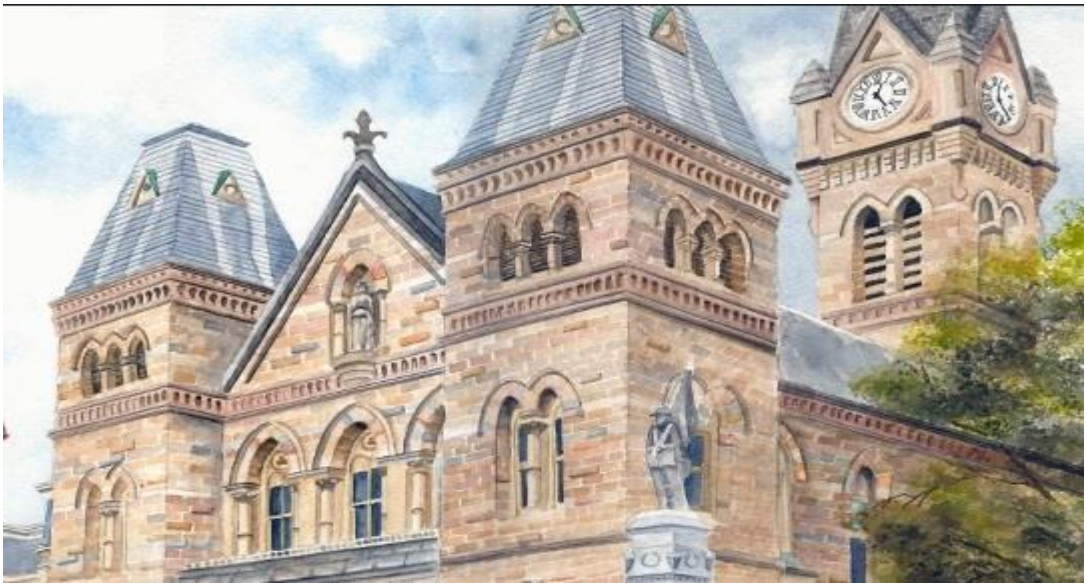
Blair County
Human Services Plan
FY 2014-2015



September 2014

Blair County Department of Social Services ● 423 Allegheny St., Suite 441B, Hollidaysburg, PA 16648 ● (814)-693-3023

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Appendix "A"

Blair County Commissioners Assurance of Compliance

Appendix A

Fiscal Year 2014-2015

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 Pre-Expenditure 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 necessary eligibility records and other records necessary to support the expenditure reports submitted to DPW of Public Welfare.

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 handicap in providing services or employment, or in its relationship with other providers; or in providing access to services and employment for handicapped individuals.

2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures	*Please Print*	
Terry Tomassetti	Terry Tomassetti	Date: 7-8-14
Diane L. Meling	DIANE L. MELING	Date: 7-8-14
Ted Beam, Jr.	TED BEAM, JR.	Date: 7-8-14

Appendix "A"
Blair County Leadership Coalition Assurance of Compliance

Fiscal Year 2014-2015

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

James A. Hudack — July 7, 2014
James Hudack, Administrator
Blair County MH/ID/EI — Date

Theresa Rudy — July 7, 2014
Theresa Rudy, Director
Blair County Mental Health Program — Date

Cathy Crum — July 7, 2014
Cathy Crum, Director
Blair County Human Services — Date

July 7, 2014
Amy Marten-Shanafelt, Executive Director
Blair HealthChoices — Date

Judith A Rosser — July 7, 2014
Judy Rosser, Executive Director
Blair Drug & Alcohol Partnership — Date

Helen Terza — July 7, 2014
Helen Terza, Executive Director
Southern Alleghenies Service Management Group — Date

Nancy A Williams — July 7, 2014
Nancy Williams, Chief
Blair County Juvenile Probation Officer — Date

Stacie M. Horvath — July 7, 2014
Stacie Horvath, Administrator
Children, Youth, & Families — Date

Appendix "B"

Blair County Human Services Plan
Fiscal Year 2014-2015

Part I: COUNTY PLANNING PROCESS

Blair County Background Information

Blair County's 2010 census counted 127,089 residents. Between 2000 and 2010, Blair County's population decreased by 1.6%, and 87.3% were living in the same house for one year or more between 2007 and 2011. The population is 96.2% white, 1.8% black, 1.0% Hispanic or Latino, 0.6% Asian, 0.1% American Indian or Alaska Native, and 1.2% two or more races. English is the primary language spoken; 2.9% of residents report a language other than English spoken at home. Blair County Cooperative Extension has noted an increase in Hispanic migrant workers, as well as, a small Korean population. The percentage of residents 65 and older is 17.7%, compared to 21.5% of residents under 18 years, and transitional age (15 to 24) residents at 13.2%. The median household income in 2012 was $41,154. Also, between 2008 and 2012, the percentage of residents over the age of 25 with a Bachelor's Degree or higher was 17.9%, and the percentage of individuals with a high school diploma was 90%. Approximately 13,049 veterans reside in Blair County (U.S. Census Bureau) which represents 13% of the population.

According to the Center for Rural PA, the total poverty rate in Blair County in 2012 was 13.6%, with the poverty rate for children under the age of 18 at 20.4%. In June 2013, 20.4% of Blair County population was eligible for Medical Assistance as compared to 17.2% for Commonwealth with over 13% of the residents of Blair County being uninsured. During 2007 to 2008, 2,247 residents received some type of homelessness assistance. This represents 17.9 residents per 1,000 as compared to only 8.9 per 1,000 for Pennsylvania. In Blair County, 15% or 20,085 residents have some type of disability and 37.2% of people over 65 have a disability.

Blair County ranks 51 out 67 counties in Pennsylvania in overall health care according to County Health Ranking and Roadmap an improvement over last report period. Blair County Residents demonstrate a very high morbidity ranking of 47 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.

The cost of living for Blair County is only 13.5% lower than the national average. An earner plus one at $11.00 an hour is a Pennsylvania sustaining wage. The 2013 Blair County unemployment rate was 7.1%, a decrease of .6% from 2010.

There are seven public school districts in Blair County: Altoona, Bellwood-Antis, Claysburg-Kimmel, Hollidaysburg, Spring Cove, Tyrone, and Williamsburg. In Blair County, 42.9% of the students qualify for free or reduced lunches, including one elementary school where 96% of the students qualify. 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.

Pennsylvania Department of Education data from 2006-07 (most recent data available) indicates 213 children were enrolled in home schooling and 2010-11 enrollment at Central Pennsylvania Digital Learning Foundation Charter School was 127 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. Two hundred sixty three girls from 22 states and 11 foreign countries currently attend. Ninety percent of the students live beyond a 100 mile radius from the school.

The Pennsylvania State University (Penn State) Altoona Campus contributes to an influx of over 3800 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.

Blair County is committed to collaboration across all systems of care to address the challenges encountered in the operation and delivery of comprehensive quality human services to its residents. These systems of care include services for mental health, intellectual disabilities, and drug and alcohol, programs which are administered by private, non-profit organizations. Blair County continues to administer the Human Services, Mental Health, and Children Youth and Families programs.

In January 2012, Blair County developed the Blair County 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) (Intellectual Disabilities), Blair HealthChoices, and the Blair County Drug and Alcohol Partnership. The coalition's mission is to create a structure and build partnerships to collaboratively manage cross systems strategies that positively affect people. Despite our efforts at collaboration, funding structures and restrictions have limited our ability to provide truly integrated services. This Coalition meets at least monthly to discuss and address issues across the array of programs to better serve the residents of Blair County. Recently, the Coalition has begun the process of developing a strategic plan to continue to move forward to increase opportunities for integration among all programs.

1. ***Attachment A (page 11)*** 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.
2. In addition to ongoing feedback and involvement in the planning process, May of 2014, a survey was conducted to broaden the participation of stakeholders in the planning process. Forty-seven (47) individuals and/or their families' participated and 95 providers. The survey was done in a narrative format with the following questions being asked:

    - What human services within Blair County are the most helpful or work well for you and why?

Individual and Family Responses	
Opportunity Club (social rehab)	35.71%
Mental Health	19.71%
Drug & Alcohol	14.29%
Teen Link/Teen Nurturing	9.52%
Early Intervention	7.14%
Head Start	7.14%
Federally Qualified Health Clinic	7.14%

    - What human services do you think we need more of within Blair County and why?

Individual and Family Responses	
Mental Health	12.50%
Counselors	10.00%
Housing/Homeless Assistance	10.00%
Not Sure	10.00%
Peer Support	10.00%
Teen Support	10.00%
Drop In	7.50%
Financial Assistance	7.50%
Children Youth and Families	5.00%

- Are there needs in our Blair County communities that are not being met?

Individual and Family Responses	
Not Sure	15.63%
Psychiatrist/Psychologist Lack of	12.50%
Yes	12.50%
Counselors – Too Long Between Appts.	9.38%
Financial Assistance	9.38%
Child Services in Schools with/without MA	6.25%
Housing/Shelters	6.25%
Mental Health Services	6.25%

- Do you have any suggestions to address those needs that are not being met within Blair County?

Individual and Family Responses	
No	22.27%
Funding	9.09%
Advertise	4.55%
Altoona Rescue Mission	4.55%
Counseling/Family/Divorce/Recovery	4.55%
DOM/Personal Care	4.55%
Family Activities	4.55%
Hire More Staff/Volunteers	4.55%
Homeless Assistance	4.55%
Listen to Families' Needs	4.55%
Mentoring	4.55%
Mental Health	4.55%
Transportation Services	4.55%

- What is the best way to inform Blair County residents about human services and support groups that are available within Blair County?

Individual and Family Responses	
Media/Newspaper/Internet	67.14%
Hand Outs	11.43%
Through Agencies	10.00%
Schools	10.00%
Doctor's Offices	8.57%
Word of Mouth	5.71%
Bulletin Boards/Billboards	5.71%

The survey results were helpful, and this mode of eliciting feedback will continue to be fine-tuned and used for future planning.

3. Blair County's Block Grant Coalition is working to assure that all of the residents of the county receive services in the least restrictive setting appropriate to their needs. Identified shared block grant funds are available to be shifted between categorical areas. How that shift is made is described here.

The members of the Coalition have identified the following priorities; housing, employment, life skills, data and transportation. The agreed upon standards are:

- We will manage funds for FY 2013-14 as allocated
- We will decide on a target number for retained funds for 2014-15 before budgets are approved
- 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

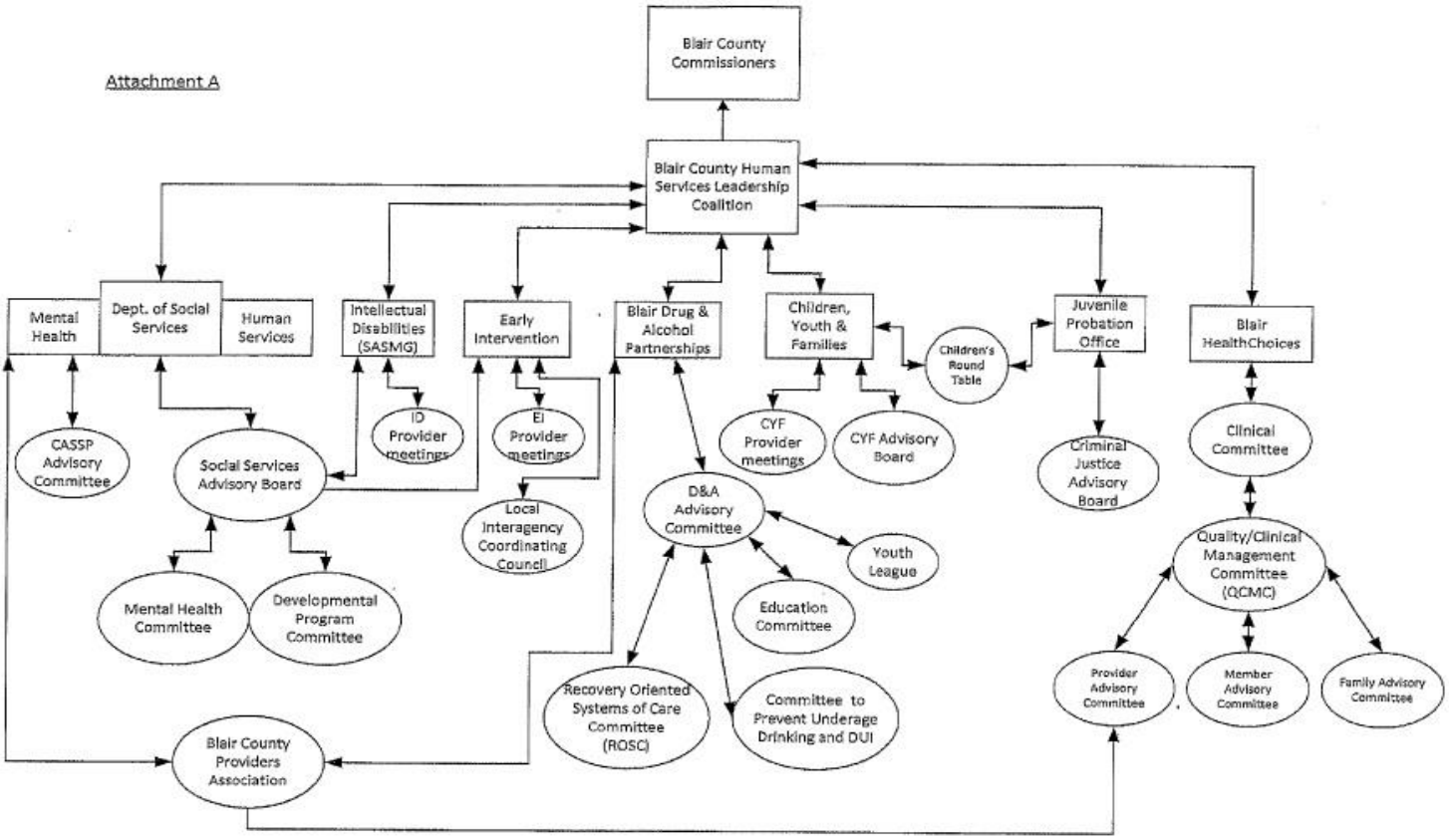
In addition we have identified the following operational values:

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

For fiscal year 2013-14, a final decision regarding how any retained funds will be used must be identified in the Income & Expense report. A work team has been formalized, which includes six members of the Coalition to discuss and make recommendations for the target of retained earnings from fiscal year 2013-14. It is expected that this team will also make recommendations for the methodology to use for next fiscal year.

For instance, if the work team targets housing as the priority to work toward, they will develop recommendations describing how each program would benefit from it; how people would have quicker access to stable housing, etc. Those recommendations will be submitted to and approved by the Blair County Board of Commissioners. Also, before the launch, outcomes will be identified and expected results will be recognized. Data collection methodologies will be directed at the launch so that we can measure the effectiveness of efforts.

4. 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. Additional funding was awarded to two programs. The Drug and Alcohol program demonstrated the need for additional funding to support people waiting for needed service, and without funding could cause harm. And our 'warm call' center, Contact Altoona, lost a significant amount of funding previously granted to them and was in need of support. Many of the calls that are provided are to people who use services with all Coalition disciplines. Any additional funds will go toward the allowable 3% retained earnings.



Blair County Stakeholder Involvement Flow Chart
Attachment A

PART II: PUBLIC HEARING NOTICE

For the development of the 2014-2015 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. On April 30, 2014, at 2:00p.m., the first Blair County Human Service Annul Plan Public Hearing was held at the Altoona Water Authority Building located in Altoona. The second hearing was held on June 24, 2014, at 2:00p.m. at the same location. 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.

The first public hearing had 32 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. The minutes, sign in sheet, publication of notice and posting announcements from the April 30, 2014, Public Hearing are included in *Appendix "D"*.

The second Blair County Human Service Annul Plan Public Hearing conducted on June 24, 2014 had 22 residents of Blair County in attendance. During this hearing each program director gave a brief overview of their respective section of the annual plan. The audience had the opportunity to ask questions and make comments throughout the duration of the public hearing. The hearing was the final opportunity for any additional comments or suggestions. These comments were reviewed by the Blair County Leadership Coalition to be included in the final submission of the annual plan which was approved by the Blair County Commissioners on July 8, 2014. The minutes, sign in sheet, publication of notice, posting announcements from the June 24, 2014, Public Hearing and the July 8, 2014, Blair County Commissioner's agenda are included in *Appendix "D"*.

PART III: WAIVER REQUEST

Blair County will not be seeking a waiver for the Fiscal Year 2014-2015.

PART IV: HUMAN SERVICES NARRATIVE

Mental Health Services

a) Program Highlights:

2013 was a year of transition, challenges and increased collaboration among all social service agencies. Our first challenge this year was assessing the affect of the 10% budget cut that all program services experienced. Fortunately, we were able to complete the FY2012-2013 year without any major adverse effects in program operations and funding. It was our hope, that we would have seen an increase in funding for the new fiscal year, but ended the year with the same funding amount as FY 2012-2013.

In January 2013, we initiated the process of creating the new Blair County Department of Social Services with the plan to integrate the former County Mental Health/Intellectual Disabilities/Early Intervention (MH/ID/EI) and County Human Service Office (HSO). We began by critically exploring and reviewing all programs, operations and funding. The merger went into effect on July 1st of 2013.

Since that time, we have been addressing cost savings efforts, combining of resources, and developing a process to reassign job duties to enhance operations. During 2014, we will be working on development of new job descriptions and working with our staff in making the transition to new assignments. One of the outcomes will be the development of an operational manual for the department that will address all operational aspects and responsibilities.

July 1, 2013 also marked the merger of two large Mental Health contractors, the Altoona Regional Health System (now UPMC Altoona) and the Home Nursing Agency (HNA), with the University of Pittsburgh Medical Center (UPMC).

July 1, 2013 Blair HealthChoices welcomed Community Care Behavioral Health (CCBH), the new Behavioral Health-Managed Care Organization (BH-MCO) for Blair County; more detail to follow in this plan.

The Blair County Cross Leadership Coalition has continued to work together to address cross system issues and educate its members regarding each other's program operations and mandates. We are currently employing the services of a consultant in the development of a strategic plan and operational structure. Earlier this spring, the Coalition made the recommendation to the County Commissioners to apply for the Human Services Block Grant if additional opportunities were approved by the Pennsylvania Legislature. As a result of the hard work and upfront planning by the Coalition, Blair County positioned itself to be able to apply for the Human Service Block Grant and was awarded one of the openings in October 2013. This opportunity to be part of the Human Service Block Grant will create or allow flexibility in the way block grant funding is allocated. It will help fund program services that best serve the residents of Blair County. Blair County will also have the ability to retain any remaining funding for reinvestment or for new program development.

The real success of the Blair County Leadership Coalition has been its ability to enhance communication and cooperation skills across all systems in coming together to collaboratively address the needs of the residents of Blair County. Some of the endeavors include the joint efforts of the Mental Health and Intellectual

Disabilities Programs working to create a Navigator position that can cross both systems in the development of services for individual with a medical dual diagnosis. A local Technical Assistance Support Team (TAST) has also been developed to work with the individual's team in addressing issues to avoid changes in placement or movement to higher levels of care. The TAST group has developed a standardized reporting form that can be used by all providers in the sharing of information when attending medication management appointments.

Disaster Preparedness/Disaster Crisis Outreach and Referral Team (DCORT): The PA Certification Board (PCB) issued the Certified Disaster Crisis Outreach and Referral Professional (CDCORP) credentialing criteria in 2012. This is a five year certification and one training per year plus two drills or deployments are required to be recertified.

- ***Fiscal Year 2012/2013***: Twenty-nine (29) Blair DCORT Members from the County MH Program Office, Blair Senior Services, Contact Altoona, Family Intervention Crisis Services, Home Nursing Agency, Skills of Central PA, and UPMC Altoona were certified.
- ***Fiscal Year 2013/2014***: Eight (8) Blair DCORT members were certified as CDCORP bringing the total CDCORP
- UPMC Altoona applied to the Department of Health for training funds which were contracted with the UPMC/Western Psychiatric Institute and Clinic (WPIC) for Critical Incident Stress Management (CISM) Group Refresher on August 6, 2013 and the CISM Group on August 7 and 8, 2013 and held in Altoona.
- Office of Mental Health and Substance Abuse Services (OMHSAS) trainings on "Psychological First Aid" and "MH Response to Mass Violence" were hosted in Blair County in March 2014.
- Blair Emergency Management Agency prepared a table top drill for the DCORT in February 2014.

Consolidated Community Reporting Initiative (CCRI): Blair County is a phase four county in the CCRI implementation and OMHSAS provided a two day technical assistance in May 2013. We are working closely with our Management Information System (MIS) Consultants and contracted agencies through the provider enrollment process and the contract "Covered Services and Fee Schedule" detail aligns with the CCRI Reporting Procedures. Applied for the OMHSAS CCRI Mini-Grant Initiative and awarded $10,000 for the work statement submitted for FY 2014/2015.

Networking Day: Comprehensive Community Integrated System of Care (CCISC) Change Agent Connections Third Annual Networking Day was held on October 24, 2013 at the Jaffa Shrine in Altoona; Eighty local community agencies had a table sharing their information and over 200 community members toured the tables in the morning. Presentations were given by the Home Nursing Agency (HNA) Opportunity Drop In Center, the James Van Zandt Veterans Administration, and the Medical Assistance Managed Care Organizations for Physical Health and Behavioral Health. Pyramid HealthCare PCB training by Amy Buehrer was attended by 58 individuals in the afternoon.

System of Care (SOC): County Learning Community with the PA SOC Partnership met with the Blair County Child/Adolescent Service System Program (CASSP) Advisory Committee (AC) on July 15, 2013 and shared an overview of the Commonwealth's involvement and evolution with the PA SOC over the years from a system, family and youth perspective. Discussion focused on the benefit of the philosophical and cultural change that a county will go through in bringing youth and family partners to the table where they will have a voice in all perspectives from individual care to management and policy development. The CASSP AC is

leading the Blair County Learning Community and 5 members have enrolled to attend the PA SOC conference in June 2014.

Community Care Behavioral Health Organization (CCBH): On July 1, 2013, Blair County's HealthChoices administrative entity re-procured and sub-contracted with a different Behavioral Health Managed Care Organization, Community Care Behavioral Health Organization. A seamless transition occurred with re-contracting, and re-orienting the existing provider network. Community Care Staff for the local office now includes care management for children's community based behavioral health services. This has allowed care management for children to be individualized to the unique needs of Blair County's families. This transition also included expansion of Blair HealthChoices' comprehensive care management to serve adults and children. Blair HealthChoices' comprehensive care management works with adults, children, and their families that may experience multiple hospital admissions or are at risk of out of home placements and would benefit from one care manager coordinating individualized care through all levels of care.

Blair HealthChoices and Community Care continued to support the Annual NAMI Recovery Conference for individuals in recovery in April 2014. The conference provided inspirational stories of the guest speaker's recovery journey, as well as, practical strategies to enhance their own recovery. This was the fourth year for this annual conference which originated with a grant from OMHSAS. Community Care followed the NAMI Conference with a visit from Pat Deegan as the keynote speaker for the Recovery is for Everyone Conference. This conference was for individuals in recovery, providers, and community advocates. It also introduced the Blair County community to the recovery toolkits developed by Pat Deegan and included copies of the toolkits for full implementation.

Blair HealthChoices and Community Care re-established a committee structure that continues to enhance the involvement of individuals in recovery and their families. This includes a Member Advisory Committees (MAC) and Family Advisory Committees (FAC) which are co-facilitated by Community Care's Community Relations Coordinator, Blair HealthChoices Quality Improvement Coordinator, an adult in recovery and a parent/guardian of a child with behavioral health issues. A Provider Advisory Committee was also established to better coordinate efforts to achieve system transformation goals. These goals include improved coordination and quality of community-based services to reduce acute hospitalization, out of home placement for children and improved outcomes for individuals in recovery from co-occurring disorders. Blair HealthChoices and Community Care also continued the quality and care management committee that includes provider, individuals in recovery and family representation. The Clinical Committee also continues to meet monthly to coordinate recovery and resiliency initiatives with all the human service system partners, including Mental Health, Intellectual Disabilities, Drug and Alcohol, Juvenile Probation, and Children, Youth and Families.

Community Care was awarded a second grant from the Patient-Centered Outcome Research Institute (PCORI) in late 2013. Two sites from Blair County have been chosen to participate in this study to determine the effectiveness of patient-centered mental health treatment.

Community Care implemented the Children's Outcome Survey (COS) in Blair County, March 2014. Community Care provided training to both the Quality and Care Management Committee as well as to the BHRS Consortium in background information, implementation processes, and benefits of using the Child Outcomes Survey (COS).

Several collaborative meetings have occurred beginning in 2013 with Community Care, Blair HealthChoices, and two local school districts to explore the benefits of implementing the Children's Clinical Home (CCH) Model in each district. At this time, two Clinical Homes are scheduled to begin in September 2014. At the Tyrone School District, one of the sites planning for a Clinical Home will be enhancing and replacing an existing BHRS exception service created to prevent children from being placed out of the school. The Tyrone School District did not place a single elementary school child, where the program was implemented, outside of the school for the 2013-2014 school year. It is anticipated that the Clinical Home will continue to support these elementary children, allowing a greater scope of support within the school, and be able to expand this support into the middle school.

Lastly, Community Care introduced the Behavioral Health Home (BHH) Model, where a nurse is located within Mental Health Targeted Case Management (TCM) unit providing consultation and support to better coordinate the co-morbid physical and behavioral health issues that often complicate stability for individuals with serious mental health issues. This model also includes wellness trainings and support.

b) Strengths and Unmet Needs:

- ***Older Adults (ages 60 and above)***
  - **Strengths:**
    - 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
    - Local Housing Options Team (LHOT)/OMHSAS partnership to develop a housing strategy for seniors
  - **Needs:**
    - Accessibility to Medicare providers
    - Older adult training for peer specialists
    - Housing for seniors

- ***Adults (ages 18 and above)***
  - **Strengths:**
    - Blair HealthChoices care management for high risk adults implemented 7/1/2013
    - Adequate capacity for targeted case management
    - Comprehensive continuum of MH services, including peer support expansion
    - Drop In Center (s)
    - Community Support Plan (CSP) Committee
    - 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, and NAMI Connection support group
    - Dual Diagnosis (MH/ID) steering committee (TAST)
  - **Needs:**
    - Safe, decent, and affordable housing
    - Increase recovery oriented mental health services, shifting more toward recovery model
    - 24 hour supervised living arrangement Long Term Structured Residence (LTSR)
    - Employment opportunities
    - Transportation

- ***Transition-age Youth (ages 18-26)***
  - **Strengths:**
    - Targeted Case Management set up to work through transitional age
    - Prioritized across all systems
    - Active local Transition Council including ID and MH
    - Included in Drop In Center (s)
    - Elements of Harmony is a transitional age youth with autism support group
  - **Needs:**
    - Independent living skills development/housing
    - Smoother transition from child serving system to adult serving system
    - Local job training
    - Autism Adult Waiver provider capacity
    - Individuals with autism transitioning out of Behavioral Health Rehabilitative Services (BHRS)

- ***Children (under 18)***
  - **Strengths:**
    - Child/Adolescent Service System Program (CASSP) Advisory Committee
    - CASSP Team Meetings
    - CASSP Blair County Learning Community PA System of Care Partnership
    - Student Assistance Program (SAP) including the SAP Coordination Team and SAP School District Council
    - Child/Adolescent Service System Program (CASSP) Advisory Committee
    - BHRS Consortium actively meets monthly includes school participation
    - Establishing two Children's Clinical Homes (School Based Behavioral Health) in Tyrone and Altoona
    - Local care management for children
    - Suicide Prevention Task Force (SPTF) meets monthly, Aevidum
    - Teen Shelter expansion
    - Family Group Decision Making(FGDM), Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Parent Child Interaction Therapy (PCIT)
  - **Needs:**
    - Respite care-lack of adequate funds
    - Adoption disruption
    - Children with multiple out of home placements coming up on age 18
    - Provider competency for aggressive children
    - Co-Occurring Disorder (COD) (MH/SA) adolescent treatment

- ***Individuals Transitioning Out of State Hospitals***
  - **Strengths:**
    - 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
  - **Needs:**
    - Supervised housing
    - Transition to PHP under-utilized
    - DBT treatment
    - Enhanced/Specialized Personal Care Homes (PCH) DPW licensed for less than 16

- Long Term Structured Residence
- Crisis Intervention Services: Residential
- Mobile Treatment Teams: Community Treatment Team (CTT), Assertive Community Treatment (ACT)
- Expand Mobile and Site Based Psychiatric Rehabilitation
- Extended Acute Care Hospital to reduce the need for state hospital admissions

- ***Co-occurring Mental Health/Substance Abuse***
  - **Strengths:**
    - Mentally Ill Substance Abuse (MISA) OMHSAS Pilot 2001 - 2005
    - 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.
    - 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.
    - 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.
    - 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

- ***Justice-involved Individuals***
  - **Strengths:**
    - Blair Criminal Justice Advisory Board (CJAB)
    - Communication through Assessment Team
    - Forensic Certified Peer Specialists (CPS)
    - Mental Health Court Plan Committee
    - Blair HealthChoices Care Management participation in Assessment Team
    - MH/COD/CJ Team meets biweekly and includes Blair HealthChoices Care Management, Blair County Mental Health Specialist, County/State Adult Parole and Probation, MH TCM
    - 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:
      - ✓ 3 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

- 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.

- **Needs:**
  - 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
  - Level of care assessments for Individuals with Mental Illness or COD MH/SA

- ***Veterans:***
  - **Strengths:**
    - Local access to services
    - James Van Zandt VA Medical Center in Altoona has a Behavioral Health Clinic with competent clinicians
    - Aware of resources
  - **Needs:**
    - Communication between VA services and non-VA services
    - Limited coverage of MH providers for their family/children (Tricare)

- ***Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers***
  - **Strengths:**
    - Therapy services are available
    - Support group at Penn State University (PSU) Altoona for community
    - BDAP offers continuing ed credits/trainings that are valuable
    - SAP groups targeted for LGBTQI
  - **Needs:**
    - Increased cultural sensitivity
    - Advertising
    - Increased training opportunities

- ***Racial/Ethnic/Linguistic Minorities***
  - **Strengths:**
    - Bi-lingual care management (Spanish)
    - Assessment process is thorough
    - Written material in Spanish
  - **Needs:**
    - Not well advertised, accessible

c) Recovery-Oriented Systems Transformation:

Blair HealthChoices/Community Care Strategic Plan

Executive Summary

In November 2013, Blair HealthChoices and Community Care reviewed several years of HealthChoices data and compared it to experiences Community Care has had in other counties to establish priorities for the HealthChoices program in Blair County. These priorities were discussed with other County human service system leaders to confirm and align their priorities. The issues and desired outcomes were identified as follows:

Area of Concern: MHIP Readmission Rates/Ambulatory Capacities

Readmission rates for adult mental health inpatient have remained above 10% for the past three fiscal years through FY2012/2013 and children's readmissions spiked above 10% this past fiscal year. Ambulatory follow up has not shown consistent improvement and has yet to meet the standard. The goal is to reduce readmission rates below 10%.

Desired Outcome:
Establish a recovery oriented, community-based ambulatory system of care to reduce readmissions within 30 days and potentially prevent initial hospitalizations. Continue to strengthen the competencies and coordination of community-based services that support an individual's recovery. Improve awareness of symptoms to intervene before hospitalization is needed. Explore other opportunities for crisis diversion and community support. Support education on mental health to the community at large.

Action Steps Currently Underway:

- In situations where hospitalization occurs, establish discharge planning best practices with mental health inpatient providers.
- Implement the Pat Deegan toolkits, and Decision Support Centers within community –based ambulatory services.
- Implement best practices for Peer Support Services to continue to support individuals in recovery in the highest quality and consistent manner.
- Partner with the community to assess and develop natural supports, including housing opportunities.

Funding and Plan to track outcomes:
Funding for community-based services are provided through Mental Health Base Funds and HealthChoices. The cost of more effective community-based supports is offset by the reduction in hospitalization. The readmission rates and follow up rates are measured quarterly based on HEDIS defined measures.

Area of Concern: Quality of Care-Substance Abuse Treatment

Blair HealthChoices initiated Recovery Oriented Methadone (ROM) in July 2012 and has worked closely with Blair County Drug and Alcohol Partnerships to roll out the Recovery Oriented Systems of Care (ROSC) Initiative. Community Care has taken this Initiative statewide with the ROSC Center for Excellence.

Historically, Blair County has experienced a significantly higher penetration rate for methadone services. Blair County also has very active specialty courts, including a criminal drug court, family drug court, juvenile drug court, and DUI court, which frequently places individuals into treatment. Although readmission rates for Rehab and Detox Services are below 10%, most individuals accessing these services are involved in the Specialty Courts. Non-compliance could result in returning to jail.

Outpatient services for drug and alcohol treatment need to be individualized, flexible, and able to deal with the complexities presented by the individuals they serve. Based on our review of several years of member feedback, including the most recent ROSC survey conducted with individuals in recovery and their providers, and quality monitoring, many opportunities for improvement still exist.

Desired Outcome:
Establish a full continuum of care for co-occurring/substance abuse treatment that offers multiple, individualized paths of recovery provided by competent clinicians and providers. This would occur through collaboration with Blair County Drug and Alcohol Partnerships in implementing Recovery Oriented Systems of Care (ROSC). Through this process, barriers to treatment, as well as, the competencies of the treatment network would be assessed.

Action Steps Currently Underway:

- Include local providers in Community Care's Center for Excellence for Recovery Oriented Systems of Care.
- Continue to strengthen our Recovery Oriented Methadone Model with all of our contracted providers of methadone.
- Partner with surrounding counties to continue to strengthen co-occurring capabilities of our Providers.
- Work with our Specialty Courts to increase the success in recovery for the individuals we jointly serve.
- Establish a Learning Collaborative to enhance therapeutic skills based on best practices and evidence-based interventions.
- Identify and implement evidence-based practices/programs to enhance the continuum of care.
- Continue to work with stakeholders to identify opportunities to enhance community and natural supports.

Funding and Plan to track outcomes:

Funding for co-occurring and substance abuse treatment comes through our SCA, mental health based funds and HealthChoices. Outcomes will be measured through a consumer satisfaction survey for Recovery Oriented Systems of Care and compared to a baseline survey completed in Spring 2013. Quality of care audits will be conducted at provider sites and any areas scoring below 80% require a corrective action plan. Lastly, code modifiers will be used to measure positive movement through the phases of Recovery Oriented Methadone.

Area of Concern: Children's Behavioral Health

Over the past several years, due to significant financial constraints, little innovation has been able to take place to improve the continuum of care for children. However, many collaborative initiatives have reduced the number of children placed out of the home, including monthly meetings with Children, Youth and Families, Juvenile Probation, and Targeted Case Management, which then evolved into Blair HealthChoices comprehensive care management model. A Consortium of BHRS provider's has also been working to improve their services and measure the outcomes of this service. There are still many opportunities to increase the availability of family focused treatments that are difficult to provide under traditional BHRS.

Desired Outcome:
Create a seamless continuum of care for children that is trauma informed, family centered, and promotes healthy interdependence in the children, youth, and their families. Provide treatment options that are evidence-based, with demonstrated outcomes, which treat the family as a whole. Look at services that provide the least disruption to the child's life. Partner with Blair County Department of Social Services to implement the System of Care (SOC) model. Bring family and youth to the table to assist in the guidance of building a more competent, family-friendly continuum of care to successfully transition children in to adulthood.

Action Steps Currently Underway:

- Implement the Clinical Home Model in identified schools with significant use of BHRS.
- Restart regular meetings with Evaluators for Blair County members and Physician Reviewers from Community Care to broaden the opportunities to match families to the most helpful level of care.
- Implement the Children's Outcome Survey to demonstrate effectiveness of treatment and empower families and therapists to identify how to have a more positive treatment experience and outcome.

Funding and Plan to track outcomes:

Funding for children's services comes through our SCA, mental health based funds and HealthChoices. Outcomes will be measured through a consumer satisfaction survey for Systems of Care and compared to a baseline survey completed in Spring 2014. Quality of care audits will be conducted at provider sites and any areas scoring below 80% require a corrective action plan. Lastly, Children's Outcome Survey data is collected and reviewed quarterly.

Area of Concern: PH/BH Integration

Physical health and behavioral health integration is driven through the Affordable Care Act, but is frequently a need in the day to day treatment of our members. Physical health symptoms can often mimic or exacerbate behavioral health symptoms and vice versa. More importantly, the physical health of mentally ill individuals is often more deteriorated and can result in a significantly shorter life span.

Desired Outcome:
Create relationships with Physical Health Providers to improve coordination and treatment for individuals, especially with serious mental illness. Shift our thinking from symptom and illness to wellness and prevention. Reduce the stress and frustration experienced by individuals with complex needs.

Action Steps Currently Underway:

- Participate in Community Care's Person-Centered Outcomes Research Institute (PCORI) grant, Behavioral Health Homes, and Chronic Special Needs Population (CSNP) project to engage individuals in various wellness approaches to stabilize mental health and physical health symptoms.
- Continue to be active partners in initiatives established by the Healthy Blair County Coalition based on priorities identified through the community needs assessment, including improving children's mental health, Screening Brief Intervention Referral and Treatment (SBIRT), and healthy lifestyle behaviors.

Funding and Plan to track outcomes:
Funding for PH/BH integration comes through grants pursued by our SCA, and HealthChoices. We are currently pursuing agreements with Blair County's Physical Health Managed Care Organizations to physical health outcomes for members with co-morbid conditions. Specific measurements are assigned for the grants, including the PCORI and SBIRT grant, which will be reported on accordingly. Progress with goals established by the Healthy Blair County Coalition are measured through the community needs assessment process.

Blair HealthChoices and Community Care are working collaboratively with Blair County's human service system leaders to achieve these goals in the most efficient way so treatment providers and individuals remain hopeful, motivated and empowered to transform the systems.

Intellectual Disability Services

Blair County meets the requirements of the Office of Developmental Programs (ODP) Administrative Entity Operating Agreement (AEOA) by continuing to purchase (for the 6th consecutive year) all administrative functions, as listed in Section 3.1.1 of that agreement, from Southern Alleghenies Service Management Group (SASMG) for Fiscal Year 2014-2015. The Blair County MH/ID/EI Administrator monitors the purchased administrative functions to ensure compliance with the policies and procedures, departmental decisions, state and federal laws, and the terms and conditions of the AE Agreement. Blair County is ultimately responsible for the quality, compliance, and completion of all administrative functions to which it has been delegated by the Department, even as the AE purchases those functions from SASMG through subcontract. The Blair County Administrator and SASMG Executive Director meet monthly to discuss operations. The administrator and director also meet quarterly to ensure that delegated functions are in compliance with the Operating Agreement. Corrective action plans are used to address any areas of non-compliance. A chart has been created to identify the responsible staff person, when areas of non-compliance are found. During the most recent quarterly review, the MH/ID/EI Administrator did not find issue with any of the forty-four sections from the agreement. No corrective actions by SASMG were necessary.

The Blair County Human Services Leadership Coalition was created and meets to manage the block grant funds. The group is working together to assure that people in Blair County are getting the services and supports that they need. The Coalition is an advisory group to the Blair County Commissioners, comprised of program managers from local human service agencies. These agencies include a representative from Mental Health, Intellectual Disabilities, Early Intervention, Drug and Alcohol, Children & Youth and Families, Juvenile Probation, Blair Heath Choices, and the Human Services Office. The Commissioners will make all the final decisions. The ID Director from SASMG facilitates the Coalition meetings and has helped them develop standards of practice. Two of their early assessments include making decisions through consensus and not acting in ways that could reduce the allocation of federal funds. The Coalition has employed two consultants to help them develop a strategic plan.

The Independent Monitoring for Quality (IM4Q) Program, which is administered locally by St. Francis University, provides aggregate data from their surveys which are shared with the Supports Coordination Organization (SCO), service providers, and The Quality Assurance Group. This data is then used to form and drive our quality improvement initiatives, which include communication, personal growth, employment, and Lifesharing. The communication initiative includes working to improve the abilities of people who do not use words to communicate such as looking at ways to provide access to communication devices. The Quality Assurance Group will also use the data to look at the number of people who wish tolerant new skills, ensure that people are satisfied with their personal growth and identify people who want to find and maintain employment. The QA Group works to identify people who may want to live in Lifesharing or other family arrangements and how best to support them to do so. The QA group in cooperation with the SCO and providers strives to find mechanisms to reduce the number of Individual to Individual Incident Reports to make sure that people are free from abuse by their peers. We do, however, feel that the data has the potential to be used more powerfully. For example, summary reports are published late in the year, and do not include historical data. Further, the data should be used to identify differences in satisfaction among groups, such as those living in various residential settings, which would allow us to assess the effectiveness of these services in supporting the person to have an "Everyday Life."

SASMG ensures that the practices of Blair County's Administrative Entity are guided by the principles of "Everyday Lives," so that people supported have the opportunity to live their lives as they choose. Although connecting and building relationships through natural supports is emphasized whenever possible, we do recognize that paid services are at times needed to affect positive changes in a person's life. These services are delivered by a network of provider organizations with which we have maintained stable partnerships. Blair County is also working to expand the number of agencies that people can choose from. One way that this is done is by contracting with established agencies that previously only provided services to non-ID participants. These agencies have provided nursing care, personal care aide, hospice, in-home support for the elderly, etc. and additionally want to offer services and supports for people with intellectual disabilities.

SASMG provides technical assistance to these provider agencies in policy and practice. SASMG provides quarterly trainings in person centered thinking and provides, on an ongoing basis, coach's development activities to promote person centered practices. These practices include skills that are used to match people with staff, to learn about people by understanding their communication, to find a balance between what is important to and important for the person, and to clearly define staff roles and responsibilities. Training and support is offered in other areas also, such as incident management, using HCSIS, and ODP publications. This is especially important for those agencies just starting to provide services and supports to people with ID. It is imperative to help agencies new to the ID system to understand the rules and regulations for three reasons. First, their ability to successfully navigate the ID system allows them to provide consistent and person centered services. Second, it ensures a positive impact on the people being supported. Last, it helps to facilitate a mutually beneficial relationship with the SCO and AE. The training and support provided by Blair County, to its contracted providers, also jointly educates and empowers the direct support staff of each agency.

Services to Blair County Citizens who are eligible for services are identified through an Individual Support Planning process that is developed by a team which includes the person, their Supports Coordinator (SC), provider representation, family member and invited friends. Needed services are identified and the provider of the service, whether paid or volunteered are chosen, action steps are created, and the frequency and duration of that service is authorized and delivered. When the SC, working with the person's team, identifies a need which cannot be met using natural supports, and when no additional waiver opportunities are available, the SC documents those needs through the Prioritization of Urgency of Need for Services (PUNS) system, which is used as our needs assessment. The PUNS system prioritizes needs into three categories: emergency (expected to be needed within 6 months); critical (expected to be needed within 2 years); and planning (expected to be needed within 5 years). The list is dynamic, and monitored by SASMG and North Star Support Services (NSSS). As funding opportunities become available, the list helps prioritize the person with the greatest need for enrollment

In Fiscal Year 2014-2015, $383,853 base funds have been authorized to support 121 people. Blair County's base allocation accounts for a small percentage of the total ID program budget. The total budget for 2014-2015 is more than $26 million (not including administration and Supports Coordination). The federal Medicaid waiver funds support 243 people in the Consolidated Waiver and 201 people in the P/FDS Waiver. For the past seventeen years we have aggressively converted base funds to the Medicaid Waiver. However, we stress that base funds are vital for supporting people through emergencies, and also for helping people avoid a higher level of placement cost. Currently there are seventy-five people being supported solely with base funds. Those seventy-five people would not only be put in jeopardy, but also on the PUNS list, if the base funding was stopped.

The policy for unanticipated emergencies is in place in the event that an eligible person experiences a situation that places them at immediate risk. If there is vacant waiver capacity, which will meet their needs, the person can be enrolled immediately. All non-waiver resources must be utilized to support the person in the event of such an emergency. Non-waiver resources include but are not limited to: natural or non-paid supports that can meet the current needs, allocation of base funds, exploring other funding streams the person may be eligible to receive, and alternative non-waiver residential options. Following the exhaustion of local resources, a request is submitted to the ODP regional office for additional waiver capacity.

Additionally, SASMG plans for emergencies by using the PUNS process and through communication with North Star Support Services (the SCO) through the Partnership meeting process. During the Partnership, PUNS data is reviewed, individual cases are discussed, current waiver capacity is analyzed, and other resources are examined. SASMG is responsible for ensuring that the SCO identifies and documents an individual's assessed needs in service notes and the Individual Support Plan (ISP) in HCSIS. An individual who has a PUNS in emergency status should be prioritized for enrollment in the appropriate Waiver, as waiver capacity becomes available either through turnover or an increase to the waiver capacity commitment by ODP.

There are ten people targeted to graduate from high school in 2014. These ten are a fraction of the forty-six people on the PUNS list in the emergency category. Nine of the forty-six have been approved for the P/FDS Waiver and one has been approved for the Consolidated Waiver. There is a $30,000 limit on the P/FDS Waiver. People in the P/FDS Waiver who need more than $30,000 are subsidized with base money. The total number of people on the Emergency List has decreased. This is due to initiative funding from 2009, 2010, 2011; people being moved to the Critical List; an increase in Waiver opportunities; and a focus on the accuracy of categorization in the PUNS enrollment. One person has been identified as aging out of EPSDT during 2013-2014. No one has been identified this year as being released from jail, RTF, APS, or CYF. Young adults with ID who age out of CYF are supported by waiver opportunities if they are available. Young adults aging out typically require residential supports, which are too expensive to be covered by base funds.

Base funding initially helps supports coordination efforts in planning for people transitioning from State Centers and State Hospitals. Once in the community, these people are supported by the Medicaid Waiver. Currently, seven people are supported through base funded Supports Coordination in State Centers (0.01% of 743 total population open in Blair County). The transition to a community setting is started and completed when SASMG or NSSS gets the go ahead. This requires teams from both the state center and NSSS to meet and develop the ISP using the Essential Lifestyle Plan.

In support of the "Everyday Lives" mission and to provide a continuum of services in the least restrictive setting possible, we continue to work towards increasing Lifesharing/family living and employment activities. Despite our efforts, we are not able to support anyone in the Lifesharing/family living program with base funds due to the program's costs. We have committed $52,976 of base funds to support people in employment services, either for job coaching or follow-up. By increasing employment opportunities, we can more efficiently use our allocated capacity and serve a larger percentage of the priority population identified.

In order to further employment opportunities for students and young adults, SASMG has issued a grant for summer employment – based on ODP's Employment First Initiative. This is for people between the ages of 16-22. The grant money is intended to pay the employment coaches who support the students seeking jobs. The expectation is that the student workers will be paid by the employers. The initial proposal was distributed to ID providers and school districts. The lasting results should be: students and their families pursuing paid employment as an alternative to a day program; jobs that last beyond the summer; and acceptance and experience for the students participating. Once the original grant money is gone, additional funding will be sought. Currently, there are seven students interested in summer employment. Three of those seven have started, or will soon start, summer employment.

The Human Rights Committee (HRC) and TAST have been active during 2013-2014. The HRC has twenty-six restrictive plans currently, or soon to be, reviewed and approved.

TAST assists teams in identifying resources, supports, and opportunities to address the issues pertaining to a person's behavioral health needs. If someone is struggling with mental health issues, a referral can be made to TAST using the referral form that was created. TAST has reviewed four referrals during the year. The TAST membership includes the HCQU nurse, behavioral health specialists, a psychologist, a family member, the SCO navigator, and dual diagnosis point staff from SASMG. The ID Executive Director was appointed to the Crisis Intervention Team Steering Committee. This committee is geared toward training police officers on how to approach and deal with people who may receive mental health supports/services. Two grants were applied for and received: one for healthy relationship training for women with ID and training cross system personnel on dementia and ID.

We are confident that all of our initiatives, and ongoing projects, will create a more cohesive and beneficial service system for people with ID, their families, and support teams. Base funding is crucial to this success.

Following are the strategies that will be utilized for all people registered with Blair County, regardless of the funding stream. The chart below includes only those people for whom base or block grant funds have or will be expended. Appendix C reflects only base or block grant funds except for the Administration category. Administrative expenditure are included for both base/block grant and waiver administrative funds.

People Receiving Base Funds in the ID System

	Estimated/Actual Individuals Served in FY 2013-2014	Projected Individuals to be Served in FY 2014-2015
Supported Employment	21	26
Sheltered Workshop	1	1
Adult Training Facility	6	6
Base Funded Supports Coordination	55	55
Residential (6400)	2	2
Lifesharing (6500)	0	0
PDS/AWC	4	5
PDS/VF	0	0
Family Driven Family Support Services	0	0

Supported Employment: Currently Blair County offers Supported Employment services from seven provider agencies. Four of these agencies actively provide support in Blair County at this time. The remaining three agencies have not been selected by anyone choosing employment services.

During the 2013-2014 FY a grant to help transition age youth gain summer employment was initiated. Seven out of eight students identified in the pilot, were successfully employed at least at minimum wage during the summer with support. Four of these students have been offered on-going employment through the coming school year. OVR and School District funding is being pursued where eligibility criteria has been met. Additional supports will be funded through base monies as available. The pilot will be replicated and enhanced based on input from the supporting provider agencies, students and their families.

The employment pilot continues to support people to remain employed in jobs that pay at least minimum wage. The targeted age group for these candidates remains 18-26 years old. The pilot monies support employees who do not have need of waiver funding.

Base Funded Supports Coordination: The Administrative Entity maintains a contract with North Star Services, Inc. to provide supports coordination for those people who are not fundable via the Medicaid waivers. That includes people who wish to transition from IFD/ID's or other facility based programs. That contract allows for a smooth transition for people, their plans and their service providers since there is no turf issues with funding.

Life sharing Options: Currently, 25 people are supported with federal waiver funds in Lifesharing opportunities. Our numbers, are in fact, down from previous years. Finding life sharers is becoming increasingly difficult. The expectations of the family who is willing to take someone into their home are high. Many are unwilling due to the absence of health insurance coverage. Lifesharing is discussed at each annual planning meeting, but response is low. As a Coalition, we identified three areas of interest to all programs,

and housing is one of them. Our hope is to step back and analyze the housing needs of all residents and create effort to increase what we all have and create opportunities that don't yet exist.

Cross Systems Communications and Training: Southern Alleghenies Service Management Group facilitates an ID/DD Risk Management Group. They meet monthly to evaluate and strategize effective ways to eliminate or reduce risk. Cooperation and communicate between Blair Co ID/DD providers, the Intellectual Disabilities Quality Manager, North Star Services, and the regional HQCU nurse (which comprises the Group) allows for ongoing improvement in the lives of the people we support. The Risk Management Group has developed a quarterly newsletter during this past fiscal year which providers further information on risks and prevention, a tool that is distributed widely. The newsletter contains contact information on group members if people are struggling with risks/incidents/prevention and need more involved assistance. The newsletter includes everything from prevention tips to helpful website links. The Group works to identify and prioritize risks that are or could affect the people we support. In doing so, the Group develops a project around said risk(s), having most recently completed a 'Supervision Needs' guideline which was then presented to support coordinators and ID/DD providers. The Group is currently focused in on reducing Individual to Individual Abuse incidents and appropriate corrective actions to further prevent such incidents. Trainings by Southern Alleghenies Service Management Group's QA Manager is continuously offered to Blair Co. Providers and their staff in regards to risks, prevention, and incident management as needed or requested.

The Blair County Dual Diagnosis Committee has and will continue to meet monthly. The committee is composed of intellectual disabilities provider managers, mental health managers, Blair County administrator and staff, HCQU nurse, Intellectual Disabilities Program executive director and staff, and support coordinator Navigator. The purpose is to "facilitate an integrated, sustainable system that treats and supports people with complex needs". The meetings include information updates where the members announce upcoming trainings, activities, meeting that could provide collaboration between the mental health and intellectual disabilities communities. The committee will continue to work on action plans that include cross system trainings and developing materials that will improve and expand the communication between those supported and their physicians and/or psychiatrists. The Navigator position at North Star Services and the Technical Assistance Support Team (TAST) continue to impact our system in positive ways allowing for the avoidance of admissions to state hospitals and centers. TAST is made up of the SCO Navigator, local psychologists, a representative from Blair Health Choices, Intellectual Disabilities Manager, and a family advocate. TAST accepts referrals from Support Coordinators and Blair County ID/DD Providers who are supporting people that are struggling with their mental health. The group provides recommendations and strategies as well as to help facilitate communication between the person and their team and their community mental health support.

Emergency Supports: We are dedicated to support anyone who presents with an emergent need. If no waiver capacity is available within the County capacity commitment, we access all non-waiver resources are utilized to support the person in the event of such an emergency. Non-waiver resources include but are not limited to: natural or non-paid supports that can meet the current needs, allocation of base funds, exploring other funding streams the person may be eligible to receive, and alternative non-waiver residential options. Following the exhaustion of local resources, a request is submitted to the ODP regional office for additional waiver capacity.

Additionally, SASMG plans for emergencies by using the PUNS process and through communication with North Star Services (the SCO) through our bi-monthly Partnership meeting process. During those meetings, PUNS data is reviewed, individual cases are discussed, current waiver capacity is analyzed, and other resources are examined. SASMG is responsible for ensuring that the SCO identifies and documents an individual's assessed needs in service notes and the Individual Support Plan (ISP) in HCSIS. An individual who has a PUNS in emergency status should be prioritized for enrollment in the appropriate Waiver, as waiver capacity becomes available either through turnover or an increase to the waiver capacity commitment by ODP.

SASMG supports an on-call system that is responsive to after-hours emergencies through the SCO, which assures coverage 24/7. Any SC taking an emergency call can access administrative staff, the executive director or intellectual disability director via cell phones.

Administrative Funding: The County of Blair contracts with Southern Alleghenies Service Management Group (SASMG) for all of the purchased and delegated services required in the Administrative Entity Operating Agreement (AEOA). The County MH/ID/EI Administrator and the Director and staff of SASMG meet regularly and review the requirements of the AEOA. Both waiver and non-waiver funded services and supports are discussed and determined via a bi-monthly meeting. Notes from those meetings are shared with the AEOA oversight team.

The agency and County Administrative staff are active participants in the Blair County Human Services Leadership Coalition which was created and meets to manage the block grant funds. The group is working together to assure that people in Blair County are getting the services and supports that they need. The Coalition is an advisory group to the Blair County Commissioners, comprised of program managers from local human service agencies. These agencies include a representative from Mental Health, Intellectual Disabilities, Early Intervention, Drug and Alcohol, Children & Youth and Families, Juvenile Probation, Blair Heath Choices, and the Human Services Office. The Commissioners will make all the final decisions. The ID Director from SASMG facilitates the Coalition meetings and has helped them develop standards of practice. Two of their early assessments include making decisions through consensus and not acting in ways that could reduce the allocation of federal funds. The Coalition has employed two consultants to help them develop a strategic plan.

Homeless Assistance

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 18 months for a small co-pay (dependent on income). Family Services Inc. will serve 36 individuals (projected) in FY 2014-2015. The actual number of individuals served by Family Services Inc. in FY 2013-2014 was 47. Blair County Community Action Agency will serve 50 individuals (projected) in FY 2014-2015. The actual number of individuals served by Blair County Community Action Agency in FY 2013-2014 was 45.

Together, Blair County Community Action Agency and Family Services Inc. will serve 86 individuals (projected) in FY 2014-2015. The actual number of individuals served by Blair County Community Action Agency and Family Services Inc. in FY 2013-2014 was 92.

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 (this can be extended to 18 months with County approval). 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. 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.

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 we utilize BCCAA vans to transport clients to job interview and, if needed, for a limited time to work. Bus passes are given to clients who have access to public transportation. 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. 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 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 net 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.

Family Services Inc. provides transitional housing services to low income victims of domestic violence and their children who need longer that the 30 days provided in the emergency domestic abuse shelter. The agency also provides supportive housing services that would be designed for admission after initial treatment plans are completed for those women who have had presenting drug or alcohol issues and would continue to meet the HAP eligibility guidelines. These services include assisting in obtaining long term appropriate housing, coordination of healthcare among other organizations, to gain employment and/or to start in an education program. In addition, staff assist in the coordination of household goods to furnish and maintain such housing and provide counseling that increase independent living skills. The agency also provides counseling services for drug and alcohol program clients. The objective is to have clients remain free from violence and/or controlling substances, to move towards emotional and financial stability and in turn that they then move to independent living. Services can be provided for 1 to 12 months.

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.

Changes proposed for any of the HAP services for the upcoming year:

In order to increase safety within the shelter and provide a more comforting, client-centered atmosphere, Family Services, Inc. recently decreased bed capacity in the Domestic Abuse and Bridge Housing Program from 21 beds to 15 beds. Of the 15 beds available, 5 beds will be utilized for Bridge Housing clients. With the decrease in bed capacity, they expect to admit slightly fewer guests in the Bridge Housing Program in the upcoming fiscal year, but are hopeful that clients will be able to move through the program faster with the addition of mobile advocacy.

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 900 individuals (projected) in FY 2014-2015. The actual number of individuals served by Blair Senior Services in FY 2013-2014 was 850 individuals (total until May 2014), and anticipates 50 for June 2014.

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.

We do evaluate the efficacy of each HAP service that we provide. However, it is the first year that Blair Senior Services started the quality assurance program to evaluate the services provided.

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 350 individuals (projected) in FY 2014-2015. The actual number of individuals served by Blair Senior Services in FY 2013-2014 was 303 (total until May).

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).

We do evaluate the efficacy of each HAP service that we provide. However, it is the first year that Blair Senior Services started the quality assurance program to evaluate the services provided.

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.

Family Services Inc. will serve 190 individuals (projected) in FY 2014-2015. The actual number of individuals served by Family Services Inc. in FY 2013-2014 was 144. Blair Senior Services will serve 175 individuals (projected) in FY 2014-2015. The actual number of individuals served by Blair Senior Services in FY 2013-2014 was 149.

Together, Blair Senior Services and Family Services Inc. will serve 365 individuals (projected) in FY 2014-2015. The actual number of individuals served by Blair Senior Services and Family Services Inc. in FY 2013-2014 was 293.

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 Public Welfare.

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 Emergency Shelter is accessible 24 hours a day. The Emergency 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 Emergency Shelter decreases the probability of homeless residents living on the streets.

We do evaluate the efficacy of each HAP service that we provide. However, it is the first year that Blair Senior Services started the quality assurance program to evaluate the services provided.

We also evaluate the efficacy of the Emergency 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.

Community Data and Indicators

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 2013-2014, 144 clients received emergency shelter and 84 of the 144 (58%) 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 2013-2014, the known destinations, by zip code, for clients are as follows:

- 16601-350 consumers
- 16602-254 consumers
- 16635-25 consumers
- 16648-27 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 June 2014, out of 79 victims (adult women) served within the Domestic Abuse Program, 41 of the women served obtained permanent, safe housing. The remaining 38 returned home to the abuser or left shelter without notifying Family Services, Inc. of their plans.

The staff of the Teen Shelter also tracks where a client went upon exit. Data for the past year (2013-2014) show that 78% returned home to parents, 13% went to live with friends or relatives, 3% went to another shelter, and 3% went to foster care.

The staff of the Emergency Shelter tracks the percentage of clients who are still in permanent housing at 6 week intervals. For the month of May 2014, the percentage was 100%.

The staff of the Emergency Shelter also tracks the number of people who are turned away due to lack of space at the shelter. For the month of March 2014, 56 individuals had to be turned away; April 2014, 49 individuals had to be turned away; and for the month of May 2014, 49 individuals had to be turned away.

Family Services Inc. has also begun to track the increased participation by homeless individuals in mainstream systems. As of May 2014, 217 clients had been referred to mainstream systems and 194 (92%) had followed through and participated.

Blair County Community Action Agency reported the following data on the known destination of clients who exit their homeless programs. In their HAP funded Transitional Housing Program (THP) during the year between 10/1/2012 thru 9/30/13 they had 48 participants exit the program. 44 of those 48 (92%) exited into permanent housing. 3 of the 48 (6%) exited into temporary housing and 1 of the 48 (2%) exited to an institutional destination. In their HUD funded Supportive Services Only (SSO) program during the year between 10/1/2012 thru 9/30/13 they had 189 participants exit the program. 110 of those 189 (58%) exited into permanent housing. 68 of the 189 (36%) exited into temporary housing. 1 of 189 (1%) exited into institutional settings and 10 of the 189 (5%) exited to an unknown destination.

Blair County Community Action agency also tracks participation in mainstream benefits but not the increase in usage. In their HAP program of the 48 participants who left the program 41 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 189 participants who left the program 133 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).

Current Status of Blair County's HMIS Implementation

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 Homeless Emergency Solutions Grant (HESG) 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 (HESG 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.

Administrative Costs

The administrative costs under the Housing Assistance Program total $25,965.

Achievements and Improvements in Services

During the past year 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 new programs that the agency is operating, including the Homeless Emergency Solutions Grant (HESG) under contract with the City of Altoona and 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. Both HESG and SSVF offer "Homeless Prevention Services" for those at risk of homelessness as well as "Rapid Re-Housing Services" for the homeless.

Blair Senior Services tracks homeless consumers through the quality assurance that works with the strategic plan.

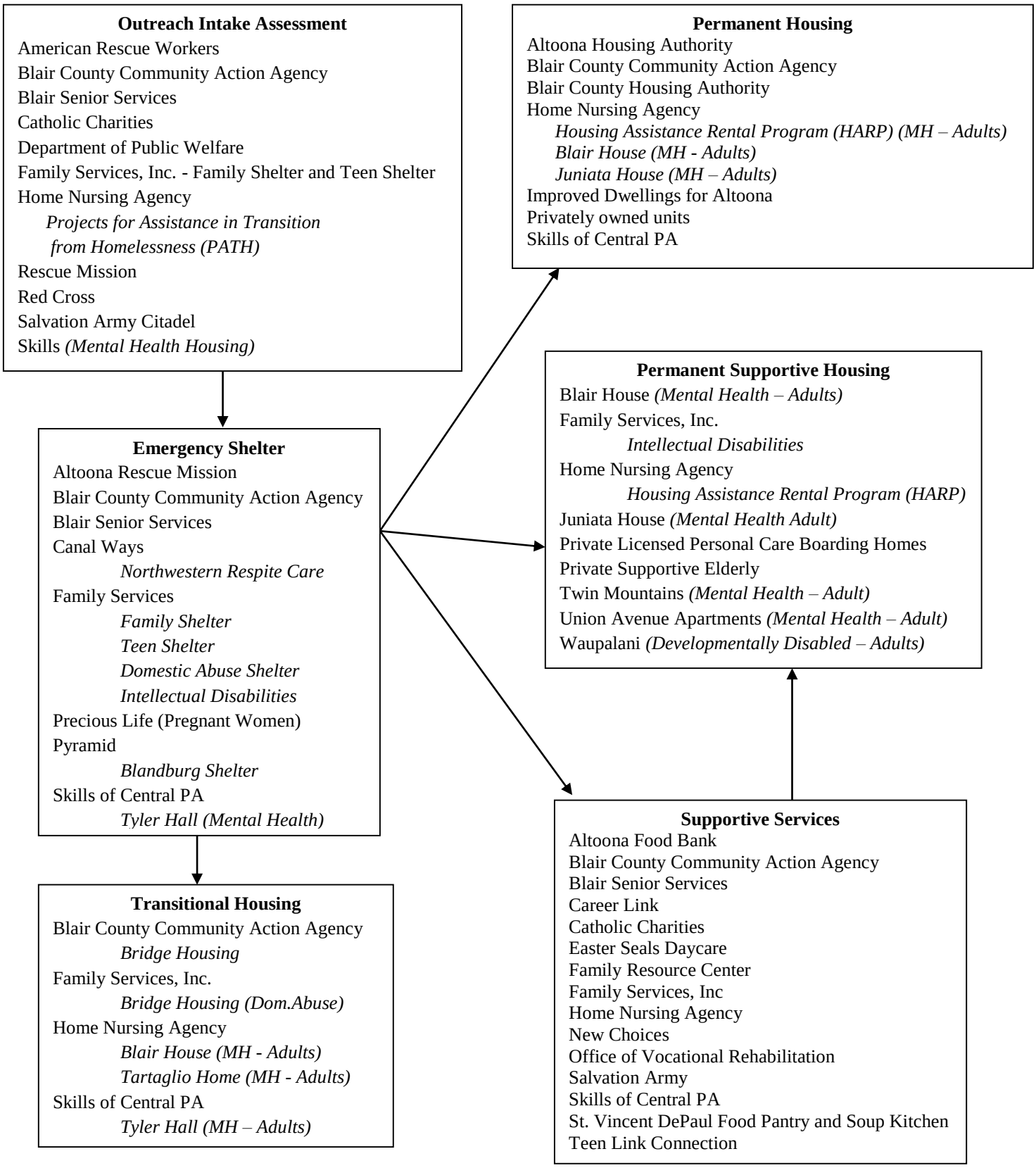
Family Services, Inc.'s Family Shelter provided 5267 days of shelter in the past 11 months. 85% of adults utilizing shelter services obtained employment and 75% obtained housing.

Family Services served 25 woman and 22 children in its Bridge Housing Program from July 1, 2013 through May 31, 2014. Of those 25 women admitted into the Bridge Housing Program, approx. 75% of them were able to find and move into new safe housing where they will be able to afford the expenses with the assistance of subsidized housing. Those families have a decreased risk of returning to an abusive situation. The women served in the Bridge Housing Program 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.

Unmet Needs and Gaps

- There is still a significant shortage of shelter beds in Blair County.
- Affordable housing
- Transportation
- Limited communication between agencies when consumer receives assistance
- 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 even quit 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.

2014 Blair County Continuum of Care Services



Children and Youth Services

Challenges within the Child Welfare System

Blair County's child welfare system operating as Blair County Children, Youth, and Families (BCCYF), is not unique in many of the challenges that every Pennsylvania County is encountering today in regard to keeping children and families safe, united, and healthy.

Blair County, as a whole, continues to show a high poverty level among all age groups, across the communities in this geographic region. According to 2009 statistics by, *the Center for Rural PA*, 22.2% of children under the ages of 18 were living at or below federal poverty income guidelines. Recent statistics have estimated a conservative increase of 5-7% additional children would now fall into this category due to the poor economic and job growth in this region.

While poverty in and of itself is not a key indicator for child abuse or maltreatment, there is a direct statistical correlation between lack of resources; higher anxiety and stress levels; more social isolation; and less of an opportunity to seek assistance for daily stressors that could lead to abuse and maltreatment of vulnerable and weaker populations.

Blair County recently ranked 58th out of 67 counties for creation of jobs within the region. The main issues in Blair County remain under employment opportunities; and poor living wages for lower-level entry jobs. Wages for full time employment is also not keeping pace with the growing economic demands according to inflation and rising costs for daily living.

Parents who do not have the resources or means through employment or economic opportunities often find themselves without medical or dental insurance needed to take care of personal issues. According to statistics from *the Center for Rural PA*, 21% of Blair County population was eligible for Medical Assistance with an additional 12% of the county residents having zero health insurance coverage. Blair County currently ranks 47 out of 67 for very high morbidity ranking across the counties of Pennsylvania. Attributing to this high mortality ranking is risky behaviors of individuals such as smoking, obesity, and drinking.

Risky behaviors by teens, especially those from the ages of 14 through 17 years, are also a fast rising category of concern in the community. Many illegal drugs such as marijuana, heroin, methamphetamines, and illegal prescription drug use are leading the statistics for addictions in regard to risky behaviors among teens.

Illegal substance abuse by all ages of residents in Blair County has increasingly been on the rise for the past decade and is a major contributor to challenges being faced by the child welfare system today. Drug usage and abuse of alcohol may not always be the primary cause for child welfare agency involvement with Blair County families but has been statistically present in over 45% of all cases opened for services within our agency.

Parental drug abuse and alcohol usage are often times unfortunately core reasons for parental neglect, poor or unsafe home conditions, lack of resources including housing due to evictions or transiency, unsafe oversight or absence of parenting skills, truancy, and physical/sexual abuse of children/teens – often times at the hands of babysitters or paramours who have been allowed access by parents who have shown poor decision making skills.

Blair County Juvenile Probation Office (JPO) has a strong working collaboration with Children, Youth and Families (CYF). Shared case responsibility, family drug court cases, and truancy are a few of the topics that bring CYF and JPO to the table on a regular basis for discussion and shared resources to assist in meeting the children's and families' needs. JPO is also experiencing all of the above mentioned struggles and challenges related to families within Blair County. Juvenile Probation Office staff is also experiencing similar barriers related to community resources, funding, staffing, and lack of time while trying to assist children, juveniles, and families through the court and reparation system.

For both CYF and JPO families, in conjunction with an increased need for additional drug and alcohol prevention and treatment services on the county level, there is an increasing need for mental health treatment services as well. Children and youth psychological, behavioral, and emotional health needs have also seen a dramatic increase in demand over the past decade.

In Blair County, for children under the age of 18, the county mental health system served 1,036 children and adolescents for FY 2012-2013; 56% male and 44% female; 87% of these were children and adolescents currently experiencing or at risk for severe emotional disorders. Blair County Service providers are recently encountering longer wait lists, more specialized demands for child and family related services, and a higher recidivism of chronic needs for trauma related abused teens and children.

Successes, Programs, and Allocated Funds within the Child Welfare System

Many of the successes within the Blair County child welfare system have continued to occur due to tireless and comprehensive team work, such as the collaboration within the JPO and CYF agencies; the county CASSP system; CYF's Provider Group meetings; the Clinical Based Outcomes Committee; Evidence Based Team meetings; and the Children's Roundtable spearheaded by Blair County's President Judge Jolene Kopriva in which both JPO and CYF are integral parts of the process.

The Blair County CASSP Advisory Committee, comprised of representatives from numerous child service agencies and educational realms, has been instrumental with assistance for children, youth, and families experiencing difficulty within the system or who just have very specialized needs such as severe emotional disorders or other difficult mental health needs. Permanency Practice Initiatives, Truancy, Safe Schools Initiatives, and Suicide Prevention Initiatives are just a few examples of community needs that have been focused upon within the CASSP Advisory Committee.

Many therapeutic enhancement strategies, new procedures, and strengthened practices for prevention services have occurred during workgroup sessions and subcommittee level meetings, all for the benefit of children, youth, and families within Blair County. A myriad of nationally acclaimed, outcomes based, and statistically proven programs have been researched and discussed during one or more collaborative group meetings held by entities coming together for children, youth and families.

Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) are just a few examples of nationally recognized evidence based programs which have been offered in Blair County since as early as the year 2000, funded originally by grants through the Pennsylvania Commission on Crime and Delinquency (PCCD). These two programs were later added to the Special Grants funding proposal due to the research and evidence based

proven outcomes, as well as the fiscal incentives to the county for utilization of these best practice methods. Both of these programs are viewed as preventative in nature and are now also funded through the Medical Assistance program for eligible children and youth, this is especially important for service delivery to those children not currently involved with CYF or JPO. These two services are also included in Blair County's continuum of care for Behavioral Health Rehabilitation Services (BHRS).

Another success that CYF has received direct benefits from is the participation of Blair as a Permanency Practice Initiative (PPI) county. Our President Judge Jolene Kopriva has been a formidable presence at the State Roundtable and has directly contributed to many best practice initiatives across the state, the latest being Visitation and best outcomes for children/families. Reunification, Bridging the Gap, Post Adoption Contacts, and family finding have all been thoroughly touted and enhanced in Blair County due to work of the state and local Roundtable participants.

Blair County court system has embraced the whole PPI philosophy and encouraged/promoted recommended practices. These practices include: Family Group Decision Making (FGDM), which Blair County makes available to any member of the community, regardless of agency involvement; Family Development Credentialing (FDC), allowing over 170+ community partners to become credentialed at no cost to participants over the past four years; Alternatives to Truancy, from which Blair County has developed a Truancy Court, with Magisterial District Judge (MDJ) participation and support.

Alternatives to Truancy spearhead the Truancy Court in which youth in the sixth, seventh, and eighth grades are targeted for truancy prevention and to promote the importance of attendance for academic success. Increased attendance, improved academic progress, decreased antisocial behavior, and lower levers of disciplinary reports are all intended outcomes of Truancy Court and the Alternatives to Truancy program. Truancy Court is a successful collaborative effort of CYF, JPO, the Magisterial District Judge, specific Educational representatives, and Family Intervention Crisis Services (FICS), a private provider agency.

The Housing dollars through the funding for the Special Grants has also been a successful intervention for CYF and JPO utilization. Both CYF and JPO encourage families to seek housing support through alternative community entities that can more fully support the family needs. CYF and JPO will utilize these specialized Housing dollars when all other resources have been sought and the family is still in danger of facing Safety, Permanency, or Well-Being issues that may affect dependency or delinquency of the child or children within the home. Housing grant monies are utilized to assist with utility bills, security deposits, and other temporary housing costs that are needed to avoid out of home placement for children in situations of homelessness or eviction.

Outcomes	
Safety	1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate.
Permanency	1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children.
Child & Family Well-being	1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs.

Outcome	**Measurement and Frequency**	**All Child Welfare Services in HSBG Contributing to Outcome**
SAFETY	Children will be safely maintained in their own home whenever possible and appropriate	Housing, Alternatives to Truancy, MST, FFT, FDC, and FGDM
PERMANENCY	Children will experience permanency and stability in their living arrangement.	Housing, Alternatives to Truancy, MST, FFT, FDC, and FGDM
CHILD & FAMILY WELL-BEING	Families will have enhanced capacity to provide for their children's needs.	Housing, Alternatives to Truancy, MST, FFT, FDC, and FGDM

FY 2014-2015 Service Outcome Measurements and Achievements Funded through HSBG

The three service outcomes that Blair County expects to achieve during FY 2014-2015 as a direct result of the child welfare services funded through the Human Services Block Grant (HSBG) are all directly relatable to decreasing the occurrence of placement of children in out of home situations with special emphasis on keeping children and youth safe within their own home environments. Special and enhanced emphasis will be given to supporting parents and families with natural resources while giving them the tools for achievement and success long after service providers are no longer involved in the families' lives. Skill transference, teachable moments, and providing user friendly sustainable "tools" which are easily accessible for any parent/family member are all key and integral parts of the ongoing solution for sustainability of families and keeping children/youth safe, permanent, and well cared for in their own home environment. The identified evidence based best practice programs that Blair County has identified and that CYF and JPO will utilize, promote, and encourage throughout the entire community are all proven effective services that will achieve the above mentioned goals for positive outcomes.

Outcome Measurement and Frequency

Each program will be measured for efficiency, efficacy, effectiveness, and overall performance according to the service providers' benchmarks for success or change. Specifically designed evidence based practice programs have a specific set of guidelines of which, if practiced with fidelity, can be tracked and recorded for specific outcome measurements.

Blair County CYF and JPO will receive monthly reports from those contracted providers that will include detailed data and statistical observations according to service delivery approach and targeted audience recipients. Monthly or bimonthly meetings will be arranged, scheduled and held as part of a Teaming process between CYF, JPO, and the service providers for the specifically funded programs through the HSBG monies.

Internally designed county programs which are established, administered and overseen by CYF and JPO entities such as Housing and Alternatives to Truancy will also be monitored on a monthly basis with funding levels closely watched for fiduciary responsibility to the grant. Internal collaborative meetings between JPO and CYF administration will occur on a monthly basis to discuss program utilization through shared case responsibilities.

All Child Welfare Services in HSBG Contributing to Outcome:

Housing

CYF and JPO utilize this program and funding to serve families currently involved with one or both agencies. On a yearly basis, there is no clear cut measurement or predictability of how many families will or can be assisted through these grant monies. Family needs are unique and unpredictable on a yearly basis, with a myriad of needs often taking the forefront at any given time. Housing grant monies are utilized to assist families with payment of utility bills to keep vital resources connected, security deposits to enable a family to successfully move into permanent or more stable housing opportunities, and other temporary shelter expenses related to keeping children and youth from displacement, permanent homelessness, or transiency within the community. The Housing funding allocation for FY 2013-2014 was $9,000; level funding was requested for

FY 2014-2015 to continue to serve families with the above mentioned needs and also to meet housing assistance for youth requesting help through Act 91 but may not meet eligibility requirements through Chafee monies.

Alternatives to Truancy

CYF and JPO utilize this program and funding to serve children and families regardless of past or current involvement with either agency. The targeted participants, children and adolescents in the junior high class levels of sixth, seventh, and eighth grades, are identified through the school guidance department. Truancy Court is a collaborative multi-team effort borne from the need to enhance prevention services surrounding truancy and the non-commitment of children and families to attend school. Family Intervention Crisis Services (FICS), a private provider agency, is directly responsible for in-home counseling services to both the child/adolescent and responsible adult in the home setting. The family appears in Truancy Court on a regularly scheduled basis to review successes, challenges, and identified goals. The Alternative to Truancy funding expenditures for FY 2012-2013 was $65,600; an increase of monies was requested at $83,700 to meet additional participant needs for FY 2013-2014. Level funding at FY 2013-2014 level was again requested for FY 2014-2015 with similar projections of numbers of children/families served through the program. In FY 2013-2014, 16 youth were served through Truancy Court.

The same amount of Alternative to Truancy dollars will continue to be allocated in this program; however as a program change this year, CYF and JPO will be introducing an additional ***Evidence Based Program*** to assist in answering an ongoing and unmet need of prevention services targeting school-age truant adolescents in our community. Truancy Court will continue to be offered in Blair County, but with a lower number of participants involved in that program. The proposed new Truancy Prevention program for the FY 2014-2015 Blair County HSBG is described as follows:

NCTI offers the Truancy curricula in its extensive library of evidence-based, juvenile curricula that have been highly successful with juvenile offenders. By offering a variety of offense-specific titles, their curricula are able to target specific interventions that reduce the criminogenic needs of offenders. The curricula are available in multiple levels. Each level offers a different dosage; or length of time that participants are exposed to the curricula. Curricula workbooks are also available in Spanish as well as English. Each curriculum has a Facilitator Guide, which contains step-by-step instructions and possible responses to the questions and activities in the corresponding participant workbook.

Crossroads curricula are delivered in a group format, and follow a precise sequence that leads participants from a general level of discussion to a specific behavioral commitment. This general-to-specific movement accomplishes five important goals:

- Enables individuals to see the process as relevant to them
- Adapts the process to the participant's own learning style by including interactive exercises that require full participation
- Expands personal comfort zones and expectations
- Internalizes information and helps participants practice pro-social skills
- Enhances the opportunity for personal discovery

A Crossroads certified facilitator coordinates the interaction, guiding and encouraging the participants to be supportive, to contribute their ideas and feelings, and to commit to the new skills being learned. This learning process is fluid in nature; molding to the specific needs of each group, while also addressing the needs of each participant.

The Youth Truancy curriculum is designed to assist juveniles in discovering the relevance of school to their lives, and assists them in setting concrete goals for graduation. Participants explore the effects today's choices have on their future, and learn techniques for helping them become successful in school. This curriculum emphasizes solutions that encourage regular attendance, and examines reasons for failing to attend school. The level 2 curriculum concludes with a joint session for youth to work directly with their parents to develop a shared plan for improving school attendance.

Approximate Length

Level 1 - 8 hours
Level 2 - 16 hours

Learning Objectives:

- Explore the data and use the resources that help one finish school.
- Understand how success in school translates to success in work and in life.
- Gain the skills needed to succeed in school and in life.
- Create a vision of a future career.
- Learn how what is done today affects the future.
- Utilize the Personal Awareness Journal™.

This curriculum is included in Cog Talk™, a free reference guide that divides each curriculum into two-hour sessions, provides specific homework assignments and additional open-ended questions to continue curriculum-specific conversation outside of the group setting.

Budget Detail/Narrative

The FICS lead facilitators have been trained as certified NCTI Curriculum Facilitators. The Facilitator Certification Training is a fast-paced, interactive course that provides practitioners with all the skills necessary to successfully facilitate the cognitive behavior change curricula. This workshop addresses the importance of individual learning styles, how to use activities, games and dyads to enhance the learning process. Participants will learn how to:

- Facilitate a cognitive behavior training program that imparts critical cognitive thinking skills, life skills, job-related skills, and interpersonal skills.
- Use Personal Awareness Journaling as a tool for advancing cognitive skills.
- Ask open-ended questions that elicit information to instill an intrinsic commitment to change.
- Use group process techniques to involve even the most disinterested individuals.
- Help individuals to clarify their values system.
- Implement Cognitive Based Life Skills and Offense-Specific Curricula for juvenile or adult offenders.
- Present material to reach participants with different learning styles.
- Teach understanding and appreciation of one's own personality style and the style of others by using the NCTI Real Colors® Personality Instrument.
- Practice facilitation skills using the cognitive behavior curricula.

This training is accredited by the American Probation & Parole Association, and is approved for 35 contact hours. With this training, APPA offers practitioners in the field of community corrections a comprehensive array of Cognitive Based Life Skills and Offense Specific Curricula. These curricula clearly align with "What Works" principles that research has proven to be effective in reducing recidivism. NCTI's curricula are used as a diversion option, in juvenile and adult probation departments, day reporting centers, detention centers, and prisons. In order for some young offenders to make behavior changes that will enable them to turn their lives around, they require an extended, more comprehensive program to help overcome negative habits and behavior.

During the first and second quarters of 2014/2015 FICS Truancy Counselors will be trained in the latest evidence based treatment models for helping adolescents with attendance issues. Trainings will include NCTI Curriculum, Mending the cracks in the Truancy Pipeline, and PA Education website recommended trainings (best practice trainings are being updated monthly). Costs are projected and not exact.
Up to 3 staff trained in first quarter. 3 trainees @ $450 per registration $1350.
Lodging for 3 trainees x 3 days & $148 $1332
First & Second Quarter Training Total = $2,682

During the 2014/2015 year we project to have our first Truancy group Level 2 in the third quarter. For the initial group we will need to purchase materials from the National Curriculum & Training Institute. These materials include facilitator guides as well as workbooks for each group member. This is important because each curriculum has a detailed work book that the adolescent uses as a journal, guide for the activities, and the adolescent will be keep them for future reference. These facilitator guides and workbooks are crucial to implementing the program with fidelity and the youth's success. The Truancy curricula have specific facilitator guides and youth workbooks that have been created to ensure positive outcomes for both the facilitator and the youth that participate. The implementation of this group requires the purchase of two facilitator manuals and a youth workbook (student keeps) for each member of the group.

Another important expenditure is the snacks for group. Since the group is 2 hours long snacks and refreshments are offered to help keep the kids engaged in the group and to attend each session. Our last expenditure is the cost of the two trained counselors who will be facilitating the group. We have projected that our Truancy group will take 94 hours' worth of work to deliver an effective group program. These hours will include setup prep for the group, two counselors facilitating the group each week, communication with CYF and JPO, transportation if needed, and documentation. All of these activities will be crucial to the successful implementation of the group.

Up to 12 adolescents for the third quarter group
12 Youth Workbooks $50 each $600.00
2 Facilitator Guides $90 each $180.00
NCTI Taxes, Postage, Handling for Materials $47.60
Snacks/Refreshments $30 per Session (8) $240.00
Hourly Breakdown (See Below) $3661.30

32 Hours of Direct Contact with Adolescents in Group facilitated by two counselors
20 Hours Pre/Post Group
(Limited as needed transportation, Activity Setup,
Cleanup, group prep)
20 Hours Direct Supervision and Collateral Contact with CYF & JPO
22 Hours Pre/Post Tasks and Documentation
94 Hours x $38.95 per hour = $3661.30
Third quarter Group Total = $4,728.90

During the fourth quarter of 2014/2015 we project to have the second Truancy group Level 2. Additional materials required include workbooks for each group member. We have projected that our fourth quarter group will take 94 billable hours to deliver an effective group program. These hours will include setup prep for the group, two counselors facilitating the group each week, communication with CYF and JPO, transportation if needed, and documentation.
.
Up to 12 adolescents for the fourth quarter group

12 Youth Workbooks $50 each $600.00
NCTI Taxes, Postage, Handling for Materials $47.60
Snacks/Refreshments $30 per Session (8) $240.00
Hourly Breakdown (See Below) $3,661.30
32 Hours of Direct Contact with Adolescents in Group facilitated by two counselors
20 Hours Pre/Post Group
(Limited as needed transportation, Activity Setup,
Cleanup, group prep)
20 Hours Direct Supervision and Collateral Contact with CYF & JPO
22 Hours Pre/Post Tasks and Documentation
94 Hours x $38.95 per hour = $3661.30
Fourth quarter Group Total = $4,548.90

Total 2014/2015 Budget total for 2 Truancy Groups serving 20 students and Training for 3 staff = $11,959.80. <u>This amount is included in the total $83,700 for Alternatives to Truancy.</u>

1.) **Family Development Credentialing/Family Development Leadership Credentialing Program**: This CYF Special Grants funded program is delivered through a private service provider agency, Kids First. The purpose of this ***Evidence Based Program*** is to credential workers by teaching about beliefs, values, and perceptions of themselves as social workers as well as examining their thought processes on how they interact with the families and youth every day. Improved interagency collaboration efforts; additional supportive techniques towards families; increased skill application of family engagement practices with a special emphasis on strength based measures are all vital integral components of this credentialing program. The grant expenditure for FY 2012-2013 was $115,500 with 23 workers successfully completing the program. An increase of monies was requested at $126,000 to accommodate a projected 30 workers to successfully complete this program for FY 2013-2014. Level funding was again requested for FY 2014-2015 with a similar projection of staff successful credentialing completion. In FY 2013-2014 there were 32 participants in FDC.

2.) **Functional Family Therapy (FFT)**: This CYF Special Grants monies supports this program with Medical Assistance state dollars available for eligible children and youth already involved with CYF or the JPO system. Other FFT referrals are supported utilizing this special grant monies for children and youth within the county not currently open to either CYF or JPO.

This program is delivered through Family Intervention Crisis Services (FICS), a private provider agency. The identified key outcomes for this ***Evidence Based Program*** is to facilitate significant and long term reduction of the number of youth reoffending in the community; affect significant change in the number of children entering out of home placement care; and to maintain a specific low percentage of cases (10%) of children and youth remaining in the home at the time of case closure. The expenditure for FY 2012-2013 was $124, 846 at 80 referrals with an 82% successful completion rate; 60% Medical Assistance (MA) referral based. The FY 2013-2014 grant allocation was requested for $153,000 with a projection of 80 referrals coinciding with a successful completion rate of 92%; the projection is for 60% Medical Assistance (MA) referrals. Level funding was again requested for FY 2014-2015 with similar projection rates of participants and successful completion of the program. In FY 2013-2014 there were 82 referrals for FFT.

3.) **Multi Systemic Therapy (MST)**: This CYF Special Grants monies supports this program with Medical Assistance state dollars available for eligible children and youth already involved with CYF or the JPO system. Other MST referrals are supported utilizing these special grant monies for county children and youth not open to either CYF or JPO. Blair County receives this valuable ***Evidence Based Program*** through two private services providers, Adelphoi Village and Home Nursing Agency. The key outcomes for successful service delivery of this specialized therapy program that concentrates primarily on the youth is similar to Functional Family Therapy (FFT) in that the main goals are for safety, permanency, and well-being of the youth. This program works to effect a long term reduction of the number of youth reoffending in the community and promote a significant change in the number of children entering out of home placement care through positive psychological and emotional changes within the youth. The FY 2012-2013 CYF special grants expenditure was $165,07 showing 44 referrals; 24 successful program completions; and 32 MA referrals for service. Data records show that 45 referrals were made with an 80% successful completion rate of the program; and 35 MA referrals made with an increase to $205,000 for FY 2013-2014. CYF and JPO projected a level funding request for this grant to cover the FY 2014-2015 with similar referral and successful completion numbers being projected. In FY 2013-2014 there were a total of 47 referrals for MST.

4.) **Family Group Decision Making (FGDM):** This CYF Special Grants funded program is utilized by JPO, CYF, and any community member requesting services regardless of current or past involvement with family service providers. This ***Evidence Based Program*** is administered by two private service providers, Kids Peace and Professional Family Care Services. The key outcomes promoted and expected to be seen by successful completion of this program is to keep children and youth safe in natural home environments; prevent out of home placements; empower and strengthen families and their natural support systems; increase or find support and connections that families might not be aware to help; assist with reunification and decision making for lifelong change. Each year, since the inception and promotion of this program in Blair County, there has been increased awareness of this service by promotion through community providers, school districts, hospitals, local police departments, and the court system. A variety of new innovative ways have been developed to promote and grow the use of FGDM through utilization in conjunction with programs such as: Fatherhood Initiative and the Incarcerated Fathers Program; Implementation of Concurrent Planning; Emergency Family Meetings for children and youth entering placement; and other Prevention and Referral Models to enhance community awareness and promote family unity and strength based practice.

During the FY 2012-2013 referrals were at 70 with total successful conferences equaling 45 for a total grant expenditure of $103,300. For FY 2013-2014 referrals are estimated at 65 with successful conferences completed at 49 for an increase of grant expenditure projected to be around $135,000. In FY 2013-2014 there were 56 referrals for FGDM. FGDM funding was requested for an increased level for FY 2014-2015 at $187,500 with a projected total referral at 125 and a higher successful completion rate as well. The increased funding in the amount of $52,500 was requested through Evidence Based Programs through the OCYF Needs Based Budget process. It was anticipated that FGDM referrals and conferences would continue to increase in Blair County due to the positive feedback and implantation of many of the above referenced programs occurring within the county. Both CYF and JPO are also promoting and encouraging a wide spread referral policy and commitment to instituting FGDM at major key time frames during the life cycle of a case – especially at the beginning onset, even before a case is accepted for service or a youth enters into the JPO system. Preventative services are a vital tool in the child welfare system of services.

Program Name:	**Multi Systemic Therapy Services (MST)**

Status	**Enter Y or N**			
Continuation from 2013-2014		Y		
New implementation for 2014-2015		N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015		N		
Requesting funds for 2014-2015 (new, continuing or expanding)		**New**	**Continuing**	**Expanding**
			X	

	2013-2014	**2014-2015**
Target Population	12 to 17 years old	12 to 17 years old
# of Referrals	15	25
# Successfully completing program	11 successful 11 discharged	
Cost per year	$195,000	$85,096
Per Diem Cost/Program funded amount	$83.32 per hour	$123.40 per hour
Name of provider	Home Nursing Agency	Home Nursing Agency

*The rate was increased by CCBH to be reflected in FY 2014-2015; hiring a new therapist; more MA eligible children served.

Program Name:	**Multi Systemic Therapy (MST) Services**

Status	**Enter Y or N**			
Continuation from 2013-2014		Y		
New implementation for 2014-2015		N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015		N		
Requesting funds for 2014-2015 (new, continuing or expanding)		**New**	**Continuing**	**Expanding**
			X	

*__Adelphoi Village's Blair MST Program is utilized by both Blair County JPO and CYF. Measurements are conducted through the PIR (Program Implementation Review) which are completed quarterly. Outcomes are also measured by the Instrumental Outcomes which measure if the therapist and supervisor have evidence that the primary caregiver(s) has improved the parenting skills necessary for handling subsequent problems. It is also measuring for evidence of improved family relations specific to the instrumental and affective domains in that family's subsystems that were drivers of the youth referral behavior and if the family has improved parenting skills, family relations, and network of informal social supports in the community. Also assessed is the parents' demonstrated skill as successfully accessing a range of informal and formal supports as needed and if the youth is showing improvement in the education or vocational setting; if the youth is involved in pro-social activities and if there were changes in the youth's behaviors for a sustainment period of 3-4 weeks.__

	2013-2014	**2014-2015**
Target Population		
# of Referrals	32	45
# Successfully completing program	18 (for 3 quarters)	80%
Cost per year	$195,000	$119,904
Per Diem Cost/Program funded amount	$67.63 per hour	$67.63 per hour
Name of provider	Adelphoi Village	Adelphoi Village

***During this reporting period there have been significant staff turn-over, which resulted in less caseloads and capacity. It is anticipated that AV will have a full staff and caseload for 14-15FY. Another factor for under spending is that there has been an increase in collaboration between provider and County Assistance Office to have a faster turnaround of the MA packets for eligible children.**

Program Name:	**Housing**

Status	**Enter Y or N**			
Continuation from 2013-2014		Y		
New implementation for 2014-2015		N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015		N		
Requesting funds for 2014-2015 (new, continuing or expanding)		**New**	**Continuing**	**Expanding**
			X	

	2013-2014	**2014-2015**
Target Population		
# of Referrals	10	12
# Successfully completing program	10	
Cost per year	$7,650	$9,000
Per Diem Cost/Program funded amount		
Name of provider	Blair County CYF	Blair County CYF

***Number of families to be helped will vary year to year.**

Program Name:	**Blair County Truancy Court**

Status	**Enter Y or N**			
Continuation from 2013-2014		Y		
New implementation for 2014-2015		N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015		N		
Requesting funds for 2014-2015 (new, continuing or expanding)		**New**	**Continuing**	**Expanding**
			X	

***See Program Narrative Description**

	2013-2014	**2014-2015**
Target Population	6th, 7th, 8th graders	6th, 7th, 8th graders
# of Referrals	16	10
# Successfully completing program	80%	80% projected
Cost per year	$82,000	$68,340.20
Per Diem Cost/Program funded amount	$4,100	$41.49 billable hour
Stipends /Rewards Projected		$3,400
Name of provider	FICS	FICS

***During the fiscal year 12/13 the provider FICS was asked by CYF to look at the previous year's actual costs per student and calculate an average cost per student. This 12 month review was completed and it was determined that the average cost was $5282.43 per student/family billed at an hourly rate of $41.49. Total stipend costs for those 10 students/families that completed the program was $1994.20. That is an average of $199.42 per student/family. That shows the total cost per student plus rewards/stipends is $5481.85. The CYF director at the time decided to cut what the actual cost per student was in 12/13 and set the rate at $4100 per new referred student with no allowance to recover the additional cost of the rewards/stipends. FICS was not reimbursed for the actual cost of delivering the service. It is important for the projected 14/15 budget that the actual cost of the service per student be used to determine a sustainable rate.**

Program Name:	**Evidenced Based Truancy Group – Prevention Services**

Status	**Enter Y or N**			
Continuation from 2013-2014		N		
New implementation for 2014-2015		Y		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015		N		
Requesting funds for 2014-2015 (new, continuing or expanding)		**New**	**Continuing**	**Expanding**
		X		

*See Program Narrative Description

	2013-2014	**2014-2015**
Target Population		13 to 17 year olds
# of Referrals		24 new
# Successfully completing program		80% projected
Cost per year		$11,959.80
Per Diem Cost/Program funded amount		2 groups plus training and lodging of staff
Name of provider		FICS

- **Alternatives to Truancy will add a new evidence based Truancy Group in 2014-2015. Please see the attached program description and budget narrative. NCTI provides this truancy treatment curriculum. Their website is www.ncti.org.**
- **This will serve a projected 24 students in 2014/2015 and provide training for 3 staff for a total budget of $11,959.80.**
- **With a combined budget of $76,451.25 we can identify more students and provide evidence based/promising practice services to all those referred.**

Program Name:	**Family Development Credentialing**

Status	**Enter Y or N**			
Continuation from 2013-2014		Y		
New implementation for 2014-2015		N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015		N		
Requesting funds for 2014-2015 (new, continuing or expanding)		**New**	**Continuing**	**Expanding**
			X	

*__See Program Narrative Description__

	2013-2014	**2014-2015**
Target Population	Child Care Workers	Child Care Workers
# of Referrals	32	35
# Successfully completing program	25	25
Cost per year	$126,000	$126,000
Per Diem Cost/Program funded amount	$	$
Name of Provider	Kids First	Kids First

***Kids First has replaced the full-time FDC Program Manager with a Part-Time worker due to lower enrollment numbers, which decreases costs for the 90-100 hours of training to $3,700 per participant.**

Program Name:	**Functional Family Therapy (FFT)**

Status	Enter Y or N			
Continuation from 2013-2014		Y		
New implementation for 2014-2015		N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015		N		
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

*See Program Narrative Description

.

	2013-2014	**2014-2015**
Target Population	Families	Families
# of Referrals	82	82
# Successfully completing program	65	80% projection rate
Cost per year	$124,686	$143,000
Per Diem Cost/Program funded amount	$43.56 per hour	$43.56 per hour
Professional Development Fees for staff credentialing	$10,000	$10,000
Name of provider	FICS	FICS

***FICS reduced the amount of FFT Therapist to better align with the amount of referrals received. The projected budget will now allow for serving more families per year and a professional development offset not previously allotted in past grant years.**

Program Name:	**Family Group Decision Making (FGDM)**

Status	**Enter Y or N**			
Continuation from 2013-2014		Y		
New implementation for 2014-2015		N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015		N		
Requesting funds for 2014-2015 (new, continuing or expanding)		**New**	**Continuing**	**Expanding**
			X	

***See Program Narrative Description**

	2013-2014	**2014-2015**
Target Population	Birth to 21 years old	Birth to 21 years old
# of Referrals	30	45
# Successfully completing program	18	35 projected
Cost per year	$60,000	$74,588 projected
Per Diem Cost/Program funded amount	Successful conference- $2,200 Successful referral - $1,000 Unsuccessful referral - $250	Successful conference- $2,200 Successful referral - $1,000 Unsuccessful referral - $250
Name of provider	KidsPeace	KidsPeace

***There is still a need to increase buy-in for county workers to recognize that families have strengths and that the FGDM process should be offered to all families. KidsPeace staff and the Coordinator continue to work along with ideas to increase successful referrals and promote FGDM in the community.**

Program Name:	**Family Group Decision Making (FGDM)**

Status	**Enter Y or N**			
Continuation from 2013-2014		Y		
New implementation for 2014-2015		N		
Funded and delivered services in 2013-2014 but not renewing in 2014-2015		N		
Requesting funds for 2014-2015 (new, continuing or expanding)		**New**	**Continuing**	**Expanding**
			X	

***See Program Narrative Description**

	2013-2014	**2014-2015**
Target Population	Birth to 21 years of age	Birth to 21 years of age
# of Referrals	26	40 projected
# Successfully completing program	22 (85%)	35 projected 85% projected
Cost per year	$54,525	$60,412
Per Diem Cost/Program funded amount	**Successful conference- $2,200** **Successful referral - $1,000** **Unsuccessful referral - $250**	**Successful conference- $2,200** **Successful referral - $1,000** **Unsuccessful referral - $250**
Name of provider	Professional Family Care Services (PFCS)	Professional Family Care Services (PFCS)

Drug and Alcohol Services

The Substance Abuse System

Information regarding access to services - (*D&A Attachment 1 Network of Care Chart*)

Access to drug and alcohol services is available through numerous sites. Blair Drug and Alcohol Partnership (BDAP) currently provide over 75% of the criminal justice assessment. In addition, we provide assessments in the Blair County prison. We have worked with the Department of Drug and Alcohol Programs and Office of Mental Health and Substance Abuse Services to implement a Medicals Assistance Pilot Project for offenders released to residential facilities. All of the outpatient providers are contracted to provide drug and alcohol assessments also. BDAP contracts with 2 licensed outpatient providers to provide in school assessments and treatment services. This provides access to assessments and treatment in all 7 school districts. We have emergency room referrals to detoxification as medically necessary.

Currently, BDAP contracts with 5 outpatient providers and 3 of them offer intensive outpatient services. In addition, Blair County has 2 large residential facilities that offer detoxification and non hospital residential treatment. Blair County also has 1 female halfway house and 2 male halfway houses. BDAP also contracts with detoxification, non hospital residential and halfway houses outside of the county. BDAP also contracts with 2 methadone clinics located in Blair County and has added Vivitrol to its contracts to expand medicated assisted treatment. BDAP is currently partnering with Blair Health Choices to determine the ability to fund a partial hospitalization program. BDAP has also just been awarded a grant through Pennsylvania Commission on Crime and Delinquency to implement Screening, Brief Intervention and Referral to Treatment (SBIRT) in two physical health clinics. One of the clinics includes the Residency Program and will include the training of 25, first, second and third year residencies.

Waiting List Issues

This area presents a challenge to measure. Due to limited funding, SCAs have had to set funding policies that limited services in order to maintain funding throughout the year. This present a false sense that individuals are being served even though they are underserved. Even with this management system, BDAP did have to suspend funding May 1, 2014 due to funding issues. At the end of May we were provided an additional $45,000.00 from the Block Grant. We currently have up to 10 individual on a waiting list for methadone. We have shortened lengths of stay for intensive outpatient cutting the length in half. We have limited outpatient group to once a week and or individual once a week. We have also limited the length of stay in residential and are not funding halfway house.

Coordination with Blair County Human Services System

BDAP has a strong partnership with the county human service system. BDAP is a member of the Health and Welfare Council which has over 75 human service provider members. BDAP is also a member of the Criminal Justice Advisory Board, Blair Health Choices clinical committee, Healthy Blair County Coalition (chair), Blair County Chamber Non Profit Subcommittee (past chair), Operation Our Town Coalition (steering committee member, as well as subcommittees member), BDAP staff participate on all Specialty Courts, Mental

Health/Criminal Justice subcommittee, CJAB housing committee (co chair), Children's Roundtable, and Children, Youth and Family Advisory Council. BDAP has recently partnered with the local Blair County Assistance Office to facilitate medical assistance applications for individuals in our local prison.

Emerging Substance Use Trends

Blair County continues to see the impact of opiates on its citizens. Data shows opiates (prescription and heroin) as a top drug of choice. It currently is the top drug of choice at time of assessment behind alcohol. Blair County has been identified as one of the counties in the state that exceed the state average in overdoses fatalities. Overdose data from our largest hospital emergency room for 2013 showed 179 overdose cases (non fatal). This is an average of 1 overdose every other day. 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 reporting from law enforcement that heroin buys were starting to outnumbered prescription drug buys. Heroin has increased since this time. The cost is lower than the prescription drugs. Another class of medication that has increased the overdose potential is benzodiazepines mixed with the opiates. We are beginning to see a reemergence of a younger population using prescription drugs and heroin. This trend was seen in the early 2000 when opiate use started to increase in Blair County. This has a direct impact on the SCA's ability to provide services. Though our numbers have trended similar this year, we have seen an increase in dependency diagnosis due to the drugs of choice. Medical assistance qualifications continue to take 30-45 days before determinations are received. This continues to exhaust the SCA funding allocations. Another issue that has been a discussion with our providers is the trend of employers to elect high deductibles in order to reduce premiums. They subsequently pass on the high deductible to the employee and their family members. This has become a more difficult situation since the affordable care act. Though good in concept, young adults can now be on their parent's policy until age 26. Unfortunately, families do not have resources for the deductible. This has cause barriers to treatment especially at the higher level of care.

Target Populations - *(D&A Attachment 2-Demographic charts 2012-2013 Data)*

Drug and Alcohol assessments are available to all demographic groups. This is a free assessment paid through state/federal/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. The following groups were adjusted due to the way data is collected currently. We will attempt to adjust the age groups in the future if not cost prohibited.

Older Adults (ages 61 and above) - The SCA assessed 18 individuals in this age group. This represents 1% of the individuals accessing services through SCA last year. Of that group 54% presented with mental health symptoms.

Adults (ages 19 and above) - The SCA assessed 1049 individuals in this age group: 87% of the individuals presenting to the SCA for drug and alcohol assessment were over 18 years of age. 23% were female and 55% presented with co-occurring mental health symptoms. 77% were male and 35% presented with co-occurring mental health symptoms.

Transition Age Youth (ages 19 to 25) - The SCA assessed 295 individuals in this age group: 25% of the individuals presenting to the SCA for drug and alcohol assessment were in this age group. 24% were female

and 36% presenting with co-occurring mental health symptoms. 76% were male and 33% presented with co-occurring mental health symptoms.

Adolescents (18 and under) - The SCA assessed 154 individuals in this age group. 42% were female and 53% presented with co-occurring disorders. 58% were male and 38% presented with co-occurring mental health symptoms.

Individuals with Co-Occurring Psychiatric and Substance use disorders - See above.

Criminal Justice Involved Individuals - Over 70% of the assessment performed by the SCA and its providers has 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. 44 people identified themselves as a Veteran at the time of assessment: 2 were female and 42 were male

Racial/Ethnic/Linguistic Minorities - The SCA does not have reporting to provide this information.

Recovery-Oriented Services - *(D&A Attachment: 3 Executive Summary of Survey Results/draft)*

Recovery Oriented System of Care is not just the development of services. It is a system transformation process. The SCA is working to move the community toward this system change. In Fiscal Year 2011-12, the SCA and members of the recovery community and staff met with a consultant to discuss the planning for this system transformation. It was decided at that meeting to first provide a foundation of common language in relationship to ROSC. After the trainings are provided, a coalition would be developed to provide input on the process and set yearly strategic goals that will help in moving the system. The SCA held 3 hour ROSC 101training and provided 4 opportunities for agencies in the community, recovering persons and others to attend the trainings in April 2012. It was determined once the training was competed, the next step would be to bring together a coalition of individuals who would be interested in developing a strategic plan to help guide the development of a recovery oriented system of care. It is the goals of this initial planning team are to have a plan completed within the next 6-12 months. We will be using the Northeast ATTC planning model. The resources needed to help develop this system change will be funding to support the consultant who will facilitate the process of a strategic plan, individuals from the community who are interested in being part of the system change, room, staff time to perform community surveys with the recovering communities and partners, and analysis of the data. The survey was completed during the 2012-2013 fiscal year. Attached is an executive summary of the survey results. We are scheduled on June 23, 2014 to complete a one year strategic plan to assess recovery resources and discuss the survey results.

Recovery Continuum of Services

We have implemented support groups into our recovery continuum of services. They include a Relapse Prevention support group, women's reentry group in prison, a co-occurring women's group in the community, a Understanding the 12 Steps group, Life Skills focus group, Specialty Alumni support group and a family and friends support group. We currently partner with the Crossroads of Altoona the recovering club in Altoona to support activities for the recovering community. As previously mention they have 60-70 in attendance at their events. The recovery club provides a home for approximately 16 self-help groups. The AA mutual aid groups are very strong in our community. The NA mutual aid groups are still growing in infrastructure. We have 2 Dual Recovery meetings and a drop in once a week for co-occurring individuals at a local treatment provider's facility. The Adult Probation office under the supervision of President Judge Grubb-Kopriva has expanded their capacity to provide education for the offenders. They office has CBT classes and Breaking Barriers classes running throughout the year. They also fund for the specialty court participants Eye Movement Desensitization and Reprocessing (EMDR). They also contract with a social service agency for group services on Grief and Loss.

Job Skills: Student in Free Enterprise (SIFE) - These students provide resume building and interviewing skills for specialty court participants. The local Career Link provides one central location for individuals to search for employment and employment counseling. New Option/New Choices is a program offered by our local technology center for women. They provide resources and skills for women issues and employment needs. The local recovery club has free computers that members can use to do job searches. Office of Vocational Rehabilitation provides resources to further enhance education and job placement.

Health and Wellness: Blair County has one free health clinic, a women's health clinic and a FQHC for medical assistance eligible individuals. Primary Health Network is the FQHC behavioral health clinic. The partnership for free dental care is also present in our community. There are numerous wellness centers in our community but resources to join are a struggle for a lot of the individuals we serve. Our community has a wealth of free cultural events throughout the summer. Some of these are alcohol free. The community is working on a community calendar that would list all activities and have sub filings to show whether an event is "family friendly". We have been expanding the ability to provide Vivitrol through physicians at our treatment programs and in the community.

Housing: (D&A Attachment 4: Reentry Housing Matrix) This continues to be a barrier to some individuals we serve. The SCA currently co-facilitates the CJAB housing workgroup. This group was formed to assess needs, identify capacity and identify a plan to address the housing issues of individuals returning to the community from the local prison. The group has assessed the needs of individuals returning from the community and local capacity has not been met to address these needs. The group has identified a Matrix that would be beneficial to those whom meet the needs for housing post release from prison.

Blair County Network of Care - Adults

Adults Providers of Service:

Outpatient:
Altoona Hospital
Anthony Pater Counseling
Home Nursing Agency
PYRAMID Healthcare, Inc
White Deer Run of Altoona

Intensive Outpatient:
Home Nursing Agency
PYRAMID Healthcare, Inc

Partial Hospital
Home Nursing – Community Based
PYRAMID Healthcare, Inc
PYRAMID Healthcare, Inc – In Prison

Methadone Maintenance
Discovery House
Dolminis

Halfway House (Male)
Clem Mar
Gatehouse for Men
PYRAMID Healthcare, Inc
White Deer Run – New Directions
Gatewayy-Moffit/Tom Rutter

Halfway House (Female)
Libertae
Community House Erie
Gatehouse for Women
Renewal Center
PYRAMID Healthcare, Inc
Clem mar for Women

Assessments
Altoona Hospital
Anthony Pater Counseling
Blair County Drug and Alcohol Program, Inc
Home Nursing Agency
PYRAMID Healthcare

Transitional /Housing Support
Blair Senior Services
Family Services of Blair County
PYRAMID 3/4/ Houses M

Inpatient Hospital Detoxification
Eagleville Hospital

Inpatient Hospital Residential
Eagleville Hospital

Inpatient Non Hospital Detox
Cove Forge B.H.S.
Eagleville Hospital
Gaudenzia Common Ground
PYRAMID Healthcare, Inc
Roxbury
White Deer Run, Allenwood-
(Regular and Methadone)

Inpatient Non Hospital Residential ST
Cove Forge B.H.S.
Eagleville Hospital
Gaudenzia – Common Ground
PYRAMID Healthcare, Inc Altoona
Roxbury
White Deer Run, Inc
PYRAMID Healthcare - Bellville
CRC-Bowling Green Brandywine

Inpatient Non Hospital Residential LT
Gaudenzia Concept 90
White Deer Run, Inc Forensic Unit
Eagleville Hospital
CRC-Bowling Green Brandywine

Inpatient Women with Children
Fountain Spring
Kindred House
Vantage House

Intensive Case Management/
Resource Coordination
Blair County Drug and Alcohol Program

Blair County Drug and Alcohol Program, Inc.
Fiscal Year 2010-2011
Client Demographic Report

FY 12-13

Attachment 10 Client Demographics

Assessments by Age/Gender/Mental Health Symptoms							
Age	Female	F-MH	% MH	Male	M-MH	% MH	Total - Age
Under 13	1	0	0.0%	2	1	50.0%	3
13-15	31	23	74.2%	36	13	36.1%	67
16-18	32	11	34.4%	52	20	38.5%	84
19-20	14	4	28.6%	65	26	40.0%	79
21-25	55	21	38.2%	161	50	31.1%	216
26-30	37	28	75.7%	159	58	36.5%	196
31-35	46	29	63.0%	129	53	41.1%	175
36-40	24	15	62.5%	90	29	32.2%	114
41-45	24	13	54.2%	51	15	29.4%	75
46-50	22	11	50.0%	61	21	34.4%	83
51-55	11	6	54.5%	53	18	34.0%	64
56-60	2	1	50.0%	25	11	44.0%	27
61-65	2	2	100.0%	11	3	27.3%	13
66-70	0	0	0.0%	2	1	50.0%	2
71-75	1	1	100.0%	2	0	0.0%	3
Over 75	0	0	0.0%	0	0	#DIV/0!	0
Unknown	0	0	#DIV/0!	0	0	#DIV/0!	0
Totals	**302**	**165**	**54.6%**	**899**	**319**	35.5%	**1201**

Assessments by Gender/Maritial Status				
Maritial Status	Female	Male	Total	% of Total
Unmarried	201	628	829	66.7%
Married	29	112	141	11.3%
Separated	14	37	51	4.1%
Divorced	40	103	143	11.5%
Widowed	11	7	18	1.4%
Unknown	7	12	19	1.5%

Pregnant	
Age	Number
21	2
22	1
23	1
24	1
34	1
Total	**6**

Zip Codes at Time of Assessments							
Town	Count	%	Town	Count	%	Town	Count
Altoona-01	310	26.7%	Williamsburg	17	1.5%		
Altoona-02	324	27.9%					
Altoona-03	2	0.2%	**Total**	**1163**			
Bellwood	28	2.4%	**Out of County**		38		
Claysburg	34	2.9%					
Duncansville	107	9.2%					
East Freedom	16	1.4%					
Hollidaysburg	117	10.1%					
Martinsburg	27	2.3%					
Newry	4	0.3%					
Roaring Spring	29	2.5%					
Tipton	6	0.5%					
Tyrone	142	12.2%					

A SUMMARY OF THE FINDINGS OF THE RECOVERY SELF-ASSESSMENT SURVEY FOR INDIVIDUALS, FAMILIES AND PROVIDERS FOR BLAIR DRUG AND ALCOHOL PARTNERSHIPS

PREPARED BY CHARLENE GIVENS, M.S., CPS

APRIL 17, 2014

The majority of those surveyed also thought the staff helped them keep track of their progress and personal goals.

Positive responses prevailed to whether the staff helped client or loved one to fulfill personal goals which is another indication of client centered treatment.

DOMAIN 2: CLIENT INVOLVEMENT

The survey in this category indicates that a high percentage of the respondents do not understand or get the opportunity to participate in provider service planning and training. More than half of the respondents agreed or strongly agreed that staff helped to connect them to self-help, peer support or consumer advocacy groups and programs, but 22% of family/significant other answered "don't know". A higher percentage of staff agreed than primary or family respondents. This *may indicate that the staff thinks they are doing a better job in this area than is perceived by clients and their loved ones.*

Respondents mostly agreed or strongly agreed that they are encouraged to be involved in the evaluation of the program's services and service providers. However, 35% of family responses were "don't know". *Again there is a more positive response to this by the staff than what is perceived by clients to be the practice.*

Just 33% of persons in recovery and only 27% of loved ones agreed that they were encouraged to attend agency advisory boards and/or management meetings. 44% of family members answered "don't know". *This may indicate a need for improvement in the recruitment of persons in recovery and their loved ones to attend or join these types of advisory boards. It could be they feel as if they do not belong at this level. A more welcoming approach and increased education of the process by staff may encourage increased participation.*

The responses were similar when respondents were asked if they were involved or could be involved in staff training and education programs. 23% of persons in recovery, 49% of family/significant others, and 10% of staff answered "don't know." *Encouragement and education is needed in this area.*

DOMAIN 3: INDIVIDUALLY TAILORED SERVICES-INTEGRATION

This domain focuses on community connections and family support. 57% of the persons in recovery agreed or strongly agreed that staff regularly asked them or family/support persons about their community interests and things they would like to do in the community. The percentage of family/supportive others were similar (43%), but again there was a high percentage of "don't know" responses from family/significant others (32%). However, the staff and administrative staff responses indicated that most (90-95%) agree or strongly agree that this is being done. *This indicates another area where there is a divergence between what is perceived by those participating in the program as opposed to those who are administering the program. The staff may be bringing up these issues with the clients, but not following through with continued encouragement or discussion regarding their desires or opportunities for community participation.*

DOMAIN 4: DIVERSITY OF TREATMENT OPTIONS

This domain focuses on the attention given to the spiritual and sexual needs and interests affecting recovery and resilience. There were also questions in this section regarding the understanding of successful completion of the treatment phase and how to exit the program.

73% of the persons in recovery, 82% of the family/significant others, and 97-100% of staff agreed or strongly agreed that there is opportunity for them to discuss spiritual needs and interests when they want. *While this is a positive response, it again indicates that provider staff and administration perceive this is happening at a higher concentration than may be actually occurring and may want to employ additional techniques to capture the remaining 27% of those in recovery.*

The responses of persons in recovery agreeing or strongly agreeing whether they are given the opportunity to discuss their sexual needs and interest when they wish was one of the lowest rated indicator at just 43%. Clinical and administrative staff responses were much more in agreement (79-86%) this occurs. *Discussing sexuality is often a personal and sensitive issue. Staff seems to recognize the importance of including this issue in treatment but may lack the skills necessary to approach it with their clients. Specific training of staff regarding positive, non-invasive approaches to how this can be achieved to better serve the client is most likely needed.*

73% of persons in recovery agreed/strongly agreed that staff talks to them about what it takes to complete or exit the program. Staff and loved ones agreed at a higher percentage. Orientation for clients at the start of treatment should always include this aspect of treatment, but discussion of how to achieve this needs to be discussed throughout treatment to ensure understanding of the process.

DIMENSION 5: LIFE GOALS

This domain focuses on promoting community involvement in non-addictive activities and future planning to empower the person in recovery to achieve life goals.

The majority of all respondents in all three categories agreed or strongly agreed that staff encourages the person in recovery to have hope and high expectations for themselves and their recovery. The numbers were similar for the question regarding whether the staff believes the program participant can recover. There was also a high percentage of agreement in all categories that staff encourages program participants and loved ones to take risks and try new things. 79% of primary respondents, 72% of loved ones and 90-98% of staff agreed/strongly agreed that staff helped participants to develop and plan for life goals beyond managing symptoms or staying stable. *These responses not only indicate a recognition of the importance of a more recovery oriented system, but also demonstrate positive approaches to achieving this goal are currently being practiced.*

Just 30% of persons in recovery agreed or strongly agreed that staff helped them to find jobs. Family member responses were similar at 32% agreeing staff helped their loved one find a job. This was in contrast to 73% of clinical staff and 48% of administrative staff that agreed or strongly agreed this happens. *This response again demonstrates incongruity between staff and client perception and also indicates a need of improvement in how clients are helped to supplement their self-worth through employment. Training may be needed in county employment resources that are available , e.g, Case management, Career Link, etc.*

SUMMARY

After a thorough and comprehensive review of the questions, responses and personal comments, it appears that providers utilized by Blair County treatment recipients are viewed, for the most part, very positively . The answers to the three OMHSAS questions demonstrate clients have feelings of hopefulness and some level of control in the treatment process. Most respondents agreed that they felt welcomed and made to feel comfortable in an inviting and dignified physical space.

The area demonstrating the least positive responses appears to be the connection to family members/significant others and their lack of inclusion in the treatment process. It is also apparent that provider staff is proud of what they do and have a very strong perception that they are providing significant and appropriate services in all five domains. However, staff perception was not always consistent with treatment participant and family/significant other perception. Specifically there was a lock of congruity in perception and responses in the following areas:

- Client Education
  - Lack of knowledge regarding the ability to change counselors if desired
  - Lack of knowledge of ability to access treatment records
- Client Involvement
  - Inclusion – lack of understanding or opportunity to participate in service planning and training
  - Clients did not feeel encouraged to attend Board meetings and/o management meetings
- Sexual Needs and Interest
  - Clilent perception is they are not given opportunity for discussion in this area
- Jobs/Employment
  - 70% of clients did not believe they received any assistance with employment needs

In addition, when personal comments are reviewed there is an indication of a need for less repetition in treatment and for increased personal attention and focus on individual goals. Overall it appears that staff tends to make a commitment to ensuring respect for the client is demonstrated in all aspects of treatment although there were what appear to be several isolated incidences of disrespectful behavior at least from the client perspective. Families and significant others need to be included in the client's service and treatment planning with a more holistic treatment approach and greater emphasis on community involvement to enhance the treatment and ongoing recovery process.

A SUMMARY OF THE FINDINGS OF THE RECOVERY SELF-ASSESSMENT SURVEY FOR INDIVIDUALS, FAMILIES AND PROVIDERS FOR BLAIR DRUG AND ALCOHOL PARTNERSHIPS

PREPARED BY CHARLENE GIVENS, M.S., CPS

APRIL 17, 2014

OVERVIEW:

There were 626 surveys completed. 477 were from persons in recovery, 87 from family/significant others, 41 from clinical staff, and 21 from administrative staff. The majority of the informationfrom the primary respondents(persons in recovery) was gathered in face-to-face interviews. Most of the family/significant other responses were from telephone interviews and the majority of provider/staff surveys were done on-line. Face-to-face and telephone interviews tend to provide more clarity and understanding of the questions. There was a total of 455face-to-face interviews of primary respondents and 87 family/significant others,but the numbers on the graph were not clear for the number of clinical/admin staff who were contacted face-to-face.

There were 626 total respondents from various inpatient and out-patient facilities. 477 were persons in recovery, 87 were family/significant others, 41 clinical staff, and 21 administrative staff. It is not clear what level of care the respondents were participating in at the time of the survey. While the majority of the respondents were currently in treatment for less than 6 months. Only 10 were in treatment 4+ years.

FINDINGS BY DOMAIN:

DOMAIN 1: CLIENT CHOICE

Most of the respondents strongly agreed or agreed that they felt welcomed and helped to feel comfortable in the program. Only 5% disagreed or strongly disagreed with that statement. The majority also agreed or strongly agreed that the physical space of the program felt inviting and dignified. The fact that 25% of family/significant other answered "don't know" is probably because they had never been to the facility. *This may be an indicator of not enough family/significant other participation in the primary's recovery program.*

26% of primary respondents and 47% of family/significant others indicated they did not know they could change clinician or case manager. *This indicates an area for improvement in educating the client and their families about the program process.*

28% of the primary respondents, 46% of the family/significant others and even 5% of the clinical/admin staff did not know they could easily access their treatment records. *This lack of understanding of how to access records is another area of need for improvement in the education of clients, family/significant other and staff.*

The consensus of the respondents was favorable regarding staff not using threats, bribes of other forms of pressure to get them to do what they want. *This indicates that staff generally are treating clients and family with respect and dignity. A few of the comments included in the report indicated some rather alarming disrespect toward clients by clinical staff members, but these seem to be isolated incidents compared to the favorable percentages on the graph.*

Primary respondents, family/significant others and staff indicated that clients are being listened to and respected about decisions for treatment and care. *It would seem that there is a positive shift toward focusing on "the voice of the client".*

The majority of those surveyed also thought the staff helped them keep track of their progress and personal goals.

Positive responses prevailed to whether the staff helped client or loved one to fulfill personal goals which is another indication of client centered treatment.

DOMAIN 2: CLIENT INVOLVEMENT

The survey in this category indicates that a high percentage of the respondents do not understand or get the opportunity to participate in provider service planning and training. More than half of the respondents agreed or strongly agreed that staff helped to connect them to self-help, peer support or consumer advocacy groups and programs, but 22% of family/significant other answered "don't know". A higher percentage of staff agreed than primary or family respondents. This *may indicate that the staff thinks they are doing a better job in this area than is perceived by clients and their loved ones.*

Respondents mostly agreed or strongly agreed that they are encouraged to be involved in the evaluation of the program's services and service providers. However, 35% of family responses were "don't know". *Again there is a more positive response to this by the staff than what is perceived by clients to be the practice.*

Just 33% of persons in recovery and only 27% of loved ones agreed that they were encouraged to attend agency advisory boards and/or management meetings. 44% of family members answered "don't know". *This may indicate a need for improvement in the recruitment of persons in recovery and their loved ones to attend or join these types of advisory boards. It could be they feel as if they do not belong at this level. A more welcoming approach and increased education of the process by staff may encourage increased participation.*

The responses were similar when respondents were asked if they were involved or could be involved in staff training and education programs. 23% of persons in recovery, 49% of family/significant others, and 10% of staff answered "don't know." *Encouragement and education is needed in this area.*

DOMAIN 3: INDIVIDUALLY TAILORED SERVICES-INTEGRATION

This domain focuses on community connections and family support. 57% of the persons in recovery agreed or strongly agreed that staff regularly asked them or family/support persons about their community interests and things they would like to do in the community. The percentage of family/supportive others were similar (43%), but again there was a high percentage of "don't know" responses from family/significant others (32%). However, the staff and administrative staff responses indicated that most (90-95%) agree or strongly agree that this is being done. *This indicates another area where there is a divergence between what is perceived by those participating in the program as opposed to those who are administering the program. The staff may be bringing up these issues with the clients, but not following through with continued encouragement or discussion regarding their desires or opportunities for community participation.*

Even though 57% primary respondents agreed or strongly agreed that the program offered specific services that fit their unique culture and life experience, that leaves nearly half (43% of the primary respondents answering disagree, strongly disagree, not applicable or don't know. This may be a result of the low percentage of participants from non-Caucasian cultures. *The number of family/significant others and staff who agreed or strongly agreed that the provider fit their unique culture and lifestyle was again higher than perceived by the person in recovery.*

The provider's perception of whether staff helped them or their loved one to include people who were important to them in recovery/treatment planning was 95% compared to 74% of primary responses and 65% of family/supportive others. *This is another area of non-congruence between what the staff thinks is being accomplished and what the participants feel is actually happening in treatment. The positive nature of the responses overall does indicate perceived importance of having another person with whom a person feels a strong connection involved in the recovery process and needs to be a strong focus for continuation and improvement.*

The question regarding whether staff introduced the program participants to people in recovery who could serve as role models or mentors was not asked of the family/significant others. However, only a little over half of the primary respondents (56%) agreed or strongly agreed this occurs. *The staff and administrations perceptions of this happening was again much higher indicating their belief in its value to recovery, but whether it is actually consistently occurring is doubtful. Developing new approaches to connecting participants to those in recovery needs to be of high importance in a recovery-oriented system of care.*

Just 51% of persons in recovery agreed/strongly agreed that staff helps them find ways to give back to the community with family/supportive others agreement level being just 38%. The staff and administrative agreeable responses were slightly higher (62-76%). *This indicates a need for emphasis on utilizing strategies that can be employed to assist clients in "giving back", increasing feelings of self-worth and aiding in the ability to stay in long-term recovery.*

The question of whether staff listen and respond to their cultural experiences, interests and concerns was only asked of persons in recovery and family/significant others. *The majority agreed or strongly agreed (72-76%) which indicates a commitment to insuring that cultural needs are recognized and addressed. Additional cultural awareness and sensitivity training might assist in attaining a higher positive response .*

Only 54% of family/significant other responded that the staff listened to them and respected their opinion about their loved one's treatment and care. Only 48% answered that they were actually included in their significant other's recovery/treatment planning. *In order to gain a complete picture of the client and where he/she is in recovery, a need for improved focus on involving family and supportive others in treatment is indicated.*

The question whether staff regularly attend trainings on cultural competency was only asked of clinical/administrative staff. While most (77-88%) agreed or strongly agreed this is occurring, *it would seem apparent that providers would strive for 100% of staff acknowledging ongoing training in this area. This would seem to reinforce that additional training opportunities may need to be provided.*

DOMAIN 4: DIVERSITY OF TREATMENT OPTIONS

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Provider staff agreed or strongly agreed that they were helping the participant get involved in non-mental health/addiction related activities at a higher percentage than the participant or family/significant other. Just 59% of persons in recovery and 52% or loved ones agreed or strongly agreed compared to 90%of clinical staff and 76% of the administrative staff. *Staff seems to believe this supportive behavior is happening more than may be actually occurring.*

The question regarding whether the staff is knowledgeable about special interest groups and activities in the community is linked to the former question. Providers again rated this higher at 76%-85% than the 61-64% of participants and significant others. *Information in this area may be present at the provider at some levels, but not being clearly conveyed to those participating in the program. Again, there needs to be a better knowledge of what resources are available within the community both for the participants and the staff.*

Only 56% of persons in recovery and 60% of family/significant others agreed that agency staff are diverse in terms of culture, ethnicity, lifestyle and interest. Staff percentages were higher with 83% of clinical staff and 62% of administrative staff agreeing. *The clients overall seem to feel supported by the staff, but the provider needs to find ways to convey the positive aspects of their program more clearly to the participants as well as employ strategies to expose clients to a.more diverse treatment environment.*

The next two questions were only asked of loved ones/significant others and the providers. 61% of significant others agreed that staff believed their loved one had the ability to manage his/her own symptoms. Clinical staff agreed at 76% and administrative staff agreed at 86%. 20% of family members answered "don't know". 77% of family members agreed that staff work hard to help their loved one fulfill his/her personal goals. 83% of clinical staff and 81% of administrative staff agreed. 17% of family members indicated "don't know".

Family/significant others were only asked the question regarding whether they felt the staff encouraged them to have hope and high expectations for their loved one participating in recovery. Only 59% agreed or strongly agreed with 22% strongly disagreeing. *Overall, the response from significant others indicates some positive feed-back regarding how the staff is perceived as supporting the person in recovery, but significant others need to be better informed and their inclusion in the treatment process is paramount.*

OMHSAS STANDARD QUESTIONS:

The responses from the OMHSAS Standard questions regarding what effect treatment has had on the overall quality of life for those in recovery and for their significant other received consistent positive responses from both groups at 85-90%. The question regarding whether the person in recovery and their significant other were given the chance to make treatment decisions also received high ratings in the 87-95% range from both groups. When asked if in the past twelve months were they able to get the help they needed, 78% of persons in recovery answered yes and 17% said "sometimes". 84% of significant others answered yes and only 12% said "sometimes".

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SUMMARY

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Criminal Justice Housing Committee
Minutes: March 18, 2014

The committee members reviewed and discussed the minutes presented from the February meeting and provided additional input to the document.

Problem: No Home Plan/Reentry Plan or Poor Planning No institutional probation officer to coordinate home planning and reentry plans Data: We need information from the Adult probation office to do analysis of the actual numbers. This should include: *those plans that have poor home plans. *the number of offenders that are re-offending/parole violators. *How many had poor or no home plan at time of release/maximum sentence and released to the street. *What is the cultural diversity of this population This will provide an actual number for development of needs. Target Population: Assumption It is felt a small number are women due to the limited female beds at the prison. Also, females appear to have family/community connections (some may be unhealthy) The majority population would be male	What are the strength/needs of the people who are in need a home plan or stronger home plan: Strengths: Resiliency/Survivors/Street Smart Needs: *No Jobs/skills *Lack interview skills and resume writing skills *No Income-limited resources from friends/families *Burned a lot of bridges in rental assistance programs and their families *No history of living on their own *No social/life skills *No medical assistance-not eligible or turned off when placed in prison *Mental Health Diagnosis *Drug and Alcohol Issues *Sometimes Both MH/D&A *If a primary MH diagnosis, they may have SSI but it is turned off when placed in prison. *Most have charges that make them ineligible for cash assistance and housing assistance *Repeat offenders/criminal thinking *Some need coordination of MH medications *Wide range of ages-wide range of education issues *When in prison they do not meet definition of homeless until they are on released on the street *Trauma history for some *Financially burden due to cost and fines *Charges make them ineligible for federally funded housing units *Lack of valid driver's license/transportation issues *Mandatory parole requirements

Criminal Justice Housing Committee
Minutes: March 18, 2014

Goal: Strengthen community safety and reducing recidivism by strengthening home plans to include stable housing upon reentry to the community from an in prison sentence:

Why:

1. There are community safety issues if reentry plans are poor and parolees re-offend
2. Provide an opportunity to build skills for reintegration and reduce recidivism . Goal Permanent Housing
3. Stronger oversight by parole for quicker interventions when deteriorating

Recommendations: Reentry Parole officer-Reentry House- 3/4 houses or Bridge Housing then to Permanent housing

Reentry Parole Officer	Reentry House: Apprx: 20 beds – Need data to support this estimate	¾ houses/Bridge Housing
3-4 weeks prior to minimum Complete social/legal form Risk/needs assessment These go into a individual reentry plan Individual reentry plans for the parolee- a working document that the parole officer reviews and updates regularly upon release Complete MA applications 2 weeks prior to release (WHO will complete) The plan will trigger the target populations:	6-9 months Target Population: Male Parolees coming up on minimum that have a housing issue and one of the following concerns: MH issues Drug and Alcohol Issues Specialty Court Participants Housing needs: 6-9 month housing to provide stabilization and planning. Could they stay longer if needed? What would this look like: Wish list 1 bedrooms and some 2 bedrooms Kitchen Community Room Staffed 24 hours Probation is at the house daily (do we assign one officer that supports the house-Reentry Officer?) This is very important to maintain the confidence of our community to accept this model.	6-9 months? Or some may be permanent Numerous faith based projects are looking at providing ¾ houses. Would need both faith based and non faith based options. They do recognize that the stability of the individual is important in order to make sure these houses do not become a community nuisance. Entry to the ¾ house from the Reentry House or Drug and Alcohol Halfway house There should be minimum standards for any ¾ house that would be involved with this project. They would need to be reviewed and certified before using. (code issues; safety issues; standard tenant agreements; house rules) Reviewed the drug and alcohol requirements: Attached Discussion on whether these could end up being permanent housing opportunities for some. This was not finalized Bridge House: Mental Health housing has some capacities. Some of the challenges are that someone may need more supervision prior to them entering the house. The Reentry House may provide that structured

Criminal Justice Housing Committee
Minutes: March 18, 2014

These individuals could be referred into the reentry house	Resource coordinator and or peer supports/certified recovery specialists Level System-with steps to complete to move to next level In house life skills: Budgeting/food prep/GED etc… Job skills-Business partnerships (2nd Chance) Apply for medical assistance if not already completed Receiving outpatient services-D&A/MH Medical needs – establish with a physician On the transportation system or support for this Engagement in recovery skills House Rules-Community Rules Healthy social engagement skills (ie: recovering community/faith based/volunteer work	setting prior to placement into the Bridge Housing. These are permanent housing opportunities.
Next Steps: We need to continue to meet to discuss the infrastructure and requirements for the proposed projects. This needs to be ready before opening to the community for discussion. Explore funding options		

Side Note:

1. How do we divert SMI population from being institutionalized
2. What is working now: Offenders with MH issues that are seeing the Prime Care Physician can get scripts for medications. An appointment is made with PHN
3. Drug and Alcohol assessments are being completed on a timely manner and admitted to services but it places the housing issue on this system.
4. How do we get MH triage completed and coordination to mental health services before release
5. In prison mental health services through Prime Care are only for:
   a. suicide risk b. 90 day medication review c. a list kept for all others
6. Coding officer needs to be part of the committee or at least invited to look at local code issues.
7. Every month people are being release on their maximum date onto the street with no housing.

Human Services and Supports/Human Services Development Fund

Services To Be Provided

Adult Services

CONTACT Altoona and Family Services Inc. receive Human Services Development Fund (HSDF) dollars for Adult Services. These are services for adults (a person who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household).

CONTACT Altoona will serve 2,000 individuals (projected) in FY 2014-2015. The actual number of individuals served by CONTACT Altoona in FY 2013-2014 was 1,114 information and referral calls (please note that PA 2-1-1 calls for Blair County are included in statistics).

Family Services Inc. will serve 40 individuals (projected) in FY 2014-2015. The actual number of individuals served by Family Services Inc. in FY 2013-2014 was 30 as of the end of May.

Together, CONTACT Altoona and Family Services Inc. will serve 2,040 individuals (projected) in FY 2014-2015. The actual number of individuals served by CONTACT Altoona and Family Services Inc. in FY 2013-2014 was 1,144.

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 PA 2-1-1 Central Region – a 16 county section of Pennsylvania that includes Blair County. CONTACT Altoona's provision of information and referral services is necessary and essential in the implementation of 2-1-1.

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. 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 well being. It helps families to become stronger and improves life skill development.

There are no changes proposed in the Adult Services component for the current year.

The estimated expenditures for Adult Services are $13,750.00.

Aging Services

Blair Senior Services receives Human Services Development Fund (HSDF) dollars for Care Management services that support a continuum of services to meet the program needs of aging county residents. Blair Senior Services will serve 49 individuals (projected) in FY 2014-2015. The actual number of individuals served by Blair Senior Services in FY 2013-2014 was 49.

All persons requesting or receiving Care Management services are assigned to a Care Manager. An initial visit is scheduled with the consumer and the family, if requested. This initial visit is conducted within 10 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 used 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. 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.

There are no changes proposed in the Aging Services component for the current year.

The estimated expenditures for Aging Services are $2,250.00.

Specialized Services

Big Brothers/Big Sisters of Blair County, Child Advocates of Blair County and CONTACT Altoona receive Human Services Development Fund (HSDF) dollars for Specialized Services. These are new services or a combination of services designed to meet the unique needs of a client population that are difficult to meet with the current categorical programs. These services provide a unique opportunity for counties to design targeted services that span multiple categorical programs.

Big Brothers/Big Sisters of Blair County will serve 176 individuals in FY 2014-2015 (projected). The actual number of individuals served by Big Brothers/Big Sisters of Blair County in FY 2013-2014 was 143.

CONTACT Altoona will serve 40 individuals conducting over 14,000 calls (projected) in FY 2014-2015. The actual number of individuals served by CONTACT Altoona in FY 2013-2014 was 36 individuals conducting 11,845 calls.

Child Advocates of Blair County will serve 30 individuals (projected) in FY 2014-2015. The actual number of individuals served by Child Advocates of Blair County in FY 2013-2014 was 28.

Together, Big Brothers/Big Sisters of Blair County, Child Advocates of Blair County and CONTACT Altoona will serve 246 individuals (projected) in FY 2014-2015. The actual number of individuals served by Big Brothers/Big Sisters of Blair County, Child Advocates of Blair County and CONTACT Altoona in FY 2013-2014 was 207.

The number of individuals projected to be served in FY 2014–2015 by Big Brothers/Big Sisters of Blair County includes 86 matched individuals and 90 children and youth who are able to participate in youth enrichment/youth development activities. These figures include expansion programs at Penn Lincoln Elementary School and a site in the East Freedom area of Blair County. The actual number of individuals served by Big Brothers/Big Sisters of Blair County in FY 2013-2014 includes 56 matched teams and 87 children and youth who were enrolled and had the opportunity to engage in youth enrichment/youth development activities such as Boys Club, Mad Scientist Monday, Bowling Club and other monthly life skill training programs. Participants are also required to attend Safety & Prevention Programming where the focus is personal safety. In FY 2013-2014 33% of children enrolled in the program were children and youth who had, or currently has, an incarcerated parent.

Big Brothers/Big Sisters of Blair County provide services designed to help a child develop a positive relationship with an adult, who serves as a role model and see the child on a regular basis. The nature of the time spent together and the activities they do exposes the child to new experiences and opportunities, which in turn helps build self-confidence, self-esteem, and allow these children to become self-sufficient young adults. The child is encouraged to work on communication, educational and social skills, to name a few. It is also hoped that the child will develop better family/peer relations, improve school performance and become involved with positive extra-curricular activities. The mission of Big Brothers/Big Sisters of Blair County is to enhance the overall growth and development of children between the ages of 6 and 17, primarily from single parent homes through a one on one relationship with an adult role model, under professional direction. This service is needed due to the number of children who currently live with only one parent, relative or non-relative and the unmet needs that are created as a result of these situations. Big Brothers/Big Sisters of Blair County also services many blended families and children of incarcerated parents. However, no child is excluded from the program, based on their living situation, if the need and desire is there. There are no income guidelines and it is a free service that is not available through any other agency. This is a life skills educational program. The child is encouraged to work on life skills, under adult and agency guidance.

Child Advocates of Blair County, through their Teen Link Connection program, provides intervention services, prevention services, case management, and referral services to all pregnant and parenting teens throughout Blair County, the majority of who are low incomes. Although another program is available to support pregnant and parenting teens that are enrolled in school, Teen Link Connection is the only program in Blair County that provides these services to pregnant and parenting teens that have dropped out of, or recently graduated from, school. In addition to case management and referral services, Teen Link Connection provides education and support services to the community in an effort to raise awareness of the problems associated with teen pregnancy. This is done through outreach efforts such as Teen Power Day and the Teen Pregnancy Prevention Team. 115 students from 5 school districts attended Teen Power Day 2013.

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 well-being. 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.

There are no changes proposed in the Specialized Services component for the current year.

The estimated expenditures for Specialized Services are $19,000.00.

Interagency Coordination

The Blair County Department of Social Services will use Human Services Development Fund dollars for Interagency Coordination. These dollars are 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. Our interagency coordination activities include:

- Providing an atmosphere to become better acquainted with community resources and their purpose;
- Networking and sharing of ideas to better serve the public;
- Meeting with local legislators to address policy change and its effect on the populations being served;
- Discussing ways to fill gaps in services.

The estimated expenditures for Interagency Coordination are $90,127.00

Administrative Costs

The administrative costs under the Human Services Development Fund total $13,903.

Appendix "C-1"

Blair County Human Services Proposed Budget
and
Service Recipients

County: Blair	ESTIMATED CLIENTS	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES						
ACT and CTT	0		0		0	
Administrator's Office			312,831		31,872	
Administrative Management	945		407,018		35,447	
Adult Developmental Training	0		0		0	
Children's Evidence Based Practices	0		0		0	
Children's Psychosocial Rehab	0		0		0	
Community Employment	47		114,464		8,661	
Community Residential Services	47		342,357		23,980	
Community Services	300		290,117		22,202	
Consumer Driven Services	80		84,480		0	
Crisis Intervention	2,231		260,008		8,380	
Emergency Services	863		214,220		23,803	
Facility Based Vocational Rehab	30		136,228		18,831	
Family Based Services	84		135,136		9,061	
Family Support Services	40		82,832		5,611	
Housing Support	145		94,946	42,708	8,633	
Other	0		0		0	
Outpatient	1,093		405,983		15,893	
Partial Hospitalization	105		149,360		0	
Peer Support	0		0		0	
Psychiatric Inpatient Hospitalization	0		0		0	
Psychiatric Rehabilitation	80		151,000		0	
Social Rehab Services	135		246,882		2,935	
Targeted Case Management	505		391,010		8,013	
Transitional and Community Integration	0		0		0	
TOTAL MH SERVICES	**6,730**	**3,818,872**	**3,818,872**	**42,708**	**223,322**	**0**

INTELLECTUAL DISABILITIES SERVICES

Admin Office			882,675	15,944	1,760	
Case Management	850		48,000	2,400,000	4,800	
Community Residential Services	238		720	21,887,692		
Community Based Services	262		226,413	5,100,000	17,538	
Other	125		121,415	250,000	12,142	
TOTAL ID SERVICES	**1,475**	**1,279,223**	**1,279,223**	**29,653,636**	**36,240**	**0**

HOMELESS ASSISTANCE SERVICES

Bridge Housing	86		31,897			
Case Management	900		98,120			
Rental Assistance	350		66,545			
Emergency Shelter	365		37,129			
Other Housing Supports	0		0			
TOTAL HAP SERVICES	**1,701**	**259,656**	**233,691**		**0**	**0**

CHILDREN & YOUTH SERVICES

Evidence Based Services	272		588,050		30,950	
Promising Practice	0		0		0	
Alternatives to Truancy	34		75,330		8,370	
Housing	12		7,650		1,350	
TOTAL C & Y SERVICES	**318**	**671,030**	**671,030**		**40,670**	**0**

DRUG AND ALCOHOL SERVICES						
Inpatient non hospital	70		300,000			
Inpatient Hospital						
Partial Hospitalization						
Outpatient/IOP	160		85,628			
Medication Assisted Therapy	25		85,000			
Recovery Support Services	17		7,500			
Case/Care Management	275		41,462			
Other Intervention						
Prevention						
TOTAL DRUG AND ALCOHOL SERVICES	**547**	**577,322**	**519,590**		**0**	**0**

HUMAN SERVICES AND SUPPORTS						
Adult Services	2,040		13,750			
Aging Services	49		2,250			
Generic Services	0		0			
Specialized Services	246		19,000			
Children and Youth Services	0		0			
Interagency Coordination			90,127			
TOTAL HUMAN SERVICES AND SUPPORTS	**2,335**	**139,030**	**125,127**		**0**	**0**

COUNTY BLOCK GRANT ADMINISTRATION			**97,600**		**0**	

GRAND TOTAL	**13,106**	**6,745,133**	**6,745,133**	**29,703,843**	**300,232**	**0**

Appendix "D"
Public Hearing Supporting Documents

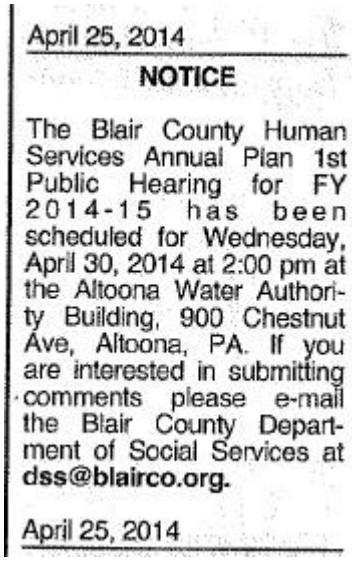
BLAIR COUNTY
HUMAN SERVICES
2014 -15 ANNUAL PLAN
1ST PUBLIC HEARING NOTICE

Blair County is beginning the process of developing the 2014-15 Human Services Block Grant Annual Plan. The Human Services Annual Plan must be submitted to the Department of Public Welfare by May 30, 2014. The 1st Public Hearing will be held at the following location to solicit public comment on the Human Services Block Grant Annual Plan.

Wednesday, April 30, 2014 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



April 25, 2014

NOTICE

The Blair County Human Services Annual Plan 1st Public Hearing for FY 2014-15 has been scheduled for Wednesday, April 30, 2014 at 2:00 pm 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.**

April 25, 2014

The Blair County Department of Social Services
Human Services 2014-2015 Annual Plan 1st Public Hearing
Wednesday, April 30, 2014 at 2:00 p.m.
Altoona Water Authority, Chestnut Ave, Altoona PA

Present: James Hudack, Melissa Gillin, Helen Terza, Cathy Crum, Maryanne Burger, Etta Albright, Cindy James, Peggy Thatcher, LuAnn Rabenstein, Justin Beigle, Staci Sottile, Mary Dennis, Ashley Saylor, Georgette Ayers, Sherrie Tubbs, Amber Hatfield, Linda Schreiber, Sergio Carmona, Commissioner Ted Beam, Amy Marten-Shanafelt, Mark Frederick, Commissioner Diane Meling, John Hooper, Terri Grove, Twola Wible, John McKelvey, Judy Rosser, Theresa Rudy, Stacie Horvath, Jon Frank, Donna Gority and Kelly Popich

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, Judy Rosser, Helen Terza, Georgette Ayers, Stacie Horvath, Jon Frank and Theresa Rudy.

Jim also introduced and acknowledged Commissioners Diane Meling and Ted Beam.

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 Public Welfare. The tentative submission date is June 2014. Jim also reviewed some of the accomplishments from FY 2013-2014.

Jim also asked everyone to participate in a survey that was available in hard copy at the hearing and also on line. It is a survey put together to gather input for the annual plan. Jim reported that we currently have received over 130 responses to the online survey.

Public Comments/Input

Etta Albright, citizen from Cresson, PA in Cambria County. Ms. Albright was here to voice her concerns in regards to a lack of transitional housing in Blair County. Ms. Albright stated that she was put in charge of a young man from Blair County that was released from the Blair County Prison and that she had very little success in obtaining transitional housing for him.

Ms. Georgette Ayers, Blair County CYF, made a comment that she believes everyone on the Leadership Panel would like to see exactly what Ms. Albright is describing happen in Blair County but that we are struggling to find a way of how do it. Ms. Ayers stated that the evidence based information is there and we are working towards it but we have a long way to go yet.

Ms. Thatcher, citizen of Altoona, introduced herself and asked Ms. Albright where the young man is now and where is he living. Ms. Albright stated that he has moved to the Pittsburgh area.

Mr. Sergio Carmona, Blair County Community Action, asked to expand on the ID grant initiative.

Helen Terza, Leadership Panel, responded to Mr. Carmona. Many ID students under the entitlement of education believe that when they graduate from high school that they will be entitled to ID services which is not necessarily the case. People have to qualify for services and there is also a waiting list. Many families also believe that there son or daughter should attend a day program or workshop. Ms. Terza explained that they decided to create a grant that was sent out to ID providers to try to obtain summer jobs for the ID students aged 16-21. It is a way to get them integrated into the community and become accountable.

Judy Rosser, Leadership Panel, reported that she has been contacted by several churches that are looking at transitional housing and what they can do to support it. Some of the issues with faith based programs are that the individual going into it has to be willing to adhere to their program rules and usually entails a spiritual component.

Ms. Amber Hatfield, citizen of Altoona, asked about programs for troubled teenage boys who are being raised by a single parent. The mother is beside herself and they have tried every service but nothing has been working and they are one step away from the legal system. There was a recommendation by Donna Gority to try the Functional Family Therapy program and a program pamphlet was provided.

Jim thanked everyone for attending.

The 2nd Public Hearing will be held in June 2014. The date, time and location will be announced within the next few weeks.

Blair County Office of Social Services

Human Services Annual Plan

2nd Public Hearing for FY2014-2015

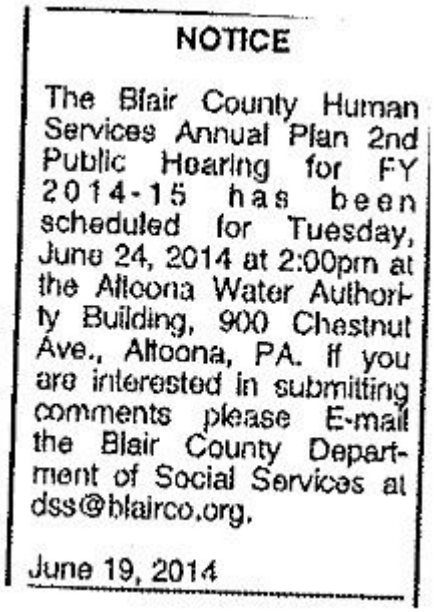
Tuesday, June 24, 2014

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

2:00 – 4:00 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



NOTICE

The Blair County Human Services Annual Plan 2nd Public Hearing for FY 2014-15 has been scheduled for Tuesday, June 24, 2014 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.

June 19, 2014

The Blair County Department of Social Services
Human Services 2014-2015 Annual Plan 2nd Public Hearing
Tuesday, June 24, 2014 at 2:00 p.m.
Altoona Water Authority, Chestnut Ave, Altoona PA

Present: Melissa Gillin, Helen Terza, Cathy Crum, Peggy Thatcher, Commissioner Diane Meling, Judy Rosser, Theresa Rudy, Jon Frank, Donna Gority, Lisa Hann, Bill Longhorn, Wanda Davis, Angela Martin, Terri Grove, Kathy Custren, Jennifer Stubbs, Shane Heckman, Mary Dennis, Robin Beck, Tiona Thomas, Gail Clapper and Nancy Williams

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MINUTES

Welcome and Call to Order

Jon Frank welcomed everyone and called the public hearing to order. Jon introduced himself and gave an overview of the purpose of the 2nd Public Hearing. Jon referred to the Agenda that was distributed to everyone and did a brief overview of the Annual Plan.

Jon acknowledged the Blair County Leadership Coalition and asked them to introduce themselves. Jon stated that each of the members will provide an overview of their respective program areas and present a summary of their narrative that will be part of the annual plan. Jon informed everyone that they will have the opportunity to ask the Leadership Coalition questions following the presentations.

Helen Terza, Executive Director of Southern Alleghenies Services Management Group, gave an overview of the Intellectual Disabilities Services Plan that will be included in the annual plan.

Cathy Crum, Blair County Human Services Program Director, provided an overview of the Human Services Development Fund and the Human Services, Supports and Homeless Assistance Plans.

Nancy Williams, Blair County Chief Juvenile Probation Officer, spoke about the Children, Youth and Families Plan that is being submitted in the annual plan.

Judy Rosser, Executive Director of Blair Drug and Alcohol Partnership, presented an overview of the Drug and Alcohol Services Plan.

Theresa Rudy, Blair County Mental Health Program Director, gave an overview of the Mental Health Services Plan.

Public Questions/Comments

Peggy Thatcher, citizen of Altoona, asked Judy Rosser to explain about being able to reallocate money between programs with the block grant. Judy explained that the Drug and Alcohol program was able to receive additional money that was reallocated to the Drug and Alcohol program due to another program having some leftover funds. Judy explained that the reallocation will enable her program to provide services that may have otherwise had to stop until the next fiscal allocation.

Wanda Davis, citizen of Altoona, asked if the block grant money was used for peer support through Peer Stars. Theresa Rudy explained that the block grant allocation is not used for peer support through Peer Stars but that it is used for peer support provided by Home Nursing Agency. Theresa stated that peer support services through Peer Star are subsidized through medical assistance.

Donna Gority, former Blair County Commissioner, asked what is the next process/steps for the annual plan. Theresa Rudy stated that the plan will be presented to the Commissioners and then submitted to the State on July 7, 2014.

Peggy Thatcher, citizen of Altoona, asked if a person does not qualify for peer support and does not have medical assistance, what other service they can get. Theresa Rudy stated that they can attend the Drop In Center, Opportunity Club, Lexington House and possibly inpatient case management.

Robin Beck, Executive Director United Way, congratulated the Leadership Coalition for its efforts and thanked everyone for the services that they provide. She applauded the group for being able to do more with less. Robin did make a statement regarding the homeless in Blair County in that she receives several phone calls each week seeking help for homelessness. She stated that it is a real problem in Blair County.

Jon thanked everyone for attending.

Appendix "E"

UPMC Altoona Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING

Between

UPMC Altoona

And

The Blair County Department of Social Services

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

A. UPMC Altoona agrees to:

1. Provide short-term inpatient psychiatric diagnosis and treatment for all residents of Blair County who are evaluated as requiring this service, regardless of ability to pay.

2. Accept and provide evaluation and treatment for both voluntary and involuntary commitments.

3. Cooperate with the Program Office in all aspects of the involuntary commitment and hearing process.

4. Coordinate with the Base Service Unit and all mental health and other referral agencies in the development of a comprehensive treatment and aftercare plan for each patient admitted.

5. Provide data as requested by the County on patients served.

6. Seek reimbursement from the patient, family, if applicable, and all third party carriers in accordance with the liability regulations of the Department of Public Welfare.

   a. The Blair County Department of Social Services will not be billed for nor will they reimburse for any short-term inpatient care for Blair County residents.

B. 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.

C. Terms of the Agreement - This agreement shall be effective as of July 1, 2014 and remain in effect until June 30, 2015

1. This agreement may be amended by written consent of both parties, and all amendments shall be attached to this agreement.

2. Either party to this agreement may give the other party 60 days written notice of their intention to terminate the agreement.

Blair County
Department of Social Services

James Hudack, Executive Director

6/10/14
Date

UPMC Altoona

Mark Chuff, Executive Director
Behavioral Health Services

6-13-14
Date

Jerry Murray, President/CEO

6/13/14
Date