



**Blair County Department of Social Services**  
**Human Services Block Grant**  
**FY 2024/2025**  
**Annual Plan**



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Appendix "A"

Blair County Commissioners Assurance of Compliance



Appendix A  
Fiscal Year 2024-2025

COUNTY HUMAN SERVICES PLAN  
ASSURANCE OF COMPLIANCE

COUNTY OF: Blair

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 153 of 2016, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County assures, in compliance with Section 1404B(5) of Act 153 of 2016, 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.



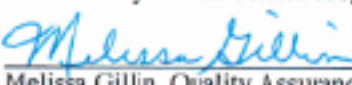

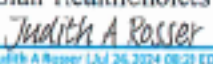
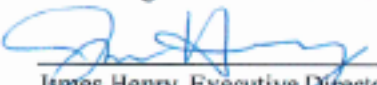
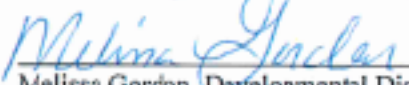
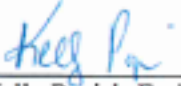

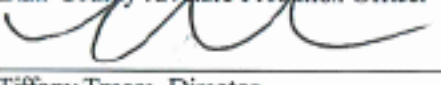
**COUNTY COMMISSIONERS/COUNTY EXECUTIVE**

| Signature(s)  | Please Print Name(s) | Date:  |
|---|----------------------|--------|
|  | David Messling       | 8.8.24 |
|  | Amy Webster          | 8.8.24 |
|   |                      | Date:  |

Appendix "A"

Blair County Leadership Coalition Assurance of Compliance

Fiscal Year 2024-2025  
COUNTY HUMAN SERVICES PLAN  
Assurance of Compliance

|  |                             |
|--|-----------------------------|
| Blair County Leadership Coalition:<br><br>Tricia Johnson, Director<br>Blair County Department of Social Services                  | <u>7/31/2024</u><br>Date    |
| <br>Cindy James, Coordinator<br>Blair County Mental Health Program  | <u>7/31/2024</u><br>Date    |
| <br>Melissa Gillin, Quality Assurance & Housing<br>Coordinator Blair County Dept. Social Services                                 | <u>7/31/2024</u><br>Date    |
| <br>Amy Marten-Sharafelt, Executive Director<br>Blair HealthChoices   | <u>8/5/2024</u><br>Date     |
| <br><small>Judy A Rosser (Jul 26, 2024 08:23 EDT)</small><br>Judy Rosser, Executive Director<br>Blair Drug & Alcohol Partnership | <u>Jul 26, 2024</u><br>Date |
| <br>James Henry, Executive Director<br>Southern Alleghenies Service Management Group  | <u>8/2/24</u><br>Date       |
| <br>Melissa Gordon, Developmental Disability Director<br>Southern Alleghenies Service Management Group                          | <u>8/1/24</u><br>Date       |
| <br>Kelly Popich, Early Intervention Director<br>Southern Alleghenies Service Management Group                                  | <u>8/1/24</u><br>Date       |
| <br>Joseph Cox, Chief<br>Blair County Juvenile Probation Officer  | <u>7/31/24</u><br>Date      |
| <br>Tiffany Treese, Director<br>Blair County Children, Youth & Families   | <u>7/31/24</u><br>Date      |

# Blair County Human Services Plan

## Fiscal Year 2024-2025

### *Part I: COUNTY PLANNING PROCESS*

#### ***Blair County Stakeholder Information***

Blair County is a Class 5 county located just west of the geographic center of Pennsylvania. Its estimated 2023 census is 120,273 residents. This represents a 2.1% population decrease from 2020. While the population is shrinking, the number of consumers continues to increase. Meeting the rising need, is as always, a challenge.

Blair County has a slightly higher graduation rate than the state, but 10% fewer residents have completed four or more years of college. The unemployment rate for Blair County is lower than for Pennsylvania, yet the median household income is \$13,784 less than the state. Thankfully, the gap between the median income for Blair County and Pennsylvania has narrowed by roughly \$5,000 in the last year. The overall poverty rates are slightly higher in Blair County with children in poverty just slightly lower than the state rate.

There are seven public school districts in Blair County: Altoona, Bellwood-Antis, Claysburg-Kimmel, Hollidaysburg, Spring Cove, Tyrone, and Williamsburg. The Greater Altoona Career and Technology Center offers vocational training to high school students from all seven Blair County Public School Districts. In addition to the public schools there are six Catholic elementary schools and one Catholic high school. Other schools are faith based schools such as Great Commission School and Blair County Christian School. The County has three alternative schools operating to support children who have been expelled from their home school districts. Grier School, a private boarding school for girls in grades 7-12 is located in northern Blair County. Two hundred fifty girls from multiple states and 15 foreign countries currently attend.

The Pennsylvania State University (Penn State) Altoona Campus contributes to an influx of over 2,500 college students annually and the campus is only 45 miles from the University's main campus, University Park, in State College. Penn State Altoona offers 21 baccalaureate degrees and 5 associate degrees. Post-secondary trade/technical schools include Altoona Beauty School, Altoona Bible Institute, The Salon Professional Academy, South Hills School of Business and Technology, and Pennsylvania Highlands Community College. In addition, Saint Francis University, whose main campus is in neighboring Cambria County has opened a location at the Curry Innovation Center in downtown Altoona. This allows for additional partnerships to be formed with educational resources. Within a half hour of Blair County, other post-secondary schools include Mount Aloysius College, St. Francis University and Juniata College.

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



## ***Planning***

In January 2012, Blair County developed the Blair County Cross Systems Leadership Coalition to meet the requirements of Act 80, which established a Human Services Block Grant (HSBG) Program. Coalition members include County Commissioners, the Mental Health/Intellectual Disabilities/Early Intervention Administrator, the Chief Juvenile Probation Officer, the Mental Health Program Coordinator, the Children, Youth, and Families Director, the Quality Assurance and Housing Coordinator, the Intellectual Disabilities Director, the Early Intervention Director, the County Administrator and Administrators of the following organizations: Southern Alleghenies Service Management Group (SASMG), Blair HealthChoices, and Blair County Drug and Alcohol Partnerships,. The coalition's mission is to create a structure and build partnerships to collaboratively manage cross systems strategies that positively affect people. This Coalition meets monthly to review management and outcomes of the Block Grant Funds and the programs 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 works consistently to evaluate, amend, and add critical strategies to serve their consumers. The priorities/needs focused on include housing, transportation, employment, life skills, and the collection of data that allows for better informed decision making. These priorities remain consistent while the coalition continues to look toward the future monitoring the needs of the consumers in the community and evaluate the need for a change in priorities.

### ***Advisory Boards and Stakeholder Involvement:***

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

Funds from the HSBG have been used for specific programs and activities to address the areas identified in the community health needs assessment. These include addressing mental health/depression/suicide prevention which was the greatest needs for education and prevention. One accomplishment in FY 21-22 was the development of the Columbia Protocol App based on the Columbia Suicide Severity Rating Scale (C-SSRS) and related trainings to increase the capacity for residents and community members to identify when someone is at-risk for suicide. This app has been updated recently and the trainings are currently under revision to ensure consistency for the county. It has also been modified by its creators to be used by organizations across Pennsylvania, the Nation, and there are discussions regarding making this app internationally available in the near future.

***Least Restrictive Environment:***

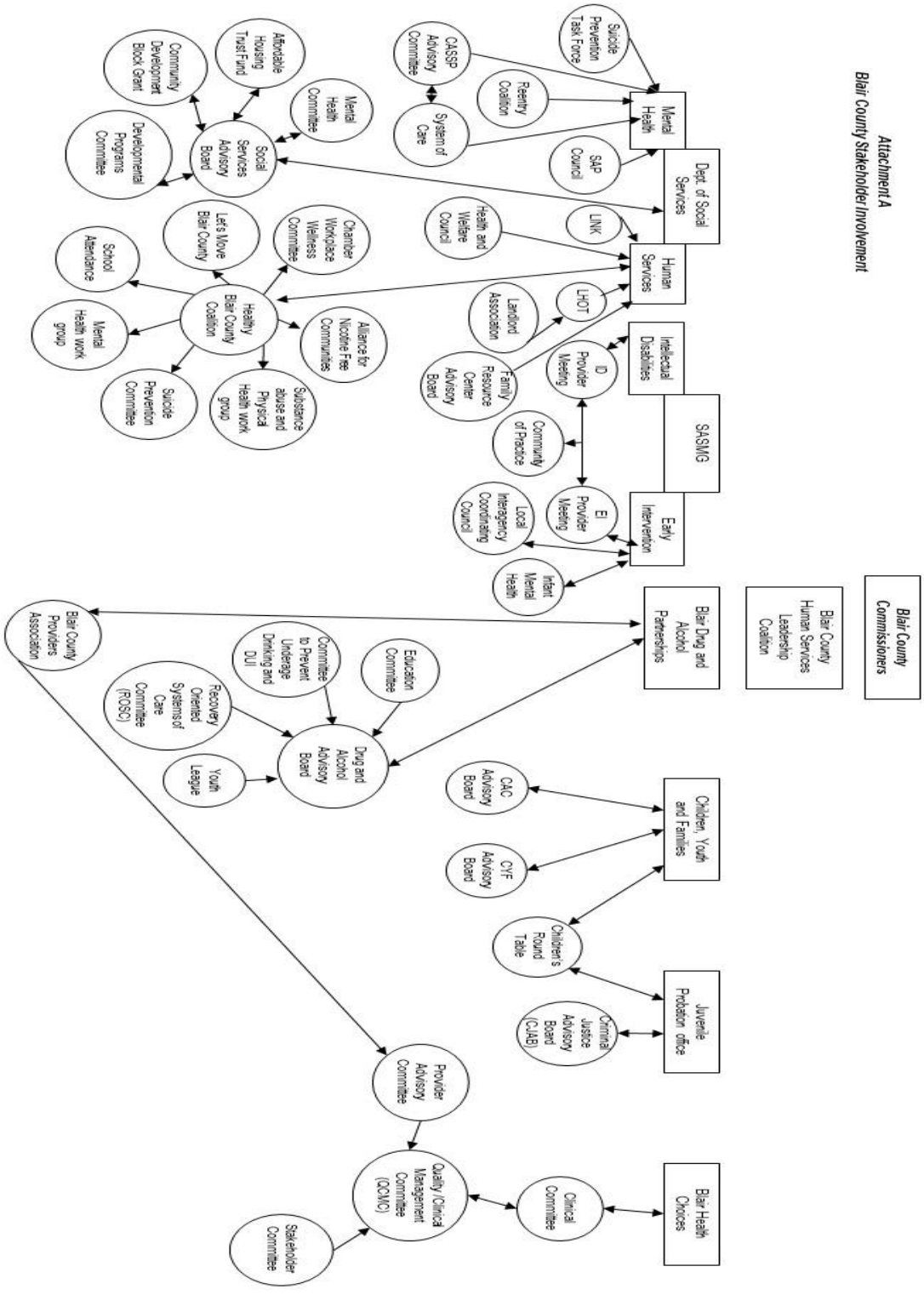
Blair County’s Cross Systems Leadership Coalition works to assure that all of the residents of the county receive services in the least restrictive setting appropriate to their needs. Ongoing review of situations and assessments in conjunction with provider and administrative collaboration provides a clear and consistent monitoring of appropriate levels of service. Block Grant Funds are available to be shifted between categorical areas should the need arise. The Leadership Coalition closely monitors how Block Grant Funds are used based on the Income & Expense (I&E) report. All decisions to realign funds are based on identified priorities/needs, as well as, outcomes or anticipated outcomes of those services funded through the Block Grant Funds. Any recommendations from the Leadership Coalition are submitted to the Blair County Board of Commissioners for final approval.

***Programmatic Funding:***

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

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. Looking forward, most programmatic funding will remain unchanged. Some priorities that are beginning to appear on the horizon are the need for supports for those with mental illness and involvement in the justice system, dual diagnosis and complex cases. We are investigating the feasibility of creating residential opportunities within the county, the addition of AOT, or possibly a mental health court with the hopes of developing a plan to add one of these resources to our county in the near future.

# Attachment A Blair County Stakeholder Involvement Chart





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

For the development of the FY 2024/2025 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 May 29, 2024 at 2:00 p.m., the first Blair County Human Services Annual Plan Public Hearing was held at the H.O.P.E. Drop-In, 711 9<sup>th</sup> Avenue, Altoona, PA. The location was selected due to the availability of being along public transportation routes and located in easy walking distance from a number of Blair County’s largest providers and UPMC Altoona. Both hearings were advertised in the Altoona Mirror, the major newspaper of Blair County and posted to the Blair County web-site. A flyer was also created and posted throughout the County of Blair. In addition, the flyer was emailed through a number of program list serves with the request to have the hearing notice disseminated to providers and individuals they serve. Individuals were also encouraged to submit written comments if they were unable to attend any of the meetings. An advertisement for the public hearing was published in the Altoona Mirror on May 15, 2024.

The first public hearing had approximately 16 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.

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## **NOTICE**

The Blair County Human Services Block Grant Annual Plan 1st Public Hearing has been scheduled for Wednesday, May 29, 2024 at 2:00 PM at the H.O.P.E. Drop-In, 711 9th Avenue, Altoona, PA 16602. If you are interested in submitting comments, please E-mail the Blair County Department of Social Services at [jekensinger@blairco.org](mailto:jekensinger@blairco.org)

**May 15, 2024**

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# Altoona Mirror

## AFFIDAVIT OF PUBLICATION

STATE OF Pennsylvania  
COUNTY OF Lancaster

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

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

May 15, 2024

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.

*Lea Boreland*

(signed) \_\_\_\_\_

### VERIFICATION

State of Pennsylvania  
County of Lancaster

Commonwealth of Pennsylvania - Notary Seal  
Nicole Burkholder, Notary Public  
Lancaster County  
My commission expires March 30, 2027  
Commission Number 1342120

Subscribed in my presence and sworn to before me on this: 05/21/2024

*Nicole Burkholder*

Notary Public  
Notarized remotely online using communication technology via Proof.

### Notice

The Blair County Human Services Block Grant Annual Plan 1st Public Hearing has been scheduled for Wednesday, May 29, 2024 at 2:00 PM at the H.O.P.E. Drop-In, 711 9th Avenue, Altoona, PA 16602. If you are interested in submitting comments, please E-mail the Blair County Department of Social Services at [jkensinger@blairco.org](mailto:jkensinger@blairco.org)

May 15, 2024



# **BLAIR COUNTY HUMAN SERVICES 2024/2025 ANNUAL PLAN 1<sup>ST</sup> PUBLIC HEARING NOTICE**

Blair County is beginning the process of developing the 2024-25 Human Services Block Grant Annual Plan. The Human Services Annual Plan must be submitted to the Department of Human Services for approval. The 1st Public Hearing will be held at the following location to solicit public comment on the Human Services Block Grant Annual Plan.

**Wednesday, May 29, 2024 at 2:00 p.m.**



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

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

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



**PUBLIC HEARING  
FOR  
1<sup>st</sup> PUBLIC HEARING  
FOR  
BLAIR COUNTY HUMAN SERVICE'S ANNUAL PLAN  
FOR FISCAL YEAR 2024/2025  
Wednesday, May 29, 2024  
AGENDA**

1. Welcome and Introduction of Presenters – Tricia Johnson, Blair County Department of Social Services, Executive Director
2. PowerPoint Overview of Human Service's Annual Plan – Tricia Johnson
3. Introduction of Presenters:
  - Intellectual Disability Services Plan – Jamie Henry, Executive Director of Southern Alleghenies Service Management Group
  - Human Services Development Fund, Human Services and Supports and Homeless Assistance Plans – Melissa Gillin, Quality Assurance and Housing Coordinator
  - Drug and Alcohol Services Plan – Donna Carter, Chief Fiscal Officer, Blair Drug and Alcohol Partnership
  - Mental Health Services Plan – Cindy James, Blair County Mental Health Coordinator
4. Public Questions and comments
5. Look for information on the 2<sup>nd</sup> Public Hearing planned for Summer 2024





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

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

**TRICIA JOHNSON**  
 Director  
**CINDY JAMES**  
 MH Program Coordinator  
**VACANT**  
 MH Program Specialist  
**GINNY CHRISTY**  
 CASSP Coordinator  
**SCOTT ANDREWS**  
 Fiscal Officer  
**KAREN WISE**  
 Fiscal Specialist  
**TRINA ILLIG**  
 Grants Coordinator for  
 Community Development  
**ELIZABETH NELSON**  
 Community Development  
 Specialist  
**MELISSA GILLIN**  
 Quality Assurance &  
 Housing Coordinator  
**JENNIFER KENSINGER**  
 Administrative Coordinator

**The Blair County Department of Social Services**  
**Human Services 2024-2025 Annual Plan 1st Public Hearing**  
**Wednesday, May 29, 2024 at 2:00 P.M.**  
**H.O.P.E Drop In, 711 9th Avenue, Altoona**

***MINUTES***

**Welcome and Call to Order**

Tricia Johnson, Director of Blair County Department of Social Services (BCDSS), welcomed everyone to the 1<sup>st</sup> Public Hearing for the Human Services Block Grant (HSBG) 2024/2025 Annual Plan. Agendas were distributed to the sixteen (16) participants who attended the public hearing.

Tricia Johnson presented a power point that described the Blair County Human Services Leadership Coalition, the HSBG accomplishments since 2013, the process of submitting the Annual Plan, the Timeline, and the requirements by the Pennsylvania Department of Human Services. The submission date is tentatively expected to be late Summer 2024.

Tricia Johnson stated that the plan outlines how the county intends to use the funding intended to support the needs of Blair County residents. Tricia stated that Blair County did get a slight increase in mental health base funding, last year, of approximately \$190,000. Tricia introduced the speaking members of the HSBG Leadership Coalition.

Jamie Henry, Southern Alleghenies Service Management Group (SASMG) Executive Director, stated that SASMG oversees the services for Intellectual Disabilities (ID) and autism for adults in Blair County. SASMG uses a portion of HSBG funding toward a Dual Diagnosis Navigator whose position supports individuals with both an intellectual disability and mental health diagnosis, as well as a certified nurse practitioner to perform specialized services. Funding is also used to do assessments on individuals to see if they qualify for services. This funding also helps with emergency supports such as temporary housing, accessibility to their home and pest and bug removal. Jamie asked attendees to vote for local representatives who would support getting Direct Support Professionals (DSP) recognized so that they make a more competitive wage.

Missy Gillin, Quality Assurance and Housing Coordinator, stated that she works with the Housing Assistance Program (HAP) and Human Service Development Funds (HSDF). Missy explained that HAP is a last resort for funding to be used for rental assistance, case management, and the emergency shelter. Stringent guidelines are followed for the rental assistance funding. HSDF are used by multiple providers for counseling, referrals, wellness calls, mentoring, intervention, prevention, individual care needs, care plans and a county-wide needs assessment. Missy stated that there has not been any increase in this funding.

An attendee asked how she may become a Big Sister through Big Brothers/Big Sisters Program. Missy said that she would get her contact information.

Donna Carter, Blair County Drug and Alcohol Partnership Chief Fiscal Officer, reported that BDAP manages all the county drug and alcohol funding. HSBG funding has contributed to having two (2), full-time certified recovery specialists (CRS) in the UPMC Altoona emergency department. BDAP has a total of seven (7) certified recovery specialists who work in the community. Case management does assessments in house and in the community. BDAP also has nine (9) Intensive Case Managers. HSBG funding is also used for treatment such as detox and rehabilitation. A Prevention Unit goes into schools.

Cindy James, Blair County Mental Health Program Coordinator, reported that the mental health budget is approximately 4.5 million dollars. The Department of Social Services contracts with ten (10) mental health providers. Cindy listed some of the services that are available through those providers. Cindy asked Pam Townsend, Executive Director of the H.O.P.E. Drop-In to list how the funding they receive benefits their agency. Pam stated that the funding helps with daily operations and programs. Pam added that due to the increase in membership she has also added a staff member. If the H.O.P.E. Drop-In received more funding, Pam would use it to purchase more food, another washer and bus passes for transportation.

Tricia wrapped up the presentation and asked for public comments and questions.

### **Public Input:**

Christy commented that more needs to be done to have affordable housing and transportation in the area. She would also like to see more mental health programs being offered.

Pam Townsend stated that perhaps more funding could be used to have a bicycle program to help provide transportation for those in need. An anonymous gentleman added that a bicycle rental place would be good for the area.

An anonymous lady commented that some of the mental health crisis workers treat individuals and their family members poorly and that the individuals do not receive the help that they need. She stated that there is a big push to use medication over therapy. She stressed that there needs to be more mental health resources like therapy. Christy agreed that Crisis is lacking in well-trained staff members.

Tricia Johnson, DSS Director, noted that workforce issues are problematic, resulting in not having enough staff to implement needed services.

Another attendee asked who to contact about housing. Missy Gillin suggested Blair County Community Action Program/Center for Community Action. Those who are veterans can contact the Veterans' Association (VA). BDAP has funding for housing, but an individual must have a drug and/or alcohol diagnosis. All available funding has guidelines and/or stipulations.

Jennifer commented that she has a great medical doctor, but UPMC Altoona hospital is poorly run with inadequate, uncaring staff.

Pam stated that there should be a mental health advocate in the UPMC Altoona emergency department since most people with a mental health crisis are treated poorly. Cindy James, Mental Health Program Coordinator, noted that there is a mental health advocate in Crisis, but not one in the ED. Tricia remarked that UPMC Altoona is in the process of creating an EmPATH (Emergency Psychiatric Assessment, Treatment and Healing) Unit, which relies on a living room model to help individuals de-escalate and re-focus in a more relaxed atmosphere.

Pam Townsend commented that there should be a team that could respond when there is a traumatic event such as a house fire that leaves individuals/families homeless. Tricia explained that there is county emergency behavioral health team that is usually not informed of such events, but Tricia is working with the Altoona Fire Department on a plan to have Crisis respond when there is a two (2) alarm fire.

Tricia added that there is a national mental health crisis hotline “988”. She also commented that the county is working on training for its Crisis Intervention Team (CIT) which is a partnership with mental health and law enforcement.

Another attendee commented that the H.O.P.E. Drop In Center is such a welcoming facility that could use additional funding to help more people. Donna Carter added that BDAP applied for a grant to help enhance the H.O.P.E. Drop In Center. There has been no word yet if BDAP will be awarded that grant.

No further comments were made.

Tricia thanked everyone for coming and closed the public hearing.

**The 2<sup>nd</sup> Public Hearing will be scheduled once the HSBG Annual Plan guidelines are released.**

# HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2024/25

## 1st PUBLIC HEARING

May 29, 2024 @ 2:00PM

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

### SIGN IN SHEET

| NAME                 | EMAIL                     | AGENCY   | MUNICIPALITY     |
|----------------------|---------------------------|--|------------------|
| 1. Tricia Johnson    |                           |  |                  |
| 2. Jen Kensingör     | jkensingere@blairco.org   | Social Services                                |                  |
| 3. Melissa Gillin    | mgilling@blairco.org      | Social Services                                |                  |
| 4. Donna Carter      | dcarter@blairdropin.org   | D+A  |                  |
| 5. Ginny Christy     | vchristy@blairco.org      | Social Services                                |                  |
| 6. James Henry       | jhenry@sasms.org          | Southern Allegheny Ser.                        | Altoona          |
| 7. Cindy James       | cjames@blairco.org        | DSS  | Recovery Support |
| 8. Pamela Townsend   | pamelat@hopedropin.org    | Hope Drop-in                                   | Altoona          |
| 9. Christine Dent    | christinas@hopedropin.org | Hope Drop-in                                   | Altoona          |
| 10. Jerik Orr        |                           | Hope Drop-in                                   | Altoona          |
| 11. Jeff Farber      |                           | Hope Drop IN                                   |                  |
| 12. Jon Heeper       |                           | UPAC/WBDET                                     | Altoona          |
| 13. Christy Buckreis | cbuckreis23@gmail.com     |  | Altoona          |
| 14. David Hovance    | dhovance@cenclear.org     | CenClear                                       | BLAIR            |
| 15. Jennifer Hall    | Selfloving1980@yahoo.com  | Hope drop-in                                   | Altoona          |
| 16. Melissa Gordon   | mgordon@sasms.org         | Southern Allegheny Service<br>Innovative Group | Altoona          |
| 17.                  |                           |  |                  |
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## *2<sup>nd</sup> Public Hearing*

The second hearing was held on August 2, 2024, at 2:00 p.m. at the Altoona Public Library, 1600 5<sup>th</sup> Avenue, Altoona, PA.

The second Blair County Human Service Annual Plan Public Hearing was conducted on August 2, 2024 had 11 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 August 8, 2024. An advertisement for the public hearing was published in the Altoona Mirror on July 16, 2024.

### **NOTICE**

The Blair County Human Services Block Grant Annual Plan 2nd Public Hearing has been scheduled for Friday, August 2, 2024 at 2:00 P.M. at the Altoona Area Public Library, Ground Level Board Room, 1600 5th Avenue, Altoona, PA 16602. If you are interested in submitting comments, please e-mail the Blair County Department of Social Services at [jekensinger@blairco.org](mailto:jekensinger@blairco.org).

July 16, 2024



# Altoona Mirror

## AFFIDAVIT OF PUBLICATION

STATE OF Texas  
COUNTY OF Bexar

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

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

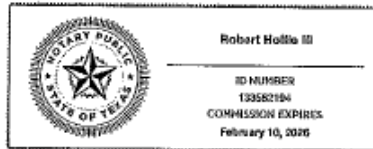
Jul. 16, 2024

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.

(Signed) Hayden Lipsky

### VERIFICATION

State of Texas  
County of Bexar



Subscribed in my presence and sworn to before me on this: 07/17/2024

RH

Notary Public  
Electronically signed and notarized online using the Proof platform.

### Notice

The Blair County Human Services Block Grant Annual Plan 2nd Public Hearing has been scheduled for Friday, August 2, 2024 at 2:00 P.M. at the Altoona Area Public Library, Ground Level Board Room, 1600 5th Avenue, Altoona, PA 16602. If you are interested in submitting comments, please e-mail the Blair County Department of Social Services at [jokensinger@blairco.org](mailto:jokensinger@blairco.org).

July 16, 2024

**Blair County Office of Social Services**



# **Human Services Annual Plan**

## **2<sup>nd</sup> Public Hearing for FY2024-2025**

**Friday, August 2, 2024**

**Altoona Area Public Library  
1600 5<sup>th</sup> Avenue  
Altoona, PA**

**2:00 PM – 3:00 PM**

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

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



**2<sup>nd</sup> PUBLIC HEARING  
FOR  
BLAIR COUNTY HUMAN SERVICES ANNUAL PLAN  
FOR FISCAL YEAR 2024/2025  
Friday, August 2, 2024  
AGENDA**

1. *Welcome and Introduction of Presenters* – Tricia Johnson, Director, Department of Social Services
2. *Overview of Human Services Annual Plan* – Tricia Johnson
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, Quality Assurance & Housing Coordinator, Department of Social Services
5. *Drug and Alcohol Services Plan* – Amanda Humphreys, Assistant Director for Blair Drug and Alcohol Partnership
6. *Mental Health Services Plan* – Cindy James
7. *Public Questions and Comments*



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

**Blair County**  
**Department of Social Services**  
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**TRICIA JOHNSON**  
 Director  
**CINDY JAMES**  
 MH Program Coordinator  
**VACANT**  
 MH Program Specialist  
**GINNY CHRISTY**  
 CAS SP Coordinator  
**SCOTT ANDREWS**  
 Fiscal Officer  
**KAREN WISE**  
 Fiscal Specialist  
**TRINA ILLIG**  
 Grants Coordinator for  
 Community Development  
**ELIZABETH NELSON**  
 Community Development  
 Specialist  
**MELISSA GILLIN**  
 Quality Assurance &  
 Housing Coordinator  
**JENNIFER KENSINGER**  
 Administrative Coordinator

**The Blair County Department of Social Services**  
**Human Services 2024-2025 Annual Plan 2<sup>nd</sup> Public Hearing**  
**Friday, August 2, 2024 at 2:00 PM**  
**Altoona Public Library, Altoona**

**MINUTES**

The director of the Blair County Department of Social Services, Tricia Johnson welcomed everyone and called the public hearing to order. Tricia gave an overview of the Human Services Block Grant (HSBG) and the purpose of the 2<sup>nd</sup> public hearing. Tricia introduced the Leadership Panel: Jamie Henry, Amanda Humphreys, Cindy James and Melissa Gillin. The HSBG 2024/2025 Annual Plan is scheduled to be submitted to the Blair County Commissioners for their approval on August 8, 2024 and submitted to the State for their review and approval by August 12, 2024.

Jamie Henry, Executive Director of Southern Alleghenies Service Management Group (SASMG), stated that SASMG oversees the intellectual disabilities and early intervention services in Blair county. Jamie said that the HSBG funds, approximately 1.4 million dollars, is a small portion of the funding that their agency receives. The HSBG funding is primarily used for emergency situations like overnight stays and modifications to residences, but also goes toward a MH/ID (Dual Diagnosis) Navigator and a staff certified nurse practitioner. In the past, HSBG funding has been used for an employment program. Jamie hopes that there will be adequate funding available next summer to resume that initiative.

Missy Gillin, Blair County Department of Social Services Quality Assurance and Housing Coordinator gave an overview on the Homeless Assistance Program (HAP) and Human Services Development Fund (HSDF). Missy stated that funding for HAP and HSDF has remained the same over the past several years. HAP funding is primarily used for rental assistance, case management and the emergency shelter. The HSDF funding is used by different providers for counseling, information, referrals, reassurance calls, Teen Link, care management and the needs assessment survey.

Amanda Humphreys, Assistant Director for Blair Drug and Alcohol Partnership (BDAP), stated that BDAP is the Single County Authority (SCA) for drug and alcohol programs. The HSBG funding helps with case management, prevention and intervention services. Also, these funds are used for Certified Recovery Specialists (CRSs), who are embedded in the emergency departments of UPMC Altoona and the Tyrone hospital. The CRS helps refer substance use disorder (SUD) individuals for treatment. Amanda added that case managers also help individuals with non-treatment issues like housing, employment and health insurance.

Cindy James, Blair County Mental Health Program Coordinator, stated that the majority of the HSBG funding goes toward mental health services. The county contracts with multiple providers to carry out those services. Cindy is to sit down with contracted providers, in August, to discuss their “wish lists”, if more funding becomes available. With additional funding, the county would like to explore opening a Long Term Structured Residence (LTSR) or personal care home for individuals who are ready to be discharged from Torrance State Hospital, but are not ready to be completely on their own. Other ideas being discussed are Mental Health Court or Assisted Outpatient Treatment (AOT).

Noel Miller, UPMC-WBHA, stated Tartaglio Personal Care Home is at capacity. Also, Tartaglio passed inspection with no citations. Cindy added that the other personal care homes in the area are Blair House and Juniata House. Noel said that Tartaglio was originally a diversional or transitional home, but that is not the case anymore, since most residents are staying long-term.

Tricia reported that the State budget allocated another \$20 million dollars, across Pennsylvania, for mental health, but Tricia has not been notified on how much the county will be receiving or how it can be used. Base funding has remained stable.

Tricia stated that once the annual plan is approved that it will be posted on the county website on the Social Services’ page.

### **Public Comment**

Noel asked if stable mental health funding meant that there have not been any increases in base funding. Tricia answered that block grant funding has been flat-funded.

No further questions or comments were made.

Tricia thanked everyone for coming and closed the public hearing.



# HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2024/25 2nd PUBLIC HEARING

August 2, 2024 @ 2:00PM  
Altoona Public Library, 1600 5<sup>th</sup> Avenue, Altoona

## SIGN IN SHEET

| NAME                 | EMAIL                   | AGENCY    | MUNICIPALITY |
|----------------------|-------------------------|-----------|--------------|
| 1. Jen Kensinger     | jekensinger@blairco.org | DSS       |              |
| 2. Melissa Gillin    | mgillin@blairco.org     | DSS       |              |
| 3. Tricia Johnson    | tjohnson@blairco.org    | DSS       |              |
| 4. Melissa Gordon    | mgordon@sasmg.org       | SASMG     |              |
| 5. Cindy James       | cjames@blairco.org      | DSS       |              |
| 6. Noel Miller       | millern13@upmc.edu      | UPMC-WBHA |              |
| 7. Ginny Christy     | vchristy@blairco.org    | DSS       |              |
| 8. Amber Bott        | botta@ccbh.com          | CCBH      |              |
| 9. Katie Clauss      | clausски@upmc.edu       | UPMC-WBHA |              |
| 10. Amanda Humphreys | agrannas@blairdap.org   | BDAP      |              |
| 11. Elise Messner    | emessner@TLCofPA.org    | TLC       |              |
| 12.                  |                         |           |              |
| 13.                  |                         |           |              |
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### **PART III: CROSS-COLLABORATION OF SERVICES**

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

#### ***Housing***

The housing crisis has impacted Blair County deeply. In early 2023 the Family Shelter was completed and opened offering 35 beds for those who are experiencing homelessness. With that, the Shelter Task Force found itself focusing on finding permanent housing for those leaving the shelter. This forced a change and the Shelter Task Force shifted its mission and joined with the already existing Hope for the Homeless Coalition to focus on supporting those individuals who are at risk of or experiencing homelessness. Consisting of multiple faith based groups, human service and mental health providers, along with city and county officials, this group has successfully provided a warming center during the winter of 2024 which supported 88 unique individuals during its operation. Volunteers and staff from local human service and mental health agencies met nightly with the guests to engage them in services including housing supports and employment searches. The group is looking to expand these efforts in the upcoming months to include either a second location in the northern end of the county, or the creation of transportation to bring those from the outskirts into the center.

In addition to the Hope for the Homeless committee, several other efforts to increase affordable housing in the area have been underway. The Affordable Housing Trust Fund provided two grants to local developers for the creation of affordable and accessible housing. One project is slated for the northern end of the county and the other in the southern end. These residences will be available to low income families and include fully accessible units. Operation Safe Space, an initiative to help those whose homes have been deemed uninhabitable to find appropriate housing also assisted more than 20 people in leaving unsafe conditions and finding permanent housing. This group worked closely with the Blair County Landlords Association in an effort to build a network of available appropriate and affordable housing.

The Local Housing Options Team (LHOT) meets bimonthly. This collaborative group has undergone a revitalization since the pandemic caused a reduction in attendance. Drawing everyone back together in the same room has allowed for some great conversation and ideas to be developed. The LHOT team continues to focus on its relationship with the area landlords, realtors, and city and county officials to provide the most support possible for those in need. Blair County Community Action, an access site for the coordinated entry program has been absorbed by the Center for Community Action. This merger has allowed the creation of greater resources for the citizens of Blair County.

#### ***Employment***

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

In previous years, SASMG has offered a summer employment program for transition age youth as well. The intent of the program is to demonstrate to the students and their families that the students can work, be safe, and be successful outside of a segregated setting. Unfortunately, due to funding constraints, this program was not offered in the 23/24 fiscal year. It is our sincere desire to reinstate this program for the summer of 2025.

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

### ***Stepping Up Initiative***

Blair County has been a Stepping Up County since December 2017. As part of the initiative, a Mental Health Forensic Case Manager, paid for through the Human Service Block Grant, screens and assesses inmates for behavioral health and social determinant of health needs. All aftercare needs are addressed and coordinated with probation. Through 2023, the average percentage of inmates being treated for a mental illness was 86% of the total jail population, up from 84% in 2022. 92% of individuals released in 2023 agreed to follow up with behavioral health aftercare. 81% of those released with aftercare appointments did not recidivate. Blair County has initiated a Re-entry Coalition, where the Stepping Up Initiative sub-committee now sits under, as well as continued coordination with the Criminal Justice Advisory Board. Crisis Intervention Training resumed in April 2023. NAMI also brought the NAMI Connections support group to the prison in July 2023. Blair County received a PCCD grant in February 2024, to increase trauma-informed care through our system of care. We plan to improve our access to CIT training and implement evidence-based practices across schools and treatment centers for all ages.

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

### ***HOPE Drop In***

Another opportunity for cross-system collaboration has occurred with a group of consumers operating a drop in center. A HealthChoices reinvestment plan was approved in April 2019 to purchase a building to provide a dedicated space to allow the drop in center to be accessible through the week. A building was purchased in December 2019 and was renovated through 2020 and 2021. The drop in center is now fully operational. Since the addition of a second paid staff member, they are currently open five days a week. Three days a week, a meal is provided. Other activities are planned throughout the week, including art classes. Case managers and other human service providers often meet with their clients at the drop in center. It has become an integral part of connecting consumers with housing and employment services.

The drop in center now averages about 60-70 people per day. They are also partnering with local churches to address homelessness by providing laundry services. The Human Services Block Grant will continue to support ongoing operations, along with HealthChoices and other community support. In turn, H.O.P.E. Drop

In center plays a key role in Human Services Block Grant planning. They are active participants at the Human Services Block Grant public hearings and through the Community Support Program (CSP). They also participate in many other community outreach activities to increase awareness and reduce the stigma of behavioral health.

### ***Re-entry Coalition***

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

The Coalition has several sub-committees including Education, Employment, Resources, Prison, Stepping Up, and Housing. The sub-committees have been developing presentations for community service providers to inform them of available resources and how to access assistance for re-entrants. The Housing, and Education and Employment subcommittee work together to provide assistance in completing educational needs, securing employment, and finding suitable housing for those without another support system as they prepare to reenter society.

### ***MH/ID Navigator***

The Mental Health/Intellectual Disabilities (MH/ID) Navigator supports individuals who have a dual diagnosis and works to better coordinate services between the program areas of Intellectual Disabilities and Mental Health. This year, this position has worked with 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, 2023, TAST has reviewed 10 cases. The Navigator is the main contact person for any referrals to the Community Stabilization and Reintegration Unit (CSRU). The Navigator assists teams with discharge planning from the local psychiatric inpatient units. This includes plans to ensure successful reintegration into the community with supports for housing and supportive employment. Finally, this position is responsible for requesting that a Higher Level Review be completed by ODP and OMHSAS for admission to the State Hospital or State Center, as well as assisting the support team with discharge planning from the State Hospital and State Center.

### ***Collaboration and Funding***

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

providers of the county. Reimplementation of the transition age summer employment program will also be a focus.

The Human Services community in Blair County appears to be in a growing phase. As the group faces work force and funding concerns, there has been a concerted effort to pull together and support each other to ensure that services remain available for the residents of the county. It is through this gathering of resources that opportunities to increase partnerships has been identified. Working together, we are adding new and important partners into the folds of the human services group. It is the hope that the coming year will result in a stronger and larger human service support system for the residents of our county.

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

### **Mental Health Services**

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

##### **The continuation of Coalition and CCAP support:**

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

##### **The Blair County Cross Systems Leadership Coalition:**

- Continues to meet on a monthly basis and keeps regular communication in monitoring the expenditures through the HSBG funding streams.
- Met with county representatives on May 3, 2024, to discuss critical issues including workforce shortages, transportation barriers, and affordable housing challenges.

##### **The Blair County Partnership Committee:**

- Continues to meet on a bi-monthly basis to promote connections to resources that help improve the lives of youth and families. By building a system of care that includes all child-serving systems, community partners, youth and families with a focus on System of Care and CASSP (Child Adolescent Service System Program) Principles to ensure holistic support.

##### **The Healthy Blair County Coalition:**

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

##### **The Columbia Suicide Severity Rating Scale**

- Blair County has been promoting the rating scale and assisted in creating an app that is available on both Android and iOS platforms.
- So far, Blair County has conducted 34 trainings with 925 people being trained in the rating scale. This initiative enhances the community's ability to identify and manage suicide risk effectively.



### **The Veterans Advocate Network**

- We have recently joined the Veterans Advocate Network, which aims to serve veterans better through collaborative efforts.
- Goal is “Serving Our Heroes Better by Working Better Together”
- Committee meets on a regular basis

### **Blair County Emergency Behavioral Health**

- Identification of a new EBH coordinator
- Revamping the team and completion of required trainings

### **The Blair County Warming Center**

- First year for the Warming Center
- Opened from January 8, 2024 to March 14, 2024, 7 days a week from 8pm to 7am
- A total of 88 people were assisted throughout the time period
- Area agencies and local churches volunteered time aid in staffing the warming center. Area agencies were able to meet with the individuals and help get them the necessary assistance they needed.

### **Mental Health Outreach**

The mental health office has proactively shared resources about mental health and suicide prevention in many different facets in our community throughout the year. We have shared information at conferences, training, and community events.

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

### **1. 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:**

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

### **2. Adults (ages 18 and 59)**

#### **▪ Strengths:**

- Expansion of Peer Support Services.
- Blended Case Management (BCM) has expanded in Blair County with all participating in the Blair HC/CCBH Behavioral Health Home model with a nurse included at each BCM agency.
- A wide array of outpatient psychiatric clinics, including ACRP, Blair Family Solutions, Cen Clear, Nulton Diagnostic and Treatment Services, UPMC Western BH of the Alleghenies (BHA), and Primary Health Network Altoona BH (FQHC), provides comprehensive mental health services.
- HOPE Drop In Center is a dedicated drop-in center that is open 5 days per week, averaging 60-70 people per day.
- NAMI Blair County has increased the services they provide to our community. They continue to offer the NAMI Peer to Peer, Family to Family Education programs, NAMI Connection support group, and the Annual Recovery Conference. They have also added Family Support Groups, NAMI Homefront and NAMI Basics.
- Lexington House is a Clubhouse operated by UPMC Western BHA is ICCD accredited by Clubhouse International and licensed as a psychiatric rehabilitation service with DHS/OMHSAS. The clubhouse continues to offer expanded evening and weekends hours.
- Active County Community Support Program (CSP) Committee meets monthly (Third Monday at 1:00 p.m.) fostering active community involvement.

- **Needs:**

- Continue partnerships with the County HSBG Leadership Team, and all County committees to work towards providing safe, decent, and affordable housing to sustain current mental health supported housing projects, and to expand housing availability for all 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.
- Continue to support the local CSP by providing more training, education, and community events.

### **3. 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 individuals ages 14 and older.
- BCM staff work with youth transitioning to adulthood including assistance with finding housing, exploring educational and vocational options, accessing clinical and supportive services in the community.
- 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. Enhance community resources through the implementation of the PA System of Care (SOC) initiative in Blair County.
- Exploration of transition-age housing opportunities

### **4. Children (under age 18)**

- **Strengths:**

- CASSP Coordinator in FY 2023/2024 facilitated 25 CASSP Team meetings involving children/adolescent at risk for psychiatric out of home placement (Psychiatric Residential Treatment Facility).
- CASSP Coordinator in FY 2023/2024 participated in 70 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 1,277 youth screened and assessed for suicide risk and mental health recommendations for in school and community based treatment services in school year.

- SAP Coordination Team and SAP School District Council (K-12) meet routinely during the school year with very active participation with the County DSS/MH, Drug and Alcohol Partnerships, SAP Regional staff, Blair HC/CCBH, school districts, and the MH and D&A agencies provided outpatient treatment in the school setting.
  - County partnership with the Garrett Lee Smith Youth Suicide Prevention Grant Team allowing Blair County to promote early identification and referral of youth at risk of suicide and to increase the capability of behavioral health providers to screen, assess, manage and treat.
  - PA System of Care (SOC) initiative under the leadership of Blair HC starting in 2020 with implementation of High Fidelity Wraparound including new positions for a HiFi Coach, Facilitator, Family Support Partner, and Youth Support Partner
  - Evidence Based Practices in place include but not limited to Parent/Child Interaction Team (PCIT), Multi-Systemic Treatment, Positive Parenting Program (PPP), Trauma Focused Cognitive Behavioral Therapy (TFCBT).
  - County Mental Health Workgroup is continuing to work to expand partnerships to support care transitions, reentry, and follow-up for youth admitted to and discharged from hospitals and treatment centers in FY 2023/24.
  - NAMI is presenting, In Our Own Voice and Ending the Silence Programs in the various school districts.
- **Needs:**
    - The County Partnership committee will continue to collaborate and implement the CASSP Principles and the PA SOC model including offering training for a trauma informed community.
    - Need for appropriate services for infant mental health. There is a shortage of staff and not enough services for the more complex issues that children are experiencing.
    - Due to the shortage of staff and high need of mental health services for children/adolescents, the county is not able to meet all the needs of the children/adolescents in the school. Discussions have been going on about group intervention therapy so more needs are met.
    - Need for Evidenced Based Group Intervention within the schools.

## 5. Individuals Transitioning from State Hospitals

- **Strengths:**
  - County Mental Health Program Specialists works closely with the Transitional and Community Integration staff at the UPMC BHA made up of the State Hospital Liaison and psychiatric nurse, in collaboration with the Torrance State Hospital treatment team(s) with the County Community Support Plan (CSP) process facilitated by the Allegheny County HC Inc.
  - CHIPPS Ahoy is a collaboration of the 10 Counties assigned to the TSH catchment area with the County MH CHIPPS coordinators convening monthly meetings to share and learn from each other and inform the TSH Continuity of Care process of this work together.
  - Tartaglio PCH has 9 bedrooms and is licensed to have a maximum of 13 individuals by the DHS. All residents are low-income with Supplemental SSI and/or SSDI only with most eligible for the state/federal personal care home.

- Contact Altoona continues to meet with individuals discharged from TSH to help transition back into the community.
- **Needs**
  - Continue to explore the availability of property suitable for a second small agency operating PCH

## 6. Individuals with Co-occurring Mental Health/Substance Use Disorder

- **Strengths:**
  - Strong partnerships with the Behavioral Health service providers to treat individuals of all ages with co-occurring MH/SUD. This includes numerous different initiatives to meet the needs of the county.
  - Pyramid HealthCare and CRC at Cove Forge offer in county residential rehabilitation
  - County wide cross system commitment to provide the infrastructure and training staff to better serve individuals with co-occurring disorders as the expectation not the exception.
- **Needs:**
  - Prioritize and create additional initiatives to generate a fully integrated mental health and substance abuse system of care
  - Simplified licensure and monitoring procedures for co-occurring competent providers
  - Continued support for the assistance of those impacted by the unwinding of the public health emergency.

## 7. Criminal Justice-Involved Individuals

- **Strengths:**
  - Blair County Criminal Justice Advisory Board (CJAB) meets monthly with a membership reflecting an array of county stakeholders.
  - Blair CJAB subcommittees include the Re-Entry Coalition, Veteran's Subcommittee, and Stepping Up Initiative.
  - MH Forensic Case Manager works to reduce the number of people with mental illness booked into the jail, reduce the length of time in jail, increase connections to treatment, reduce recidivism, and data integration.
  - Criminal Justice Meeting continues to meet bi-weekly to help meet the needs of those transitioning out of the prison with have both mental health and criminal history.
- **Needs:**
  - Increase participation from partnering groups to ensure proper resource coordination.
  - Increased case management to assist in re-entry and help to reduce recidivism.
  - Additional support from all parties to provide a unified effort to achieve the mission.

## 8. Veterans:

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

- NAMI recently implemented NAMI Homefront for veterans/active service members and their families.

- **Needs:**

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

## **9. Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**

- **Strengths:**

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

- **Needs:**

- Training that would include language, medical concerns, concerns for aging LGBTQ+ population and overall acceptance.
- Outreach to local school districts to provide education on LGBTQ+ issues and provide more in-depth trainings.

## **10. Racial/Ethnic/Linguistic Minorities (RELM) including Limited English Proficiency (LEP)**

- **Strengths:**

- Blair with the PA Care Partnership has offered Cultural and Linguistic Competence (CLC) training.
- PA Care Partnership offered “Urgency of Awareness: Unlocking the Power within Individual, Organizational, and Community Efforts” presented by Jodi Pfarr in August 2023.
- Blair HC and Community Care in accordance with HC Program Standards and Requirements are complying with the NCQA requirements for multicultural health care to attain NCQA Multicultural HealthCare Distinction.
- A strong training element is present in Blair County. New training topics include health inequities, racial justice, and related topics to ensure staff are actively working to provide person-centered care to every individual and family served within our system.

- **Needs:**

- Utilize the RCPA Diversity, Equity, and Inclusion (DEI) Committee resources and tools and promote with the County and Providers to use these guidelines in the DEI policy development and share the guide with interested parties to the related resources.
- Partner with Blair HC, Community Care, and local community agencies and contribute County MH training funds on new training opportunities.



## 11. First Responders

- **Strengths:**
  - The county has recognized a significant gap in mental health support for first responders.
  - Several agencies have come together to create BRAG (Blair Responder Advocate Group).
- **Needs:**
  - A survey to gather input directly from first responders
  - Provide trainings to equip the first responder with the necessary background knowledge and skills to effectively support them in their roles.

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

### **FY 2023/2024 Update**

#### **1) Increasing Community Tenure-Mobile Crisis Expansion**

UPMC Western Psychiatric Hospital Altoona Crisis Services strives to assist individuals in crisis in a person centered and recovery-oriented manner that supports the individual in their natural setting offering comprehensive services licensed for phone, walk-in, and mobile services to Blair County residents, twenty-four hours a day, seven days a week. A new crisis center has been constructed, providing a more accessible location separate from the emergency room. Mobile crisis and the emergency room clinician evaluators coordinate together effectively in safety planning and provide a warm hand-off to each other as needed. Crisis clinicians also provide follow-up for individuals discharged from an inpatient behavioral health hospitalization or emergency room evaluation to facilitate engagement with recommended community behavioral health services. A new unit is being constructed at the UPMC which should be open by spring of 2025.

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

Blair Health Choices served 17 families through High Fidelity Wrap Around in 23/24, and is continuing to work with case managers to shift practice towards family driven case management. The Blair County Mental Health Group committee has completed the strategic plan that was developed in 23/24, and is currently working on a strategic plan for 24/25. This year's plan will look a little different since the GLS grant has ended, but the work will continue through the mental health workgroup under the Healthy Blair County Coalition.

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

The County Mental Health Program contracts the MH SAP liaison with UPMC Western Behavioral Health of the Alleghenies. As of this past year, the team includes six full time staff and a supervisor that work year round. Two summer SAP programs continue to be offered. The SAP District Council and SAP Coordination Team continue to meet on a regular basis. This coming year, at least one evidenced based group curriculum will be offered within the school districts.

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

In an ongoing effort, the human services community is partnering to maximize opportunities for safe, decent, affordable housing for individuals with disabilities in the low-moderate income category. Case managers are working together to assist individuals access Housing Assistance Program funding. The Forensic Re-entry Coalition continues to meet focusing on individuals returning to the community from jail. County PHARE grant funds obtained to support these individuals through assistance with security deposit, rent, utilities.

## **FY 2024/2025 (Continuing Priorities)**

### **c.1) Increase Community Tenure – Mobile Crisis Expansion**

Continuing from prior year  New Priority

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

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

A new crisis center has been constructed and three more crisis positions have been added. In the last year, a walk in center has been utilized within the new crisis center.

Goals that still need to be addressed on for the expansion:

- Naloxone Distribution,
- Standardizing staff training and performance expectations within the service line and streaming crisis center operations policies,
- Enhancing the quality monitoring and service line quality initiatives, and
- Increase accessibility and service delivery
- Reviewing the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit to implement and ensure continuous quality improvement

#### ***Timeline:***

Goals will be ongoing and worked on throughout the year.

#### ***Resources:***

- Blair County Drug and Alcohol Programs for resources
- county funding for training opportunities
- stakeholder feedback

#### ***Tracking Mechanism:***

Goals will be discussed at each monthly staff meeting, as well as quarterly meetings with UPMC Western Psychiatric and quarterly county meetings.

## **FY 2024/2025 (Continuing Priorities)**

### **c.2) Building a Trauma Informed Care Culture**

Continuing from prior year  New Priority

Exposure to violence is a traumatic event that negatively impacts the health and development of the children in our communities. Research has found that trauma symptoms from both experiencing and perpetrating violent crime during a young age is associated with chronic physical health conditions, emotional disturbance, and substance abuse.

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

#### ***Timeline:***

- trainings in trauma informed evidence-based practices will be supported through a Trauma Informed Community for Families Learning Collaborative (TICFLC) that will provide the structure to create a safe and trustworthy community.
- Provider organizations will attend monthly webinars in order to solidify and support trainings in clinical best practices.
- Community partners will attend the TICFLC quarterly in order to support trainings while building connections and referral sources.
- All stakeholders will be given the opportunity to actively participate in learning collaborative sessions by sharing challenges and successes

#### ***Resources:***

Continue to have grant money to help support this initiative and provide the trainings and consultations on a regular basis.

#### ***Tracking:***

Continuation of meeting with Community Cares to ensure that we are continually working and meeting the above goals.

**FY 2024/2025 (New Priorities)**

**c.1a) Infant Mental Health Initiative**

Continuing from prior year  New Priority

Infant mental health has emerged as a critical concern in Blair County. Recognizing the gap in services for this vulnerable population, a workgroup was initiated two months ago to address these needs. The workgroup includes representatives from Southern Alleghenies Service Management Group Early Intervention, Blair County Department of Social Services, and Blair County Head Start. This team has started brainstorming the specific needs and resources required to support infant mental health in the county. The following action steps have been identified to develop and implement effective services:

1. **Needs Assessment:** Conduct a comprehensive needs assessment to identify the current state of infant mental health services and gaps in Blair County.
2. **Stakeholder Engagement:** Engage with parents, caregivers, healthcare providers, and community organizations to gather insights and foster collaborative solutions.
3. **Resource Mapping:** Identify existing resources, programs, and funding opportunities to support infant mental health initiatives.
4. **Program Development:** Develop evidence-based programs tailored to the specific needs of infants and their families in Blair County.
5. **Training and Capacity Building:** Provide training for professionals and caregivers on infant mental health best practices and interventions. Engage many professionals in the Infant Mental Health Community of Practice monthly trainings to build a solid foundation.
6. **Public Awareness Campaign:** Launch a public awareness campaign to educate the community about the importance of infant mental health and available resources.
7. **Pilot Programs:** Implement pilot programs to test and refine new services before broader rollout.
8. **Evaluation and Feedback:** Establish mechanisms for ongoing evaluation and feedback to ensure continuous improvement of services.

***Timeline:***

**Q1:**

- Conduct needs assessment
- Engage stakeholders through meetings
- Map existing resources and identify funding opportunities

**Q2:**

- Develop and finalize program proposals based on needs assessment and stakeholder input
- Begin training sessions for professionals and caregivers
- Launch public awareness campaign

**Q3:**

- Implement pilot programs in selected areas
- Monitor and evaluate pilot programs, gathering feedback for improvements
- Continue public awareness campaign and training sessions

**Q4:**

- Refine programs based on pilot feedback
- Expand successful programs county-wide
- Conduct a comprehensive evaluation of the initiative's impact
- Report findings and plan next steps for continuous improvement

### *Resources:*

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

### *Tracking:*

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

- **Quarterly Reports:** Document activities, goals achieved, and deliverables provided each quarter.
- **Annual Review:** Conduct an annual review to assess the overall impact of the initiative, identify areas for improvement, and adjust strategies as needed.
- **Feedback Surveys:** Collect feedback from stakeholders, including parents, caregivers, and professionals, to gauge satisfaction and effectiveness of the services.
- **Performance Metrics:** Track key performance indicators such as the number of infants served, improvements in mental health outcomes, and participation in training sessions.

By prioritizing infant mental health and implementing these comprehensive action steps, Blair County aims to create a supportive environment for its youngest residents and their families, ensuring they have access to the resources and services necessary for healthy development.

### **c.1b) Assisted Outpatient Treatment (AOT) Initiative**

Continuing from prior year  New Priority

Assisted outpatient treatment (AOT) is the practice of providing community-based mental health treatment under civil court commitment, as a means of motivating an adult with mental illness who struggles with voluntary treatment adherence to engage fully with their treatment plan; and focusing the attention of treatment providers on the need to work diligently to keep the person engaged in effective treatment. An AOT Program is an organized, systematic effort within a mental health system to ensure that AOT will be made available to those who need it to live safely in the community. Members of the Blair County Social Services will begin looking at this initiative by going to trainings and informational sessions and begin the discussion of implementing AOT in Blair County if feasible.

### *Timeline:*

- July 2024, representatives from the Social Services Office will be participating in an AOT Training/Learning Session directed by another county in PA.
- September 2024, additional research, coordination with other counties will occur to learn more about AOT.
- December 2024, coordination with prospective stakeholders, managed care, and mental health agency's will occur to do some training and gain feedback regarding county resources.
- Spring of 2025, research grant opportunities and county budget to see if AOT can be sustained



***Resources:***

- Funding: Look for funding sources through grants, county budget allocations, and partnerships with local organizations.
- Training: Invest in professional development for agency staff, court personnel

***Tracking:***

We will continue meeting on a regular basis to ensure that the above goals are being met and to ensure that we are continually working on the goals to see if AOT is a feasible resource for our county.

## d) Strengths and Needs by Service Type

### 1. Telehealth Services in Blair County

- a. All providers are encouraged to utilize telehealth to increase access to care. Psychiatric services continue to be provided via telehealth at 59.5%, psychological services at 36%, and therapy at 13.6%.
- b. H.O.P.E. Drop In has set up a secure internet system and has several laptops for individuals to use to access telehealth services.
- c. Obstacles include limited access to internet due to the cost of having internet. Internet is available at all local libraries, but some do not have transportation to the local libraries, and is not always private for telehealth services.

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

Yes    No

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

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

Yes    No

In FY 23-24, Blair HealthChoices has promoted Community Care Behavioral Health trainings developed by the Social and Racial Justice Steering Committee. Topics included: Recruiting and Retaining a Diverse Workforce, Trauma 107 - Trauma-Informed Cultural Sensitivity, Trauma 108 - How Trauma Impacts Racism, Sexual Orientation Gender Identity and Expression, HAIR initiative, Addressing Culturally Appropriate Needs for individuals Being Served Across the State, Clinical Work with Immigrant Families: Culturally Responsive Care. Upcoming training topics identified are poverty and literacy needs in the county. The Culture and Linguistic Lead for Blair County will coordinate with system partners and the System of Care Coordinator to identify needs and implement training opportunities.

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

Yes    No

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

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

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

Yes    No

The Blair County Suicide Prevention Task Force (SPTF) was established in October 2004 and consists of about 25 community members, including family survivors of suicide. The task force collaborates with the American Foundation for Suicide Prevention (AFSP), AFSP Eastern PA Chapter, the Garrett Lee Smith Grant, and Prevent Suicide PA. Each partner develops plans that align with the task force's goals in fundraising, survivor programs, prevention/education/research, and public relations.

**Achievements and Initiatives:**

**1. Out of the Darkness Community Walks:**

- Since 2011, the task force has held thirteen successful Out of the Darkness Community Walks in Blair County. The fourteenth walk is scheduled for Saturday, September 8, 2024, at Lakemont Park.

**2. Altoona Curve Event:**

- Sponsoring the fourth Altoona Curve event on May 30, 2024, focused on raising awareness of suicide risk and promoting help-seeking behavior within the community. The committee urged all local mental health providers to participate, ensuring the community is fully aware of the available resources.

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

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

**4. Educational Trainings:**

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

**5. National Grants:**

- In collaboration with the Healthy Blair Coalition, the task force has received two national Pennsylvania Suicide Prevention mini-grants.

**6. Suicide Bereavement Group (SBG):**

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

**7. Garrett Lee Smith (GLS) Partnership:**

- Highlighting the GLS partnership in several areas of the task force's plans and continuing to integrate it into overall suicide prevention efforts in Blair County. Although the partnership ended in June 2023, the task force remains committed to continuing its suicide prevention and

awareness initiatives. A goal plan has been developed to ensure ongoing progress and sustain the task force's momentum.

**8. Suicide Prevention Summit:**

- The SPTF, in collaboration with UPMC Altoona, organized the Suicide Prevention Summit on September 27, 2023. The summit featured training sessions for both professionals and community members to enhance awareness of suicide prevention. Looking ahead, the committee is planning a Mini Suicide Prevention Training for September 2024, which will include information about the Columbia Suicide Severity Rating Scale (CSSRS).

**9. My Ascension Film:**

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

**10. Community Presence:**

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

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

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

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

Yes    No

Point of Contact: Cindy James, Mental Health Program Coordinator

Email: [cjames@blairco.org](mailto:cjames@blairco.org)

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

Yes    No

| County MH Office Supported Employment Data                                      |                 |         |
|---|-----------------|---------|
| Data Requested  | County Response | Notes   |
| Total Number Served   | 40              |         |
| # served ages 14 up to 21   | 0               |         |
| # served ages 21 up to 65   | 40              |         |
| # of male individuals served  | 22              |         |
| # of females individuals served   | 18              |         |
| # of non-binary individuals served  | 0               |         |
| Non-Hispanic White served   | 37              |         |
| Hispanic and Latino (of any race) served  | 1               |         |
| Black or African American served  | 1               |         |
| Asian   | 0               |         |
| Native Americans and Alaska Natives served                                      | 0               |         |
| Native Hawaiians and Pacific Islanders served                                   | 0               |         |
| Multiracial (Two or more races)   | 1               |         |
| # of individuals served who have more than one disability                       | 40              |         |
| # working part-time (30 hrs. or less per wk.)                                   | 23              |         |
| # working full-time (over 30 hrs. per wk.)                                      | 1               |         |
| Lowest earned wage  | 2               | \$7.25  |
| Highest earned wage   | 1               | \$19.50 |
| # receiving employer offered benefits; (i.e. insurance, retirement, paid leave) | 1               |         |

) **Supportive Housing:**

**County Housing Specialist/Point of Contact (POC)**

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

| 1. Capital Projects for Behavioral Health  |                        |   |   | <input checked="" 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   | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total Amount for SFY23-24<br>(only County MH dedicated funds) | Projected Amount for SFY24-25<br>(only County MH/ID dedicated funds)                           | Actual or Estimated Number Served in SYF23-24 | Projected Number to be Served in SFY24-25 | Number of Targeted BH United |  | Term of Targeted BH Units<br>(e.g., 30 years) |
|  |                        |   |   |  |   |   |                              |  |   |
|  |                        |   |   |  |   |   |                              |  |   |
|  |                        |   |   |  |   |   |                              |  |   |
| Notes:   |                        |   |   |  |   |   |                              |  |   |



| 2. Bridge Rental Subsidy Program for Behavioral Health   |                        |   |                              | <input type="checkbox"/> Check if available in the county and complete the section. |   |   |                                   |  |   |
|--|------------------------|---|------------------------------|---|---|---|-----------------------------------|--|---|
| Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers. |                        |   |                              |   |   |   |                                   |  |   |
| Project Name   | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SFY23-24 | Projected \$ Amount for SFY24-25  | Actual or Estimated Number Served in SYF23-24 | Projected Number to be Served in SFY24-25 | Number of Bridge Subsidies in SFY | Average Monthly Subsidy Amount in SFY23-24 | Number of Individuals Transitioned to another subsidy in SFY23-24 |
|  |                        |   |                              |   |   |   |                                   |  |   |
|  |                        |   |                              |   |   |   |                                   |  |   |
| Notes:   |                        |   |                              |   |   |   |                                   |  |   |

| 3. Master Leasing (ML) Program for Behavioral Health  |                        |   |                              | <input type="checkbox"/> Check if available in the county and complete the section. |   |   |   |  |                                    |
|---|------------------------|---|------------------------------|---|---|---|---|--|------------------------------------|
| Leasing units from private owners and then subleasing and subsidizing these units to consumers. |                        |   |                              |   |   |   |   |  |                                    |
| Project Name  | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SYF23-24 | Projected \$ Amount for SYF24-25  | Actual or Estimated Number Served in SFY23-24 | Projected Number to be Served in SFY24-25 | Number of Owners/Projects Currently Leasing | Number of Units Assisted with Master Leasing in SFY23-24 | Average Subsidy Amount in SFY23-24 |
|   |                        |   |                              |   |   |   |   |  |                                    |
|   |                        |   |                              |   |   |   |   |  |                                    |
| Notes:  |                        |   |                              |   |   |   |   |  |                                    |

**4. Housing Clearinghouse for Behavioral Health**

Check if available in the county and complete the section.

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

| Project Name | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SFY23-24 | Projected \$ Amount for SFY24-25 | Actual or Estimated Number Served in SFY23-24 |  |  | Projected Number to be Served in SFY24-25 | Number of Staff FTEs in SFY23-24 |
|--------------|------------------------|---|------------------------------|----------------------------------|---|--|--|---|----------------------------------|
|              |                        |   |                              |                                  |   |  |  |   |                                  |
|              |                        |   |                              |                                  |   |  |  |   |                                  |
|              |                        |   |                              |                                  |   |  |  |   |                                  |
| Notes:       |                        |   |                              |                                  |   |  |  |   |                                  |

**5. Housing Support Services (HSS) for Behavioral Health**

Check if available in the county and complete the section.

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

| Project Name            | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SFY23-24 | Projected \$ Amount for SFY24-25 | Actual or Estimated Number Served in SFY23-24 |  |  | Projected Number to be Served in SFY24-25 | Number of Staff FTEs in SFY23-24 |
|-------------------------|------------------------|---|------------------------------|----------------------------------|---|--|--|---|----------------------------------|
| UPMC WBHA - PATH        |                        | MH HSBG 10248   | \$98,634                     | \$84,513                         | 43  |  |  | 58  | 1.44                             |
|                         | 2004                   | MH NonBG  | \$47,087                     | \$47,087                         |   |  |  |   |                                  |
|                         |                        |   |                              |                                  |   |  |  |   |                                  |
| Blair Senior – DOM Care |                        |   |                              |                                  | 9   |  |  | 7   | .10                              |
|                         | 1996                   | MH HSBG 10248   | \$3,549                      | \$5,500                          |   |  |  |   |                                  |
|                         |                        |   |                              |                                  |   |  |  |   |                                  |
| Skills – HSS Staff      |                        |   |                              |                                  | 17  |  |  | 25  | .10                              |
|                         | 1990                   | MH HSBG 10248   | \$1,601                      | \$1,000                          |   |  |  |   |                                  |
|                         |                        |   |                              |                                  |   |  |  |   |                                  |

Notes: **Housing Support Services Table continued to the next page.**

| Continued - Housing Support Services for Behavioral Health |                        |   |                              | <input checked="" type="checkbox"/> Check if available in the county and complete the section. |   |  |  |   |                                  |
|--|------------------------|---|------------------------------|--|---|--|--|---|----------------------------------|
| Project Name   | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SFY23-24 | Projected \$ Amount for SFY24-25   | Actual or Estimated Number Served in SFY23-24 |  |  | Projected Number to be Served in SFY24-25 | Number of Staff FTEs in SFY23-24 |
| UPMC WBHA-Blair House                                      |                        | MH HSBG 10248   | \$116,394                    | \$103,500  | 15  |  |  | 20  | 2.78                             |
|  | 1990                   | County Match  | \$12,393                     | \$11,500   |   |  |  |   |                                  |
|  |                        | Rent  | \$10,332                     | \$8,150  |   |  |  |   |                                  |
| UPMC WBHA-Juniata House                                    |                        | MH HSBG 10248   | \$33,497                     | \$41,400   | 4   |  |  | 5   | .54                              |
|  | 2003                   | County Match  | \$3,043                      | \$4,600  |   |  |  |   |                                  |
|  |                        | Rent  | \$6,012                      | \$6,492  |   |  |  |   |                                  |
| UPMC WBHA – Tartaglio Home                                 |                        | MH HSBG 10248   | \$227,290                    | \$191,555  | 13  |  |  | 13  | 9.33                             |
|  | 1997                   | MH HSBG CMHSBG 70154  | \$151,391                    | \$158,861  |   |  |  |   |                                  |
|  |                        | County Match  | \$16,683                     | \$21,284   |   |  |  |   |                                  |
|  |                        | Rent  | \$124,407                    | \$168,000  |   |  |  |   |                                  |
| Totals   |                        |   |                              |  |   |  |  |   |                                  |
| Notes:   |                        |   |                              |  |   |  |  |   |                                  |

| 6. Housing Contingency Funds for Behavioral Health   |                        |   |                              | <input checked="" type="checkbox"/> Check if available in the county and complete the section. |   |  |  |   |                                       |
|--|------------------------|---|------------------------------|--|---|--|--|---|---------------------------------------|
| Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc. |                        |   |                              |  |   |  |  |   |                                       |
| Project Name   | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SFY23-24 | Projected \$ Amount for SFY24-25   | Actual or Estimated Number Served in SFY23-24 |  |  | Projected Number to be Served in SFY24-25 | Average Contingency Amount per Person |
| Skills   | 1990                   | MH HSBG   | \$5,286                      | \$10,000   | 23  |  |  | 25  | \$311                                 |
| Notes:   |                        |   |                              |  |   |  |  |   |                                       |

| 7. Other: Identify the Program for Behavioral Health   |                        |   |                              | <input type="checkbox"/> Check if available in the county and complete the section. |   |  |  |   |  |
|--|------------------------|---|------------------------------|---|---|--|--|---|--|
| <p><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>.</p> |                        |   |                              |   |   |  |  |   |  |
| Project Name<br>(include type of project such as PBOA, FWL, CRR, Conversion, etc)  | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SFY23-24 | Projected \$ Amount for SFY24-25  | Actual or Estimated Number Served in SFY23-24 |  |  | Projected Number to be Served in SFY24-25 |  |
|  |                        |   |                              |   |   |  |  |   |  |
| Notes:   |                        |   |                              |   |   |  |  |   |  |

e) Certified Peer Specialist Employment Survey:

|   |  |
|---|--|
| <b>CPS Point of Contact (POC)</b>             | <b>Name: Cindy James<br/>Email: <a href="mailto:cjames@blairco.org">cjames@blairco.org</a><br/>Phone: 814-693-3023</b> |
| <b>Total Number of CPSs Employed</b>          | <b>19</b>  |
| <b>Average Number of Individuals Served</b>   | <b>42</b>  |
| <b>Number of CPS Working Full Time</b>        | <b>5</b>   |
| <b>Number of CPS Working Part Time</b>        | <b>13</b>  |
| <b>Hourly Wage (low and high)</b>             | <b>\$15.00 - \$21.77</b>   |
| <b>Benefits</b>                               | <b>Yes, for full-time staff<br/>No, for part-time staff</b>  |
| <b>Number of New Peers Trained in CY 2023</b> | <b>13</b>  |

**f) 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            |
| Partial Hospitalization - Child/Youth                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment                       |
| Family-Based Mental Health Services                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| ACT or CTT   | <input 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 type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment                       |
| Mobile Crisis Services   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Crisis Residential Services  | <input type="checkbox"/>            | <input type="checkbox"/> County <input 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 Rehabilitation 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



**g) Evidence Based Practices Survey:**

|   |     |    |  |  |  |     |   |   |
|---|-----|----|--|--|--|-----|---|---|
| Assertive Community Treatment                           | Yes | 3  | TMACT Review   | CCBH   | Once a year  | Yes | Yes   |   |
| Supportive Housing                                      | No  |    |  |  |  |     |   |   |
| Supported Employment                                    | No  |    |  |  |  |     |   | Include # Employed                                |
| Integrated Treatment for Co-occurring Disorders (MH/SA) | No  |    |  |  |  |     |   |   |
| Illness Management/ Recovery                            | No  |    |  |  |  |     |   |   |
| Medication Management (MedTEAM)                         | No  |    |  |  |  |     |   |   |
| Therapeutic Foster Care                                 | No  |    |  |  |  |     |   |   |
| Multisystemic Therapy                                   | Yes | 18 | <b>1. TAM-R</b><br>Therapist Adherence Measure<br><b>2. SAM</b><br>Supervisor Adherence Measure<br><b>3. CAM</b><br>Consultant Adherence Measure<br><b>4. PIR</b><br>Program Implementation Review | Agency Counties<br>MCO State (OMHSAS /DHS Field Offices) | TAM-R monthly, SAM and CAM every other month, PIR every 6 months | Yes | Yes – Ongoing training<br><br>MST Orientation training upon hire, weekly individual reviews, quarterly booster trainings, weekly supervision and consultation | 4 full-time therapists and 1 full-time supervisor |
| Functional Family Therapy                               | No  |    |  |  |  |     |   |   |
| Family Psycho-Education                                 | No  |    |  |  |  |     |   |   |

**h) 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                              | 618  |  |
| Compeer   | No                               |  |  |
| Fairweather Lodge   | No                               |  |  |
| MA Funded Certified Peer Specialist- Total**              | Yes                              | 202  |  |
| CPS Services for Transition Age Youth                     | Yes                              | 20   | Ages 16-24                                 |
| CPS Services for Older Adults                             | Yes                              | 40   | 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                              | Unknown                                    | Unable to measure                          |
| Mobile Meds   | No                               |  |  |
| Wellness Recovery Action Plan (WRAP)                      | Yes                              | Unknown                                    | Unable to measure                          |
| High Fidelity Wrap Around/Joint Planning Team             | Yes                              | 17   |  |
| Shared Decision Making                                    | Yes                              |  | Unable to measure                          |
| Psychiatric Rehabilitation Services (including clubhouse) | Yes                              | 75   |  |
| Self-Directed Care  | No                               |  |  |
| Supported Education                                       | No                               |  |  |
| Treatment of Depression in Older Adults                   | Yes                              | Unknown                                    | Unable to measure                          |
| Consumer Operated Services                                | Yes                              | 1062                                       |  |
| Parent Child Interaction Therapy                          | Yes                              | 15   |  |
| Sanctuary   | No                               |  |  |
| Trauma Focused Cognitive Behavioral Therapy               | Yes                              | Unknown                                    | Unable to measure                          |
| Eye Movement Desensitization And Reprocessing (EMDR)      | Yes                              | Unknown                                    | Unable to measure                          |
| First Episode Psychosis Coordinated Specialty Care        | No                               |  |  |
| Other (Specify)   |                                  |  |  |

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

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

**i) Involuntary Mental Health Treatment:**

1. During CY2023, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?

- No, chose to opt-out for all of CY2023
- 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 CY2023

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 CY2023 (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 CY2023:

- 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 CY2023  | 0          | 0          |
| Inpatient hospitalizations following an involuntary outpatient treatment for CY2023  |            | NA         |
| Number of AOT modification hearings in CY2023  | 0          |            |
| Number of 180-day extended orders in CY2023  | 0          | 0          |
| Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2023 | NA         | 0          |

**j) CCRI Data reporting**

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

Have all available claims paid by the county/joinder during CY 2023 been reported to the state as an encounter?  Yes  No

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

There are multiple needs in Blair County that could be addressed with an increase to base funding. Currently, supportive housing for those with serious mental illness is at a premium in Blair County. With an increase in base funding, along with additional funding sources, an expansion of supportive housing including but not limited to LTSR, CRR, personal care homes, would be possible. This expansion would provide needed resources for those who are returning to the community from higher levels of care.

Another area where expansion would benefit from increased base funds is Crisis services. Blair County has recently opened a Crisis Walk in Clinic in the county. That clinic provides services on a limited basis with Mobile Crisis working in conjunction with the Walk in Center. Additional base funds would be used to enhance these services and increase staffing, thus increasing capacity to service those who find themselves in the throes of a mental health crisis. The county is also looking at the National Guidelines for Behavioral Health Crisis Care from SAMSHA to ensure we are meeting the needs of our county.

Blair County is also exploring options of AOT and/versus a mental health court. There is a need for these services for individuals with severe psychiatric disorders in our community. It would be cost effective to keep them in the community with court ordered treatment rather than inpatient or a state hospital. The county would like to support individuals in a successful return into the community while keeping the public safe and improving individual’s quality of life.

## SUBSTANCE USE DISORDER SERVICES

### 1. Waiting List Information:

|   | # of Individuals | Wait Time (days)** |
|---|------------------|--------------------|
| Withdrawal Management                                   | 0                | 0                  |
| Medically-Managed Intensive Inpatient Services          | .5               | 7-10               |
| Opioid Treatment Services (OTS)                         | 0                | 0                  |
| Clinically-Managed, High-Intensity Residential Services | 0                | 0                  |
| Partial Hospitalization Program (PHP) Services          | 0                | 0                  |
| Outpatient Services                                     | 0                | 0                  |
| Other (specify)   | 0                | 0                  |

### 2. Overdose Survivors' Data:

**Hospital Procedures:** The SCA has partnered with all 3 hospitals and the veteran hospital since July 1 2016 to implement the warm hand off protocols. We have 24/7 case management service with a dedicated phone for the hospitals. All Emergency Room Staff have been trained on the protocols. We provide the coordination of care when notified by the hospital. Since 1/2/19, we have embedded a CRS in the largest ED-UPMC in the county. We are staffed 7 days a week for 10 hours a day. This has significantly increase the number of contacts with SUD and OD patients during the ED visit. In addition, the CRS is able to make contact with any inpatient admitted patient once stabilized. During the Covid-19 pandemic, we were not in the ED from April-June 2020. The hospital did allow our staff to return but the focus for the ED and hospital was addressing the increase admission rates for the COVID-19 patient. This resulted in a slight decrease in referrals during 19-20 but since January 2022 the focus and referral process for substance use disorders has resumed. The Blair SCA has been involved since October 2022 with a federal rural grant through Penn Highland hospital system. We have been included in the grant to provide an embedded CRS part time in the Penn Highland Tyrone Hospital in Tyrone PA. It is anticipated the CRS-ED project will be implemented by September 2023.

**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 as well as in the general community. Blair County Drug and Alcohol Program, Inc., was the recipient of a 3-year federal grant manage 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 received in the Spring of 2023 a Pennsylvania Commission on Crime and Delinquency (PCCD) grant to

expand medicated assisted treatment in the county prison. It is anticipated that the implementation phase of the grant will be the fall of 2023. We built into the grant funding for treatment while the individual is receiving these services in the prison and coordination of care upon release. This work has provided an expansion of medicated assisted treatment. Since Department of Humans Services application for Centers of Excellence’s (COEs), Blair County has seen an increase of COEs in our communities. We currently have five COEs approved to operate in the county.

In September 2019, Blair SCA was awarded a federal grant in partnership with the University of Pittsburgh Overdose Task Force to implement a first responder screening brief intervention and referral to treatment (SBIRT) protocols and warm handoff to our 24/7 on call system with our Emergency Management System (EMS). Both of the Blair County based EMS agreed to be part of the project. One departments implemented a NARCAN leave behind project. In addition, we are in the process of developing a leave behind project with the City of Altoona Fire Department which will also provide training and warm hand off protocols.

**Fiscal Year 2023-2024**

| # of Overdose Survivors | # Referred to Treatment | Referral Method(s) | #Refused Treatment |
|-------------------------|-------------------------|--------------------|--------------------|
| 34                      | 15                      | CRS/CM             | 19                 |
|                         |                         |                    |                    |

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

| LOC ASAM Criteria | # of Providers | # of Providers Located In-County | # of Co-Occurring/Enhanced Programs |
|-------------------|----------------|----------------------------------|-------------------------------------|
| 4 WM              | 2              | 0                                | 0                                   |
| 4                 | 2              | 0                                | 0                                   |
| 3.7 WM            | 19             | 2                                | 10                                  |
| 3.7               | 6              | 1                                | 5                                   |
| 3.5               | 33             | 2                                | 10                                  |
| 3.1               | 15             | 4                                | 0                                   |
| 2.5               | 2              | 1                                | 0                                   |
| 2.1               | 5              | 5                                | 0                                   |
| 1                 | 9              | 8                                | 0                                   |

**4. Treatment Services Needed in County:** The Blair SCA has established a hub and spoke model to facilitate access to care for substance use disorders. We work with all sectors of our community to facilitate the education, stigma reduction and warm handoff from and to support services in our community. We facilitate care coordination to support the ongoing engagement of individuals in early recovery. Our model reflects the best practice being supported through the center of excellence programs, support trauma informed care and trauma therapy approaches to our drug and alcohol treatment providers. We also see an

increased need for family focused services for youth and adults and adolescent residential services continue to be a gap in our continuum.

**Treatment Capacity:** The SCA and local Health Choices partners have identified the following gaps in services locally and statewide:

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

**Extreme needs**

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

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

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

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

During the 23-24 fiscal year, the SCA applied for and become a Regional Entity to distribute harm reduction supplies. The SCA is able to provide NARCAN and wound care kits for free to the general community. In addition, starting July 1 2018, the SCA educates 100% of all assessment clients on NARCAN and provide it to those who are interested in having NARCAN. Our agency has dispensed 2040 NARCAN kits to individuals seeking services and the general community. We have also expanded partnerships with the prison, 1 EMS partner to provide a leave behind program. We are expanding this program to the Altoona Fire Department. The SCA also provides community education on overdose prevention. We work with partners when attending health fairs to provide NARCAN.

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

We have two community base nonprofits who are part of the Blair County Overdose Prevention taskforce dispensing NARCAN in the community.

**6. County Warm Handoff Process:**

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



billing code for Warm Hand Off interventions for Medicaid eligible persons. This provides some additional resources to support the project.

Methamphetamine and Methamphetamine with Fentanyl have increase over the last 2 years. Individual present with high psychiatric symptoms which result in a primary mental health diagnosis and admission to inpatient psychiatric units. We have increased the number of person being placed from the inpatient psychiatric unit due to the warm hand off process in place and the Community Base Case Management program implemented by Blair Health Choices.

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

### Warm Handoff Data:

| Data  | FY 23-24 |
|---|----------|
| # of Individuals Contacted                    | 808      |
| # of Individuals Referred to Treatment        | 420      |
| # of individuals who have Entered Treatment   | 339      |
| # of individuals who have Completed Treatment | NA       |

## **INTELLECTUAL DISABILITY SERVICES**

Everyday Lives has been a foundational principle for Blair County since the first conference in Harrisburg in the early 1990's. Through Person Centered Thinking (PCT) and Person-Centered Planning (PCP), Southern Alleghenies Service Management (SASMG) supports the residents of Blair County to experience an Everyday Life. For over 24 years Blair County/SASMG has provided free Person-Centered Thinking Training for any employee in Blair County, in fact, the expectation is that each employee will complete the training within 60 days of hire. This training has always been provided by a credentialed PCT trainer or Mentor Trainer. Training is just the beginning of exposure to PCT, PC Coaching and The Blair County Community of Person-Centered Practices has offered learning and support for over 21 years.

SASMG is a non-profit agency, under contract with the County of Blair to deliver the requirements of the Administrative Entity Operating Agreement. SASMG also manages all funding streams for people with intellectual disabilities, Autism and medically complex children. The service system starts at Intake and includes the management of supports for all of the seven hundred seventy-eight (768) people who are active. Each person, regardless of his or her place of residence (from state centers to a private apartment) or the services that they are receiving chooses a Supports Coordinator (SC). Along with all team members, the SC facilitates the development of a plan in the Home and Community Services Information System (HCSIS), authorized by SASMG.

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

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

### Individuals Served

|  | <b>Estimated<br/>Individuals<br/>served in FY<br/>23/24</b> | <b>Percent of<br/>total<br/>Individuals<br/>Served</b> | <b>Projected<br/>Individuals to<br/>be served in<br/>FY 24/25</b> | <b>Percent of<br/>total<br/>Individuals<br/>Served</b> |
|--|---|--|---|--|
| <b>Supported<br/>Employment</b>                      | 2   | .02  | 1   | .01  |
| <b>Pre-Vocational</b>                                | 0   | 0  | 0   | 0  |
| <b>Adult Training<br/>Facility</b>                   | 0   | 0  | 0   | 0  |
| <b>Base Funded<br/>Supports<br/>Coordination</b>     | 52  | .63  | 53  | .64  |
| <b>Residential<br/>(6400)/unlicensed</b>             | 0   | 0  | 0   | 0  |
| <b>Life sharing<br/>(6500)/unlicensed</b>            | 0   | 0  | 0   | 0  |
| <b>PDS/AWC</b>                                       | 0   | 0  | 0   | 0  |
| <b>PDS/VF</b>  | 0   | 0  | 0   | 0  |
| <b>Family Driven<br/>Family Support<br/>Services</b> | 0   | 0  | 0   | 0  |
| <b>Assistive Technology</b>                          | 0   | 0  | 0   | 0  |
| <b>Remote Supports</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 ten fiscal years. The grant helps students have typical high school work experience. This year SASMG was unable to obtain grant funding and was not able to have this work experience.

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

### ***Supports Coordination:***

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

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

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

### *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, 17 people reside in a life sharing arrangement in Blair County.

### *Cross Systems Communications and Training:*

Blair County created a Leadership Coalition in 2012 in response to the block granting of state funds, which continues to operate to deliver the priorities of service needs that the strategic planning process identified, housing, transportation and employment as needs across all residents of the county. Coalition members include County Commissioners, the County Social Services Director and Management of all agencies who have funds within the Block Grant. This diverse group can identify and recommend supports that will more fully respond to the needs of people with multiple needs. During monthly review meetings initiatives that have been developed that address the strategic priorities are identified, decisions made as to the urgency and consensus to respond to the requests are made. A great cross systems example of the efforts of this group is the establishment and funding of a Dual Diagnosis Navigator. The Navigator can supplement teams and act as a resource to help both disciplines communicate and collaborate.

SASMG has been a regular active member of the local Transition Council. Through that venue two-day Person-Centered Thinking sessions have been offered and many education professionals have been trained on the creation of a One Page Description that captures vital information about each student that can be carried forward with them throughout their educational career and into the adult system, making for a smooth transition from school to adult supports. Multiple training sessions for parents have been conducted as well throughout the fall.

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

### *Emergency Supports:*

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

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

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

Respite continues to be a great asset in the resolution of emergencies involving removal for an unsafe setting. SASMG monitors the block grant funds that we are responsible for, assuring enough funds throughout the year to respond to any unforeseen emergency without unnecessary encumbrance of funds.

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

### *Administrative Funding:*

SASMG has been training staff from all agencies in Person Centered Thinking Principles for many years and has offered family attendance. If families are knowledgeable about Person Centered Practices, that may go a long way in assuring that all personnel of all agencies are sure to always follow them. The more informed people are, the better their service design can be. The PA Family Network has offered training to SCO's and to students through the transition expo. SASMG participated in the credentialing of an Ambassador training for the Lifecourse.

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

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

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

The Dual Diagnosis Navigator is supported with matching funds from the state. The primary purpose of this role is to bridge the two systems and assure that the person is getting the supports that are needed from both. We have identified that 46% of the people who are open in the Intellectual Disability system have a mental

health diagnosis. The Navigator has participated on many complex case reviews, TAST team, and all CNP appointments.

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

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

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

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

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

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

### ***Technology:***

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



### *Community for All:*

Blair County's census at state operated Intermediate Care Facilities for people with Intellectual Disabilities (ICF/ID) is nineteen. One hundred sixty-eight people live in licensed residential settings, and seventeen live in licensed Life sharing homes. Forty-eight attend Vocational Training facilities, and the census at five Adult Training Facilities is One hundred and sixty-nine. 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 Program Services*

### **Bridge Housing Services**

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

### **Case Management**

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

#### *Center for Community Action*

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

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

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

Housing Service Plan utilizes the Arizona Self- Sufficiency Matrix, to see where the client needs to improve upon to reach self- sufficiency.

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

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

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

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

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

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

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

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

- Housing inspection to assure the client is in a habitable rental unit
- Maintaining client confidentiality
- Follow-up to evaluate the effectiveness of services and outcomes

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

Center for Community Action anticipates serving approximately 200 individuals with case management services for FY 24/25.

### Family Services, Inc.

Family Services Incorporated, hereafter known as Family Services, will receive HAP funding for its Victim Services Program to use for Emergency Shelter and Case Management services. The agency will use these funds to provide case management services to victim/survivors of domestic violence. During the time of their emergency sheltering, victims/survivors will work with the Family Services Victim Services Program Counselor Advocates to determine housing needs and options. When appropriate, victims/survivors will be referred to the Family Services Victim Services Program Housing Advocate to find long-term, stable, and safe housing within their budget. Referrals to Center for Community Action, UPMC Behavioral Health of the Alleghenies, and other agencies may also be appropriate. The objective of Family Services' Victim Services Program is to work with victims/survivors of domestic violence and other victimizing crimes to remain free from violence and abuse; to move towards emotional and financial stability so they may become self-sufficient. Family Services will provide these services for one to twelve months. Family Services anticipates serving approximately 10 adults and 15 children with new safe housing in FY 24/25 utilizing this new model.

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

In FY 2023/2024, the Victim Services Program was able to provide hoteling services through a different funding source. HAP funds were able to be used on other supportive costs to provide the hoteling services.

## **Unmet Needs and Gaps**

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

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

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

### *Center for Community Action*

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

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

### *Family Services, Inc.*

The Victim Services Program evaluates efficacy of services based on answers provided anonymously on the Victim Services Satisfaction Survey (VS3) questionnaire. This is given to all survivors served by the program after a minimum of three (3) appointments and measures the survivors' self-identified progress toward goals, self-sufficiency, empowerment and coping after victimization. In past years, this survey was the Empowerment Satisfaction Questionnaire (ESQ). The funders who created the ESQ have introduced the VS3 to replace the ESQ. Very similar questions are asked.

## **Case Management Services Results**

### *Center for Community Action*

As of June 24, 2024, for FY 23/24, Center for Community Action has served 63 households consisting of 75 adults and 45 children.

Family Services, Inc.

The Victim Services Program utilizes the Victim Services Satisfaction Survey (VS3), an evaluation tool developed by Pennsylvania Coalition Against Domestic Violence (PCADV) in collaboration with Pennsylvania Coalition Against Rape (PCAR) and the Pennsylvania Commission on Crime and Delinquency (PCCD), to measure client satisfaction and program effectiveness.

In FY 2023/2024, there were 2 HAP clients to receive the VS3s.

**Proposed Changes to Case Management Services FY 24/25**

The only programmatic change being made to case management is that Center for Community Action will be providing the services for the County of Blair for FY 24/25. Center for Community Action has merged with Blair County Community Action Agency Program and to become one agency. With the merger, more intensive case management will be provided to consumers in the program, along with financial literacy classes.

**Rental Assistance**

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

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

HAP Rental Assistance funds are used for the following:

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

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

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

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

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

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

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

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

Restrictions to the Rental Assistance component are as follows:

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



## **Achievements and Improvements in Services**

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

Center for Community Action anticipates serving approximately 225 individuals in FY 24/25.

## **Unmet Needs and Gaps**

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

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

## **Evaluation of Efficacy of Rental Assistance Services**

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

## **Rental Assistance Services Results**

As of 6/24/2024, a total of 44 households have been served consisting of 56 adults and 41 children.

## **Proposed Changes to Rental Assistance Services FY 24/25**

There has been a change in agencies administering the HAP Program. This would be the major programmatic change. Center for Community Action will be administering the HAP program in Blair County for FY 24/25. Case Managers at Center for Community Action are actively working to obtain their HUD housing counselor certification and to get the Agency as an approved counseling site.

## **Emergency Shelter**

Center for Community Action and Family Services, Inc. will receive HAP dollars for the Emergency Shelter and the Victim Services Program. This service provides refuge and care services to persons who are in immediate need and are homeless with no permanent legal residence of their own, or, who are victims of domestic violence. Emergency Shelter funds used for motel/hotel stays will not exceed ten (10) consecutive days.

### Center for Community Action

Center for Community Action will use HAP funding to provide assistance to homeless or near homeless individuals for eligible consumers residing within Blair County. The agency's housing programs will provide eligible households with financial assistance, while promoting motivation and individual responsibility to achieve the outcome of affordable housing of their choice. The agency can provide emergency hotel stays for up to ten days. A broad description of the target population would be defined as 18 years of age or older who are homeless, near-homeless or facing utility terminations. Individuals or head of households under the age of 18 would be eligible when validated as emancipated through the Department of Human Services. When Emergency Shelter funds are used, proper documentation is required that all shelters are completely full, and documentation that there is nowhere else for the client to reside for the night (friends, family, etc.) When these funds are used, additional case management is provided to the client, in hopes of finding housing quickly and preventing the client from encountering this situation again in the future. Case Managers work closely with consumers in the hotel/motel with locating safe, affordable, permanent housing as quickly as possible. The client information is tracked in ORS and HMIS, from which the Housing Intake Specialist pulls reports and reviews on a quarterly basis. Any proposed changes will come from the Program Director from reports pulled from ORS and HMIS, along with case notes that the case manager provides. Center for Community Action anticipates serving a total of 30 individuals in FY 24/25. Only programmatic change is that Center for Community Action will be administering Emergency Shelter funds for FY 24/25.

### Family Services, Inc.

Family Services Incorporated receives HAP dollars for Emergency Shelter Services. The agency uses these funds to provide emergency shelter to victims/survivors of domestic violence. Victims/survivors fleeing domestic violence for safety reasons will be provided up to 30 days emergency shelter at local hotels. During the time of their emergency shelter, victims/survivors work with the Family Services Victim Services Program Counselor Advocates to determine housing needs and options. When appropriate, victims/survivors are referred to the Family Services Victim Services Program Housing Advocate to find long-term, stable, and safe housing within their budget. Referrals to 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, 2024, through June 30, 2025, we anticipate serving approximately 10 adults and 15 children utilizing this new model.

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

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

The Family Shelter provides an integral part of the continuum of care in Blair County by providing the only emergency shelter in Blair County that exclusively 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 can meet basic needs to discharge from shelter.

Family Services has served 366 individuals from July 1, 2023 through June 20, 2024, and projects to serve 400 individuals in FY 24/25. Family Services projects to turn away 3,973 individuals due to the shelter being full and project 8,701 days of shelter provided.

For FY 23/24, as of June 20, 2024, the Emergency Shelter has served 102 men, 125 women, and 139 children and the number of brief contact calls for shelter were at 1192+. The number of days of shelter provided was 8,701.

### **Achievements and Improvements of Services**

Currently Center for Community Action has served 19 households consisting of 19 adults and 3 children.

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

Family Services has seen a decrease in the average length of stay FY 23/24. As of June 20, 2024, the average length of stay was 25 days. In FY 22/23, the average length of stay was 43 days.

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

Family Service's opened it's 35 bed facility February 20, 2023.

## **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
- The number of individuals that were placed on a waiting list due to shelter being full in FY 23/24 as of June 20, 2024 was 3,973.
- Lack of permanent, safe 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.
- Increase in rental units being red tagged (uninhabitable) in the City of Altoona by Codes Office

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

### **Center for Community Action**

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

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

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

## **Emergency Shelter Services Results FY 23/24**

### **Center for Community Action**

As of 6/24/2024 a total of 19 households have been served consisting of 19 adults and 3 children.

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

- According to the latest exit survey results, 100% of the participants felt safe while in the shelter.
- The current fiscal year statistics report indicates that 100% of the participants increased their knowledge of community resources; 24% were able to obtain employment; and 51% were able to obtain housing.

## **Proposed Changes to Emergency Shelter Services FY 24/25**

There are no planned changes to the Emergency Shelter services.

## **Innovative Supportive Housing Services**

Other housing support services will be coordinated through Center for Community Action (CCA) as this is the agency that will be administering the HAP funds for FY 24/25. CCA has merged with Blair County Community Action during FY 23/24. During the initial intake the client completes a service plan. This assessment includes identification of barriers to stable housing, barriers to obtaining employment such as transportation, childcare, and educational attainment. The assessment also shows if the individual is seeking any behavioral health or addiction services. Mental health, intellectual disabilities, and addiction services are referred to local community partners for services. In the case of employment needs, CCA offers the EARN program. For childcare needs CCA offers the program known as ELRC (Early Learning Resource Center), which CCA has the contract for Blair County, which is able to provide families with subsidized childcare.

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

### **Achievements and Improvements of Services**

This will be a new service for FY 24/25.

### **Unmet Needs and Gaps**

- Homeless families are in need of basic household items.
- Transportation is always a need in Blair County.

### **Evaluation of Efficacy of Other Housing Supports Services**

This will be a new service for FY 24/25.

### **Innovative Supportive Housing Services Results FY 23/24**

This will be a new service for FY 24/25.

### **Proposed Changes to Other Housing Supports Services FY 24/25**

Center for Community Action plans to implement the New Beginnings Baskets in Blair County for FY 24/25. Center for Community Action piloted these baskets in other counties the past two years, and it was extremely successful. The Center for Community Action New Beginnings Baskets Blair County project, is anticipated to serve approximately twenty-four homeless families. These baskets will include but will not be limited to the following: bath towels, dish towels, wash clothes, small crock pots, dishes, pots and pans, utensils such as silverware and cooking utensils, can openers, broom and dustpan, cleaning supplies, etc. These items are basic household items that many homeless families do not usually have when moving into a new home and are needed for the basic needs such as cooking, bathing, and cleaning. Center for Community Action does not currently have any other funding streams that allow for this type of item to be purchased for households and finds that it is a critical need for homeless families.

In FY 2022/2023 and FY 2023/2024, consumers in other counties greatly appreciated these baskets and were able to move into their housing units with the basics needed without having to spend or find additional funding to try to meet this basic housing need.

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

## **Homeless Management Information Systems (HMIS)**

### **Center for Community Action**

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

### **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 2023/2024, 366 clients received emergency shelter and 187 of the 366 (51%) 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 2023/2024, the known destinations, by zip code, for clients are as follows:

- Zip Code 15090 – 2 consumers
- Zip code 15122 – 2 consumers
- Zip Code 15201 – 2 consumers
- Zip Code 15202 – 1 consumer
- Zip Code 15222 – 1 consumer
- Zip Code 15501 – 2 consumer
- Zip Code 15522 – 1 consumer
- Zip Code 15701 – 2 consumers

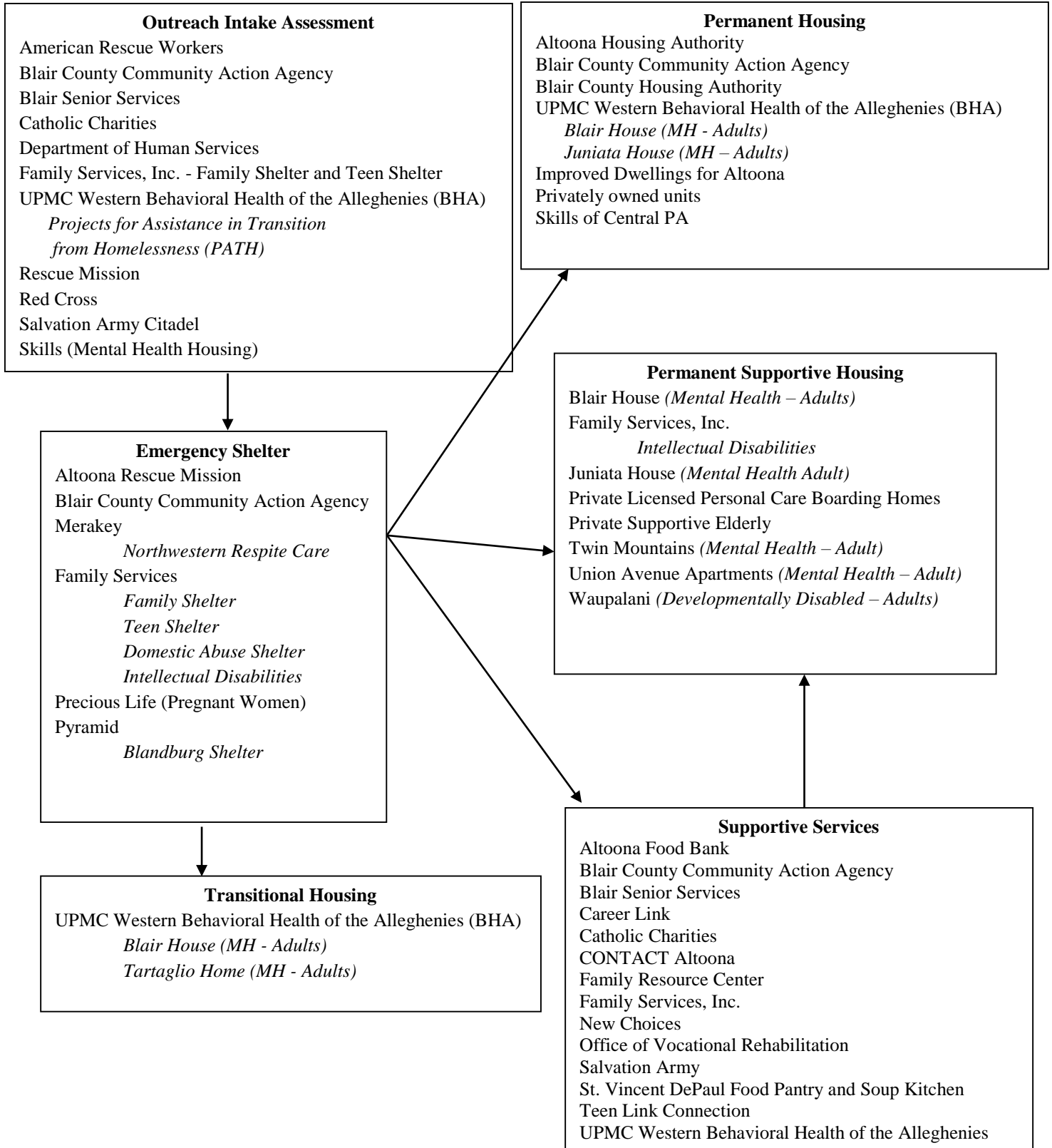
- Zip Code 15901 – 2 consumers
- Zip Code 15904 – 2 consumers
- Zip Code 15906 – 1 consumers
- Zip Code 16214 – 2 consumers
- Zip Code 16502 – 2 consumers
- Zip Code 16601 – 117 consumers
- Zip Code 16602 - 102 consumers
- Zip Code 16613 – 2 consumers
- Zip Code 16630 – 2 consumers
- Zip Code 16617 - 0 consumers
- Zip Code 16635 - 4 consumers
- Zip Code 16637 – 2 consumers
- Zip Code 16648 - 4 consumers
- Zip Code 16693 - 0 consumers
- Zip Code 16866 - 1 consumers
- Zip Code 16652 - 2 consumers
- Zip Code 16662 – 2 consumers
- Zip Code 16664 – 2 consumers
- Zip Code 16686 – 4 consumers
- Zip Code 16801– 7 consumers
- Zip Code 16803 – 2 consumers
- Zip Code 16823 – 2 consumers
- Zip Code 16870 – 2 consumers
- Zip Code 13201 – 2 consumers
- Zip Code 17013 – 2 consumers
- Zip Code 02703 – 2 consumers
- Zip Code 02889 – 2 consumers
- Zip Code 07304 – 1 consumer
- Zip Code 08012 – 2 consumers
- Zip Code unknown – 0 consumer

The staff of the Family Shelter tracks the percentage of clients who are still in permanent housing at 6 week intervals. As of June 20, 2024, 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, 2023 through June 20, 2024, 3,973 individuals were placed on a waiting list.



# 2025 Blair County Continuum of Care Services



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

### Services to Be Provided

#### Adult Services

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

**Description of Services:** The target group to be served by Family Services, Inc. consists of individuals, families, and/or couples presenting trauma due to current or past domestic violence, sexual abuse, child abuse, human trafficking, and/or any other victimizing trauma. In 23/24FY, 7 clients were provided services. The limited-service provision was due to staffing shortage. Counseling services are provided by master's level clinicians who are licensed and/or certified to practice in Pennsylvania. Information and Referral, Service Planning/Case Management, and/or Transportation services as direct and/or indirect care, are provided by Victim Services Program Advocates and/or Administrative Support staffing.

Family Services, Inc. provides a diverse range of services for low-income persons of all ages. The primary purpose and need are to provide services that assist people in solving problems that are interfering with their healthy development and functioning. The expected outcome is that people will gain the skills necessary to solve their problems in the future. This outcome prepares the clients to move toward economic and emotional self-sufficiency and moves clients to a more optimal level of functioning and wellbeing. It helps families to become stronger and improves life skill development.

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

**Program Name:** Information and Referral

#### **Description of Services:**

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

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

In FY 2023/24, CONTACT Altoona will handle approximately 1,800 calls for information and referrals. CONTACT Altoona volunteers did not miss a beat helping to provide Blair County with updated resource information on several different local agencies. This enabled us to continue to serve the needs of each individual looking for services, still ease fears and confusion surrounding the pandemic, all while also helping 211.

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

## Aging Services

**Program Name:** OPTIONS

### **Description of Services:**

Blair Senior Services provides Care Management Services. All persons requesting or receiving Care Management services are assigned to a Care Manager. An initial visit is scheduled with the consumer and the family, if requested. This initial visit is conducted within 10 business days of the receipt of the referral. The consumer is assessed for all care needs, using the Needs Assessment Tool (NAT). The information is then used to create a care plan to meet the consumer's needs. The Care Manager uses the information gained in the assessments to assess a Needs Assessment Score for the consumer. This score determines the consumer's position on a waiting list for services, should a waiting list exist. Regardless of a consumer being on a waiting list, Care Management services are still provided. The Long Term Living Program Supervisor or Reviewer reviews all completed assessments and care plans. Consumers approved to begin services are offered a choice of providers and the services are initiated. A follow-up call is made to the consumer two weeks following the initiation of services. Consumers are reassessed annually or more frequently if needed, to assess for any changes in need. The Care manager is available to the consumer for assistance with provider issues, scheduling, change in services or amounts of service, assistance with applications and forms completion, and as a source of information and referral. Those consumers who remain on the waiting list receive contact every 3 months from the Care Manager to assess the consumer's desire to stay on the waiting list. The Care Manager is available for assistance with applications, forms completion and as a source of information and referral.

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

## Children and Youth Services

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

## Generic Services

**Program Name:** Reassurance Program

### **Description of Services:**

CONTACT Altoona provides Blair County with our Reassurance Program, the only provider of this service in the Blair County community. CONTACT Altoona's Reassurance program provides personal contact by telephone to check on an individual's wellbeing. The purpose of the daily reassurance calls is multi-fold. Daily calls are made to make sure that the person is in reasonably good health, able to answer the telephone;

to share a few minutes in a friendly chat to let the person know that someone cares; make sure they are getting adequate nutrition; and if applicable, remind the person to take their medications. This program seeks to be a safety net to ensure the health and safety of our target population. When the Reassurance call is not answered, backups are notified and/or help is sent to the individual. It can also serve as piece of mind for the individual's family members.

In FY 23/24, CONTACT Altoona's non-MH Reassurance Program will complete an estimated 11,000 calls. CONTACT Altoona continues to increase their standards by decreasing the number of shifts missed along with increasing the ability to cover more shifts and add more clients.

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

**Client Population to be Served:**

Adult, Aging, SUD, MH and ID

**Specialized Services**

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

**Description of Services:**

Big Brothers Big Sisters of Blair County, Inc. an affiliate of Big Brothers Big Sisters of America, Inc. provides youth mentoring services designed to help a child develop a positive relationship with a caring adult, who serves as a role model and will see the child on a regularly scheduled basis. The Agency provides youth development activities, programs, and family support through donations, fundraising events, and small grants. These programs, which are conducted on a monthly or weekly basis, are age appropriate and utilize Search Institute's 40 Developmental Assets as a base for presenting a wide variety of youth development activities. The agency has a core group of children and youth who continually participate monthly providing a greater impact and learning. Big Brothers Big Sisters of Blair County, Inc. has expanded services to include site-based/school-based mentoring, known as SMART programing. These programs are designed in partnership with school personnel to meet the needs of school identified students. The program runs the duration of the academic year with supervised summer opportunities for the students to meet outside of the school setting. Currently, Big Brothers Big Sisters of Blair County is present in three school districts with a fourth at Penn State Altoona. In the next school year, Big Brothers Big Sisters expects to reengage Tyrone School District and in five years, they plan to have a running program in all Blair County school districts.

Through their Community-based Mentoring Program, Big Brothers Big Sisters of Blair County supported 16 matches in 2023. With the four school/site-based programs running, the agency had 47 matches for the 2023-2024 school year, serving 94 children each week. During the 2023-2024 academic year, Big Brothers Big Sisters of Blair County had SMART programs running Altoona Area School District (Penn-Lincoln Elementary), Claysburg Kimmel School District (Middle & High School), Bellwood-Antis School District (Middle & High School) plus a program at Hillside Church in Juniata where PSU Altoona students served as Bigs and Littles from the Altoona area. There were 47 matches serving a total of 94 students (Bigs and Littles) in the program. All programs included in-person match meetings for the students. Through the duration of the matches' time together and at the matches' close, satisfaction and youth surveys are presented to the Big, Little, and the Little's parent/guardian, as well as the referring teachers from mentees' classes. Consistently and frequently, Big Brothers Big Sisters has received positive feedback from all parties involved in the program, as well as reports from teachers indicating progress in the Little's academics. The impact the programs have on participant's education is evident through our surveys done by teachers and

parents/guardians. Big Brothers Big Sisters has found over the years that the mentees enrolled in the programs skipped half as many days of school as did their peers not enrolled. They have felt more competent about doing schoolwork and skipped fewer classes. In addition, the programs have the ability to change a youth's whole perspective on school and education. Surveys conducted show that 94% of mentees said working hard in school is very important, 95% of mentees said going to school and getting a good education is very important, and 93.7% of mentees said graduating from college is very important. With data showing such strong benefits to the youth, it is becoming ever more important to find children mentors to give them the strong chance of successful futures; thus, helping their lives and the communities as a whole.

**Program Name:** Teen Link Connection

**Description of Services:**

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

This past March we were able to host Teen Power Day again. Teen Power Day was held at Penn Highlands Community College Altoona on March 14<sup>th</sup>. We had 3 schools that participated with 45 students in attendance. We had speakers from Penn Highlands, Evolution Counseling, Blair Drug and Alcohol Partnerships, Children's Advocacy Center (FSI), ELECT, Victim Services (FSI), Reaching Destinations with Crossroads Pregnancy Center, and United Way. They addressed the following topics: Healthy Relationships, Teen Pregnancy, E-cigarettes and Smoking, Online Safety and Stress Management.

In lieu of working with Winter Warmth this year, Teen Link partnered with the Salvation Army in providing essential cold weather outerwear for children in need.

HSDf funds pay the salary of the director of Teen Link Connection, who prepares for and facilitates each of the programs described above. The total hours in 2023-2024 were less than projected due to changes in partner programs and the discontinuation of the Summer 2024 CHOICES program due to a lack of interest.

**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 “D”*  
Blair County Human Services Block Grant  
Proposed Budget and Individuals Served



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

**MENTAL HEALTH SERVICES**

|  |       |  |           |           |          |           |
|--|-------|--|-----------|-----------|----------|-----------|
| ACT and CTT                              | 0     |  | \$0       |           |          |           |
| Administrative Management                | 1,175 |  | \$315,000 | \$35,000  | \$36,500 |           |
| Administrator's Office                   | 0     |  | \$471,061 | \$35,000  | \$42,973 | \$54,000  |
| Adult Developmental Training             | 0     |  | \$0       |           |          |           |
| Children's Evidence-Based Practices      | 0     |  | \$0       |           |          |           |
| Children's Psychosocial Rehabilitation   | 0     |  | \$0       |           |          |           |
| Community Employment                     | 37    |  | \$90,000  |           | \$10,000 |           |
| Community Residential Services           | 35    |  | \$444,023 |           | \$44,402 | \$141,361 |
| Community Services                       | 0     |  | \$0       |           |          |           |
| Consumer-Driven Services                 | 33    |  | \$86,000  |           |          |           |
| Emergency Services                       | 593   |  | \$400,000 |           |          |           |
| Facility Based Vocational Rehabilitation | 3     |  | \$42,016  |           | \$4,668  |           |
| Family Based Mental Health Services      | 5     |  | \$28,136  |           | \$1,275  |           |
| Family Support Services                  | 9     |  | \$60,898  |           |          |           |
| Housing Support Services                 | 60    |  | \$100,000 | \$47,087  |          |           |
| Mental Health Crisis Intervention        | 307   |  | \$250,000 |           |          |           |
| Other                                    | 0     |  | \$0       |           |          |           |
| Outpatient                               | 1,165 |  | \$527,146 | \$275,000 | \$58,439 |           |
| Partial Hospitalization                  | 0     |  | \$0       |           |          |           |
| Peer Support Services                    | 0     |  | \$0       |           |          |           |
| Psychiatric Inpatient Hospitalization    | 0     |  | \$0       |           |          |           |
| Psychiatric Rehabilitation               | 11    |  | \$30,000  |           |          |           |
| Social Rehabilitation Services           | 224   |  | \$220,000 |           |          |           |
| Targeted Case Management                 | 241   |  | \$232,519 |           |          |           |
| Transitional and Community Integration   | 250   |  | \$250,000 | \$81,000  | \$26,000 |           |

|                                     |       |             |             |           |           |           |
|-------------------------------------|-------|-------------|-------------|-----------|-----------|-----------|
| <b>TOTAL MENTAL HEALTH SERVICES</b> | 4,148 | \$3,546,799 | \$3,546,799 | \$473,087 | \$224,257 | \$195,361 |
|-------------------------------------|-------|-------------|-------------|-----------|-----------|-----------|

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

**INTELLECTUAL DISABILITIES SERVICES**

|                                |     |           |           |           |          |              |
|--------------------------------|-----|-----------|-----------|-----------|----------|--------------|
| Administrator's Office         | 0   | \$753,782 | \$642,814 | \$117,348 | \$37,665 | \$639,240    |
| Case Management                | 768 |           | \$39,348  | \$0       | \$0      | \$3,354,931  |
| Community-Based Services       | 553 |           | \$71,620  | \$0       | \$0      | \$26,909,704 |
| Community Residential Services | 177 |           | \$0       | \$0       | \$0      | \$44,420,672 |
| Other                          | 0   |           | \$0       | \$0       | \$0      | \$0          |

|   |       |           |           |           |          |              |
|---|-------|-----------|-----------|-----------|----------|--------------|
| <b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b> | 1,498 | \$753,782 | \$753,782 | \$117,348 | \$37,665 | \$75,324,547 |
|---|-------|-----------|-----------|-----------|----------|--------------|

**HOMELESS ASSISTANCE SERVICES**

|  |     |           |           |  |  |  |
|--|-----|-----------|-----------|--|--|--|
| Bridge Housing                         | 0   | \$263,017 |           |  |  |  |
| Case Management                        | 200 |           | \$123,212 |  |  |  |
| Rental Assistance                      | 225 |           | \$48,000  |  |  |  |
| Emergency Shelter                      | 360 |           | \$65,504  |  |  |  |
| Innovative Supportive Housing Services | 0   |           | \$0       |  |  |  |
| Administration                         | 0   |           | \$26,301  |  |  |  |

|   |     |           |           |     |     |     |
|---|-----|-----------|-----------|-----|-----|-----|
| <b>TOTAL HOMELESS ASSISTANCE SERVICES</b> | 785 | \$263,017 | \$263,017 | \$0 | \$0 | \$0 |
|---|-----|-----------|-----------|-----|-----|-----|

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

***SUBSTANCE USE DISORDER SERVICES***

|                                 |       |  |           |  |  |  |
|---------------------------------|-------|--|-----------|--|--|--|
| Case/Care Management            | 1,400 |  | \$220,000 |  |  |  |
| Inpatient Hospital              | 1     |  | \$3,000   |  |  |  |
| Inpatient Non-Hospital          | 30    |  | \$90,000  |  |  |  |
| Medication Assisted Therapy     | 20    |  | \$65,000  |  |  |  |
| Other Intervention              | 500   |  | \$3,430   |  |  |  |
| Outpatient/Intensive Outpatient | 30    |  | \$65,000  |  |  |  |
| Partial Hospitalization         | 5     |  | \$10,000  |  |  |  |
| Prevention                      | 1,250 |  | \$5,570   |  |  |  |
| Recovery Support Services       | 600   |  | \$175,000 |  |  |  |
| Administration                  | 0     |  | \$77,736  |  |  |  |

|  |       |           |           |     |     |     |
|--|-------|-----------|-----------|-----|-----|-----|
| <b>TOTAL SUBSTANCE USE DISORDER SERVICES</b> | 3,836 | \$714,736 | \$714,736 | \$0 | \$0 | \$0 |
|--|-------|-----------|-----------|-----|-----|-----|

***HUMAN SERVICES DEVELOPMENT FUND***

|                             |     |  |          |  |  |  |
|-----------------------------|-----|--|----------|--|--|--|
| Adult Services              | 300 |  | \$12,425 |  |  |  |
| Aging Services              | 50  |  | \$2,182  |  |  |  |
| Children and Youth Services | 0   |  | 0        |  |  |  |
| Generic Services            | 150 |  | \$2,425  |  |  |  |
| Specialized Services        | 110 |  | \$17,100 |  |  |  |
| Interagency Coordination    |     |  | \$90,995 |  |  |  |
| Administration              |     |  | \$13,903 |  |  |  |

|  |     |           |           |     |     |     |
|--|-----|-----------|-----------|-----|-----|-----|
| <b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b> | 610 | \$139,030 | \$139,030 | \$0 | \$0 | \$0 |
|--|-----|-----------|-----------|-----|-----|-----|

|                    |        |             |             |           |           |              |
|--------------------|--------|-------------|-------------|-----------|-----------|--------------|
| <b>GRAND TOTAL</b> | 10,877 | \$5,417,364 | \$5,417,364 | \$590,435 | \$261,922 | \$75,519,908 |
|--------------------|--------|-------------|-------------|-----------|-----------|--------------|

**Blair County**  
**2024/2025**  
**Human Services Block Grant**