

***BLAIR COUNTY
HUMAN SERVICES BLOCK GRANT
ANNUAL PLAN***

FY 2017/2018



July 2017

Table of Contents

Appendix “A” Blair County Commissioners Assurance of Compliance	2
Appendix “A” Blair County Leadership Coalition Assurance of Compliance	3
Appendix “B” Blair County Human Services Plan	
<i>Part I: County Planning Process</i>	4
<i>Part II: Public Hearing Notice</i>	10
<i>Part III: Cross-Collaboration of Services</i>	23
<i>Part IV: Human Services Narrative</i>	
<i>Mental Health Services</i>	25
<i>Intellectual Disability Services</i>	47
<i>Homeless Assistance Services</i>	54
<i>Substance Use Disorder Services</i>	63
<i>Human Services Development Fund</i>	72
Appendix “C-1” Human Services Proposed Budget and Individuals to be Served.....	76
Appendix “D” UPMC Altoona Memorandum of Understanding.....	80

Appendix "A"
Blair County Commissioners Assurance of Compliance

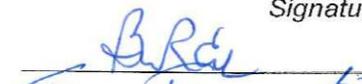
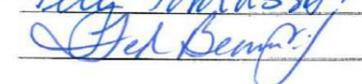
Appendix A
Fiscal Year 2017-2018

**COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE**

COUNTY OF: BLAIR

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 80, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County and/or its providers assures that it 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 (Contract Compliance regulations):
 - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
 - 2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

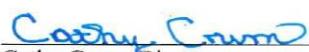
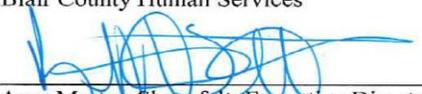
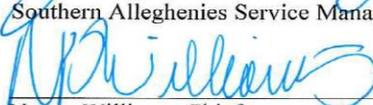
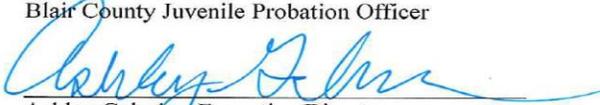
<i>Signatures</i>	<i>Please Print</i>	
	Bruce Erb, President	Date: 5/30/17
	Terry Tomassetti, Vice-President	Date: 5/30/17
	Ted Beam, Jr., Secretary	Date: 5/30/17

Blair County Leadership Coalition Assurance of Compliance

Appendix "A"
Fiscal Year 2017-2018

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

Blair County Leadership Coalition:

 James Hudack, Executive Director Blair County Department of Social Services	<u>5/22/17</u> Date
 Theresa Rudy, Director Blair County Mental Health Program	<u>5/17/2017</u> Date
 Cathy Crum, Director Blair County Human Services	<u>5-17-2017</u> Date
 Amy Marten-Shanafelt, Executive Director Blair HealthChoices	<u>5/15/2017</u> Date
 Judy Rosser, Executive Director Blair Drug & Alcohol Partnership	<u>5/15/2017</u> Date
 James Henry, Executive Director Southern Alleghenies Service Management Group	<u>5-15-17</u> Date
 Nancy Williams, Chief Blair County Juvenile Probation Officer	<u>5-15-17</u> Date
 Ashley Gehrdes, Executive Director Blair County Children, Youth & Families	<u>5-15-17</u> Date

Appendix “B”

Blair County Human Services Plan Fiscal Year 2017-2018

Part I: COUNTY PLANNING PROCESS

Blair County Background Information

Blair County’s estimated 2016 census is 124,650 residents. As shown in *Table 1* below, a majority of the residents are between the ages of 18 and 64, and white. Transition aged youth (15 to 24 years of age) comprise 12.4% of the residents. Gender is split slightly high for females. Blair County’s largest growing population is those 65 and over.

Age	
Under 18 years	20.7%
18 to 64 years	59.5%
65 and over	19.8%
Race	
White	95.8%
Black	1.9%
One or more races	1.4%
Hispanic or Latino	1.2%
Asian	0.7%
American Indian or Alaska Native	0.2%
Gender	
Male	48.8%
Female	51.2%

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

Table 2. Indicators for Blair County compared to Pennsylvania, 2016		
	Blair County	Pennsylvania
Education		
High school graduation rate	90.5%	89.2%
Bachelor's degree or higher	19.6%	28.6%
Income-related		
Unemployment rate (2015)	4.8%	4.9%
Median household income	\$43,981	\$53,599
Poverty rate	15.3%	13.2%
Poverty rate for children under 18	22.3%	19%
Public Assistance		
Receiving Medical Assistance	27%	23%
Receive food stamp assistance	17%	14%
Adults 65 and over that enrolled in PA prescription assistance program	13%	12%

As Table 2 details, Blair County has a slightly higher graduation rate than the state, but fewer residents have completed four or more years of college. For income-related measures, the unemployment rate for Blair County is about the same as that for Pennsylvania, yet the median household income is \$9,180 less than the state, and poverty rates are moderately higher in Blair County when compared to the State. More people are receiving Medical Assistance in Blair County compared to the State; more people receive food stamps and more adults 65 and over receive prescription assistance.

The percentage of students who are enrolled in free/reduced school lunch programs in Blair County is 50.5% (2016) as compared to Pennsylvania at 46%. Children living in households with Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits is 30.2% while in Pennsylvania the rate is 27%. The percentage of uninsured children under 18 years old in Blair County was 3.2% as compared to Pennsylvania at 5%. The percentage of children under age 19 with Medicaid coverage was 41.8%. The percentage of children under age 19 with CHIP coverage was 5.8%. The percentage of unserved children eligible for publically funded Pre-K in Blair County is 65.2% which is lower than the State percentage of 68.9%.

Blair County ranks 47 out of 67 counties in Pennsylvania in overall health care according to County Health Ranking and Roadmap although the trend has improved over the last six years, this past year Blair County has dropped one position. Blair County residents demonstrate a very high morbidity ranking of 43 out of 67. This ranking, factors in overall poor health, poor physical days, and mental health days. Residents of Blair County also demonstrate a high level of risk behaviors such as smoking, obesity, and drinking as compared to other counties in the Commonwealth with a ranking of 62 out of 67. This was a significant increase over 2016.

Blair County Health Rankings						
2011	2012	2013	2014	2015	2016	2017
62	56	56	51	48	46	47

The cost of living in Blair County is 87 (less than the U.S. average at 100). The reason Blair County's cost of living is lower is due the lower cost of housing as compared to the rest of the nation. Yet, Blair County has a higher cost of living when comparing groceries, utilities, transportation, clothing and other services. The median price for a house in Blair County is \$110,000.00 as compared to the national median price of \$178,600.00. From 2010 to 2015, Blair County had a decrease of over 700 housing units. These units lost were for the most part units available for low to moderate income individuals and families.

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 schools 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 religious based schools include Great Commission School and Blair County Christian School. 2015-2016 enrollment data for Blair County reflects 17,668 children enrolled in public schools and 2,324 enrolled in private schools.

Pennsylvania Department of Education data from 2009-2010 (most recent data available) indicates 220 children were enrolled in home schooling and 2015-2016 enrollment at Central Pennsylvania Digital Learning Foundation Charter School was 181 students. 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 also located in northern Blair County. Three hundred eighteen girls from 30 states and 16 foreign countries currently attend.

The Pennsylvania State University (Penn State) Altoona Campus contributes to an influx of over 3,493 college students; and the campus is only 45 miles from the University's main campus, University Park, in State College. Post-secondary trade/technical schools include Altoona Beauty School, Altoona Bible Institute, Pruonto's Hair Design Institute, South Hills School of Business and Technology, and YTI Career Institute. 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 Program. Coalition members include County Commissioners, the Mental Health/Intellectual Disabilities/Early Intervention Administrator, the Chief Juvenile Probation Officer, Mental Health Director, Children, Youth, and Families Director, Human Services Office Director, and Executive Directors of the following organizations: Southern Alleghenies Service Management Group (SASMG) (Executive Director), Blair HealthChoices, and the Blair County Drug and Alcohol Partnership. In 2015, we also added to the Coalition the Intellectual Disabilities Director and the Early Intervention Director and the County Administrator. The coalition's mission is to create a structure and build partnerships to collaboratively manage cross systems strategies that positively affect people. This Coalition meets monthly to review management and outcomes of the Block Grant Funds and the programs being supported with these Funds, and discuss any continuous issues and emerging trends. The Coalition reviews the progress made through the strategic plan, and helps prioritize next steps to better serve the residents of Blair County.

The Leadership Coalition developed a strategic plan based on prioritization of needs identified by the Coalition, additional stakeholders, and consumers of services. The priorities/needs identified were housing, transportation, employment, life skills, and the collection of data that allows for better informed decision making.

- *Updated Attachment A (page 9)* outlines the stakeholder committee structure that includes individuals that receive services, families of service recipients, providers, and other system partners. These committees are held monthly, bimonthly, but not less than quarterly. Information and feedback shared by individuals that receive services, families of service recipients, providers, and other system partners' flows up and is reviewed within each system's planning process. It also flows up to the Leadership Coalition where recommendations are made to the County Commissioners. The planning and implementing of such recommendations is reported back to the individuals that receive services, families of service recipients, providers, and other system partners for ongoing feedback. This is an ongoing process that provides continuous opportunity for participation in the planning process. Additional stakeholder groups have been added to our committee structure including the System of Care Committee, Safe Schools Planning Council, Student Assistance Program Planning Council, Healthy Blair County Coalition, Family Resource Advisory Board, Blair County Drug and Alcohol Community Partnerships, Blair County Drug and Alcohol Providers Meeting, and Blair HealthChoices' Youth and Young Adult Advisory Committee.

In FY 2016/2017, the Blair County Cross Systems Leadership Coalition partnered with the Healthy Blair County Coalition (HBCC) to participate in the triennial county-wide needs assessment process, also utilized by our three area hospitals to meet requirements for the Affordable Care Act. The Steering Committee collaborates with a broader group of community stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing and implementing strategies and activities. The Healthy Blair County Coalition is comprised of 105 community partners. They represent a diverse and valuable group of individuals and organizations which include the following: social services/charities, government, planning, public health, education, hospitals, community foundations, healthcare providers/behavioral health, businesses, economic development, criminal justice, libraries, drug and alcohol, health insurance/managed care, media, recreation, etc.

The HBCC survey was distributed to randomly selected households, businesses, associations, service providers, faith organizations, and key informants. The household survey was also administered to clients/consumers by seven other organizations in Blair County. In addition, secondary indicator data was collected and analyzed to track changes and trends over time for a given population. It is also useful as to whether research supports or does not support the perceptions of key informants and the general public as reflected in survey results. The 2015 needs assessment identified drug and alcohol issues, children's mental health, poverty, smoking and tobacco, workplace wellness and community wellness, and dental care as priority areas. Workgroups were formed to address each priority area, and Leadership Coalition members facilitate or participate in each workgroup. The results of the 2015 needs assessment are the same as identified in the 2012 and, in part, the 2007 needs assessments.

Funds from the HSBG have been used to partner with the three local hospitals and other providers for the planning and implementation of a community health needs assessment. The results of this information will supply a tremendous amount of data that can assist in the development of a strategic plan to better address the needs of the community in a variety of areas.

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

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

- Our decisions maximize resources to our community
- The management of resources are based on the values and priorities established in the annual plan (scope)
- Decisions (such as allocations, re-allocations, retained funds, etc.) are made in alignment with our priorities and values supported by objective data. Objective data measures the needs, capacity, efficiency, efficacy and outcomes of programs, services and projects
- Mandated services and target populations are defined and considered when making decisions

Our agreed upon values are:

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

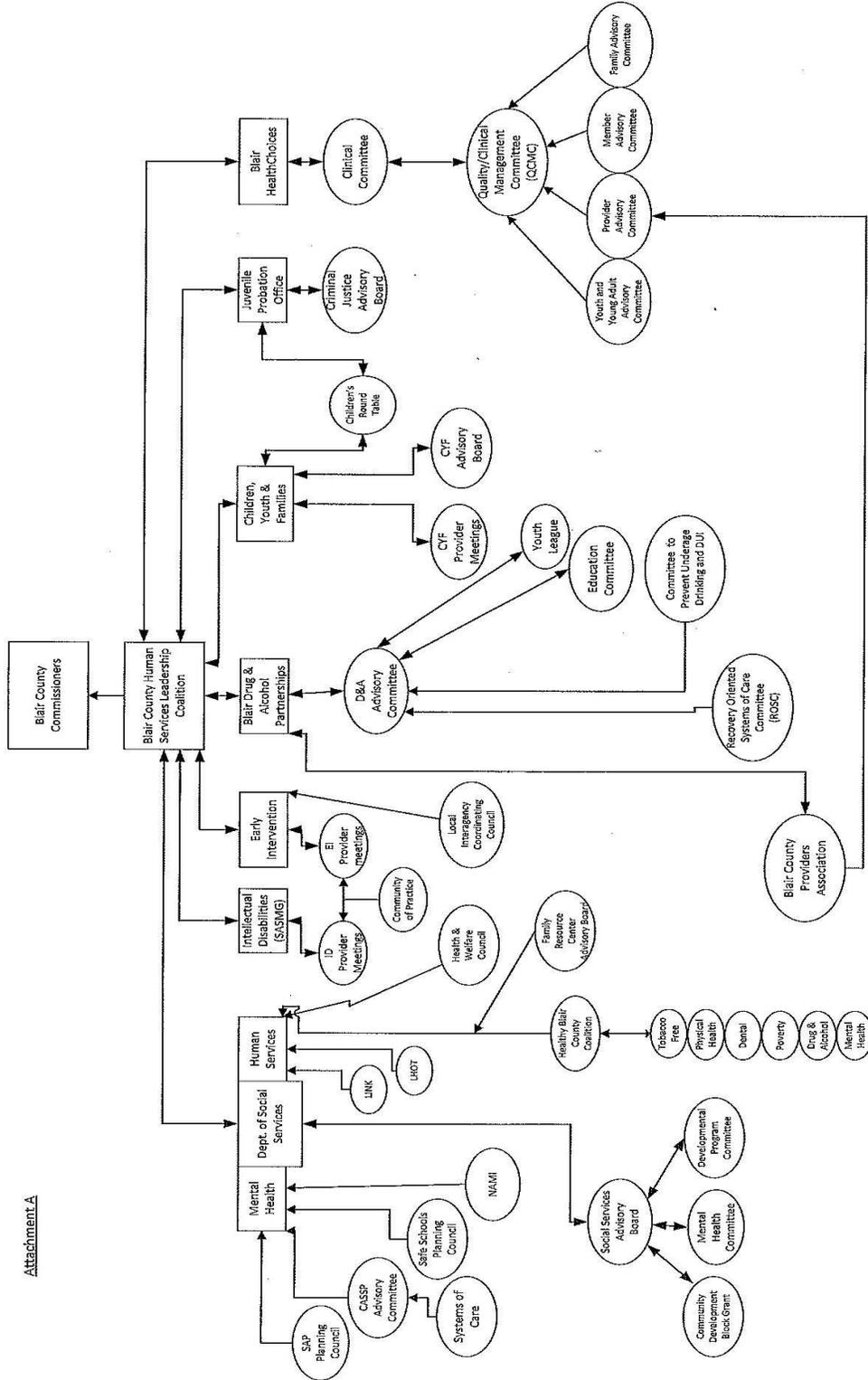
In addition we have identified the following operational values:

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

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

Blair County Stakeholder Involvement Flow Chart

Attachment A



Attachment A

PART II: PUBLIC HEARING NOTICE

For the development of the FY 2017/2018 Human Services Annual Plan, Blair County conducted two Public Hearings to gain direct input from the community regarding priorities and issues that should be considered.

1st Public Hearing

On March 17, 2017, at 2:00p.m., the first Blair County Human Service Annual Plan Public Hearing was held at the Altoona Water Authority Building located in Altoona. 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. This facility was also handicapped accessible. Both hearings were advertised in the Altoona Mirror, the major newspaper of Blair County. A flyer was also created and posted throughout the County of Blair. In addition, the flyer was emailed through a number of program list serves with the request to have the hearing notice disseminated to providers and individuals they serve. Individuals were also encouraged to submit written comments if they were unable to attend any of the meetings. An advertisement for the public hearing was published in the Altoona Mirror on March 15, 2017.

The first public hearing had 29 residents of Blair County in attendance. The intent of the first public hearing was to give an overview and process of the annual plan and to receive public comments and suggestions to be considered in the annual plan development.



PROOF OF PUBLICATION OF NOTICE IN ALTOONA MIRROR

NOTICE
The Blair County Human Services Block Grant Annual Plan 1st Public Hearing for FY 2017-18 has been scheduled for Friday, March 17, 2017 at 2:00pm at the Altoona Water Authority Building, 900 Chestnut Ave, Altoona, PA. If you are interested in submitting comments please E-mail the Blair County Department of Social Services at dss@blairco.org
March 15, 2017

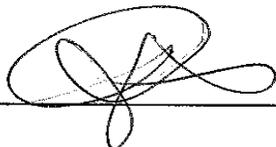
**STATE OF PENNSYLVANIA
COUNTY OF BLAIR**

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

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

March 15, 2017

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



Sworn to and subscribed before me the 15 day of March, 20 17.


Debra D. Miller, Notary Public

My Commission expires _____

NOTARIAL SEAL
DEBRA D MILLER
Notary Public
ALTOONA CITY, BLAIR COUNTY
My Commission Expires July 25 2017



BLAIR COUNTY HUMAN SERVICES 2017-18 ANNUAL PLAN 1ST PUBLIC HEARING NOTICE

Blair County is beginning the process of developing the 2017-18 Human Services Block Grant Annual Plan. The Human Services Annual Plan must be submitted to the Department of Public Welfare by the beginning of May, 2017. The 1st Public Hearing will be held at the following location to solicit public comment on the Human Services Block Grant Annual Plan.



**Friday, March 17, 2017 at 2:00 p.m.
Altoona Water Authority Building
Conference Room
900 Chestnut Avenue
Altoona, PA**

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 dss@blairco.org



**PUBLIC HEARING
FOR
BLAIR COUNTY HUMAN SERVICE'S ANNUAL PLAN**

**FOR FISCAL YEAR 2017/2018
Friday, March 17, 2017
AGENDA**

1. Welcome and Introduction of Presenters – Jim Hudack, Blair County Department of Social Services, Executive Director
2. PowerPoint Overview of Human Service's Annual Plan – Jim Hudack
3. Introduction of Front Table:
 - Intellectual Disability Services Plan – Jamie Henry, Executive Director of Southern Alleghenies Services Management Group
 - Human Services Development Fund, Human Services and Supports and Homeless Assistance Plans – Cathy Crum, Blair County Human Services Director
 - Children and Youth Plan – Ashley Gehrdes, Acting Administrator, Blair County Children Youth and Families
 - Juvenile Probation – Jon Frank, Deputy Chief Probation Officer
 - Drug and Alcohol Services Plan – Donna Carter, CFO for Blair Drug and Alcohol Partnership
 - Mental Health Services Plan – Ken Dean, Blair County Mental Health Specialist
4. Questions and Comments from Audience
5. Next Steps and Public Hearing Monday, April 10th, 2 PM at the Water Authority

**Blair County
Department of Social Services**

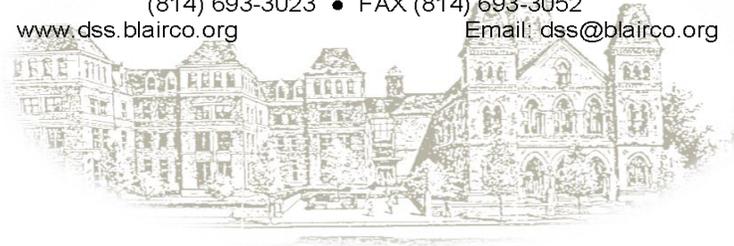
423 Allegheny Street, Suite 441B, Hollidaysburg, PA 16648-2022
(814) 693-3023 • FAX (814) 693-3052

www.dss.blairco.org

Email: dss@blairco.org

Commissioners

Bruce Erb, President
Terry Tomassetti, Vice -President
Ted Beam, Jr., Secretary



JAMES HUDACK
Executive Director
THERESA RUDY
MH Program Director
CATHY CRUM
HS Program Director
KENNETH DEAN
MH Program Specialist
CINDY JAMES
CASSP Coordinator
SANDRA MACHAROLA
Fiscal Officer
DENISE TERDIMAN
Fiscal Specialist
TRINA ILLIG
Grants Coordinator for
Community Development
MELISSA GILLIN
Administrative Assistant

**The Blair County Department of Social Services
Human Services 2017-2018 Annual Plan 1st Public Hearing
Friday, March 17, 2017 at 2:00 p.m.
Altoona Water Authority, Chestnut Ave, Altoona PA**

MINUTES

Welcome and Call to Order

James Hudack, Executive Director of Blair County Department of Social Services, welcomed everyone and called the public hearing to order. Jim introduced himself and gave an overview of the purpose of the Public Hearing and what he hopes to achieve by listening and engaging the people of Blair County to participate in putting together the Annual Plan.

Jim Hudack also asked the Leadership Panel to do self introductions. The Panel consisted of Cathy Crum, Ashley Gehrdes, Ken Dean Jamie Henry, and Jon Frank

Jim went over a power point presentation that described the process of submitting the Annual Plan, the Timeline and that it is a requirement by the PA Dept. of Human Services. The tentative submission date is May 2017. Jim also reviewed some of the accomplishments from FY 2016-2017.

Public Comments/Input

Crystal Walton – H.O.P.E. Drop In representative spoke about the need for more support groups in Blair County for the LGBTQ community. Craig Clark from Evolution Counseling reported that they offer counseling for adolescents but there isn't any funding available for available for adults. They have applied for a grant to help expand support groups. They will be meeting with the Hollidaysburg School district within the next month. Chris Cohn reported there is a group at the Altoona Penn State Campus.

John Hooper, Home Nursing Agency, expressed concern on the limited availability of personal care homes available for those being released from Torrance State Hospital.

Mark Chuff, UPMC Altoona, expressed concern with the need for placement of individuals coming out of inpatient discharges. There aren't enough places for them to stay.

Lisa Hann, Family Services, Inc. expressed the need for mentoring support for families dealing with drug addiction. Many children are suffering and there is a need for support for parents who are addicted and how to parent their children.

Crystal Walton, H.O.P.E. Drop In representative, asked if there was a place to dispose used needles. She has a medical need and has not found a place that will accept used needles for disposal. Jim Hudack stated that he will check into this further.

Mark Chuff, UPMC Altoona, reported that they are looking into expanding mobile crisis services. He sees a need for crisis to be more mobile.

Pam Townsend, H.O.P.E. Drop In Director, reported that the H.O.P.E. Drop In center has seen an increase in attendance. They are always looking for agencies to present at their facility. The biggest barrier with the program is transportation. It is difficult for those who live outside the bus route to take part in the program.

Terri Grove, Executive Director of CONTACT Altoona gave an overview of the PA 211 program.

Charles Lansberry, SKILLS, reported that the number of referrals has doubled and there is a need for more staffing to help support the demand.

Lisa Hann, Family Services, reported that the homeless numbers are increasing in Blair County. The Homelessness Point in Time count does not include those who are living with friends or family and during the winter months and couch hopping from place to place.

Jim thanked everyone for attending.

The 2nd Public Hearing is tentatively scheduled for Monday April 10, 2017 at the Altoona Water Authority, Chestnut Ave, Altoona, 2:00pm – 3:30pm.

HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2017/18

1st PUBLIC HEARING

March 17, 2017 @ 2:00PM

Altoona Water Authority Building, ALTOONA

SIGN IN SHEET

NAME	EMAIL	AGENCY	MUNICIPALITY
1. Cecily Ceruma	ceruma@blairco.org	Social Services	Logan Township
2. Kennedy Jean	Kjean@blairco.org	Social Services	Frankstown
3. James Henry	Jhenry@sasmg.org	SASMG	Logan Township
4. Kalkiana Ellaghan	nkscla@gmail.com		
5. Missy Hicks	unarius@student@yahoo.		Logan
6. Charles Lansberry	culansb@skillsgroup.org	Skills	Logan
7. michelle Brusom	mbrusom@skillsgroup.org	SKILLS	Logan
8. Melissa Kruse	mkruse@skillsgroup.org	Skills	Logan
9. Jennifer Stubbs	stubbsjm@ccbh.com	Community Care	
10. Crystal Walton	CWCSWalton@gmail.com	Hope Drop IN	Logan Twp.
11. Amber Bott	botta@ccbh.com	Community Care	
12. SARA Q McCONNELL	office.blairnami@gmail.com	NAMI	
13. Pamela Townsend	hopedropin1603@gmail.com	Hope Drop IN	
14. Lisa Hann	Lhann@familyservicesinc.net	Family Services Inc.	Altoona
15. MARK CHUFF	Chuffmj@upmc.edu	UPMC	Altoona
16. Jous Hooper	Jhooper@HennepinCounty.com	HNA	Altoona
17. Kelly Williams	kwilliams@homenursingagency.com	HNA	Altoona
18. Kate Clauss	kclauss@homenursingagency.com	HNA	Altoona
19. Georgette Ayers	mayers@blairco.org	Blair CYF	Allegheny Twp
20. Carice CLARK	Craig.clark@atlanticbh.net	Evolution Counseling	
21. Christopher Cohn	Cohn153@YAHO.com	Human Services	Allegheny
22. Bruce Erb	berbe@blairco.org	Commissioner	Frankston Twp
23. Ashleigh Nease	psuashleigh@gmail.com	Evolution Counseling	Altoona
24. Spring Montebello	conservancy@blaircountychiro.com	Blair Health Choices	Altoona
25. Terriann Gray	graye@contractachina.com	CONTRACT ALTOONA/PA 211	Altoona
26. Ashley Gehrdes	agehrdes@blairco.org	BCCVF	Altoona
27. Jon FRANK	jonfrank@blairco.org	BCSPO	Altoona
28. Melissa Dilli	mg.dilli@blairco.org	BCDSS	
29. Jim Hudack	jhudack@blairco.org	BCDSS	
30.			
31.			
32.			

2nd Public Hearing

The second hearing was held on May 12, 2017, at 1:00p.m. at the same location.

The second Blair County Human Service Annual Plan Public Hearing conducted on May 12, 2017 had 18 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 May 23, 2017.

310 - Public Notices / Legals

NOTICE

The Blair County Human Services Block Grant Annual Plan 2nd Public Hearing for FY 2017-18 has been scheduled for Friday, May 12, 2017 at 1:00pm at the Altoona Water Authority Building, 900 Chestnut Ave., Altoona, PA. If you are interested in submitting comments please E-mail the Blair County Department of Social Services at dss@blairco.org.

May 8, 2017

PROOF OF PUBLICATION OF NOTICE IN ALTOONA MIRROR

NOTICE

The Blair County Human Services Block Grant Annual Plan 2nd Public Hearing for FY 2017-18 has been scheduled for Friday, May 12, 2017 at 1:00pm at the Altoona Water Authority Building, 900 Chestnut Ave., Altoona, PA. If you are interested in submitting comments please E-mail the Blair County Department of Social Services at dss@blairco.org.

May 8, 2017

**STATE OF PENNSYLVANIA
COUNTY OF BLAIR**

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

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

May 8, 2017

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



Sworn to and subscribed before me the 12 day of May, 20 17.



Debra D. Miller, Notary Public

My Commission expires

NOTARIAL SEAL
DEBRA D MILLER
Notary Public
ALTOONA CITY, BLAIR COUNTY
My Commission Expires July 25 2017

Blair County Office of Social Services

**Human Services
Annual Plan**

**2nd Public Hearing
for FY2017-2018**

Friday, May 12, 2017

**Altoona Water Authority Building
900 Chestnut Avenue, Conference Room
Altoona, PA**

1:00 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 dss@blairco.org



**2nd PUBLIC HEARING
FOR
BLAIR COUNTY HUMAN SERVICE'S ANNUAL PLAN
FOR FISCAL YEAR 2017/2018
Friday, May 12, 2017
AGENDA**

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

Blair County
Department of Social Services
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Commissioners
Bruce Erb, President
Terry Tomassetti, Vice-President
Ted Beam, Jr., Secretary



JAMES HUDACK
Executive Director
THERESA RUDY
MH Program Director
CATHY CRUM
HS Program Director
KENNETH DEAN
MH Program Specialist
CINDY JAMES
CAGSP Coordinator
SANDRA MACHAROLA
Fiscal Officer
DENISE TEROMAN
Fiscal Specialist
TRINA ILLIO
Grants Coordinator for
Community Development
MELISSA GILLIN
Administrative Assistant

The Blair County Department of Social Services
Human Services Block Grant 2017-2018 Annual Plan
2nd Public Hearing
Friday, May 12, 2017 at 1:00 p.m.
Altoona Water Authority, Chestnut Ave, Altoona PA

MINUTES

Welcome and Call to Order

James Hudack, Executive Director of Blair County Department of Social Services, welcomed everyone and called the public hearing to order. Jim introduced himself and gave an overview of the purpose of the Public Hearing.

Jim reported that the plan will be presented to the County Commissioners on May 23 at the commissioner's meeting for approval. It will be submitted to Harrisburg by June 2.

Jim reported that the plan was prepared assuming the same budget allocation from 2016/2017. The FY 2017/2018 budget has not been released. Jim also reported that there may not be any retained funds in FY 2017/2018.

Each program director gave an overview of their program plans for FY 2017/2018 along with some of the program accomplishments in FY 2016/2017.

Public Comments/Input

Margaret Thatcher asked Theresa Rudy a question regarding the capacity at Tyler Hall.

No additional comments were made.

Jim thanked everyone for attending.

HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2017/18

2nd PUBLIC HEARING

May 12, 2017 @ 1:00PM
Altoona Water Authority Building, ALTOONA

SIGN IN SHEET

NAME	EMAIL	AGENCY	MUNICIPALITY
1. Sandy Arnold	Sarnold@northstarass.org	North Star Services Inc.	
2. Melissa Jordan	mjordan@northstarass.org	SASMG	
3. Margaret Hotchen	METHACHERRY46@gmail.com		
4. John Hooper	JHooper@HomeWorkAgency.com	UWA	
5. Bill Clapp	BBBS	BBBS	Blain County
6.	bbbsblaincounty@aol.com		
7. Amber Bott	botta@ccbh.com	CCBH	
8. Kenneth Dean	KDean@blairco.org	BCSS	Blair
9. Kate Claus	kclaus@homenursingagency.com	HNA	Blair
10. Trudy Vidy	trudy@blairco.org	BCDSS	
11. Jim Hudack	jhudack@blairco.org	BCDSS	
12. James Henry	jhenry@sasmg.org	SASMG	
13. Ateisha Albertson	aalbertson@bdap.org	BDAP	Blain
14. Cindy James	cjames@blairco.org	DSS	Blair
15. Amy Melton-Sandlett	amelm@blairco.org	Blair Health Services	Blain
16. Lane Ham	Lham@fonlysenesinc.net	Fonlysenes Inc.	Altoona
17. Shannon Tranzo	stranzo@homenursingagency.com	HNA	Blain
18. Melissa Gillin	mgillin@blairco.org	Social Services	Holidaysburg
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PART III: CROSS-COLLABORATION OF SERVICES

During the FY 2016/2017 Blair County was able to address the needs of its residents concerning housing, transportation and employment. A working group has been meeting over the past year in developing a plan to create a new homeless shelter that will be able to accommodate more individuals. The current homeless shelter only has the capacity of 16 beds. On an annual basis the current homeless shelter turns away over 500 individuals who meet the criteria, but the shelter is already at capacity. Based on the additional need identified, it is our intent to identify a new facility that can accommodate 40 to 50 individuals. This year we were able to identify 2 options for a new shelter, developed a business plan, identified additional stakeholders and begin the design and needs of the shelter. During the FY 2017/2018 year we are hoping to secure the necessary funding and begin the construction and/or renovation with the blending of both public and private resources.

Funds were also used to provide additional contingency funds to two providers to prevent homelessness and maintain stable housing. These funds were used for rental assistance, case management, child care, transportation and employment assistance. These funds were able to serve an additional 178 individuals in Blair County. The programs have also been supported with Emergency Solution Grant fund and Pennsylvania Affordability and Rehabilitation Enhancement funds.

In April 2015, a Housing Summit was held using HSBG funds to engage stakeholders in a conversation around special needs for housing in Blair County. From the ideas generated, the Blair County Housing Steering Committee was established to develop a strategic plan and meets quarterly to address the continuum of housing. Based on the established strategic goals, the following objectives have been achieved to date: the development of a Prepared Renters Program (PREP) for individuals to learn how to be better tenants, the development of a resource guide for both landlords and tenants in conjunction with the Landlords Association, the development of more comprehensive and sustainable housing plans for individuals released from jail, and a partnership with the Local Housing Option Team (LHOT) to create additional opportunity for affordable housing and address specific issues concerning different populations and their respective needs. Another small group is currently working with a developer to create a number of new housing units that will have at least half the units being able to serve those with physical disabilities. Finally, we are working on ways to leverage additional funding through various sources both public and private to support the housing continuum in Blair County.

Our new transportation program, established in March 2015, was able to receive funds in FY 2016/2017. This program offers transportation services to individuals employed or have scheduled interviews with employers outside the current public transit system's service area and to individuals working within the public transit system's area but outside of its normal hours of operations. This program provides the service at no charge for the first 60 days. The next 90 days the rider pays a small service fee. In FY2015/16, 93 individuals were served, with 2,066 trips made, average miles per trip are 15.86, at an average cost of \$2.99 per mile. In FY16/17 we are projected to serve 78 individuals but are currently averaging 27.66 miles per trip because people are gaining employment in areas of the county that are outside of the Altoona area. Most of these employers provide reliable shift work and higher pay. The average cost per mile has decreased to \$2.22. 28.5% have reported having a mental health diagnosis, 16% have reported having a substance abuse diagnosis, and 4% have reported being a veteran. 20% are currently utilizing temporary or transitional housing support. At the time of this report 25-30% were contributing to the transportation service.

The transportation program has been a challenge to develop a model that is the most cost efficient, stable, and produces the best outcomes. The Leadership Coalition has worked closely with the provider to monitor outcomes and ways to maximize the transportation service to achieve the lowest cost with the most optimal outcome.

Through the approval of our waiver request funding was awarded to a number of different programs. Funds were provided to offer additional Independent Living training (IL) and support to transition age individuals. The IL program was able to serve a wider population beyond youth having been in foster care and/ or open to service through CYF or JPO. It is anticipated that youth involved with the IL program will be better prepared to lead successful lives as they transition to adulthood as a result of the knowledge, skill, and support they receive. In FY16/17 86 children were served with a total of 1322.5 hours. The additional funds allowed 16 additional youth to be served, 8 of those youth were not involved with CYF or JPO. We anticipate more children to be served in the future as the Program increases communication within the community about the availability of the Program, especially for youth not involved in CYF or JPO.

Funding was awarded to support individuals with a Dual Diagnosis. These funds went to cover additional expenses for programs and services that were are funded out of Base Intellectual Disabilities funds. Blair County's Administrative Entity agency developed the position of a Mental Health/Intellectual Disabilities (MH/ID) Navigator. This position supports individuals who have a dual diagnosis and works to better coordinate services between the program areas of Intellectual Disabilities and Mental Health. Due to the success of this position, it has been decided to make it a full time position beginning in July 2016 funded through the HSBG and the leveraging of funds through the ID administrative fund.

HSBG funds were also utilized to support Blair County's 'warm call' center, CONTACT Altoona, to a 24/7 live operator service. This is due to a significant increase in the number of calls during this year. Current data shows a 7% increase in the number of calls as compared to last year in the supplying of reassurance calls to individuals who are receiving other program services as a way to ensure support and help in keeping them from higher level of care. Many of the calls that are provided are to people who use services with all Coalition disciplines. This agency is also the Central Region Information and Referral/PA 2-1-1 center. They have also had a 35% increase in the number of calls to PA 2-1-1.

Finally, through HSBG funding a transition age summer employment program has been offered for the past three years. Each year an average of 10 students who have an ID diagnosis received summer work experience just as many teenagers do. The intent of the program is to demonstrate to the students and their families that the students can work, be safe, and be successful outside of a segregated setting. The program is designed as a grant proposal. Each proposal is capped at \$10,000. Organizations can apply to offer a work experience to any number of students in the program, and can design those experiences tailored to the students' needs and interests. Examples from previous grants range from traditional job placement with coaching, to the development of a micro enterprise with profit sharing for the students. This year, the grant employment program will expand this process to include 30 additional students with other diagnoses and create at least 3 additional grant opportunities.

All categoricals will be funded for the FY 2017/2018.

PART IV: HUMAN SERVICES NARRATIVE

Mental Health Services

a) Program Highlights:

Blair County Community Support Program (CSP) Committee was revitalized through technical assistance from the PA Mental Health Consumers Association (PMHCA). This included two meetings with the committee and the PMHCA Leadership in Recovery (LIR) Training held in Altoona. CSP Committees are a coalition of people comprised of consumers-family members-professionals, service providers, county personnel, and interested community citizens interested in the delivery of mental health services and supporting individuals in recovery and wellness not that CSP is a “program”. CSP is a coalition and Blair is a member of the Central Regional (CR) CSP Committee. The Blair CSP Committee is using the CRCSP protocols on how to conduct an effective meeting and use Roberts Rules of Order for making motions for key decisions by the committee. There are three new co-chairpersons and the meetings are being held the third Friday of each month.

National Alliance for the Mentally Ill (NAMI) Blair County offers educational and support programs, and a help line. The Peer to Peer education program is offered to adults with mental illness who are looking to better understand their condition and journey to recovery and was held at HOPE Drop In Center 11/8/16 through 1/30/17, ten 2 hour sessions. The Family to Family education program is for family, significant others, friends of people with mental illness to connect with each other and to learn how to live with their family member with mental illness and was held at the James Van Zandt Veterans Administration (VA) Medical Center 9/19/16 – 10/27/16, two 2 hour sessions per week. The In Our Own Voice presentations were given to the University of Pittsburgh Medical Center (UPMC Altoona) resident physicians on 8/29/16 and the Crisis Intervention Team (CIT) training on 9/8/16. In Our Own Voice is individuals with personal experience with mental illness leading a brief, yet comprehensive and interactive presentation about mental health and the program offers insight into the hope and recovery possible for individuals living with a mental illness.

The NAMI Connection Support Group meets at the Home Nursing Agency (HNA) once per week for 1.5 hours and is an opportunity for individuals to talk to someone who understands and has been in the same situation to give hope and inspiration for their recovery. NAMI Blair County promotes education and fellowship at the HOPE Drop In once per month for one hour, and the Elements in Harmony Youth and Family Support at the Hollidaysburg Library twelve one hour sessions. The annual Recovery Conference was held 4/20/17 “Find Your Voice” with 140 individuals attending and 20 agencies represented.

Mental Health First Aid (MHFA) is an international program that began in Australia in 2001 and the USA in 2007 and teaches how to identify, understand, and respond to signs of mental illness and substance abuse disorder in your community. MHFA is listed on the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidenced-Based Programs and Practices (MREPP). NAMI Blair County coordinates the 8 hour MHFA trainings and courses were held at Family Services, Inc. 7/12 and 7/19/16, Penn State Altoona 8/11 and 9/23/16, Blair County Courthouse 9/30/16, and the Greater Altoona Career and Technology Center 3/11, 3/24, and 3/25/17. NAMI will sponsor the five day MHFA Train-the-Trainer course in Altoona in June 2017. Also the Intermediate Unit # 08 serving 4 counties provides Youth MHFA and held 3 courses last year and 2 courses in Blair and 1 course in Cambria are planned this summer (2017).

The **Blair County Suicide Prevention Task Force (SPTF)** was established in October 2004, and consists of approximately 25 representatives from various entities, community members, as well as several family survivors of suicide. The mission of the task force is to stop suicide in Blair County. In 2010 the task force teamed with the American Foundation for Suicide Prevention (AFSP) joining the AFSP Central PA Chapter to help raise funds nationally, for research and education, as well as locally. The SPTF is very active and convenes the first Friday of each month.

The SPTF sponsors a yearly Out of the Darkness Community Walk, with goals to increase sponsorships, walkers, and funds raised by 10% each year. Other fundraising events include Wise Crackers Comedy Night and Family Restaurant Nights at local eateries. The task force also supports an International Survivors of Suicide Loss Day, with the goals of having 40 attendees, disseminating education, prevention, support materials, as well as building a community support group.

Other community outreach programs include:

- Collaboration with the County Coroner's office
- Tote bags with information/items are available to support individuals/families who experience loss of friend/loved one to suicide
- Arrange prevention and education in the schools, workplace, and in the community
- Participate with a presentation at the Crisis Intervention Team (CIT) Training
- Partner with local school districts to support the student Aevium Groups
- Participation in advocacy initiatives at the local, state, and national levels
- Consultation and promotion of the local support group for survivors of suicide
- Funding assistance for the Student Assistance Program (SAP) summer group for teen suicide survivors
- Collaborate with Penn State Altoona, for a local campus walk for suicide prevention
- Funding assistance for books for the MHFA courses
- Dissemination of the AFSP programs and materials to the community
- A resource guide developed and supplied to the local funeral directors
- Prevention Task Force is very active and meets on a monthly basis to facilitate all the above

Peerstar LLC Citizenship Group sessions were piloted at the Blair County Prison beginning March 2016 with 22 inmates served in FY 2015/16. Thirty-four (34) inmates served in the current FY through March 2017. Forensic trained and Citizenship Facilitator trained Certified Peer Specialists co-facilitate the Yale University-based Citizenship Group classes for pre-release training and preparation. The curriculum covers topics that range from *processing emotions* and *communication skills* to *problem-solving* the logistics of *re-entry* into the community. The program targets participants' isolation and lack of valued social roles and skills for successful community living. Research using the citizenship framework has demonstrated its effectiveness in reducing participants' hospitalization days, substance use and increasing their quality of daily living. Groups occur twice a week for 2 hours each session with 2 facilitators. Each facilitator has one hour each week to allow individual time to orient/intake new members and/or meet with current members individually as needed. A complete cycle of the Citizenship Group is 20 sessions.

Health, Opportunity, Purpose and Empowerment (H.O.P.E.) Drop In began in 2015 and in FY 2016/17 received a county contract for this new mental health service serving 72 unduplicated people through March 2017. H.O.P.E. Drop In employs a part-time Executive Director (ED), who self-identifies as a consumer of mental health services, to oversee this social rehabilitation program currently open on Mondays 12 p.m. – 4 p.m. at the Bethany Lutheran Church in Altoona. There is a shared meal and structured activity and/or education program each week. Efforts are being made to establish a permanent site with accessibility 5-7 days a week under the direction of a strategic plan established by the Board of Directors. The ED facilitates a monthly Steering Committee to organize the drop in membership and plan activities at the Drop-In, as well as, community volunteer/outreach activities. The Steering Committee has developed policies and procedures, protocols, and rules to maximize the function of the Drop-In. The Executive Director facilitates community outreach activities to increase awareness of the availability of the Drop-In for the community and will research and pursue fundraising and grant opportunities to establish and sustain the program.

Opportunity Club is a social rehabilitation program operating on Wednesdays, from 4 – 8 p.m. at the Home Nursing Agency (HNA) Chestnut Avenue Altoona and served 56 unduplicated people through March 2017. The Opportunity Club provides a safe, stress-free, stigma-free atmosphere for people 18 and over who have experienced mental health and/or dual diagnosis issues. The Club offers a place that provides acceptance, validation, empathy and empowerment for people who live with mental health issues. People gather for a meal which meets their basic needs; and, to help one another move towards recovery. Recreation activities are planned by members for example, arts and crafts, games, garden planting, basketball, volleyball, etc. Opportunity Club offers peer led support groups along with other socialization, recreational and educational activities that promote personal worth and well-being. Opportunity Club is a safe environment for people to socialize, communicate and participate in activities that support the recovery process which will advocate for positive change within the mental health system.

CONTACT Altoona

- Expanded database of services/resources available to the community through coding and entry of programs and services in the contiguous county of Centre
- CONTACT Altoona continued as the PA 211 call center in Blair, Bedford, Cambria, and Somerset; and has been the leader in implementing statewide PA 211 services in our communities
- Provision of 24-hour coverage, allowing community members to receive referrals to needed services 24 hours a day, 365 days a year
- FY 2016-March 2017, have already exceeded total call volume of previous FY 2015-16
- Establishment of www.PA211central.info website, and enhanced CONTACT Altoona website (www.contactaltoona.com)
- During the first six months of FY 2016-17, CONTACT Altoona's Executive Director conducted over 21 presentations and PA 211 promotional activities to agency representatives and community members providing resources and demonstrations in the advancement of PA 211 services in Blair County.
- PA 211 continues to receive calls from community members in need of utility payment assistance, to assist customers who were in arrears and/or who had received shut-off notices. During the first six months of Fiscal Year 2016-17, 62.5% of the calls were for gas and electric bills.
- The value of volunteer time is now \$23.56 per hour. CONTACT Altoona volunteers who work on the helpline utilize the PA 211 resource database for information and referral calls received. A total of 5,552 volunteer hours were worked in Fiscal Year 2015-16, and a total of 3,196 volunteer hours were worked in the first six months of

Fiscal Year 2016-17. Volunteer contribution in terms of hourly value of volunteer time by CONTACT Altoona volunteers for the first six months of Fiscal Year 2016-17 was worth \$75,297.76.

b) Strengths and Needs:

- **Older Adults (ages 60 and above)**
 - **Strengths:**
 - Continue to add senior Housing options.
 - Contract with Blair Senior Services for Domiciliary Care, Guardianship and Power of Attorney
 - Memorandum of Understanding (MOU) with Blair Senior Services/Area Agency on Aging
 - Assessing capacity as we prepare for Community HealthChoices in 2018
 - **Needs:**
 - Psychiatric expertise and Peer Support working with the aging population.
 - Geriatric addiction resources
 - Accessibility to Medicare behavioral health providers
- **Adults (ages 18 and above)**
 - **Strengths:**
 - Blair HealthChoices care management for high risk adults managing 10% of HealthChoices members
 - Providing a curriculum of MH/ID trainings to increase competencies of behavioral health providers
 - Increased capacity for targeted case management now operating as an integrated physical /behavioral health home
 - Comprehensive continuum of MH services, including addition of Mobile Psychiatric Rehabilitation
 - Community Support Plan (CSP) Committee
 - Development of a Dual Diagnosis Treatment Team through HealthChoices reinvestment
 - Lexington Clubhouse, expansion of services
 - National Alliance for the Mentally Ill (NAMI) Blair County offers the NAMI Peer to Peer and Family to Family Education classes, NAMI Connection support group, and Annual Recovery Conference
 - Dual Diagnosis (MH/ID) steering committee
 - Drop In Center (s) continue to increase attendance
 - Technical Assistance Support Team (TAST), multi-disciplinary team to support individuals with complex mental health and intellectual disabilities
 - Navigator to support cross system coordination for individuals with mental health and intellectual disabilities
 - Re-occurring May is Mental Health Month Event

- **Needs:**
 - Increase recovery oriented mental health services, shifting more toward recovery model
 - 24 hour supervised living arrangement Long Term Structured Residence (LTSR)
 - More personal care home opportunities for more individuals that have SSDI with personal care home supplement
 - Safe, decent, and affordable housing
 - Mobile support for Domiciliary Care
 - Transportation
 - Employment opportunities
 - Increase availability of mobile crisis

- ***Transition-age Youth (ages 18-26)***
 - **Strengths:**
 - Active local Transition Council including ID and MH
 - Targeted Case Management set up to work through transitional age
 - Included in Drop In Center (s)
 - Elements of Harmony is a transitional age youth with autism support group
 - Implemented a Youth and Young Adult Advisory Committee
 - Prioritized across all systems
 - Started a System of Care Team working on youth engagement
 - Implementation of SAMHSA’s Community Conversations
 - Implementing Peer Support Services for TAY
 - **Needs:**
 - Local job training
 - Independent living skills development/housing
 - Smoother transition from child serving system to adult serving system
 - Individuals with Autism or ID transitioning out of Behavioral Health Rehabilitative Services (BHRS)
 - Autism Adult Waiver provider capacity

- ***Children (under 18)***
 - **Strengths:**
 - Implementation of SAMHSA’s Community Conversations
 - BHRS Consortium: transformation of services- i.e. clinical training, provider faculty, value-based contracting
 - School Collaborative Strategies initiative to improve relations between providers and schools, annual event followed by monthly meetings and the BHRS Consortium.
 - Suicide Prevention Task Force (SPTF) meets monthly, Aavidum
 - Established and trained on an updated Multi-Disciplinary Investigative Team (MDIT) including mental health care and a MDIT Coordinator
 - PCCD Grant to train 21 Licensed Therapists in Trauma Focused Cognitive Behavioral Therapy to provide services to children referred to the MDIT of future Blair County Child Advocacy Center.
 - Child/Adolescent Service System Program (CASSP) Advisory Committee

- CASSP Blair County Learning Community PA System of Care Partnership
- Student Assistance Program (SAP) including the SAP Coordination Team and SAP School District Council
- Maintained and expanded Community and School Based Behavioral Health teams in Tyrone and Altoona Area School Districts, adding one additional elementary school in Altoona
- HealthChoices comprehensive care management for children
- Expanded Teen Shelter at new location
- CASSP Team Meetings
- Maintaining Evidenced Based Programs including Family Group Decision Making(FGDM), Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Parent Child Interaction Therapy (PCIT)
- Completed an RFP for specialized Residential Treatment for adolescent with high risk behaviors and adolescents with MH/ID.
- Implementing Peer Support Services for Youth 14 years and older
- **Needs:**
 - Co-Occurring Disorder (COD) adolescent treatment
 - Provider competency for aggressive children
 - Respite care-lack of adequate funds
 - Prevent adoption disruption
 - Children with multiple out of home placements coming up on age 18
 - Increased efforts and sustainability of anti-bullying programs
- ***Individuals Transitioning Out of State Hospitals***
 - **Strengths:**
 - Increase in number of diversions from state hospital
 - Community Support Plan (CSP) for each individual facilitates communication and thorough discharge planning that includes natural and community supports, focusing on strengths and interests
 - Assigned high risk care management with Blair HealthChoices
 - Active participation from local supporting agencies in the CSP
 - Expanded Mobile and Site Based Psychiatric Rehabilitation
 - **Needs:**
 - Supervised housing
 - Transition to Partial Hospital Program (PHP) under-utilized
 - Enhanced/Specialized Personal Care Homes (PCH) DPW licensed for less than 16
 - Long Term Structured Residence
 - Mobile Treatment Teams: Community Treatment Team (CTT), Assertive Community Treatment (ACT)
 - DBT treatment
 - Crisis Diversion/Crisis Intervention Services: Residential
 - Extended Acute Care Hospital to reduce the need for state hospital admissions

- ***Co-occurring Mental Health/Substance Abuse***

- **Strengths:**

- Centers of Excellence established through Governor Wolf's Opioid Initiative
- Recovery Oriented Methadone Initiative: increasing engagement and retention in treatment
- COD Competency Development for all clinical and direct care/supportive staff is a formal goal achieved by offering PCB approved training in Blair County and scholarships to agencies and private clinicians.
- Comprehensive Continuous Integrated System of Care (CCISC) model (Minkoff and Cline) since 2004 and has licensed all the CCISC toolkits for the Blair system to use for measuring baseline, development of quality improvement plans, and progress.
- Blair County CCISC Consensus Document 2004, updated January 2011 developed transformation priorities to collect data to measure outcomes, promote collaboration to develop a stronger behavioral health system, stakeholder participation and collaboration across all systems, and shared resources, training throughout all systems.
- Mentally Ill Substance Abuse (MISA) OMHSAS Pilot 2001 - 2005
- Blair County CCISC Interval Program Report – “Road Map” to guide implementation at the program and system levels and to measure progress toward Co-Occurring Disorder Capable clinical and support services.
- Blair County Change Agent Connection facilitates use of the Blair CCISC Training Curriculum and case studies to make the connection between competencies and clinical practice goals, and provides learning collaborative across all systems, and in the community.

- **Needs:**

- Increase clinicians applying for the PCB CCDP credential
- Easier way to dually license and monitor co-occurring competent programs
- Increase capacity for detox, or outpatient detox programs

- ***Justice-involved Individuals***

- **Strengths:**

- Blair Criminal Justice Advisory Board (CJAB)
- Mental Health Court Services Committee
- Communication through Assessment Team
- Forensic Certified Peer Specialists (CPS)
- Addition of Case Management trained in the Critical Time Intervention
- MH/COD/CJ Team meets biweekly and includes Blair HealthChoices Care Management, Blair County Mental Health Specialist, County/State Adult Parole and Probation, Prison, MH TCM and ID
- Blair HealthChoices Care Management participation in Assessment Team and mental health level of care assessments in the prison
- County MH worked with Blair County Prison, PrimeCare Medical, County Assistance Office, UPMC Access Center/Base Service Unit (BSU) developed a process for

individuals at their minimum sentence date to expedite MA enrollment and the following:

- ✓ 10 day supply of medication with prescription to cover until psychiatric medication management appointment
- ✓ Triage with the Access Center/BSU and arrange initial appointment at Primary Health Network (PHN)/Federally Qualified Health Center (FQHC)
- ✓ Referral for Targeted Case Management
- ✓ In addition, several Behavioral Health Providers agreed to prioritize psychiatric appointments for inmates within 7 days of release.
- Blair County established a Crisis Intervention Team (CIT) in collaboration with human service providers and law enforcement offices within the community. The CIT received a Pennsylvania Commission on Crime and Delinquency (PCCD) Grant to assist with training expenses.
- The Sequential Intercept Re-Mapping to measure progress from the initial mapping in 2011 to the present 2015, identifies continued areas for improvement which are being addressed through the Blair CJAB and the MH Court Services Committee.
- **Needs:**
 - Re-entry planning and support
 - Co-Occurring Disorder (MH/SA) treatment, prescription of services to be more individualized and based on stage of change for the individual, less is sometimes more
 - More comprehensive in-prison mental health services
 - Better coordination between APO and Medication Assisted Treatment Services Providers
- **Veterans:**
 - **Strengths:**
 - Veterans Committee, a sub-committee of the specialty courts system, exploring peer mentoring when veterans are in the court system
 - Local access to services
 - James Van Zandt VA Medical Center in Altoona has a Behavioral Health Clinic with competent clinicians
 - VA participates in LHOT, CJAB, Suicide Prevention Task Force and CIT Training
 - **Needs:**
 - Limited coverage of MH providers for their family/children (Tricare)
 - Communication between VA services and non-VA services
 - Case Management Services
- **Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers**
 - **Strengths:**
 - Local LGBTQI training through Community Care
 - Therapy services are available
 - SAP groups targeted for LGBTQI
 - Support group at Penn State University (PSU) Altoona for community

- BDAP offers continuing education credits/trainings that are valuable
- **Needs:**
 - Support Groups for Adults
 - Increased cultural sensitivity and anti-bullying efforts
 - Increased training opportunities
 - Need to advertise services that are currently available
- ***Racial/Ethnic/Linguistic Minorities***
 - **Strengths:**
 - Assessment process is thorough
 - Bi-lingual care management (Spanish)
 - Written material in Spanish
 - **Needs:**
 - Not well advertised, accessible

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

Yes No

c) Supportive Housing:

1. Capital Projects for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
<p>Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex.)</p>									
Project Name	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17 (only County MH/ID dedicated funds)	Projected \$ Amount for FY 17-18 (only County MH/ID dedicated funds)	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Targeted BH Units	Term of Targeted BH Units (ex: 30 years)		Year Project first started

2. Bridge Rental Subsidy Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	Number of Bridge Subsidies in FY 16-17	Average Monthly Subsidy Amount in FY 16-17	Number of Individuals Transitioned to another Subsidy in FY 16-17	Year Project first started

3. Master Leasing (ML) Program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Leasing units from private owners and then subleasing and subsidizing these units to consumers.									
	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17 –18	Number of Owners/ Projects Currently Leasing	Number of Units Assisted with Master Leasing in FY 16-17	Average subsidy amount in FY 16-17	Year Project first started

4. Housing Clearinghouse for Behavioral Health	<input type="checkbox"/> Check if available in the county and complete the section.
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An agency that coordinates and manages permanent supportive housing opportunities.

	*Funding Source by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started

5. Housing Support Services for Behavioral Health

Check if available in the county and complete the section.

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

	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Number of Staff FTEs in FY 16-17	Year Project first started
Home Nursing Agency (HNA) PATH	PATH Federal Homeless Grant	\$42,708	\$42,708	75	100			1.5	2004
HNA PATH	HSBG MH Base	\$37,253	\$37,253						
HNA PATH	County Match	\$3,039	\$3,039						
Blair Senior DOM Care	HSBG MH Base	\$5,856	\$5,856	15	16			.10	1996
BS DOM Care	County Match	\$213	\$213						
Skills Housing Staff Support	HSBG MH Base	\$83,083	\$83,083	35	40			1.5	1990
Skills Housing Staff Support	County Match	\$9,232	\$9,232						

6. Housing Contingency Funds for Behavioral Health				<input checked="" type="checkbox"/> Check if available in the county and complete the section.					
Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18			Average Contingency Amount per person	Year Project first started
Skills	HSBG MH Base	\$13,500	\$13,500	55	60			\$275	1990
Skills	County Match	\$1,500	\$1,500						

7. Other: Identify the program for Behavioral Health				<input type="checkbox"/> Check if available in the county and complete the section.					
Project Based Operating Assistance (PBOA is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); Fairweather Lodge (FWL is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); CRR Conversion (as described in the CRR Conversion Protocol), other.									
	*Funding Sources by Type (include grants, federal, state & local sources)	Total \$ Amount for FY 16-17	Projected \$ Amount for FY 17-18	Actual or Estimated Number Served in FY 16-17	Projected Number to be Served in FY 17-18	# of Projects Projected in FY 17-18 (i.e. if PBOA; FWLs, CRR Conversions planned)	# of Projects projected in FY 17-18 (if other than PBOA, FWL, CRR Conversion)		Year Project first started

d) Recovery-Oriented Systems Transformation:

Blair County Department of Social Services (DSS) and Blair HealthChoices have met to review relevant data, system progress, and stakeholder input in developing the Human Services Plan for FY 2017/2018. This has included a discussion on recovery-oriented systems transformation. The top five priorities related to these efforts include the following:

1) Increasing Community Tenure

As Blair County continues to transform its service system to become more recovery oriented, measures such as community tenure gain added importance. Despite an increase in access to community-based services, hospitalization rates have not significantly changed. Also, readmission rates continue to be above the benchmark. Both affect a person's time spent in the community and both are disruptive and stressful on the person involved, despite best efforts otherwise.

The Blair County DSS, Blair HealthChoices, the Healthy Blair County Coalition's Mental Health Committee, and Community Care will reassess the needs and gaps that reduce peoples' tenure in the community. This will include conducting a root cause analysis, the results from which will be used to develop a strategic plan. The plan will define opportunities to increase community tenure throughout 2016 and beyond.

Timeline:

The root cause analysis and development of a strategic plan will be completed by October 2017.

Resources needed: No additional funds will be required for the root cause analysis and strategic plan development. Funds may be required to expand or increase services, such as mobile crisis or mobile psychiatric rehabilitation.

Plan for tracking implementation: The strategic plan will include goals, measurable objectives, person/s responsible, and timeframes for completion. Updates will be reported regularly to the Healthy Blair County Coalition, Blair County Leadership Coalition and Blair HealthChoices Clinical Committee.

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

Experiencing a traumatic event can have a long-term impact on a person, affecting his/her body, mind, and spirit. Trauma can overwhelm a person's ability to experience a sense of control over oneself and the immediate environment. It can also make it difficult to maintain connections to others. Despite these challenges, people can recover from the impact of trauma.

Blair County is committed to building a trauma informed care culture in its service system. Trauma informed services are services that incorporate an understanding of the enormous effect of trauma on people. This understanding is built into all levels of an organization and into all interactions with people receiving services to help facilitate recovery. Beginning with children's mental health services, Blair County will take a two-pronged approach for this effort, systemic trauma-informed care and building clinician competencies. A Trauma Summit was held in spring 2016 to incorporate SAMHSA's TIP 57, Trauma Informed Care in Behavioral Health Services. A Trauma workgroup convenes monthly and has identified four priority areas for FY 2015/2016: agency-wide trauma informed care, identification and assessment, tools and timelines, clinical competencies and evidence-based practices.

In addition, Blair County has implemented a Multi-Disciplinary Investigative Team (MDIT) Protocol and is working toward the accreditation of a Child Advocacy Center. Coordination of trauma therapy and other supportive services for children and their families are an integral part of a Child Advocacy Center, with accreditation requiring trauma treatment to be evidence-based.

Blair HealthChoices was awarded a PCCD grant in September 2016 to train up to 24 licensed or licensed eligible therapists in Trauma Focused Cognitive Behavioral Therapy (TFCBT). To date, 21 therapists remain in the grant and are over 50% complete with the supervision groups. 38% are serving at least three children to be able to take the test to achieve certification. An advanced TFCBT training will be held in June 2017 and will be attended by several of the therapists involved in the grant. Linkage agreements need to be established between the Child Advocacy Center and the TFCBT Therapists to be able to provide support to the child and their family following referral to the Child Advocacy Center.

Over the past fiscal year, Blair County has secured a several grants and received donated space and resources from UPMC Altoona to be able to hire a Program Director and prepare to open a Child Advocacy Center in Blair County. The MDIT meets monthly to do case reviews in accordance with the MDIT Protocol.

In September 2016, Community Care Behavioral Health held a Recovery Conference that highlighted the impact of trauma of wellness and recovery. This conference was open to consumers, family and providers. Other training opportunities that have been identified and prioritized for trauma training have been for Certified Peer Specialists. An initial training on trauma, boundaries and ethics is scheduled in June 2017.

Timeline:

The goal is to open the Child Advocacy Center on or around July 1, 2017.

Resources needed:

Continue to have access to grants to support the Child Advocacy Center.

Plan for tracking implementation:

The MDIT Steering Committee will track progress related to the accreditation of the Child Advocacy Center.

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

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

SAP is a systemic process using techniques to mobilize school resources to remove barriers to learning. SAP team members are trained to identify problems, determine whether or not the presenting problem lies within the responsibility of the school, and make recommendations to assist the student and his/her family. When the problem is beyond the scope of the school, the SAP team will assist the student and family with accessing services within the community.

Blair County DSS has a robust SAP program for children and youth. Efforts in the FY 2016-2017 include revision of the County D&A, and County MH/SAP Provider/School District letters of agreement using the PA

Department of Education (DPE), and DHS/OMHSAS/D&A template, which includes a Blair specific agency protocol to clarify roles/responsibilities and best practice approaches to shorten the time from the SAP screen to assessment and treatment services in the school and community, and to enhance communication between the SAP partners. A screening tool was developed and is being utilized by both MH and D&A SAP liaisons. The SAP MH contract was expanded by adding 1 FTE (Full Time Equivalent) to provide MH liaison to the elementary SAP teams. Baseline data is being aggregated related to the student specific demographics and encounters provided through the MH SAP service and in FY 2017/2018 standards will be established to monitor progress and growth of this resource.

Timeline: Accomplishments for FY 2016/2017 will be documented and action steps/activities/responsible party for the FY 2017/2018 will be in place by September 2017.

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

Plan for tracking implementation: The Blair County Department of Social Services (DSS) MH Director and the Independent Single County Authority (SCA) at Blair County Drug and Alcohol Partnership (BDAP) will work together with the Blair Student Assistance Program (SAP) Coordination Team to set the specific goals, objectives, responsible persons and timeframes for the school year 2016/2017. Reports will be given routinely at the Blair SAP District Council, Blair SAP Coordination Team, CASSP Advisory Committee, the Blair County DSS MH Committee and Advisory Board, the BDAP Board and the Leadership Coalition for the Blair Human Services Block Grant.

4) Increase Housing Options and Supports

In April 2015, through HSBG retained earnings, a Housing Summit was held to learn about housing models in other counties and also spend time brainstorming opportunities in Blair County. A Housing Steering Committee was established to develop a Strategic Plan. Three priority areas were established: educating and supporting landlords; educating and supporting tenants; and providing safe, affordable, and accessible housing.

The PREP Train the Trainer Training was provided March 2017 to 38 individuals including Blended Case Managers, members of Lexington Clubhouse, Housing Support Staff, Drop In Center leadership, Drug and Alcohol Case Management, Prison Staff, Probation Officers, and others that support and advocate for those that struggle to find and maintain housing. Since the training, three programs have reported back setting up training at their agency utilizing the curriculum, the shelter holds classes every Saturday, the Blair House, and a re-entry program at the Blair County prison. Another PREP Train the Trainer is to be scheduled within the next fiscal year to accommodate the waiting list of providers interested during the initial training.

Blair County continues to work toward building a shelter with increased capacity to meet the needs of the county, as well as, expand transitional housing opportunities. A new teen shelter was opened in Blair County in November 2016, with drop in hours for youth.

Timeline:
PREP Train the Trainer training to be held by December 2017.

Resources needed:

Significant financial constraints exist currently that hamper the expansion of housing options and supports for individuals. The hope is that DHS' five year housing strategy will provide additional resources to assist Blair County in its efforts to help people find, get and keep affordable, permanent housing.

Plan for tracking implementation:

The strategic plan is reviewed quarterly at the Housing Steering Committee.

5) Fostering Data Driven Decision Making

While funding streams often silo programs, the reality is that individuals access services without much regard to whether they are HealthChoices or Block Grant funded. They are simply trying to get the care and treatment to address their behavioral health needs.

In order to consider the systems, and thereby the individuals using these systems, comprehensively and as a whole, the Blair County Department of Social Services (BC DSS), in partnership with Blair HealthChoices, is working on meaningful data integration that is efficient and helpful in decision-making from a systemic level, as well as, at the individual level. The goal is to develop a data warehouse that provides information that paints a more complete data picture related to who is using which services, in what amount and at what costs. This will assist BC DSS in developing a strategy for assessing needs and better allocating resources across systems.

Over the long-term, the aim is to integrate data across the entire BC DSS system; however, due to the importance of such an endeavor, we need to begin quickly - with the integration of mental health data from the HealthChoices and County-funded programs.

The data warehouse design strategy will center on open-systems architecture and off-the-shelf hardware and software. This strategy will offer distinct advantages in terms of flexibility, adaptability, and the elimination of any technical barriers to adoption and utilization.

Timeline:

Data elements have been aligned. A Business Associate Agreement is currently under review. We anticipate full integration by September 2018.

Resources needed:

The additional cost is still being assessed. We anticipate shared administrative costs between county based funds and HealthChoices.

Plan for tracking implementation:

Status update meetings will be held monthly between BC DSS and Blair HealthChoices.

e) Existing County Mental Health Services:

Services By Category	Currently Offered	Funding Source (Check all that apply)
Outpatient Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input 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	<input checked="" type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Emergency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Targeted Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrative Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Transitional and Community Integration Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Employment/Employment Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Community Residential 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 type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Adult Developmental Training	<input type="checkbox"/>	<input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Facility Based Vocational Rehabilitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Social Rehabilitation Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Administrator’s Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Housing Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Family Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Peer Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Consumer Driven Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input 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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
BHRS for Children and Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Inpatient D&A (Detoxification and Rehabilitation)	<input checked="" type="checkbox"/>	<input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment
Outpatient D&A 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

f) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Current Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured ?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Additional Information and Comments
Assertive Community Treatment								
Supportive Housing								
Supported Employment								Include # Employed
Integrated Treatment for Co-occurring Disorders (MH/SA)								
Illness Management/ Recovery								
Medication Management (MedTEAM)								
Therapeutic Foster Care	Yes	10- FY15/16	Child Outcome Survey	MCO	Quarterly	No	Yes	
Multisystemic Therapy	Yes	30-FY 15/16 29 YTD in FY16/17	As determined by the MST model	Developer / Agency	Quarterly	No	Yes	
Functional Family Therapy	Yes	31- FY15/16 60- FY16/17	As determined by the FFT model	Developer / Agency	Quarterly	No	Yes	Numbers reflect those funded through MA-service changed providers which reflected a reduction in number served. CYF provided contingency funds.
Family Psycho-Education								

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

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Current Number Served (Approximate)	Additional Information and Comments
Consumer Satisfaction Team	Yes	290	
Family Satisfaction Team	Yes	202	
Compeer			
Fairweather Lodge			
MA Funded Certified Peer Specialist	Yes	327 in FY15/16	
Other Funded Certified Peer Specialist			
Dialectical Behavioral Therapy	Yes	Unsure	Not distinguished in claims
Mobile Meds			
Wellness Recovery Action Plan (WRAP)	Yes		
High Fidelity Wrap Around			
Shared Decision Making			
Psychiatric Rehabilitation Services (including clubhouse)	Yes	46 in Clubhouse In FY15/16, 41 in FY16/17	Addition of Mobile Psych Rehab in FY16/17-11 individuals served
Self-Directed Care			
Supported Education			
Treatment of Depression in Older Adults	Yes	Unsure	Not distinguished in claims
Competitive/Integrated Employment Services**			Include # employed
Consumer Operated Services	Yes		HOPE Drop In
Parent Child Interaction Therapy	Yes	10 in FY15/16	
Sanctuary	Yes	8 in FY15/16	Children served in RTF
Trauma Focused Cognitive Behavioral Therapy	Yes, in FY 16/17	33	This number was only those children reported in March 2017 for the PCCD grant this number is greater but cannot be confirmed at this time.
Eye Movement Desensitization And Reprocessing (EMDR)	Yes	Unsure	Not distinguished in claims
First Episode Psychosis Coordinated Specialty Care			
Other (Specify)			

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

**Do not include numbers served counted in Supported Employment on Evidenced Based Practices Survey about [table (f)]

h) Certified Peer Specialist Employment Survey:

Total Number of CPSs Employed	24
Number Full Time (30 hours or more)	15
Number Part Time (Under 30 hours)	9

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 15 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 12 years. To further address the principles of Everyday Lives SASMG has applied to participate in the Statewide Community of Practice to Support Families Across the Lifespan.

SASMG is a non-profit agency, under contract with the County of Blair to deliver the requirements of the Administrative Entity Operating Agreement. SASMG also manages all funding streams for people with intellectual disabilities. The service system starts at Intake, and includes the management of supports for all of the seven hundred forty eight (748) people who are active. Each person, regardless of his or her place of residence (from state centers to a private apartment) or the services that they are receiving chooses a Supports Coordinator (SC). Along with all team members, the SC facilitates the development of a plan in the Home and Community Services Information System (HCSIS), authorized by SASMG.

The majority of eligible service recipients receive services through the two 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. In addition, the Person /Family Directed Supports Waiver (P/FDS) opportunities are available to many with similar outcomes. Each person's plan identifies strengths, gifts and needs regardless of funding opportunities.

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

Individuals Served

	Estimated Individuals Served in FY 2016/2017	Percent of Total Individuals Served	Projected Individuals to be Served in FY 2017/2018	Percent of Total Individuals Served
Supported Employment	9	.012	15	.02
Pre-Vocational	0	0	0	0
Adult Training Facility	3	.004	3	.004
Base Funded Supports Coordination	91	.122	100	.134
Residential (6400)/unlicensed	1	.001	1	.001
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	6	.008	10	.013
PDS/VF	0	0	0	0
Family Driven Family Support Services	0	0	0	0

Supported Employment:

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

To address the barrier of families expecting service and having little confidence in their loved one obtaining gainful employment after graduation, SASMG has sponsored a summer employment grant for the past three fiscal years. This year SASMG has partnered with the Block Grant Leadership Coalition to double the number of opportunities this grant provides. The grant helps students have a typical high school work experience. The average number of students had been ten, this year twenty to Thirty students will get the experience.

Through outreach and community partnerships SASMG continues to work on the relationships with local businesses to create opportunities and change. A great support that could be provided by ODP is how to create strong coalition partnerships.

Supports Coordination:

Paired with the Lifecourse Grant and Community of practice a service request form has been implemented that requires the SCO to explore natural supports prior to the request of paid services. A resource bank is in development to help facilitate this process. If the Lifecourse plan is successful, Mentor Families will be developed to facilitate these conversations before the family ever gets to requesting 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.

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 changes in the definitions should allow a greater flexibility and clarity to the service. Hopefully this will result in expansion.

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.

Cross Systems Communications and Training:

Blair County created a Leadership Coalition in 2012 in response to the block granting of state funds, which continues to operate to deliver the priorities of service needs that the strategic planning process identified; housing, transportation and employment as needs across all residents of the county. Coalition members include County Commissioners, the County Social Services Director and Management of all agencies who have funds within the Block Grant. This diverse group has the ability to identify and recommend supports that will more fully respond to the needs of people with multiple needs. During monthly review meetings initiatives that have been developed that address the strategic priorities are identified, decisions made as to the urgency and consensus to respond to the requests are made.

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 Profile 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. As students near graduation, it is imperative to know their gifts and their desires so that planning for their future is truly person centered. Additionally, a bi-annual Transition Expo has been

planned. This expo will focus on transition age youth and their families. The Lifecourse will be a critical piece of the information and the development of a sustainable infrastructure of collaboration.

SASMG is part of the local LINK to services as well. Due to staffing changes, SASMG has not been as active as in years past SASMG collaborates with many social services agencies through participation in various committees, i.e., Children Youth and Families, Diversionary team meetings, etc. Efforts are made to participate in wellness fairs, block grant coalition meetings, the dual diagnosis steering committee, the County Advisory Board, and various work groups that are established along the way. The establishment of a full time navigator position has made significant inroads to bridging the Mental Health and Intellectual Disability systems. Partnership with co-workers in all providers has enhanced the ability to support people wholly.

Emergency Supports:

The staff of Southern Alleghenies Service Management Group and the Management team from the Supports Coordination Organization, North Star Services, Inc. (NSS) meet two times a month 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 NSS of potential issues as soon as they are aware. Any 'high profile' issues are identified and potential crises are often dealt with prior to an untenable situation. SASMG's ID and Executive Director are accessible at all times via published cell phone numbers.

In addition, the Staff from NSS 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.

To respond to many incidents, one agency, Family Services, Inc. operates a respite facility that is willing to take emergency cases with an agreement that such activity will be authorized at the beginning of the next business day, regardless of funding needs. On occasion, a residential home with an opening is a suitable match, and that service option is offered. State and county funds are utilized until other arrangements can be made.

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.

Blair County's Emergency Management Agency has initiated a registration push for a new electronic register called Smart911. Smart911 asks every person who has a disability, intellectual, physical or emotional to register with the local 911 center. This software allows for the timely identification of any considerations or special conditions the EMS may need to know. Additionally two crisis simulations have been conducted for disaster preparedness, with two more sessions outlined for next year.

24-hour Emergency Response Plan for Intellectual Disabilities Services

Reference- Mental Health and Intellectual Disabilities Act of 1966

In accordance with the Mental Health and Intellectual Disabilities Act of 1966 this policy establishes a 24- hour Emergency Response Plan for Intellectual Disabilities Services in Blair County.

To prevent emergencies the contracted Administrative Entity (AE) Southern Alleghenies Service Management Group (SASMG) and the contracted Supports Coordination Organization (SCO) NorthStar Services (NSS) monitor and review the Prioritization of Urgency for Service (PUNS) list and specific at risk cases every two weeks or more frequently as needed. Funds and resources are allocated to prioritize the health and safety of Blair County residents. All people open with the Intellectual Disabilities program will be offered registration with Blair County's smart911 system.

In the event of an unanticipated emergency, NSS maintains a 24 hour on call system (814) 327-8141. This on-call system assures contact with a professional who has access to any needed records, contacts, or emergency information for the person in an emergency situation. Paired with the cooperation of the UMPC crisis center (814) 889-2011 the majority of situations are resolved without further need for intervention.

If the situation requires emergent placement, other safeguards have been established to ensure the health and safety of the person. Family Services Inc. operates a respite facility that offers temporary housing for people with Intellectual disabilities. An agreement exists that funds will be provided from the emergency reserve to address any emergency situations. If capacity does not exist at the moment of issue at the respite home, other residential providers with vacancies in community homes are contacted. Each agency maintains an on call number that is accessible to NSS. If no homes have the capacity to serve the person, the AE Executive Director 814-414-2718 is contacted to authorize payment to a local hotel, while staff coverage through in home providers are arranged by the SCO.

If the situation does not require placement, in home supports are acquired by the SCO to assist in the person's own residence by following the above procedure.

Administrative Funding:

Through participation in the Lifecourse Community of Practice SASMG has developed a two tiered approach to utilizing the trainers. First from a family perspective, Mentor Families are being recruited who will use their experience from different phases of the system to act as a resource to other families. These Mentors will be trained in Lifecourse by the partnership. The second phase of the plan is a system approach. A kick off to introduce the Lifecourse will be shared by the partnership, followed by an afternoon of developing a vision for Blair County. This vision will be the standard or “trajectory” to hold our providers accountable for their decisions. All stakeholders will have the opportunity develop the vision and attend periodic check in sessions.

SASMG has been training staff from all agencies in Person Centered Thinking Principles for many years and has offered family attendance. If families are knowledgeable about Person Centered Practices, that may go a long way in assuring that all personnel of all agencies are sure to follow them at all times. The more informed people are, the better their service design can be. Our intention is to utilize the Lifecourse curriculum to develop networks for families and connections to natural supports.

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

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

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

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

Blair’s Risk Management group meets monthly, with representatives from the AE, SCO, 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 Toombs 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.

Currently, there is not a county housing coordinator in Blair County. Nor have any funds been allocated for this position, though the need is present.

Participant Directed Services (PDS):

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

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

Financial Management Services (FMS) is a hard concept for Supports Coordinators to understand, and there are some situations where families started using FMS services and prior to full understanding of 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.

Following the sessions to be provided by the partnership additional training will be requested from ODP to strengthen family and system understanding.

Community for All:

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

Homeless Assistance Services

Services To Be Provided

Bridge Housing

Blair County Community Action Agency (BCCAA) and Family Services Inc. receive Housing Assistance Program (HAP) dollars for Bridge Housing. These are transitional services that allow clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently. This is the “bridge” that moves the client from being homeless into permanent housing. This service allows the client to stay in a shared facility or apartment for up to 12 months for a small fee.

Blair County Community Action Agency will serve 50 individuals (projected) in FY 2017/2018. The actual number of individuals served by Blair County Community Action Agency in FY 2016/2017 YTD was 20.

Family Services Inc. will serve 40 individuals (projected) in FY 2017/2018. The actual number of individuals served by Family Services Inc. in FY 2016/2017 YTD was 20.

Together, Blair County Community Action Agency and Family Services Inc. will serve 90 individuals (projected) in FY 2017/2018. The actual number of individuals served by Blair County Community Action Agency and Family Services Inc. in FY 2016/2017 was 40.

The target group served by BCCAA includes individuals and families who are homeless and either living in the streets or in shelters. Program participants are eligible to stay in the provided bridge housing for up to 12 months. Bridge housing will be scattered site and will be leased. The cost of renting units for the bridge housing is covered with a combination of HAP and Housing and Urban Development (HUD) funds. The programs utilized fall under BCCAS’s Transitional Housing Program (THP). Rent paid for units will not exceed the Fair Market Rate published by HUD for Blair County. Each unit to be rented is inspected to ensure that it meets the HUD Housing Quality Standards. Supportive services provided to participants are designed to move clients into permanent housing and enable them to become self-sufficient. The costs associated with the delivery of supportive services are paid for with funds from HUD and Blair County Community Action Agency. Upon entrance into the program, each client is assigned a Case Manager. Initially, the clients complete an intake/assessment to determine their needs. Upon completing the intake/assessment phase of the program, the Case Manager determines housing alternatives for each participant based upon their status at the time of the interview. The client and Case Manager explore alternatives and strategies that can be used to work toward obtaining and maintaining permanent housing. The assessment ends with the creation of a Housing Development Plan, which will include goals and objectives for clients to work towards more stabilization and self-sufficiency.

The following supportive services are available to clients in the Bridge Housing program. Employment Assistance – every effort is made to assist clients in obtaining employment. Finding employment is a primary objective for the clients served for two reasons: (1) clients will not have the financial means to obtain permanent housing without employment; and (2) landlords are reluctant to lease to persons who are unemployed. Case Management – Services are provided to each client on an individual basis. BCCAA assigns a Case Manager who performs activities which insure that each participant has access to and receives resources and services which help them to reach their highest level of function and productivity. Child Care – BCCAA

provides clients (who meet the HUD homeless criteria and are not able to access other child care assistance) with \$200.00/month for six months while they are participating in the program. Transportation – there is a limited public transportation system in the City of Altoona that is available to clients. There isn't any public transportation available in the rural areas of Blair County. To address this need, clients can be referred to BCCAA's Employment Transportation program to transport clients to job interviews or employment. Bus passes are given to clients who have access to public transportation, for short term needs. Clothing Allowance – each client (who meets the HUD homeless criteria) is eligible to receive \$200.00 (one time only) towards the purchase of clothing so that they can be properly dressed for job interviews. Moving Costs – One (1) time moving costs are available to THP consumers when they successfully exit the program. Food Vouchers – Vouchers will be provided to individuals or families to assist with emergency food in the home or on an as requested basis. Food Bank referrals – the Altoona Food Bank is located in the same building as BCCAA. Each participant is eligible to receive a food bank referral for a maximum of 12 times per year. The need is determined during the intake/assessment phase of the program. Housing Counseling – Each client is mandated to attend two (2) money management workshops at BCCAA to improve their money management skills.

Housing Placement assistance is one of the activities that case managers engage in with clients to ease the move from bridge housing to permanent housing. There are several activities that clients and case managers pursue that constitute Housing Placement Assistance. First, immediately upon entry into the program, case managers assist clients in applying for Section 8 subsidized housing through both the Altoona and Blair County Housing Authorities. Case managers provide budget counseling to clients to ensure that they can budget their money wisely and prioritize how they spend their money so that money can be saved for a security deposit and for rent when they are ready to move into permanent housing. All clients are expected to pay 30% of their adjusted gross income as a fee for living in the bridge housing unit. A portion of the money paid by each client will be put into a savings account. When the client is ready to leave transitional housing and move into permanent housing this money can be used as a security deposit/first month's rent for an apartment.

Affordable housing remains a top need for survivors of domestic violence. The Bridge Housing service at Family Services Inc. provides safe, affordable, and supportive transitional housing for survivors of domestic violence who are facing homelessness and need longer than the 30 days provided in the emergency domestic abuse shelter.

The Bridge Housing program provides the following services, either directly or through referrals: assistance with financial assistance through referrals, case coordination and counseling to achieve service plan goals, domestic violence counseling and safety planning, economic empowerment, including budgeting and money management, education and employment assistance, exit planning and relocation assistance, follow-up contact, housing assistance, information on public transportation, life skills education, linkage with specialized help for individuals with disabilities, provision of start-up household items, support groups, transportation and information about community resources.

The objective is to help clients remain free from violence while moving towards emotional and financial stability and ultimately achieving self-sufficiency and living independently. Services can be provided for 1 to 12 months.

Achievements and Improvements in Services: Blair County Community Action Agency has greatly enhanced its' ability to assist families who are homeless or at risk of homelessness. This has been achieved with the addition of several programs that the agency is operating, including the Emergency Solutions Grant (ESG), PA Housing Affordability and Rehabilitation Enhancement (PHARE), and Human Service Block Grant (HSBG) under contract with Blair County and the Supportive Services for Veteran Families (SSVF) program for Blair County as a subcontractor to the Veteran's Leadership Council of Pennsylvania. The ESG, PHARE, HSBG and, SSVF all offer "Homeless Prevention Services" for those at risk of homelessness as well as "Rapid Re-Housing Services" for the homeless. BCCAA has contracted with Blair County to provide the Employment Transportation program to Blair County residents who are struggling to get to work because they live outside the public transportation routes or its hours of operation.

The women served in the Bridge Housing Program through Family Services obtained necessary income and were educated regarding healthy relationships, personal safety, budgeting, effects of trauma, and community resources available to assist them. New mobile advocacy and follow up services have been instrumental in maintaining healthy support and encouragement for families after exiting shelter. In April 2016, Family Services began offering free Civil Legal Representation services to victims of domestic violence receiving services from their Domestic Abuse Program.

Unmet Needs and Gaps:

- There is still a significant shortage of shelter beds in Blair County.
- Transportation
- Lack of jobs that provide a living wage.

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

We also evaluate the Bridge Housing Program provided by Family Services, Inc. At the time of discharge from the program, all shelter guests are asked to complete an Empowerment and Satisfaction Questionnaire-Long Form. This questionnaire has 7 parts which focus on client perceptions of services they received and how beneficial they were in the following ways: increasing sense of empowerment, rating facility in terms of comfort/ease, increased knowledge of, or experience with, the medical system, increased access to and knowledge of necessary services through the legal system, access to victims compensation program, decrease in harmful effects of trauma (physically and mentally), and the overall helpfulness of our program. This form also asks for basic demographic information. The questionnaires are analyzed and reviewed in an effort to continue improving service provision.

We have no changes proposed for the Bridge Housing component of the HAP services for the upcoming year.

Case Management

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

Blair Senior Services will serve 980 individuals (projected) in FY 2017/2018. The actual number of individuals served by Blair Senior Services in FY 2016/2017 was 731 individuals (total until March 2017).

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

Unmet Needs and Gaps:

- Transportation
- Limited communication between agencies when consumer receives assistance
- Lack of jobs that provide a living wage.

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

Annual monitoring of the provider, both programmatic and fiscal, is completed.

We have no changes proposed for the Case Management component of the HAP services for the upcoming year.

Rental Assistance

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

Blair Senior Services will serve 550 individuals (projected) in FY 2017/2018. The actual number of individuals served by Blair Senior Services in FY 2016/2017 was 495 (total until March 2017).

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

Unmet Needs and Gaps:

- Lack of jobs that provide a living wage.

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

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

Annual monitoring of the provider, both programmatic and fiscal, is completed.

We have no changes proposed for the Rental Assistance component of the HAP services for the upcoming year.

Emergency Shelter

Blair Senior Services and Family Services, Inc. receive HAP dollars for Emergency Shelter. This service provides refuge and care services to persons who are in immediate need and are homeless with no permanent legal residence of their own, or, who are victims of domestic violence.

Blair Senior Services will serve 250 individuals (projected) in FY 2017/2018. The actual number of individuals served by Blair Senior Services in FY 2016/2017 was 236 (total until March 2017).

Family Services Inc. will serve 190 individuals (projected) in FY 2017/2018. The actual number of individuals served by Family Services Inc. in FY 2016/2017 was 109 as of February 28, 2017.

Together, Blair Senior Services and Family Services Inc. will serve 440 individuals (projected) in FY 2017/2018. The actual number of individuals served by Blair Senior Services and Family Services Inc. in FY 2016/2017 YTD was 345.

Blair Senior Services uses 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. 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.

Family Services Inc. provides services for homeless families and individuals in Blair County. Homeless or near homeless individuals are referred by agencies, churches and self-referrals. The agency strives to affect positive change by providing a clean, safe, and supportive environment while assisting clients in obtaining

permanent housing and other services necessary to achieve a more independent lifestyle. On site case management is provided on a daily basis in order to help clients move toward self-sufficiency more expeditiously. The Family Shelter 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. The presence of the Family Shelter decreases the probability of homeless residents living on the streets.

Achievements and Improvements in Services: Family Service's vision over the next three years is to have a 35 bed Family Shelter and move their Domestic Abuse Program to a Comprehensive Center model using the housing first approach. The R.K. Agarwal M.D. And Family Teen Center and Shelter moved to a 9 bed handicapped accessible facility in January of 2017.

Unmet Needs and Gaps:

- There is still a significant shortage of shelter beds in Blair County.
- Transportation
- Lack of jobs that provide a living wage.
- Lack of permanent, affordable housing resulting in longer lengths of stay in the shelter decreasing the number of individuals served. The current housing situation lends to 2 year (or longer) waiting lists for subsidized housing in the Blair County area. These programs have stopped accepting applications in the latter part of the fiscal year, which is a trend we have seen in the past few years.
- Timely referral options for mental health treatment, particularly for shelter guests who are in need of MH prescriptions. Most waiting lists to see a mental health doctor are at least 6+ weeks long, often prolonging a sense of hopelessness and frequent mental health crisis admissions.

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

We do evaluate the efficacy of each HAP service that we provide. The quality assurance program will be entering the fourth year, and we are able to evaluate the services provided.

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

We have no changes proposed for the Emergency Shelter component of the HAP services for the upcoming year.

Other Housing Supports

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

Homeless Management Information Systems

Blair Senior Services currently tracks the number of homeless or near homeless individuals who received emergency shelter and were then transitioned into stable housing. For FY 2016/2017, 153 clients received emergency shelter and 51 of the 153 (34%) were transitioned into stable housing.

Blair Senior 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 2016/2017, the known destinations, by zip code, for clients are as follows:

- Zip Code 16601 - 184 consumers
- Zip Code 16602 - 238 consumers
- Zip Code 16635 - 18 consumers
- Zip Code 16648 - 25 consumers

Family Services Inc. currently tracks whether a client went to a new home or returned to previous residence upon exit from the Domestic Abuse Shelter. As of February 28, 2017, out of 46 victims (adult women) served within the Domestic Abuse Shelter, 39 of the women obtained permanent, safe housing, 4 returned to their abuser and 3 left the shelter without notifying Family Services, Inc. of their plans.

The staff of the Emergency Shelter tracks the percentage of clients who are still in permanent housing at 6 week intervals. As of February 2017, the percentage was 91%.

The staff of the Emergency Shelter also tracks the number of people who are turned away due to lack of space at the shelter. From July 1, 2016 through February 28, 2017, 421 individuals had to be turned away because the shelter was full.

Family Services Inc. has also begun to track the increased participation by homeless individuals in mainstream systems. During the 2015/2016 fiscal year, 85 referrals were made to mainstream systems and 80 (94%) had followed through and participated.

Blair County Community Action Agency reported the following data on the known destination of clients who stayed longer than 90 days and exited their homeless programs. In their HAP funded Transitional Housing Program (THP) during the year between 10/1/2015 thru 9/30/2016 they had 46 participants exit the program. 38 of those 46 (83%) exited into permanent housing and 0 of the 46 (0%) exited to an institutional destination. In their HUD funded Supportive Services Only (SSO) program during the year between 10/1/2015 thru 9/30/2016 they had 153 participants exit the program. 30 of those 153 (20%) exited into permanent housing, 6 of the 153 (4%) exited into temporary housing, 0 of 153 (0%) exited into institutional settings and 1 of the 153 (.7%) exited to an unknown destination. In their HUD funded Blair County Journey program during the year between 10/1/2015 thru 9/30/2016 they had 12 participants exit the program. 5 of those 12 (42%) exited into permanent housing and 0 of the 12 exited into temporary housing 2 of the 12 (17%) exited to an unknown destination. In their HUD funded Rapid Re-Housing Program (RRH) during the year between 10/1/2015 thru 9/30/2016 they served 62 clients and had 0 participants exit the program.

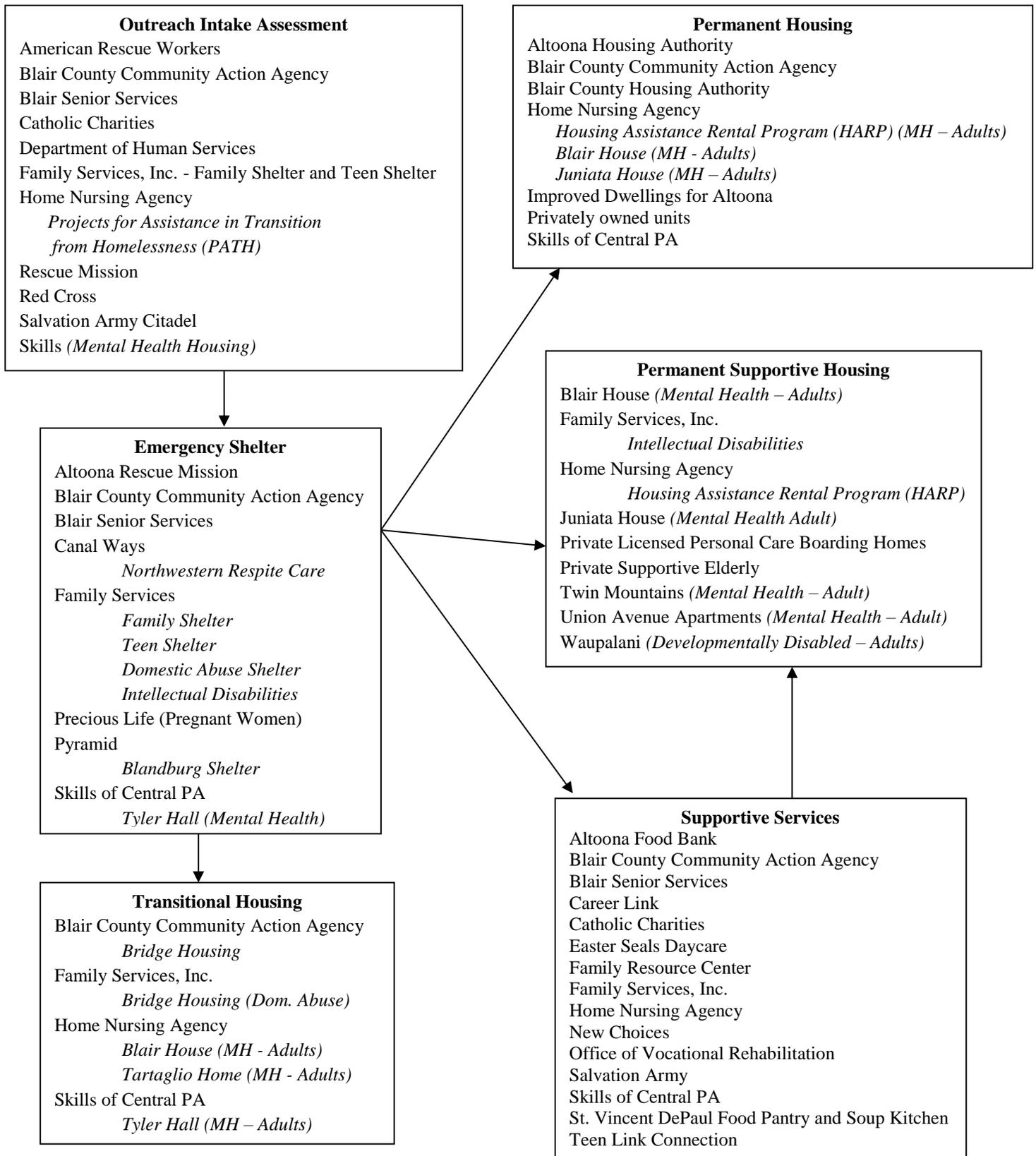
Blair County Community Action agency also tracks participation in mainstream benefits but not the increase in usage. In their THP program, of the 46 participants who left the program 21 were receiving 1 or more mainstream benefits (in the case of this program the benefits included Medicaid and food stamps). In their SSO program, of the 153 participants who left the program 53 were receiving 1 or more mainstream benefits (in the case of this program the benefits included Medicaid, food stamps, Medicare, VA Medical Benefits and Section 8 housing assistance). In their Journey program of the 12 participants who left the program, 2 were receiving 1 or more mainstream benefits (in the case of this program the benefits included Medicaid, food stamps, Medicare, VA Medical Benefits and Section 8 housing assistance).

Blair County is a member of the Central/Harrisburg Continuum of Care (CoC PA-507). This CoC is a consortium of 21 counties in the central part of the State. All homeless programs funded through the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Program are under the purview of the CoC. This includes the Emergency Solutions Grant (ESG) and the CoC Programs that in the past were referred to as the McKinney-Vento Homeless Programs funded by HUD.

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

The Blair County organizations that are currently entering data into the HMIS and/or utilizing the data for reporting includes; the City of Altoona, Blair County Planning Commission, Blair County Community Action Agency, American Rescue Workers of Hollidaysburg, Home Nursing Agency, Family Services of Blair County and Blair Senior Services. These organizations are required to participate in the use of the HMIS because they are receiving HEARTH Program funding. They have been entering data into the HMIS for several years. The CoC encourages all other organizations that operate homeless programs to utilize the HMIS as well regardless of the source of their funding.

2017 Blair County Continuum of Care Services



Substance Use Disorder Services

1) Waiting List Information

All information is provided as a point in time picture.

- Detoxification services: 3-7 days average (Same day from day to day)
- Non-hospital rehabilitation services - If assessed as not needing detoxification and not moving from detoxification into residential - Male 2-3 weeks – Female - June 1st
- Halfway House Services: Male 2-3 months; Female approximately 1.5 months

At the time of the Plan development, these services indicated no waiting lists:

- Medication Assisted Treatment
- Partial Hospitalization
- Outpatient

2) Barriers to Accessing Any Level of Care

Adults:

- Capacity at the time someone presents for care to a detoxification program can be limited.
- Co-occurring physical health issue have seen increased denials at the 3A level of care.
- Co-dependency treatment for family members.
- Capacity to serve persons on Suboxone or Methadone at the residential level of care.
- Residential Detoxification programs require methadone patients be at a 30mg before they will admit for detoxification from methadone.

Adolescents:

- No capacity for intensive outpatient services
- Limited detoxification beds and residential services (in the process of expanding contracts to meet the Medicaid contracts which are also trying to expand these levels of care)

3) Narcan Resources Available in the County

The SCA has a standing order from a physician to provide NARCAN to the community. We provide community presentations monthly and free NARCAN. We provide NARCAN to family members who attend our family support group and to any person from the community who requests NARCAN. Four of the largest police departments carry NARCAN as well as our city fire department. The SCA has been working with the County Probation (Juvenile/Adult) departments, Sherriff department and Central booking to have policies in place for their officers to carry NARCAN. The solicitor has just approved the policies and we are working to operationalize. The SCA is working to expand the number of police departments carrying NARCAN this year.

4) Resources Developed to Address the Opioid Epidemic

Case Management System

The Blair SCA is the Central Point of Contact for drug and alcohol services. We provide outreach to all the formal systems in our community. The SCA has a functional assessment unit and provide onsite and mobile assessments. All drug and alcohol related charges at the time of sentencing are ordered to a drug and alcohol evaluation and to follow through with all recommended treatment. The SCA performs in prison assessments

and Medicaid applications for SUD inmates. The SCA has been expanding their outreach to physical health sites to encourage identification and referral to treatment by the physical health system. Intensive Case Management, Resource Coordination and Care Coordination are provided through the SCA.

The SCA is working with the 2 pregnancy care clinics to evaluate the capacity to implement the screening, brief intervention and referral to treatment (SBIRT) model with both of these clinics for pregnant women with substance use disorder. This will include the resources of CRS and ICM/RC services.

The SCA has been awarded a grant through the DDAP to implement SBIRT and embed a case management services at a physical health site. Blair County SCA is the pilot project for the grant. Implementation of the model began in March 2017. The clinic has completed the protocols, first phase of training of the staff has begun and screening and assessments are being completed.

Medicaid applications are completed by the SCA and contracted LOC providers at the time of the level of care assessment. The SCA has continued to build a relationship with the county assistance offices within the County and the bordering counties. Medicaid applications are completed on jail based assessments.

Certified Recovery Specialist

The SCA has employed 2 full time CRSs in the last year. The CRSs provide formal services to include recovery planning. The SCA is working on the service description to apply for Medicaid reimbursement of the formal service. The CRS's also provide valuable engagement work with individuals who are not yet in any formal care. CRSs are used to provide support groups in the community and prison. They have been used to engage bedside at the hospital, ER and prison.

24/7 Warm Handoff

The SCA has a warm hand off 24/7 protocol for Blair's largest hospital, UPMC effective July 1, 2017. In addition, we provide mobile assessment to the inpatient side of the hospital. The SCA is working to expand 24/7 and mobile assessment to the 2 rural hospitals in the community. A Business Associate Agreement has been signed with Tyrone Hospital. Training and implementation will happen in the next several months. The SCA has provided a Business Associate Agreement to Nason Hospital who are reviewing for signature. Once signed we will also schedule training and implementation. All of the hospital protocols include access to case management services for assessment and referral on the inpatient hospital units.

The SCA also contracts with all outpatient drug and alcohol treatment providers for drug and alcohol assessments in order to ensure no wrong door approach. Any person who is seeking help and present at a provider, they can provide a level of care assessment and refer for care.

Blair County Overdose Prevention Task Force

The SCA facilitates the Blair County Overdose Prevention Task Force and its strategic Plan. We just received a grant from PCCD to provide Substance Use Disorder Outreach. This will include working with our law enforcement community to increase departments' development and implementation of NARCAN. The SCA is exploring an outreach model provided by the Altoona Police Department that would utilize a team outreach to overdose survivors and increase outreach to family members and provide counseling for them. Outreach

campaign to encourage calling for services. We will also be working with the University of Pittsburgh to improve the task force strategic planning process.

The SCA is developing relationships to work with the older adult population personal care/nursing home and home care agencies on the identification of older adults with SUD.

5) Treatment Services Expansion

The SCA is actively engaged in expanding capacity and implementing programming to address local identified needs. Specifically, the following have been developed or currently being developed:

FY 2016-2017

- ❖ MH/D&A licensed Outpatient Clinic in the southern end of the county – ***Done***
- ❖ D&A Outpatient clinic with Suboxone services under review by DDAP and BHMCO in the northern end of the County - ***In progress***
- ❖ Current D&A licensed Outpatient Clinic with Suboxone services will be expanding to provide pregnant women with subutex to provide an expanded choice for pregnant moms – ***Done***
- ❖ Largest methadone and D&A licensed outpatient clinic awarded a center of excellence grant to provide enhanced care coordination of persons receiving services in their clinic – ***In Progress***
- ❖ Development of a D&A outpatient group for juvenile adolescents to include additional hours of care – ***In Progress***
- ❖ Vivitrol: The Blair SCA in partnership with Positive Recovery Solutions operates a Vivitrol Clinic at our location. We also partner with Prime Care in the County Prison to offer Vivitrol to inmates prior to release. The SCA has also expanded Vivitrol options through a local outpatient drug and alcohol provider – ***Done***

The Blair SCA continues to implement strategies identified in the approved DDAP, May 2016 Treatment Plan:

Blair County SCA as part of a comprehensive needs assessment approach to identifying local conditions around substance use disorders in the community has developed the following plan. The plan incorporates the required criteria for the state process and attempts to detail how this issue is presenting in our local community. The plan is intended to provide a framework of strategies to expand capacity, plan, implement and evaluate the progress of addressing the identified needs.

Highlights of the Treatment Plan and Needs Assessment:

Objective 1: Obtain an estimate of the prevalence of substance use disorder in the total population of an SCA.

Goal: The SCA will continue to maintain data collection and sharing of the information.

- 1) Continue to work to maintain the data collection established by the needs assessment processes and that are consistently collected;
- 2) Collaborate with the Behavioral Health Manage Care Organization to incorporate the BHMCO data into the SCA's current data repository.
- 3) Participate on the Healthy Blair County Coalition and support the community needs assessment process every 3 years.
- 4) Collaborate with school districts to complete the PAYS data every 2 years.
- 5) Develop and support data collection processes for specific projects

Objective 2: Identify emerging substance use problems by type of chemical, route of administration, population, availability and cost, etc.

Goal: The SCA will continue to develop strategies to address the current and emerging trends.

- 1) Continue to maintain environmental strategies to impact the pro-social norm attitudes around alcohol/marijuana use among youth and adults;
- 2) Continue to maintain environmental strategies to impact prescription drug use and diversion;
- 3) Continue to work with partners to identify trends and develop plans to outreach to people engaged in use and their families;
- 4) Outreach to educate on addiction and overdose prevention;
- 5) Develop relationship with the Department of Aging to identify strategies to reach the older adult population;
- 6) Maintain Veteran Hospital relationship

Objective 3: Identify local, state, and national trends that may impact the SCA.

Goal: The SCA will continue to evaluate local, state and federal resources to support the increase capacity of drug and alcohol services in the Blair County community.

- 1) Continue to participate in national and state training opportunities;
- 2) Continue to research and apply for national, state and local grants to support programming;
- 3) Continue participation in local partnership efforts to address the substance use issue, especially the recovering community;
- 4) Continue to support evidence base practices;
- 5) Continue to advocate for change on regulatory issues that impede the capacity to provide services to the community; and
- 6) Continue to be an active partner in Health Choices and Medicaid Expansion

Objective 4: Identify the demand for substance use disorder treatment.

Goal: The SCA will prioritize and implement planning that supports a continuum of recovery management services from pre-engagement through long term recovery.

1. Pre-engagement:
 - a. Outreach through media campaigns, emergency responders and other systems targeting family and those in active use.
 - b. Outreach through overdose prevention presentations and other substance abuse education pieces;
 - c. SBIRT Training for first year resident students at AFP and new providers

- d. Expansion of the ER-Hospital-Warm Handoff-24/7 case management services, mobile case management, certified recovery specialist for the ER and hospital units. This will include regular meetings with ER personnel and local detoxification units.
 - e. Faith based and Department of Aging training on referral system for drug and alcohol services.
2. Acute Specialized Care:
- a. Expand contract network for detoxification and residential services to incorporate the Medicaid network of care;
 - b. Planning to support the expansion of detoxification and residential beds locally;
 - c. Support our Health Choices provider to implement recovery methadone best practices;
 - d. Medicated Assisted Treatment: Training of case management staff on admission criteria for methadone, buprenorphine and Vivitrol;
 - e. Expand capacity of the Community based and Prison Vivitrol projects.
 - f. Continued support of Co-dependency treatment for family members.
 - g. Training of clinical staff on treatment intervention strategies to counter positive perceptions on marijuana use among youth and adults in treatment.
3. Early and Long Term Recovery Management System:
- a. Leadership Training (6 hour training on leadership and telling your story) for the recovering community;
 - b. Certified Recovery Specialist Training: 48 hour training – open to persons and families in recovery to include those working in the field currently;
 - c. Recovery Coaching Training of Trainers: Provide 3-4 training slots to develop a local training team for this activity;
 - d. Support the Rise for Recovery strategic plan to expand the presence of recovering persons and recovering families in our community (see attached);
 - e. Support the Crossroads of Altoona Recovery Club’s events; and
 - f. Support of family support groups and family education.

Objective 5: Identify issues and systems barriers that impede the ability to meet the assessment and treatment demand in the SCA.

Goal: The SCA will continue partner with the community to assess and plan for supports that provide a full continuum of recovery management resources within the Blair County.

- 1) The SCA will continue to meet with stakeholders to assess and identify resources needed to support recovery.

Objective 6: Identify assets or resources in the county or region to help respond to treatment demand.

Goal: Same as Objective 5: The SCA will continue partner with the community to assess and plan for supports that provide a full continuum of recovery management resources within the Blair County.

- 1. The SCA will continue to meet with stakeholders to assess and identify resources needed to support recovery.

Objective 7: Identify evidence-based programs and practices in the county or region to help respond to emerging trends and treatment demand.

Goal: The SCA will continue to identify local, state and federal conditions and evaluate best practices from federal, state and local resources to address when relevant to local conditions.

- 1. Continue to build capacity, plan, implement and evaluate best practices that support local conditions.
- 2. Continue to provide leadership and collaborate with local, state and federal partners to enhance resources to the local conditions identified through the needs assessment process.

Objective 8: Identify and quantify the resources necessary to meet the estimated treatment demand (identified in Objective 4) and any emerging trends that impact demand.

Goal: The SCA will continue to evaluate the plan document for changes and accomplishments towards the goals identified.

- 1. Develop plan document; and**
- 2. Share plan as appropriate with stakeholders**
- 3. Ongoing review of plan in reaching action steps.**

6) Any Emerging Substance use Trends that Will Impact the Ability of the County to Provide Substance Use Services

Trends and Issues identified through the needs assessment process:

Blair County data continues to show the impact of opiates on its citizens. Data from the SCA assessments and Blair Health Choices shows opiates, prescription and heroin, as a top drug of choice. Opiates are currently the top drug of choice at the time of assessment following alcohol. Data from our largest hospital emergency room from January 1, 2013 - April 30, 2015 (that included a drug and alcohol reference) presented a snap shot of these issues in our community. 1840 cases were used in the analysis. The following are some points that were identified through the report. Between the ages 15-49, appearances in the ER are not significantly different by age group ranging 9-11% for each 5 years of age (10-14, 15-19 etc). Fifty and over represented over 500 cases (28% of the cases presenting with alcohol and/or drug issues. Overdoses and intoxication resulted in 39% of the AOD related cases in the ER. Approximately 442 presented as overdose/possible overdose. Coroner reports indicate a mixture of prescription drug use has been the primary reason for overdose deaths. Prescription drug trafficking was the primary source of opiates until the fall of 2013. At that time, we have reports from law enforcement that heroin buys were starting to outnumber prescription drug buys. Heroin has increased since this time and the cost is lower than the prescription drugs. Another class of medication that has increased the overdose potential is benzodiazepines mixed with opiates. We are beginning to see a reemergence of a younger population using prescription drugs and heroin. This trend was seen in the early 2000s when opiate use started to increase in Blair County. SCA and Blair Health Choices data confirms opioids a primary drug of choice for those entering the system.

In addition, alcohol intoxication, alcohol abuse/addiction or effects represents 38% of the ED admissions. Clearly, these two drugs of choice stretch the capacity of the ED/Crisis Center. Additionally, when “bath salts” re-emerge in the community, this brings on its own set of difficulties in providing safe and adequate interventions. This becomes a dangerous situation for law enforcement and medical staff at local hospitals. In addition, with an opioid use disorder population, the need to expand the capacity to incorporate the connection to medicated assisted treatment and to ensure best practices are utilized within these services.

The top drugs of choice for adolescents are alcohol and marijuana. Unfortunately, since the time of assessment, the state legislative and executive branch have passed the commercialization of marijuana. This discussion and now decision has countered every research available regarding the harm and risk of this drug. In addition, the promotion by our top government official that this drug somehow will help to impact on the growing use of opioids dismisses the understanding of the progressive nature of this disease and the impact that marijuana has in the opioid epidemic. Struggles with access and a culture that support the “legal” use of the drug has

been challenging. Marijuana interventions and clinical skills to address this issue in youth and adult populations is needed.

Other Trends:

National/State and Local Opioid Response: The heightened focus on the prescription opioid/heroin epidemic has activated national, state and local attention and partnerships on this devastating issue. The impact to our communities and the families impacted by these trends crosses all social and economic sectors. It is through this epidemic that a coordinated effort is being made to provide strategies to prevent, reduce and intervene on the trajectory of opioid drug use. Resources are being allocated and regulatory changes are being developed to support the work. Pennsylvania's legislative work to develop a Cabinet level department on drugs and alcohol services has been a catalyst to organize the efforts to change the discussion and the work on the drug and alcohol issues. This has provided additional resources to the local communities that are on the front lines.

PA Medicaid Expansion: The expansion of the Medicaid program has benefited those suffering with the disease of addiction. It has provided additional access to drug and alcohol treatment. Blair County Assistance Office has been a strong partner in ensuring those accessing drug and alcohol assessment are provided an immediate review of their application and if approved activated immediately.

PA Recovery Movement: The national and state movement of the advocacy by the recovering communities across the state have provided a voice that this is a disease that can be treated and managed. WE DO RECOVER!

High Deductibles: With the implementation of the Affordable Care Act, employer plans and exchange policies have moved to higher deductibles. These deductibles are being passed onto the individuals and families. In addition, young adults to the age of 26 are now captured under some of the plans. This has caused barriers to access of treatment services due to the financial inability to cover the deductible.

Target Populations

The SCA is expanding its contracts to mirror the BH-MCO contracted network. This will provide seamless services to the uninsured. The SCA has current contracts that provides adult/adolescent services as well as specific women with children services and co-occurring dual diagnosis certified residential programs. In addition, one of our newest providers in the county has a MH/D&A licensed clinic with psychiatric services. The SCA follows the DDAP required prioritized populations in the treatment manual. We work closely with the Veterans Hospital to coordinate drug and alcohol care for all veterans. Prioritization on funding is provided to the overdose survivor as per our DDAP requirements.

Blair Drug and Alcohol Partnerships (BDAP)-2015-2016 Data: Drug and Alcohol assessments are available to all demographic groups. This is a free assessment paid through state/federal/Medicaid/grant funds. Once assessed a liability form is completed on the individual. If the individual does not have financial means, public funds, including the block grant, managed by the SCA are used to provide a continuum of services to the individual. A total of 1,497 assessments were completed through BDAP. This number does not represent all persons in drug and alcohol treatment. Some individuals are funded through private insurance and Medicaid can go directly to treatment providers for services.

Older Adults (ages 51 and above): The SCA assessed 181 individuals in this age group. This represents 12% of the individuals accessing services through SCA last year. 21% were female and 79% male. Of that group 50% presented with mental health symptoms.

Adults (ages 19 and 50): The SCA assessed 1100 individuals in this age group: 28% were female and 72% presented with co-occurring mental health symptoms. 72% were male and 45% presented with co-occurring mental health symptoms.

Transition Age Youth (ages 19 to 25): The SCA assessed 289 individuals in this age group: 20% of the individuals presenting to the SCA for drug and alcohol assessment were in this age group. 42% were female and 67% presenting with co-occurring mental health symptoms. 58% were male and 40% presented with co-occurring mental health symptoms.

Adolescents (18 and under): The SCA assessed 217 individuals in this age group. 48% were female and 88% presented with co-occurring disorders. 52% were male and 61% presented with co-occurring mental health symptoms.

Individuals with Co-Occurring Psychiatric & Substance Use Disorders: See data included within Older Adults, Adults, Transition Age Youth and Adolescents.

Women with Children: 2016-2017 the SCA coordinated care for over 256 self-identified women with children. In addition, through uninsured funding, 54 unduplicated women with children were provided treatment through the continuum of care to include pharmacotherapy as requested.

Overdose Survivors: To date in FY 2016/2017, the Blair SCA assessed over 447 self-identified opioid use disorder people of which 219 self-disclosed being an overdose survivor. Full access to all levels of care and medicated assisted treatment services are made available to this population. The SCA follows the DDAP directives to prioritize this population for funding.

County's Identified Priority Populations

- **Criminal Justice Involved Individuals:** Over 78% of the assessments performed by the SCA and its providers have criminal justice involvement. The SCA has worked very close with the courts to ensure that individuals are referred for drug and alcohol evaluation and treatment services.
- **Veterans:** The SCA has just added this question to its registration process. 77 people identified themselves as a Veteran at the time of assessment. 3 were female and 74 were male.

Recovery-Oriented Services

The SCA has a subcommittee, Rise for Recovery, which meets regularly and is implementing their strategic plan. Current activities include:

Workforce Development:

- ❖ Planning for 2nd round of CRS training and testing – First round resulted in 24 trained/13 certified
- ❖ Planning training of trainers on Recovery Coaching to support best practices in supporting recoverees
- ❖ Planning Leadership training for Recovering Community to support Advocacy and Messaging to general community
- ❖ Planning Quarterly meetings for certified CRSs to provide support as they implement their new skills

- ❖ Planning a team of CRSs and Rise for Recovery persons in recovery to attend the September Recovery summit

Programming:

- ❖ The SCA will be developing a service description for CRS services to the BH-MCO.
- ❖ The SCA is exploring the development of a CRS Response Team to be used for overdose survivor 24/7 responses.
- ❖ The SCA will be expanding 1 FTE CRS at its location.

Advocacy- Activities

- ❖ Continue to support Rise for Recovery in their strategic plan and leadership in the community.
- ❖ Continue to support the local Recovery membership club and activities.

Human Services and Supports/Human Services Development Fund

Services to Be Provided

Adult Services

Program Name: Counseling Services

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

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

Service Category: Counseling

Aging Services

Program Name: Care Management Services

Description of Services: All persons requesting or receiving Care Management services are assigned to a Care Manager. An initial visit is scheduled with the consumer and the family, if requested. This initial visit is conducted within 7 days of the receipt of the referral. During the initial visit, the consumer is assessed for level of care using the Level of Care Determination (LCD). The consumer is also 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 Functional Needs Measurement 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 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 a call every 6 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

Children and Youth Services

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

Generic Services

Program Name: Information and Referral

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

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

CONTACT Altoona is one of the founding partners in the PA 2-1-1 initiative. CONTACT Altoona is a satellite call center for the statewide PA 2-1-1 system, linking individuals in need to essential health and human services. CONTACT Altoona provides direct access to PA 2-1-1 services through the website (<https://pa211central.info/>) and provision of 24-hour telephone services to directly connect individuals to needed services. Callers who dial 2-1-1 speak with a call specialist who has access to the online, comprehensive database (Vision Link) utilized by all PA 2-1-1 call centers. Through conversation with callers, the call specialist is able to determine the need or needs of the caller and search the database for agencies and organizations in the caller's specific area that provide the needed services. Searches are done by zip code and county. Call specialist will search the world-wide web to find available information if the requested services are not contained in the database. PA 2-1-1 is able to refer callers, both individuals and agencies, who may not know what services other agencies provide to the correct resources. Our referrals also keep callers from becoming frustrated by calling multiple agencies to find the right fit. CONTACT Altoona continually updates and maintains the PA 2-1-1 Database (<https://pa211.communityos.org/cms/>). The PA 2-1-1 Database provides the most accurate and updated resources for information and referrals in response to health and human service needs. The PA 2-1-1 Database is accessible 24 hours a day and is available to all members of the community. CONTACT Altoona's provision of information and referral services is necessary and vital in the implementation of 2-1-1.

Service Category: Centralized Information and Referral

Population Served: CONTACT Altoona's Information and Referral Program serves all populations.

Specialized Services

Program Name: Big Brothers/Big Sisters

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

Program Name: Teen Link Connection

Description of Services: Child Advocates of Blair County, through their Teen Link Connection program, provides intervention services, prevention services, case management, and referral services to pregnant and parenting teens and their families. Although other programs are available to support pregnant and parenting teens, these programs have restrictions with who they can serve. One program requires the adolescent to be enrolled in school, while another program requires the adolescent to be on their first pregnancy and request services by a specific number of weeks within the pregnancy. Teen Link Connection is the only program in Blair County that provides services to pregnant and parenting teens that have dropped out or recently graduated from school. Teen Link Connection is also a program that can provide services to adolescents even if they did not request services while they were pregnant. We currently do not have any pregnant or parenting teens on our case load due to a lack of clients fitting the requirements, however we are still very active in offering parent education and referral services. Teen Link Connection also continues to provide education and support services to the community in an effort to prevent teen pregnancy and to raise awareness of the problems associated with teen pregnancy. This is done through outreach efforts such as Teen Power Day, the Teen Pregnancy Prevention Team, CHOICES, and the All STARS program. The 14th annual Teen Power Day will be held on May 8, 2017. Students from all surrounding school districts have been invited. We will continue with previous speakers who will present many topics such as: Healthy Relationships, Cyber Bullying, Facts on STDs, Dangers of nicotine and Alcohol Addiction, Testimonials from recovering addicts, Choices and Consequences. In response to student and chaperone surveys from last year we will also be incorporating some new presenters and topics such as: Diversity, Depression and Anxiety, and Suicide Prevention. The All Stars program has served 32 students in 7th – 9th grade for the 2016-2017 school year and is scheduled for a 3rd session later this summer.

Program Name: Reassurance Program

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

Interagency Coordination

The Blair County Department of Social Services will use Human Services Development Fund dollars for Interagency Coordination to help fund a coordinated county-wide Needs Assessment. The purpose of the comprehensive assessment is to identify community assets, identify targeted needs and develop an action plan to fill those needs. However, the ultimate goal is to improve the lives of all people living in Blair County. These dollars are also used to build partnerships through collaboration with other agencies and organizations. We work toward solving problems that exist within our community and to improve the effectiveness of the service delivery system. Our goals are to develop a better knowledge of existing agencies and services, provide education to others about community resources, and increase and promote the quality of human services in the community. 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), Blair County Healthy Community Partnership, Blair County Leadership Coalition, Blair County Needs Net, Blair County Fuel Bank, and the Heat & Utilities Task Force. 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 Long Term Care, Department of Education and PACHSA. PACHSA dues are not included in the expenditures for Interagency Coordination.

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

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

ACT and CTT	0					
Administrative Management	1400		485,557		34,156	
Administrator's Office			374,716		13,482	
Adult Developmental Training	0					
Children's Evidence-Based Practices	0					
Children's Psychosocial Rehabilitation	0					
Community Employment	50		156,123		11,614	
Community Residential Services	71		349,987		25,409	
Community Services	0		31,624		3,376	
Consumer-Driven Services	110		231,386		2,917	
Emergency Services	665		293,096		32,472	
Facility Based Vocational Rehabilitation	14		129,583		14,309	
Family Based Mental Health Services	7		55,658		4,342	
Family Support Services	19		108,593		9,737	
Housing Support Services	150		149,988	42,708	19,965	
Mental Health Crisis Intervention	1130		298,900		11,100	
Other	0					
Outpatient	925		461,510		25,362	
Partial Hospitalization	30		88,330		2,191	
Peer Support Services	0		1,200			
Psychiatric Inpatient Hospitalization	0					
Psychiatric Rehabilitation	44		160,000			
Social Rehabilitation Services	180		102,769		3,585	
Targeted Case Management	250		259,952		990	
Transitional and Community Integration	75		79,900		8,300	

TOTAL MENTAL HEALTH SERVICES	5,120	\$3,818,872	\$3,818,872	\$42,708	\$223,307	\$0
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County: BLAIR	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			1,006,807	15,974	4,605	
Case Management	930		56,400	2,877,895	4,600	
Community-Based Services	753		236,171	16,372,253	27,035	
Community Residential Services	195		14,845	25,965,637		
Other	0		0			

TOTAL INTELLECTUAL DISABILITIES SERVICES	1,878	\$1,314,223	\$ 1,314,223	\$45,231,759	\$36,240	\$0
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HOMELESS ASSISTANCE SERVICES

Bridge Housing	90		31,897			
Case Management	980		98,120			
Rental Assistance	550		66,545			
Emergency Shelter	440		40,155			
Other Housing Supports	0		0			
Administration			26,300			

TOTAL HOMELESS ASSISTANCE SERVICES	2,060	\$263,017	\$263,017	\$0	\$0	\$0
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County: BLAIR	1. ESTIMATED INDIVIDUALS SERVED	2. HSBG ALLOCATION (STATE & FEDERAL)	3. HSBG PLANNED EXPENDITURES (STATE & FEDERAL)	4. NON-BLOCK GRANT EXPENDITURES	5. COUNTY MATCH	6. OTHER PLANNED EXPENDITURES
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SUBSTANCE USE DISORDER SERVICES

Case/Care Management	1,200		244,590			
Inpatient Hospital	1		5,000			
Inpatient Non-Hospital	20		50,000			
Medication Assisted Therapy	30		40,000			
Other Intervention	15,000		10,000			
Outpatient/Intensive Outpatient	20		50,000			
Partial Hospitalization	25		45,000			
Prevention						
Recovery Support Services	250		75,000			
Administration			57,732			

TOTAL SUBSTANCE USE DISORDER SERVICES	16,546	\$577,322	\$577,322	\$0	\$0	\$0
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HUMAN SERVICES DEVELOPMENT FUND

Adult Services	50		11,325			
Aging Services	49		2,250			
Children and Youth Services	0		0			
Generic Services	2,800		2,425			
Specialized Services	352		19,000			
Interagency Coordination			90,127			
Administration			13,903			

TOTAL HUMAN SERVICES DEVELOPMENT FUND	3,251	\$139,030	\$139,030	\$0	\$0	\$0
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GRAND TOTAL	28,855	\$6,112,464	\$6,112,464	\$45,274,467	\$259,547	\$0
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Appendix "D"
UPMC Altoona Memorandum of Understanding

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

A. UPMC Altoona agrees to:

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

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

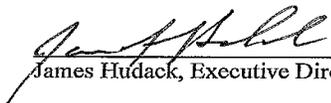
1. Designate UPMC Altoona as the primary facility to evaluate and treat involuntary commitments of Blair County residents.
2. Coordinate the involuntary admission and hearing process, providing staff assistance as indicated.
3. Provide staff assistance as needed in the transfer process of patients from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

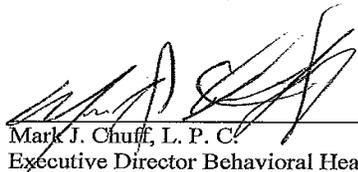
C. The services provided under this Work Statement are subject to the terms of the attached Agreement between the parties dated _____, with the exception of Articles III-V, IX-XI and XVI, which do not apply in their entirety to the services described in this Work Statement, and further that the reports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

Approved by:

**Blair County
Department of Social Services**

UPMC Altoona


James Hudack, Executive Director


Mark J. Chuff, L. P. C.
Executive Director Behavioral Health Services

5/5/17
Date

5/9/17
Date


Jerry Murray, President/CEO

5/9/17
Date