



# BLAIR COUNTY

## HUMAN SERVICES BLOCK GRANT

### ANNUAL PLAN

### FY 2020/2021

---

*Human Services*

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July 2020

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*Appendix "A"*

*Blair County Commissioners Assurance of Compliance*

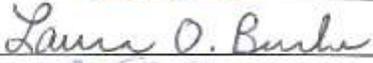
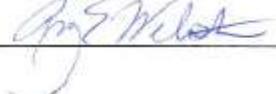
Appendix A  
Fiscal Year 2020-2021

**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>	
	Bruce R. Erb	Date: 7/21/2020
	Laura O. Burke	Date: 7/21/2020
	Amy Webster	Date: 7/21/2020

Appendix "A"

Blair County Leadership Coalition Assurance of Compliance

Appendix "A"  
Fiscal Year 2020-2021

COUNTY HUMAN SERVICES PLAN  
ASSURANCE OF COMPLIANCE

Blair County Leadership Coalition:



James Hudack, Executive Director  
Blair County Department of Social Services

Jul 7, 2020

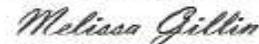
Date

  
Theresa Rudy (Jul 7, 2020 09:23 EDT)

Theresa Rudy, Director  
Blair County Mental Health Program

Jul 7, 2020

Date



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

Jul 7, 2020

Date

  
Amy Marten-Shanafelt (Jul 8, 2020 10:58 EDT)

Amy Marten-Shanafelt, Executive Director  
Blair HealthChoices

Jul 8, 2020

Date

  
Judith A. Rosser (Jul 9, 2020 11:47 EDT)

Judy Rosser, Executive Director  
Blair Drug & Alcohol Partnership

Jul 9, 2020

Date

  
James D. Henry (Jul 9, 2020 13:39 EDT)

James Henry, Executive Director  
Southern Alleghenies Service Management Group

Jul 9, 2020

Date

  
Melissa Gordon (Jul 9, 2020 15:42 EDT)

Melissa Gordon, Developmental Disability Director  
Southern Alleghenies Service Management Group

Jul 9, 2020

Date

  
Kelly Popich (Jul 13, 2020 13:13 EDT)

Kelly Popich, Early Intervention Director  
Southern Alleghenies Service Management Group

Jul 13, 2020

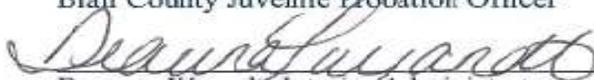
Date

  
Jon C. Frank (Jul 13, 2020 13:18 EDT)

Jon Frank, Chief  
Blair County Juvenile Probation Officer

Jul 13, 2020

Date

  
Deawna Wyandt, Interim Administrator  
Blair County Children, Youth & Families

7/22/2020

Date

## Blair County Human Services Plan Fiscal Year 2019-2020

### **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. As shown in *Table 1* below, a majority of the residents are between the ages of 18 and 64, and white. Transition aged youth (15 to 24 years of age) comprise 12% of the residents. Gender is split slightly high for females. Blair County’s largest growing population is those 65 and over.

<b>Table 1. Demographics of Blair County Residents, 2019</b>	
<b>Age</b>	
Under 18 years	20.4%
18 to 64 years	58.8%
65 and over	20.8%
<b>Race</b>	
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%
<b>Gender</b>	
Male	49%
Female	51%

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

<b>Table 2. Indicators for Blair County compared to Pennsylvania, 2019</b>		
	<b>Blair County</b>	<b>Pennsylvania</b>
<b>Education</b>		
High school graduation rate	90.9%	90.2%
Bachelor's degree or higher	20.8%	30.8%
<b>Income-related</b>		
Unemployment rate (April 2020)	17.7%	15.1%
Unemployment rate (April 2019)	4.1%	5.8%
Median household income	\$47,969	\$59,445
Poverty rate	14.4%	12.2%
Poverty rate for children under 18	19%	17%
Poverty rate for 65 and over	9.0%	8.2%
<b>Public Assistance</b>		
Receiving Medical Assistance	27.1%	22.1%
Receiving Medical Assistance under age of 21	11.3%	9.35%
Receive food stamp assistance	16.5%	13.6%
Adults 65 and over that enrolled in PA prescription assistance program	4,257	256,219
<b>Insurance 2017</b>		
No Insurance	5.7%	6.6%
Under 18	3.4%	4.3%
18-39	8.3%	9.5%
40-49	6.4%	7.0%
50-64	4.8%	5.0%

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 \$11,476 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 48.2% (2018/2019) as compared to Pennsylvania at 50%. 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 4.3%. The percentage of children under age 18 with Medicaid coverage was 11.3%, compared to 9.35% in

Pennsylvania. The percentage of unserved children eligible for publically funded Pre-K for 2018-19 in Blair County is 65.2% which is lower than the State percentage of 73.9%, and lower than the previous year at 56.1%. In 2020 Blair County ranks 43 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 2020, Blair County improved by 8 positions. Blair County residents demonstrated a significant decrease in the morbidity ranking from 53 to 46 out of 67. This ranking, factors in overall poor health, poor physical days, and mental health days. Residents of Blair County also demonstrate a high level of risk behaviors such as smoking, obesity, and drinking as compared to other counties in the Commonwealth with a ranking of 40 out of 67. Another area that Blair County struggles with is Clinical Care (ranked at 49) by not having enough medical care professionals in the local community to serve the population.

Blair County Health Rankings								
2012	2013	2014	2015	2016	2017	2018	2019	2020
56	56	51	48	46	47	45	51	43

The cost of living in Blair County is 78.4 (less than the U.S. average at 100). The reason Blair County’s cost of living is lower is due to the lower cost of housing as compared to the rest of the nation. Blair County also has a lower cost of living when comparing utilities, transportation, clothing and other services to the rest of Pennsylvania. The median price for a house in Blair County is \$111,200.00 as compared to Pennsylvania at \$173,200.00 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 2018/2019 enrollment data for Blair County reflects 17,287 children enrolled in public schools which is a slight decrease from the previous year. In 2019, the Central Pennsylvania Digital Learning Foundation Charter School was at 139 students which is another decrease of students from the previous year.

The Pennsylvania State University (Penn State) Altoona Campus contributes to an influx of over 3,244 college students in 2019; 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 March 2020 data, Blair County has a 6% unemployment rate. This increase has been due to COVID-19 and closure of non-essential businesses. The labor force is at 59,400 with 55,800 working at the end of March 2020. 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 \$40, 280 as compared to Pennsylvania at \$50,030. This represents a 20% 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 9)* outlines the stakeholder committee structure that includes individuals that receive services, families of service recipients, providers, and other system partners. These committees are held monthly, bimonthly, but not less than quarterly. Information and feedback shared by individuals that receive services, families of service recipients, providers, and other system partners' flows up and is reviewed within each system's planning process. It also flows up to the Leadership Coalition where recommendations are made to the County Commissioners. The planning and implementing of such recommendations is reported back to the individuals that receive services, families of service recipients, providers, and other system partners for ongoing feedback. This is an ongoing process that provides continuous opportunity for participation in the planning process.

In FY 2019/2020, 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:

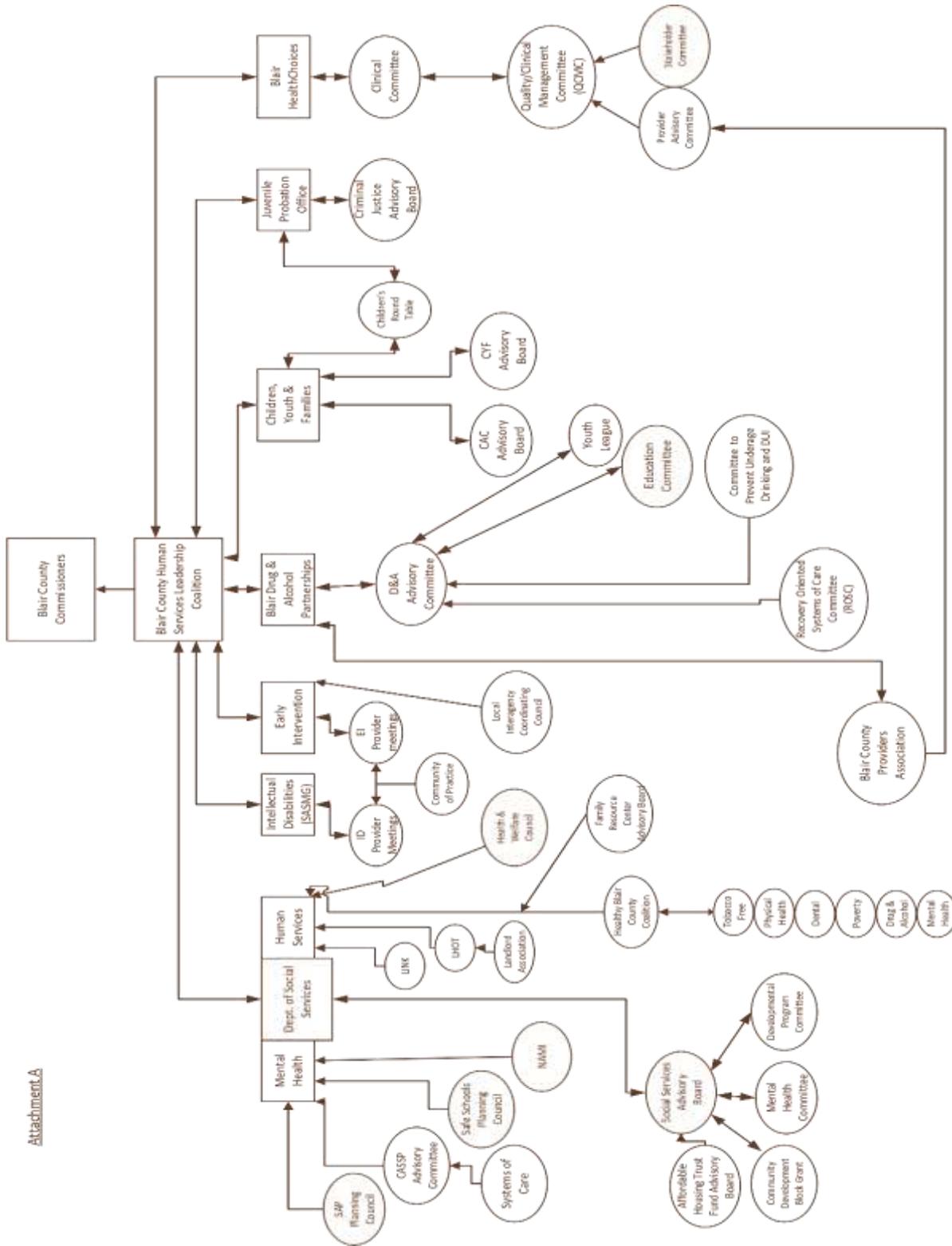
- It is about the people we serve
- Respect the dignity of people
- Respect the discipline of each program and their constituents
- Provide quality services
- Empower and support people who receive services to create healthy interdependence, through natural supports and access to services

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.

# Blair County Stakeholder Involvement Flow Chart Attachment A



Attachment A

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

For the development of the FY 2020/2021 Human Services Annual Plan, Blair County conducted two Public Hearings to gain direct input from the community regarding priorities and issues that should be considered.

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

On June 4, 2020 at 12:00 p.m., the first Blair County Human Services Annual Plan Public Hearing was held via Go To Meeting Platform due to COVID-19 restrictions. 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 May 26, 2020.

The first public hearing had approximately 25 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.



PROOF OF PUBLICATION OF NOTICE IN ALTOONA MIRROR

**NOTICE**

The Blair County Social Services Advisory Board Meeting has been scheduled for Thursday, June 4, 2020 at 11:30 AM. The public is invited to participate by telephone conference by calling 1-(646)-749-3122 and entering meeting access code: 404-035-165

The Blair County Human Services Block Grant Annual Plan 1st Public Hearing for FY 2020-2021 has been scheduled for Thursday, June 4, 2020 at Noon. The public is invited to participate by telephone conference by calling 1-(646)-749-3112 and entering the hearing access code: 110-032-013

If you are interested in submitting comments or would like to be e-mailed a link to access the meeting or the public hearing from your computer, tablet or smart-phone, please E-mail the Blair County Department of Social Services at [jkensinger@blairco.org](mailto: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 meeting and/or public hearing.

May 28, 2020

STATE OF PENNSYLVANIA  
COUNTY OF BLAIR

Ed Kruger, 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:

May 26, 2020

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.

Ed Kruger

Sworn to and subscribed before me the 11 day of June, 2020.

Debra D. Miller  
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 2020/2021 ANNUAL PLAN 1<sup>ST</sup> PUBLIC HEARING NOTICE**

Blair County is beginning the process of developing the 2020-21 Human Services Block Grant Annual. The Human Services Annual Plan must be submitted to the Department of Human Services by July 20, 2020. The 1st Public Hearing will be held as a virtual meeting only to solicit public comment on the Human Services Block Grant Annual Plan.



**Thursday, June 4, 2020 at Noon**

**Please call: 1- (646) 749-3112**

**then enter**

**Access Code: 110-032-013**

If you would like the "go to meeting link" emailed to you to join the virtual meeting by computer, tablet or smartphone, please send an e-mail request to:  
[jekensinger@blairco.org](mailto: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](mailto:jekensinger@blairco.org).



**PUBLIC HEARING  
FOR  
BLAIR COUNTY HUMAN SERVICE'S ANNUAL PLAN  
FOR FISCAL YEAR 2020/2021  
Thursday, June 4, 2020  
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 Public Hearing Friday, July 10th, 1 PM at the Southern Alleghenies Service Management Group, 157 Lakemont Park Blvd., Altoona, PA or Virtual "Go To Meeting"



**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](http://www.blairco.org) Email: [dss@blairco.org](mailto:dss@blairco.org)

**JAMES HUDACK**  
Executive Director  
**THERESA RUDY**  
MH Program Director  
**KENNETH DEAN**  
MH Program Specialist  
**CINDY JAMES**  
CASSP Coordinator  
**JACKIE SAYLOR**  
Fiscal Officer  
**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 2020-2021 Annual Plan 1<sup>st</sup> Public Hearing**  
**Thursday, June 4, 2020 at Noon**  
**Go To Meeting Platform Only**

**MINUTES**

**Welcome and Call to Order**

James Hudack, Executive Director of Blair County Department of Social Services, welcomed everyone and read a statement about how the virtual public hearing would be conducted. The Leadership panel consisted of Melissa Gillin, Theresa Rudy, Jamie Henry, and Judy Rosser.

Jim went over a power point presentation that described The Blair County Human Services Leadership Coalition, The Human Service Block Grant (HSBG) accomplishments since 2013, the process of submitting the Annual Plan, the Timeline, and the requirements by the PA Dept. of Human Services. The submission date is July 20, 2020. Jim also reviewed prior allocations of funds and the proposed Blair County budget allocation for FY 2020-21.

Jim stated that as a result of the COVID-19 pandemic, the Commonwealth of Pennsylvania has approved a temporary budget for the next five months beginning July 1, 2020. After July 1, 2020 another budget will be developed for the last seven months of the fiscal year. At this time, Blair County's budget is flat-lined funded.

**Public Comments/Input**

Susanna Tomlinson asked if any of the newly adjusted methods currently being used to serve the Public, due to the restrictions in place during the COVID-19 pandemic, will be incorporated into the plan moving forward.

In response, Amy Marten-Shanafelt, Blair HealthChoices Executive Director, stated that there has been positive and negative responses to the utilization of telehealth, but data is being collected and reviewed to see how successful it was for members. Judy Rosser, Executive Director of Blair County Drug and Alcohol Partnerships Inc., added, in comparison to in person meetings, that meetings held virtually or by teleconference

had increased community participation. Judy said that ways to incorporate teleservices into existing methods should continue to be considered. Amy, also, added that many individuals served have limited access to technology and that would have to be taken into account once existing waivers to use these services are removed.

Jim Hudack praised stakeholders, providers and agencies for coming together during this unprecedented time to work together to help the community.

Jim asked if there were any other comments or questions before closing the public hearing.

**The hearing was recorded.**

**The 2<sup>nd</sup> Public Hearing is scheduled for Friday, July 10, 2020 at the Southern Alleghenies Service Management Group (SASMG), 157 Lakemont Park Blvd., Altoona, 1:00pm – 3:00pm or possibly a virtual hearing.**

**Recorded “Go To Meeting” Virtual Meeting Attendance  
1<sup>st</sup> Public Hearing  
Thursday, June 4, 2020 at Noon**

*Marissa Hewitt: 12:00 PM: Blair County Drug and Alcohol Partnerships*

*Melissa Gillin: 12:00 PM: Blair County Social Services*

*Christopher Cohn: 12:00 PM:*

*Dorsey Lonsinger: 12:01 PM: Blair County Drug and Alcohol Partnerships*

*James Henry: 12:02 PM: SASMG- Blair County*

*Donna Gority: 12:15 PM: SSAB board member, Duncansville*

*Michelle McIntyre: 12:15 PM: Roaring Spring Community Library*

*Katie Clauss: 12:15 PM: UPMC BHA*

*Judy Rosser: 12:15 PM: Hollidaysburg Borough*

*Jim Hudack: 12:17 PM: Blair County Social Services*

***Additional Hearing Participants Identified:***

***Theresa Rudy: Blair County Social Services***

***Jennifer Kensinger: Blair County Social Services***

***Cindy James: Blair County Social Services***

***Ken Dean: Blair County Social Services***

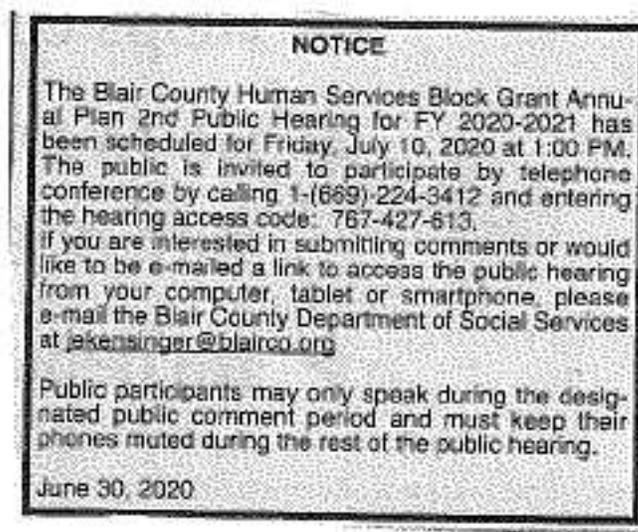
***Amy Marten-Shanafelt: Blair HealthChoices***

***Pamela Runk: Merakey***

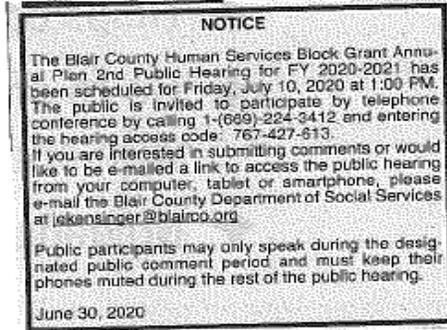
## ***2<sup>nd</sup> Public Hearing***

The second hearing was held on July 10, 2020, at 1:00 p.m. via Go To Meeting Platform only due to COV-19 restrictions.

The second Blair County Human Service Annual Plan Public Hearing was conducted on July, 10, 2020 had 21 residents of Blair County in attendance. During this hearing each program director gave a brief overview of their respective section of the annual plan. The audience had the opportunity to ask questions and make comments throughout the duration of the public hearing. The hearing was the final opportunity for any additional comments or suggestions. These comments were reviewed by the Blair County Leadership Coalition to be included in the final submission of the annual plan which was approved by the Blair County Commissioners on July 21, 2020. An advertisement for the public hearing was published in the Altoona Mirror on June 30, 2020.



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



**STATE OF PENNSYLVANIA  
COUNTY OF BLAIR**

Ed Kruger, 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 30, 2020

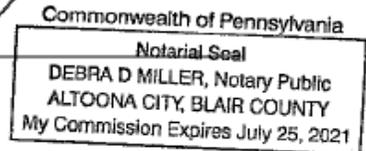
The affiant further deposes and declares that he is not interested in the subject matter of the aforesaid notice of publication and that all allegations in the foregoing statement as to time, place and character of publication are true.

Ed Kruger

Sworn to and subscribed before me the 2 day of July, 20 20.

Debra D. Miller  
Debra D. Miller, Notary Public

My Commission expires \_\_\_\_\_



# Human Services Annual Plan

## 2<sup>nd</sup> Public Hearing for FY2020-2021



**Friday, July 10, 2020 from 1:00 PM – 3:30 PM**

**“Go To Meeting” Platform Only**

**Please call: 1-(669) 224-3412**

**Then enter**

**Access Code: 767-427-613**

**If you would like the “Go to Meeting” link emailed to you to join the virtual meeting by computer, tablet or smartphone, please send an e-mail request to: [jekensinger@blairco.org](mailto: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.

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



**2<sup>nd</sup> PUBLIC HEARING  
FOR  
BLAIR COUNTY HUMAN SERVICE'S ANNUAL PLAN  
FOR FISCAL YEAR 2020/2021  
Friday, July 10, 2020  
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**  
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**JAMES HUDACK**  
Executive Director  
**THERESA RUDY**  
MH Program Director  
**KENNETH DEAN**  
MH Program Specialist  
**CINDY JAMES**  
CASSP Coordinator  
**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 2020-2021 Annual Plan 2nd Public Hearing**  
**Friday, July 10, 2020 at 1:00 PM**  
**Go To Meeting Platform Only**

**Meeting Minutes**

**Welcome and Call to Order**

James Hudack, Executive Director of Blair County Department of Social Services, welcomed everyone and read a statement about how the virtual public hearing would be conducted. Jim announced that the hearing would be recorded.

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 14, 2020 at the County Commissioner's meeting. Final approval & Commissioners' signatures are scheduled for Tuesday, July 21, 2020. 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.

Jamie Henry gave an overview of the Intellectual Disabilities 2020/2021 plan. He shared that currently seventy-four (74) individuals benefit from the HSBG. The funds are used for employment, retaining employment and Office of Vocational Rehabilitation (OVR). Also, HSBG supports the Dual Diagnosis Navigator and Certified Nurse Practitioner positions. A Summer Employment Initiative Program, partly sustained by HSBG retained funds, was cancelled due to the COVID-19 Pandemic.

Melissa Gillin gave an overview of the Human Services and Supports and Homeless Assistance Plans (HAP). Melissa informed the participants of the different programs that the funds support. Due to the COVID-19 Pandemic, Melissa announced that Blair County did receive \$140,000 in supplemental CARES HAP funds to be used towards in homelessness in the county. Those funds need to be used by November 2020.

Judy Rosser gave an overview of the Blair County Drug and Alcohol Partnership (BDAP) programs. Judy stated that the HSBG funds are used to fund Early Intervention (EI), Residential Services, Intensive Care Management, Certified Recovery Specialists (CRS), Assessment Services and Family Support programs. In partnership with UPMC Altoona Emergency Department (ED), BDAP has 2 Certified Recovery Specialists (CRS) embedded in the ED to do Early Intervention (EI) and motivational interviewing with individuals who come into the ED with a substance abuse disorder. Judy also mentioned that overdose prevention in the community is another BDAP priority.

Theresa Rudy gave an overview of the Mental Health (MH) Services plan. Theresa stated the budget for MH services for FY 2020/2021 is 3.8 million. Theresa stated that through the HSBG that the County can retain up to 5% of the MH block grant funding. Retained funding available from the FY 2019/2020 was approximately \$140,000 which was, in part, used to support a Forensic Case Manager (FCM), Mental Health (MH) navigator and repairs/renovations to the H.O.P.E. Drop-In Center. Theresa stressed the importance of educating our current Legislators to advocate for the restoration of previously cut funding, as well as, adding a cost of living to the HSBG. In response to the COVID-19 pandemic, Theresa stated that a COVID-19 hotline was established at UPMC Behavioral Health (BH) Access Center. The hotline number is 814-889-2684 (COVI) with hours of operation being Monday-Friday from 8:00 AM to 4:00 PM.

### **Public Comments/Input**

Pat Madigan with PA Mental Health Consumers' Association (PMHCA) asked if there was an increase in crisis due to the COVID-19 pandemic. Theresa answered, that early on in the Pandemic, that crisis activity had decreased, but at this time, it is trending upward.

Pat Madigan asked if expanded telehealth will continue after the Pandemic ends. Theresa commented that the data involving expanded telehealth is still being measured, but the Department would advocate for some of the telehealth flexibility to continue.

Pat Madigan asked if there had been any complaints by individuals, who receive mental health and/or drug and alcohol services, in regards to, not receiving transportation to appointments deemed non-essential. Theresa and Judy responded that they have not heard of any complaints.

Pat Madigan advised the participants to check-out PMHCA's new web-site. MH trainings are listed on the site.

Roll call was taken and Jim closed the public hearing.

**Recorded “Go To Meeting” Virtual Meeting Attendance  
2<sup>nd</sup> Public Hearing  
Friday, July 10, 2020 at 1:00 PM**

*James Hudack: Blair County Social Services*  
*Theresa Rudy: Blair County Social Services*  
*Jennifer Kensinger: Blair County Social Services*  
*Melissa Gillin: Blair County Social Services*  
*Cindy James: Blair County Social Services*  
*Ken Dean: Blair County Social Services*  
*Jamie Henry: SASMG*  
*Melissa Gordon: SASMG*  
*Howard Ermin: Self Determination Housing Project (SDHP)*  
*Cliffon Gilson: CenClear*  
*Pat Madigan: PMHCA*  
*Donna Gority: Blair County Social Services Advisory Board Member*  
*John Hooper: BHA*  
*Jon Frank: Blair County Juvenile Probation Office*  
*Charles Landsberry: Skills*  
*Sharon Tronzo: BHA*  
*Nikki Stanek: Nulton Diagnostics*  
*Tracy Young: Skills*  
*Judy Rosser: Blair County Drug & Alcohol*  
*Lisa Hann: Family Services*  
*Lindsay Wagner: Blair HealthChoices*

### ***PART III: CROSS-COLLABORATION OF SERVICES***

During the FY 2019/2020, 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 four years to develop a plan to create a new homeless shelter that will be able to accommodate more individuals. The current homeless shelter only has the capacity of 16 beds. On an annual basis, the current homeless shelter turns away over 500 individuals who meet the criteria, but the shelter is already at capacity. Based on the additional need identified, it is our intent to identify a new facility that can accommodate 40 to 50 individuals. This year 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 bed 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 2020, we have been able secure over 70% of the funding towards the completion of this project. The architect and mechanical engineers have been meeting to develop the final set of plans for the rehabilitation of the facility. The Task Force is also working 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 goal is have their new building completed and in operation by 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. Due to COVID 19, the taskforce has had some temporary setbacks in moving forward on this project, but still continue to move forward with as much as can be done during this state of emergency.

Since January of 2017, a small group of the Leadership Coalition, as well as, Judges, prison leadership, and adult probation leadership have been meeting to identify ways to address the mental health issues of inmates. Currently, 56% of those incarcerated received treatment for behavioral health within 6 months prior to incarceration compared to 63% one year ago. 26.5% have a serious mental illness diagnosis, compared to 32.6% last year, and 4.64% were hospitalized due to their mental health issues within six months of incarceration, compared to 9.24% the year prior. The group has been using the Stepping Up Initiative framework, and officially signed on as a Stepping Up County on December 19, 2017. One of the group's major accomplishments was hiring a Mental Health Forensic Case Manager (MHFCM). After analyzing the process flow between arrest, incarceration, and release, it was determined that most often inmates were released without a good plan to reconnect to mental health services in the community, often resulting in re-incarceration. Community-based mental health providers were accommodating the inmates within seven days of release, but the process as it existed did not allow appropriate coordination to occur. The MHFCM is primarily responsible for coordinating mental health services upon an inmates' release. The MHFCM is employed with Blair HealthChoices, the entity that manages medical assistance for behavioral health, and is funded through the Human Services Block Grant. This allows for better coordination of services for Blair HealthChoices high risk members that end up incarcerated. The MHFCM arranged aftercare for 57 inmates released in 2019, compared to 140 in 2018. This reduction is evidence of more diversion occurring by probation to keep individuals out of jail. The MHFCM acts as the liaison between the courts, the district attorney's office, the public defender's office, parole and probation, and the mental health system to make sure everyone is aware of the inmate's readiness for treatment upon release. The MHFCM also participates in a

community treatment team to follow the inmate's progress after their release. In November 2019, Blair HealthChoices hired a Care Coordinator to follow up with individuals upon release to ensure they attend appointments scheduled by the MHFCM and address any additional barriers to doing so.

Over the next year, the Stepping Up workgroup will continue to work with the hospital ER and crisis services to connect people to treatment in the most efficient manner when incarceration is not necessary. The MHFCM will be trained to do the ORAS to assess both mental health and criminogenic risk of inmates to improve communications with the criminal justice system and possibly reduce the length of time some may stay in jail. We will continue to fine tune the process to follow up with inmates upon release to further attempt to reduce re-incarceration. Lastly, we will analyze and prioritize resources needed in the community to support individuals upon release or in lieu of incarceration, such as housing and employment.

Another opportunity for cross-system collaboration has occurred with a group of consumers operating a drop in center. The consumer run drop in center is open twice a week, with an additional day added in October 2018. The second day continues to be provided in partnership with Mount Aloysius' Art Professor, Dr. Talbot, to facilitate an art studio. The drop in averages 41 individuals per day compared to 35 last year. The Leadership Coalition continues to partner with H.O.P.E. Drop in to strategically plan their expansion. 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 is currently undergoing renovations and should be fully operational by the end of summer 2020. 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.

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 20 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 10 cases. There were no meetings scheduled for March, April or May 2020 due to Covid-19. 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.

This year's retained funding received through the human service block grant supported the embedded Certified Recovery Specialists (CRSs) in the UPMC Altoona Emergency Department to facilitate warm hand off of substance use disorder patients. Blair County Drug and Alcohol Program Inc. (BCDAPI) was successful in completing a letter of agreement with UPMC-Altoona to expand its presence in the UPMC Emergency Department by embedding two CRSs in the UPMC Altoona Emergency Department. The CRSs are scheduled

7 days a week for 9.5 hours per day. While they are embedded in the emergency department, their work, over the last year, has expanded to reach clients hospitalized on the floor units as well as inpatient psych. The previous warm hand off system required the individuals, once identified by medical personnel, to agree to see a crisis worker and the crisis worker would make a referral to the on call case management unit at BCDAPI. Unfortunately, there are numerous patients that reject this intervention. The new program incorporates the attending medical staff requesting a consult into the system for the CRS to see the patient once a SUD issue has been identified. The program went live January 2, 2019 and has had a significant impact on addressing the gaps identified in SUD care. In the 2017-2018 fiscal year BCDAPI engaged 116 warm handoff contacts, in the 12 months since the inception of the CRS emergency department project 674 individuals were engaged at UPMC Altoona by the embedded CRS and an additional 155 individuals were referred on the days/times CRS was not present for a total of 821 warm handoff contacts. Of the 821 individuals engaged, 474 accepted referrals to treatment and BCDAPI confirmed that 307 of those persons attended their first treatment episode. Of those 307 people who attended treatment, 273 were engaged by the CRS prior to entering making it 89% more likely for a client to attend their first treatment episode when working with peer support.

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 the county. Last year the Columbia Suicide Severity Rating Scale (C-SSRS) was initiated in the county. Trainings are still available about the C-SSRS, and community members, schools, agencies, and first responders are continuing to use the mobile phone app that was developed locally. Recently, Blair County was asked to partner with the Garrett Lee Suicide Prevention Grant. Unfortunately, with the recent pandemic, the county has not been able to fully participate in the grant, but will continue partnering with them so we can bring more suicide awareness and prevention within the county. Through the American Foundation of Suicide Prevention, we were preparing to bring a clinician training and a Soul Shop (for local faith based) training into the community, but this, unfortunately, has to be put off till the fall or next spring. The county has the opportunity to have a Suicide Prevention Night at the local baseball PNG field. We are hoping that we will still have this opportunity at the end of the summer, which will enable us to reach out to a different part of our community that has not been reached yet. Our annual suicide “Out of the Darkness” walk is scheduled for September. The walk may end up being a virtual walk this year, but we are still wanting to provide this opportunity for our community. Suicide prevention, awareness, education, and research are important to our community and we will continue to advocate and promote for awareness trainings, prevention, and education.

The Blair County Leadership Coalition has been busy working with various community stakeholders in the development of more comprehensive and sustainable housing plans for individuals in our county and to create additional opportunities for affordable housing and address specific issues concerning different populations and their respective needs. These partnerships and collaborative efforts have resulted in several initiatives including the following:

***National Association of Counties (NACo) Rural Impact County Challenge Cohort***

Blair County was selected to participate in the 2019/2020 Rural Impact County Challenge Action Learning Cohort. Our community was determined to be well positioned to maximize learning on the issues of affordable housing and health equity in rural communities. It has been a year learning and sharing process along with twelve (12) other rural counties from across the United States. Each county consisted of five (5) team members

who participated in monthly virtual webinars with NACo action learning coaches. There were also two (2) on-site face-to-face meetings in which we were able to learn from each other and share information on similar affordable housing challenges.

### ***Forensic Re-entry Housing***

Along with Blair County Community Action Agency we have engaged a group of community stakeholders in a conversation around the special need for forensic re-entry housing in Blair County. Blair Community Action arranged for a brainstorming meeting on February 21, 2020 with various community stakeholders which included representatives from both local housing authorities, County Adult Probation & Prison, PA State Parole, local landlords & prison society members, Blair County Drug & Alcohol Partnership, Central PA Landlord's Association and Blair HealthChoices. Prior to the meeting various materials were emailed to the group for review regarding existing re-entry programs in place in other counties. The group discussed the need, their concerns and next action steps. Unfortunately, the group has had a set-back in moving forward due to the need to shift focus to the community needs during COVID-19. The group is planning to resume action steps as soon as possible.

### ***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 all of 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 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 \$85,000 of blended funding was obtained to work on meeting this need. As of July 1, 2020, the following outcomes have been achieved; 86 households have been placed in at least temporary housing, representing 101 adults and 30 children. Of these households placed, 73 (85%) 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 is currently placing 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 in July with a rising 72 pending evictions. 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.

### ***Landlords Survey***

As a spin off from the housing the homeless task force, a survey was created & distributed via a survey monkey link to local Blair County landlords. The intent of the survey was to try to gauge the amount of pending evictions that would be forth coming once the eviction moratorium is lifted on July 10, along with other issues the landlords have been encountering as the result of COVID-19. Seventy-Two (72) Landlords responded to the survey which resulted in learning that there were over 72 pending evictions just with these responses. The Landlords expressed that the evictions were due to a mix of financial reasons such as a loss or change in employment since COVID-19, other evictions are due to being habitual non-payers & a few due to illegal crime or drug activity.

### ***Landlords Zoom Meeting***

As one of the results of the survey, several landlords expressed an interest in participating in a more in depth discussion of housing issues within our community. On May 20, 2020, Durbin Companies, Blair County Department of Social Services & Blair Community Action Agency, hosted a zoom meeting with approximately 15-18 local landlords. The group discussed evictions, student-housing concerns, insurance companies & banking. Part of the discussion also included a mediation model approach to deal with the pending evictions. The next action step that is being planned is a small work group, consisting of a representative from the Blair County Department of Social Services, Durbin Companies, Family Services, Blair County Community Action Agency, Central PA Landlord's Association, Altoona Housing Authority will schedule a meeting with one of our county judges who is interested in learning more about the upcoming evictions & other housing concerns.

All categoricals will be funded for FY 2020/2021.

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

### **Mental Health Services**

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

#### **Children (under age 18) and Transition Age Youth (under age 26)**

##### **CASSP/Team Meetings**

The Child/Adolescent Service System Program (CASSP) Advisory Committee (AC) continues to meet quarterly to share information, review system barriers in response to the multi-system needs of children and adolescents served by the child-serving agencies. The child-serving agencies include but are not limited to mental health, developmental disabilities, drug and alcohol, children and youth, juvenile probation, and education. In the FY 2018/2019 there were 39 CASSP Team Meetings convened to discuss situations when the child/adolescent is at risk for psychiatric out of home placement. “Out of the home” placements involve psychiatric Residential Treatment Facilities (RTF), Community Residential Rehabilitation-Host Homes (CRRHH) which is treatment in a foster care home, and Community Residential Rehabilitation Group Homes. For the FY 2018/2019 there were 26 children/adolescents in a Residential Treatment Facilities, 1 in CRRHH, and 1 in CRR Group Home. During the FY 2018/2019, 99 Team meetings were held for complex cases to discuss situations needing multi-agency involvement for support services, treatment and education planning.

##### **Student Assistance Program (SAP)**

Pennsylvania’s Student Assistance Program (SAP), is designed to assist school personnel in identifying issues including drugs and mental health issues that pose a barrier to a student’s success. The primary goal of the Student Assistance Program (SAP) is to help students overcome these barriers so that they achieve, remain in school, and advance. For the school year of 2018/19, there were 1,143 students served with 54 ages 0-5, 585 ages 6-12, 489 ages 13-17, and 15 ages 18+. The total number of students screened or assessed for suicide ideation was 1,009.

##### **SAP District Council**

The SAP District Council continues to convene five times each school year and is also a subcommittee of the CASSP Advisory Committee. The SAP District Council is a representation of the SAP Teams within all area school districts, SAP Liaisons, county mental health and drug and alcohol programs, juvenile probation, and the SAP Regional Coordinator. The council meets to network and to receive updates and information from the Regional SAP Coordinator.

##### **Blair County Safe Schools Network**

The Safe Schools Network is a strong group of representatives from the Public, Nonpublic schools and the Career and Technology Center, County Emergency Management, Law Enforcement, American Red Cross, UPMC Altoona, Blair County Department of Social Services, Blair County Juvenile Probation Office, Fire Departments and other first responders. The group meets regularly to build network relationships to assure Safe School plans are current, training and practice drills occur on a routine basis for crisis response coordination.

### **Blair County Suicide Prevention Task Force**

The Blair County Suicide Prevention Task Force (SPTF) was established in October 2004 and consists of about 25 community members including family survivors of suicide. The task force partners with the American Foundation for Suicide Prevention (AFSP) AFSP Eastern PA Chapter and Prevent Suicide PA. An AFSP Business Plan is developed for each fiscal year with activities described in the areas of fundraising, survivor programs, prevention/education/research, and public relations. A few of the 2018/19 activity events include the annual Out of the Darkness Walk held September 2019, the annual International Survivors of Suicide Loss day in November 2019, various trainings for community and school districts, assisting and promoting the Columbia Suicide Prevention App for iPhones and Android, promoting mental health awareness month in May, helping plan and promote community fundraising and awareness through the Wise Cracker Comedy Club and the Ripple Effect Movie. The Task Force was chosen for the Altoona Mirror's (local newspaper) Season of Sharing Fundraiser this past year. The money that was raised will help with prevention and education activities for our community. The task force is an enthusiastic committee with the goal to reduce the suicide rate in our county.

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

### **Mental Health Workgroup (part of the Blair County Healthy Coalition)**

This committee continues to meet on a monthly basis. This past year the focus has been on Community Conversations about Mental Health. These conversations provided an opportunity for people to learn about mental health issues, discuss mental health issues relating to young people, and find innovative community based solutions to mental health needs.

### **Mental Health Delegates**

Blair County utilizes seven mental health delegates who take turns being on call 7 days a week/24 hours a day. A mental health delegate is a person who completes a warrant in the case an individual is a danger to himself or others, exhibiting dangerous behaviors, has the probability of reoccurrence of the dangerous behavior, and/or is in immediate danger to himself or others. The delegates meet annually for updates, information sharing, discussion of problem cases, and concerns and needs of the delegates. On a quarterly basis, county personnel, along with the supervisors from UPMC Altoona Crisis Center meet to review any problem cases, evaluate the process, and review the data for the 302's that were completed. For the fiscal year 2018-2019 the delegates completed or denied 483 warrants.

### **Blair County/Torrance State Hospital Continuity of Care (COC)/Community/Hospital Integrated Placement Program (CHIPPS)**

In FY 2019/20, there were 10 individuals admitted and 8 discharged from the TSH civil unit, and 32 CSP meetings convened. The maximum bed capacity per day for Blair County at the TSH civil unit is 21. The individuals discharged under traditional methods, for example go back to their homes or to residential programs that already exist supported by County MH and/or HealthChoices funds.

### **Blair County Community Support Program (CSP) Committee**

The Blair County CSP Committee and the HOPE Drop-In Center were recognized with a joint I am the Evidence (ITE) award on January 13, 2020. The ITE award was presented by Pat Madigan, PA MH Consumers Association (PMHCA). The I am the Evidence (ITE) MH Campaign celebrates people who are the living Evidence of mental health recovery and the individuals and communities that support them. Support the Journey is the founding partner and the MH Association of PA (MHAPA), an affiliate of MH America has partnered with the ITE/MH campaign. The campaign goals are to increase awareness of recovery, to engage individuals, organizations, and communities in the support of recovery, and to celebrate individuals, organizations, and communities that support recovery.

CSP Committees are a coalition of people comprised of consumers, family members, professionals, service providers, county personnel, and local citizens interested in both the delivery of mental health services and supporting individuals in recovery and wellness. CSP is not a “program”. CSP is a coalition and Blair is a member of the Central Regional (CR) CSP Committee. The Blair CSP Committee is using the CRCSP protocols on how to conduct an effective meeting and use Roberts Rules of Order for making motions for key decisions by the committee. There are three co-chairpersons and the meetings are being held the third Monday of each month beginning from 3-4:00 p.m. at the HOPE Drop In, The CSP Committee continues to focus on educational and community resources, with monthly presentations to the members on community resources and supports.

### **Mental Health/Co-Occurring Disorder/Criminal Justice Team (MH/COD/CJ)**

The team made up of various agencies; UPMC Altoona Access Center, Primary Health Network (PHN) Altoona Behavioral Health, the County Department of Social Services (DSS), Adult Probation Office, Home Nursing Agency (Case Management and Housing Services), Blair County Prison (Forensic Case Manager), Blair Health Choices, Southern Alleghenies Service Management Group (SASMG), Northstar Support Services, and Nulton Diagnostic and Treatment Center (Case Management), meets on a bi-weekly basis. The team is focused on accessing services for individuals with mental illness, individuals with co-occurring mental illness and substance use disorders and involved with the criminal justice system. Currently about 25 individuals are discussed at each meeting.

### **Traumatic Incident Response Team / Emergency Behavioral Health Team**

Blair County Social Services TIRT (Traumatic Incident Response Team) will be combining the TIRT and DCORT (Disaster Crisis Outreach and Referral Team) into a single unit to allow the county to respond to a wider variety of situations and to maintain a trained and prepared response group. This may be considered an *Emergency Behavioral Health Team* (EBHT). Social Services is developing this coordinated team to deal with any level of traumatic event or natural disaster. Currently the processes and procedures are being combined to

help make the transition smooth. Social Services is also working with SAEMS Southern Alleghenies Emergency Management Services (SAEMS) to cooperate on training, education and skill sharing for the SAEMS CISM (Critical Incident Stress Management Team).

### **May is Mental Health Month**

This event was held on May 16, 2019 and the theme was “Healing Trauma’s Invisible Wounds”. The keynote speaker was Dr. Lyndra Bills presenting on the effects of trauma and ways to cope. The guest speaker was Veteran Jack Hartman and his service dog, Longbow, sharing his personal story of recovery from trauma.

### **Mental Health (MH) Contracts, Data and Fiscal Reports FY 2018/19**

The Blair County Department of Social Services (DSS) administers the county Mental Health (MH) Program through contracts with the following eleven (11) community agencies: Blair Community Action, Blair HealthChoices, Blair Senior Services, Contact Altoona, HOPE Drop In, NAMI Blair County, Peerstar LLC, Primary Health Network, Skills of Central PA, UPMC Altoona, and UPMC Behavioral Health of the Alleghenies (formerly Home Nursing Agency).

The MH component of DSS is made up of the MH Program Director (Theresa Rudy) and two MH Program Specialists (Ken Dean and Cindy James).

### **Consolidated Community Reporting Initiative (CCRI)**

At the conclusion of the fiscal year, the County compiles the information on titled “CCRI POMS Summary Reporting”. The first section shows the total unduplicated number of individuals served with county base mental health funds is 3,979 and the total expenditure is \$4,103,408 in FY 2018/19. The client demographic information compiled includes the number of persons served by gender, by age category, by race, and by target priority group. In addition, the unduplicated number of persons and units of service for each cost center.

PA Code Title 55 Public Welfare (DHS) Chapter 4300 is the county Mental Health and Intellectual Disabilities fiscal manual. Sections covered in this manual include the County allowable cost standards, contracted agency allowable cost standards, unit of service funding, and fiscal management of the county program which includes purchase of service contracts (4300.138) and specifies minimum contracting requirements (4300.139).

The PA DHS Office of Administration, Bureau of Financial Operations (BFO) issues the annual Income and Expenditure (I&E) Reporting Instructions manual for the Human Services Block Grant (HSBG) and non-HSBG Counties. The manual for fiscal year 2018/19 was issued in August 2019. The mental health component of the I&E report is organized similar to the above referenced CCRI POMS Summary Reporting spreadsheet. By cost center the unduplicated individuals served, and the expenditures by the HSBG and the categorical funding streams which include for Blair MH the federal Community MH Block Grant (CMHBG) and Social Services Block Grant (SSBG), Projects in the Assistance in Transition from Homelessness (PATH).

The MH component of the Blair HSBG I&E Report is shared at the Mental Health Committee of this Advisory Board each year. Also shared and discussed is the County MH Operating Budget spreadsheet which includes by cost center the amounts expended by each contracted service agency including the funding stream by appropriation for mental health services which is aggregated by cost center for the I&E. We include the abbreviated cost center definitions provided with the HSBG annual plan guidelines, and the CCRI Target Group definitions as part of the presentation.

It is helpful for the MH Committee and the DSS Advisory Board to have a basic understanding of the fiscal and reporting requirements including the abbreviated cost center definitions. In addition to this annual Board report we work with the Blair HSBG Leadership Coalition to respond to the DHS HSBG Annual Plan & Budget generally submitted in June each year for the next fiscal year. The Client Count and Proposed Budget in the annual HSBG Plan are organized the same as the CCRI Reporting Summary and the I&E Report.

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

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

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

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

- **Strengths:**

- 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 2020. 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.



- ***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:**
    - Identify strengths in 2021
  - **Needs:**
    - Identify strengths needs in 2021

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

Yes    No

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

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

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

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

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

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

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

Yes    No

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

***2020 Achievements of the local task force in partnership with the Central PA AFSP:***

Holding nine successful Out of the Darkness Community Walks in Blair County beginning in 2011 and our Tenth walk will be held Sunday, 9/13/20.

Sponsoring the 2020 Altoona Curve (8/29/20) event that will focus 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. This year’s event is scheduled for 11/21/20.

Support of the Suicide Bereavement Support Group facilitated by UPMC Altoona counselors and other survivors. Meetings are held on the first and third Wednesday from 6-7 p.m. at Contact Altoona.

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

Developed Life-Line Cards for Blair County High School Seniors.

**PA Act 36 of 2018, The Employment First Act requires:**

Employment services are identified on initial intake at the UPMC Altoona and UPMC BH of the Alleghenies (BHA) MH Psychiatric Outpatient Clinic/Partial Hospitalization, MH Case Management. The programs keep current referral applications for OVR and the County Community Employment provider, Skills of Central PA.

Case management meets with individuals to discuss the desire for employment. Referrals are sent to Skills of Central PA as well as to the Office of Vocational Rehabilitation (OVR). Case management, employment specialists, and OVR meet with the individual to develop an employment plan. Plans lead to one or all of the following: Community Based Work Assessment to assist with employment goal, identify the level of supports needed, and if assistive technology would be a beneficial assistance with Job Development to include assistance with creating resumes, advocating with employers, assistance with interviews. Job Support once employed assisting the individual with learning the job, and ongoing support along the individual's career path with further advocacy or assistance with new training.

Skills Employment Specialists recognize need for assistance with applying for OVR and assistance with signing up with CareerLink and navigating the service. Individuals have some difficulty understanding the OVR wait list and identifying how the OVR and County MH Community Employment coincide.

Members of the local MH Psychiatric Rehabilitation service – UPMC BHA Lexington Clubhouse connect with OVR fairly easily as there is an OVR representative at the Clubhouse on Tuesdays from 2-3 p.m. each week. Members can make it a point to come in to the Clubhouse at that time to connect with OVR, or they can use a computer at the Clubhouse to apply for OVR services on line. Clubhouse has the contact information for the OVR specialist assigned to Clubhouse, so members can call and schedule their own appointments with OVR. Member feedback about CareerLink is that since the location has been changed to the Altoona Library the CareerLink services are much more accessible to get to than in the past.

UPMC BHA said no current concerns with OVR. OVR has 2 counselors working with the local MH providers. At this time the counselor comes into the UPMC BHA facility every Tuesday from 10 a.m. – Noon. The individuals and the staff could talk with the counselor or review the referral they received. OVR also has a mailbox for the referral applications to be reviewed. The location and transportation had been an issue with CareerLink. The new location at the Altoona library (more centered in the City) makes it easier for individuals to walk to or use public transportation.

Transportation to services and transportation to obtain gainful employment is an issue for many individuals residing in areas with minimal public transportation.

Active participation on the local High School Transition Council, Case Management participation in IEP meetings and refer/connect/coordinate with services available like OVR, Career Link, local Community Action program, summer employment opportunities etc.

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

Yes    No

**) Supportive Housing:**

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex).</b>									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 18-19 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 20-21 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 18-19	Projected Number to be Served in FY 20-21	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started
Notes:									

<b>2. Bridge Rental Subsidy Program for Behavioral Health</b>	<input type="checkbox"/> Check if available in the county and complete the section.
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**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 18-19	Projected \$ amount for FY 20-21	Actual or Estimated Number Served in FY 18-19	Projected Number to be Served in FY 20-21	Number of Bridge Subsidies in FY 18-19	Average Monthly Subsidy Amount in FY 18-19	Number of Individuals Transitioned to another Subsidy in FY 18-19	Year Project first started

Notes:

<b>3. Master Leasing (ML) Program for Behavioral Health</b>	<input type="checkbox"/> Check if available in the county and complete the section.
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**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 18-19	Projected \$ Amount for FY 20-21	Actual or Estimated Number Served in FY 18-19	Projected Number to be Served in FY 20-21	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 18-19	Average subsidy amount in FY 18-19	Year Project first started

Notes:

**4. Housing Clearinghouse for Behavioral Health**  Check if available in the county and complete the section.

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

	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 18-19	Projected \$ Amount for FY 20-21	Actual or Estimated Number Served in FY 18-19	Projected Number to be Served in FY 20-21			Number of Staff FTEs in FY 18-19	Year Project first started

Notes:

**5. Housing Support Services for Behavioral Health**

Check if available in the county and complete the section.

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

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 18-19	Projected \$ Amount for FY 20-21	Actual or Estimated Number Served in FY 18-19	Projected Number to be Served in FY 20-21			Number of Staff FTEs in FY 18-19	Year Project first started
UPMC BH of the Alleghenies PATH	PATH Federal Homeless Grant	\$47,087	\$47,087	35	60			1.1	2004
UPMC BHA PATH	HSBG MH	\$41,449	\$52,555						
UPMC BHA PATH	County Match	\$ 4,806	\$0						
Blair Senior DOM Care	HSBG MH	\$7,539	\$9,000	13	15			.10	1996
Blair Senior DOM Care	County Match	\$1,461							
Skills Housing Support Staff	HSBG MH	\$61,061	\$3,000	50	25			.1	1990*
Skills Housing Support Staff	County Match	\$6,783							
UPMC BHA Blair House	HSBG MH	\$107,597	\$112,564	14	18			1.05	1990
UPMC BHA Blair House	County Match	\$11,995	\$12,507						
UPMC BHA Juniata House	HSBG MH	\$33,595	\$33,995	7	6			.60	2003*
UPMC BHA Juniata House	County Match	0	0						
UPMC BHA Tartaglio Home	HSBG MH	\$234,969	\$315,000	14	13			9.05	1997
UPMC BHA Tartaglio Home	County Match	\$12,255	\$11,995						

Notes:									
<b>6. Housing Contingency Funds for Behavioral Health</b>				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
<b>Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.</b>									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 18-19	Projected \$ Amount for FY 20-21	Actual or Estimated Number Served in FY 18-19	Projected Number to be Served in FY 20-21			Average Contingency Amount per person	Year Project first started
Skills	HSBG MH	\$15,000	\$10,000	38	30			\$250	1990
UPMC BHA	HSBG MH	0	\$28,000	0	30			\$550	2003
Notes:									

<b>7. Other: Identify the Program for Behavioral Health</b>				<input type="checkbox"/> Check if available in the county and complete the section.					
<b>Project Based Operating Assistance (PBOA</b> 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); <b>Fairweather Lodge (FWL</b> 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); <b>CRR Conversion</b> (as described in the CRR Conversion Protocol ), <b>other</b> .									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 18-19	Projected \$ Amount for FY 20-21	Actual or Estimated Number Served in FY 18-19	Projected Number to be Served in FY 20-21			Year Project first started	
Notes:									

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

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

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

All intervention planned in 19/20 were completed. In November 2019, Blair HealthChoices hired a Care Coordinator to assist individuals leaving the hospital and prison in attending follow up appointments and addressing social determinants of health that may impede a successful transition back into the community.

A building was purchased and is currently under renovations to become a dedicated, and full-time drop in center.

We have assisted 10 people with funds to prevent homelessness or provide temporary housing until permanent housing was available.

Care Managers developed a toolkit and met with several physical health providers to educate on the behavioral health system and develop improved processes to improve coordination of whole person care. Lastly, all individuals with medical assistance are interviewed upon admission to the hospital by the Care Coordinator to determine barriers to successful transition back into the community and initiate meaningful aftercare planning.

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

The Child Advocacy Center did receive a grant to pilot mental health case management with families attending for forensic interviews. An RFP was distributed and a partnership was established with a case management provider to partner with the CAC to meet with families following the forensic interview. Often, the child and family would benefit from therapy after such a traumatic event, and may also need access to food, clothing, housing, etc. to increase a sense of safety and security.

A Trauma Summit was held in October 2019 and a follow up summit was planned for the spring of 2020 but is postponed at this time due to COVID.

Lastly, 16 therapists are now certified to do Trauma Focused Cognitive Behavioral Therapy in Blair County and are available to families utilizing the child advocacy center.

##### ***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)***

FY 19/20 Policies and Procedures Letters of Agreement between the County MH, UPMC Altoona MH SAP Liaison, and School Districts for the 2019/20 school year have been signed by all parties and are scheduled to be presented to the County Commissioners for approval/signatures on 7/21/20. Strategic planning sessions were held 2/14/20 and 2/17/20 and the action steps for FY 20/21 are included in this plan section.

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

The PREP training was discussed at the annual landlord's workshop in November 2019, and a webinar series was set up for anyone to access from February 2020 through June 2020. It is available in three one-hour sessions.

Reinvestment dollars are currently being utilized to build six permanent housing apartments on the second floor of the local shelter. The apartment above the teen shelter was renovated for permanent housing with priority to those in the transitional age youth rapid rehousing II program. Lastly, we have utilized a PHARE grant, as well as, reinvestment dollars to provide temporary housing to those leaving the jail or in need of some support to prevent homelessness. We have served 10 people this past fiscal year.

#### ***5) Fostering Data Driven Decision Making***

The Business Associates Agreement between the County DSS and Blair HealthChoices is in place for FY 20-21 and the data elements aligned for the MH service system. No further action steps planned for FY 20-21

#### ***d.2) Increase Community Tenure***

Continuing from prior year  New Priority

With the recent initiation of the Care Coordinator position at Blair HealthChoices, we will continue to work on engaging individuals and families to prevent readmission and increase community tenure following hospitalization or incarceration.

We will complete the renovations and open the consumer driven, consumer run drop in center. The attendees of the drop in center will continue to work on the Better than Roses Project to reach out to individuals hospitalized with acute mental health issues to offer recovery tools and engage them in community support.

*Timeline:* Readmission and follow up rates are validated and reviewed quarterly.

The drop in center is anticipated to be done by Fall 2020.

Fiscal and Other Resources:

Ongoing support of the drop in center.

*Tracking Mechanism:*

Readmission and follow up rates are reported quarterly during the Quality and Clinical Management Committee.

Drop In is overseen by a Board of Directors, and progress is discussed regularly at the Blair County Leadership Coalition meetings.

### **d.3) Building a Trauma Informed Care Culture in Children's Mental Health**

Continuing from prior year  New Priority

Upon completion of the grant to support mental health case management at the child advocacy center, outcomes will be reviewed and if positive, sustainability of the service will occur.

Blair County will continue to assess the trauma informed needs of the community and develop plans to increase awareness, education, and incorporate policy changes to build a trauma-informed culture.

Blair HealthChoices will be developing a High Fidelity Wraparound Team in FY 20/21. A High Fidelity Wraparound Coach is currently working as the System of Care Coordinator, developing a service description and hiring a Team.

*Timeline:* The grant outcomes are reviewed at the quarterly child advocacy center advisory committees.

Blair County will assess the resources available through the System of Care Grant to support at least two trainings/events in FY 20/21.

We anticipate the High Fidelity Wraparound Team will be hired by the end of Summer 2020.

Fiscal and Other Resources:

Blair County is currently receiving a System of Care Grant to support building a High Fidelity Wraparound Team and to address other needs identified in the child-serving systems.

*Tracking Mechanism:*

Review grant outcomes for the child advocacy center quarterly at the advisory committee.

Establish a system of care leadership team to monitor grant outcomes monthly.

### **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

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

SAP is a systemic process using techniques to mobilize school resources to remove barriers to learning. SAP team members are trained to identify problems, determine whether or not the presenting problem lies within the responsibility of the school, and make recommendations to assist the student and his/her family. When the problem is beyond the scope of the school, the SAP team will assist the student and family with accessing services within the community. The Blair County SAP and MH Services Strategies and Action Steps from the strategic plan working document 2/29/20 follow.

### *Strategy 1 – Maintain and Strengthen the Blair County SAP by Developing a Long-Term Plan*

A strategic planning session with input from SAP Agency Liaisons was held in February 2020 and a working document based on discussions and recommendations has been drafted. Ongoing work on the strategic planning document will continue in FY 2020/21 by assigning tasks, timelines, and status.

### *Strategy 2 – Provide for a Year Round Student Assistance Program*

Analyze how many current full-time MH SAP Liaison positions (3.76) vs the need and what would be their work activities year round. Begin collecting data to justify increase in full-time liaison positions including financial information, review of SAP historical data, and develop work statements for staff that will describe activities June-August.

### *Strategy 3 – Update the Summer SAP Program*

Provide opportunity for all schools to have students participate in summer groups (e.g. all areas of the county) by offering to facilitate groups on-site. Summer 2020 (postponed due to COVID 19)

Prepare and send a letter to schools to determine their interest and request information for hosting summer groups for their students: Specific topic(s), School building, Targeted population (elementary, middle or secondary), Timeframe. The letter was distributed in March 2020.

Develop plans for summer groups/programs based on feedback from schools. Plans for summer groups in the schools were postponed due to COVID 19. Timeline: March 2021

Research training, resources, and evidence-based curriculum that could be utilized in the future to enhance student groups. *Timeline:* Ongoing

Develop a Blair County Summer Support Group Facilitators Manual. *Timeline:* April 2021 and Ongoing

Develop a method for determining outcomes of summer groups: Feedback from students, Debriefing meeting at the end of the summer with all SAP liaisons, Collect data on number of students attending specific groups. *Timeline:* May 2021

### *Strategy 4 – Enhance Communication and Training Opportunities for SAP Staff*

SAP liaison will be invited to attend SAP District Council Meetings.

Provide opportunities for SAP liaisons to attend other relevant training (e.g. PASAP Conference, Blair SAP Networking Day)

*Timeline:* Ongoing

### *Strategy 5 – Encourage School Districts and Agencies to Follow Best Practice Guidelines for SAP and/or Blair County Specific Protocols.*

Revise the Letter of Agreement with school districts to be more specific regarding their responsibility to follow the best practice guidelines for SAP. *Timeline:* March 2021

Schedule a visit with those schools that may not be following the SAP Model. *Timeline:* Ongoing

Continue to provide funding and encouraging schools to conduct an annual maintenance session.

*Timeline:* FY 2020/21 and ongoing

Review and update the SAP Agency Protocol regarding agency staff attending a meeting, utilizing the progress report form, and/or communicating with schools on the status of students in services.

*Timeline:* November 2020

Review services as needed based on changes within school districts (e.g. building/grade level changes).

*Timeline:* Ongoing

Strategy 6 – Enhance Communication and Collaboration with other Agencies/Organizations to Access and Enhance Services.

Encourage agency providers to attend SAP Coordination Team meetings to discuss and address barriers to getting services (e.g. transportation, staff turnover at the agencies, access to psychiatrist, availability of appointments after school hours, etc.) *Timeline:* School year 2020/21 and Ongoing

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

Tracking Mechanisms: The Blair County Department of Social Services (DSS) MH Director and the Independent Single County Authority (SCA) at Blair County Drug and Alcohol Partnership (BDAP) will work together with the Blair Student Assistance Program (SAP) Coordination Team to set the specific goals, objectives, responsible persons and timeframes for the school year 2020/21. Reports will be given routinely at the SAP District Council, SAP Coordination Team, CASSP Advisory Committee, the Blair County DSS MH Committee and Advisory Board, and the HSBG Leadership Coalition.

#### **d.5) Increase Housing Options and Support**

Continuing from prior year  New Priority

Over the next fiscal year, we will continue to identify and utilize reinvestment dollars to increase access to transitional and permanent housing. This includes continuing to make progress toward building a new shelter with permanent apartments attached.

We will continue to build capacity to support individuals through the PREP train the trainer curriculum and partner with landlords to support individuals at risk of eviction.

*Timeline:*

The shelter building has been purchased and renovations will begin as additional funding is secured.

Partner with Self-Determination Housing of Pennsylvania to provide at least one additional PREP training in Blair County.

Fiscal and Other Resources:

The shelter is being built utilizing private and public funds.

PREP is offered for free by SDHP, and hosted by Blair HealthChoices when needed.

Tracking Mechanism:

Progress on the shelter is monitored by a taskforce, and the Leadership Coalition at least monthly.

PREP trainings are tracked by the Leadership Coalition on a monthly basis.

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

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

\*HC = HealthChoices

**f) Evidence Based Practices Survey:**

<b>Evidenced Based Practice</b>	<b>Is the service available in the County/ Joinder? (Y/N)</b>	<b>Current Number served in the County/ Joinder (Approx)</b>	<b>What fidelity measure is used?</b>	<b>Who measures fidelity? (agency, county, MCO, or state)</b>	<b>How often is fidelity measured ?</b>	<b>Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)</b>	<b>Is staff specifically trained to implement the EBP? (Y/N)</b>	<b>Additional Information and Comments</b>
<b>Assertive Community Treatment</b>	No							
<b>Supportive Housing</b>	No							
<b>Supported Employment</b>	No							<b>Include # Employed</b>
<b>Integrated Treatment for Co-occurring Disorders (MH/SA)</b>	No							
<b>Illness Management/ Recovery</b>	No							
<b>Medication Management (MedTEAM)</b>	No							
<b>Therapeutic Foster Care</b>	Yes	2						
<b>Multisystemic Therapy</b>	Yes	35						
<b>Functional Family Therapy</b>	Yes	45						
<b>Family Psycho-Education</b>	No							

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

<b>Recovery Oriented and Promising Practices</b>	<b>Service Provided (Yes/No)</b>	<b>Current Number Served (Approximate)</b>	<b>Additional Information and Comments</b>
Consumer/Family Satisfaction Team	Yes	Approx. 500	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist- Total**	Yes	234	
CPS Services for Transition Age Youth	Yes	33	Ages 16-24
CPS Services for Older Adults	Yes	61	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		
Shared Decision Making	Yes		Family Group Decision Making; Unable to measure because not using modifier
Psychiatric Rehabilitation Services (including clubhouse)	Yes	90	
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	7	
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes	unknown	
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	unknown	
First Episode Psychosis Coordinated Specialty Care	No		
Other (Specify)			

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

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

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

<b>Total Number of CPSs Employed</b>	<b>32</b>
<b>Number Full Time (30 hours or more)</b>	<b>12</b>
<b>Number Part Time (Under 30 hours)</b>	<b>20</b>

**i) Involuntary Mental Health Treatment:**

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

	<b>AOT</b>	<b>IOT</b>
Number of individual's subject to involuntary treatment in CY2019	0	12
Inpatient hospitalizations following an involuntary outpatient treatment for CY2019		NA
Number of AOT modification hearings in CY2019	0	
Number of 180-day extended orders in CY2019	0	0
Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2019	NA	\$16,000

## 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 20 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 17 years. 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 seven hundred ninety four (794) 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 19-20</i>	<i>Percent of total Individuals Served</i>	<i>Projected Individuals to be served in FY 20-21</i>	<i>Percent of total Individuals Served</i>
<b>Supported Employment</b>	6	.001	9	.015
<b>Pre-Vocational</b>	0	0	0	0
<b>Adult Training Facility</b>	2	.003	0	0
<b>Base Funded Supports Coordination</b>	63	.09	70	.1
<b>Residential (6400)/unlicensed</b>	0	0	0	0
<b>Life sharing (6500)/unlicensed</b>	0	0	0	0
<b>PDS/AWC</b>	3	.005	5	.008
<b>PDS/VF</b>	0	0	0	0
<b>Family Driven Family Support Services</b>	0	0	0	0

***Supported Employment:***

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

To address the barrier of families expecting service and having little confidence in their loved one obtaining gainful employment after graduation, SASMG has sponsored a summer employment grant for the past seven 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, the spring trainings had to be cancelled and will be provided once schools have a solid plan for starting.

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 of the rules.

Unfortunately, there are a few who see the opportunity through the Participant Directed Supports/Vendor Fiscal (PDS/VF) model to hire friends and family members at the published rates, which is significantly higher than the entry level rate of provider agencies in Blair County.

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

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

*Community for All:*

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

## *Homeless Assistance Services*

### *Services To Be Provided*

#### **Bridge Housing**

Blair County Community Action Agency (BCCAA) will receive Housing Assistance Program (HAP) dollars for Bridge Housing in FY 20/21. The HAP funds provide assistance to homeless or near homeless individuals for eligible individuals residing within Blair County. These are transitional services that allow individuals who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently. This is the “bridge” that helps move individuals from being homeless into permanent housing. This service allows the individual to stay in a shared facility or apartment for up to 12 months but may be extended up to 18 months with the County’s approval. While in this program, individuals must receive case management supportive services and must have a service plan that describes how the program will assist individuals for up to 18 months with the goal of returning them to live independently.

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

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

First, immediately upon entry into the program, case managers assist individuals in applying for Section 8 and subsidized housing through both the Altoona and Blair County Housing Authorities. Case managers provide budget counseling to individuals to ensure that they can budget their money wisely and prioritize how they spend their money so that money can be saved for a security deposit and for rent when they are ready to move

into permanent housing. BCCAA explains to the individuals in person and in writing that the Landlord-Tenant Act is not applicable to housing provided with the HAP funds unless in cases where the individual signs the lease directly with the landlord then the Landlord-Tenant Act does apply. The individual is made aware that if they are terminated from HAP services, the HAP rental payments and case management services will be discontinued and the individual will be solely responsible for future rental payments.

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

Blair County Community Action Agency has greatly enhanced its' ability to assist families who are homeless or at risk of homelessness. This has been achieved with the addition of several programs that the agency is operating, including the Emergency Solutions Grant (ESG), PA Housing Affordability and Rehabilitation Enhancement (PHARE), and Human Service Block Grant (HSBG) under contract with Blair County and the Regional Veteran Services (RVS) program for Blair County as a subcontractor to Lawrence County Community Action Partnership. The ESG, PHARE, HSBG and, RVS all offer "Homeless Prevention Services" for those at risk of homelessness.

### **Unmet Needs and Gaps**

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

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

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

### **Bridge Housing Service Results**

During FY 19/20, BCCA reallocated their Bridge Housing funds in order to place more individuals/families into hotels during the pandemic.

### **Proposed Changes to Bridge Housing Services**

BCCA does not plan to make any changes to how they will spend their Bridge Housing funds. However, due to the pandemic, funds may be reallocated to support those in need of rental assistance or hotel stays.

## Case Management

As of July 1, 2020, 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 20 adults and 15 children with new safe housing in FY 20/21 utilizing this new model.

Family Services' Victim Services Program has served 466 DV/SA/OC victims. As of July 1, 2019, through March 31, 2020.

Family Services has provided 2027.43 hours of Supportive Counseling to survivors of domestic violence as of July 1, 2019 through March 31, 2020 which consisted of goal planning, obtaining employment and housing. In FY 18/19 the program provided a total of 2236.65 hours of Supportive Counseling. Family Services is projecting to provide 2250 hours of Supportive Counseling in FY 20/21.

## **Achievements and Improvements in Services**

### Blair County Community Action Agency

Six of BCCA's case managers are in the process of becoming Certified Housing Counselors through HUD and the Pennsylvania Housing Finance Agency (PHFA).

Blair County Community Action anticipates to serve 250 individuals in FY 20/21.

### Family Services, Inc.

During FY 18/19, the Victim Services Program provided 27 victims and their families with emergency safe shelter to flee domestic violence. Seventeen (19) 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. Three (3) were assisted in relocating out of Blair County for safety reasons.

## **Unmet Needs and Gaps**

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

The lack of affordable housing options for victims newly leaving abusive relationships hinders Family Services' efforts. The power and control of a domestic abuse relationship often 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 May 31, 2020, for FY 19/20, Blair County Community Action has served 252 individuals.

From July 1, 2020 through May 31, 2020, 23 households received help with Rental Arrears Assistance and 28 households received Utility Assistance to avoid eviction; 9 households moved into new units; and 34 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 2018/2019, 30% of participants returned their housing ESQ and 100% of them rated their answers to questions #3, 9-11, 14, and 18 as a 3 or above out of a maximum of 5. Questions #3, 9-1, 14, and 18 specifically rate their success toward self-sufficiency strategies and goals.

## **Rental Assistance**

As of July 1, 2020, 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 200 individuals in FY 20/21.

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**

Six case managers are in the process of becoming Certified Housing Counselors through HUD and the Pennsylvania Housing Finance Agency (PHFA).

## **Unmet Needs and Gaps**

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

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

We will evaluate the Rental Assistance program provided by Blair County Community Action 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 195 individuals from July 1, 2019 through May 31, 2020.

From July 1, 2019 through May 31, 2020, 23 households received help with Rental Arrears Assistance, 28 households received Utility Assistance to avoid eviction and 9 households were assisted with moving into new units.

## **Emergency Shelter**

As of July 1, 2020, Blair County Community Action and Family Services, Inc. will receive HAP dollars for the Emergency Shelter and the Victim Services Program. This service provides refuge and care services to persons who are in immediate need and are homeless with no permanent legal residence of their own, or, who are victims of domestic violence.

### *Blair County Community Action*

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

Blair County Community Action projects to serve 50 individuals in FY 2020/2021.

### *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, 2020 through June 30, 2021, we anticipate serving approximately 20 adults and 15 children utilizing this new model.

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

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

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

Program outcomes include the following:

*Increased safety:*

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

*Increased self-sufficiency:*

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

Family Services has served 202 individuals from July 1, 2019 through March 31, 2020 and projects to serve 269 individuals in FY 20/21. They project to turn away 1,050 individuals due to the shelter being full and project 5,310 days of shelter provided.

For FY 19/20, as of March 31, 2020, the Emergency Shelter has served 85 men, 121 women, and 51 children and the number of brief contact calls for shelter was 2405. The number of days of shelter provided was 3,983.

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, 2019 through May 31, 2020.

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

Family Services has seen an increase in the average length of stay so far in FY 19/20. As of March 31, 2020 the average length of stay was 34 days. In FY 18/19, the average length of stay was 23 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
- 1716 Individuals were turned away due to the shelter being full in FY 19/20 as of March 31, 2020
- 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 19/20**

#### **Blair County Community Action**

As of May 31<sup>st</sup>, 2020 BCCA has assisted 34 households with Emergency Hotel/Motel stays.

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

From July 1, 2019 through March 31, 2020, 12 DV/SA/OC victims were placed in a motel for up to 30 days.

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; 62% were able to obtain employment; and 76% were able to obtain housing.

### **Other Housing Supports**

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

### **Homeless Management Information Systems (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 called Transitional Housing) Program (RRH1) during the year between 10/1/2018 thru 9/30/2019 they had 121 (91%) exit into permanent housing. In their HUD funded Rapid Re-Housing 2 (formerly called Journey) Program (RRH2) during the year between 10/1/2018 thru 9/30/2019 they had 14 participants exit the program, all 14 (100%) exited into permanent housing. In their HUD funded South Central Rapid Re-Housing Program (SCRRH) during the year between 10/1/2018 thru 9/30/2019 they had 36 participants (95%) exit into permanent housing.

Blair County Community Action Agency also tracks participation in mainstream benefits but not the increase in usage. In their RRH1 program 94% were receiving 1 or more mainstream benefits (in the case of this program the benefits included Medicaid and food stamps). In their RRH2 program 100% and in SCRRH program 97% were receiving 1 or more mainstream benefits (in the case of this program the benefits included Medicaid, food stamps, Medicare, VA Medical Benefits and Section 8 housing assistance).

Blair County is a member of the Eastern Pennsylvania Continuum of Care (CoC PA-507). This CoC is a consortium of 33 counties in the eastern part of the State. All homeless programs funded through the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Program are under the purview of the

CoC. This includes the Emergency Solutions Grant (ESG) and the CoC Programs that in the past were referred to as the McKinney-Vento Homeless Programs funded by HUD.

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

**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 2019/2020, 144 clients received emergency shelter and 78 of the 144 (54%) 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 2019/2020, the known destinations, by zip code, for clients are as follows:

- Zip Code 16601 – 37 consumers
- Zip Code 16602 - 26 consumers
- Zip Code 16617 - 0 consumers
- Zip Code 16635 - 1 consumer
- Zip Code 16648 - 2 consumers
- Zip Code 16673 - 2 consumers
- Zip Code 16637 - 1 consumer
- Zip Code 16686 - 2 consumers

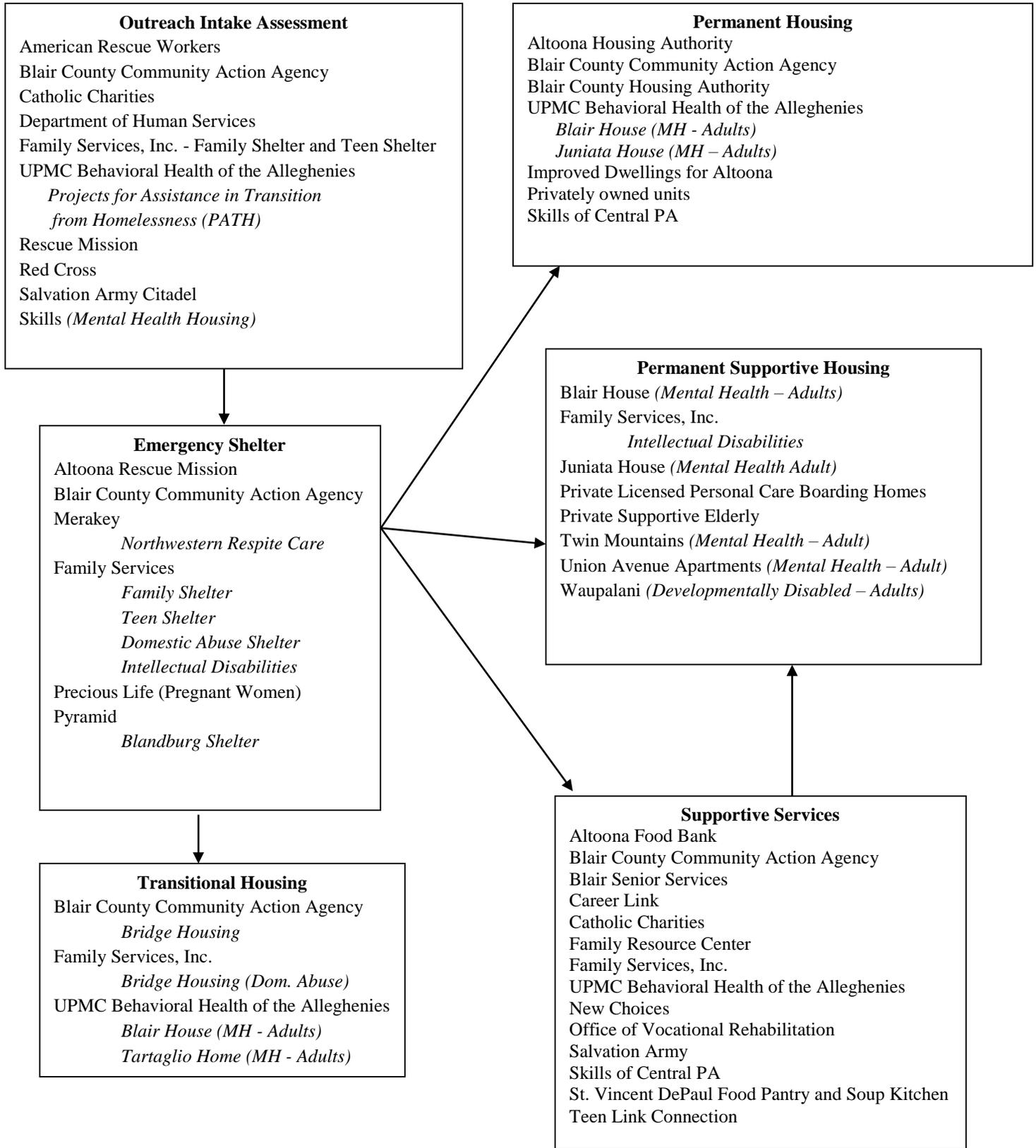
Family Services Inc. currently tracks whether a client went to a new home or returned to previous residence upon exit from the Victim Services Program. As of July 1, 2019, the Victim Services Program provided emergency shelter to 29 persons; 19 of whom successfully obtained permanent, safe housing; 6 are still working with victim advocates but have not secured permanent housing as of yet; 5 have returned to their abuser and 3 have discontinued without notifying Family Services, Inc. of their intentions.

The staff of the Family Shelter tracks the percentage of clients who are still in permanent housing at 6 week intervals. As of March 31, 2020 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, 2019 through March 31, 2020, 1716 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 2018/2019 fiscal year, 286 referrals were made to mainstream systems and 281 (98%) had followed through and participated.

# 2021 Blair County Continuum of Care Services



## **SUBSTANCE USE DISORDER SERVICES**

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

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

# of Overdose Survivors	# Referred to Treatment	Referral Method(s)	#Refused Treatment
53	46	Warm Handoff (Direct admit to tx or assessment to treatment)	7

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

LOC ASAM Criteria	# of Providers	# of Providers Located In-County	# of Co-Occurring/Enhanced Programs
4 WM	1	0	
4	1	0	
3.7 WM	11	2	
3.7	0	0	Not Available in the State
3.5	19	2	
3.1	11	3	
2.5	2	2	
2.1	4	4	
1	9	9	

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

The Blair SCA has established a hub and spoke model to facilitate access to care for substance use disorders. We work with all sectors of our community to facilitate the education, stigma reduction and warm handoff from and to support services in our community. We facilitate care coordination to support the ongoing engagement of individuals in early recovery. Our model reflects the best practice being supported through the center of excellence programs though we are not supported through these funds. We are in discussion to determine if our model is eligible for reimbursement through health choices.

As reported last year, the SCA implementing a federal grant to expand MAT services and EBP within the treatment system. The SCA in collaboration with DDAP and UPMC Center for High Value Health (CHVH) have been providing on going Motivational Interviewing training, ASAM leadership training for clinical supervisor staff and ASAM individual service planning training.

We have also partnered with a physical therapist to provide a chronic pain and relapse prevention training for SUD line staff and a training for physical therapist on chronic pain and warm hand off to

the Blair County Drug and Alcohol Program. We plan to offer this again in the first quarter of the fiscal year. In addition, we expanded mobile assessments and 24/7 on call for the CRS staff. As part of our expansion to mobile case management, we have seen increase access from the inpatient hospitals, inpatient psychiatric, and criminal justice system. The funding from the HSBG provides some of the funding to support these projects.

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

- CRS/ED Warm Handoff Project
- SBIRT Case Managers Embedded in 3 Physical Health Sites
- CRS 24/7 On Call
- Ongoing Evidence Based Training to Clinical Staff

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

There has not been any expansion from last year by police departments. The same number exist this year that provide NARCAN. The SCA is able to provide NARCAN for free to the general community. In addition, starting July 1, 2018, the SCA educates 100% of all assessment clients on NARCAN and provide it to those who are interested in having NARCAN. Since this time, we have dispensed 763 NARCAN kits. In addition, our SBIRT grant with the pharmacist came to a close in December 2019. At that time 372 kits were distributed through our pharmacy project. 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.

Mobile assessment performed: 2019/2020 to date

<b>Location</b>	<b>Mobile Assessments Completed</b>
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
<b>Total</b>	<b>330</b>

### Warm Handoff Data:

<b>Data</b>	<b>FY 18-19</b>	<b>FY 19-20 to date</b>
# of Individuals Contacted	53	59
# of Individuals who Entered Treatment	46	45
# of individuals who have Completed Treatment	Not available at this time	Not available at this time

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

### Services to Be Provided

#### Adult Services

**Program Name:** Counseling Services

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

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

**Service Category:** Counseling - 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.

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

## Aging Services

**Program Name:** Care Management

### **Description of Services:**

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

**Service Category:** Care Management - Care Management activities through the Area Agencies on Aging serve as a coordinative link between the identification of consumer needs and the timely provision of services to meet those needs by utilizing all available resources.

## Children and Youth Services

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

## Generic Services

**Program Name:** Reassurance Program

**Description of Services:**

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

**Service Category:** Information & 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. These programs are conducted on a monthly or weekly basis, are age appropriate, and utilize Search Institute's 40 Developmental Assets as a base for presenting a wide variety of youth development activities. The agency has a core group of children and youth who continually participate monthly providing a greater impact and learning. Big Brothers Big Sisters of Blair County, Inc. has expanded services to include site-based/school-based mentoring, known as SMART programing. Two current High School Big mentoring programs have proven effective over the past several years. These programs are designed in partnership with school personnel to meet the needs of school identified students.

Through their Community-based Mentoring Program, Big Brothers Big Sisters of Blair County supported 41 matches in 2019. 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 hard work of the dedicated staff, Big Brothers Big Sisters was able to expand into two new school districts this year, surpassing the goal of one new school district for the 2019-2020 academic year. Furthermore, through the duration of the matches and at the match's close, satisfaction and youth surveys are presented to the Big, Little, and the Little's parent/guardian, 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, case management, and referral services to pregnant and parenting teens and their families. Although other programs are available to support pregnant and parenting teens, these programs have restrictions with who they can serve. One program requires the adolescent to be enrolled in school, while another program requires the adolescent to be on their first pregnancy and request services by a specific number of weeks within the pregnancy. Teen Link Connection is the only program in Blair County that provides services to pregnant and parenting teens that have dropped out or recently graduated from school. Teen Link Connection is also a program that can provide services to adolescents even if they did not request services while they were pregnant. We currently do not have any pregnant or parenting teens on our case load due to a lack of clients fitting the requirements; however, we are still very active in offering parent education and referral services.

Teen Link Connection also continues to provide education and support services to the community in an effort to prevent teen pregnancy and to raise awareness of the problems associated with teen pregnancy. This is done through outreach efforts such as Teen Power Day, the Teen Pregnancy Prevention Team, CHOICES, and the All STARS program. The 17<sup>th</sup> annual Teen Power Day was held on March 11, 2020 on the Penn State Altoona Campus. Students from all surrounding school districts were invited and we had 3 districts in attendance with a total of 59 students. We had speakers from Family Services Inc., ELECT, Altoona Lung Specialists, Bloom Yoga and Wellness, Penn State Extension, Evolution Counseling and Blair Drug and Alcohol Partnerships. These speakers addressed the following topics: Human Trafficking and Exploitation, Teen Pregnancy, Electronic Smoking, Gentle Yoga Techniques, Smart Drink Choices, Low Self-esteem and depression and the Facts about the dangers of alcohol.

We have begun planning and preparation 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, Altoona Lung Specialists to partner with us in sharing information with participants regarding risky choices and the consequences they bring. 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 added the boys group upon the request of the Evergreen Manor's management and supportive services team, due to the large number of culturally diverse move-ins in an effort to help them build appropriate and healthy relationships. We have saw positive changes between the boys in their interactions with one another as well as adhering to property rules. Winter Warmth 2019 served 81 children ages 4 to 15 with a shopping trip to Boscov's to purchase appropriate winter clothing, meeting needs which the family themselves were not able to supply for the child.

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

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

ACT and CTT	0					
Administrative Management	1,805		\$415,817		\$46,202	
Administrator's Office			\$508,316	\$9,500	\$6,650	\$48,550
Adult Developmental Training	0					
Children's Evidence-Based Practices	0					
Children's Psychosocial Rehabilitation	0					
Community Employment	52		\$132,403		\$14,711	
Community Residential Services	35		\$459,644		\$15,315	
Community Services	0		\$31,501		\$3,499	
Consumer-Driven Services	35		\$86,600			
Emergency Services	750		\$390,035		\$41,833	
Facility Based Vocational Rehabilitation	12		\$155,828		\$17,314	
Family Based Mental Health Services	4		\$25,000			
Family Support Services	56		\$88,379			
Housing Support Services	87		\$113,344	\$47,087		
Mental Health Crisis Intervention	1,121		\$242,544			
Other	0					
Outpatient	1,460		\$424,917		\$47,212	
Partial Hospitalization	15		\$47,075			
Peer Support Services	0					
Psychiatric Inpatient Hospitalization	0					
Psychiatric Rehabilitation	15		\$40,000			
Social Rehabilitation Services	249		\$207,279			
Targeted Case Management	285		\$217,728			
Transitional and Community Integration	190		\$269,657		\$12,911	

<b>TOTAL MENTAL HEALTH SERVICES</b>	5,436	\$3,856,067	\$3,856,067	\$56,587	\$205,647	\$48,550
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<b>County:</b> <b>BLAIR</b>	<b>1.</b> <b>ESTIMATED INDIVIDUALS SERVED</b>	<b>2.</b> <b>HSBG ALLOCATION (STATE &amp; FEDERAL)</b>	<b>3.</b> <b>HSBG PLANNED EXPENDITURES (STATE &amp; FEDERAL)</b>	<b>4.</b> <b>NON-BLOCK GRANT EXPENDITURES</b>	<b>5.</b> <b>COUNTY MATCH</b>	<b>6.</b> <b>OTHER PLANNED EXPENDITURES</b>
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**INTELLECTUAL DISABILITIES SERVICES**

Administrator's Office		\$828,880	\$585,701	\$67,523	\$16,349	
Case Management	1060		\$41,027	\$3,403,028	\$4,558	
Community-Based Services	924		\$202,152	\$25,731,969	\$16,659	
Community Residential Services	177			\$41,541,481		
Other	0					

<b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b>	2,161	\$828,880	\$828,880	\$70,744,001	\$37,566	\$0
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**HOMELESS ASSISTANCE SERVICES**

Bridge Housing	10	\$263,017	\$10,948			
Case Management	250		\$80,000			
Rental Assistance	200		\$70,739			
Emergency Shelter	300		\$75,030			
Other Housing Supports	0		0			
Administration			\$26,300			

<b>TOTAL HOMELESS ASSISTANCE SERVICES</b>	760	\$263,017	\$263,017	\$0	\$0	\$0
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<b>County:</b> <b>BLAIR</b>	<b>1.</b> ESTIMATED INDIVIDUALS SERVED	<b>2.</b> HSBG ALLOCATION (STATE & FEDERAL)	<b>3.</b> HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	<b>4.</b> NON-BLOCK GRANT EXPENDITURES	<b>5.</b> COUNTY MATCH	<b>6.</b> OTHER PLANNED EXPENDITURES
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***SUBSTANCE USE DISORDER SERVICES***

Case/Care Management	1,200		\$174,590			
Inpatient Hospital	1		\$3,000			
Inpatient Non-Hospital	20		\$45,000			
Medication Assisted Therapy	25		\$30,000			
Other Intervention	1,750		\$10,000			
Outpatient/Intensive Outpatient	25		\$50,000			
Partial Hospitalization	30		\$50,000			
Prevention	250		\$7,000			
Recovery Support Services	500		\$150,000			
Administration			\$57,732			

<b>TOTAL SUBSTANCE USE DISORDER SERVICES</b>	3,801	\$577,322	\$577,322	\$0	\$0	\$0
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***HUMAN SERVICES DEVELOPMENT FUND***

Adult Services	830		\$13,337			
Aging Services	50		\$2,182			
Children and Youth Services	0		0			
Generic Services	75		\$2,425			
Specialized Services	175		\$16,005			
Interagency Coordination			\$91,180			
Administration			\$13,901			

<b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b>	1,130	\$139,030	\$139,030	\$0	\$0	\$0
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<b>GRAND TOTAL</b>	13,288	\$5,664,316	\$5,664,316	\$70,800,588	\$243,213	\$48,550
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# Mental Health in Blair County

Access Center for Mental Health Services 814-889-2289

It's OK to talk about mental health.

Get help if you need it.

Help is available and effective.

If you know someone in need, help is available.

**UPMC COMMUNITY CRISIS CENTER**

814-889-2141

**BLAIR DRUG AND ALCOHOL PARTNERSHIPS**

814-381-0921

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



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

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

Appendix "I"

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

Appendix I

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

A. UPMC Altoona agrees to:

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

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

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

C. The services provided under this Work Statement are subject to the terms of the attached Agreement between the parties dated 5/19/20, with the exception of Articles III-V, IX-XI and XVI, which do not apply in their entirety to the services described in this Work Statement, and further that the reports and records required under Article XIV and XV shall not include fiscal records or costs due to the absence of payment by the County for services provided hereunder.

Approved by:

Blair County Department of Social Services

James A. Hudack, Executive Director

Date 5/19/20

UPMC ALTOONA

Thomas Kilian, Director, Behavioral Health Services

Date 5/19/20

Jan Fisher, President/CEO

Date 5/19/20