
Emergency Services	345		\$491,100		\$41,833	
Facility Based Vocational Rehabilitation	10		\$111,211		\$17,314	
Family Based Mental Health Services	3		\$29,000			
Family Support Services	50		\$82,807			
Housing Support Services	80		\$82,114	\$47,087		
Mental Health Crisis Intervention	429		\$242,113			
Other	0					
Outpatient	1,188		\$483,781		\$49,000	
Partial Hospitalization	3		\$10,000			
Peer Support Services	0					
Psychiatric Inpatient Hospitalization	0					
Psychiatric Rehabilitation	10		\$41,491			
Social Rehabilitation Services	155		\$200,318			
Targeted Case Management	246		\$176,752			
Transitional and Community Integration	165		\$268,559		\$29,776	

TOTAL MENTAL HEALTH SERVICES	4,189	\$3,856,067	\$3,856,067	\$65,226	\$204,834	\$45,842
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County: BLAIR	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Administrator's Office		\$1,375,607	\$1,223,688		\$16,349	
Case Management	950		\$32,360		\$4,558	\$2,578,855
Community-Based Services	776		\$119,559		\$16,559	\$26,377,139
Community Residential Services	210					\$38,708,896
Other	0					

TOTAL INTELLECTUAL DISABILITIES SERVICES	1,936	\$1,375,607	\$1,375,607		\$37,466	\$67,664,890
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HOMELESS ASSISTANCE SERVICES

Bridge Housing	0					
Case Management	225		\$85,948			
Rental Assistance	150		\$70,739			
Emergency Shelter	230		\$80,030			
Innovative Supportive Housing Services	0		0			
Administration			\$26,300			

TOTAL HOMELESS ASSISTANCE SERVICES	605	\$263,017	\$263,017	\$0	\$0	\$0
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County: BLAIR	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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SUBSTANCE USE DISORDER SERVICES

Case/Care Management	1200		\$189,590			
Inpatient Hospital	1		\$3,000			
Inpatient Non-Hospital	20		\$45,000			
Medication Assisted Therapy	25		\$30,000			
Other Intervention	1750		\$10,000			
Outpatient/Intensive Outpatient	25		\$50,000			
Partial Hospitalization	30		\$50,000			
Prevention	250		\$7,000			
Recovery Support Services	500		\$150,000			
Administration			\$59,232			

TOTAL SUBSTANCE USE DISORDER SERVICES	3,801	\$593,822	\$593,822	\$0	\$0	\$0
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HUMAN SERVICES DEVELOPMENT FUND

Adult Services	750		\$13,500			
Aging Services	50		\$2,200			
Children and Youth Services	0		0			
Generic Services	150		\$2,425			
Specialized Services	125		\$16,004			
Interagency Coordination			\$91,000			
Administration			\$13,901			

TOTAL HUMAN SERVICES DEVELOPMENT FUND	1,075	\$139,030	\$139,030	\$0	\$0	\$0
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GRAND TOTAL	11,606	\$6,227,543	\$6,227,543	\$65,226	\$242,300	\$67,710,732
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Mental Health in Blair County

Access Center for Mental Health Services 814-889-2289

It's OK to talk about mental health.

Get help if you need it.

Help is available and effective.

If you know someone in need, help is available.

UPMC COMMUNITY CRISIS CENTER

814-889-2141

BLAIR DRUG AND ALCOHOL PARTNERSHIPS

814-381-0921

FOR HEALTH & HUMAN SERVICE NEEDS CALL 211



88% of youth in Blair County report being involved in an extra curricular activity after school. (1)

In 2016/2017, over 2,000 students in Blair County were referred to Student Assistance Programs (SAP) for school performance or behavioral concerns as compared to 1,767 in 2015/2016. (5)

genetics stress level
biology stressful events
Factors that influence mental health²
income social exclusion
faith access to health resources
social support

Approximately 1 in 5 Americans will have a mental health problem in a given year, but only 1 in 3 will receive mental health services. (4)

In 2015 40.1% of students in Blair County felt depressed or sad most days compared to 30.9% in 2013 and 30.1% in 2011. (1)

There are more than 50 Crisis Intervention Trainee (CIT) Police Officers in Blair County. (7)

16.2% of students in Blair County reported seriously considering attempting suicide. (1)

In the Blair County Needs Assessment Survey respondents ranked stress, anxiety and depression as one of the top 3 issues they experience in their households. (6)

Blair County Children, Youth & Families (CYF) responded to 647 reports of child abuse and 2365 reports of other child endangerment in 2016. (7)

Within a two year period 304 Blair County youth received inpatient psychiatric care at UPMC Allegheny. An additional 253 youth received inpatient psychiatric care outside of Blair County. (6)

Over \$30 million was spent in Blair County by Medicaid on Behavioral Health Services in 2015-2016. (7)

22.3% of children under the age of 18 are living in poverty in Blair County (2)

17-25 suicides occur annually in Blair County. Blair County's suicide rate is slightly higher than the national average. (3)

(1) Pennsylvania Youth Survey (PAYS 2015) <http://www.pccd.pa.gov/Juvenile-Justice/Documents/PAYS/2015%20County%20Repor%20County%20Profile%20Report.pdf>
 (2) United States Census Bureau (2015)
 (3) American Foundation of Suicide Prevention <https://afsp.org/about-suicide/state-fact-sheets/#Pennsylvania>
 (4) Community Conversations About Mental Health, Information Brief - SAMHSA <https://www.samhsa.gov>
 (5) Pennsylvania Student Assistance Report <https://www.edspchschools.state.pa.us>
 (6) Healthy Blair County Coalition www.healthylblaircountycoalition.org
 (7) Blair County Data



<http://www.healthylblaircountycoalition.org/>

Appendix "I"

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

Appendix I

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

A. UPMC Altoona agrees to:

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

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

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

C. The services provided under this Work Statement are subject to the terms of the attached Agreement between the parties dated July 16, 2021, with the exception of Articles III-V, IX-XI and XVI, which do not apply in their entirety to the services described in this Work Statement, and further that the reports and records required under Article XIV and XV shall not include fiscal records or costs due to the absence of payment by the County for services provided hereunder.

Approved by:

Blair County on behalf of the Department of Social Services

UPMC Altoona

James A. Hudack

James Hudack, Executive Director

Date Jul 13, 2021

Jan E. Fisher

Jan E. Fisher (2016, 2021 LNO) (D)

Jan Fisher, President/CEO

Date Jul 16, 2021