

Blair County Human Services Plan FY 2016-2017



***BLAIR COUNTY
DEPARTMENT OF SOCIAL SERVICES***



July 2016

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Appendix "A"

Blair County Commissioners Assurance of Compliance

**Fiscal Year 2016-2017
COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE**

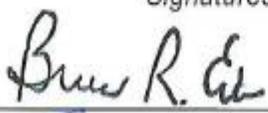
COUNTY OF: BLAIR

- 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.

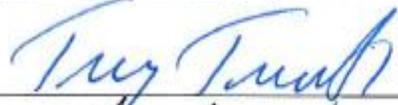
COUNTY COMMISSIONERS/COUNTY EXECUTIVE

Signatures

Please Print



Bruce R. Erb, Chairman Date: 6/21/16



Terry Tomassetti, Vice Chairman Date: 6/21/16



Ted Beam, Jr., Secretary Date: 6/21/16

Blair County Leadership Coalition Assurance of Compliance

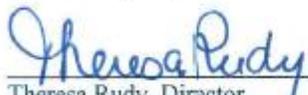
Appendix "A"
Fiscal Year 2016-2017

COUNTY HUMAN SERVICES PLAN
ASSURANCE OF COMPLIANCE

Blair County Leadership Coalition:


James Hudack, Executive Director
Blair County Department of Social Services

6/14/16
Date


Theresa Rudy, Director
Blair County Mental Health Program

June 14, 2016
Date


Cathy Crum, Director
Blair County Human Services

June 14, 2016
Date


Amy Marten-Shanfelft, Executive Director
Blair HealthChoices

June 14, 2016
Date


Judy Rosser, Executive Director
Blair Drug & Alcohol Partnership

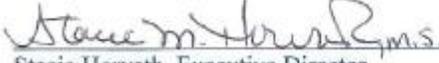
June 14, 2016
Date


James Henry, Executive Director
Southern Alleghenies Service Management Group

6/14/16
Date


Nancy Williams, Chief
Blair County Juvenile Probation Officer

June 14, 2016
Date


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

6-14-2016
Date

Appendix “B”

Blair County Human Services Plan Fiscal Year 2016-2017

Part I: COUNTY PLANNING PROCESS

Blair County Background Information

Blair County’s estimated 2016 census is 125,354 residents. As shown in *Table 1* below, a majority of the residents are between the ages of 18 and 64, and white. Transition aged youth (15 to 24 years of age) comprise 13.2% of the residents. Gender is split almost equally between males and females.

Age	
Under 18 years	21%
18 to 64 years	61%
65 and over	18%
Race	
White	94.5%
Black	1.9%
One or more races	1.5%
Hispanic or Latino	1.3%
Asian	0.7%
American Indian or Alaska Native	0.1%
Gender	
Male	49%
Female	51%

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

Table 2. Indicators for Blair County compared to Pennsylvania, 2016		
	Blair County	Pennsylvania
Education		
High school graduation rate	91%	88%
Bachelor's degree or higher	19%	28%
Income-related		
Unemployment rate (2015)	5.0%	5.4%
Median household income	\$43,343	\$53,224
Poverty rate	15%	14%
Poverty rate for children under 18	20%	19%
Public Assistance		
Eligible for Medical Assistance	24%	20%
Receive food stamp assistance	17%	15%
Adults 65 and over that enrolled in PA prescription assistance program	20%	14%

As Table 2 details, Blair County has a slightly higher graduation rate than the state, but fewer residents have completed four or more years of college. For income-related measures, the unemployment rate for Blair County is about the same as that for Pennsylvania, yet the median household income is \$9,881 less than the state, and poverty rates are similar to the State. More people are eligible for Medical Assistance in Blair County compared to the State; more people receive food stamps and more adults 65 and over receive prescription assistance.

The percentage of students who are enrolled in free/reduced school lunch programs in Blair County is 48.5% (2014) as compared to Pennsylvania at 46.9%. About 44.4% of children under the age of 18 are living in low-income families. The percentage of uninsured children under 18 years old in Blair County was 3.2% as compared to Pennsylvania at 5.2%. The percentage of children under age 19 with Medicaid coverage was 41.8%. The percentage of children under age 19 with CHIP coverage was 5.8%. The percentage of unserved children eligible for publically funded Pre-K in Blair County is 65.2% which is lower than the State percentage of 68.9%.

Blair County ranks 46 out of 67 counties in Pennsylvania in overall health care according to County Health Ranking and Roadmap although the trend has improved over the last six years. Blair County residents demonstrate a very high morbidity ranking of 47 out of 67. This ranking, factors in overall poor health, poor physical days, and mental health days. Residents of Blair County also demonstrate a high level of risk behaviors such as smoking, obesity, and drinking as compared to other counties in the Commonwealth with a ranking of 51 out of 67.

Blair County Health Rankings						
2010	2011	2012	2013	2014	2015	2016
63	62	56	56	51	48	46

The cost of living in Blair County is 87 (less than the U.S. average at 100). The reason Blair County's cost of living is lower is due to the lower cost of housing as compared to the rest of the nation. Yet, Blair County has a higher cost of living when comparing groceries, utilities, transportation, clothing and other services.

There are seven public school districts in Blair County: Altoona, Bellwood-Antis, Claysburg-Kimmel, Hollidaysburg, Spring Cove, Tyrone, and Williamsburg. The Greater Altoona Career and Technology Center offers vocational training to high schools students from all seven Blair County Public School Districts. In addition to the public schools there are six Catholic elementary schools and one Catholic high school. Other religious based schools include Great Commission School and Blair County Christian School. 2014-2015 enrollment data for Blair County reflects 17,509 children enrolled in public schools and 1,157 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 114 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 ninety three girls from 30 states and 16 foreign countries currently attend.

The Pennsylvania State University (Penn State) Altoona Campus contributes to an influx of over 3,900 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 Career Institute.

In January 2012, Blair County developed the Blair County Cross Systems Leadership Coalition to meet the requirements of Act 80, which established a Human Services Block Grant Program. Coalition members include County Commissioners, the Mental Health/Intellectual Disabilities/Early Intervention Administrator, the Chief Juvenile Probation Officer, Mental Health Director, Children, Youth, and Families Director, Human Services Office Director, and Executive Directors of the following organizations: Southern Alleghenies Service Management Group (SASMG) (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 monthly to review management and outcomes of the Block Grant Funds and the programs being supported with these Funds, and discuss any continuous issues and emerging trends. The Coalition reviews the progress made through the strategic plan, and helps prioritize next steps to better serve the residents of Blair County.

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

- *Updated Attachment A (page 12)* 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 2016/2017, the Blair County Cross Systems Leadership Coalition is partnering with the Healthy Blair County Coalition (HBCC) to participate in the triennial county-wide needs assessment process, also utilized by our three area hospitals to meet requirements for the Affordable Care Act. The Steering Committee collaborates with a broader group of community stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing and implementing strategies and activities. The Healthy Blair County Coalition is comprised of 105 community partners. They represent a diverse and valuable group of individuals and organizations which include the following: social services/charities, government, planning, public health, education, hospitals, community foundations, healthcare providers/behavioral health, businesses, economic development, criminal justice, libraries, drug and alcohol, health insurance/managed care, media, recreation, etc.

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

workgroup. The results of the 2015 needs assessment are the same as identified in the 2012 and, in part, the 2007 needs assessments.

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

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

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

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

Our agreed upon values are:

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

In addition we have identified the following operational values:

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

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

During the FY 2015/2016 Blair County was able to address the needs of its residents concerning housing, transportation and employment. A working group has been meeting over the past year in developing a plan to create a new homeless shelter that will be able to accommodate more individuals. The current homeless shelter only has the capacity of 16 beds. On an annual basis the current homeless shelter turns away over 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. This year we were able to identify and secure property for a new shelter, begin develop a business plan, identify additional stakeholders and begin the design of the shelter. During the FY 2016/2017 year we are hoping to secure the necessary funding and begin the construction.

Funds were also used to provide additional contingency funds to two providers to prevent homelessness and maintain stable housing. These funds were used for rental assistance, case management, child care, transportation and employment assistance. These funds were able to serve an additional 240 individuals in Blair County.

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

Our new transportation program, established in March 2015, was able to receive funds in FY 2015/2016. This program offers transportation services to individuals employed or have scheduled interviews with employers outside the current public transit system's service area and to individuals working within the public transit system's area but outside of its normal hours of operations. This program provides the service at no charge for the first 60 days. The next 90 days the rider pays a small service fee. Since July 1, 2015, 93 individuals have used the transportation program in supplying 2,066 rides. Currently there are 17 individuals using the transportation program to assist in maintaining their employment

Additional funding was awarded to a number of different programs. Funds were provided to offer additional Independent Living training and support to transition age individuals. The Family Resource Center received some additional funding to be able to cover and support their waiting list of families and begin offering in-home hearing assessments to children.

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

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.

HSBG funds were also utilized to support Blair County's 'warm call' center, CONTACT Altoona, due to a significant increase in the number of calls during this year. Current data shows a 30% 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. They have also had an 11% increase in the supplying of reassurance calls to individuals who are receiving other program services as a way to ensure support and help in keeping them from higher level of care. Many of the calls that are provided are to people who use services with all Coalition disciplines.

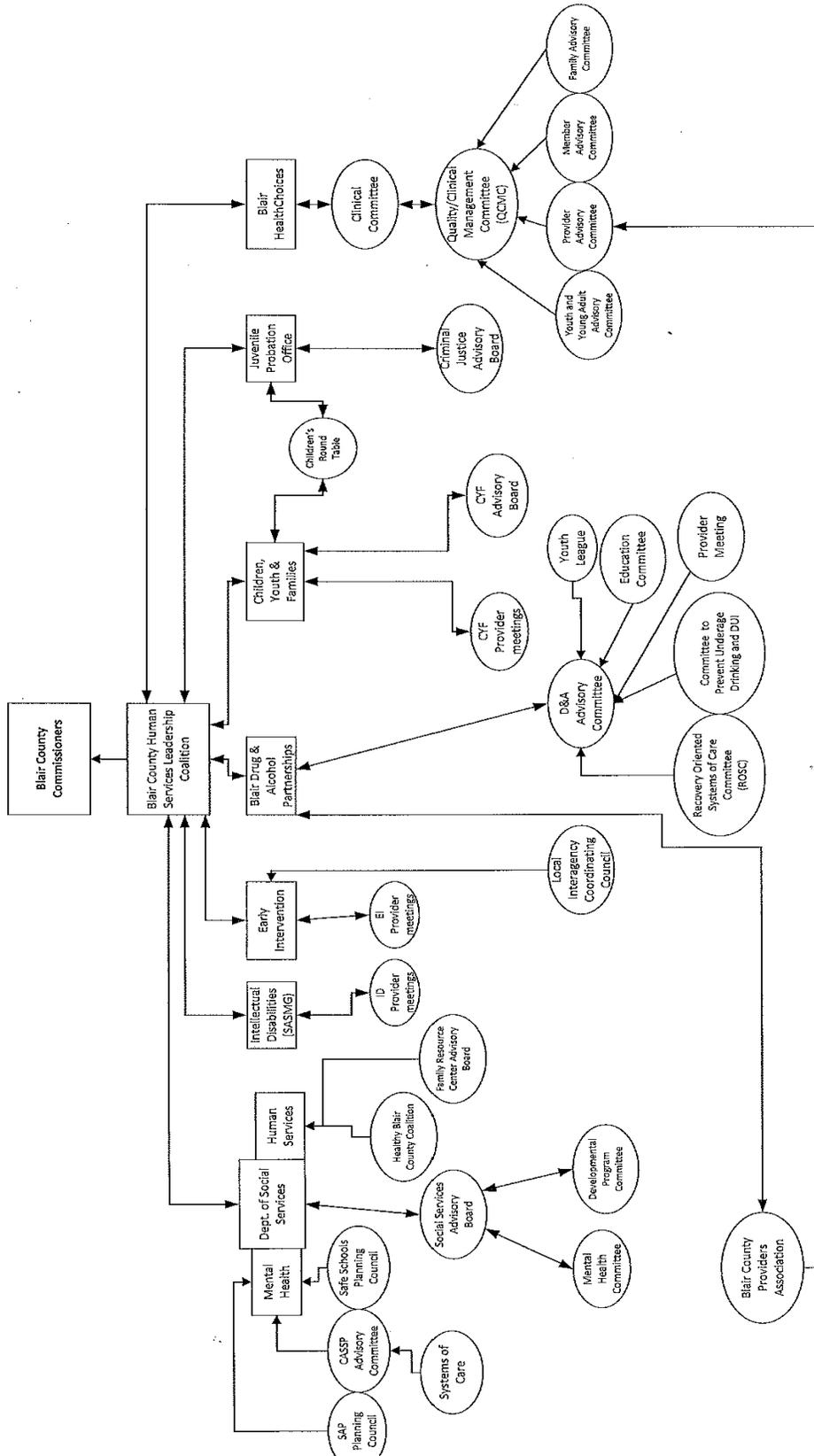
Finally, we were able to help support a pilot project established by Blair County Drug and Alcohol Partnerships, Inc. to provide Vivitrol to individuals incarcerated in the Blair County Prison. Vivitrol, an injectable naltrexone with extended-release suspension, has shown success in preventing withdrawal and relapse from opioid addiction. Up to 25 participants were served in this project. The inmate is offered the Vivitrol, as well as, support from a Certified Recovery Specialist who will assist the inmate in developing a recovery plan. A plan is established for continued care upon release, including follow up visits to receive Vivitrol.

Due to the budget impasse, we anticipate at least 3% retained dollars at the close of FY 2015/2016.

Blair County Stakeholder Involvement Flow Chart

Attachment A

Attachment A



PART II: PUBLIC HEARING NOTICE

For the development of the FY 2016/2017 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 13, 2016, at 2:00p.m., the first Blair County Human Service Annul Plan Public Hearing was held at the Altoona Water Authority Building located in Altoona. The second hearing was held on June 1, 2016, 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 13, 2016, Public Hearing are included in *Appendix "D"*.

The second Blair County Human Service Annul Plan Public Hearing conducted on June 1, 2016 had 19 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 21, 2016. The minutes, sign in sheet, publication of notice, posting announcements from the June 1, 2016, Public Hearing are included in *Appendix "D"*.

PART III: MINIMUM EXPENDITURE LEVEL

All categoricals will be funded for the FY 2016/2017.

PART IV: HUMAN SERVICES NARRATIVE

Mental Health Services

The Mental Health Plan process is a collaborative effort during each Fiscal Year (FY) involving a variety of community stakeholders, strategic plan committees, and routine meetings of key Blair County Advisory Committees and Boards including but not limited to the following:

- Human Service Block Grant (HSBG) Leadership Coalition
- Blair HealthChoices/Community Care Behavioral Health (CCBH) Clinical Committee
- Department of Social Services (DSS) MH Committee and DSS Advisory Board
- CASSP Advisory Committee
- Blair County Student Assistance Program (SAP) Coordination Team and SAP School District Council quarterly
- Safe Schools Network Committee
- Healthy Coalition MH Workgroup
- Local Housing Options Team (LHOT)
- Dual Diagnosis Committee
- Suicide Prevention Task Force
- Criminal Justice Advisory Board (CJAB)
- Community Support Program (CSP) Committee
- Behavioral Health Providers Association
- HSBG Annual Plan Public Hearings

The areas of concern identified in the FY 2015/2016 HSBG MH narrative, improvement action steps accomplished in the current fiscal year and plans for FY 2016/2017 will be further described in this narrative program highlights, strengths and needs specific to the target populations served by the behavioral health system, and the recovery-oriented systems transformation priorities for FY 2016/2017.

Additional supporting documentation is attached as “*Appendix E*” on *page 116*. This is *Section Nine Strategy 3: Mental Health Needs of Children/Adolescents* from the “Healthy Blair County Coalition (HBCC) Community Health Needs Assessment (CHNA) Report 2016-2019” and the report is being finalized in June 2016. The strengths/needs section related to *Children (under age 18) and Transition Age Youth (18-26)* is reflective of the information from the CHNA completed in 2015. The *Recovery-Oriented Systems Transformation* priorities were established to be responsive to the needs identified through the needs assessment process for all ages and specifically for children/youth under age 18 – Increasing Community Tenure, Building a Trauma Informed Care Culture in Children’s Mental Health, Increase Quality and Consistency with Services Related to Prevention and Early Identification of Behavioral Issues for Children and Youth, Increase Housing Options and Supports, and Fostering Data Driven Decision Making.

a) Program Highlights:

In FY 2015/2016, in line with strategic planning goals identified with Blair HealthChoices and Community Care Behavioral Health, the following areas of improvement have been made:

Additional services added in:

Service Type	Provider
Blended Case Management	Alternative Community Resource Program
Blended Case Management	CenClear
Blended Case Management	Nulton Diagnostic Treatment Center
Telepsychiatry	Cen-Clear
Telepsychiatry	Home Nursing Agency
Telepsychiatry	Primary Health Network
Telepsychiatry	UPMC Altoona - Inpatient
Certified Peer Specialist	CenClear
Mobile Psych Rehab	Skills of Central PA
Dual MH & SA Rehab	Cove Forge Behavioral Health
School Based Outpatient Satellite	Alternative Community Resource Program
School Based Therapeutic Services	Alternative Community Resource Program
Site Based Psych Rehab	Home Nursing Agency

- Steps have been taken to align data elements that would support integration of HealthChoices and Mental Health Based funded data. The goal is to have a more complete picture of service utilization both on a systemic and individuals basis.
- As we work to decrease unnecessary hospitalizations and hospital readmissions, through Blair HealthChoices high risk care management, weekly meetings are held at our two high volume inpatient units to focus on disposition and discharge planning to create the most seamless care plan for the individual. If a person is readmitted, a High Risk Care Manager meets with the individual utilizing a readmission assessment tool. The tool helps identify drivers behind readmission that need addressed.
- Over the past year, we have been providing mentorship to a group of consumers to obtain a 501(c)3 for a consumer run, consumer driven drop in center. Health, Opportunity, Purpose, and Empowerment (H.O.P.E.) Drop In meets weekly from 12pm-4pm to provide a meal and coordinated activity all planned and arranged by consumer volunteers.
- In 2015, Blair HealthChoices High Risk Care Managers began providing level of care assessments for individuals with complex needs in the Blair County Prison to assist in coordinating a more comprehensive aftercare plan and obtaining medical assistance upon discharge. 25 assessments were completed through December 2015. If the individual, upon release, is determined high risk to recidivate, they are assigned a high risk car manager to monitor follow through with their aftercare plan. 9 out of 25 were assigned high risk care management. Out of the 9 assigned high risk care management, 2 recidivated.

- In 2016, a pilot project was initiated with a local peer support services provider to conduct psycho-educational groups, from the Yale University Citizenship curriculum, to prisoners identified with a mental health or co-occurring diagnosis that address life skills, as well as, developing a Wellness Recovery Action Plan (WRAP). These groups are offered to both males and females at the Blair County Jail.
- In October of 2015, Blair County Department of Social Services hosted a remapping of the Sequential Intercept Model and a Mental Health Services Committee has been established, chaired by Judge Kagarise, to address opportunities identified.
- In April 2015, a Housing Summit was held to learn about successful models implemented in the State, and discuss areas of need and opportunities in our county. A Steering committee was established and three priorities were identified; educating and supporting landlords, educating and supporting tenants and establishing protocols to address high risk populations making housing available to all. A Train the Trainer was held on the Prepared Renter Program (PREP) curriculum and trainers are currently piloting the program through Blair County Community Action and the Housing Authority. The PREP training is a complete curriculum developed by the Self-Determination Housing Project of PA (SDHP) that provides all tools individuals need to obtain rental housing, but offers further instruction on how to avoid pitfalls that could cause an individual to be evicted. A PREP Train the Trainer is also scheduled to be offered to Targeted Case Managers, and Probation Officer to assist in providing relevant real time interventions for individuals at risk of losing their housing or attempting to find housing.
- In January 2016, Community Care began the process of training and implementing the Behavioral Health Home Model across all Targeted Case Management (TCM) services in Blair County. An individual receiving TCM services will be offered wellness toolkits and interventions to address co-morbid conditions. A nurse is on staff to assist in the interventions and coordinate care with physical health and behavioral health providers.
- Blair HealthChoices and Community Care continue to assess and expand where feasible the Community and School Based Behavioral Health (CSBBH) Teams. In 2015/2016, a team was added to the Altoona Area Junior High. Where a CSBBH team is not feasible, the Behavioral Health Rehabilitative Services (BHRS) providers, through the BHRS Consortium, have partnered with Blair HealthChoices and Community Care to train the entire BHRS network with a modified version of the CSBBH training that focuses on family engagement and family systems treatment. The BHRS providers will have trained two thirds of their workforce by June 2016, with the last third being trained in August 2016. All providers participate in monthly consultation meetings with Community Care Psychologists.
- Consolidated Community Reporting Initiative (CCRI) Blair County is a phase four county in the CCRI implementation. 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. 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 2015/2016 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 the process to report consumer encounter data beginning 1/1/2016.

Children (under age 18)

The *CASSP Advisory Committee* meets quarterly to share information, review system barriers in response to the multi-system needs of children and adolescents served by the child-serving agencies. The child-serving agencies include but are not limited to mental health, developmental disabilities, drug and alcohol, children and youth, juvenile probation, and education. The Advisory Committee is based on a well-defined set of principles for services for children and adolescents with or at risk of developing severe emotional disorders and their families. The principles are child centered, family focused, multi-system, culturally competent, and least restrictive. This year the CASSP Advisory Committee has been looking at the System of Care Standards in which the committee will incorporate those standards into everyday practice. A team has been meeting around the system of care standards and has begun working on implementing them in Blair County. The goal for the upcoming year for the system of care is to incorporate youth and family on the CASSP Advisory Committee.

In the FY 2014/2015 there were 26 *CASSP Team Meetings* and in FY 2015/2016 through May, 32 CASSP Team Meetings convened to discuss mental health out of home placements. “Out of the home” placements involve psychiatric Residential Treatment Facilities (RTF) and Community Residential Rehabilitation-Host Homes (CRRHH) which is treatment in a foster care home. In FY 2014/2015, there were 15 child/adolescents placed in a CRRHH and 23 child/adolescents placed in a RTF. During the FY 2014/2015, 131 Team meetings were held for complex cases to discuss situations needing multi-agency involvement for support services, treatment and education planning.

The *Student Assistance Program (SAP)* Coordination Team meets every other month and is a sub-committee of the CASSP Advisory Committee. The team is to be responsible for providing leadership, planning, management and the implementation of SAP services in Blair County. The SAP Coordination Team consists of representatives from the County Mental Health Office, a County Commissioner, the SAP Regional Coordinator, the County Drug and Alcohol Office, the Elementary SAP, the SAP District Council, the Altoona Regional Health System, the Home Nursing Program, Juvenile Probation, and Children and Youth Services. According to the PA Department of Education (PDE) data reports for the 2014/2015 school year, the SAP Teams referred 1,647 students to the Blair SAP with 1,280 (84%) of parents giving permission for the initiation of the SAP service. Of the referrals to the MH liaisons: 582 receiving a screening by the MH liaison, 178 continuing MH treatment services, and 113 screened by the Drug and Alcohol liaisons. The top referral reasons were behavior concerns, family concerns, social concerns, and attendance. When reviewing the mental health agency data, referrals were mostly for grief/loss, suicide ideation, and bullying. FY 2015/2016 the County MH required UPMC Altoona to complete the CCRI Consumer Demographics, assign a Base Service Unit (BSU) number and to report consumer specific encounters for SAP MH liaison services. This change in individual specific data reporting will assist us to monitor the accuracy of the PDE data reports, and to track the outcomes regarding engagement in treatment and support services on an individual basis to begin measuring service utilization over time. In FY 2015/2016 the SAP Coordination Team established the following goals: Continue to respond to requests for SAP services and training and support the fidelity of the K-12 SAP model, Continue to involve and inform the parents, community, and child-serving systems, Continue to promote the coordination of K-12 SAP services among schools, public and nonprofit agencies and

the community, Continue to promote safe and emergency response coordination within Blair County, Promote the development of youth suicide prevention initiatives in the County, Continue to monitor the implementation of K-12 SAP services, Support the goals and objectives of the County drug and alcohol prevention plan, and Keep abreast of the goals and activities of the Healthy Blair County Coalition.

The **SAP District Council** convenes five times each school year. The SAP District Council is a representation of the SAP Team within all area school districts, SAP Liaisons, county mental health and drug and alcohol programs, and the SAP Regional Coordinator. For the FY 2015/2016 the Council continued to implement the Parent Permission Protocol in order to obtain permission from parents at the end of the school year for services to continue without delay for their child when they return to school in the fall. Parent permission was obtained at 84% which is higher than Pennsylvania at 71% during this time period. The Council also helped fund two summer support groups (e.g. suicide support group and summer SAP support group).

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, UPMC Altoona, Blair County Department of Social Services, Blair County Juvenile Probation Office, PA Department of Health, 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 year the Network developed a Protocol between the Law Enforcement, the 911 Center, and School Districts regarding communications in the event of an incident in the community that could impact the safety of students, staff, and visitors. A sub-committee is currently planning a full scale exercise to be conducted in one of the school districts in October 2016.

The Blair County **Suicide Prevention Task Force** meets on a monthly basis to collaborate and coordinate efforts within the county on public awareness, prevention, and recommendations. Multiple agencies within the county are involved in eliminating suicide in the county. This year, the task force assisted two survivors in coordinating the “Out of the Darkness Walk” in Blair County.

Blair County/Torrance State Hospital (TSH) Continuity of Care (COC)/Community/Hospital Integrated Placement Program convenes quarterly COC meetings with the 10 counties assigned to the TSH catchment area. A formal COC Agreement is updated annually each May between each County and TSH. In December 2014 the TSH Counties were each assigned a per day bed cap with Blair assigned 21 beds. The Blair County average daily census in FY 2012/2013 was 22.59, FY 2013/2014 was 23.08, FY 2014/2015 was 21.06 and projected for FY 2015/2016 is 20.21.

The **Community Support Plan (CSP)** process was developed collaboratively for use with discharge planning from state hospitals so that a more coordinated and supported discharge plan could be developed to help an individual return to the community with the supports needed for their recovery. The CSP document is a person-centered plan which includes those services, as well as residential preference; the individual has identified as vital to her/his recovery process to insure a successful transition from the state hospital to the community. This coordinated plan includes a three tiered Clinical, Family and Peer assessment for individual, peer and family input (as permitted by the individual) as well as the input from clinical team with the individual at the center of all CSP activity.

Participation on the individual's CSP Team meetings always include the TSH treatment team, Blair County Department of Social Services, Home Nursing Agency (HNA) state hospital liaison, Contact Altoona Peer Mentor Team, and the Blair Health Choices and/or Community Care Behavioral Health (CCBH) Clinical Care Manager. Other community agencies are included based on the individual discharge plans for treatment and support services.

In FY 2014/2015, 10 individuals were admitted and 11 individuals were discharged from the TSH civil unit. A total of 22 individuals were involved with the CSP process and there were a total of 43 CSP team meetings in FY 2014/2015. In FY 2015/2016 through May 2016, 11 individuals were admitted and 11 individuals discharged from the TSH civil unit. The projection through June 2016 is 13 admissions and 13 discharges. For the time period 7/1/15-3/31/16. There were a total of 13 individuals involved with the CSP plan process and there were 19 meetings convened with 7 of the 13 individuals discharged.

b) Strengths and Needs:

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

- **Strengths:**

- 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
- 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

- **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
- Providing a curriculum of MH/ID trainings to increase competencies of behavioral health providers
- Increased capacity for targeted case management
- Comprehensive continuum of MH services, including peer support expansion
- Community Support Plan (CSP) Committee
- Development of a Dual Diagnosis treatment team through HealthChoices reinvestment
- Lexington Clubhouse, expansion of services
- National Alliance for the Mentally Ill (NAMI) Blair County offers the NAMI Peer to Peer and Family to Family Education classes, and NAMI Connection support group
- Dual Diagnosis (MH/ID) steering committee
- Drop In Center (s)
- 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

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

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

- **Children (under 18)**
 - **Strengths:**
 - BHRS Consortium actively meets monthly includes school participation and beginning a training curriculum on family engagement
 - Suicide Prevention Task Force (SPTF) meets monthly, Aevium
 - Established and trained on an updated Multi-Disciplinary Investigative Team (MDIT) including mental health care and a MDIT Coordinator
 - Child/Adolescent Service System Program (CASSP) Advisory Committee
 - CASSP Blair County Learning Community PA System of Care Partnership
 - Student Assistance Program (SAP) including the SAP Coordination Team and SAP School District Council
 - Establishing two Community and School Based Behavioral Health in Tyrone and Altoona and expanding to Altoona Junior High
 - HealthChoices comprehensive care management for children
 - Teen Shelter expansion
 - CASSP Team Meetings

- Family Group Decision Making(FGDM), Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Parent Child Interaction Therapy (PCIT)
- **Needs:**
 - Co-Occurring Disorder (COD) (MH/SA) adolescent treatment
 - Provider competency for aggressive children
 - Respite care-lack of adequate funds
 - Adoption disruption
 - Children with multiple out of home placements coming up on age 18
 - Increased efforts and sustainability of anti-bullying programs
- ***Individuals Transitioning Out of State Hospitals***
 - **Strengths:**
 - Increase in number of diversions from state hospital
 - Community Support Plan (CSP) for each individual facilitates communication and thorough discharge planning that includes natural and community supports, focusing on strengths and interests
 - Assigned high risk care management with Blair HealthChoices
 - Active participation from local supporting agencies in the CSP
 - **Needs:**
 - Expand Mobile and Site Based Psychiatric Rehabilitation
 - Supervised housing
 - Transition to Partial Hospital Program (PHP) under-utilized
 - Enhanced/Specialized Personal Care Homes (PCH) DPW licensed for less than 16
 - Long Term Structured Residence
 - Mobile Treatment Teams: Community Treatment Team (CTT), Assertive Community Treatment (ACT)
 - DBT treatment
 - Crisis Diversion/Crisis Intervention Services: Residential
 - Extended Acute Care Hospital to reduce the need for state hospital admissions
- ***Co-occurring Mental Health/Substance Abuse***
 - **Strengths:**
 - COD Competency Development for all clinical and direct care/supportive staff is a formal goal achieved by offering PCB approved training in Blair County and scholarships to agencies and private clinicians.
 - Comprehensive Continuous Integrated System of Care (CCISC) model (Minkoff and Cline) since 2004 and has licensed all the CCISC toolkits for the Blair system to use for measuring baseline, development of quality improvement plans, and progress.
 - Blair County CCISC Consensus Document 2004, updated January 2011 developed transformation priorities to collect data to measure outcomes, promote collaboration to develop a stronger behavioral health system, stakeholder participation and collaboration across all systems, and shared resources, training throughout all systems.
 - Mentally Ill Substance Abuse (MISA) OMHSAS Pilot 2001 - 2005

- Blair County CCISC Interval Program Report – “Road Map” to guide implementation at the program and system levels and to measure progress toward Co-Occurring Disorder Capable clinical and support services.
- Blair County Change Agent Connection facilitates use of the Blair CCISC Training Curriculum and case studies to make the connection between competencies and clinical practice goals, and provides learning collaborative across all systems, and in the community.
- **Needs:**
 - Increase clinicians applying for the PCB CCDP credential
 - Easier way to dually license and monitor co-occurring competent programs
- ***Justice-involved Individuals***
 - **Strengths:**
 - Blair Criminal Justice Advisory Board (CJAB)
 - Mental Health Court Services Committee
 - Communication through Assessment Team
 - Forensic Certified Peer Specialists (CPS)
 - Addition of Case Management trained in the Critical Time Intervention
 - MH/COD/CJ Team meets biweekly and includes Blair HealthChoices Care Management, Blair County Mental Health Specialist, County/State Adult Parole and Probation, Prison, MH TCM and ID
 - Blair HealthChoices Care Management participation in Assessment Team and mental health level of care assessments in the prison
 - County MH worked with Blair County Prison, PrimeCare Medical, County Assistance Office, UPMC Access Center/Base Service Unit (BSU) developed a process for individuals at their minimum sentence date to expedite MA enrollment and the following:
 - ✓ 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.
 - The Sequential Intercept Re-Mapping to measure progress from the initial mapping in 2011 to the present 2015, identifies continued areas for improvement which are being addressed through the Blair CJAB and the MH Court Services Committee.

- **Needs:**
 - Re-entry planning and support
 - Co-Occurring Disorder (MH/SA) treatment, prescription of services to be more individualized and based on stage of change for the individual, less is sometimes more
 - More comprehensive in-prison mental health services
- ***Veterans:***
 - **Strengths:**
 - Aware of resources
 - Local access to services
 - James Van Zandt VA Medical Center in Altoona has a Behavioral Health Clinic with competent clinicians
 - VA participates in LHOT, CJAB, Suicide Prevention Task Force and CIT Training
 - **Needs:**
 - Limited coverage of MH providers for their family/children (Tricare)
 - Communication between VA services and non-VA services
- ***Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) Consumers***
 - **Strengths:**
 - Local LGBTQI training through Community Care
 - Therapy services are available
 - SAP groups targeted for LGBTQI
 - Support group at Penn State University (PSU) Altoona for community
 - BDAP offers continuing education credits/trainings that are valuable
 - **Needs:**
 - Increased cultural sensitivity and anti-bullying efforts
 - Increased training opportunities
 - Advertising of services currently available
- ***Racial/Ethnic/Linguistic Minorities***
 - **Strengths:**
 - Assessment process is thorough
 - Bi-lingual care management (Spanish)
 - Written material in Spanish
 - **Needs:**
 - Not well advertised, accessible

c) Recovery-Oriented Systems Transformation:

Blair County Department of Social Services and Blair HealthChoices have met to review relevant data, system progress, and stakeholder input in developing the Human Services Plan for FY 2016/2017. This has included a discussion on recovery-oriented systems transformation. The top five priorities related to these efforts include the following:

1) Increasing Community Tenure

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

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

Timeline:

The root cause analysis and development of a strategic plan will be completed by October 2016.

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

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

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

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

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

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

Timeline:

Continued agency-wide training will occur with Children, Youth, and Families, Juvenile Probation, and Behavioral Health Services. Workgroups will be established to address more specific goals determined within each priority. Training will be conducted and completed by the end of FY 2016/2017. Blair County also will be working on steps toward accreditation though FY 2016/2017, and anticipates a Child Advocacy Center to be open within the next fiscal year.

Resources needed:

We are looking at grant opportunities and HealthChoices reinvestment for startup of the Child Advocacy Center.

Plan for tracking implementation:

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

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

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

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

Blair County DSS has a robust SAP program for children and youth. Efforts in the upcoming year will focus on standardizing services, wherever possible, in an attempt to maintain consistency of practice from school to school. Plans include: clarifying best practice protocols, encouraging fidelity to the model, and adopting a common screening tool for SAP staff to use throughout the school system.

In addition, Blair County is also exploring the need and feasibility of providing SAP MH liaison services in Elementary schools in the County. Elementary SAP is a requirement by the Department of Public Education. In FY 2016/2017, the SAP MH contract was expanded by adding 1 FTE (Full Time Equivalent) to provide MH liaison to the elementary SAP teams in the Altoona Area School District.

Timeline: This will be accomplished within FY 2016/2017.

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

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

4) Increase Housing Options and Supports

In April 2015, through HSBG retained earnings, a Housing Summit was held to learn about housing models in other counties and also spend time brainstorming opportunities in Blair County. A Housing Steering Committee was established to develop a Strategic Plan. Three priority areas were established: educating and supporting landlords; educating and supporting tenants; and providing safe, affordable, and accessible housing. In 2016, eight Trainers were trained to offer PREP curriculum to individuals identified as needing additional life skills to obtain and maintain housing. In addition, a train the trainer will be offered to Blended Case Managers, Probation Officers, and Children and Youth workers to provide real time interventions using the PREP curriculum for individuals they serve that may be having difficulty finding and/or maintaining housing.

The Steering Committee is also working to establish greater connections to property owners to expand on housing opportunities. This also includes expansion of our local shelter. The Local Housing Options Team (LHOT) and the Leadership Coalition are also exploring the feasibility of a Housing Specialist to coordinate housing through multiple funding streams for the individuals we serve.

Timeline:

The PREP train the trainer will be offered to Blended Case Managers, Probation Officers, and Children and Youth workers by December 2016.

Resources needed:

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

Plan for tracking implementation:

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

5) Fostering Data Driven Decision Making

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

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

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

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

Timeline:

Data elements have been aligned. A Business Associate Agreement is currently under review. We anticipate full integration by June 2017.

Resources needed:

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

Plan for tracking implementation:

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

d) Evidence Based Practices Survey:

Evidenced Based Practice	Is the service available in the County/ Joinder? (Y/N)	Number served in the County/ Joinder (Approx)	What fidelity measure is used?	Who measures fidelity? (agency, county, MCO, or state)	How often is fidelity measured?	Is SAMHSA EBP Toolkit used as an implementation guide? (Y/N)	Is staff specifically trained to implement the EBP? (Y/N)	Comments
Assertive Community Treatment	No							
Supportive Housing	No							
Supported Employment	No							
Integrated Treatment for Co-occurring Disorders (MH/SA)	No							
Illness Management/ Recovery	No							
Medication Management (MedTEAM)	No							
Therapeutic Foster Care	No							
Multisystemic Therapy	Yes	25	Out of home placement, re-arrests, improved mental health, family function, decreased drug and alcohol use	MST Services	At least quarterly, and as needed	No	Yes	
Functional Family Therapy	Yes	23	Reduced delinquency, substance abuse and violent behavior	FFT LLC	At least quarterly, and as needed	No	Yes	
Family Psycho-Education	No							

e) Recovery Oriented and Promising Practices Survey:

Recovery Oriented and Promising Practices	Service Provided (Yes/No)	Number Served (Approximate)	Comments
Consumer Satisfaction Team	Yes	240	
Family Satisfaction Team	Yes	192	
Compeer	No		
Fairweather Lodge	No		
MA Funded Certified Peer Specialist	Yes	311	
Other Funded Certified Peer Specialist	No		
Dialectical Behavioral Therapy	Yes		
Mobile Services/In Home Meds	No		
Wellness Recovery Action Plan (WRAP)	No		
Shared Decision Making	No		
Psychiatric Rehabilitation Services (including clubhouse)	Yes	55	
Self-Directed Care	No		
Supported Education	No		
Treatment of Depression in Older Adults	No		
Consumer Operated Services	No		
Parent Child Interaction Therapy	Yes	10	
Sanctuary	No		
Trauma Focused Cognitive Behavioral Therapy	Yes		Billed through OP codes
Eye Movement Desensitization And Reprocessing (EMDR)	No		
Other (Specify)			

Intellectual Disability Services

Intellectual Disability Services in Blair County have embraced the philosophy of Everyday Lives since the first conference in Harrisburg in the early 1990's. Since then, the teachings of Michael Smull and his Essential Lifestyle planning practices have been embedded into our work. Every employee of all agencies has had the opportunity to be trained in the basics of Person Centered Practices for over fifteen years by a certified Mentor/Trainer, Jamie Henry who conducts sessions at least three times a year so that newly hired as well as seasoned employees can take advantage of the two days of training. The two most important aspect of the training are helping employees understand the power of language, and introducing them to the skill sets that are utilized to assure that all plans and services are developed with the person and those who love them at the center of the process.

Southern Alleghenies Service Management Group (SASMG) is a non-profit agency, under contract with the County of Blair to deliver the requirements of the Administrative Entity Operating Agreement. SASMG also manages all funding streams for people with intellectual disabilities. The service system starts at Intake, and includes the management of supports for all of the seven hundred twenty nine (729) people who are active. Each person, regardless of his or her place of residence (from state centers to a private apartment) or the services that they are receiving chooses a Supports Coordinator (SC). Along with all team members, the SC facilitates the development of a plan in the Home and Community Services Information System (HCSIS), authorized by SASMG.

The majority of eligible service recipients receive services through the two Medicaid Waivers. The non-waiver block grant funds are available for emergencies, one-time adaptations, and needed equipment for people so that they can remain in their current residence or respite so that their family members can have a much-needed break. The ability to support families in any way reduces the burden on the County and offers an 'Everyday Life' to all. In addition, the Person /Family Directed Supports Waiver (P/FDS) opportunities are available to many with similar outcomes. Each person's plan identifies strengths, gifts and needs regardless of funding opportunities.

	Estimated Individuals Served in FY 2015/2016	Percent of Total Individuals Served	Projected Individuals to be Served in FY 2016/2017	Percent of Total Individuals Served
Supported Employment	11	.01414%	15	.01928%
Pre-Vocational	2	.0025%	0	0
Adult Training Facility	2	.0025%	2	.0025%
Base Funded Supports Coordination	69	.08869%	69	.08869%
Residential (6400)/unlicensed	1	0	0	0
Life sharing (6500)/unlicensed	0	0	0	0
PDS/AWC	4	.00514%	6	.00771%
PDS/VF	0	0	0	0
Family Driven Family Support Services	17	.02185%	20	.02571%

Supported Employment:

Local agencies currently provide career assessments, job development, follow up services, continued services and customized employment within the scope of Employment services. Through these steps, the agency staff get to know the person’s abilities, interests and needs. Career goals are developed, and various job readiness activities happen. Once a job is found, of course, coaching and training are tailored to the person. Specific needs such as adaptive equipment or more intense direct supports are available.

Customized employment is the current system focus, and agencies are mindful of the concept during their discovery phase of job search. Additional training in the development of customized employment would be of benefit to all agency staff. Education of the business community would be additionally helpful.

Efforts are being made by some agencies to enhance the abilities of staff through additional training, infusion of business practices, and investment in time working with businesses.

Some barriers that we have been working with start with the person and/or their families to understand that the person can work and will be safe outside of facility-based services. In addition, finding transportation to and from a job site at all shifts continues to be a challenge.

Supports Coordination:

We are aware that the ‘system’ cannot possibly replace the family and the community in a person’s life. SASMG and Blair County’s contracted Supports Coordination Organization (SCO) North Star Services, Inc. (NSS) have discussed the need to document the efforts that made to explore natural supports to people who

use services. It is reported that during Individual Support Plan (ISP) meetings and during regular monitoring sessions that this is discussed. Within the ISP's service request section, natural and generic supports are identified along with any/all paid supports. The question of natural supports is answered when teams are discussing alternatives. A process is in place and a form is used when a request for service is being considered by management of the AE and the SCO. That form requires each SC to document what alternatives were explored prior to the request for paid services. To enhance the skills of Supports Coordinators (SC)'s, we recognize the need for additional training on how to build bridges and how to identify generic and natural supports.

In a Person Centered Planning environment, families are encouraged to contribute to the learning that teams need as they plan for a person. SC's are counseled to make every effort to include families in the planning process so as not to jeopardize the current natural supports. Some families may feel that they are not welcome anymore, and we will make efforts to make sure they understand that they are valuable. Some families think that we know better, therefore, they don't feel needed anymore. With the implementation of the Lifecourse Curriculum families will learn more about the system and be better able to realize their loved one's potential. SASMG is committed to learning about it and understanding the implications as it pertains to working with families on a daily basis. SASMG is prepared to offer leadership in the regional Communities of Practice as soon as the opportunity is available. Data suggests that the preponderance of the people supported live with families and that relationship needs to be respected and supported. The 'system' should be there only when it is needed and wanted.

The Prioritization of Need for Services (PUNS) process is valuable in maintaining a waiting list. Planning for people on the waiting list happens at every team meeting, and anytime something changes in a person's life. The PUNS form is created, and those who are in the most need are considered for an opening in waiver funding. When no funding opportunities are available an emergency request is generated. The decisions are made through the regular "Partnership" meetings where SC's, who know the person well can be a part of the funding decisions. A resource bank of non-waiver funded services is in the development stages and will be made available to teams so they can be more aware of generic community resources that are available for all. Also through ISP development SC's will identify generic supports, and document those in the plan as well, which is then reviewed and authorized by SASMG. SC's will work with teams to help identify people's gifts to develop goals for employment.

Life Sharing Options:

Support Coordinators continue to offer Lifesharing as an option to those who are currently in a residential setting and to those who are in need of a residential service. However, that effort has not help develop new opportunities for people. Those who actively work in the Lifesharing programs have identified a few barriers.

The first is recruitment. Recruitment of new Lifesharing families and Substitute Care givers continues to be a struggle. We are competing for the same caregivers as agencies supporting people who are aging or have an intellectual or mental health disability. Lifesharing payments do not compare with minimum wage employment. At one agency, the payments to Lifesharing families average about \$51.00 a day or \$2.13 an hour.

Secondly, the low rates paid to agencies results in lower payments to Lifesharers. Rates paid to long-term agencies in Blair County are significantly lower than the median rate, which is given to new agencies starting the service.

Lifesharing Homes must comply multiple regulations, Chapter 6500, Chapter 51 and Administrative Entity monitoring. Not only is there duplication of outdated requirements but the regulations conflict with the requirements of Wage and Hour for the Lifesharing family's' sub-contractor status. The regulations make it difficult to provide the service and are not supportive of a typical family home. Unfunded start-up – A thorough screening of potential new families, getting to know the person supported and visits to build relationships takes months. During this time, agencies cannot be paid to provide the service.

Transportation to and from day programs or employment is a cost which is covered by the Lifesharing rate. The cost can vary up to over \$500.00 per month. State set transportation rates significantly cut into an already tight budget.

Lastly, current regulations and laws do not allow birth family members to provide the service.

Conversely, efforts to train all Support Coordinators and Agencies in Lifesharing and support it as a viable option are ongoing. Blair County has a history of successful Lifesharing homes for the past 28 years, which sets a good example and encourages growth. Agencies make efforts to be flexible to authorizing the supports needed for each person and family in Lifesharing and recent Lifesharing Initiative funds have paid for extra recruitment efforts.

Cross Systems Communications and Training:

Blair County created a Leadership Coalition in 2012 in response to the block granting of state funds, which continues to operate to deliver the priorities of service needs that the strategic planning process identified; housing, transportation and employment as needs across all residents of the county. Not surprisingly, all service systems agreed that these three needs were at the top of their respective lists. Coalition members include County Commissioners, the County Social Services Director and Management of all agencies who have funds within the Block Grant. This diverse group has the ability to identify and recommend supports that will more fully respond to the needs of people with multiple needs. During quarterly review meetings initiatives that have been developed that address the strategic priorities are identified, decisions made as to the urgency and consensus to respond to the requests are made.

SASMG has been a regular active member of the local Transition Council. Through that venue two-day Person Centered Thinking sessions have been offered and many education professionals have been trained on the creation of a One Page Profile that captures vital information about each student that can be carried forward with them throughout their educational career and into the adult system, making for a smooth transition from school to adult supports. As students near graduation, it is imperative to know their gifts and their desires so that planning for their future is truly person centered.

Blair County collaborates with many social services agencies through participation in various committees, i.e., Children Youth and Families, Area Agency on Aging, etc. Efforts are made to participate in wellness fairs, block grant coalition meetings, the dual diagnosis steering committee, the County Advisory Board, and various work groups that are established along the way. The establishment of navigator position has made significant inroads to bridging the Mental Health and Intellectual Disability systems. Partnership with co-workers in all providers has enhanced the ability to support people wholly.

Emergency Supports:

The staff of Southern Alleghenies Service Management Group and the Management team from our Supports Coordination Agency, North Star Services, Inc. (NSS) meet two times a month to review the PUNS, discuss emergent issues, cooperate with waiver admissions and sort out any/all issues with people being supported.

SC's alert supervisors at NSS of potential issues as soon as they are aware. Any 'high profile' issues are identified and potential crises are often dealt with prior to an untenable situation.

In addition, the Staff from NSS take turns being 'on call' with the local Crisis center so that when a person who uses intellectual disability services presents at the outpatient center, a Supports Coordinator gets involved to assure that the needs of the person are met.

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

To respond to many incidents, one agency, Family Services, Inc. operates a respite facility that is willing to take emergency cases with an agreement that such activity will be authorized at the beginning of the next business day, regardless of funding needs. On occasion, a residential home with an opening is a suitable match, and that service option is offered. State and county funds are utilized until other arrangements can be made. And then in some instances, the emergency needs are delivered at the person's place of residence when possible. SC's work closely with home and community habilitation providers to rally supports in the shortest timeframe possible.

SASMG monitors the block grant funds that we are responsible for, assuring enough funds throughout the year to respond to any unforeseen emergency.

Administrative Funding:

Blair County has been training staff from all agencies in Person Centered Thinking Principles for many years. We are very interested in utilizing the PA Family Network to provide training and support to families in our community. If families are knowledgeable about Person Centered Practices, that may go a long way in assuring that all personnel of all agencies are sure to follow them at all times. One criteria that we learn from Baldrige is that the "Voice of the Customer" is one of the most valuable tools to assess the strength of a company. To date, we haven't had a formal way to gather that feedback. We plan to initiate some 'Listening Sessions', inviting families, people who use services and any interested parties to come to hear what is available for people and to give feedback and have input into the design of our service system. The more informed people are, the better their service design can be. It would be helpful to have representation from the Office of Developmental Programs (ODP) present at some of these sessions, and we plan to extend that invitation.

Our intention is to utilize the Lifecourse curriculum to develop networks for families and connections to natural supports. To accomplish these activities, support from ODP with targeted training and the opportunity for SASMG to become a leader in a regional Community of Practice.

The Health Care Quality Unit (HCQU) Nurse assigned to Blair County is active on many committees, i.e., Risk Management, Providers Group, Quality Assurance and the Human Rights Committee. She is available for trainings to the system on many topics. She is used as consultation and advocacy for any medical related issues as needed. We would use any data that brings to our attention any areas of improvement related to physical or behavioral health which would feed back into trainings i.e. hospitalizations around pneumonia.

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

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

In addition, a new position that we are calling a 'Navigator' whose job it will be to bridge the two systems, and assure that the person is getting the supports that are needed from both. The part time Navigator has been funded through base block grant funds. We have identified that 46% of the people who are open in the Intellectual Disability system have a mental health diagnosis. The need for a full time Navigator is necessary to enhance the services from both systems. Blair County has requested to use base funds to leverage federal matching funds and move the allocation to the administrative line so that we can assure the funds going forward. Approval of the request will expedite the search for a qualified worker who will move forward to become active on the teams of people who qualify and are in need.

Blair's Risk Management group meets monthly, with representatives from the AE, SCO, Providers and the HCQU. A website was developed to share guidance tools, supervision cheat sheets, and best practices for incident management reporting for consistency to help teams' better support people. In the works is a twitter account. In response to the need for an Emergency Plan for everyone, "Go kits" were explored and samples were purchased for training purposes for each provider agency. SC's will work with people and families who do not use residential or day supports. A quarterly newsletter is published and is accessible to all provider agencies. In response to issues at the Emergency Room with a few of people, representatives from Risk Management met with UPMC Altoona to help improve relationship with outpatient services. ODP has been involved as Theresa Toombs and Randy Evertts have been an integral part of our planning.

Currently, there is not a county housing coordinator, however, in our monthly Leadership Coalition meetings, we have discussed the need. During strategic planning, we identified three areas that were of concern to all of the disciplines within the Block Grant. They are housing, employment and transportation. Everyone served through the county contracts agreed that the need for government funded services would be lessened if people had a permanent place to live, a job and a means to get to work daily.

A Housing Summit was held that included representation from all county contracted agencies who support people from all of the disciplines, and agreed that efforts to streamline service delivery and reduce duplication of effort is needed. We invited AE staff from Centre County and their Housing Coordinator to speak to the Coalition and discuss the strategies that they used to implement the position. As we move forward with our work, we are exploring the viability of a specialized coordinator and are working to develop a job description and create a position.

Blair County's Emergency Management Agency has initiated a registration form that we have embraced that asks every person who has a disability, intellectual, physical or emotional to register with the local 911 center. When someone has done that, the 911 computer system.

Participant Directed Services (PDS):

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

Financial Management Services (FMS) is a hard concept for Supports Coordinators to understand, and there are some situations where families started using FMS services and prior to full understanding of the responsibilities. Changing the service delivery later creates conflict.

Going forward, ongoing training for those who have already chosen FMS services is imperative, and the training of future FMS providers is paramount. Any training or support from ODP is very welcome.

Community for All:

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

Homeless Assistance Services

Services To Be Provided

Bridge Housing

Blair County Community Action Agency (BCCAA) and Family Services Inc. receive Housing Assistance Program (HAP) dollars for Bridge Housing. These are transitional services that allow clients who are in temporary housing to move to supportive long-term living arrangements while preparing to live independently. This is the “bridge” that moves the client from being homeless into permanent housing. This service allows the client to stay in a shared facility or apartment for up to 18 months for a small co-pay (dependent on income).

Blair County Community Action Agency will serve 50 individuals (projected) in FY 2016/2017. The actual number of individuals served by Blair County Community Action Agency in FY 2015/2016 YTD was 37.

Family Services Inc. will serve 50 individuals (projected) in FY 2016/2017. The actual number of individuals served by Family Services Inc. in FY 2015/2016 was 44.

Together, Blair County Community Action Agency and Family Services Inc. will serve 100 individuals (projected) in FY 2016/2017. The actual number of individuals served by Blair County Community Action Agency and Family Services Inc. in FY 2015/2016 was 81.

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. The programs utilized fall under BCCAS’s Transitional Housing Program (THP). Rent paid for units will not exceed the Fair Market Rate published by HUD for Blair County. Each unit to be rented is inspected to ensure that it meets the HUD Housing Quality Standards. Supportive services provided to participants are designed to move clients into permanent housing and enable them to become self-sufficient. The costs associated with the delivery of supportive services are paid for with funds from HUD and Blair County Community Action Agency. Upon entrance into the program, each client is assigned a Case Manager. Initially, the clients complete an intake/assessment to determine their needs. Upon completing the intake/assessment phase of the program, the Case Manager determines housing alternatives for each participant based upon their status at the time of the interview. The client and Case Manager explore alternatives and strategies that can be used to work toward obtaining and maintaining permanent housing. The assessment ends with the creation of a Housing Development Plan, which will include goals and objectives for clients to work towards more stabilization and self-sufficiency.

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

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

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

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

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

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

We evaluate the HAP services provided by Blair County Community Action through the annual reports that they prepare and submit to HUD regarding the HAP/HUD-THP services that they provide. They annually identify a minimum of three benchmarks that they work to achieve. These benchmarks typically include but

are not limited to; the percent of persons who exit into permanent housing and the percent of people who become employed.

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

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

Case Management

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

Blair Senior Services will serve 980 individuals (projected) in FY 2016/2017. The actual number of individuals served by Blair Senior Services in FY 2015/2016 was 854 individuals (total until April 2016).

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 third 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 2016/2017. The actual number of individuals served by Blair Senior Services in FY 2015/2016 was 332 (total until April 2016).

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 third 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 150 individuals (projected) in FY 2016/2017. The actual number of individuals served by Blair Senior Services in FY 2015/2016 was 107 (total until April 2016).

Family Services Inc. will serve 200 individuals (projected) in FY 2016/2017. The actual number of individuals served by Family Services Inc. in FY 2015/2016 was 204.

Together, Blair Senior Services and Family Services Inc. will serve 350 individuals (projected) in FY 2016/2017. The actual number of individuals served by Blair Senior Services and Family Services Inc. in FY 2015/2016 was 311.

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 third 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 2015/2016, 107 clients received emergency shelter and 80 of the 107 (76%) 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 2015/2016, the known destinations, by zip code, for clients are as follows:

- Zip Code 16601 - 269 consumers
- Zip Code 16602 - 303 consumers
- Zip Code 16635 - 21 consumers
- Zip Code 16648 - 37 consumers

Family Services Inc. currently tracks whether a client went to a new home or returned to previous residence upon exit from the Domestic Abuse Shelter. As of March 31, 2016, out of 54 victims (adult women) served within the Domestic Abuse Shelter, 29 of the women served obtained permanent, safe housing. The remaining 25 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 (2015/2016) show that 62% returned home, 19% went to other parent, 6% went to mental health facility, 6% went to residential treatment facility, and 6% went to live with a relative.

The staff of the Emergency Shelter tracks the percentage of clients who are still in permanent housing at 6 week intervals. As of April 2016, the percentage was 98%.

The staff of the Emergency Shelter also tracks the number of people who are turned away due to lack of space at the shelter. From July 1, 2015 through April 30, 2016, 554 individuals had to be turned away because the shelter was full.

Family Services Inc. has also begun to track the increased participation by homeless individuals in mainstream systems. As of April 30, 2016, 90 referrals were made to mainstream systems and 84 (93%) 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 10/1/2014 thru 9/30/15 they had 51 participants exit the program. 49 of those 51 (96%) exited into permanent housing and 2 of the 51 (3%) exited to an institutional destination. In their HUD funded Supportive Services Only (SSO) program during the year between 10/1/2014 thru 9/30/15 they had 198 participants exit the program. 144 of those 198 (72%) exited into permanent housing, 45 of the 198 (23%) exited into temporary housing, 3 of 198 (2%) exited into institutional settings and 6 of the 198 (3%) exited to an unknown destination. In their HUD funded Blair County Journey program during the year between 10/1/2014 thru 9/30/15 they had 16 participants exit the program. 14 of those 16 (88%) exited into permanent housing and 2 of the 16 (12%) exited into temporary housing.

Blair County Community Action agency also tracks participation in mainstream benefits but not the increase in usage. In their THP program, of the 51 participants who left the program 27 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 198 participants who left the program 138 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 16 participants who left the program, 8 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).

Achievements and Improvements in Services

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

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

Family Service's vision over the next three years is to have a 35 bed Family Shelter and move their Domestic Abuse Program to a Comprehensive Center model using the housing first approach. The Teen Shelter will move to a larger 9 bed facility sometime during FY 2016/2017.

Unmet Needs and Gaps

- There is still a significant shortage of shelter beds in Blair County.
- 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.

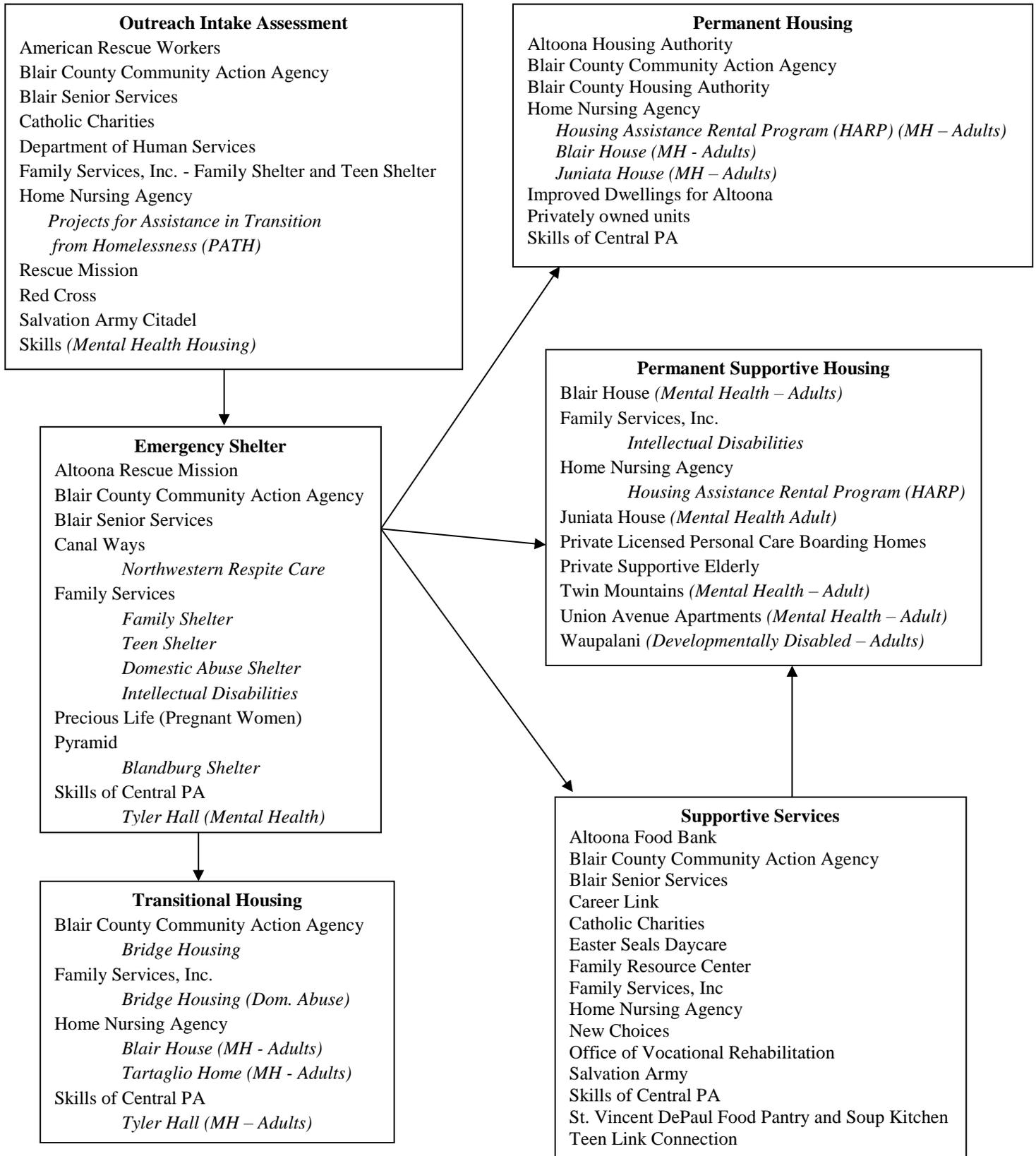
Current Status of Blair County's HMIS Implementation

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

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

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

2016 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 (BCJPO) 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 and across the communities in this geographic region. According to 2014 statistics by, *the Center for Rural PA*, 20.6% of children under the ages of 18 were living at or below federal poverty income guidelines. Recent statistics have estimated a conservative increase of 2% to 3% 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.

During the past 8 years, Blair County has continued to rank around 58th out of 67 counties for creation of jobs within the region. The main issues in Blair County remain under employment opportunities; and poor living wages for lower-level entry jobs. Wages for full time employment are also not keeping pace with the growing economic demands according to inflation and rising costs for daily living. The unemployment rate for Blair County in the year 2015 remained at 5.2%.

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 2015 statistics from *the Center for Rural PA*, 24.1% of Blair County population was eligible for Medical Assistance with an additional 18% of the county residents having zero health insurance coverage. Blair County continues to rank in the top 1/4th counties for very high morbidity across the commonwealth of Pennsylvania. Attributing to this high mortality ranking is risky behaviors of individuals such as smoking, obesity, and drinking.

Drug and alcohol usage; truancy; elopement; and crime related activities are listed as risky behaviors by teens, especially those from the ages of 14 through 17 years in Blair County. These issues remain within this increasing 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 51% of all cases opened for services within our agency.

Prescription and illegal street 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) and the department of Children, Youth and Families (CYF) continue to professionally collaborate and work together as a unified team in order to best serve children and families. Shared case responsibility, family drug court cases, and truancy are a few of the topics that bring CYF and JPO together for regular case management discussion and to review shared resources for assistance in meeting the children's and families' needs. 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.

Our community continues to experience an increased need for additional drug and alcohol prevention and treatment services on the county level. The intensive and critical need for mental health treatment services has also been overwhelming and epidemic at times. Children and youth psychological, behavioral, and emotional health continues to dramatically increase the demand for services over the past decade. Unfortunately, our area has been limited in the number of available child and adolescent psychiatrists and psychiatric unit inpatient beds or alternative options.

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. These numbers have increased from FY 2013/2014, when 2,403 children under the age of 18 were served through the county mental health system.

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. All County workers, as well as community service providers, are strongly encouraged and supported to complete the Temple University curriculum led Strength Based Family Worker (SBFW) program which aids the worker in finding the positives and best scenarios for all families and individuals served in the community.

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 had developed a Truancy Court and other Positive School Attendance support group services, with Magisterial District Judge (MDJ) participation and support.

A new Alternatives to Truancy program has been underway this past program year, in answer to the ongoing need to reach even more and younger children in relation to Truancy and positive school attendance. This new program is called Act 360*, and not only provides services to the targeted child, but also includes the entire family to be part of the solution. Finding functional and healthy alternatives to daily issues/stressors and transference of skills to caretakers are just a few of the objectives worked upon within this program.

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, during the year of 2015/2016, began a trauma-informed certified Therapeutic Yoga Program (TYP) for those children in both traditional and kinship foster care situations, as well as all children being served through General Protective Services (GPS) being included and invited to attend. 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.

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

Outcome	Measurement and Frequency	The Specific Child Welfare Service(s) in the HSBG Contributing to Outcome
<p>1.) SAFETY – 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.) PERMANENCY – 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.) CHILD and FAMILY WELL-BEING – Children, adolescents, and families will learn, develop, or expound upon an</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</p>	<p>1.) Housing and Daily Assisted Living needs related to safe and stable housing in order to keep children and families within permanent relationships.</p> <p>2.) Alternatives to Truancy and the ACT 360*Program are used 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.) Multi-systemic Therapy (MST) Program 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</p>

<p>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>self-independence skills and community resources established to assist in resolving family conflicts.</p> <p>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>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 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.) Family-functional Therapy (FFT) program 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.) Family Group Decision Making (FGDM) program utilized to assist the families in creating their own individualized solutions to safety barriers by utilizing existing strength based skills while identifying natural</p>
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		<p>support systems in their personal lives.</p> <p>6.) Strength-based Family Worker (SFW) 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 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.) Parent Child Interaction Therapy (PCIT) program continues 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</p>
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		<p>researchers and the expertise of front-line clinicians, PCIT International promotes healthy family functioning.</p> <p>8.) (New for the FY 2016/2017) The Parents as Teachers (PAT) program in conjunction with Nurse Family Partnership (NFP) medical component 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 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.) Therapeutic Group Activities: Evidence Based Trauma Informed Therapy programming. 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</p>
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		<p>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 provide a supportive environment in which children are encouraged to talk about their traumatic experience. TF-CBT also helps parents who were not abusive to cope effectively with their own emotional distress and develop skills that support their children.</p> <p>10.) Evidence Based Visitation Program 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</p>
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		<p>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 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>
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FY 2015/2016 Service Outcome Measurements and Achievements Funded through HSBG

The three service outcomes that Blair County expects to achieve during FY 2016/2017 as a direct result of the child welfare services funded through the Human Services Block Grant (HSBG) are all directly relevant 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 was set at \$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. The actual monies spent for Housing and Daily Living Needs assistance for the FY 2015/2016 was \$12,800.

The projected requested budget amount to be utilized in this special grant subsection for FY 2016/2017 is requested at \$14,000 total.

ACT 360* Services / 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****, has been 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 6th, 7th, and 8th 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.

The projected budgetary amount for this special subsection of children's services category is requested at \$250,000 for the FY 2016/2017 due to increasing the number of staff dedicated to this program in order to reach more students in need throughout the community, which includes the 7 school districts located within Blair County.

Strength Based Family Worker (SFW) Credentialing Program/Leadership Credentialing Program formerly known as: Family Development Credentialing/Family Development Leadership Credentialing Program:

This Children's category 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 was projected to be expensed for the FY 2014/2015.

The funding request for the FY 2015/2016 SFW program was 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 budget amount was established at \$140,000.

While the total number of participants throughout the community continues to steadily increase for both the SBFW and LSF programs, a proposed projected amount of \$115,000 is requested to meet the needs for the FY 2016/2017.

Functional Family Therapy (FFT):

This Children's services special grants category monies helps underwrite support for providing this valuable 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 was set at \$61,000.

Due to better management and coverage of state MA dollars for physical and behavioral coverage of children in need, the estimated requested amount for FY 2016/2017 in this category is \$15,000 to assist those families whose children may not yet be covered with MA or are in transition for insurance coverage.

Multi Systemic Therapy (MST):

This Children's services special grant 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 FY 2015/2016 was established at \$62,000.

The requested amount of funding for MST during the FY 2016/17 is being requested at \$20,000 to assist in meeting children's and families who may not yet be covered for MA services or are in transition of insurance coverage.

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 FY 2014/2015 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 was expected to increase to the amount of \$136,788 with a projected doubled rate of successful FGDM participants equaling close to 64 families. These numbers did not occur due to a variety of different reasons.

The Projected category amount for FGDM is requested at \$120,000 for the FY 2016/2017 with a successful rate of families completing the meeting process set at around 32 for the year and an estimated number of 58 for total referrals.

The community continues to project that FGDM referrals and conferences will likely 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 utilization of Family Group Decision Making (FGDM) as a vital tool used to assist children, families, and adolescents in meeting the three (3) primary goals of Safety, Permanency, and Well-being in their community.

#1.) Program Name:	PARENT CHILD INTERACTION THERAPY (PCIT)
	Empirically supported and evidence based 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 FY 2015/2016 but not renewing in FY 2016/2017.	N		
Requesting funds for FY 2016/2017 (new, continuing or expanding from FY 2015/2016)	New	Continuing	Expanding
		X	

	FY 2015/2016	FY 2016/2017
Target Population	Families – parents and children	Families – parents & children
# of Referrals	30	40
# Successfully completing program	22	28 projected
Cost per year	\$0	\$10,030
Per Diem Cost/Program funded amount	\$ Amount would not exceed current MA reimbursable rate of pay	\$ Amount would not exceed current MA reimbursable rate of pay
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 a continued service to be provided for the FY 2016/2017. 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. The sources include U. S. Census Bureau (2015); Center for Workforce Information and Analysis (2016); U. S. Census/American Fact Finder (2013); PA – Kids County Data Center (2014); Blair HealthChoices Annual Report (2014); Blair County CYF NBPB (2013, 2014, 2015, 2016); Blair County Health & Welfare Reports (2013, 2014, 2015); Blair County Health & Wellness Data Reports (2013, 2014, 2015)

- 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 FY 2016/2017.

- 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

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.

This program shows evidence of under spending due to the number of participants already actively enrolled within the MA insurance program, thus the need for funds did not occur to cover any uninsured children who were prescribed this service.

#2.) Program Name: NEW	Parents as Teachers (PAT) Program with Nurse Family Partnership (NFP) Medical Support
	<p>Evidence based program utilized to support the needs of families in our community. Parents as Teachers (PAT) program is voluntary and evidence based home visitation program provided by certified Parent Educators. PAT assures that children enter school ready to learn and that parents are engaged in their child's success. PAT serves children from prenatal to kindergarten entry.</p> <p>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.</p>

Status	Enter Y or N		
Funded and delivered services in FY 2015/2016 but not renewing in FY 2016/2017		N	
Requesting funds for FY 2016/2017 (new, continuing or expanding from FY 2015/2016)		New	Continuing
		X	Expanding

	FY 2015/2016	FY 2016/2017
Target Population		Pregnant women; prenatal children; children up to kindergarten entry age.
# of Referrals		40 total participants from all categories
# Successfully completing program		35 total projected
Cost per year		\$75,000
Per Diem Cost/Program funded amount		N/A
Name of provider		PAT – FAMILY RESOURCE CENTER NFP - 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 FY 2016/2017. 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. The sources include U. S. Census Bureau (2015); Center for Workforce Information and Analysis (2016); U. S. Census/American Fact Finder (2013); PA – Kids County Data Center (2014); Blair HealthChoices Annual Report (2014); Blair County CYF NBPB (2013, 2014, 2015, 2016); Blair County Health & Welfare Reports (2013, 2014, 2015); Blair County Health & Wellness Data Reports (2013, 2014, 2015).

- 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 FY 2016/2017.

- 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
www.parentsasteachers.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	TRAUMA FOCUSED GROUP THERAPY and ACTIVITIES SPECIAL POPULATION SERVICES
	<p>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 utilized through group work activities; art therapy services; yoga, exercise, and other evidence based therapeutic activities 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.</p> <p>As transference of skills - 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 FY 2015/2016 but not renewing in FY 2016/2017	N		
Requesting funds for FY 2016/2017 (new, continuing or expanding from FY 2015/2016)	New	Continuing	Expanding
	X		

	FY 2015/2016	FY 2016/2017
Target Population		Children and adolescents who have experienced traumatic events and their parents/caregivers
# of Referrals		30 child participants
# Successfully completing program		25 participants projected
Cost per year		\$22,000
Per Diem Cost/Program funded amount		See above
Name of provider		EVOLUTION COUNSELING 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.

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. The source data includes U. S. Census Bureau (2015); Center for Workforce Information and Analysis (2016); U. S. Census/American Fact Finder (2013); PA – Kids County Data Center (2014); Blair HealthChoices Annual Report (2014); Blair County CYF NBPB (2013, 2014, 2015, 2016); Blair County Health & Welfare Reports (2013, 2014, 2015); Blair County Health & Wellness Data Reports (2013, 2014, 2015)

- 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:	<p align="center">INCARCERATED MOTHERS/FEMALE CAREGIVER VISITATION and PARENTING PROGRAM</p> <p>Evidence Based 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.</p>
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Status	Enter Y or N		
Funded and delivered services in FY 2015/2016 but not renewing in FY 2016/2017.		N	
Requesting funds for FY 2016/2017 (new, continuing or expanding from FY 2015/2016)	New	Continuing	Expanding
		X	

	FY 2015/2016	FY 2016/2017
Target Population	Incarcerated Mothers and Female Caregivers in the Blair County Jail setting	Incarcerated Mothers and Female Caregivers in the Blair County Jail setting
# of Referrals	21	28
# Successfully completing program	17	23 projected
Cost per year	\$26,000	\$30,000
Per Diem Cost/Program funded amount	See above	See above
Name of provider	KIDS FIRST, Inc. through the Blair County Jail	KIDS FIRST, Inc. through the Blair County Jail

- 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 FY 2016/2017. 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. The sources include U. S. Census Bureau (2015); Center for Workforce Information and Analysis (2016); U. S. Census/American Fact Finder (2013); PA – Kids County Data Center (2014); Blair HealthChoices Annual Report (2014); Blair County CYF NBPB (2013, 2014, 2015, 2016); Blair County Health & Welfare Reports (2013, 2014, 2015); Blair County Health & Wellness Data Reports (2013, 2014, 2015)

- 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 FY 2016/2017.

- 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
youth.gov/youth-topics/children-of-incarcerated-parents

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:	<p style="text-align: center;">HOUSING and DAILY ASSISTED LIVING NEEDS</p> <p>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.</p>
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Status	Enter Y or N		
Funded and delivered services in FY 2015/2016 but not renewing in FY 2016/2017		N	
Requesting funds for FY 2016/2017 (new, continuing or expanding from FY 2015/2016)	New	Continuing	Expanding
		X	

	FY 2015/2016	FY 2016/2017
Target Population	Blair County CYF General Protective Families	Blair County CYF General Protective Families
# of Referrals	16	22
# Successfully completing program	16l	22 projected
Cost per year	\$12,500	\$14,000
Per Diem Cost/Program funded amount	\$14,200 projected for the FY	See above
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 FY 2016/2017. 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. The sources include U. S. Census Bureau (2015); Center for Workforce Information and Analysis (2016); U. S. Census/American Fact Finder (2013); PA – Kids County Data Center (2014); Blair HealthChoices Annual Report (2014); Blair County

CYF NBPB (2013, 2014, 2015, 2016); Blair County Health & Welfare Reports (2013, 2014, 2015); Blair County Health & Wellness Data Reports (2013, 2014, 2015)

- 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 FY 2016/2017.

- 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

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.

Due to this year's Budget impasse and late passing of a State budget, there were no monies expended due to unavailability to help these families. They were either put on wait lists or alternative funding sources were utilized if possible.

#6.) Program Name:	<p align="center">STRENGTH BASED FAMILY WORKER (SFW) formerly known as FAMILY DEVELOPMENT CREDENTIALING and LEADERSHIP STRENGTH BASED WORKER (LSFW) PROGRAMS</p> <p>Evidence based 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.</p>
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Status	Enter Y or N		
Funded and delivered services in FY 2015/2016 but not renewing in FY 2016/2017		N	
Requesting funds for FY 2015/2016 (new, continuing or expanding from FY 2014/2015)		New	Continuing
			Expanding
		X	

	FY 2015/2016	FY 2016/2017
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	32	30
# Successfully completing program	16 SFW and 11 LSWW Actual	18 SFW and 10 LSWW Projected
Cost per year	\$98,000	\$115,000
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 FY 2016/2017. 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. The sources include U. S. Census Bureau (2015); Center for Workforce Information and Analysis (2016); U. S. Census/American Fact Finder (2013); PA – Kids County Data Center (2014); Blair HealthChoices Annual Report (2014); Blair County CYF NBPB (2013, 2014, 2015, 2016); Blair County Health & Welfare Reports (2013, 2014, 2015); Blair County Health & Wellness Data Reports (2013, 2014, 2015)

- 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 FY 2016/2017.

- 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.

The original projected number of participants finishing the certification for the SBFW program did not occur due to various staffing and other reasons within the community. The State Budget impasse did not help either as many programs were operating with little to no revenue being received, which affected services, staff morale, and timeliness of services.

#7.) Program Name:	FAMILY- FUNCTIONAL THERAPY (FFT) PROGRAM This evidence based 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.
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Status	Enter Y or N		
Funded and delivered services in FY 2015/2016 FY but not renewing in FY 2016/2017		N	
Requesting funds for FY 2016/2017 (new, continuing or expanding from FY 2015/2016)	New	Continuing	Expanding
		X	

	FY 2015/2016	FY 2016/2017
Target Population	Families	Families
# of Referrals	45	55
# Successfully completing program	32	45 projected
Cost per year	\$61,000 due to start up and new company not receiving an MA billable number right away	\$15,000 to be used for coverage of children without MA access only
Per Diem Cost/Program funded amount	\$43.56 per hour	\$ Amount would not exceed current MA reimbursable rate of pay
Name of provider	EVOLUTION COUNSELING SERVICES, LLC	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 FY 2016/2017. 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. The sources include U. S. Census Bureau (2015); Center for Workforce Information and Analysis (2016); U. S. Census/American Fact Finder (2013); PA – Kids County Data Center (2014); Blair HealthChoices Annual Report (2014); Blair County CYF NBPB (2013, 2014, 2015, 2016); Blair County Health & Welfare Reports (2013, 2014, 2015); Blair County Health & Wellness Data Reports (2013, 2014, 2015)

- 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 FY 2016/2017.

- 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.

N/A

#8.) Program Name:	FAMILY GROUP DECISION MAKING (FGDM) PROGRAM This Evidence based 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.
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Status	Enter Y or N		
Funded and delivered services in FY 2015/2016 but not renewing in FY 2016/2017		N	
Requesting funds for FY 2016/2017 (new, continuing or expanding from FY 2015/2016)		New	Continuing
			X

	FY 2015/2016	FY 2016/2017
Target Population	Birth to 21 years old	Birth to 21 years old
# of Referrals	35 combined between both provider agencies	45 combined total participants is Projected for the FY
# Successfully completing program	28 total actual participants/families	38 total Projected participants/families
Cost per year	\$136,788 projected	\$120,000
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 FY 2016/2017. 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. The sources include U. S. Census Bureau (2015); Center for Workforce Information and Analysis (2016); U. S. Census/American Fact Finder (2013); PA – Kids County Data Center (2014); Blair HealthChoices Annual Report (2014); Blair County CYF NBPB (2013, 2014, 2015, 2016); Blair County Health & Welfare Reports (2013, 2014, 2015); Blair County Health & Wellness Data Reports (2013, 2014, 2015)

- 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 FY 2016/2017.

- 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 members 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.

Family buy in and acceptance of the program can also be negative at times, coupled with the fact that many Blair County families are transients with no family ties or roots available in the community for them.

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:	MULTI-SYSTEMIC THERAPY (MST) PROGRAM
	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 FY 2015/2016 but not renewing in FY 2016/2017	N		
Requesting funds for FY 2016/2017 (new, continuing or expanding from FY 2015/2016)	New	Continuing	Expanding
		X	

	FY 2015/2016	FY 2016/2017
Target Population	Adolescents 12 to 17 years of age	Adolescents 12 to 17 years of age
# of Referrals	40	35
# Successfully completing program	22	28 Projected total participants
Cost per year	\$62,000 projected – to be used for coverage of children without MA access	\$20,000 – to be used for coverage of children without MA access
Per Diem Cost/Program funded amount	\$67.63 per hour / Not to exceed MA billable service rates	\$67.63 per hour / Not to exceed MA billable service rates
Name of provider	ADELPHOI VILLAGE SERVICES, Inc.	ADELPHOI VILLAGE SERVICES, Inc.
*2015-2016FY – Only Adelphoi Village will provide the MST program		

- 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 FY 2016/2017. 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. The sources include U. S. Census Bureau (2015); Center for Workforce Information and Analysis (2016); U. S. Census/American Fact Finder (2013); PA – Kids

County Data Center (2014); Blair HealthChoices Annual Report (2014); Blair County CYF NBPB (2013, 2014, 2015, 2016); Blair County Health & Welfare Reports (2013, 2014, 2015); Blair County Health & Wellness Data Reports (2013, 2014, 2015)

- 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 FY 2016/2017.

- 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:	<p align="center">BLAIR COUNTY TRUANCY COURT PROGRAM and EVIDENCE BASED TRUANCY GROUP PREVENTION PROGRAMMING – Attendance Counseling Team (ACT) 360*</p> <p>Evidence based and promising practices 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. Staffs 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>
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Status	Enter Y or N		
Funded and delivered services in FY 2015/2016 but not renewing in FY 2016/2017	N		
Requesting funds for FY 2016/2017 (new, continuing or expanding from FY 2015/2016)	New	Continuing	Expanding
			X

	FY 2015/2016	FY 2016/2017
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	62 estimated	100 projected
# Successfully completing program	28 estimated	85 participants projected
Cost per year	\$140,042	\$250,000
Per Diem Cost/Program	\$52.67 hourly billed rate	\$program funded amount
Name of Provider	EVOLUTION COUNSELING SERVICES	EVOLUTION COUNSELING 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.

This is an on-going program service being expanded to reach more students for the FY 2016/2017. 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. The sources include U. S. Census Bureau (2015); Center for Workforce Information and Analysis (2016); U. S. Census/American Fact Finder (2013); PA – Kids County Data Center (2014); Blair HealthChoices Annual Report (2014); Blair County CYF NBPB (2013, 2014, 2015, 2016); Blair County Health & Welfare Reports (2013, 2014, 2015); Blair County Health & Wellness Data Reports (2013, 2014, 2015)

- 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 FY 2016/2017.

- 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
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**

Children, Youth and Families (Special Grants)

Summary of Total Funding Request for FY 2016/2017

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 2016/2017 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.

ACT 360 / Alternative to Truancy Family Program = \$250,000

Strength Based Family Worker /LSFW = \$115,000

Family-functional Therapy Services = \$15,000

Multi-systemic Therapy Services = \$20,000

Family Group Decision Making = \$120,000

Housing and Safety Needs = \$14,000

Incarcerated Mother's Visitation / Parenting = \$30,000

Parents as Teachers' Program / w/NFP medical support = \$75,000

Trauma Focused Group Therapy = \$ 22,000

Parent Child Interactive Therapy (PCIT) = \$ 10,030

FY 2016/2017 Total Funding = \$671,030

Drug and Alcohol Services

As part of a Recovery Oriented System of Care, the SCA (Blair County Drug and Alcohol Program, Inc.(BDAP) –Independent SCA), has organized its system to reflect the ROSC model of pre-engagement, acute specialized care, early and maintenance recovery. It involves the partnership with community members and the recovering community to support access to formal and informal supports.

Prevention

Under the definition of intervention is the activity of outreach to the community to promote at risk population to engage in services. The SCA has developed a plan of outreach services that target the community through numerous doors.

- a. Outreach through media campaigns, emergency responders and other systems targeting family and those in active use.
- b. Outreach through overdose prevention presentations and other substance abuse education pieces.
- c. SBIRT (Screening, Brief Intervention and Referral to Treatment) Training for first year resident students at AFP and new providers
- d. Expansion of the ER-Hospital-Warm Handoff-24/7 case management services, mobile case management, certified recovery specialist for the ER and hospital units. This will include regular meetings with ER personnel and local detoxification units.
- e. Faith based and Department of Aging training on referral system for drug and alcohol.

Pre-Engagement

Access to drug and alcohol services is available through numerous sites. Blair Drug and Alcohol Partnership (BDAP) currently provide over 75% of the criminal justice assessment. In addition, we provide assessments in the Blair County prison. We are in our third year of implanting the Jail Medicals Assistance Project for offenders released to residential facilities. All of the outpatient providers are contracted to provide drug and alcohol assessments also. BDAP contracts with 2 licensed outpatient providers to provide in school assessments and treatment services. This provides access to assessments and treatment in all 7 school districts. We have emergency room referrals to detoxification as medically necessary. BDAP has implemented SBIRT in two physical health clinics. One of the clinics includes the Residency Program and will include the training of 25, first, second and third year residencies. Yearly, training in SBIRT is now offered to all new residents and providers in the clinics. BDAP has been working with the largest hospital in our county to improve the identification and referral to the drug and alcohol system. BDAP is expanding case management positions to provide capacity of the availability of case management staff 24/7 starting July 1, 2016. In addition we have implemented Certified Recovery Specialist positions. The Case manager and CRS will work as a team to provide mobile case management to the hospital Emergency department and Medical floors. This project will be expanded to the 2 rural hospital once implemented. BDAP has been working to increase the outreach efforts in the community to encourage engagement of persons in active addiction and families to contact our system for help. All case management/assessment services are required to assist in the completion of Medicaid applications as time of assessment. The partnership with the local CAO has made a significant impact on the time from application to activation in the Medicaid system, sometime less than 24 hours.

Acute Specialized Care

Currently, BDAP contracts with 5 outpatient providers and 3 of them offer intensive outpatient services. In addition, Blair County has 2 large residential facilities that offer detoxification and non-hospital residential treatment. Blair County also has 1 female halfway house and 2 male halfway houses. BDAP also contracts

with detoxification, non-hospital residential and halfway houses outside of the county. BDAP also contracts with 2 methadone clinics located in Blair County and has added Vivitrol to its contracts to expand medicated assisted treatment. During the past year, BDAP has expand medicated assisted treatment within the community and jail by adding Vivitrol services. These services are provided in the community through a contract with Positive Recovery Solutions and in the jail with by the physician in the jail. With the expansion of Medicaid in PA, BDAP is currently expanding its contracts to reflect the local BH-MCO's network of care.

Early and Long Term Recovery

Blair County does have a local grassroots recovering organization call Rise for Recovery. This group has been meeting for over 2 years but in the last year it has expanded and organizationally moving forward. We have included a copy of their strategic plan for the next 18 months.

1) Waiting List for Each Level of Care

Currently, the community based services, outpatient, intensive outpatient and partial hospitalization are not reporting waiting list. This is not true for the residential programs (Level of Care: 2B-3A-3B-3C). These levels of care continue to show significant waiting periods and capacity to serve. At the time of submission, a snap shot of the local residential programs showed 2-3 days for detoxification and up to 8 weeks for residential referrals. With the expansion of Medicaid, the capacity to serve the increased eligible people has impacted this area. The wait time varies and is due to the capacity of beds for specific levels of care. The individual is provided interim services until a bed is made available, unless incarcerated at the time of assessment. The individual is provided with a referral to a lower level of care and the Case Manager continues to monitor the engagement of the individual until they access the recommended level of care. This was a snapshot at the time of the needs assessment. The wait time varies based on capacity.

2) Barriers to Accessing Treatment Services

Individuals who present with complicated cases continue to see barriers to accessing services. A snap shot of the situation includes:

- *Medical Complications:* diabetes, seizure disorders, physical disabilities
- *Psychiatric Histories:* As limited capacities are available, individuals with significant psychiatric histories and current stability can be more difficult to place

3) Capacity Issues

Currently, we do not have capacity to serve adolescents at the intensive outpatient level of care. The SCA is currently in the planning process to support the expansion of this service during the 2016-2017 fiscal year.

Blair County has two large residential providers in its county, Cove Forge and PYRAMID Healthcare. Cove Forge has expanded its residential beds by 32 beds during the 2015-16 fiscal year. PYRAMID is in the process of planning to expand during the 2016-2017 fiscal year. The number of beds is not confirmed at the time of this submission.

4) County Limits on Services

BDAP does not apply limits on any level of care at this time.

5) Impact of Opioid Epidemic in the County System

See *Treatment Plan Attachment 1 page 83*

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

See Treatment Plan Attachment 1 page 84

Target Populations

See Treatment Plan Attachment 1 page 84

Recovery-Oriented Services

Below is a list of recovery support services identified in the DDAP Treatment manual. The following services that are being offered in Blair County.

Certified Recovery Specialists

Mentoring Programs in which individuals newer to recovery are paired with more experienced people in recovery to obtain support and advice on an individual basis and to assist with issues potentially impacting recovery. The CRS also provides early engagement at the Crisis Center and local hospital and Recovery Planning to assist and individual in managing their recovery.

Reentry Group

Reentry Group for Women in the County Prison-Training and Education utilizing a structured curriculum relating to addiction and recovery, life skills, job skills, health and wellness that is conducted in a group setting.

HOPE Support Group

HOPE Support Group for family members provides information needed to help families and significant others who are impacted by an individual's addiction.

Alumni Group

This is a population focused group for phase 3 participants of our adult drug court. It provides ongoing engagement with individuals who have completed formal treatment. Recovery management education is provided during the hour group.

Rise for Recovery

Rise for Recovery operates at this time as a subcommittee to the SCA

See Strategic Plan: Rise for Recovery-Attachment 2 page 90

“Treatment Plan Attachment 1”

Executive Summary

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

Trends and Issues Identified Through the Needs Assessment Process:

Blair County data continues to show the impact of opiates on its citizens. Data from the SCA assessments and Blair Health Choices shows opiates, prescription and heroin, as a top drug of choice. Opiates are currently the top drug of choice at the time of assessment following alcohol. Data from our largest hospital emergency room from January 1, 2013-April 30, 2015 (that included a drug and alcohol reference) presented a snap shot of these issues in our community. 1,840 cases were used in the analysis. The following are some points that were identified through the report. Between the ages 15-49, appearances in the ER are not significantly different by age group ranging 9-11% for each 5 years of age (10-14, 15-19, etc.). Fifty and over represented over 500 cases (28% of the cases presenting with alcohol and/or drug issues. Overdoses and intoxication resulted in 39% of the AOD related cases in the ER. Approximately 442 presented as overdose/possible overdose. Coroner reports indicate a mixture of prescription drug use has been the primary reason for overdose deaths. Prescription drug trafficking was the primary source of opiates until the fall of 2013. At that time, we have reports from law enforcement that heroin buys were starting to outnumber prescription drug buys. Heroin has increased since this time and the cost is lower than the prescription drugs. Another class of medication that has increased the overdose potential is benzodiazepines mixed with opiates. We are beginning to see a reemergence of a younger population using prescription drugs and heroin. This trend was seen in the early 2000s when opiate use started to increase in Blair County. SCA and Blair Health Choices data confirms opioids a primary drug of choice for those entering the system.

In addition, alcohol intoxication, alcohol abuse/addiction or effects represents 38% of the ED admissions. Clearly, these two drugs of choice stretch the capacity of the ED/Crisis Center.

Additionally, when “bath salts” re-emerge in the community, this brings on its own set of difficulties in providing safe and adequate interventions. This becomes a dangerous situation for law enforcement and medical staff at local hospitals. In addition, with an opioid use disorder population, the need to expand the capacity to incorporate the connection to medicated assisted treatment and to ensure best practices are utilized within these services.

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

Target Populations

Blair Drug and Alcohol Partnerships (BDAP) - 2014-2015 Data: Drug and Alcohol assessments are available to all demographic groups. This is a free assessment paid through state/federal/Medicaid/grant funds. Once assessed a liability form is completed on the individual. If the individual does not have financial means, public funds, including the block grant, managed by the SCA are used to provide a continuum of services to the individual. A total of 995 assessments were completed through BDAP. This number does not represent all persons in drug and alcohol treatment. Some individuals are funded through private insurance and Medicaid can go directly to treatment providers for services.

Older Adults (ages 51 and above): The SCA assessed 119 individuals in this age group. This represents 12% of the individuals accessing services through SCA last year. 25% were female and 75% male. Of that group 36% presented with mental health symptoms.

Adults (ages 19 and 50): The SCA assessed 774 individuals in this age group: 30% were female and 51% presented with co-occurring mental health symptoms. 70% were male and 38% presented with co-occurring mental health symptoms. (see page 93)

Transition Age Youth (ages 19 to 25): The SCA assessed 248 individuals in this age group: 25% of the individuals presenting to the SCA for drug and alcohol assessment were in this age group. 27% were female and 28 % presenting with co-occurring mental health symptoms. 73% were male and 32% presented with co-occurring mental health symptoms.

Adolescents (18 and under): The SCA assessed 102 individuals in this age group. 32 % were female and 42% presented with co-occurring disorders. 68% were male and 42% presented with co-occurring mental health symptoms. (see page 92)

Individuals with Co-Occurring Psychiatric and Substance Use Disorders: Data is included within the Older Adults, Adults, Transition Age Youth and Adolescents subgroups listed 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

Women with Children: The SCA does provide services to this population. During FY 2014/2015, the SCA provided services to 212 women with children through multiple funding streams.

Veterans: The SCA has just added this question to its registration process. 59 people identified themselves as a Veteran at the time of assessment. 3 were female and 56 were male.

Demand for Treatment

The Prevalence and Demand for treatment data collected by the SCA provides a snapshot of the penetration rates and demand for services within our public systems. The analysis of this data shows demand rates that exceed the national average. One subgroup that does not exceed this trend is the 18-25 year old subgroup. The penetration rates appear to be in line with the national averages at this time.

Other Trends

National/State and Local Opioid Response

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

PA Medicaid Expansion

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

PA Recovery Movement

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

High Deductibles

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

Highlights of the Treatment Plan and Needs Assessment:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“Rise for Recovery Strategic Plan Attachment 2”



Vision: Uniting Voices for Recovery

**Rise for Recovery Minutes
Strategic Plan Meeting
Tuesday, April 5, 2016 5pm-9pm
Zion Lutheran Church**

Welcome and Introductions: Attendance Chart Attached.

Dan welcome everyone, quick introduction was provided. Dan provided an overview of Rise for Recovery. We had a nice representation of Persons in Recovery, Family members, and professionals from our community.

SWOT Analysis: Brandi Lucus facilitated the SWOT Analysis. The following are the areas identified with each section:

Strengths

1. Recovering people want to be involved (family members)
2. A lot of resources available
3. School with assistance programs

Weaknesses

1. Lack of knowledge of recovery
2. Information for kids
3. Bridge from professional services to recovering community and lack of knowledge of public services (who, what, where, when...)

Opportunities

1. Opportunity in media
2. Drop in center with hotline and family and community centers
3. Public events

Threats

1. Public attitude (general population) because of protection and fear
2. Overmedicated = death!
3. Families are in isolation

Strategic Planning: Development of action steps for each mission statement-12-18 month planning

Judy Rosser facilitated the strategic planning portion of the evening. The discussion included taking the main themes from the SWOT analysis and placing those issue under each of the mission statements. The group took 7-8 minutes on each area to brainstorm the activities under each mission statement and identified SWOT issue. Once this was completed, the group voted on the main themes that would help to move the organization forward and be included in the plan.

Rise for Recovery Strategic Planning Session: April 5, 2016 Minutes

Provide Hope to Those Who are Still Untreated		
SWOT Issue	Brainstorming	Outcomes of Vote
Pubic Events	Picnics, 3 on 3 events to include youth, candle light vigil, showing the Anonymous video, Annual Night out Event with activity, Family movie nights Proclamation, Speaker Jam, Recovery Advocacy Day at Capitol, 5K walk, family event that is for families	Maintain and increase Rise for Recovery Events that also include family focus
Family are in isolation	Outreach that includes family messages, Include them in events, include family in mission statement, counseling resources for families, warm line for families	Incorporation of families in the mission statement.
Educate the Public on the Disease of Addiction and that it is Treatable		
SWOT Issue	Brainstorming	Outcomes of Vote
Schools with assistance programs	Schools-PA announcements, Red ribbon Week, Speaking in schools, educate teachers, provide ACOA education, educate coaches, events geared to elementary kids, kids activities, transition years	Develop a presentation to provide to schools on recovery
Lack of Knowledge about recovery	Education on medication abuse, maximize social media, literature, PSA, speakers bureau for community groups, Central PA Live, build an application on resources	Develop outreach materials and speakers bureau that support the education of the community on recovery.
Provide Awareness that People in Recovery are Living a Productive Happy Life		
SWOT Issue	Brainstorming	Outcomes of Vote
Opportunity in media	PSA, Public Speakers, Apps-social media, promoting events, build relationship with media reps	Increase the sharing of recovery success through promotion of events and active publication of events
Public attitude (general population) because of protection and fear	Pictures of recovery events, be more visible, share success stories, testimonials on recovery stories	Develop a testimonial board through social media and other venues
Facilitate Partnerships and Resources that Support Recovery and Improves the Quality of Life		
SWOT Issue	Brainstorming	Outcomes of Vote
Recovering people want to be involved (family members)	Partner with other community members, partner on training events, signup sheets at events, youth group events, praise band	Increase partnerships through outreach and co-sponsorship of events Increase Co-sponsorship of youth events by Rise for Recovery

Recognize and Strengthen the Different Pathways of Recovery		
SWOT	Brainstorming	Outcomes of Vote
<p>Drop in center with hotline and family and community centers</p> <p>A lot of resources available</p> <p>Overmedicated = death!</p>	<p>Reach out to our provider communities, ER outreach, reentry from the prison, educate ministers, clergies, mentoring to existing youth groups, teen shelter, visit a drop in center, organizational structure of Rise for Recovery, training for the faith community to engage persons in recovery</p>	<p>Increase outreach to community partners to strengthen the engagement of people in the recovery process (ER/Reentry/teen centers/probation/parole)</p> <p>Assess the capacity to implement a drop in center</p> <p>Provide training of the faith community on engaging persons in early recovery</p>
Advocate for a Community that Facilitates Recovery		
SWOT	Brainstorming	Outcomes of Vote
<p>Bridge from professional services to recovering community</p> <p>Lack of knowledge of public services (who, what, where, when...)</p>	<p>Picnic brings different pathways together, speakers bureau, media training on telling our story, assessment of recovery resources, work with probation officer to work with parolees, homeless shelters, abuse shelters, presentation to DUI offenders (highway safety class)</p>	<p>Provide media training on telling your story</p> <p>Complete needs assessment of recovery resources</p>
Adolescent Service		
Type of Service	Facility	
Assessments	<p>Anthony Pater Counseling Blair County Drug and Alcohol Inc. Home Nursing Agency Impact Counseling, LLC LaRocco Counseling Pyramid Healthcare Inc.- OP</p>	
Outpatient	<p>Anthony Pater Counseling Home Nursing Agency-OP Impact Counseling, LLC LaRocco Counseling Pyramid Healthcare, Inc.-OP</p>	
Intensive Outpatient	<p>LaRocco Counseling Pyramid Healthcare, Inc</p>	
Partial Hospital	None	
Halfway House	None	
Inpatient Hospital Based Detoxification	None	
Inpatient Hospital Based Residential	None	
Inpatient Non Hospital Detoxification	<p>Cove Forge Behavioral Health System Pyramid Healthcare, Inc.-Altoona White Deer Run of Allenwood</p>	
Inpatient Non Hospital Residential	<p>Gaudenzia, Chamber Hill Pyramid Healthcare – Gibsonia and Quakertown White Deer Run of Allenwood</p>	
Intensive Case Management/Resource Coordination	None	

Adult Service		
Type of Service	Facility	
Assessments	Anthony Pater Counseling Blair Drug and Alcohol Home Nursing Agency	Impact Counseling, LLC LaRocco Counseling Pyramid Healthcare
Outpatient	Anthony Pater Counseling Home Nursing Agency-OP Impact Counseling, LLC	LaRocco Counseling Pyramid Healthcare, Inc.-OP
Intensive Outpatient	Home Nursing Agency LaRocco Counseling	Pyramid Healthcare, Inc.
Partial Hospital	Pyramid Healthcare Altoona. Cove Forge BHS	Pyramid Healthcare, Inc. – In Prison
Medicated Assisted Treatment	Methadone- Dolminis Discovery House	Suboxone-PYRAMID Vivitrol-Positive Recovery Solutions
Halfway House (Male)	Clem Mar Gatehouse for Men Gateway-Moffit/Tom Rutter	Pyramid –Altoona and Pine Ridge W D R-New Directions
Halfway House (Female)	Clem Mar for Women Community House Erie Gatehouse for Women	Libertae Pyramid Altoona Renewal Center
Inpatient Hospital Based Detoxification	Eagleville Hospital	
Inpatient Hospital Based Residential	Eagleville Hospital	
Inpatient Non Hospital Detoxification	Cove Forge B.H.S. Eagleville Hospital Gaudenzia Common Ground Firetree, Pottsville Greenbrier	Pyramid Healthcare, Inc.- Duncansville, Wilksburg, Langhorne, Stroudsburg Roxbury White Deer Run-Allenwood Bowling Green
Inpatient Non Hospital Residential ST	Cove Forge B.H.S. Bowling Green Brandywine Eagleville Hospital Firetree, Ltd.-Pottsville, Indiana, Synder Gaudenzia-Common Ground Greenbrier	Pyramid- Duncansville, Belleville, Wilksburg, Langhorne, Stroudsburg, Belleville Roxbury White Deer Run, Inc.
Inpatient Non Hospital Residential LT	Bowling Green Brandywine Gaudenzia Concept 90 Eagleville Hospital Fire Tree-Pottsville, Snyder	PYRAMID-Duncansville White Deer Run, Inc.
Inpatient Women with Children	Fountain Spring Kindred House	Vantage House
Intensive Case Management/Resource Coordination	Blair County Drug and Alcohol Program, Inc.	
Transitional/Housing Support	Blair Senior Services Family Services of Blair County	Pyramid ¾ Houses (M)

Human Services and Supports/Human Services Development Fund

Services To Be Provided

Adult Services

Program Name: Counseling Services

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

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

Service Category: Counseling

Planned Expenditures: \$11,325.00

Aging Services

Program Name: Care Management Services

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

Service Category: Care Management

Planned Expenditures: \$2,250.00.

Children and Youth Services

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

Generic Services

Program Name: Information and Referral

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

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

CONTACT Altoona is one of the founding partners in the PA 2-1-1 initiative. CONTACT Altoona is a satellite call center for the statewide PA 2-1-1 system, linking individuals in need to essential health and human services. CONTACT Altoona continually updates and maintains the PA 2-1-1 Database (<https://pa211.communityos.org/cms/>). The PA 2-1-1 Database provides the most accurate and updated resources for information and referrals in response to health and human service needs. The PA 2-1-1 Database is accessible 24 hours a day and is available to all members of the community. CONTACT Altoona's provision of information and referral services is necessary and vital in the implementation of 2-1-1.

Service Category: Centralized Information and Referral

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

Planned Expenditures: \$2,425.00.

Specialized Services

Program Name: Big Brothers/Big Sisters

Description of Services: Big Brothers/Big Sisters of Blair County, Inc. an affiliate of Big Brothers Big Sisters of America, Inc. provide services designed to help a child develop a positive relationship with an adult, who serves as a role model and will see the child on a regular basis. Our mission statement is "To help children reach their potential through professionally supported one-to-one relationships with measurable impact". Researchers have found, compared with a control group, Big Brothers Big Sisters mentored youth are 47% less likely than controls to initiate drug use, 27% less likely to initiate alcohol use, almost 1/3 less likely to hit

someone, skipped ½ as many school days, felt more competent at schoolwork and showed gains in grade point average, and finally displayed better relationships with their parents and peers.

Big Brothers Big Sisters of Blair County has expanded services to include site-based/school based mentoring known as SMART programing. Two current High School Big mentoring programs have proven effective over the past several years. These programs are designed in collaboration with school districts to meet the needs of students. Recent research has concluded these SMART programs make a positive difference in the areas of social acceptance, scholastic competence, grades, and having a special adult in their lives.

The Agency also provides youth development activities and programs. These programs are conducted on a monthly basis, are age appropriate, and utilize Search Institutes 40 developmental Assets as a bases for presenting a wide variety of youth development activities.

Planned Expenditures: \$5,820.00

Program Name: Teen Link Connection

Description of Services: Child Advocates of Blair County, through their Teen Link Connection program, provides intervention services, prevention services, case management, and referral services to pregnant and parenting teens and their families. Although other programs are available to support pregnant and parenting teens, these programs have restrictions with who they can serve. One program requires the adolescent to be enrolled in school, while another program requires the adolescent to be on their first pregnancy and request services by a specific number of weeks within the pregnancy. Teen Link Connection is the only program in Blair County that provides services to pregnant and parenting teens that have dropped out or recently graduated from school. Teen Link Connection is also a program that can provide services to adolescents even if they did not request services while they were pregnant. 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. The 13th annual Teen Power Day was held on May 9, 2016 with 73 students in attendance from 3 local school districts Many topics were presented such as: Healthy Relationships, Facts on STDs, Dangers of Nicotine and Alcohol Addiction, Testimonials from recovering addicts, Choices/Consequences and Cyber Bullying. The All Stars program served 21 students in 7th – 9th grade for the 2015-2016 school year.

Planned Expenditures: \$10,185.00

Program Name: Reassurance Program

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

Planned Expenditures: \$2,995.00

Interagency Coordination

The Blair County Department of Social Services will use Human Services Development Fund dollars for Interagency Coordination to help fund a coordinated county-wide Needs Assessment. The purpose of the comprehensive assessment is to identify community assets, identify targeted needs and develop an action plan to fill those needs. However, the ultimate goal is to improve the lives of all people living in Blair County. These dollars are also used to build partnerships through collaboration with other agencies and organizations. We work toward solving problems that exist within our community and to improve the effectiveness of the service delivery system. Our goals are to develop a better knowledge of existing agencies and services, provide education to others about community resources, and increase and promote the quality of human services in the community. Interagency Coordination expenditures include expenses incurred for staff to attend the following Human Services Committees or Councils which serve in an advisory capacity: Blair County Health & Welfare Council, Blair County Local Housing Options Team (LHOT), Blair County Healthy Community Partnership, Blair County Leadership Coalition, Blair County Needs Net, Blair County Fuel Bank, and the Heat & Utilities Task Force. These collaborations are vital for the coordination of not only state funded programs but the link to private partnerships such as faith based organizations, United Way, and local leaders. Expenditures also include staff coordination with state committees such as Long Term Care, Department of Education and PACHSA. PACHSA dues are not included in the expenditures for Interagency Coordination. Please see attached Job Description on *page 98*.



JOB DESCRIPTION

Blair County
Hollidaysburg, PA

Job Title: Human Services Director
Reports to: Social Services Executive Director

Job Description No. (Assigned by HR)
REV /Date

Status: full-time or part-time

Classification: Exempt

Pay Scale/Grade/Salary: Approved by salary board

Position Summary:

Direct county human service planning and coordination; oversight of contracted services, grant writing/administration; staff supervision and fiscal management; and inter-governmental relations.

Job Description
Human Services Director

Essential Duties:

- Assist with Contract and budget process development
- Assist with performance improvement measures and monitoring for providers
- Manage the County Human Services Program areas Administrative Budget and other operating budget line items not specific to provider contracts/purchase of service agreements
- Develop a working relationship with providers, contractors and local agencies
- Assist with overseeing and offering expertise in the collaboration of the human services system with County and community partners
- Develop agendas, reports, updates for various committee and board meetings
- Prepare and provide various Human Services program reports for State and Federal Agencies
- Prepare and provide program reports for regular meetings and annual reports to the full board
- Assist and coordinate with the Executive Director of CONTACT Altoona regarding the operational efforts of the 2-1-1 program
- Coordinate the efforts of Local Housing Options Team (LHOT) and homelessness/housing needs
- Coordinate and convene quarterly meetings of the Blair County Local Board for the Emergency Food and Shelter Program/Special Housing Needs Task Force (FEMA).
- Act as liaison between providers and State for the Homeless Assistance Program (HAP)
- Act as the "home" of the Blair County Health and Welfare Council
- Convene meetings of the Blair County Fuel Bank Steering Committee.
- Coordinate and convene meetings of the Blair County Local Victims of Crime Act (VOCA) Policy Board.
- Work with United Way and Family Resource Center (FRC) to develop and approve operating budget and submissions to DPW and other related items
- Oversight of Basic Needs System Coordination with United Way and Faith Based secure database planning
- Act as liaison between providers and State for the Human Services Development Fund (HSDF);
- Act as liaison between providers and State for the Victims of Crime Act (VOCA);
- Act as liaison between Local Recipient Organizations (LROs) and the National Board for the Emergency Food and Shelter Program (FEMA)

Requirements:

The minimum experience and training requirements for this position are three years of progressively responsible experience in the field of human services, including one year in an administrative or supervisory capacity, and a Bachelor's Degree in a related field or equivalent experience.

Skills and Abilities:

- Ability to develop working relationships with a wide range of individuals and organizations
- Be pro-active in seeking out resources
- Ability to multi-task, change gears quickly, flexibility
- Seek out pertinent data and determine the source and key dimensions of a problem
- Reach conclusions based on available information
- Ability to be decisive, choose from among alternatives and render a timely judgment
- Effectively plan and organize activities.
- Insure that directives have been understood and carried out, monitor progress
- Function in a controlled effective manner under stress
- Adjust approach to reach goal
- Effectively convey and receive information or ideas orally and in writing
- Effectively move others to a desired course of actions
- Demonstrate personal motivation and a desire to excel
- Establish and maintain effective relationships with others
- Provide direction and influence/motivate others to achieve goals
- Provide quality work free of error and waste

Physical Requirements and Work Environment:

- Computer operation skills
- Understand and knowledge of various computer programs
- Required to handle field service work. Out of office time may reach 50% or more
- Ability to interact with employees and general public
- Ability to cope with the mental and emotional stress of the position
- Preparation of various reports and forms
- Ability to sit for long periods of time
- Ability to operate various office equipment
- Ability to lift items 25 pounds

Special Needs:

This job description does not imply that these are the only duties to be performed. Employees occupying this position will be required to follow any other-related instructions and to perform any other job related duties requested by their supervisor. Furthermore, this does not establish a contract for employment and is subject to change at the discretion of the employer.

**The physical demands and work environment described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

By signing this I acknowledge that I can perform all of the essential functions and duties described in this job description.

Received by: Signed: Cathy Crown Date: 6-17-2014
Print name: Cathy Crown

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

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
MENTAL HEALTH SERVICES						
ACT and CTT						
Administrative Management	985		489,120		30,638	
Administrator's Office			378,454		44,273	
Adult Developmental Training						
Children's Evidence Based Practices						
Children's Psychosocial Rehab Services						
Community Employment	48		141,639		8,393	
Community Residential Services	27		315,850		25,772	
Community Services	N/A		42,087		4,381	
Consumer Driven Services	51		83,303			
Emergency Services	635		286,778		31,866	
Facility Based Vocational Rehabilitation	15		130,360		13,036	
Family Based Mental Health Services	12		60,000			
Family Support Services	25		109,751		7,536	
Housing Support Services	90		139,895	42,708	3,264	
Mental Health Crisis Intervention	945		310,000			
Other						
Outpatient	495		467,216		34,506	
Partial Hospitalization	50		98,521			
Peer Support Services						
Psychiatric Inpatient Hospitalization						
Psychiatric Rehabilitation	25		200,000			
Social Rehabilitation Services	75		232,541		19,642	
Targeted Case Management	275		240,942			
Transitional and Community Integration	60		92,415			
TOTAL MH SERVICES	3,813	3,818,872	3,818,872	42,708	223,307	0

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
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INTELLECTUAL DISABILITIES SERVICES

Administrator's Office			895,370	15,944	1,700	
Case Management	729		58,917	1,892,006	4,300	
Community Based Services	956		324,936	16,715,841	30,240	
Community Residential Services	187		0	20,893,018	0	
Other	0		0	0	0	
TOTAL ID SERVICES	1,872	1,279,223	1,279,223	39,516,809	36,240	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	100		31,897			
Case Management	980		98,120			
Rental Assistance	350		66,545			
Emergency Shelter	350		40,155			
Other Housing Supports	0		0			
Administration			26,300			
TOTAL HAP SERVICES	1,780	263,017	263,017		0	0

CHILD WELFARE SPECIAL GRANT SERVICES

Evidence Based Services	303		407,030		22,694	0
Promising Practice	0		0		0	0
Alternatives to Truancy	100		250,000		0	0
Housing	22		14,000		0	0
TOTAL CWSG SERVICES	425	671,030	671,030		22,694	0

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
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DRUG AND ALCOHOL SERVICES						
Case/Care Management	1,500		297,322			
Inpatient Hospital	1		5,000			
Inpatient Non-Hospital	20		50,000			
Medication Assisted Therapy	30		40,000			
Other Intervention	15,000		10,000			
Outpatient/Intensive Outpatient	20		50,000			
Partial Hospitalization	25		45,000			
Prevention	300		5,000			
Recovery Support Services	250		75,000			
TOTAL DRUG AND ALCOHOL SERVICES	17,146		577,322	577,322		0

HUMAN SERVICES AND SUPPORTS						
Adult Services	50		11,325			
Aging Services	49		2,250			
Children and Youth Services	0		0			
Generic Services	2,800		2,425			
Specialized Services	352		19,000			
Interagency Coordination			90,127			
TOTAL HUMAN SERVICES AND SUPPORTS	3,251		139,030	125,127		0

COUNTY BLOCK GRANT ADMINISTRATION			13,903			
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GRAND TOTAL	28,287	6,748,494	6,748,494	39,559,517	282,241	0
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Appendix "D"
Public Hearing Supporting Documents



**BLAIR COUNTY
HUMAN SERVICES
2016 -17 ANNUAL PLAN
1ST PUBLIC HEARING NOTICE**

Blair County is beginning the process of developing the 2016-17 Human Services Block Grant Annual Plan. The Human Services Annual Plan must be submitted to the Department of Public Welfare by mid-June, 2016. The 1st Public Hearing will be held at the following location to solicit public comment on the Human Services Block Grant Annual Plan.



Friday, May 13, 2016 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



NOTICE

The Blair County Human Services Block Grant Annual Plan 1st Public Hearing for FY 2016-17 has been scheduled for Friday, May 13, 2016 at 2:00pm at the Altoona Water Authority Building, 900 Chestnut Ave., Altoona, PA. If you are interested in submitting comments please E-mail the Blair County Department of Social Services at dss@blairco.org.

May 9, 2016

HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2016/17

1st PUBLIC HEARING

May 13, 2016 @ 2:00PM

Altoona Water Authority Building, ALTOONA

SIGN IN SHEET

NAME	EMAIL	AGENCY	MUNICIPALITY
1. Jim Huduck	j.huduck@blairco.org	Social Services	
2. Melissa Gillin	m.gillin@blairco.org	Social Services	
3. Casey Crum	ccrum@blairco.org	Social Services	Logan Township
4. Robert Dean	RDean@blairco.org	Social Services	
5. Judy Ross	j.ross@blairco.org	BDAP	Holidaysburg
6. Theresa Rudy	trudy@blairco.org	Social Services	"
7. Janice Henry	jhenry@sasmg.org	SASMG	Altoona
8. Jon Frank	jonfrank@blairco.org	BCJPO	Altoona
9. Lisa Han	L.han@familyservicesinc.net	Family Services Inc.	Altoona
10. Craig Clark	craigclark@atlantabbutt	Evolution	Altoona
11. Jeff Colbert	jeffcolbert@comcast.net	Evolution	Altoona
12. Helen Terza	hterza@sasmg.org	SASMG	Altoona
13. Sandy Arnold	Sarnold@northstars.org	NSS, Inc.	Altoona
14. Amy Ann Starnfelt	astarnfelt@which.com	Branches of BNC	Antis
15. Mona Frederick	Fredrickm@upmc.edu	UPMC	Altoona
16. Theresa Bush	tbush@pyramidhcc.com	Pyramid Healthcare	Altoona
17. Justin Beigle	jbeigle@skillsgroup.org	SKILLS	Co-wide
18. Jim Grose	tgrose@contactaltoona.com	CONTACT Altoona	Altoona
19. John Hooper	JHooper@HomeNursingAgency.com	Home Nursing Agency	Altoona
20. Shane Heckman	sheckman@primary-health.net	PHS	Altoona
21. Crystal Walton	cwc.walton@gmail.com	HOPE Drop in	Altoona
22. Staci Shorvath	shorvath@blairco.org	BCCYF	Holidaysburg
23. Bruce Erb	berb@blairco.org	Commissioners of the	Holidaysburg
24. John Eichelberger	jeichelberger@psen.gov	PA Senate	PA
25.			
26.			
27.			

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

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



JAMES HUDACK
Executive Director
HEBESA HOBY
MH Program Director
CATHY CRUM
HS Program Director
KENNETH DEAN
MH Program Specialist
GINNY JAMES
CASSP Coordinator
SANDRA MACHAROLA
Racial Officer
DENISE HECKMAN
Racial Specialist
HEBBA ILLIG
Grants Coordinator for
Community Development
MELISSA GILLIN
Administrative Assistant

**The Blair County Department of Social Services
Human Services 2016-2017 Annual Plan 1st Public Hearing
Friday, May 13, 2016 at 2:00 p.m.
Altoona Water Authority, Chestnut Ave, Altoona PA**

Present: James Hudack, Melissa Gillin, Helen Terza, Jamie Henry, Jon Frank, Lisa Hann, Craig Clark, Jeff Colbert, Mark Frederick, Theresa Bush, Justin Reigle, Crystal Walton, Stacie Horvath, Cathy Crum, Kenneth Dean, Theresa Rudy, Amy Marten-Shanafelt, Shane Heckman, Commissioner Bruce Erb, John Hooper, Terri Grove, Sandy Arnold, Judy Rosser and Senator John Eichelberger

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, Theresa Rudy, Judy Rosser, Stacie Horvath, Jamie Henry, and Jon Frank

Jim went over a power point presentation that described the process of submitting the Annual Plan, the Timeline and that it is a requirement by the PA Dept. of Human Services. The tentative submission date is June 2016. Jim also reviewed some of the accomplishments from FY 2015-2016.

Public Comments/Input

Craig Clark, Evolution Counseling, thanked the Leadership Coalition for the way the committee handled the budget impasse and without the support from the Leadership Coalition, his agency would not have been able to continue to provide services.

Lisa Hann, Family Services, Inc., expressed the need for a Child Advocacy Center (CAC). The nearest centers are located in State College or Harrisburg. In some situations, there is a need to make multiple trips. Stacie Horvath, Children, Youth and Families, explained the role of the Child Advocacy Center and that they are in the process of a feasibility study for a CAC.

John Hooper, Home Nursing Agency, expressed concern on the limited availability of personal care homes available for those being released from Torrance State Hospital. Theresa explained that the State Policy is that individuals returning from a state hospital are not to be discharged to personal care homes

with more than 16 licensed beds. Blair County only has 4 personal care homes that meet this state policy. Also, it may not be their disability that limits the availability of beds but it is the amount of funding they are receiving.

Mark Frederick, UPMC Altoona, expressed concern with the drastic higher than average numbers of suicides in the past year in Blair County. Mark reported that many of these individuals did not receive any services within the County and that we may be missing treating a lot of other individuals.

Jeff Colbert, Evolution Counseling, expressed that there is an increased number of LGBTQ youth in Blair County. Jeff stated he has been reaching out to other agencies to try to put something together to be able to serve these individuals and their families. The national average age is 13.4 years of when these youth are expressing concerns. Jeff sees a need to target these youth earlier to increase or implement services.

Justin Beigle, Skills, expressed the need for additional transportation services not just for employment. Justin suggested looking into utilizing fleet vehicles from various agencies, such as Skills and Blair Senior Services, during hours when the vehicles are sitting idle and not being used by the agency for their normal services.

Jim thanked everyone for attending.

The 2nd Public Hearing will be held in June 1, 2016 at the Altoona Water Authority, Chestnut Ave, Altoona, 2:00pm – 3:30pm.

Blair County Office of Social Services

Human Services Annual Plan

2nd Public Hearing
for FY2016-2017

Wednesday, June 1, 2016

**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



**310 - Public Notices /
Legals**

NOTICE

"The Blair County Human Services Block Grant Annual Plan 2nd Public Hearing for FY 2016-17 has been scheduled for Wednesday, June 1, 2016 at 2:00 pm at the Altoona Water Authority Building, 900 Chestnut Avenue, Altoona, PA. If you are interested in submitting comments please e-mail the Blair County Department of Social Services at dss@blairco.org"

May 27, 2016

HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2016/17

2nd PUBLIC HEARING

June 1, 2016 @ 2:00PM

Altoona Water Authority Building, ALTOONA

SIGN IN SHEET

NAME	EMAIL	AGENCY	MUNICIPALITY
1. Cathy Crum	c.crum@blairco.org	Social Services	Logan Twp
2. Melissa Dillin	mgillin@blairco.org	Social Services	
3. Jim Hudack	j.hudack@blairco.org	Social Services	
4. Kenneth Dean	kdean@blairco.org	Social Services	
5. Donna Carter	dcarter@blairdop.org	BDAP	
6. Jim Bertheimer	Blair City Independent Livn	blairil@atlanticbb.net	
7. Nancy Metzger	ncmetzger@fcs195t.com	FCS	
8. Helen Terza	hterza@sasms.org	Southern Alleghenian Service Mgmt Group	ALTOONA
9. Tressella Green	trgreen@pa.us	OVR	
10. Jennifer Stubbs	Stubbsjm@ccbh.com	Community Care	
11. Kelly Williams	Kwilliams@homenursingagency.com	HNA	
12. Katie Clauss	kclauss@homenursingagency.com	HNA	
13. Jan Hoover	Jhoover@Home Nursing Agency	HNA	
14. Tom Grove	tgrove@contactaltoona.com	Center for Aging	
15. Amber Brick	abruck@kristfirstblair.org	Blair County	
16. Mary Kubig	mary.kubig@adelphei.org	Adelphi	
17. Donna Darity	ddgboa@aol.com	Community	
18. Jan Frank	jfrank@blairco.org	Community	Altoona
19. James Henry	jhenry@sasms.org	SASMS	Altoona
20.			
21.			
22.			
23.			
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27.			

**Blair County
Department of Social Services**

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

www.dss.blairco.org

Email: dss@blairco.org

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



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

**The Blair County Department of Social Services
Human Services 2016-2017 Annual Plan 2nd Public Hearing
Wednesday, June 1, 2016 at 2:00 p.m.
Altoona Water Authority, Chestnut Ave, Altoona PA**

Present: James Hudack, Melissa Gillin, Helen Terza, Jamie Henry, Jon Frank, Cathy Crum, Kenneth Dean, John Hooper, Terri Grove, Donna Gority, Donna Carter, Jim Berkheimer, Nancy Metzger, Tressella Green, Jennifer Stubbs, Kelly Williams, Katie Clauss, Amber Brick and Mary Kuhn

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 and what he hopes to achieve by listening and engaging the people of Blair County to participate in putting together the Annual Plan. The plan will be submitted to the Commissioners for review on June 14th and is scheduled for final approval at the Board of Commissioner's meeting on June 21.

Jim Hudack reported that each of the Human Services Block Grant funded programs would present an overview of their plan for FY 2016/2017. The presenters consisted of Cathy Crum, Blair County Human Services Program Director, Donna Carter, Blair Drug and Alcohol Partnership, James Henry, Executive Director of Southern Alleghenies Service Management Group, Jon Frank, Blair County Juvenile Probation and Ken Dean, Blair County Mental Health Program Specialist.

Intellectual Disability Services Plan – James Henry

Jamie reported that the plans for FY 2016/2017 are in alignment with the Office of Developmental Programs strategic initiatives. Jamie discussed the focus on the employment program for people with intellectual disabilities and the summer employment program. Jamie also stated that there will be continued focus on life sharing which is a program designed to have individuals with an intellectual disability to live with a family as opposed to a residential congregate setting. There will also be a focus on cross systems training for dual diagnosis for those individuals who have both a mental health diagnosis and an intellectual disability. There has been the development of a Dual Diagnosis Navigator position which is similar to a supports coordinator or case manager except that they provide resource coordination for the dually diagnosed individuals. A Technical Assistance Support Team (TAST) is also supported which is designed to help referrals that have challenging situations get connected with the

resources that Blair County has to offer. Another focus area is Person Directed Services which is designed to have the individual have more say in the support workers that they hire and have control over what supports and services they are receiving. There is also the continued emphasis on Person Centered Thinking & Planning.

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 and Family Services, Inc. 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 Program (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.

Children, Youth and Families Plan – Jon Frank

Jon stated that Juvenile Probation is connected with Children and Youth through the Needs Based Budget. They will continue to support 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 such as Parent Child Interactive Therapy and Trauma Focused Group Therapy.

Drug and Alcohol Services – Donna Carter

Donna discussed plans for Outreach to the community through media campaigns, emergency responders and other systems targeting families and those in active use. Also will be doing outreach for Overdose Prevention to provide presentations and substance abuse education through the communities. Donna also spoke about SBIRT Training which is Screening, Brief Intervention and Referral to Treatment. Also expanding the ER Hospital warm handoff treatment. They will be working on increasing the number of residential treatment and detox beds. They will be providing additional training to clinical staff on medicated assistant treatment admission criteria.

Mental Health Services – Ken Dean

Ken reviewed what has been implemented over the past year and what is planned for FY 2016/2017. We have added blended case management services at Nolton Diagnostics, CenClear and ACRP which provided consumers a choice of providers for this service. We have also increased the availability of tele psychiatry services at CenClear, HNA, PHN and UPMC Altoona inpatient. The mobile psych program availability which works through Skills has also increased. We have provided both school based outpatient satellite services and school based therapeutic services through ACRP. Forensic peer services have begun with Peer Star. We will continue to work on increasing housing options for people coming out of the State Hospital and prison and for youth in the transitional age that are aging out of children's services and into adult services. We will also be working on decreasing the number of

unnecessary admissions to both local hospitals and State hospital and prevent readmissions. We also need to increase employment opportunities and transportation accessibility. We also need to increase training for the LGBTQI

Jim Hudack asked for any questions or comments.

There were not any questions or comments.

Jim thanked everyone for attending.

Appendix “E”
Mental Health Supporting Documents

Section Nine:

Strategy 3: Mental Health Needs of Children/Adolescents

Findings and Documented Need

Although this strategy will target children/adolescents, the data from the community health needs assessment clearly indicates that mental health concerns are reflected across the population. Thirty-five percent (35.4%) of respondents to the household survey reported having a lot of anxiety, stress, or depression. When reviewing household survey responses from the seven other organizations that conducted the survey that number varied from 14.7% - 74.5% for having anxiety, stress, or depression. Eighty-two percent (82.4%) of key informants stated that children with mental illness or emotional issues was a major/moderate issue. Respondents to the faith-based survey believed that adults (91.7%) and children (87.5%) with mental illness or emotional issues was a major/moderate community challenge.

In responding to the question “What are the greatest needs regarding health education and prevention services in Blair County”, mental health/depression/suicide prevention was ranked in the top three for every survey conducted.

As part of their interview, healthcare providers ranked mental health services as one of the top community health need (20.0%). Many believe that mental health services especially for children and adolescents is a critical need (e.g. expansion of crisis services, the need for an inpatient facility, access to behavioral health providers, and additional psychiatrists, etc.).

In 2014, the Mental Health Work Group conducted an informal study to determine whether there was a need for a children/adolescent in-patient facility in Blair County. In a two-year period, 304 Blair County residents’ ages 0-18 received in-patient care at UPMC Altoona. Another 253 individuals ages 0-18 received in-patient services in one of nine referral facilities located outside of Blair County.

A review of the Student Assistance Program (SAP) implementation in Blair County identified many strengths including the availability of agency services and parent permission for SAP services. In 2014 -2015, 84% of parents provided written permission for their child to participate in SAP as compared to the state average of 71%.¹ The lack of psychiatrists, insurance issues/lack of credentialed staff, lack of an in-patient facility in the county and/or available beds in other facilities, and the need for more summer programs were identified as weaknesses in our child/adolescent mental health services system.

In 2011 – 2012 fiscal year, over 6,341 residents of Blair County received mental health services through the Behavioral Health Managed Care provider with another 3,747 uninsured individuals also receiving care. This represents 112% and 98% of the national average for these groups respectively.² Over the last five years, an average of \$30,000,000 annually has been spent for mental health services in the county alone.³

¹ Pennsylvania Department of Education. Student Assistance Program Data (2014- 2015)

² Blair County Department of Social Services

³ Blair Health Choices

Blair County has one of the most active crisis centers in the Pennsylvania for volume of patients served.⁴

Depression often is accompanied by co-occurring mental disorders (such as alcohol or substance abuse) and, if left untreated, can lead to higher rates of suicide. About 7 out of every 100 men and 1 out of every 100 women who have been diagnosed with depression at some time in their lifetime will go on to commit suicide. The risk of suicide in people with Major Depressive Disorder is about 20 times that of the general population.⁵

The national annual suicide rate is 13 per 100,000 with large increases in suicide rates affecting virtually every age group. The rate in Blair County is slightly higher at 13.6% as indicated in *Table 9*.

Table 9: Suicide Statistics in Blair County 2002-2013⁶

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Number of Suicides	18	16	25	20	17	20	16	15	14	16	13	17
Male	16	14	21	16	13	17	14	9	9	13	12	15
Female	2	2	4	4	4	3	3	6	5	3	1	2
Age												
0-15	0	0	0	0	0	0	0	1	0	0	0	0
16-25	2	3	4	1	0	5	3	2	4	2	1	2
26-35	3	0	3	2	1	3	2	2	2	2	3	4
36-45	3	3	5	4	7	8	6	6	3	1	3	2
46-55	3	5	7	2	2	3	2	2	1	7	1	2
55-65	1	1	3	6	4	1	2	1	4	1	4	5
66-75	2	2	2	1	1	0	1	1	0	3	0	1
75 and older	4	1	1	4	2	0	1	0	0	1	1	1

⁴ Blair County Department of Social Services

⁵ American Association of Suicidology

⁶ Blair County Coroner

The number of Student Assistance Program referrals for suicide ideation, gesture, or attempt is summarized in *Table 10*. As indicated on the Pennsylvania Youth Survey, youth in Blair County also report symptoms of depression.

Table 10: Summary of Blair County Student Assistance Program Data - Number of Referrals and Statistics Related to Suicide Ideation, Gesture, or Attempt⁷

School Year	Total Number of SAP Referrals	Number of Referrals for Suicide Ideation, Gestures, or Attempts	Number of Referrals for Suffered Recent Loss
1996-1997	1151	36	-
1997-1998	973	48	-
1998-1999	964	54	-
1999-2000	1023	65	-
2000-2001	1010	43	-
2001-2002	949	44	-
2002-2003	912	35	183
2003-2004	998	37	51
2004-2005	1055	34	73
2005-2006	1008	27	87
2006-2007	1018	19	69
2007-2008	1116	13	57
2008-2009	1206	14	106
2009-2010	1359	22	83
2010-2011	1478	51	96
2011-2012	1358	30	64
2012-2013	1368	33	55
2013-2014	1569	40	63
2014-2015	1647	37	64

(Student Assistance Programs have been established by law in all school districts to identify and assist students who may be experiencing problems with school performance or behavior. These problems may be related to mental health concerns, or alcohol and other drug use.).

The death of friends or family members, personal injury, moving homes, and worrying about having enough food are stressful events that can negatively affect a student’s life. In Blair County, 41.9% of students in this county reported the death of close friend or family member in the past twelve months, compared to 40.3% at the state level. 11.7% of students reported changing homes once or twice within the past 12 months, and 5.2% of students reported having changed homes three or more times in the past three years.⁸

⁷ Pennsylvania Department of Education. Student Assistance Program Data (1996 – 2015)

⁸ Pennsylvania Youth Survey. 2015 Blair County Survey

As shown in *Table 11*, 40.1% of students felt depressed or sad most days as compared to 30.1% in 2011 and 30.9% in 2013.

Table 11: Blair County Youth Reporting Symptoms of Depression (2015)⁹

	6th	7th	8th	9th	10th	11th	12th	Overall
In the past year, felt depressed or sad most days	34.8%	-	38.9%	-	43.6%	-	44.2%	40.1%
Sometimes I think that life is not worth it	17.0%	-	23.6%	-	28.1%	-	31.5%	24.7%
At times I think I am no good at all	27.2%	-	33.9%	-	38.4%	-	39.8%	34.6%
All in all, I am inclined to think that I am a failure	15.1%	-	20.9%	-	21.9%	-	22.6%	20.0%

Note: The symbol "--" indicates that data is not available because only students in grades 6, 8, 10, and 12 were surveyed as part of the Pennsylvania Youth Survey.

Bullying and harassment often leads to depression and suicide especially among young people. Students in Blair County (grades 6, 8, 10, and 12) reported on the 2015 Pennsylvania Youth Survey that overall 21.1% had been teased, called names, or made fun. These results are slightly higher than those reported by students across the Commonwealth (16.9%) but less than reporting in previous years.¹⁰ Although not ranked as high as other issues, about 49.0% of participants in the household survey considered bullying a major/moderate issue with approximately 27.5% reported having children who were being bullied /harassed.

The County Health Rankings Report looked at the ratio of the population to mental health providers. This measure represents the ratio of the county population to the number of mental health providers. For Blair County, that ratio was 460:1 as compared to Pennsylvania at 580:1.¹¹

Strategy: Mental Health Needs of Children/Adolescents

Goal(s): Develop a better understand of the services available to identify, intervene, and provide treatment to children and adolescents within the county.

Explore unmet needs and work toward establishing or enhancing programs and strategies to more effectively serve children and families.

Progress and Accomplishments (2012 – 2015)

- ❖ Conducted an informal feasibility study to assess the need and sustainability of an inpatient behavioral health facility for children and adolescents.
- ❖ Conducted and reviewed data on the implementation of Student Assistance Programs in Blair County schools.

The implementation plan for the continuation of this strategy is outlined in Section 12 of this report.

⁹ Pennsylvania Youth Survey. 2015 Blair County Survey

¹⁰ Pennsylvania Youth Survey, 2015 Blair County Survey

¹¹ 2016 County Health Rankings Report for Blair County

Strategy 3: Mental Health Needs of Children/Adolescents



Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
Feasibility study for an inpatient behavioral health facility	Determine the demand and feasibility of establishing an inpatient behavioral health unit for children and adolescents in Blair County.	Assessment of inpatient behavioral health needs in Blair County.	Children and adolescents	UPMC Altoona Healthy Blair County Coalition's Mental Health Work Group
Access to behavioral health services	Improve service coordination, cooperation, and communications among and between service providers.	Enhance behavioral health services offered to children and adolescents in Blair County.	Children and adolescents	Healthy Blair County Coalition's Mental Health Work Group Blair County Department of Social Services Blair County Behavioral Health Providers
Student Assistance Programs	Monitor the implementation of Student Assistance Programs	Assure that K-12 students are being identified, referred, and provided services as required by Act 211 and Chapter 12.	Children and adolescents	Blair County SAP Coordination Team
Summer SAP Support Groups	Increase access to summer support programs.	Provide support during the summer for students who were identified as having school performance and school behavior problems due to substance abuse and/or mental health concerns.	Referrals from SAP core teams	Blair County Student Assistance Programs Blair County Department of Social Services UPMC Altoona
Develop services and address system issues to meet current service/program gaps.	Expand capacity for child psychiatry and tele-psychiatry Address issues related to insurance and lack of credentialed agency staff	Decrease future re--admissions	Children and adolescents	Blair County Department of Social Services UPMC Altoona

Appendix "F"

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, 2016 and remain in effect until June 30, 2017.
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

4/29/16

Date

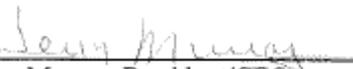
UPMC Altoona



Mark Chuff, Executive Director
Behavioral Health Services

4-19-2016

Date



Jerry Murray, President/CEO

4/21/16

Date