

# Blair County Human Services Plan FY 2015-2016



September 2015

# Table of Contents

Appendix “A” Blair County Commissioners Assurance of Compliance .....	3
Appendix “A” Blair County Leadership Coalition Assurance of Compliance .....	4
Appendix “B” Blair County Human Services Plan	
<i>Part I: County Planning Process</i> .....	5
<i>Part II: Public Hearing Notice</i> .....	11
<i>Part III: Waiver Request</i> .....	11
<i>Part IV: Human Services Narrative</i>	
<i>Mental Health Services</i> .....	12
<i>Intellectual Disability Services</i> .....	27
<i>Homeless Assistance Services</i> .....	32
<i>Children and Youth Services</i> .....	41
<i>Drug and Alcohol Services</i> .....	76
<i>Human Services and Supports/Human Services Development Fund</i> .....	81
Appendix “C-1” Human Services Proposed Budget and Service Recipients .....	85
Appendix “D” Public Hearing Supporting Documents.....	89
Appendix “E” UPMC Altoona Memorandum of Understanding.....	99

*Appendix "A"*  
*Blair County Commissioners Assurance of Compliance*

DHS 2015-1  
County Human Services Plan Guidelines

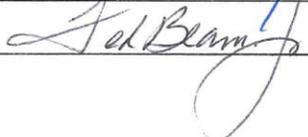
Appendix A  
Fiscal Year 2015-2016

**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 the Department of Human Services.
- D.** The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (Contract Compliance regulations):
  - 1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or 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**

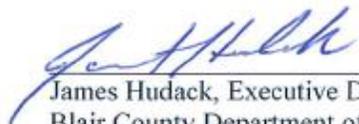
Signatures	Please Print	
	Terry Tomassetti	Date: 6/23/15
	Diane Meling	Date: 6/23/15
	Ted Beam Jr.	Date: 6/23/15

*Blair County Leadership Coalition Assurance of Compliance*

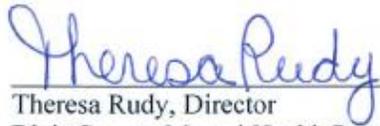
*Appendix "A"*  
**Fiscal Year 2015-2016**

**COUNTY HUMAN SERVICES PLAN**  
ASSURANCE OF COMPLIANCE

Blair County Leadership Coalition:

  
James Hudack, Executive Director  
Blair County Department of Social Services

6/15/15  
Date

  
Theresa Rudy, Director  
Blair County Mental Health Program

6/15/15  
Date

  
Cathy Crum, Director  
Blair County Human Services

6-15-15  
Date

  
Amy Marten-Shanafelt, Executive Director  
Blair HealthChoices

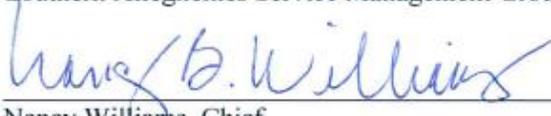
6/15/2015  
Date

  
Judy Rosser, Executive Director  
Blair Drug & Alcohol Partnership

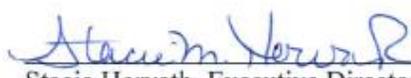
6/15/15  
Date

  
Helen Terza, Executive Director  
Southern Alleghenies Service Management Group

6-15-15  
Date

  
Nancy Williams, Chief  
Blair County Juvenile Probation Officer

6-15-15  
Date

  
Stacie Horvath, Executive Director  
Blair County Children, Youth & Families

6/15/2015  
Date

## *Appendix “B”*

### **Blair County Human Services Plan Fiscal Year 2015-2016**

#### ***Part I: COUNTY PLANNING PROCESS***

##### ***Blair County Background Information***

Blair County’s estimated 2014 census is 125,955 residents. Between 2010 and 2014, Blair County’s population decreased by 0.9%, and 88.9% were living in the same house for one year or more between 2009 and 2013. The population is 96.1% white, 1.8% black, 1.1% Hispanic or Latino, 0.6% Asian, 0.1% American Indian or Alaska Native, and 1.3% two or more races. English is the primary language spoken; 3.0% 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 18.9%, compared to 20.6% of residents under 18 years, and transitional age (15 to 24) residents at 13.2%. The median household income in 2013 was \$42,992. Also, between 2009 and 2013, the percentage of residents over the age of 25 with a Bachelor’s Degree or higher was 18.4%, and the percentage of individuals with a high school diploma was 91%. Approximately 12,862 veterans reside in Blair County (U.S. Census Bureau) which represents 12.8% of the population.

The total poverty rate in Blair County in 2013 was 14.1%, with the poverty rate for children under the age of 18 at 20.9% and under the age of 5 at 25.1%. In June 2013, 37.3% of Blair County population was eligible for Medical Assistance as compared to 31.4% for Commonwealth with over 9.6% 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, 15.4% or 19,202 residents have some type of disability and 36.6% of people over 65 have a disability.

Blair County ranks 48 out of 67 counties in Pennsylvania in overall health care according to County Health Ranking and Roadmap an improvement over last report period which was 51 out of 67. Blair County Residents demonstrate a very high morbidity ranking of 42 out of 67. This ranking, factors in overall poor health, poor physical days, and mental health days. Residents of Blair County also demonstrate a high level of risk behaviors such as smoking, obesity, and drinking as compared to other counties in the Commonwealth with a ranking of 47 out of 67.

The cost of living for Blair County is 13.7% lower than the national average. The reason Blair County’s cost of living is lower is due the lower cost of housing as compared to the rest of the nation. Yet, Blair County’s has a higher cost of living when comparing groceries, utilities, transportation clothing and other services. An earner plus one at \$11.00 an hour is a Pennsylvania sustaining wage. The 2014 Blair County unemployment rate was 4.8%, a decrease of 2.3% from 2013.

There are seven public school districts in Blair County: Altoona, Bellwood-Antis, Claysburg-Kimmel, Hollidaysburg, Spring Cove, Tyrone, and Williamsburg. In Blair County, 48.48% of the students qualify for free or reduced lunches, including one elementary school where 90.1% of the students qualify and one school district with 59.51% of students who 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. 2014-2015 enrollment data for Blair County reflects 17,736 children enrolled in public schools and 1,529 enrolled in private schools

Pennsylvania Department of Education data from 2006-2007 (most recent data available) indicates 213 children were enrolled in home schooling and 2013-2014 enrollment at Central Pennsylvania Digital Learning Foundation Charter School was 147 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 eighty 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 3,800 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, Prunto'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 Cross Systems Leadership Coalition to meet the requirements of Act 80, which established a Human Services Block Grant Program. Coalition members include County Commissioners, the Mental Health/Intellectual Disabilities/Early Intervention Administrator, the Chief Juvenile Probation Officer, Mental Health Director, Children, Youth, and Families Director, Human Services Office Director, and Executive Directors of the following organizations: Southern Alleghenies Service Management Group (SASMG) (Intellectual Disabilities), Blair HealthChoices, and the Blair County Drug and Alcohol Partnership. The Coalition also includes stakeholders and consumers of services. The coalition's mission is to create a structure and build partnerships to collaboratively manage cross systems strategies that positively affect people. This Coalition meets quarterly to review management and outcomes of the Block Grant Funds and the programs being supported with these Funds, and discuss any continuous issues and emerging trends. The Coalition reviews the progress made through the strategic plan, and helps prioritize next steps to better serve the residents of Blair County.

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

- *Updated Attachment A (page 10)* outlines the stakeholder committee structure that includes individuals that receive services, families of service recipients, providers, and other system partners. These committees are held monthly, bimonthly, but not less than quarterly. Information and feedback shared by individuals that receive services, families of service recipients, providers, and other system partners' flows up and is reviewed within each system's planning process. It also flows up to the Leadership Coalition where recommendations are made to the County Commissioners. The planning and implementing of such recommendations is reported back to the individuals that receive services, families of service recipients, providers, and other system partners for ongoing feedback. This is an ongoing process that provides continuous opportunity for participation in the planning process. Additional stakeholder groups have been added to our committee structure including the System of Care Committee, Safe Schools Planning Council, Student Assistance Program Planning Council, Healthy Blair County Coalition, Family Resource Advisory Board, Blair County Drug and Alcohol Community Partnerships, Blair County Drug and Alcohol Providers Meeting, and Blair HealthChoices' Youth and Young Adult Advisory Committee.
- In 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 and yielded the following priority areas:
  - Greater access to mental health services
  - Homelessness prevention and more housing opportunities
  - Increase peer support and other community supports
  - Better access to children's mental health services in school, especially if the child does not have Medical Assistance

In FY 2015/2016, the Blair County Cross Systems Leadership Coalition is partnering with the Healthy Blair County Coalition to participate in the triennial county-wide needs assessment process, also utilized by our three area hospitals to meet requirements for the Affordable Care Act. This survey is distributed to randomly selected households, businesses, associations, service providers, faith organizations, and key informants. Focus groups are held with youth, persons with disabilities, senior citizens, and people dealing with family violence. The 2012 survey identified drug and alcohol issues, children's mental health, poverty, workplace wellness and community wellness as priority areas. Workgroups were formed to address each priority area, and Leadership Coalition members facilitate or participate in each workgroup. The 2015 survey results will be utilized to continue to identify needs and set strategic priorities and goals.

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

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

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

Our agreed upon values are:

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

In addition we have identified the following operational values:

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

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

During the FY 2014/2015 Blair County was able to address the needs of its residents concerning housing, transportation and employment. Using retained funds from the previous year, additional funds were diverted to our homeless shelters for additional operational support. A small working group was formed to begin the process of creating a new homeless shelter that will be able to accommodate more individuals. The current homeless shelter only has the capacity of 16 beds. On an annual basis the current homeless shelter turns away over 400 individuals who meet the criteria, but the shelter is already at capacity. Based on the additional need identified, it is our intent to identify a new facility that can accommodate 40 to 50 individuals. Funds were also used to provide contingency funds to prevent homelessness to two providers and maintain stable housing. These funds were used for rental assistance, case management, child care, transportation and employment assistance. These funds were able to serve an additional 240 individuals in Blair County.

Blair County also convened a Housing Summit in April 2015 to bring all stakeholders together to address the housing needs. Seventy (70) individuals attended the housing summit representing providers, developers, landlords, county, state and federal governmental agencies to identify gaps and to consider solutions. All participants were given the opportunity to become part of the steering committee that began meeting in June to develop a Blair County strategic plan that will address the housing needs of the County.

Through consumer and stakeholder feedback, it was identified that employment is limited to a small portion of the County during limited hours provided by the public transit system. This often prevented individuals from moving from transitional to permanent housing and independence. A new transportation program was able to receive funds. This program offers transportation services to individuals working or have scheduled interviews with employers outside the current public transit system's service area and to individuals working within the public transit system's area but outside of its normal hours of operations. This program provides the service at no charge for the first 60 days. The next 90 days the rider pays a small service fee. Since this program began on February 1, 2015, 789 rides for a total of 9,622 miles were given to individuals to maintain their employment.

Two additional areas that retained earnings supported were the integration of data between the program areas. The goal is to work towards better integration of data for the purpose of assessing community needs, strategic planning and diversifying funding opportunities. Finally, funds were used with additional funding from HealthChoices for a grant writer to explore and obtain grants based on our current housing needs.

Additional funding was awarded to a number of different programs. Funds were provided to offer two summer programs for students through our SAP program on anxiety/depression and suicide prevention groups. Big Brother Big Sister received additional funding for their operational expenses so that program could continue to operate. Big Brothers Big Sister was able to serve 163 children during this past year.

Funding was awarded to support individuals with a Dual Diagnosis. These funds went to cover additional expenses for programs and services that were are funded out of based Intellectual Disabilities funds. This past year, Blair County's Supports Coordination agency developed the new position of a Navigator. This position supports individuals who have a dual diagnosis and works to better coordinate services between the program areas of Intellectual Disabilities and Mental Health. The new Navigator position was able to help and support 19 individuals as of June 1, 2015. Funding was used for costs that could not be billed to other funding areas.

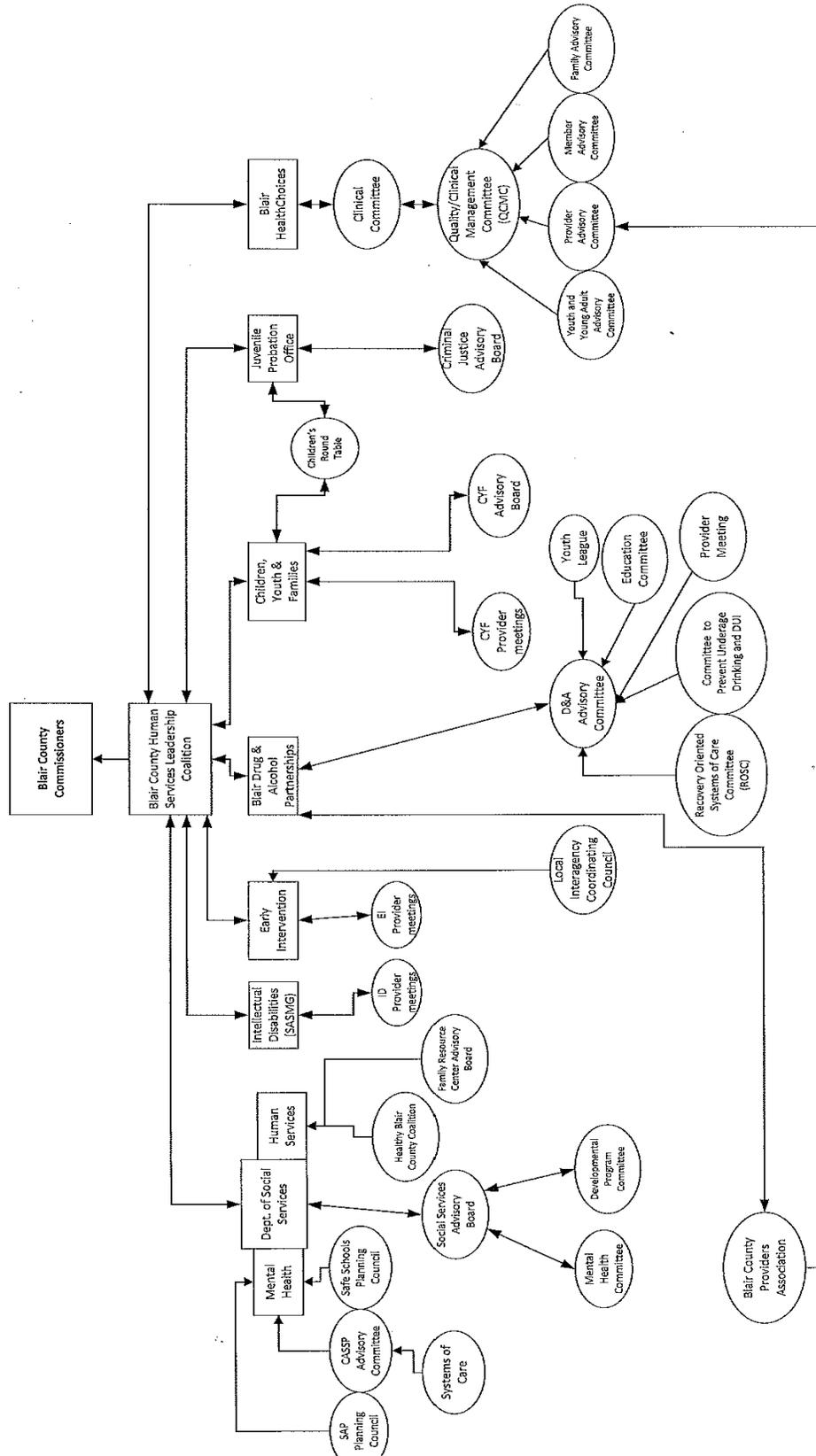
Funds from the HSBG have been used to partner with the three local hospitals and other providers for the planning and implementation of a community health needs assessment. This assessment will be able to reach over 3,000 households, key informants, service providers, associations, faith-based businesses and have a number of focus groups. The results of this information will supply a tremendous amount of data that can assist in the development of a strategic plan to better address the needs of the community in a variety of areas.

Blair County's 'warm call' center, CONTACT Altoona, has seen a significant increase in the number of calls during this year. Current data shows a 33% increase in the number of calls as compared to last year. This agency is also Blair County's Information and Referral/PA 2-1-1 center. Again, data demonstrate over a 33% increase in contact as compared to last year's report. 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



Attachment A

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

For the development of the FY 2015/2016 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 May 14, 2015, at 2:00p.m., the first Blair County Human Service Annual Plan Public Hearing was held at the Altoona Water Authority Building located in Altoona. The second hearing was held on June 22, 2015, 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 24 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 May 14, 2015, Public Hearing are included in *Appendix "D"*.

The second Blair County Human Service Annual Plan Public Hearing conducted on June 22, 2015 had 17 residents of Blair County in attendance. During this hearing each program director gave a brief overview of their respective section of the annual plan. The audience had the opportunity to ask questions and make comments throughout the duration of the public hearing. The hearing was the final opportunity for any additional comments or suggestions. These comments were reviewed by the Blair County Leadership Coalition to be included in the final submission of the annual plan which was approved by the Blair County Commissioners on June 23, 2015. The minutes, sign in sheet, publication of notice, posting announcements from the June 22, 2015, Public Hearing are included in *Appendix "D"*.

## ***PART III: WAIVER REQUEST***

Blair County will not be seeking a waiver for the Fiscal Year 2015/2016.

## ***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 effect of the 10% budget cut that all program services experienced. 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 worked on developing new job descriptions and worked with our staff in making the transition to new assignments. One of the outcomes was the development of an operational manual for the department that addresses 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.

### ***Dual Diagnosis (DDx) Steering Committee***

Currently this Steering Committee is represented by DDx Support Providers, Behavioral Supports, Intellectual Disabilities, Service Providers, Crisis Center, Administration, Outpatient, Medical Primary Care Services Providers, Supports Coordination, DDx Regional Lead, Mental Health Services and funders. The Steering Committee meets the 4<sup>th</sup> Friday of every other month. Each meeting is started with members sharing community or educational updates. The Dual Diagnosis work groups will meet on opposite months as needed. Currently there are (4) Work Groups: The Health Home Group (exploring the possibility for a DDx Health Home), The Crisis Group (Developing forms for caretakers or families to take with them to Crisis or doctors that lists medications-current, behaviors or actions) medical history, The Navigator/TAST Group (to define the role of the Navigator), and The Medication Review Form group (Outpatient Visit Form, that will help Direct Support Staff report accurate symptoms, behaviors to the individuals doctor).

### ***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.

- 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 as CDCORP in 2012 and eight (8) in 2013.
- 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.
- ***Fiscal Year 2014/2015:*** Blair DCORT established regular meetings for 2015 in the months of March, June, September and December
- Training sponsored by Blair County Department of Social Services, Pyramid Health Care, and UPMC Altoona “Ethics in Behavioral Health Care: The Ethical Responsibility of Self Care and Developing Skills for Resilience” presented by Amy Buehrer, LSW, MSW, and Kathryn Coleman, MSW, LCSW, ACSW, CAADC was attended by 100 individuals from the Blair DCORT and clinicians at the Casino in Altoona on October 3, 2014.
- “CISM: Assisting Individuals and Peers” (formerly known as Individual Intervention and Peer Support) this 12 hour course was hosted at the Hampton Inn Altoona by Blair County DSS, Southern Alleghenies Emergency Medical Services (EMS), Seven Mountains EMS with 21 first responders and clinicians training at this weekend event on June 6 and 7, 2015. Sponsors were the PA Department of Health/Bureau of Disaster Preparedness, and the Department of Human Services/OMHSAS. Faculty: Barbara Jeanne Ertl, MS Counseling Psychology, Northwest Tri-County Intermediate Unit: Project Director for Early Intervention and Mental Health Services Ertl

and Associates, CEO, Trainer and Consultant, and International Critical Incidental Stress Foundation (ICISF), Inc. Faculty Member

- The Blair County Safe Schools Network is a strong group of representatives from the Public, Nonpublic schools and the Career and Technology Center, County Emergency Management, Law Enforcement, American Red Cross, UPMC Altoona, Blair County Department of Social Services, Blair County Juvenile Probation Office, Fire Departments and other first responders. The group meets regularly to build network relationships to assure Safe School plans are current, training and practice drills occur on a routine basis for crisis response coordination. This past fiscal year the Network sponsored a Violent Intruder training of trainers for school personnel, law enforcement, emergency responders, and other service providers. They also updated the Protocol between the Coroner and Schools Districts in the Event of a Death within the School Community. They also had a presentation showing the location of chemical sites, along with preparedness for schools if a disaster happened at one of these sites.
- **FY 2015/16** Blair DCORT meetings convened March and June 2015 and scheduled in September and December 2015. Six (6) Blair DCORT members selected to deploy for the Pope's visit to Philadelphia in September 2015. Training requests to support recruitment of new members and for the members with CDCORP certification for annual training were submitted to DHS/OMHSAS for the 6 hour DCORT Basic Training, Psychological First Aid, Critical Incident Stress Management (CISM) "Assisting Individuals and Peers" and "Group CISM". The Blair County Safe Schools Network will convene the first meeting of the new school year on September 25, 2015.

### ***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. In FY 2014/2015, provided training for Base Service Unit employees on the consumer demographic reporting requirements and data entry to the County DSS HSS software, participated in the CCRI Batch File testing and certification process for the HCISIS consumer clearance back to 7/1/2010, initial provider enrollment, and preparation for the 837 transaction submission testing and certification. FY 2015/16 continue initial provider enrollment for time period 7/1/2010-7/1/2015 and revalidation for 7/1/2015-7/1/2020, process to move from the ICD-9 to the ICD-10 coding effective 10/1/2015, and process to report consumer encounter data back to 7/1/2010.

### ***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 (80) 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. The Fourth Annual Networking Day "Wellness and Recovery Fair" was held on October 30, 2014 at the Jaffa Shrine with the over 50 community agencies/vendors available with table

displays in the morning. Approximately 50 individuals attended the 2 hour training in the afternoon “Legal Drugs of Abuse” presented by Dustye Sheffer, Pyramid Health Care. The training objectives were for participants to learn about the current legal drugs that are abused, gain information about legal status of synthetic drugs, and identify new ways people are abusing alcohol and other drugs. The Fifth Network Day is being planned and will be held on October 30, 2015. The Fifth Network Day event has been postponed due to the impasse with the governor’s budget for FY 2015/16 and tentatively will be held in March 2016.

***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 2015. The System of Care Team has met with youth partners within the system of care partnership to begin implementing youth involvement within our systems. We will be moving forward with this in the coming year. Through the System of Care Partnership, many trainings have been available which our County has been able to participate in (Facilitator Training and Youth Partner Training). Also through the partnership, a survey has been implemented for individual counties to see what areas of the partnership needs to be enhanced. As of May, we had 26 individuals reply to the survey, which is an increase from last year. The results will be in by the end of June. The System of Care Team and the CASSP Advisory Committee will review the results from the survey at the July 20<sup>th</sup> CASSP Advisory Committee Meeting. We will use those results to move the System of Care forward within our County.

***Blair HealthChoices/Community Care Behavioral Health Organization (CCBH):***

Blair HealthChoices expanded comprehensive care management and now serves 367 high risk individuals on medical assistance in Blair County by closely working with the member and their team as they transition through the continuum of care. The goal is to decrease hospital readmission and increase community tenure, while improving the quality of life for the individual by identifying and working on more satisfying and recovery-oriented goals.

Blair HealthChoices and Community Care continued to support the Annual NAMI Recovery Conference for individuals in recovery in April 2015. 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 fifth year for this annual conference which originated with a grant from OMHSAS.

Blair HealthChoices and Community Care have 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. Within FY 2014/2015, a Youth and Young Adult Advisory Committee was formed. This includes youth participants from their school's Aevium Program. The goal is to empower youth to co-facilitate with Blair HealthChoices and Community Care. This Advisory Committee is also attended by Blair County's System of Care Youth Partners.

Through FY 2014/2015, Primary Health Network and Alternative Community Resources Program, both provider of outpatient mental health and psychiatric services, participating in Community Care's second grant from the Patient-Centered Outcome Research Institute (PCORI). Both providers are engaging in the measurement based intervention. Blair HealthChoices continues to review progress of the grant as members of the PCORI Advisory Board.

Community Care implemented the Children's Outcome Survey (COS) in Blair County, March 2014. Provider results are reviewed regularly and ongoing trainings continues.

\*In FY 2014/2015, two Community and School Based Behavioral Health were implemented at the Tyrone School District's elementary and middle school and Altoona School District's Penn Lincoln Elementary School. Although outcome data has not been finalized, several diversions from out of school placements were identified including diversion from mental health hospitalization, family engagement was 100%, and feedback from both schools was overwhelmingly positive.

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 for case managers, as well as, peer specialists. The plan is to roll out the model in every case management contract in Blair County.

## **b) Strengths and 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) supported a project for senior housing at Highland Hall and met with Diana T. Myers Consulting group to review other senior housing needs

- **Needs:**

- Accessibility to Medicare behavioral health providers
- Older adult training for peer specialists

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

- **Strengths:**

- Blair HealthChoices care management for high risk adults implemented 7/1/2013
- Increased 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
- Technical Assistance Support Team (TAST), multi-disciplinary team to support individuals with complex mental health and intellectual disabilities
- Navigator to support cross system coordination for individuals with mental health and intellectual disabilities
- Development of a Dual Diagnosis treatment team through HealthChoices reinvestment
- Providing a curriculum of MH/ID trainings to increase competencies of behavioral health providers

- **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)
- More personal care home opportunities for more individuals that have SSDI with personal care home supplement
- Mobile support for Domiciliary Care
- 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
    - Implemented a Youth and Young Adult Advisory Committee
    - Started a System of Care Team working on your engagement
    - Taking steps to implement Transition to Independence Process (TIP)

- **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
    - BHRS Consortium actively meets monthly includes school participation and beginning a training curriculum on family engagement
    - Establishing two Community and School Based Behavioral Health in Tyrone and Altoona and expanding to Altoona Junior High
    - HealthChoices comprehensive care management for children
    - Suicide Prevention Task Force (SPTF) meets monthly, Aevium
    - Teen Shelter expansion
    - Family Group Decision Making(FGDM), Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Parent Child Interaction Therapy (PCIT)
    - Established and trained on an updated Multi-Disciplinary Investigative Team (MDIT) including mental health care and a MDIT Coordinator

- **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
    - Increased efforts and sustainability of anti-bullying programs

- ***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
- Active participation from local supporting agencies in the CSP
- Increase in number of diversions from state hospital

- **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 Diversion/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
- Easier way to dually license and monitor co-occurring competent programs

- **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 and mental health level of care assessments in the prison
- MH/COD/CJ Team meets biweekly and includes Blair HealthChoices Care Management, Blair County Mental Health Specialist, County/State Adult Parole and Probation, Prison, MH TCM and ID
- 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.
- Addition of Case Management trained in the Critical Time Intervention

- **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
- Update our Sequential Intercept Mapping to measure progress from the initial mapping to the present and identify continued areas for improvement
- Re-entry planning and support

- **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
- VA participates in LHOT, CJAB, Suicide Prevention Task Force and CIT Training

- **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
    - Local LGBTQI training through Community Care
  - **Needs:**
    - Increased cultural sensitivity and anti-bullying efforts
    - Advertising of services currently available
    - 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.

**Timeline for Accomplishing Priorities:**

All priorities are reviewed and revised annually for progress or changes. Based on the progress or changes, next steps are established to continue to drive system/priority change. All steps established are short term goals to be accomplished by the end of FY2015/2016.

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 four fiscal years through FY 2013/2014 and children’s readmissions spiked above 10% the past two 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% by the end of FY 2015/2016.

**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, establishing discharge planning best practices with mental health inpatient providers.
- Implementing the Pat Deegan toolkits, and Decision Support Centers within community –based ambulatory services.
- Implementing best practices for Peer Support Services to continue to support individuals in recovery in the highest quality and consistent manner.
- Partnering with the community to assess and develop natural supports, including housing opportunities.

**Progress made in FY 2014/2015:**

- Increased comprehensive care management involvement on UPMC Altoona Inpatient Unit
- Wellness Coordinators are being piloted at local FQHC to provide a warm transfer from inpatient to outpatient
- CCBH released Peer Support Performance Standards and quality audits completed. Two Quality Improvement Plans are pending from the providers.
- Housing Summit was held in April 2015 to begin a strategic plan to address the housing continuum of care.
- Mentored a group of consumers in establishing their own consumer run drop in program and obtaining a 501(c)3.

**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.

**Timeline for Accomplishing Priorities:**

All priorities are reviewed and revised annually for progress or changes. Based on the progress or changes, next steps are established to continue to drive system/priority change. All steps established are short term goals to be accomplished by end of FY 2015/2016.

***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 by the end of FY 2017/2018. 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:**

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

**Progress made in FY 2014/2015:**

- Two Blair County Providers are participating in Community Care’s Center for Excellence for recovery-oriented systems of care.
- Blair HealthChoices Care Managers complete level of care assessments to improve coordination of behavioral health services upon release from prison
- Currently planning for implementation of Certified Recovery Specialists
- Two Blair providers are participating in Community Care’s Recovery Specialist Learning Collaborative.

**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.

**Timeline for Accomplishing Priorities:**

All priorities are reviewed and revised annually for progress or changes. Based on the progress or changes, next steps are established to continue to drive system/priority change. All steps established are short term goals to be accomplished by the end of FY 2015/2016.

***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 by end of FY 2017/2018. 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:**

- Implementing the Community and School Based Behavioral Health Model in identified schools with significant use of BHRS.
- Restarted 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.
- Implemented 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.

**Progress made in FY 2014/2015:**

- Two Community and School Based Behavioral Health teams were implemented
- Two evaluator trainings were held
- Children's Outcomes Survey is in regular use
- Partner with Blair County Dept. of Social Services in System of Care Planning
- Implemented a Youth and Young Adult Advisory Committee

**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.

**Timeline for Accomplishing Priorities:**

All priorities are reviewed and revised annually for progress or changes. Based on the progress or changes, next steps are established to continue to drive system/priority change. All steps established are short term goals to be accomplished by end of FY 2015/2016.

***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 by end of FY 2017/2018. 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:**

- Participating 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.
- Continuing 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.

**Progress made in FY 2014/2015:**

- Currently have two providers participating in PCORI measurement based intervention
- In first year startup of the Behavioral Health Home in one case management provider.
- Implemented PH/BH coordination model into Blair HealthChoices Comprehensive Care Management

**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.

**Timeline for Accomplishing Priorities:**

All priorities are reviewed and revised annually for progress or changes. Based on the progress or changes, next steps are established to continue to drive system/priority change. All steps established are short term goals to be accomplished by end of FY 2015/2016.

## *Intellectual Disability Services*

The chart below provides an estimate of the number of people for whom base or block grant funds have or will be expended. Appendix C will reflect only base or block grant funds except for the Administration category. Administrative expenditures are included for both base/block grant and waiver administrative funds.

	<b>Estimated Individuals Served in FY 2014-2015</b>	<b>Projected Individuals to be Served in FY 2015-2016</b>
Supported Employment	15	20
Sheltered Workshop	2	3
Adult Training Facility	5	6
Base Funded Supports Coordination	27	25
Residential (6400)	0	0
Lifesharing (6500)	0	0
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Services	0	0

### **Supported Employment:**

Our philosophy in Blair County is that everyone can contribute to society. We have been practicing person centered planning and thinking for over 10 years, and always spend time during the planning process to discover a person's gifts and explore ways that they can use those gifts to give back to the community. Going forward, in FY 2015/2016, we hope to increase the number of people who are gainfully employed. We understand the urgency to meet the Center for Medicare and Medicaid services final rule that will require more integrated services and settings for people, especially those who are willing and able to be gainfully employed.

We have initiated efforts to help students and their families realize the benefits of employment via our local Transition Council who have created a summer employment pilot offered to people who will graduate in 2 or 3 years to experience a summer job, like so many of their peers. This gives the student and their parents a taste of the possibilities for the student after graduation. Hopefully this experience helps people think beyond sheltered employment options.

For over 20 years, the Intellectual Disability program has a long standing agreement with the local Office of Vocation Rehabilitation (OVR) to assure that follow up funds for those who are receiving supported employment services through that agency are available. People of all ages, who qualify for OVR employment services are assured that after the initial training, support is there for them when needed. Those efforts will continue into the next fiscal year. Those funds are part of the block grant allocation.

We have participated in the Employment Pilot offered through base funding that has been able to fill in the gaps of funding for people up to the age of 26, who may not qualify for OVR services, and may not have waiver funding available, but who are willing to seek a competitive job and become contributing members of their communities. Those efforts will be sustained going forward.

We are currently working in partnership with our local IU 08 to develop a work experience site at the Sheetz distribution center. There are many opportunities there for our students to get work experience and perhaps a full time job after graduation.

The Executive Director of Southern Alleghenies Service Management Group (SASMG) presented to a nationwide seminar for the State Employment Leadership Network webinar on Sept. 26 that was broadcast to 150 participants in 30 states. The topic was “Person centered thinking and employment development”. The invitation came from a member of the NASDDDS office who recognizes that person centered practices are a vital tool in the development of employment for people with intellectual disabilities. Blair County has been a proponent of person centered thinking, training and practices for almost 20 years. Our efforts have proven to be important in the development of employment opportunities for people.

### **Base Funded Supports Coordination:**

Base funds from the Intellectual Disability (ID) allocation have historically been used to cover the expenses of Supports Coordinators as they work with people who do not have waiver funding opportunities. During this past year, we have used both ID allocation funds and block grant funds to partially fund the ‘Navigator’ position that we have created. That position’s primary function is to champion the rights of people with developmental disabilities co-occurring with mental illness, to plan to course of their lives while using the guiding principles of self-determination and recovery. The Navigator is a resource to people to identify, reach, and maintain their personal goals by securing high quality, outcome based, cost effective services and supports to enable them to live successfully in their chosen environment. The Navigator serves as local representation on Positive Practices Resource Teams and our local Technical Assistance Support Team (TAST). The Navigator is available to consult with teams and provider agencies. Identification of training needs and crisis intervention assisting teams in retaining emergency supports will give people confidence in the ability of the system to respond to needs.

### **Life Sharing Options:**

Blair County has always supported lifesharing options for people. We have not been as successful as we would like with finding people who wish to live in a lifesharing home and people to provide those homes. A few years ago, we attempted to discover barriers to the development of new lifesharing opportunities, but were not successful in increasing our numbers by much. The difficulty with the current process is that when it works well, it’s an amazing life for a person who needs supports, but when it fails, they lose their ‘home’ and their family and friends. Alternatives for a person who needs to move are not as responsive as they need to be.

However, we believe that it’s a good situation for many and continue to support it. We support and participate in the regional lifesharing committee, and plan to enhance our participation going forward. We have a new employee who will be our local point person and work with teams to figure out ways to develop more opportunities.

## **Cross Systems Communications and Training:**

According to the Diagnostic Manual - Intellectual Disability, research has shown that as many as one third or more of all people with Intellectual Disabilities (ID) have significant behavioral, mental or personality disorders requiring mental health services. Assessment activities need to be broadened, often relying on third party reports, historical and medical information as well as formal psychological instruments.

Institutionalization in a mental health facility has not proven to enhance the lives of people with intellectual disabilities; in fact, re-integration into the county id system has not proven smooth for those people.

Blair County Mental Health and Intellectual Disabilities system has responded to the needs of those who have a dual diagnosis through various means. We have created a Dual Diagnosis Committee that includes representation from both the mental health and intellectual disabilities systems. The Executive Director, of the local Federally Qualified Health Care facility, Primary Health Network's (PHN) has proven to be a valuable resource to the committee.

One result of the work of that committee is to work toward developing a "Health Home" for people who are dually diagnosed (MH/ID). PHN has hired a primary care physician, Dr. Conly and a psychiatrist, Dr. Banes who have both expressed interest in supporting people with a dual diagnosis, coordinating their care. Dr. Denise Vanacore, C.R.N.P, whose specialty is people with mood disorders, has been supporting teams and people. Dr. Conly and Dr. Banes are enthusiastic about working together with Dr. Vanacore to assure that people with dual mental health and intellectual disability diagnoses are afforded optimum care, and have had dialogue about transitioning patients to local support when stabilized.

A second result of the Dual Diagnosis Committee is the creation of a review team called the Technical Assistance Support Team, (TAST) that meets monthly to review the needs of people with a dual mental health and intellectual disabilities diagnosis. Support coordinators and teams identify people whose teams are struggling to support them.

And the third result is the creation of a "Navigator" position at the Supports Coordination agency who meets with the support coordinator to assist in preparing for a review by TAST. After the initial review, follow up continues on an as needed basis. The TAST committee consist of professionals including the HCQU nurse, NSSS Navigator, psychologist, behavior specialist, MH specialist, a family member and the Southern Alleghenies Service Management Group (SASMG) Intellectual Disabilities program manager.

Block Grant funds have also been utilized to create a specialized program for a young man who is dually diagnosed, and is in need of a single person group home with enhanced staffing. The home was already in the system, but needed a bathroom added to the first floor so that the person could access the restroom easily. That home, will continue to be utilized for this young man, and any future need for specialized services for people who are dually diagnosed.

Efforts to engage law enforcement have been made through the Sherriff's department and the MH/ID/EI Administrator who have initiated a Crisis Intervention Training. It is a 40-hour course that gives police officers information and techniques to deal with people who have mental health or intellectual disability concerns. Jamie Henry, from SASMG, participates the ID portion of the training providing specific techniques for first responders to engage with people who may have a mental health or intellectual disability diagnosis.

We also partner with the Criminal Justice Co-Occurring Disability/Mental Health Committee to review the issues with people who are involved with the Criminal Justice System who also have disabilities. Relationships with cross systems enhances the supports that people are receiving.

The local transition team from Blair County presented at the Statewide Transition Conference. The presentation explained the process of a Person Centered Transition Plan development and demonstrated the impact of the plan for a young man graduating in Blair County. The purpose of the session was to inform educators and parents of the value of such a process and to provide resources and guidance to those in attendance. The transition team consisted of the young man, his parents, AAHS school personnel and administrators, an OVR counselor, North Star Services Supports Coordinator, and SASMG's ID Director. As a result of the project, the Altoona Area School District Special Education Department expressed interest in developing transition plans for many students. In order to take this to scale, SASMG will work with the school to develop plan facilitators over the course of the school year.

### **Emergency Supports:**

Southern Alleghenies Service Management Group (SASMG), along with the current Supports Coordination agency, North Star Services, Inc. (NSSS) meet twice a month to review the PUNS, and discuss emergent needs of people who do not have waiver capacity. Vacant opportunities in either the Consolidated or the Person Family Directed Supports Waivers are tracked. As opportunities arise, those who have been identified on the PUNS are discussed and the most emergent need is offered any vacant opportunity.

At the beginning of the fiscal year, SASMG reviews requests from teams for people who are in need of base funded supports. Requests are reviewed and funded for health and safety needs. 'Nice to have' supports are expected to be sustained by community and natural possibilities. Any funds remaining are retained for emergencies. As the year goes on, inevitably, emergency requests are submitted, and decisions are made by SASMG.

We have managed emergency needs outside of normal working hours through a process developed more than 20 years ago. Supports Coordinators volunteer to carry a cell phone that is published with the local Crisis Unit at UPMC. Crisis workers can connect with the on-call supports coordinator when anyone who is open with the ID system presents at the unit. The worker can work with the person and the crisis worker to decide the plan of action.

### **Administrative Funding:**

Blair County purchases administrative functions from Southern Alleghenies Service Management Group (SASMG). Throughout the year, the sections of the Administrative Entity Operating Agreement that are managed by SASMG are reviewed by the County MH/ID/EI Administrator and the Program Staff of SASMG. The purchased functions are upheld by appropriate staff from SASMG, and evidence of the completion of the requirements are delivered through a quarterly monitoring process with all staff. In addition, the Administrator and the Director of SASMG meet twice a month to review any/all issues with recipients and provider agencies. All of the reviews are documented and presented to the regional ODP team during the Administrative Entity Oversight Review process.

All of the departments who have funds included in the Block Grant participate in a Blair County Leadership Coalition that meets regularly with a representative of the Board of Commissioners. Strategic planning has identified the three priorities of all departments - they are Housing, Employment and Transportation.

The management of the block granted funds has allowed flexibility between and among departments to respond to those identified needs. We responded to an offer from Community Action to use their vans and drivers to respond to some transportation needs. People who have employment opportunities, but do not have transportation can utilize the van to take them to and/or from work. The criteria is that they must live outside of the bus routes or have transportation needs outside of the scheduled runs. Seventeen (17) people now have a way to get to work, so that they can lessen their dependency of the systems.

Our local shelter is losing funding due to the deficiencies at their current site. Data also shows that many are turned away because of no capacity. We are making efforts to assure that a new facility can be obtained that will offer services to more people and families, so that people are not forced to be homeless and offered funds to create a new shelter to house citizens in need of such services. Many prisoners are forced to stay in jail and not access early release because of no housing or shelter opportunities.

## Homeless Assistance Services

	Estimated Individuals Served in FY 2014-2015	Projected Individuals to be Served in FY 2015-2016
Bridge Housing	84	86
Case Management	843	900
Rental Assistance	313	350
Emergency Shelter	257	365
Other Housing Supports	0	0

### 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).

Blair County Community Action Agency will serve 50 individuals (projected) in FY 2015/2016. The actual number of individuals served by Blair County Community Action Agency in FY 2014/2015 YTD was 37.

Family Services Inc. will serve 36 individuals (projected) in FY 2015/2016. From 7/1/2014 through 3/31/2015 (9 months), Family Services Inc. served 33 individuals in the Bridge Housing program. The actual number of individuals served by Family Services Inc. in FY 2014/2015 was 47.

Together, Blair County Community Action Agency and Family Services Inc. will serve 86 individuals (projected) in FY 2015/2016. The actual number of individuals served by Blair County Community Action Agency and Family Services Inc. in FY 2014/2015 was 84.

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 adjusted gross income as a fee for living in the bridge housing unit. A portion of the money paid by each client will be put into a savings account. When the client is ready to leave transitional housing and move into permanent housing this money can be used as a security deposit/first month's rent for an apartment.

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

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

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

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

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

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

### **Case Management**

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

Blair Senior Services will serve 900 individuals (projected) in FY 2015/2016. The actual number of individuals served by Blair Senior Services in FY 2014/2015 was 843 individuals (total until April 2015).

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. The quality assurance program will be entering the second year, and we are able 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 2015/2016. The actual number of individuals served by Blair Senior Services in FY 2014/2015 was 313 (total until April 2015).

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. The quality assurance program will be entering the second year, and we are able 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.

Blair Senior Services will serve 175 individuals (projected) in FY 2015/2016. The actual number of individuals served by Blair Senior Services in FY 2014/2015 was 113 (total until April 2015).

Family Services Inc. will serve 190 individuals (projected) in FY 2015/2016. The actual number of individuals served by Family Services Inc. in FY 2014/2015 was 144.

Together, Blair Senior Services and Family Services Inc. will serve 365 individuals (projected) in FY 2015/2016. The actual number of individuals served by Blair Senior Services and Family Services Inc. in FY 2014/2015 was 257.

Blair Senior Services uses HAP funding to provide assistance to homeless or near homeless individuals for eligible consumers residing within Blair County. The agency's housing programs will provide eligible households with financial assistance, while promoting motivation and individual responsibility to achieve the outcome of affordable housing of their choice. A broad description of the target population would be defined

as 18 years of age or older who are homeless, near-homeless or facing utility terminations. Individuals or head of households under the age of 18 would be eligible when validated as emancipated through the Department of Human Services.

Family Services Inc. provides services for homeless families and individuals in Blair County. Homeless or near homeless individuals are referred by agencies, churches and self-referrals. The agency strives to affect positive change by providing a clean, safe, and supportive environment while assisting clients in obtaining permanent housing and other services necessary to achieve a more independent lifestyle. On site case management is provided on a daily basis in order to help clients move toward self-sufficiency more expeditiously. The Family Shelter is accessible 24 hours a day. The Family Shelter provides an integral part of the continuum of care in Blair County by providing the only emergency shelter in Blair County that exclusively addressed the needs of homeless families. The presence of the Family Shelter decreases the probability of homeless residents living on the streets.

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

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

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

### **Other Housing Supports**

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

### **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 2014/2015, 94 clients received emergency shelter and 55 of the 94 (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 2014/2015, the known destinations, by zip code, for clients are as follows:

- Zip Code 16601 - 323 consumers
- Zip Code 16602 - 277 consumers
- Zip Code 16635 - 15 consumers
- Zip Code 16648 - 24 consumers

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

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

## Unmet Needs and Gaps

- Limited availability in the Blair County shelter.
- Affordable permanent housing
- Limited communication between agencies when consumer receives assistance
- Lack of jobs that provide a living wage

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 March 31, 2015, out of 63 victims (adult women) served within the Domestic Abuse Shelter, 40 of the women served obtained permanent, safe housing. The remaining 23 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 (2014/2015) show that 79% returned home to parents, 14% went to live with friends or relatives, and 7% lived independently

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 February 2015, 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 February 2015, 41 individuals had to be turned away; March 2015, 49 individuals had to be turned away; and for the month of April 2015, 31 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 2015, 155 referrals were made to mainstream systems and 152 (98%) 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 10/1/2013 thru 9/30/14 they had 55 participants exit the program. 43 of those 55 (78%) exited into permanent housing. 3 of the 55 (5%) exited into temporary housing and 6 of the 55 (11%) exited to an institutional destination. In their HUD funded Supportive Services Only (SSO) program during the year between 10/1/2013 thru 9/30/14 they had 190 participants exit the program. 116 of those 190 (61%) exited into permanent housing. 71 of the 190 (37%) exited into temporary housing. 3 of 190 (2%) exited into institutional settings and 0 of the 190 (0%) exited to an unknown destination. In their HUD funded Blair County Journey program during the year between 10/1/2013 thru 9/30/14 they had 17 participants exit the program. 10 of those 17 (59%) exited into permanent housing. 2 of the 17 (12%) exited into temporary housing. 3 of 17 (18%) exited into institutional settings and 2 of the 17 (0%) exited to an unknown destination.

Blair County Community Action agency also tracks participation in mainstream benefits but not the increase in usage. In their THP program of the 55 participants who left the program 32 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 190 participants who left the program 114 were receiving 1 or more mainstream benefits ( in the case of this program the benefits included Medicaid, food stamps, Medicare, VA Medical Benefits and Section 8 housing assistance). In their Journey program of the 17 participants who left the program 14 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.

## **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), PA Housing Affordability and Rehabilitation Enhancement (PHARE), and Human Service Block Grant (HSBG) under contract with Blair County and the Supportive Services for Veteran Families (SSVF) program for Blair County as a subcontractor to the Veteran's Leadership Council of Pennsylvania. The HESG, PHARE, HSBG and, SSVF all offer "Homeless Prevention Services" for those at risk of homelessness as well as "Rapid Re-Housing Services" for the homeless. BCCAA has contracted with Blair County to provide sixty (60) days of free transportation service to county resident who are struggling to get to work because they live outside the public transportation routes or its hours of operation.

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

Family Services served 21 women and 12 children in its Bridge Housing Program from July 1, 2014 through March 31, 2015. Of those 21 women admitted into the Bridge Housing Program, approximately 70% 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. Beginning July 2015, Family Services will offer

free Civil Legal Representation services to victims of domestic violence receiving services from our Domestic Abuse Program.

All of the information provided reflects how we currently do business. Our vision over the next year is to have a 40 bed Family Shelter, and move our Domestic Abuse Program to a Comprehensive Center model using the housing first approach. The Teen Shelter will move to a larger, 12 bed facility sometime during the FY 2015/2016.

### **Unmet Needs and Gaps**

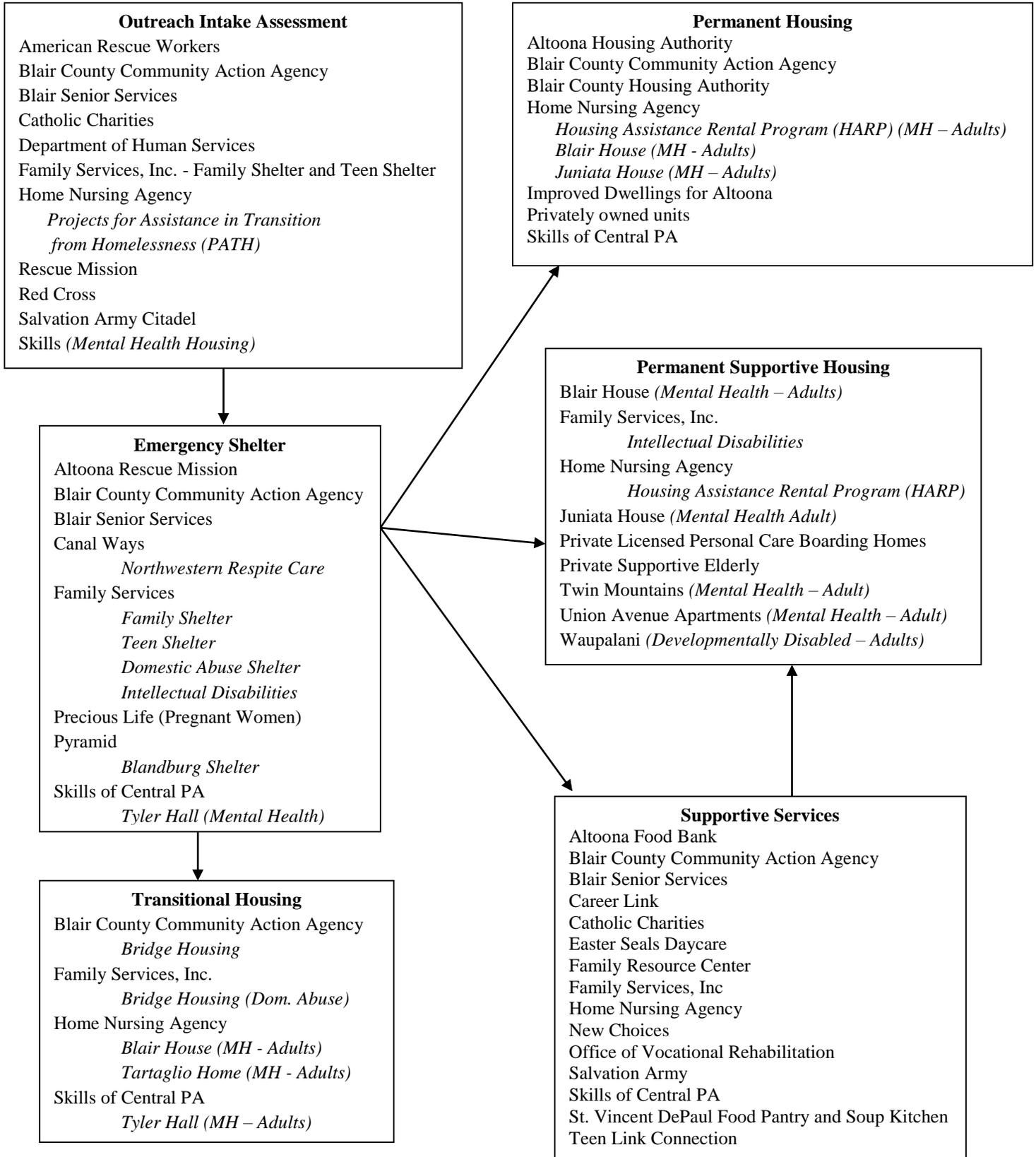
- There is still a significant shortage of shelter beds in Blair County.
- Affordable housing
- Transportation
- Limited communication between agencies when consumer receives assistance
- Lack of jobs that provide a living wage.
- Lack of permanent, affordable housing resulting in longer lengths of stay 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.

Residents in Blair County continue to struggle with their ability to pay utilities putting them at risk of being evicted from public or subs

### **Administrative Costs**

The administrative costs under the Housing Assistance Program total \$26,300.

# 2015 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) and the Juvenile Probation Office are 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 58<sup>th</sup> 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 49% 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 2,403 children and adolescents for FY 2013/2014; 60% male and 40% female; 89 % of these were children and adolescents currently experiencing or at risk for severe emotional disorders.

For FY 2014/2015; 2,494 children are estimated to be served (ending June 2015) with 60% (1,502) males and 40% (953) females receiving services through various system providers.

Blair County Service providers are recently encountering longer wait lists, more specialized demands for child and family related services – especially trauma related care and drug and alcohol treatment; and also continue to see 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 effectively led and guided by Blair County's President Judge Jolene Kopriva in which both JPO and CYF are integral parts of the process.

Both CYF and JPO agencies are firm believers and strong advocates of utilizing the best evidence based supportive processes to assist in dealing with children, youth, and families. Communication techniques and goal setting practices such as Motivational Interviewing (MI); Critical Thinking skills and techniques; and capitalizing on family and individual strength based successes are all crucial tools used to assure Safety, Permanency, and Well-being for the families of Blair County.

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; Strength-Based Family Worker (SFW) credentialing program formerly known as Family Development Credentialing (FDC), allowing over 180+ 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 and other Positive School Attendance support group services, with Magisterial District Judge (MDJ) participation and support.

Alternatives to Truancy is a primary tool in the *Positive School Attendance* effort with Truancy Court being developed and implemented where 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.

Blair County Children, Youth and Families in conjunction with the Juvenile Probation Office, members of the court and judicial system, provider agencies, mental health professionals, early childhood education and school district personnel, and other various entities who work with children and families on a daily basis have continued to meet regularly. The discussions have been held to find solutions for the ongoing community issues which present challenges and barriers to safety, permanency, and well-being. The topic of Trauma and Trauma-informed care continues to rise to the forefront of need for the children and adolescents of Blair County. Our community is in need of additional and expanded opportunities for Trauma based care and therapy services. BCCYF is now looking at the inception of beginning a certified Therapeutic Yoga Program (TYP) for those children in both traditional and kinship foster care situations. Both the resource parent(s) and the biological parent(s) will be invited to attend and participate in the TYP with the child. The hope is to reduce the reliance of psychotropic medication and poor behaviors in the school, home, and community settings by teaching new relaxation, breathing, and self-centered skills through TYP. Finding alternative ways and fostering support to increase the use of Kinship care (subsidized and non-subsidized) has also been another ongoing topic for discussion which will receive more attention through a dedicated work group of Blair County professionals.

	<b>Outcomes</b>
<b>Safety</b>	<ol style="list-style-type: none"> <li>1. Children are protected from abuse and neglect.</li> <li>2. Children are safely maintained in their own home whenever possible and appropriate.</li> </ol>
<b>Permanency</b>	<ol style="list-style-type: none"> <li>1. Children have permanency and stability in their living arrangement.</li> <li>2. Continuity of family relationships and connections if preserved for children.</li> </ol>
<b>Child &amp; Family Well-being</b>	<ol style="list-style-type: none"> <li>1. Families have enhanced capacity to provide for their children's needs.</li> <li>2. Children receive appropriate services to meet their educational needs.</li> <li>3. Children receive adequate services to meet their physical and behavioral health needs.</li> </ol>

Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
<p>1.) <b>SAFETY</b> – Children and adolescents will be deemed safe from imminent harm and unsafe conditions as shown through the lack of SOOVI indicators as assessed in all Safety discussions.</p> <p>2.) <b>PERMANENCY</b> – Children and adolescents will experience and maintain permanency and stability in their living arrangements. The ideal outcome is for all children and adolescents to remain safely in their own home environments.</p> <p>3.) <b>CHILD and FAMILY WELL-BEING</b> – Children, adolescents, and families will learn, develop, or expound upon an enhanced capacity to provide for or intuit their own personal needs. Healthy, well cared for families with natural, independent skills capable of making sound and reasonable decisions will be the ultimate outcome.</p>	<p>1.) One measurement of success will be shown through a 10% decrease in the number of custody and dependency cases through BCCYF as evidenced through the dependency court system.</p> <p>2.) A second success measurement will demonstrated via a 10% decrease in the number of formal safety plans utilized as a tool with families to keep children safe from harm.</p> <p>3.) A third measurement of success will be seen through a 15% increase in the number of families relying upon self-independence skills and community resources established to assist in resolving family conflicts.</p> <p>4.) Statistical data will be reviewed either on a monthly or quarterly basis to determine the effectiveness of service programs being utilized to reach goals.</p>	<p>1.) <b>Housing and Daily Assisted Living needs</b> related to safe and stable housing in order to keep children and families within permanent relationships.</p> <p>2.) <b>Alternatives to Truancy and related new programming for Positive School Attendance Services</b> to assist families in strengthening the belief in the importance of education and understanding the importance of being active Team members in their child’s academic career.</p> <p>3.) <b>Multi-systemic Therapy (MST) Program</b> to assist with the individual child’s needs as well as focusing on the family as a unit of collaboration in this therapeutic care program. Multisystemic Therapy (MST) is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighborhoods and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is</p>

		<p>needed to improve the quality of life for youth and their families. MST works with the toughest offenders ages 12 through 17 who have a very long history of arrests.</p> <p>4.) <b>Family-functional Therapy (FFT) program</b> to assist with the individual child’s needs as well as focusing on the family as a unit of collaboration in this therapeutic care program. Functional Family Therapy is a well-established, evidence-based family therapy intervention for the treatment of violent, criminal, behavioral, school, and conduct problems with youth and their families.</p> <p>5.) <b>Family Group Decision Making (FGDM)</b> program utilized to assist the families in creating their own individualized solutions to safety barriers by utilizing existing strength based skills while identifying natural support systems in their personal lives.</p> <p>6.) <b>Strength-based Family Worker (SFW)</b> credentialing program – formerly known as Family Development Credentialing (FDC) utilized to enhance the professional development of any staff personnel working directly with children, adolescents, and families. The objective of the SFW training is to infuse</p>
--	--	--

		<p>strengths-based family support principles into the practice of all institutions and agencies striving to improve the lives of children and families across the United States.</p> <p>7.) <b>(New for the 2015-2016FY) Parent Child Interaction Therapy (PCIT) program</b> will be offered as an empirically-supported treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. PCIT International was created to promote fidelity in the practice and training of Parent-Child Interaction Therapy through well-conducted research, training, and continuing education of therapists and trainers. By creating an interface between the scholarly activities of PCIT researchers and the expertise of front-line clinicians, PCIT International promotes healthy family functioning.</p> <p>8.) <b>(New for the 2015-2016FY) Nurse Family Partnership (NFP) program</b> will be utilized more extensively to support the needs of families in our community. Nurse-Family Partnership is a voluntary program that partners first-time moms with</p>
--	--	---

		<p>nurse home visitors. When you enroll in the program, a specially trained nurse will visit you throughout your pregnancy and until your baby turns two years old. Specially trained nurses have been instrumental in shaping and delivering this evidence-based, community health program.</p> <p>9.) <b>(New for the 2015-2016FY) Evidence Based Trauma Informed Therapy programming.</b> One example to be explored is TF-CBT. Trauma based research and practice on trauma focused cognitive-behavioral therapy (TF-CBT), which is an evidence-based treatment approach shown to help children, adolescents, and their caregivers overcome trauma-related difficulties. It is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events. The treatment—based on learning and cognitive theories—addresses distorted beliefs and attributions related to the abuse and provides a supportive environment in which children are encouraged to talk about their traumatic experience. TF-CBT also helps parents who</p>
--	--	--

		<p>were not abusive to cope effectively with their own emotional distress and develop skills that support their children.</p> <p>10.) <b>(New 2015-2016FY)</b>  <b>Evidence Based Visitation Program</b> for Incarcerated Mothers/Female Caregivers. Most law enforcement agencies lack training and protocols on where to place children when a parent is arrested and incarcerated. Ten percent (10%) of incarcerated mothers have a child in a foster home or other state care. Eleven percent (11%) of children in foster care have a mother who is incarcerated for at least some period of time while in foster care; however, 85 percent of these children were placed in foster care prior to the mother's first period of incarceration. The average stay in first foster care for a child with an incarcerated mother is 3.9 years. Children of incarcerated mothers are four times more likely to be "still in" foster care than all other children. Children of incarcerated mothers are more likely to "age out" of the foster care system; less likely to reunify with their parents, get adopted, enter into subsidized guardianship, go into independent living or leave through some other</p>
--	--	---

		<p>means. Reunification is 21% for children of incarcerated mothers versus 40% for all children. Adoption is 37% for children of incarcerated mothers versus 27% for all children.</p> <p>This proposed Evidence based Visitation program will continue to keep the bonds open and strong between the mother/female caregiver and the child left behind due to the incarceration. A positive parenting and skill building curriculum accompanies the Visitation aspect of the program as well.</p> <p>This program will mirror the already established and extremely successful Incarcerated Father Visitation and bonding program which has been grant funded in Blair County for the past 3 years.</p>
--	--	--

**FY 2015-2016 Service Outcome Measurements and Achievements Funded through HSBG**

The three service outcomes that Blair County expects to achieve during FY 2015-2016 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/Daily Living Needs***

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 issues often taking the forefront at any given time. Housing grant monies are accessed to assist families with payment of utility bills in order 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 2014/2015 was projected to be \$9,000 with actual expenses equaling closer to \$11,000. The projected amount to be utilized in the Housing/Daily Living Needs category for FY 2015/2016 is expected to be \$14,200 – an increase projected 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/Positive School Attendance Programming***

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. During the past program years, since the inception of the Truancy Court project, *Family Intervention Crisis Services (FICS)*, a private provider agency, has been directly responsible for in-home counseling services to both the child/adolescent and responsible adult in the home setting. During the FY 2015/2016, another provider agency, *Evolution Counseling Services, LLC* has presented a contract to provide a new Alternative to Truancy program service

called *Attendance Counseling Team (ACT) 360\**. The same key facilitator and designer of the project will continue with implementation through *Evolution Counseling Services, LLC*.

This program, *Attendance Counseling Team (ACT) 360\**, will be an all-encompassing approach to assisting children and families combat the Truancy issue by combing the two previously offered prevention programs of Truancy Court, offered for the past few years to students in the 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades and NCTI CBT Attendance Group introduced this past year. This new intensive treatment model has been developed to better serve the needs of a larger population of students and families in Blair County. This intensive 360 degree approach is an in-home prevention/intervention family service that will be provided by a team of three counselors (Masters and Bachelor level) who are available when families are most in need. This unique hands-on response service will be able to address attendance issues at all levels. Act 360\* will work in collaboration with Children, Youth, and Families Agency; Juvenile Probation Office; Juvenile Courts; Magisterial District Judges; and school districts/home school programs throughout Blair County. The target population is school age youth and families with school attendance, engagement, and family functioning related issues.

A projected increase in the FY 2015/2016 budget for the Alternatives to Truancy/Positive School Attendance Programming provided through the unique *Attendance Counseling Team (ACT) 360\* service* is expected to rise from \$83,700 to \$140,042 to best meet the community needs for positive results related to safety, permanency, and well-being of the children, adolescents, and families.

**Strength Based Family Worker (SFW) Credentialing Program/Leadership Credentialing Program formerly known as: 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 specialized emphasis on strength based measures are all vital integral components of this credentialing program.

Level funding of \$126,000 was requested for the FY 2014/2015 with a similar projection of approximately 30 community participants from various social service and family support service related businesses successfully completing the credentialing program. In FY 2013/2014 there were 32 participants in FDC. For the FY 2014/2015, there are a total of 33 participants in the SFW and LSF program, who will have completed the program and will receive credentialing. A total expenditure of \$126,000 is projected to be expensed for the FY 2014/2015.

The funding request for the FY 2015/2016 SFW program is expected to slightly increase over the actual expenditure amount for FY 2014/2015 in order to accommodate more participants in both the core SFW program and the additional SFW Leadership Program for Administrative and Supervisory staff. The projected requested amount is \$140,000.

### **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.

During the past FY 2014/2015 this program was delivered through *Family Intervention Crisis Services (FICS)*, a private provider agency. A change in service provider administering this program is expected to occur for the FY 2015/2016. *Evolution Counseling Services, LLC*, a newly formed provider agency, is expected to provide the County of Blair with a contract designed to offer and effectively provide the FFT services to existing and new children and family clientele.

The identified key outcomes for this ***Evidence Based Program*** is to facilitate significant and long term reduction in 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 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 of \$153,000 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. In FY 2014-2015 there were 43 successful participants for FFT throughout the community. Funding level requests for this FFT program for the FY 2015/2016 will be significantly lower due to a proportionately significant number of children and adolescents being covered by MA or private health insurance in which FFT is a covered service when prescribed. The projected funding level for the FFT program during the FY 2015/2016 is \$61,000.

### **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. There has been a change in service provider delivery during the FY 2014/2015 as Home Nursing Agency is no longer a provider of MST in Blair County. Adelphoi Village is expected to continue with providing this program during the FY 2015/2016.

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.

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. The total number of successful participants for FY 2014/2015 were 27 with an estimated total expenditure of funds utilized equaling \$96,411.48 for this fiscal year.

Funding level request for this MST program for the FY 2015/2016 will be significantly lower due to a proportionately significant number of children and adolescents being covered by MA or private health insurance in which MST is a covered service when prescribed. The projected funding level for the MST program during the 2015-2016FY is \$62,000.

### **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.

For FY 2013/2014 referrals were 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. During the 2014-2015FY there was a total of 32 participants who successfully completed the process at a total cost of \$93,055 including the unsuccessful referrals which did not reach completion. The projected funding request for the FY 2015/2016 is expected to increase to the amount of \$136,788 with a projected doubled rate of successful FGDM participants equaling close to 64 families.

An additional funding amount of \$52,500 was requested as an Evidence Based Programs through the OCYF Needs Based Budget process. This additional request of monies is to be utilized as an internal Family meeting and communication process that encompasses a Service Plan conferencing approach in which Family Service Plan goals are accomplished utilizing the FGDM design of full family participation with natural supports being recognized.

It continues to be anticipated that FGDM referrals and conferences will continue to increase in Blair County due to the positive feedback of the importance of this service and the implementation of many of the above referenced programs occurring within the county. Both CYF and JPO continue to actively promote and encourage 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 when a youth enters into the JPO system. Preventative services are a vital tool in the child welfare system of programming for families.

Blair County CYF and JPO have also recognized the need for additional support programming to assist children, families, and adolescents in meeting the three (3) primary goals of Safety, Permanency, and Well-being in their community. The following identified Service Programs are marked as New and described below:

#1.) Program Name:	<b>PARENT CHILD INTERACTION THERAPY (PCIT)</b>
NEW	Empirically supported and <b>evidence based</b> treatment program for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns if necessary. PCIT promotes healthy family functioning.

Status	Enter Y or N		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016		N	
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)		New	Continuing
		X	Expanding

	FY 2014-2015	FY 2015-2016
Target Population		Families – parents & children
# of Referrals		30
# Successfully completing program		20
Cost per year		\$20,000
Per Diem Cost/Program funded amount		\$ Amount would not exceed current MA reimbursable rate of pay
Name of provider		KIDS FIRST, Inc.

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

*This is a brand new program service being provided for the 2015-2016FY. Please refer to the chart above for program description. The assessment data utilized derived from a variety of different sources including internal and external data indicative of Blair County.*

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

*There is no additional funding being requested through the Needs Based Budget or Special Grants for the 2015-2016FY.*

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

pcit.ucdavis.edu/pcit-web-course  
[www.goodtherapy.org/parent-child-interaction-therapy.html](http://www.goodtherapy.org/parent-child-interaction-therapy.html)

Were there instances of under spending or under-utilization of prior years' funds?

Yes     No    N/A

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed

#2.) Program Name:	<b>NURSE FAMILY PARTNERSHIP (NFP) PROGRAM</b>
NEW	<b>Evidence based</b> program utilized to support the needs of families in our community. NFP is a voluntary program that partners first-time mothers with specially certified nurse home visitors. This nurse will visit with the mother throughout the pregnancy up until the child turns two years of age. This is a community based health program which benefits pregnant women and children extensively. The ideal hope would be to have at least one (1) dedicated NFP certified nurse/staff dedicated for the at-risk and highly exposed mothers and infants known through the CYF, JPO, ID, MH, or D&A service programs.

Status	Enter Y or N		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016		N	
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)		New	Continuing
		X	Expanding

	FY 2014-2015	FY 2015-2016
Target Population		First time pregnant women and children up to the age of 2 years
# of Referrals		33 women and babies
# Successfully completing program		19 women and babies
Cost per year		\$30,000
Per Diem Cost/Program funded amount		N/A
Name of provider		HOME NURSING AGENCY

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

*This is a brand new program service being provided for the 2015-2016FY. Please refer to the chart above for program description. The assessment data utilized derived from a variety of different sources including internal and external data indicative of Blair County.*

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

*There is no additional funding being requested through the Needs Based Budget or Special Grants for the 2015-2016FY.*

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

[www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

Were there instances of under spending or under-utilization of prior years' funds?

Yes     No    N/A

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

#3.) Program Name:  NEW	<b>TRAUMA FOCUSED COGNITIVE-BEHAVIORAL THERAPY (TF-CBT) and other Evidence Based Trauma Informed Therapy Programs</b>
	<p><b>Evidence based</b> treatment approaches shown to help children, adolescents, and their caregivers overcome trauma-related difficulties. It is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events. The treatment is based on learning and cognitive theories which address distorted beliefs and attributions related to the abuse. Clients are supported in an environment where they are encouraged to talk about their experiences. Parents and caregivers learn to cope with their own emotional distress and develop skills that will support the child or adolescent through the trauma healing process.</p>

Status	Enter Y or N		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016	N		
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	New	Continuing	Expanding
	X		

	FY 2014-2015	FY 2015-2016
Target Population		Children and adolescents who have experienced traumatic events and their parents/caregivers
# of Referrals		40 families / 28 children and adolescents
# Successfully completing program		25 families / 20 children and adolescents
Cost per year		\$35,000
Per Diem Cost/Program funded amount		\$ Amount would not exceed current MA reimbursable rate of pay
Name of provider		Service Provider(s) to be determined according to Program Description Need and Availability for appropriate Services; more than one Service provider is expected to be used to deliver these unique and individualized services.

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

*Evidence based treatment approaches shown to help children, adolescents, and their caregivers overcome trauma-related difficulties. It is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events. The treatment is based on learning and cognitive theories which address distorted beliefs and attributions related to the abuse. Clients are supported in an environment where they are encouraged to talk about their experiences. Parents and caregivers learn to cope with their own emotional distress and develop skills that will support the child or adolescent through the trauma healing process.*

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

*No, there is no additional funding being provided through this program service through the CYF Needs Based Budget.*

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

<https://www.childwelfare.gov/pubPDFs/trauma>

<http://nrepp.samhsa.gov>

Were there instances of under spending or under-utilization of prior years' funds?

Yes     No    *N/A - new program being proposed*

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

#4.) Program Name:  NEW	<b>INCARCERATED MOTHERS/FEMALE CAREGIVER VISITATION and PARENTING PROGRAM</b>
	<b>Evidence Based</b> Program mirroring the highly successful Incarcerated Father Visitation and parenting program already occurring in Blair County via an awarded grant. Most law enforcement agencies lack training and protocols on where to place children when a parent is arrested and incarcerated. Ten (10%) percent of incarcerated mothers have a child in a foster home or other state care situation. Eleven (11%) percent of children in foster care have a mother who is incarcerated at least some period of time while in foster care; however, 85% of these children were placed in foster care prior to the mother's first period of incarceration. The average stay in first foster care for a child with an incarcerated mother is 3.9 years. Children of incarcerated mothers are four times more likely to be still in foster care than all other placed children. This program will provide mothers the opportunity to successfully and consistently visit with their child(ren) while learning life changing and sustaining parenting skills to be utilized when reunified with their children after release. The bonds will remain strong and open while the mother and child are apart due to the incarceration.

Status	Enter Y or N		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016.	N		
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	New	Continuing	Expanding
	X		

	FY 2014-2015	FY 2015-2016
Target Population		Incarcerated Mothers and Female Caregivers in the Blair County Jail setting
# of Referrals		25
# Successfully completing program		20
Cost per year		\$32,000
Per Diem Cost/Program funded amount		N/A
Name of provider		KIDS FIRST, Inc.

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

*This is an ongoing program service being provided for the 2015-2016FY. Please refer to the chart above for program description. The assessment data utilized derived from a variety of different sources including internal and external data indicative of Blair County.*

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

*There is no additional funding being requested through the Needs Based Budget or Special Grants for the 2015-2016FY.*

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

[www.inmatemoms.org/programs.aspx](http://www.inmatemoms.org/programs.aspx)  
[youth.gov/youth-topics/children-of-incarcerated-parents](http://youth.gov/youth-topics/children-of-incarcerated-parents)

[www.womenstreatmentcenter.org/index.imw?cat=39&sub=6&dbx=34](http://www.womenstreatmentcenter.org/index.imw?cat=39&sub=6&dbx=34)

Were there instances of under spending or under-utilization of prior years' funds?

Yes  No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed. N/A

#5.)Program Name:	<b>HOUSING and DAILY ASSISTED LIVING NEEDS</b>
CONTINUING	Funding needs related to safe and stable housing while also assisting families to overcome those barriers which are detrimental to the health and well-being of a child or adolescent so that permanency in the child's life is not compromised. Needs may consist of rent assistance; utility hook up or bill assistance; other weatherization or home upkeep needs such as smoke detectors or fire extinguishers; assistance with pest or lice control; beds and bedding for the children; other home appliances such as refrigerators or stoves or heating equipment that are necessary to safely keep a child or adolescent in their natural home setting with family.

Status	Enter Y or N		
	Funded and delivered services in 2014-2015 but not renewing in 2015-2016		N
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)		New	Continuing
			X

	FY 2014-2015	FY 2015-2016
Target Population	Blair County CYF General Protective Families	Blair County CYF General Protective Families
# of Referrals	12	18 projected
# Successfully completing program	16 Actual	21 Projected
Cost per year	\$7,650	\$14,200
Per Diem Cost/Program funded amount	n/a	n/a
Name of provider	Blair County Children, Youth, and Families	Blair County Children, Youth, and Families

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

*This is an ongoing program service being provided for the 2015-2016FY. Please refer to the chart above for program description. The assessment data utilized derived from a variety of different sources including internal and external data indicative of Blair County.*

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

*There is no additional funding being requested through the Needs Based Budget or Special Grants for the 2015-2016FY.*

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

N/A

Were there instances of under spending or under-utilization of prior years' funds?

Yes     No    N/A

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

#6.) Program Name:  CONTINUING	<b>STRENGTH BASED FAMILY WORKER (SFW) formerly known as Family Development Credentialing and LEADERSHIP STRENGTH BASED WORKER (LSFW) Programs</b>
	<b>Evidence based</b> credentialing program utilizing the copyrighted curriculum from Temple University to enhance the professional development of staff personnel working directly with children, adolescents, and families. The objective of the SFW and the Leadership SFW programs is to infuse strengths-based family support principles into the practice of all institutions and agencies striving to improve the lives of children and families. Workers learn how to expand upon the positives, lessen the weaknesses, encourage the child's and families' independence and capitalize on natural resources and tools found in the families' environments.

Status	Enter Y or N		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016	N		
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	New	Continuing	Expanding
		X	

	FY 2014-2015	FY 2015-2016
Target Population	Social Service Workers and other Professionals working with children, adolescents, and families	Social Service Workers and other Professionals working with children, adolescents, and families
# of Referrals	35	35
# Successfully completing program	23 SFW and 10 LSWF Actual	25 SFW and 8 LSWF Projected
Cost per year	\$126,000	\$140,000
Per Diem Cost/Program funded amount	N/A	N/A
Name of Provider	KIDS FIRST Inc.	KIDS FIRST Inc.

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

*This is an ongoing program service being provided for the 2015-2016FY. Please refer to the chart above for program description. The assessment data utilized derived from a variety of different sources including internal and external data indicative of Blair County.*

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

*There is no additional funding being requested through the Needs Based Budget or Special Grants for the 2015-2016FY.*

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Were there instances of under spending or under-utilization of prior years' funds?

Yes     No    *N/A*

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

#7.) Program Name:  CONTINUING	<b>FAMILY- FUNCTIONAL THERAPY (FFT) PROGRAM</b>
	This <b>evidence based</b> program is utilized to assist with the individual child's needs as well as focusing on the family as a unit of collaboration through this therapeutic care program. FFT is a well-established evidence based family intervention therapy service for the treatment of violent, criminal, behavioral, school, and conduct problems exhibited by youth within the family setting.

Status	Enter Y or N		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016		<b>N</b>	
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	<b>New</b>	<b>Continuing</b>	<b>Expanding</b>
		<b>X</b>	

	FY 2014-2015	FY 2015-2016
Target Population	Families	Families
# of Referrals	82	60
# Successfully completing program	43	45
Cost per year	\$64,117	\$61,000
Per Diem Cost/Program funded amount	\$43.56 per hour	\$ Amount would not exceed current MA reimbursable rate of pay
Name of provider	FAMILY INTERVENTION CRISIS SERVICES (FICS)	EVOLUTION COUNSELING SERVICES, LLC

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

*This is an ongoing program service being provided for the 2015-2016FY. Please refer to the chart above for program description. The assessment data utilized derived from a variety of different sources including internal and external data indicative of Blair County.*

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

*There is no additional funding being requested through the Needs Based Budget or Special Grants for the 2015-2016FY.*

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Were there instances of under spending or under-utilization of prior years' funds?

Yes    No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

*Blair County, in conjunction with the County Board of Assistance, is diligent in connecting children with Medical Assistance health coverage which will pay for this billable service. Traditionally we had placed this amount of money into the category to help temporarily cover those children who were not MA recipients and were prescribed FFT for treatment modality. Blair County continues to enlighten and inform the community and school districts for the awareness of preventative services, including FFT, and assist with connecting the families through their health insurance providers for coverage of available programming before utilizing block grant dollars. The Blair County Block Grant Leadership team has also continued commitment efforts in matching individualized and specialized treatment services for all recipients and in identifying gaps in services needed.*

#8.) Program Name:	<b>FAMILY GROUP DECISION MAKING (FGDM) PROGRAM</b>
CONTINUING	This <b>Evidence based</b> practice is utilized to assist families in creating their own individualized solutions to overcoming safety issues and barriers by utilizing existing strength based skills while also identifying and expanding natural support systems and resources in their personal lives. Family driven goals, actions, and results on an individualized basis.

Status	Enter Y or N		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016		N	
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)		New	Continuing
			X

	FY 2014-2015	FY 2015-2016
Target Population	Birth to 21 years old	Birth to 21 years old
# of Referrals	50 combined between both provider agencies	85 combined total participants is Projected for the FY
# Successfully completing program	32 total actual participants/families	64 total Projected participants/families
Cost per year	\$93,055	\$136,788
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 and PROFESSIONAL FAMILY CARE SERVICES (PFCS)	KIDSPEACE and PROFESSIONAL FAMILY CARE SERVICES (PFCS)

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

*This is an ongoing program service being provided for the 2015-2016FY. Please refer to the chart above for program description. The assessment data utilized derived from a variety of different sources including internal and external data indicative of Blair County.*

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

*There is no additional funding being requested through the Needs Based Budget or Special Grants for the 2015-2016FY.*

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Were there instances of under spending or under-utilization of prior years' funds?

Yes    No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

*Family Group Decision making conferences continue to gain momentum with awareness and utilization in Blair County. CYF and JPO staff continue to foster and promote the usage of this service and extoll the benefits to family functioning and independent decision making in meeting goals. Staff turn-over rates and the re-training of new staff in this process has hampered the efforts at times to fully implement and utilize this vital program.*

*There is also a greater commitment from all agencies to educate and train the general public in the fact that this program is available for any family in need, not just those already enrolled and involved in the system.*

#9.) Program Name:	<b>MULTI-SYSTEMIC THERAPY (MST) PROGRAM</b>
CONTINUING	This Evidence based program is designed to assist the individual child's needs as well as focusing on the family as a unit of collaboration in this therapeutic care program. This is an intensive family and community-based treatment program that focused on addressing environmental systems that impact chronic and violent juvenile offenders. MST recognizes that each system plays a critical role in a youth's world and each system is needed to improve the quality of life for the youth.

Status	Enter Y or N		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016		<b>N</b>	
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)	New	Continuing	Expanding
		<b>X</b>	

	FY 2014-2015	FY 2015-2016
Target Population	Adolescents 12 to 17 years of age	Adolescents 12 to 17 years of age
# of Referrals	45	40
# Successfully completing program	27 actual Total combined participants between both agencies	30 Projected total participants
Cost per year	\$96,411.48	\$62,000
Per Diem Cost/Program funded amount	\$123.40 per hour / \$67.63 per hour	\$67.63 per hour
Name of provider  *2015-2016FY – Only Adelphoi Village will provide the MST program	HOME NURSING AGENCY / ADELPHOI VILLAGE SERVICES, Inc.	ADELPHOI VILLAGE SERVICES, Inc.

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

*This is an ongoing program service being provided for the 2015-2016FY. Please refer to the chart above for program description. The assessment data utilized derived from a variety of different sources including internal and external data indicative of Blair County.*

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

*There is no additional funding being requested through the Needs Based Budget or Special Grants for the 2015-2016FY.*

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

Were there instances of under spending or under-utilization of prior years' funds?

Yes    No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed.

*Blair County, in conjunction with the County Board of Assistance, is diligent in connecting children with Medical Assistance health coverage which will pay for this billable service. Traditionally we had placed this amount of money into the category to help temporarily cover those children who were not MA recipients and were prescribed FFT for treatment modality. Blair County continues to enlighten and inform the community and school districts for the awareness of preventative services, including FFT, and assist with connecting the families through their health insurance providers for coverage of available programming before utilizing block grant dollars. The Blair County Block Grant Leadership team has also continued commitment efforts in matching individualized and specialized treatment services for all recipients and in identifying gaps in services needed.*

#10.) Program Name:  CONTINUING	<p align="center"> <b>BLAIR COUNTY TRUANCY COURT PROGRAM and EVIDENCE          BASED TRUANCY GROUP PREVENTION PROGRAMMING –          Attendance Counseling Team (ACT) 360*</b> </p> <p> <b>Evidence based and promising practices</b> and programs designed to meet Positive School Attendance Initiatives while assisting families in strengthening the belief in the importance of education and the need to be in attendance for all school programs.         </p> <p>         ACT 360* is an all-inclusive and intensive prevention/intervention counseling program that will assist school districts within Blair County, families, and youth meet their goals for a successful academic career. The Attendance Counseling Team will be available for routine scheduled family and youth appointments, court hearings, school meetings, transportation (when needed), and crisis intervention or family support services in the home or school settings. ACT 360* is based on goal achievement and is not time limited in that the program will focus on each youth’s individual successes and milestones for growth. The referred families and youth will not need to be open for services with either Blair County CYF or JPO departments. Staff who are trained in Motivational Interviewing as well as Cognitive Behavioral Therapy will be working directly with the youth and their families. The key to success is to offer counseling that matches that student and family with additional support services both inside and outside of the school setting. ACT 360* will utilize NCTI CBT Attendance Group strength based treatment curriculum as an intervention program for identified youth with truancy issues and their families. ACT 360* can be utilized as a frontline prevention service as well as an intensive intervention service program within the community.         </p>
---------------------------------------	--

Status	Enter Y or N		
Funded and delivered services in 2014-2015 but not renewing in 2015-2016		<b>N</b>	
Requesting funds for 2015-2016 (new, continuing or expanding from 2014-2015)		<b>New</b>	<b>Continuing</b>
			<b>Expanding</b>

	FY 2014-2015	FY 2015-2016
Target Population	All School Age children and adolescents and their family units who are identified as needing assistance with truancy prevention, intervention, and family support services	All School Age children and adolescents and their family units who are identified as needing assistance with truancy prevention, intervention, and family support services
# of Referrals	34 total students	50 - 75 total Projected students to be served
# Successfully completing program	16 actual total students served	
Cost per year	\$10,304.88	\$140,042
Per Diem Cost/Program funded amount	\$41.49 per billable hour for Truancy Court	\$52.67 hourly billed program rate for inclusive program
Name of provider • New Provider as of FY 2015-2016	FAMILY INTERVENTION CRISIS SERVICES (FICS)	EVOLUTION CRISIS SERVICES, LLC.

- Description of the program, what assessment or data was used to indicate the need for the program, and description of the populations to be served by the program. If discontinuing funding for a program from the prior FY, please explain why the funding is being discontinued and how the needs of that target population will be met. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county.

*This is a new program service being provided for the 2015-2016FY. Please refer to the chart above for program description. The assessment data utilized derived from a variety of different sources including internal and external data indicative of Blair County.*

- If there is additional funding being provided for this service through the Needs Based Budget and/or Special Grants, please provide information regarding the amount and how the HSBG money will be used in conjunction with those funds.

*There is no additional funding being requested through the Needs Based Budget or Special Grants for the 2015-2016FY.*

- If an Evidence-Based Program other than FFT, MST, FGDM, HFWA, FDC, or MTFC is selected, identify the website registry or program website used to select the model.

[www.nami.org/.../cognitive\\_behavioral\\_therapy1.htm](http://www.nami.org/.../cognitive_behavioral_therapy1.htm)  
[www.nacbt.org](http://www.nacbt.org)

Were there instances of under spending or under-utilization of prior years' funds?

Yes  No

If yes, explain reason for under spending or under-utilization and describe what changes have occurred or will occur to ensure that funds for this program/service are maximized and effectively allocated and managed. N/A

***Summary of Total Funding Request for FY 2015/2016***

The total requested funding amount for Children, Youth, and Families and Juvenile Probation Office of Blair County to provide appropriate individual and family related support services for the FY 2015/2016 remains \$671,030. This funding amount through the Human Services Block Grant will accomplish the goals of Safety, Permanency, and Well-being for a significant number of children and families within our county.

Truancy = \$140,042	Incarcerated Mother's Visitation = \$32,000
SFW/LSFW = \$140,000	Nurse Family Partnership = \$30,000
FFT = \$61,000	Trauma-focused Therapy = \$35,000
MST = \$62,000	PCIT = \$20,000
FGDM = \$136,788	
Housing = \$14,200	
	_____
	FY 2015/2016 Total Funding = \$671,030

## *Drug and Alcohol Services*

### *The Substance Abuse System*

#### **Prevention and Outreach**

Blair Drug and Alcohol Partnerships is facilitating an Overdose Prevention task force. The development of a strategic plan has been accomplished. As part of the plan, BDAP will be developing a part-time outreach person to provide education to the community on addiction and overdose prevention. The plan includes the increase of training and access to naloxone by first responders and the community. This year BDAP will also be focusing on specific times that place people with opiate dependency at high risk; AMA from detoxification, discharge from residency treatment, and returning to the community from the prison.

#### **Pre-Engagement – Information Regarding Access to Services**

As part of a Recovery Oriented System of Care, pre-engagement of individuals into the resources of recovery supports is vital. It involves the partnership with community members and the recovering community to support access to formal and informal support systems.

Access to drug and alcohol services is available through numerous sites. Blair Drug and Alcohol Partnership (BDAP,) the SCA for Blair County, currently provides over 75% of the criminal justice assessments. 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 Medical Assistance Pilot Project for offenders released to residential facilities. During fiscal year 2014/2015, we developed a referral process for the Children, Youth and Family Services. BDAP contracts with two licensed outpatient providers to provide in-school assessments and treatment services. This provides access to assessments and treatment in all seven school districts. Access for detoxification and residential beds has risen with the expansion of Medicaid. The capacity to serve individuals at this level of care has been identified as an emerging need. BDAP is currently working with the two detox facilities in our community and the UPMC Emergency Room/Crisis Center to increase the warm hand off to BDAP when capacity for detox is not available. This will include the development of Mobile Case Management Services and Certified Recovery Specialist Services during the 2015/2016 fiscal year. In addition, both of the detoxification units have put in waivers to the DDAP to support the flexing of residential beds to detoxification beds when capacity is an issue. During 2014/2015, BDAP worked with the County Assistance Office to partner in the facilitation of medical assistance applications for individuals accessing the drug and alcohol systems. At the time of assessment the application is completed and sent to the CAO. Our data shows the conversion rate to medical assistance is less than 2 weeks. This has increased the access to the appropriate levels of care and duration of care. Within the last month, BDAP has been invited to sit on a committee to develop a Pre-trial Service. This program has the potential to support the identification and referral of people with Substance Use Disorders at time of the crisis.

Currently, BDAP contracts with five drug free outpatient providers and three of those providers offer intensive outpatient services. All of the outpatient providers are contracted to provide drug and alcohol assessments as well. In addition, Blair County has two large residential facilities that offer detoxification and non-hospital residential treatment. Blair County also has one female halfway house and two male halfway houses. BDAP also contracts with detoxification, non-hospital residential, and halfway houses outside of the county. In addition, BDAP also contracts with two methadone clinics located in Blair County and has added Vivitrol to its contracts to expand medicated assisted treatment. During fiscal year 2015/2016, we will be contracting with a treatment based buprenorphine clinic in our community and will be working to expand the capacity to support Vivitrol in the prison and community. BDAP also provides gap funding for those individuals who, at times, find their medical assistance is deactivated. This provides uninterrupted services for individuals at all levels of care. BDAP just completed 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 also include the training of 25, first, second, and third year residencies. The partnership with these health clinics will continue through December 2015. Funding will be used to support the ongoing evaluation of the project and the training of new physicians and 1<sup>st</sup> year resident students.

### **Waiting List Issues**

With the expansion of Medicaid, the ability to assess and access services has greatly improved. Currently, there is no waiting list for most levels of care. Capacity to serve the increased needs has risen throughout this year. Specifically, detoxification and residential levels of care continue to see waits of up to seven days or more. A snapshot of our largest Emergency Room/Crisis Center for the first quarter of this year indicates that of 45 individuals the need of detoxification, only two were able to be placed at the time they presented to the ER. The data shows the primary reason for this is the lack available detoxification beds.

### **County Limits on Services**

As a result of the full implementation of Medicaid expansion, Blair Drug and Alcohol has removed all limitations on authorizations. Individuals are assessed based on their level of need at the time of assessment and continued stay review based on the Pennsylvania Client Placement Criteria (Adults) and American Society of Addiction Medicine (Adolescent).

### **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 participates on all Specialty Courts, Mental Health/Criminal Justice subcommittee, CJAB housing committee (co-chair), Children's Roundtable, and Children, Youth and Family Advisory Council. During fiscal year 2014/2015 and with the passing of ACT 139, BDAP is facilitating the Blair County Overdose Prevention Committee.

## **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. Opiates are currently the top drug of choice at the time of assessment following 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 reports from law enforcement that heroin buys were starting to outnumber prescription drug buys. Heroin has increased since this time and the cost is lower than the prescription drugs. Another class of medication that has increased the overdose potential is benzodiazepines mixed with opiates. We are beginning to see a reemergence of a younger population using prescription drugs and heroin. This trend was seen in the early 2000s when opiate use started to increase in Blair County. 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 caused barriers to treatment especially at the higher level of care. We also continue to see periodic use of "bath salts" and synthetic marijuana.

### ***Target Populations – 2013/2014 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. A total of 1,131 were funded by the SCA.

***Older Adults*** (ages 60 and above) - The SCA assessed 28 individuals in this age group. This represents less than 1% of the individuals accessing services through SCA last year. Of that group 50% presented with mental health symptoms.

***Adults*** (ages 18 and above) - The SCA assessed 997 individuals in this age group: 21% were female and 66% presented with co-occurring mental health symptoms. 79% were male and 39% presented with co-occurring mental health symptoms.

***Transition Age Youth*** (ages 18 to 26) - The SCA assessed 344 individuals in this age group: 30% of the individuals presenting to the SCA for drug and alcohol assessment were in this age group. 20% were female and 60% presenting with co-occurring mental health symptoms. 80% were male and 38% presented with co-occurring mental health symptoms.

***Adolescents*** (under 18) - The SCA assessed 134 individuals in this age group. 36% were female and 71% presented with co-occurring disorders. 64% were male and 49% presented with co-occurring mental health symptoms.

***Individuals with Co-Occurring Psychiatric and Substance Use Disorders*** - See above.

***Criminal Justice Involved Individuals*** - Over 78% of the assessments performed by the SCA and its providers have criminal justice involvement. The SCA has worked very close with the courts to ensure that individuals are referred for drug and alcohol evaluation and treatment services.

***Veterans*** - The SCA has just added this question to its registration process. 59 people identified themselves as a Veteran at the time of assessment: 2 were female and 47 were male.

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

### **Recovery-Oriented Services**

Recovery Oriented System of Care (ROSC) 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 2011/2012, 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 then be developed to provide input on the process and set yearly strategic goals to assist in moving the system. The SCA held 3-hour ROSC 101 trainings and provided four opportunities for agencies in the community, recovering persons and others to attend the trainings in April 2012. It was determined that once the training was completed, the next step would be to bring together a committee of individuals who would be interested in developing a strategic plan to help guide the development of a recovery oriented system of care. In the summer of 2014, we worked with our consultant to facilitate a strategic plan for the committee. The ROSC committee work includes the development of a Person in Recovery Workgroup. As a result of this year's work, the following are the work plans for 2015/2016.

### **Pre-Engagement**

Continue to develop the youth website to support pro-social activities, develop a webpage to engage individuals and direct them to formal and informal community supports for recovery, support the recovering community and communication on upcoming recovery events; Outreach and Education to the community on addiction, access to care and prevention of overdose.

### **Specialized Care**

Support training of treatment staff on family issues and the development and increase of family therapy and educational services to family.

### **Early and Long Term Recovery**

Develop CRS services, Recovery center planning, expand work on the current recovery movement in Blair County: Work with the Recovering Workgroup to develop the face and voice of recovery in our community, select a name for the movement, establish and brand utilizing a logo, market it at recovery events, promote on website, provide opportunity for training on telling your story (Faces and Voice of Recovery, trainer-of-trainers), provide PA certified recovery training in fiscal year 2015-2016, identify four to six people to be trained in the Connecticut Recovery Coach model/trainers-of-trainers to support ongoing education and training in the local community, provide opportunities to support alcohol and substance free events (Summer picnic/3-on-3 Basketball/Proclamation during Recovery Month/Candlelight Vigil at end of Recovery

Month/bus trip to UNITE rally in D.C. (October), Laughter in Recovery (dinner and comedy show) planned through end of December, but not limited to these events.

## **Services**

We have implemented support groups into our recovery continuum of services. They include Relapse Prevention support group, women's reentry group in prison, understanding the 12 Steps group, Life Skills focus group, Specialty Alumni support group, and a family and friends support group. We currently partner with Crossroads of Altoona, the recovering club in Altoona, to support activities for the recovering community. 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 two 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. The 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 two free health clinics, 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; however resources to join are a struggle for a lot of the individuals we serve. Of the two free health clinics in Blair County, one is located in the southern portion of the county and one is located within the city of Altoona. Our community has a wealth of free cultural events throughout the summer. A portion of these events 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".

### **Housing:**

This continues to be a barrier to some individuals we serve. Housing was one of the top issues for all of the partners in the Human Service Block Grant. The CJAB housing committee partnered with the HSBG leaders to complete a Housing Summit. The outcome of this event is reported in the Housing section of the plan.

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

	<b>Estimated Individuals Served in FY 2014-2015</b>	<b>Projected Individuals to be Served in FY 2015-2016</b>
Adult Services	1,676	2,540
Aging Services	49	49
Children and Youth Services	0	0
Generic Services	0	0
Specialized Services	236	249

### *Services To Be Provided*

#### **Adult Services**

**Program Name/ Description:** CONTACT Altoona Information and Referral

**Changes in Service Delivery from Previous Year:** None

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

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

CONTACT Altoona is one of the founding partners in the PA 2-1-1 initiative. CONTACT Altoona is a satellite call center for the statewide PA 2-1-1 system, linking individuals in need to essential health and human services. CONTACT Altoona's provision of information and referral services is necessary and vital in the implementation of 2-1-1.

**Planned Expenditures for CONTACT Altoona Adult Services:** \$2,425.00.

**Program Name/ Description:** Family Services, Inc. Counseling Services

**Changes in Service Delivery from Previous Year:** None

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

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

**Planned Expenditures for Family Services, Inc. Adult Services:** \$11,325.00

**Total Planned Expenditures for Adult Services:** \$13,750.00.

### **Aging Services**

**Program Name/ Description:** Care Management Services through Blair Senior Services

**Changes in Service Delivery from Previous Year:** None

**Specific Service(s):** All persons requesting or receiving Care Management services are assigned to a Care Manager. An initial visit is scheduled with the consumer and the family, if requested. This initial visit is conducted within 7 days of the receipt of the referral. During the initial visit, the consumer is assessed for level of care using the Level of Care Determination (LCD). The consumer is also assessed for all care needs, using the Needs Assessment Tool (NAT). The information is then used to create a care plan to meet the consumer's needs. The Care Manager uses the information gained in the assessments to assess a Functional Needs Measurement score for the consumer. This score determines the consumer's position on a waiting list for services, should a waiting list exist. Regardless of a consumer being on a waiting list, Care Management services are still provided. The Long Term Living Program Supervisor reviews all completed assessments and care plans. Consumers approved to begin services are offered a choice of providers and the services are initiated. A follow-up call is made to the consumer two weeks following the initiation of services. Consumers are reassessed annually or more frequently if needed, to assess for any changes in need. The Care manager is available to the consumer for assistance with provider issues, scheduling, change in services or amounts of service, assistance with applications and forms completion, and as a source of information and referral. Those consumers who remain on the waiting list receive a call every 6 months from the Care Manager to assess the consumer's desire to stay on the waiting list. The Care Manager is available for assistance with applications, forms completion and as a source of information and referral.

**Planned Expenditures for Aging Services:** \$2,250.00.

## Children and Youth Services

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

## Generic Services

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

## Specialized Services

**Program Name/ Description:** Big Brothers/Big Sisters of Blair County (combination of services)

**Changes in Service Delivery from Previous Year:** None

**Specific Service(s):** 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.

**Planned Expenditures for Big Brothers/Big Sisters Specialized Services:** \$5,820.00

**Program Name/ Description:** Teen Link Connection through Child Advocates of Blair County (combination of services)

**Changes in Service Delivery from Previous Year:** None

**Specific Service(s):** Child Advocates of Blair County, through their Teen Link Connection program, provides intervention services, prevention services, case management, and referral services to pregnant and parenting teens and their families. Although other programs are available to support pregnant and parenting teens, these programs have restrictions with who they can serve. One program requires the adolescent to be enrolled in school, while another program requires the adolescent to be on their first pregnancy and request services by a specific number of weeks within the pregnancy. Teen Link Connection is the only program in Blair County that provides services to pregnant and parenting teens that have dropped out or recently graduated from school. Teen Link Connection is also a program that can provide services to adolescents even if they did not request services while they were pregnant. In addition to case management, parent education, and referral services, Teen Link Connection provides education and support services to the community in an effort to prevent teen pregnancy and to raise awareness of the problems associated with teen pregnancy. This is done through outreach efforts such as Teen Power Day, the Teen Pregnancy Prevention Team, and the All STARS program. Approximately 100 students from 4 school districts attended Teen Power Day 2015, which was held on May 21st.

**Planned Expenditures for Child Advocates Specialized Services:** \$10,185.00

**Program Name/ Description:** Reassurance Program through CONTACT Altoona (combination of services)

**Changes in Service Delivery from Previous Year:** None

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

Quotes received in expressions of thanks and gratitude for the provided services from Current Reassurance Clients:

*"Sometimes it's your caring voice or calming manner, but I always feel better and cared about after your call to me."*

*"Every call makes me feel safer, less lonely, and less upset."*

*"I am so blessed with your calls."*

*"Thanks to everyone for your calls, I really enjoy talking with you."*

*"I'm always glad that you call me daily."*

**Planned Expenditures for CONTACT Altoona Specialized Services:** \$2,995.00

**Total Planned Expenditures for Specialized Services:** \$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. Interagency Coordination expenditures include expenses incurred for staff to attend the following Human Services Committees or Councils which serve in an advisory capacity: Blair County Health & Welfare Council, Blair County Local Housing Options Team (LHOT), Blair County Healthy Community Partnership, Blair County Leadership Coalition, Blair County Needs Net, Blair County Fuel Bank, and the Heat & Utilities Task Force. These collaborations are vital for the coordination of not only state funded programs but the link to private partnerships such as faith based organizations, United Way, and local leaders. Expenditures also include staff coordination with state committees such as Long Term Care, Department of Education and PACHSA. We also utilize HSDF funding for Interagency Coordination to help fund a coordinated county-wide Needs Assessment which helps identify the greatest needs within our community.

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 Block Grant  
Proposed Budget and Individuals Served

<b>County: Blair</b>	<b>ESTIMATED INDIVIDUALS SERVED</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
<b>MENTAL HEALTH SERVICES</b>						
ACT and CTT						
Administrative Management	985		352,987		35,447	
Administrator's Office			348,086		29,025	
Adult Developmental Training Adult Day Care						
Children's Evidence Based Practices						
Children's Psychosocial Rehab Services						
Community Employment & Emplmt Rel Svcs	50		122,001		9,499	
Community Residential Services	45		315,451		22,758	
Community Services	300		307,915		22,152	
Consumer Driven Services	60		83,303		0	
Emergency Services	883		198,583		22,066	
Facility Based Vocational Rehabilitation	30		138,391		15,377	
Family Based Mental Health Services	77		134,442		13,449	
Family Support Services	28		93,541		6,495	
Housing Support Services	137		124,127	42,708	11,290	
Mental Health Crisis Intervention	1,764		260,995		7,395	
Other						
Outpatient	968		412,719		16,201	
Partial Hospitalization	123		138,665		0	
Peer Support Services						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	80		140,145		0	
Social Rehabilitation Services	136		239,525		3,106	
Targeted Case Management	545		407,996		9,047	
Transitional and Community Integration						
<b>TOTAL MH SERVICES</b>	<b>6,211</b>	<b>3,818,872</b>	<b>3,818,872</b>	<b>42,708</b>	<b>223,307</b>	<b>0</b>

County: Blair	ESTIMATED INDIVIDUALS SERVED	HSBG ALLOCATION (STATE AND FEDERAL)	HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)	NON-BLOCK GRANT EXPENDITURES	COUNTY MATCH	OTHER PLANNED EXPENDITURES
---------------	------------------------------	-------------------------------------	---	------------------------------	--------------	----------------------------

**INTELLECTUAL DISABILITIES SERVICES**

Administrator's Office			895,370	15,944	1,700	
Case Management	890		43,200	1,760,640	4,800	
Community Based Services	525		340,653	12,633,582	29,740	
Community Residential Services	204		0	22,596,184	0	
Other	5		0	14,950	0	
<b>TOTAL ID SERVICES</b>	<b>1,624</b>	<b>1,279,223</b>	<b>1,279,223</b>	<b>37,021,300</b>	<b>36,240</b>	<b>0</b>

**HOMELESS ASSISTANCE SERVICES**

Bridge Housing	86		31,897			
Case Management	900		98,120			
Rental Assistance	350		66,545			
Emergency Shelter	365		40,155			
Other Housing Supports	0		0			
<b>TOTAL HAP SERVICES</b>	<b>1,701</b>	<b>263,017</b>	<b>236,717</b>		<b>0</b>	<b>0</b>

**CHILD WELFARE SPECIAL GRANT SERVICES**

Evidence Based Services	306		516,788		22,694	0
Promising Practice	0		0		0	0
Alternatives to Truancy	75		140,042		0	0
Housing	21		14,200		0	0
<b>TOTAL CWSG SERVICES</b>	<b>402</b>	<b>671,030</b>	<b>671,030</b>		<b>22,694</b>	<b>0</b>

<b>County: Blair</b>	<b>ESTIMATED INDIVIDUALS SERVED</b>	<b>HSBG ALLOCATION (STATE AND FEDERAL)</b>	<b>HSBG PLANNED EXPENDITURES (STATE AND FEDERAL)</b>	<b>NON-BLOCK GRANT EXPENDITURES</b>	<b>COUNTY MATCH</b>	<b>OTHER PLANNED EXPENDITURES</b>
----------------------	-------------------------------------	--	--	-------------------------------------	---------------------	-----------------------------------

**DRUG AND ALCOHOL SERVICES**

Case/Care Management	980		78,000			
Inpatient Hospital	1		900			
Inpatient Non-Hospital	92		178,180			
Medication Assisted Therapy	15		25,000			
Other Intervention	500		35,000			
Outpatient/Intensive Outpatient	80		155,000			
Partial Hospitalization	49		5,000			
Prevention	250		10,000			
Recovery Support Services	1200		47,000			
<b>TOTAL DRUG AND ALCOHOL SERVICES</b>	<b>3,167</b>		<b>577,322</b>	<b>534,080</b>		<b>0</b>

**HUMAN SERVICES AND SUPPORTS**

Adult Services	2,540		13,750			
Aging Services	49		2,250			
Children and Youth Services	0		0			
Generic Services	0		0			
Specialized Services	249		19,000			
Interagency Coordination			90,127			
<b>TOTAL HUMAN SERVICES AND SUPPORTS</b>	<b>2,838</b>		<b>139,030</b>	<b>125,127</b>		<b>0</b>

**COUNTY BLOCK GRANT ADMINISTRATION**

			83,445			
--	--	--	--------	--	--	--

**GRAND TOTAL**

	15,943	6,748,494	6,748,494	37,064,008	282,241	0
--	--------	-----------	-----------	------------	---------	---

*Appendix "D"*  
*Public Hearing Supporting Documents*



**BLAIR COUNTY  
HUMAN SERVICES  
2015 -16 ANNUAL PLAN  
1<sup>ST</sup> PUBLIC HEARING NOTICE**

Blair County is beginning the process of developing the 2015-16 Human Services Block Grant Annual Plan. The Human Services Annual Plan must be submitted to the Department of Public Welfare by mid June, 2015. The 1st Public Hearing will be held at the following location to solicit public comment on the Human Services Block Grant Annual Plan.



**Thursday, May 14, 2015 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](mailto:dss@blairco.org)



## NOTICE

The Blair County Human Services Block Grant Annual Plan 1st Public Hearing for FY 2015-16 has been scheduled for Thursday, May 14, 2015 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 [css@blairco.org](mailto:css@blairco.org)

May 8, 2015

# HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2015/16

## 1st PUBLIC HEARING

May 14, 2015 @ 2:00PM

Altoona Water Authority Building, ALTOONA

### SIGN IN SHEET

NAME	EMAIL	AGENCY	MUNICIPALITY
1. Kenneth Dean	kdean@blairco.org	Blair County	Blair
2. Cathy Crown	ccrown@blairco.org	Bl. Co. Dept. of S.S.	Logan Townsh. Blair Co.
3. Helen Terza	hlerza@sasmg.org	Southern A.S.M.G.	Altoona
4. Tracy Detwiler	tdetwiler2@primary-health.net	Primary Health Network	Blair-Altoona
5. Arishna Briesinger	abriesinger@primary-health.net	Primary Health Network	Altoona
6. DR. DAVE DARROW	darrow,david@live.com	NAMI	Blair/Altoona
7. John Hooper	jhooper@AltoonaNursingAgency.com	Altoona Nursing Agency	Blair
8. Autumn Temple	atemple@ccbc-bchs.org	CBC	Blair
9. Luanne Ellingsworth	sweetopsteria67@gmail.com	NAMI	Blair
10. Jay Martin-Jung	amshank@blairhealthnetwork.org	BLK	Altoona
11. Ingeger Thatcher	mlthatcher4@earthlink.net		Altoona
12. Maryanne Bunker	BunkerMZ@ccbh.com	CCBHD	Altoona
13. Jennifer Stubbs	stubbsjm@ccbh.com	CCBHD	
14. Kindell Steinfeld	Kindell41@atlantiahb.net	Home Nursing	Blair/Altoona
15. MONICA INGHAM	mmarie874@gmail	NAMI	BLAIR
16. Tashana Buyer		NAMI	Blair
17. Teruan Grace	teruan@contactaltoona.com	CONTACT Altoona	Blair Co./Logan Township
18. Shane Hedeman	shredeman@primary-health.net	PHN	Blair
19. Dina Meling	dmeling@blairco.org	County Court	Blair
20. Melissa Klein	mgklein@blairco.org	Blair Co. Dept Soc Serv	
21. Sandy Arnold	sarnald@northstarss.com	North Star Services	BLAIR
22. Kelly Kupch	kkupch@sasmg.org	SASMG	
23. Georgette Ayers	mayers@blairco.org	Blair CyF	Altoona
24. Jim Hudock	jhudock@blairco.org	Swire Services	
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			

**The Blair County Department of Social Services  
Human Services 2015-2016 Annual Plan 1<sup>st</sup> Public Hearing  
Thursday, May 14, 2015 at 2:00 p.m.  
Altoona Water Authority, Chestnut Ave, Altoona PA**

**Present:** James Hudack, Melissa Gillin, Helen Terza, Cathy Crum, Maryanne Burger, Peggy Thatcher, Kenneth Dean, Tracy Detwiler, Christina Beisinger, Dr. Dave Darrow, Autumn Temple, Louanne Ellingsworth, Jennifer Stubbs, Kindell Steinbugl, Monica Ingham, Tashauna Guyer, Georgette Ayers, Sergio Carmona, Amy Marten-Shanafelt, Shane Heckman, Commissioner Diane Meling, John Hooper, Terri Grove, Sandy Arnold, Judy Rosser 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, and Georgette Ayers

Jim went over a power point presentation that described the process of submitting the Annual Plan, the Timeline and that it is a requirement by the PA Dept. of Human Services. The tentative submission date is June 2015. Jim also reviewed some of the accomplishments from FY 2014-2015.

**Public Comments/Input**

Sergio Carmona, Blair Community Action Program, stated that he felt employment was an issue in Blair County, especially the need for well-paying jobs to be able to be self-supporting.

Judy Rosser, a member of the Leadership Panel and the Executive Director of Blair Drug & Alcohol Partnership, commented that employers have a hard time working with people coming out of poverty. The employers don't understand a person's work ethic. She feels there is a need to help build the employment industry together so that people will be able to make a livable wage.

Dr. Dave Darrow, a member of NAMI and local consumer, provided a lengthy discussion on his background and personal experience with the “social service system” and the frustrations that he has encountered. He also spoke on behalf of other consumers that he has a common relationship with. Dr. Darrow spoke about the need for better paying jobs to be able to be self-sustaining. He talked about his personal experience of his brain surgeries, PTSD and being relocated here to Blair County from Florida for rehabilitation. He is educated with several degrees and is currently living in Section 8 housing and works for minimum wage to supplement his Social Security income. He stated that he did have 2 part-time jobs but the extra income caused a reduction in his food assistance benefit. The point he was making is that other people who are in this some type of situation, are actually willing to work but decide to be part of the “system” instead because they cannot get any further ahead by working for minimum wage and remain part of the social services system instead.

Louanne Ellingsworth, a member of NAMI, commented as well on working for minimum wage vs. receiving social services benefits. There is a “catch 22” within the system.

Tashauna Guyer, a consumer, had several comments regarding the Blair County public transportation.

John Hooper, Home Nursing Agency, asked about a need for additional housing and the housing continuum of care.

Autumn Temple, CABC, commented on a need for a mentoring program to assist with employment for those who are currently receiving public assistance and help them become gainfully employed.

Jim thanked everyone for attending.

**The 2<sup>nd</sup> Public Hearing will be held in June 2015. The date, time and location will be announced within the next few weeks.**

**Blair County Office of Social Services**

# Human Services Annual Plan

## 2<sup>nd</sup> Public Hearing for FY2015-2016

**Monday, June 22, 2015**

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

**2:00 – 3:30 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](mailto:dss@blairco.org)**



June 18, 2015

**NOTICE**

The Blair County Human Services Block Grant Annual Plan 2nd Public Hearing for FY 2015-16 has been scheduled for Monday, June 22, 2015 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](mailto:dss@blairco.org).

# HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2015/16

## 2nd PUBLIC HEARING

June 22, 2015 @ 2:00PM

Altoona Water Authority Building, ALTOONA

### SIGN IN SHEET

NAME	EMAIL	AGENCY	MUNICIPALITY
1. Joe Fagnani	joe.fagnani@atlantickb.net	CILSCPA	City Altoona
2. [unclear]	[unclear]		
3. Cathy Crum	ccrum@blairco.org	DSS	Logan Township
4. Judy Rosser	jrosser@blairdap.org	BDAP	Hollidaysburg Pa
5. Georgette Ayers	mayers@blairco.org	Blair Cof	Allegheny Twp
6. Donna Garity	d	Community	Duncansville
7. Mary B.L. [unclear]	mb.l.[unclear]	FSI	City
8. [unclear]	[unclear]	FSI	City
9. Christine Zernick	zernickcm@upmc.edu	UPMC Altoona	City
10. Jim Hudack	jhudack@blairco.org	DSS	Hollidaysburg
11. Helen Terza	hterza@sasms.org	SASMG	City
12. Jon Frank	jonfrank@blairco.org	BCJPO	City
13. Cindy James	cjames@blairco.org	DSS	Acersing Spring
14. Terri Grove	tgrove@contactaltona.com	CONTACT ALTONA	Logan township
15. Theresa Rudy	trudy@blairco.org	DSS	Hollidaysburg
16. Kenneth Jean	kjean@blairco.org	Blair County	Hollidaysburg
17. Melissa Jilka	mjilka@blairco.org	Blair County	Hollidaysburg
18. Mark Chuff	mchuff@altoonaRegional.org	UPMC	ALTOONA
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			

**The Blair County Department of Social Services  
Human Services 2015-2016 Annual Plan 2nd Public Hearing  
Monday, June 22, 2015 at 2:00 p.m.  
Altoona Water Authority, Chestnut Ave, Altoona PA**

**Present:** James Hudack, Melissa Gillin, Helen Terza, Cathy Crum, Kenneth Dean, Georgette Ayers, Terri Grove, Judy Rosser, Jon Frank, Theresa Rudy, Cindy James, Christine Zernick, Mark Chuff, Joe Fagnani, Lisa Hann, Donna Gority and Mary Billick,

---

*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 2nd Public Hearing.

Jim Hudack reported that each of the Human Services Block Grant funded programs would present an overview of their plan for FY 2015/2016. The presenters consisted of Cathy Crum, Blair County Human Services Program Director, Judy Rosser, Executive Director Blair Drug and Alcohol Partnership, Helen Terza, Executive Director of Southern Alleghenies Service Management Group, Georgette Ayers, Deputy Administrator Blair County Children, Youth and Families and Theresa Rudy, Blair County Mental Health Program Director.

**Intellectual Disability Services Plan – Helen Terza**

Helen discussed the employment program for people with intellectual disabilities and the summer employment initiative. Helen also reported on the supports coordination program and the enhanced navigator position.

**Human Services Development Fund (HSDF) – Cathy Crum**

Cathy discussed the HSDF and the 3 categories that are part of the funding: Adult Services, Aging and Specialized Services. Cathy explained that funding for Adult Services are contracted with CONTACT Altoona for the PA 2-1-1 helpline and Family Services, Inc. to provide Counseling Services for low income families. Aging Services are contracted with Blair Senior Services to provide Care Management. Specialized Services are contracted with Big Brothers/Big Sisters who provides a Mentoring program for children ages 6 and 17, Child Advocates provides the TEEN Link Connection program and CONTACT Altoona provides the Reassurance Program.

**Homeless Assistance Plan (HAP) – Cathy Crum**

Cathy discussed the HAP and the 4 categories that it serves: Bridge Housing, Case Management, Rental Assistance, Emergency Shelter and other Housing Supports. Bridge Housing is provided Blair County Community Action Agency who assists individuals and families that are homeless and Family Services, Inc. which provides shelter for victims of domestic violence. Case Management is contracted with Blair Senior Services to provide services to help prevent the reoccurrence of homelessness or near homelessness. Rental Assistance is provided by Blair Senior Services. The Emergency Shelter funding is contracted with Blair Senior Services and Family Services, Inc. HAP also

**Children, Youth and Families Plan – Georgette Ayers**

Georgette spoke about Family Group Decision Making, Family Functional Therapy, Multi Systemic Therapy, Alternative to Truancy Program, Strength Based Family Worker, Housing and Daily Assisted Living Needs, Visitation for Incarcerated Female Program, Nurse Family Partnership Program and other services.

**Drug and Alcohol Services – Judy Rosser**

Judy discussed the Overdose Prevention task force and addition of an outreach person to provide education to the community. She also discussed the plan to train first responders to use naloxone. Judy explained that they have added Vivitrol to its contracts with the methadone clinics to expand medicated assisted treatment. Judy spoke about the recovery-oriented system of care and early and long-term care.

**Mental Health Services – Theresa Rudy**

Theresa mentioned that the Blair County Dept. of Social Services contracts with seven (7) mental health providers: Blair Community Action, Blair Senior Services, CONTACT Altoona, Skills of Central PA, NAMI Blair County, Home Nursing Agency and UPMC Altoona. The department also has a subcontract with Primary Health Network through UPMC Altoona. The majority of the block grant funds are used to help people access services. We are also required to provide inpatient psychiatric treatment through a memo of understanding (MOU) with UPMC Altoona. A major change over the past year has been that Torrance State Hospital and Dept. of Human Services set a bed capacity for counties. Blair County was capped at 21 individuals per day. Blair had been averaging approximately 22-23 individuals per day. Four agencies were allocated retained funds from FY 2014/2015: Blair Senior Services, Blair Community Action, Family Services, Inc. and CONTACT Altoona.

Jim Hudack asked for any questions or comments.

There were not any questions or comments.

Jim 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 County 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.

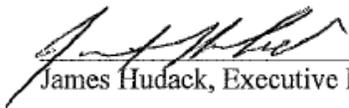
B. Blair County Department of Social Services agrees to:

1. Designate UPMC Altoona as the primary facility to evaluate and treat involuntary commitments of Blair County residents.

**MEMORANDUM OF UNDERSTANDING  
BETWEEN UPMC ALTOONA  
AND BLAIR COUNTY DEPT. OF SOCIAL SERVICES**

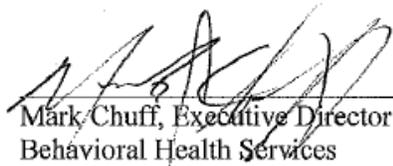
2. Coordinate the involuntary admission and hearing process, providing staff assistance as indicated.
  3. Provide staff assistance as needed in the transfer process of patients from UPMC Altoona to all State operated psychiatric facilities.
- C. Terms of the Agreement - This agreement shall be effective as of July 1, 2015 and remain in effect until June 30, 2016.
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**

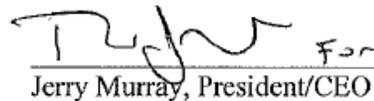
  
James Hudack, Executive Director

6/12/15  
Date

**UPMC Altoona**

  
Mark Chuff, Executive Director  
Behavioral Health Services

6-12-15  
Date

 For  
Jerry Murray, President/CEO

6-12-15  
Date