

Blair County  
Department of Social Services  
Human Services Block Grant

FY 2026/2027



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## Appendix "A"

### Blair County Commissioners Assurance of Compliance

Appendix A  
Fiscal Year 2026-2027

#### COUNTY HUMAN SERVICES PLAN ASSURANCE OF COMPLIANCE

COUNTY OF: BLAIR

- A. The County assures that services will be managed and delivered in accordance with the County Human Services Plan submitted herewith.
- B. The County assures, in compliance with Act 153 of 2016, that the County Human Services Plan submitted herewith has been developed based upon the County officials' determination of County need, formulated after an opportunity for public comment in the County.
- C. The County assures that it and its providers will maintain the eligibility records and other records necessary to support the expenditure reports submitted to the Department of Human Services.
- D. The County hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; and the Pennsylvania Human Relations Act of 1955, as amended; and 16 PA Code, Chapter 49 (relating to contract compliance):
1. The County does not and will not discriminate against any person because of race, color, religious creed, ancestry, origin, age, sex, gender identity, sexual orientation, or disability in providing services or employment; or in its relationship with other providers; or in providing access to services and employment for individuals with disabilities.
  2. The County will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

#### COUNTY COMMISSIONERS/COUNTY EXECUTIVE

| Signature(s)                                                                        | Please Print Name(s) |              |
|-------------------------------------------------------------------------------------|----------------------|--------------|
|  | David Kessling       | Date: 7-9-26 |
|  | Amy E. Webster       | Date: 7-9-26 |
|                                                                                     |                      | Date: 7-9-26 |

## Appendix "A"

### Blair County Leadership Coalition Assurance of Compliance

**Fiscal Year 2026-2027**

### **COUNTY HUMAN SERVICES PLAN**

### **Assurance of Compliance**

Blair County Leadership Coalition:



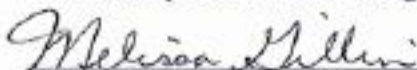
Tricia Johnson, Director  
Blair County Department of Social Services

6/23/2026  
Date



Cindy James, Coordinator  
Blair County Mental Health Program

6/23/2026  
Date



Melissa Gillin, Quality Assurance & Housing  
Coordinator Blair County Dept. Social Services

6/23/26  
Date



Amy Marten-Shanafelt, Executive Director  
Blair HealthChoices

06/23/2026

Date



Judy Rosser, Executive Director  
Blair Drug & Alcohol Partnership

06/23/2026

Date



James Henry, Executive Director  
Southern Alleghenies Service Management Group

06/25/2026

Date



Kelly Popich, Early Intervention Director  
Southern Alleghenies Service Management Group

06/25/2026

Date



Joseph Cox, Chief  
Blair County Juvenile Probation Officer

6/23/26  
Date



Shannon Tucker, Director  
Blair County Children, Youth & Families

06/25/2026  
Date

# Blair County Human Services Plan

## Fiscal Year 2026-2027

### *Part I: COUNTY PLANNING PROCESS*

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

Blair County is a Class 5 county located just west of the geographic center of Pennsylvania. Its estimated 2025 census is 119,541 residents. This represents a 2.7% population decrease from 2020. While the population is shrinking, the number of consumers continues to increase. Meeting the rising need is, as always, a challenge.

Ninety three percent of Blair County residents have completed high school and almost one quarter hold a bachelor's degree or higher. The Blair County median household income is \$62,382 per year, per capita income is \$44,667, and roughly 12% of the residents live in poverty. The housing stock in Blair County is aging and the average monthly cost with a mortgage for an owner-occupied structure is \$1,253 or \$15,036 annually. Seventy-two percent of residents live in owner-occupied structures. The 2026 Fair Market Rent per month for Blair County is calculated at \$802 for Efficiency, \$948 for a one Bedroom, and increasing up to \$1,458 for a three bedroom. The gross median rent is calculated at nearly \$900, and the availability of safe, affordable, adequate housing continues to be of concern to our residents.

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

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

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

addition, multiple partners from the business and education fields have stepped up as partners to ensure opportunities to engage in services.

### ***Planning***

In January 2012, Blair County developed the Blair County Cross Systems Leadership Coalition to meet the requirements of Act 80, which established a Human Services Block Grant (HSBG) Program. Coalition members include County Commissioners, the Mental Health/Intellectual Disabilities/Early Intervention Administrator, the Chief Juvenile Probation Officer, the Mental Health Program Coordinator, the Children, Youth, and Families Director, the Quality Assurance and Housing Coordinator, the Intellectual Disabilities Director, the Early Intervention Director, the County Administrator and Administrators of the following organizations: Southern Alleghenies Service Management Group (SASMG), Blair HealthChoices, and Blair County Drug and Alcohol Partnerships,. The coalition's mission is to create a structure and build partnerships to collaboratively manage cross systems strategies that positively affect people. This Coalition meets monthly to review management and outcomes of the Block Grant Funds and the programs 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 the next steps to better serve the residents of Blair County.

The Leadership Coalition works consistently to evaluate, amend, and add critical strategies to serve their consumers. The priorities focused on include housing, transportation, employment, life skills, and the collection of data that allows for better informed decision making. These priorities remain consistent while the coalition continues to look toward the future, monitoring the needs of the consumers in the community and evaluating the need for a change in priorities. The need for specialized childcare for those with special needs has risen as a new concern in recent months.

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

Attachment A found immediately following this section, outlines the advisory board and stakeholder committee structure that includes individuals that receive services, families of service recipients, providers, and other system partners. These committees are held monthly, bimonthly, but not less than quarterly. Information and feedback shared by individuals that receive services, families of service recipients, providers, and other system partners' is shared with and is reviewed by the advisory boards within each system's planning process. It also flows up to the Leadership Coalition where recommendations are made to the County Commissioners. The planning and implementation of such recommendations is reported back to the consumers. This ongoing process provides continuous opportunity for participation in planning. A comprehensive review of the Advisory Board By-laws was completed this year, and the amended by-laws were approved by the Advisory Board Members and the County Commissioners early in 2026.

Funds from HSBG have been used for specific programs and activities to address the areas identified in the community's health needs assessment. These include addressing mental health/depression/suicide prevention which were the greatest needs for education and prevention. One accomplishment in FY 25 - 26 was the development and implementation of a LOSS (Local Outreach of Suicide Survivors) group. This volunteer group consists of suicide survivors, family members with lived experience, and caring individuals who do outreach and provide support to those who have been impacted by suicide.

***Least Restrictive Environment:***

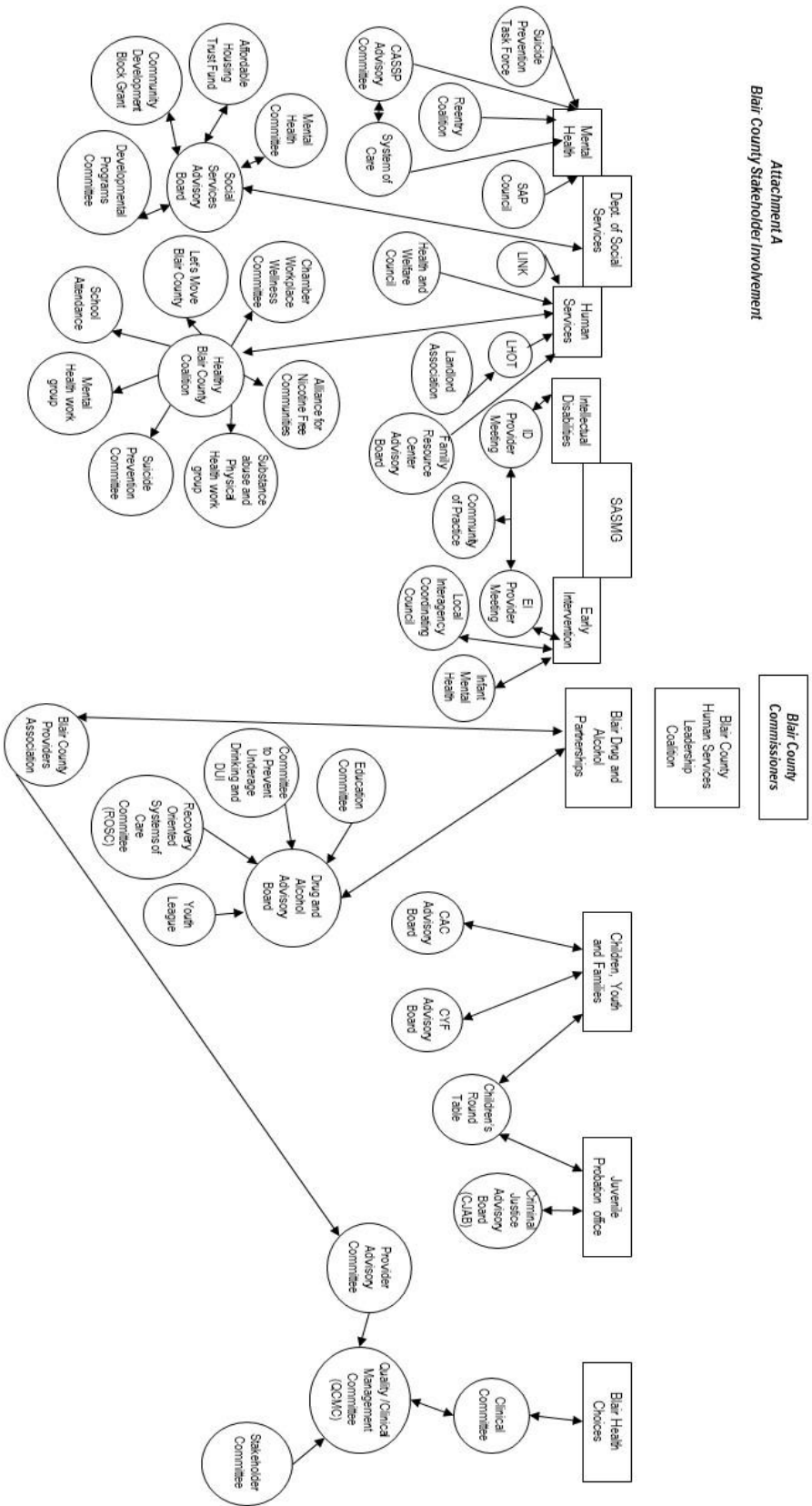
Blair County's Cross Systems Leadership Coalition works to assure that all the residents of the county receive services in the least restrictive setting appropriate to their needs. Ongoing review of situations and assessments in conjunction with provider and administrative collaboration provides clear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

***Programmatic Funding:***

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

The funding changes that were made because of the concept of block granting resulted in the redistribution of funds to programs that identified critical unmet needs. Looking forward, most programmatic funding will remain unchanged. Some newer priorities and are the need for supports for those with mental illness and involvement in the justice system, dual diagnosis, and complex cases. We continue to investigate which programs, services, and resources need to be added or increased to close the identified gaps in services. Moving forward, we are looking to continue to build the Re-entry Coalition to support those coming back to the community from incarceration, especially those who are diagnosed with SMI. In addition, we are looking at ways to ease the housing crunch by creating transitional housing with case management and other services to support those returning to the community from higher levels of care.

Attachment A  
Blair County Stakeholder Involvement



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

For the development of the FY 2026/2027 Human Services Annual Plan, Blair County conducted two Public Hearings to gain direct input from the community regarding priorities and issues that should be considered.

### ***1<sup>st</sup> Public Hearing***

On June 9, 2026 at 10:00 a.m., the first Blair County Human Services Annual Plan Public Hearing was held at the Southern Alleghenies Service Management Group (SASMG), 157 Lakemont Park Blvd, Altoona, PA. The location was selected due to the availability of being along public transportation routes and located within easy walking distance from a number of Blair County's largest providers. The hearing was advertised in the Altoona Mirror, the major newspaper of Blair County and posted to the Blair County web-site. A flyer was also created and posted throughout the County of Blair. In addition, the flyer was emailed through several program list serves with the request to have the hearing notice disseminated to providers and individuals they serve. Individuals were also encouraged to submit written comments if they were unable to attend any of the meetings. An advertisement for the public hearing was published in the Altoona Mirror on June 2, 2026.

The first public hearing had approximately 21 Blair County residents participate in the hearing. The intent of the first public hearing was to give an overview and process of the annual plan and to receive public comments and suggestions to be considered in the annual plan development.

## **MEETING NOTICE**

**The Blair County Human Services Block Grant Annual Plan 1st Public Hearing has been scheduled for Tuesday, June 9, 2026 at 10:00 AM at Southern Alleghenies Service Management Group (SASMG), 157 Lakemont Park Blvd, Altoona, PA 16602. If you are interested in submitting comments or require special accommodations to attend the hearing, please E-mail the Blair County Department of Social Services at [jkensinger@blaircountypa.gov](mailto:jkensinger@blaircountypa.gov).  
June 2, 2026**

# Altoona Mirror

## AFFIDAVIT OF PUBLICATION

STATE OF Florida  
COUNTY OF Orange

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

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

Jun. 2, 2026

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

*Anjana Bhadoriya*

(Signed) \_\_\_\_\_

### VERIFICATION

State of Florida  
County of Orange



Subscribed in my presence and sworn to before me on this: 06/05/2026

*J. Thompson*

Notary Public  
Notarized remotely online using communication technology via Proof.

### Meeting Notice

The Blair County Human Services Block Grant Annual Plan 1st Public Hearing has been scheduled for Tuesday, June 9, 2026 at 10:00 AM at Southern Alleghenies Service Management Group (SASMG), 157 Lakemont Park Blvd, Altoona, PA 16602. If you are interested in submitting comments or require special accommodations to attend the hearing, please E-mail the Blair County Department of Social Services at

[jkensinger@blaircountypa.gov](mailto:jkensinger@blaircountypa.gov)

June 2, 2026

BLAIR COUNTY HUMAN SERVICES  
LEADERSHIP TEAM PRESENTS:

# COFFEE & CONVERSATIONS

Please join us in a friendly discussion where you can share your thoughts/ ideas on a variety of important topics, including **Mental Health**, **Substance Use**, **Juvenile Probation**, **Intellectual Disabilities**, **Behavioral Health**, **Medicaid Dollars**, and **Housing** in Blair County. Your insights are truly valued!

TUESDAY, JUNE 9TH  
10 A.M.  
SOUTHERN ALLEGHENIES  
MANAGEMENT GROUP  
157 LAKEMONT PARK BLVD,  
ALTOONA, PA 16602



If you have any questions, please  
contact Tricia Johnson at 814-693-3023

1ST PUBLIC HEARING 2026

# Blair County Leadership Coalition Human Services Block Grant

Public Hearing June 9, 2026 10 AM

SASMG, 157 Lakemont Park Blvd. Altoona

## Purpose

The Blair County Leadership Coalition is a planning advisory, and development team dedicated to meeting the human service needs of citizens of Blair County.

## AGENDA

- Welcome
- Introductions
- Program Descriptions
- Public Discussion



## Programs Funded

- Mental Health
- Behavioral Health Services
- Intellectual Disability Services
- Drug and Alcohol Services
- Homeless Assistance Program
- Human Services Development Funds

We want to hear from you!

Barriers?

Biggest Concerns?

Most Helpful Services?

Unmet Needs?

Future Programming?

What do you want us to know?

## When Speaking

- State your name
- Where you are from
- Limit comments to 3 minutes



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

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

**TRICIA JOHNSON**  
Director  
**CINDY JAMES**  
MH Program Coordinator  
**NIKKI MCHUGH**  
MH Services Specialist  
**VIRGINIA CHRISTY**  
CASSP Coordinator  
**PATRICIA MURICEAK**  
Fiscal Officer  
**TYRUS YOUNG**  
Fiscal Specialist  
**TRINA ILLIG**  
Grants Coordinator for  
Community Development  
**VACANT**  
Community Development  
Specialist  
**MELISSA GILLIN**  
Quality Assurance & Housing  
Coordinator  
**JENNIFER KENSINGER**  
Administrative Coordinator

**The Blair County Department of Social Services**  
**Human Services 2026-2027 Annual Plan 1st Public Hearing**  
**Tuesday, June 9, 2026 at 10:00 A.M.**  
**Southern Alleghenies Service Management Group (SASMG), 157 Lakemont Park Blvd, Altoona**

**MINUTES**

**Welcome and Call to Order**

Tricia Johnson, Director of Blair County Department of Social Services (BCDSS), welcomed everyone to the 1<sup>st</sup> Public Hearing for the Human Services Block Grant (HSBG) 2026/2027 Annual Plan. Agenda flyers were made available to all participants. Tricia stated that the HSBG funding supports mental health, intellectual and autism, drug and alcohol, homeless and human services within Blair County. Tricia added that the purpose of the public hearing is to gather input from the public. A powerpoint presentation highlighted the HSBG funding streams.

Representatives of the Leadership Panel introduced themselves: Cindy James, Blair County Social Services Mental Health Program Coordinator; Jamie Henry, Southern Alleghenies Service Management Group (SASMG) Executive Director; Joe Cox, Blair County Juvenile Probation Chief; Judy Rosser, Blair Drug and Alcohol Partnership Executive Director; Shannon Tucker, Blair County Children, Youth and Families Director. Tricia announced that Missy Gillin, Blair County Quality Assurance & Housing Coordinator and Amy Marten-Shanafelt, Blair HealthChoices Director were absent.

Tricia stated that Blair County Leadership Coalition looks to identify ways to enhance the quality of services in the county. The county approved plan must be submitted to the State by July 21, 2026.

Jamie Henry stated that SASMG oversees the Intellectual Disabilities (ID) and autism services in Blair County. SASMG receives a small portion of block grant funding (\$900,000) to fund a Dual Diagnosis Navigator and certified nurse practitioner. HSBG funding is also used for one time payments in emergency situations, an annual Summer Employment program and unpaid provider services.

Tricia Johnson gave an overview of Blair County's Human Services Development Funds (HSDF) and Housing Assistance Program (HAP). The HSDF is used for counseling services through Family Services, wellness/reassurance calls through CONTACT Altoona; care management through Blair Senior Services; mentoring through Big Brothers/Big Sisters and Teen Link through Child Advocates. The HAP funds, through

Center for Community Action, are used for rental assistance and case management. Funding is quite limited. Family Services' emergency shelter also receives HAP funding.

Cindy James distributed a chart reflecting how HSBG funding is allocated for use for services in the county. Cindy stated that she is open to suggestions on how the funding is used. Much of the funding is used for housing and crisis services. Cindy requested individuals to let her know of any barriers to services or unmet needs.

Judy Rosser stated that Blair County Drug and Alcohol Partnership is the Single County Authority (SCA) for Blair County. These funds are used for prevention all the way to recovery support. Some specific uses are outreach, certified recovery specialists (CRS), resources, mentors, wellness plans, intensive case management and pathway to recovery. Judy stated that since adding two (2) full-time CRS, in 2019, within UPMC Altoona that substance use disorder (SUD) referrals increased from one hundred (100) to nine hundred (900) with half of those referrals going into treatment. Judy stated that funding is used for uninsured and underinsured. Judy added that there is a gap in services for adolescents. In addition to that, BDAP has no authority to require anyone to engage in services. 85% of treatment services are funded through Medicaid.

Joe Cox remarked that his office works with juveniles aged eleven (11) to eighteen (18) who go through the juvenile court system. His office does not receive any HSBG funding, but many of the juveniles do receive services from agencies and providers who receive HSBG allocations.

Shannon Tucker stated that her office also does not receive any block grant funding. CYF collects and shares data and trends with the Coalition. Currently, CYF is seeing an increase in homelessness. CYF tracks their data and data from the Coalition to determine what services/programs to request funding for in their Needs Based Budget. CYF has someone from BDAP embedded in their office and CYF works with DSS' CAASP Coordinator on cases that involve children with mental health issues.

Tricia wrapped up the presentations and asked for public input.

### **Public Input**

Aimee Burns, NAMI Blair County, addressed concern over the requirements to access Family Services Emergency Shelter. Also, she stated that homeless individuals cannot receive the help that they need because they are unable to find employment because they do not have a permanent address. Tricia stated that the county created and approved of a Homeless Outreach Coordinator position. The county is always looking for funding to help with the homeless population and members of the faith-based community have come together to help assist the unsheltered. Judy Rosser said that if SUD is identified and the individual engages in treatment, they may qualify for housing assistance.

Angie Long, Family Services Shelter, stated that one of their goals is to assist individuals in getting permanent housing and employment. Other barriers that individuals are facing are transportation, childcare and mental health issues. Individuals who cannot comply with the rules of the shelter will be evicted. Violence, drug and alcohol use are not tolerated. Angie stated that Family Services did apply and receive \$1,500.00 to purchase gift cards for transportation to get residents to various appointments. Jamie Henry mentioned that the Leadership Coalition did have a Transportation program, a few years back, to assist individuals in getting to their place of employment. Jamie stated that the Coalition could look at restarting that program if correct supports are put in place.

Jennifer Neely, Child Advocates of Blair County, stated that they received a small grant to offer gas cards to families to get their children to school or family members to medical appointments.

Ryan, a member of the public, expressed concern for the well-being and safety of his children. He feels that they are not receiving the help and services that they need through CYF. Shannon Tucker advised him of steps

that can be taken and did let him know that CYF cannot file criminal charges, despite law enforcement advising him that CYF could. Tricia stated discussions need to be had to find ways to bridge those gaps so that children who need services or support can receive them. Ryan would like programs and services to have staff available who can help with mental health/trauma issues. Jamie Henry stated that the Leadership Coalition offers law enforcement Crisis Intervention Training (CIT) and that a component could be added to that training regarding CYF. Shannon added that the District Attorney's detectives are made aware of any cases that rise to the Child Protective Services (CPS) level.

Tricia added that some initiatives that the county is focusing on are homelessness prevention, landlord/tenant education, re-entry coalition and transitional housing.

Tricia stated that DSS can be contacted for informational purposes (resources), if needed.

Bonita Shreve, member of the public, asked about services for seniors in the county. Tricia answered that Blair Senior Services offers services. Bonita wanted to know if DSS contracts with home health services. Tricia answered that DSS does not. Cindy added that DSS contracts with Blair Senior Services for domiciliary care and guardianship. DSS is also will be helping with case management for mental health services.

Kyle Siskron-Leonard, Center for Community Action (CCA), stated that their office is getting individuals housing outside the City of Altoona, which is creating transportation issues. Other issues are finding and keeping employment and childcare. Also, rental properties are being trashed by tenants which makes it difficult to find landlords who want to rent to individuals who are receiving rental assistance. CCA offers financial/budget classes. Aimee Burns suggested offering a smoke cessation program during classes.

Ken Dean, member of the public, stated that Blair HealthChoices has trained their staff in the Prepared Renter Education Program (PREP) and that are able to train staff at other organizations.

Bonita Shreve suggested requiring individuals to do what they need to do to receive assistance, but government agencies are not allowed to do that.

Amanda Humphreys, BDAP, stated that BDAP has funding to help with housing, but individuals sometimes choose not to receive it because they do not want to follow through with the requirements.

Tricia provided her email: [tjohnson@blaircountypa.gov](mailto:tjohnson@blaircountypa.gov)

Tricia thanked everyone for attending and closed the public hearing.

# HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2026/27

## 1st PUBLIC HEARING

June 9, 2026 @ 10:00 AM

Southern Alleghenies Service Management Group (SASMG), 157 Lakemont Park Blvd, Altoona, PA

## SIGN IN SHEET

| NAME                 | EMAIL                         | AGENCY                  | MUNICIPALITY     |
|----------------------|-------------------------------|-------------------------|------------------|
| 1. Ken Kensinger     | jkensinger@blaircountypa.gov  | DSS                     | Freedom Township |
| 2. Ryan McNeil       | Meru15931@Yahoo.com           |                         |                  |
| 3. Ken Dean          | KenDean@Rktmail.com           | Refugee                 | Frankstown       |
| 4. Lucia Johnson     | LJohnson@blaircountypa.gov    | DSS                     | Antis            |
| 5. Bonita Shreve     | BonitaShreve@yahoo.com        | Advisory Board          | Altoona          |
| 6. Dennis Shreve     | dshreve@arcadia.com           | ADUS                    | Altoona          |
| 7. Mike Muthugh      | nmuthugh@blaircountypa.gov    | DSS                     |                  |
| 8. Joe Cox           | JCox@blaircountypa.gov        | JPD                     | Blair            |
| 9. Judy Ross         | JudyRoss@blairdop.org         | BDAP                    | Hollingsburg     |
| 10. Cindy James      | Cjames@blaircountypa.gov      | DSS                     | Pennsboro        |
| 11. Angie Long       | along@family-services-inc.net | FSI                     | Altoona          |
| 12. James Henry      | jhenry@sasmg.org              | SASMG                   | Altoona          |
| 13. John Modder      | CCooney4@gmail.com            |                         | Altoona          |
| 14. Jennifer Neely   | jneely@eabe-bhs.org           | CABC                    | Ligon Altoona    |
| 15. S. Tucker        | stucker@blaircountypa.gov     | CYT                     | Blair            |
| 16. Amanda Humphreys | agrannas@blairdop.org         | BDAP                    |                  |
| 17. Larne Hedger     | hedgerlj@upmc.edu             | UPMC                    |                  |
| 18. Aimee Burns      | aimerb@namiblaircounty.com    | NAMI                    | Blair            |
| 19. Sean Burns       | sburns@hopedropin.org         | Hope                    | Blair            |
| 20. Amber Varn       | moackad@upmc.edu              | UPMC                    | Blair (Altoona)  |
| 21. Kyle Siskron     | KSiskron@ccaoofpa.org         | Center for Comm. Action | ALTOONA          |
| 22.                  |                               |                         |                  |
| 23.                  |                               |                         |                  |
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## **2<sup>nd</sup> Public Hearing**

The second hearing was held on June 18, 2026, at 2:00 p.m. at the Blair County Courthouse, 423 Allegheny Street, Hollidaysburg, PA.

The second Blair County Human Service Annual Plan Public Hearing was held in person and virtually and had 18 residents of Blair County in attendance. During this hearing each program director gave a brief overview of their program. 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. An advertisement for the public hearing was published in the Altoona Mirror on June 11, 2026.

**MEETING NOTICE**

The Blair County Human Services Block Grant Annual Plan 2nd Public Hearing been scheduled for Thursday, June 18, 2026 at 2:00 PM at the Blair County Courthouse, 423 Allegheny Street, Hollidaysburg, PA 16648. If you are interested in submitting comments or require special accommodations to attend the hearing, please E-mail the Blair County Department of Social Services at [jkensinger@blaircountypa.gov](mailto:jkensinger@blaircountypa.gov)

A virtual option is also available for this hearing. Please use the QR code below to participate virtually.



June 11, 2026

PROOF OF PUBLICATION OF NOTICE IN ALTOONA MIRROR

STATE OF PENNSYLVANIA  
COUNTY OF BLAIR

Daniel N. Slep, be-  
of the ALTOONA MIRROR, a newspaper of g  
Cayuga Avenue, Township of Logan, City  
Pennsylvania.

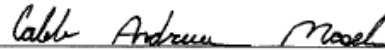
That said newspaper was established as  
the Thirteenth Day of June 1874, since which date said newspaper has been published daily  
in the City of Altoona; that a copy of the printed notice, hereto attached, is exactly as the  
same was printed and published in the regular edition of the daily ALTOONA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

June 11<sup>th</sup> of 2026

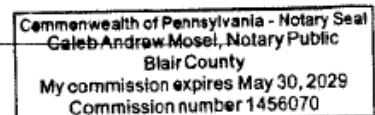
The affiant further deposes and declares that he is not interested in the subject  
matter of the aforesaid notice of publication and that all allegations in the foregoing  
statement as to time, place and character of publication are true.



Sworn to and subscribed before me the 11 day of June, 2026.

  
Caleb Andrew Mosel, Notary Public

My Commission expires



That he is the Publisher  
published at Number 301  
of Blair, and State of

of general circulation on

BLAIR COUNTY HUMAN SERVICES  
LEADERSHIP TEAM PRESENTS:

# COFFEE & CONVERSATIONS

Please join us in a friendly discussion where you can share your thoughts/ ideas on a variety of important topics, including **Mental Health**, **Substance Use**, **Juvenile Probation**, **Intellectual Disabilities**, **Behavioral Health**, **Medicaid Dollars**, and **Housing** in Blair County. Your insights are truly valued!

THURSDAY, JUNE 18TH  
2 P.M.  
BLAIR COUNTY COURTHOUSE  
423 ALLEGHENY ST  
HOLLIDAYSBURG, PA 16648

THIS IS A HYBRID FORMAT. PLEASE  
JOIN US IN PERSON OR VIRTUALLY.  
PLEASE USE THE QR CODE TO THE  
RIGHT TO JOIN THE MEETING  
VIRTUALLY.

If you have any questions, please  
contact Tricia Johnson at 814-693-3023



2ND PUBLIC HEARING 2026



# Blair County Leadership Coalition Human Services Block Grant

2nd Public Hearing June 18, 2026, 2 PM

Hybrid Event, Zoom and in-person

Blair County Courthouse, 423 Allegheny St. Hollidaysburg

## Purpose

The Blair County Leadership Coalition is a planning advisory, and development team dedicated to meeting the human service needs of citizens of Blair County.

## AGENDA

- Welcome
- Introductions
- Program Descriptions
- Public Discussion



## Programs Funded

- Mental Health
- Behavioral Health Services
- Intellectual Disability Services
- Drug and Alcohol Services
- Homeless Assistance Program
- Human Services Development Funds



We want to hear from you!

Barriers? Unmet Needs?  
Biggest Concerns? Most Helpful Services?  
Future Programming?  
What do you want us to know?

## When Speaking

- State your name
- Where you are from
- Limit comments to 3 minutes

[Click Here to Join the Meeting](#)



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

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

**TRICIA JOHNSON**  
Director  
**CINDY JAMES**  
MH Program Coordinator  
**NIKKI MCHUGH**  
MH Services Specialist  
**VIRGINIA CHRISTY**  
CASSP Coordinator  
**PATRICIA MURICEAK**  
Fiscal Officer  
**TYRUS YOUNG**  
Fiscal Specialist  
**TRINA ILLIG**  
Grants Coordinator for  
Community Development  
**VACANT**  
Community Development  
Specialist  
**MELISSA GILLIN**  
Quality Assurance & Housing  
Coordinator  
**JENNIFER KENSINGER**  
Administrative Coordinator

**The Blair County Department of Social Services**  
**Human Services 2026-2027 Annual Plan 2<sup>nd</sup> Public Hearing**  
**Thursday, June 18, 2026 at 2:00 P.M.**  
**Blair County Courthouse, 423 Allegheny Street, Hollidaysburg, PA**

**MINUTES**

The director of the Blair County Department of Social Services, Tricia Johnson welcomed everyone and called the public hearing to order. The hearing was held in person and virtually. The meeting was recorded and virtual participants were asked to identify themselves in the chat. Tricia gave an overview of the Human Services Block Grant (HSBG) and the purpose of the 2<sup>nd</sup> public hearing. The Leadership Panel gave self-introductions. Tricia shared a Powerpoint presentation with the attendees, which gave an overview of the HSBG and the purpose of the Leadership Coalition. The HSBG 2026/2027 Annual Plan is scheduled to be submitted to the Blair County Commissioners for their approval once completed and submitted to the State for their review and approval by July 21, 2026. The budget for the HSBG is unknown, but the assumption is that it will remain the same as last year. Tricia stated that once the annual plan is approved it will be posted on the Social Services site on the county website.

Cindy James, Blair County Mental Health Program Coordinator, shared a document showing the 25/26 HSBG funding allocations. Social Services received Federal and State funding and contracts with local agencies to provide a wide array of mental health services. Housing receives a big chunk of funding. Cindy is quite receptive to any suggestions on how the funding is utilized. Donna Gority asked Cindy what service is funded through Child Evidence Based. Cindy answered Parent-Child Interaction Therapy (PCIT) which is provided through the local Head Start program.

Shannon Tucker, Blair County Children, Youth and Families Director, stated that CYF does not receive any HSBG funding, but shares data and trends with the Coalition. Shannon said that housing costs have skyrocketed, making for a forty percent (40%) increase in homelessness from inadequate housing. CYF receives funding through the McKinney-Vento Act to aid PreK-12 students experiencing homelessness. This funding covers students who lack a "fixed, regular, and adequate nighttime residence including couch surfing."

Missy Gillin, Blair County Department of Social Services Quality Assurance and Housing Coordinator gave an overview of the Homeless Assistance Program (HAP) and Human Services Development Fund (HSDF). HAP funding is allocated to Center for Community Action and Family Services and primarily used for rental assistance, case management and emergency shelter. HAP funding has restrictions and is considered last resort funding. The HSDF funding is used by different providers for counseling, information, referrals, reassurance calls, Teen Link, care management and mentoring programs. Last year, HAP did receive an increase in funding. Missy gave a quick overview of the Housing Urban Development (HUD) definition of homelessness. If an individual is living in a car, a tent or on the street, they are considered homeless, but if you are staying in a motel, living with someone or couch surfing that is not considered homeless.

Judy Rosser, Executive Director for Blair Drug and Alcohol Partnership (BDAP) stated that HSBG funding can be used across the continuum for case management, prevention, early engagement, community-based services, recovery support, recovery housing and intervention services. Also, these funds are used for two (2) full-time Certified Recovery Specialists (CRSs), who are embedded in the Emergency Department (ED) of UPMC Altoona. Since CRS were embedded in the ED in 2019, referrals increased from one hundred (100) to nine hundred (900).

Jamie Henry, Executive Director of Southern Alleghenies Service Management Group (SASMG), stated that SASMG oversees the intellectual disabilities (ID), autism and early intervention services in Blair County. Jamie said that the HSBG funds, approximately \$890,000, are a small portion of the funding that their agency receives which is primarily used for stop gap measures that are not necessarily covered by waivers like emergency situations for overnight motel stays, respite stays, vehicle and/or residence modifications, but it also goes toward a MH/ID (Dual Diagnosis) Navigator and a staff certified nurse practitioner experienced in mental health and ID. Also, HSBG funding is used for employment support, such as the employment summer employment program, which will help students gain work experience to perhaps obtain a job in the future instead of attending a day program.

Amy Marten-Shanafelt, Executive Director of Blair HealthChoices, stated that her agency manages the services for those on medical assistance who need mental health or substance use treatment in the county. About twenty-five percent (25%) or approximately 30,000 Blair County residents are on medical assistance. Over the next year, some residents will lose their Medicaid eligibility. Blair HealthChoices partners closely with other members of the Coalition so that individuals being served do not lapse in their treatment. Also, Blair HealthChoices' Forensic Case Manager works closely with Social Services regarding services for those currently housed in the prison and for those re-entering the community from the prison. Tricia added that a bulk of the county funding does go to county individuals who are uninsured and need mental health services.

## **Public Comment**

Cathy Schimminger, Blair County resident, stated that over the past three (3) to four (4) years she has been hearing that individuals who do not reside in Blair County are receiving services in the county. Cathy wanted to know what qualifies an out of county individual to receive services in Blair. She stated that her tax dollars should be spent serving Blair residents. Cathy stated that she has heard that individuals from different counties within Pennsylvania (PA) and individuals from New York and New Jersey are coming here because it is easier to get housing, welfare and services like drug and alcohol (D&A) treatments. Cathy asked if someone from Cambria County is treated in Blair County does Cambria reimburse Blair. Judy Rosser answered that folks coming from other states like New Jersey have been going on for around a decade. Individuals do meet State criteria to receive assistance through county offices. Judy stated that non-residents can receive D&A treatment at the Salvation Army Recovery Center and two other area residential programs that have halfway houses and part of the individuals' treatment is to be reintegrated back into the community which may lead to that person staying in the county, but most individuals return back to their community. Judy stated that BDAP's services are voluntary and can walk away from them at any time. BDAP does try to help that individual get back home.

Cathy asked why out of town individuals like to come here and if it is because services are easy to obtain. Judy and Trica Johnson did not know the exact reason that individuals like to come here since criteria to receive services is same across PA. Cathy, again, asked how someone from New Jersey can receive services in Blair. Judy answered that most of BDAP funding is Federal funding and that if someone needs immediate life or death assistance that treatment cannot be withheld. Cathy also asked if follow-ups are made with these individuals to see if they made progress or not. Judy answered that the nature of the disease (SUD) is chronic and that individuals do relapse, but some do reengage with services. Judy reiterated that as far as emergent care that BDAP is required to facilitate that. Cathy asked the Coalition for the data on how many out of the county individuals Blair is serving. Judy stated that she does include that data in her annual report, if the individual has a zip code to report. Cathy stated that she spoke with a staff member at Cove Forge, a residential substance abuse disorder treatment center, and that she told her that only ten percent (10%) of the clients are Blair County residents. Tricia stated that out of county individuals who are uninsured are paid by the county that they reside in. BDAP has arrangements with providers that will charge the individuals' county of residence. Cindy James stated that out of the county individuals who are in the Blair County Prison do receive Peer Support in the prison, which is paid by Blair County.

Bonita Shreve, Blair County resident and Blair County Social Services Advisory Board member, asked how agencies/providers can deter individuals from walking away from treatment/services. Judy stated that the clinical services that are offered are a way to get the individual engaged and willing to follow through with services, but the individual cannot be forced to participate in treatment. Also, through BDAP's outreach program, individuals, many homeless, are identified and then given the opportunity to get a paid bus ticket back to their hometown. Amy Marten-Shanafelt added that Blair HealthChoices staff do work with out-of-town individuals and do have discussions with them, especially if they stop treatment, as to what services they can access. She also stated that many people do come to our area and stay because they feel safe. BHC tries to identify where the individual has support, connections and resources so that they are successful. Amy said that most individuals experiencing homelessness are Blair County residents and have been for a very long time. Amy said that when the Warming Center is open from January to early March that most individuals seeking shelter are transient and steps are taken to help them get back to their community, if that is their preference. Judy clarified that there are two residential treatment facilities in Blair County that have individuals from different counties, but they are being paid for through their county of origin. BDAP funds uninsured Blair County residents for treatment and services. Judy said BDAP does provide emergent care for those in crisis and possibility of death.

Samantha Pope, owner of four (4) Academy childcare centers, stated that her childcare centers serve over three hundred (300) children and employ over sixty (60) staff. Samantha also has a background in the mental health field. Samantha stated that they have a revolving door with children due to parents and grandparents moving to find employment.

Chelsea Hallinan, Academy staff member, stated that the Altoona location suffers the most from parents/grandparents not sustaining or finding employment. Chelsea said that their organization is looking to find resources to support the families.

Katie Link, Academy staff member, stated that when a child turns three (3), they are considered school age and cannot receive services, so they also are looking for support for children age three (3) and four (4) until they do go to school. Gaps pertain to a diagnosis and aides in the classroom to help with behavioral issues. Tricia Johnson stated that childcare was also mentioned at the 1<sup>st</sup> public hearing. Tricia said that Kelly Popich is the Blair County Early Intervention (EI) coordinator and that an Infant Mental Health initiative is being worked on to help identify concerns earlier. Tricia said that it is being looked at to blend EI into school age.

Cindy James introduced Ginny Christy, DSS CASSP Coordinator, and urged attendees to get her contact information so that they can reach out to her with concerns pertaining to youth.

Tricia asked online participants if they had any comments or questions. None were stated.

Tricia provided her email: [tjohnson@blaircountypa.gov](mailto:tjohnson@blaircountypa.gov)

Tricia thanked everyone for their comments and input and closed the public hearing.

# HUMAN SERVICES ANNUAL PLAN/BLK Grant FY 2026/27

## 2nd PUBLIC HEARING

June 18, 2026 @ 2:00 PM

Blair County Courthouse, Commissioners Public Meeting Room, 423 Allegheny St., Hollidaysburg

### SIGN IN SHEET

| NAME                 | EMAIL                | AGENCY           | MUNICIPALITY   |
|----------------------|----------------------|------------------|----------------|
| 1. Jen Kensing       |                      | Social Services  | Freedom        |
| 2. Tricia Johnson    |                      | Social Services  | Antis          |
| 3. Cindy James       |                      | " "              | Praying Spring |
| 4. Melissa Gillin    |                      | Social Services  |                |
| 5. Mike McHugh       |                      | DSS              |                |
| 6. Ginny Christy     |                      | DSS              |                |
| 7. Judy Kesser       |                      | BDAP             | Hollidaysburg  |
| 8. Bonita Shaeve     |                      | Advisory Board   | Altoona        |
| 9. Shavon Tucker     |                      | CMT              | Hollidaysburg  |
| 10. Katie Link       |                      | The Academy PECC | Altoona        |
| 11. Chelsea Hallinan |                      | The Academy PECC | Altoona        |
| 12. Samantha Pope    |                      | The Academy PECC | Hollidaysburg  |
| 13. Ann Schimmer     | cjschimmer@gmail.com |                  | ALTOONA        |
| 14.                  |                      |                  |                |
| 15.                  |                      |                  |                |
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| 31.                  |                      |                  |                |
| 32.                  |                      |                  |                |

### Online Participants

- 4:05:54 From Amy Marten-Shanafelt : Amy Marten-Shanafelt, Blair HealthChoices
- 14:06:39 From Samantha Fewell : Samantha Fewell, Program Director, The Learning Community of Pa (TLC)
- 14:07:19 From Donna Gority : Donna Gority, ddgbcc@gmail.com, Social Services Advisory Board, and other boards
- 14:46:11 From Jamie Henry : Jamie Henry SASMG Altoona
- 15:07:30 From Kyle Siskron-Leonard : Kyle Siskron-Leonard, Social Services Advisory Board

## Blair County Web-Site Posting of 2026/2027 Public Hearings

Blair County - Human Services | X +

blairco.org/departments/social-services/hdbg

 **BLAIR COUNTY** *Welcome!*  
*Pennsylvania*

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Advisory Board

Social Services Advisory  
Board

Human Services Block  
Grant

**COVID-19**

COVID-19 Information

**Community  
Development**

**Human Services Block Grant (HSBG)**

**Annual Plan Documents**

- 2026 - 2027 2nd Public Hearing Flyer
- 2026 - 2027 2nd Public Hearing Agenda
- 2026 - 2027 1st Public Hearing Flyer
- 2026 - 2027 1st Public Hearing Agenda
- 2025-2026 HSBG Annual Plan
- 2025 - 2026 1st & 2nd Public Hearing Flyer
- 2024 - 2025 Annual Plan
- 2024 - 2025 2nd Public Hearing Flyer
- 2024 - 2025 2nd Public Hearing Agenda
- 2024 - 2025 1st Public Hearing Flyer
- 2024 - 2025 1st Public Hearing Agenda
- 2023 - 2024 Annual Plan

**Contact**

BLAIR COUNTY DEPARTMENT OF  
SOCIAL SERVICES

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Hollidaysburg, PA 16648-2022

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**DIRECTOR**

Tricia Johnson  
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### **PART III: CROSS-COLLABORATION OF SERVICES**

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

#### ***Housing***

The housing crisis continues to impact Blair County deeply. The Family Homeless Shelter provides 35-day stays for those in need, with referrals coming from multiple agencies and directions. Creating, maintaining, and accessing safe, sustainable, accessible, and affordable housing has become the focus of multiple coalitions in the county. The largest coalition, The Hope for the Homeless Coalition, continues to focus on supporting those individuals who are at risk of or experiencing homelessness. Consisting of multiple faith-based groups, human service, and mental health providers, along with city and county officials. This group facilitated a housing advisors training to over 50 volunteers in the community. This training focuses on providing volunteers with knowledge and information surrounding prevention of homelessness and supporting those who are unsheltered. The volunteers are provided with information regarding local resources to prevent homelessness, and to direct individuals as they navigate the journey to self-sufficiency. This group was the founding support of the local warming center in previous years. This year, the operation of the Winter Warming Center was taken over by the non-profit group, a faith-based organization, who house the warming center in a church building. This year, the Warming center had multiple paid staffers who directed volunteers and staff from local human service and mental health agencies and helped to engage the guests in services including housing support and employment searches. Of the 88 guests that used the services of the warming center, roughly half of them attended more than 3 times. Of those, approximately 54% saw an improvement in their housing situation, including transition to stable housing. A partnership with the Salvation Army Church allowed for a daytime warming center and provided transportation needed. These new partnerships greatly increased the ability of the warming center to help address the needs of the clients who attended.

In addition to the Hope for the Homeless committee, several other efforts to increase affordable housing in the area have been underway. The Affordable Housing Trust Fund continues to support the maintenance or creation of affordable housing in Blair County through multiple programs including the First Time Home Buyers Program, the Code Compliance Program, the Demolition fund, and multiple other programs. This group works closely with the Blair County Landlords Association to build a network of available appropriate and affordable housing, decrease and remove blight, and improve the housing stock within the county.

The Local Housing Options Team (LHOT) meets bimonthly. This collaborative group has undergone a revitalization since the pandemic caused a reduction in attendance. Drawing everyone back together in the same room has allowed for some great conversation and ideas to be developed. The LHOT team continues to focus on its relationship with the area landlords, realtors, and city and county officials to provide the most support possible for those in need. The LHOT team has completed a new strategic plan and are working to increase the engagement of local landlords, providing tenant education, and identifying supports and resources that can be developed to provide wraparound services to ensure that both tenants and landlords can work together to maintain safe, stable, sustainable housing situations.

In addition, a new non-profit organization, Healthy Community Living, has come into existence and provides short term transitional housing, and long-term housing options, tenant education, and case management to those who are struggling with housing insecurity. The organization works to engage clients in services, encourage self-care, and provide follow-up to ensure that the support needed is available. This organization is a great partnership helping to support those who have co-occurring diagnoses, and complex cases.

### ***Employment***

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

As in previous years, SASMG will be offering a summer employment program for transition age youth. The intent of the program is to demonstrate to the students and their families that the students can work, be safe, and be successful outside of a segregated setting. The reinstitution of this program is a great asset to those transition age youth and it is our sincere desire to identify sustainable funding sources so that this program can be offered year in and year out.

A new employment services provider reached out with interest in serving the residents of Blair County who struggle with employment due to mental health and behavioral health challenges. The Learning Community, a longtime community partner, reached out late in 2025 to begin partnering with the County Mental Health Program. While their efforts are just getting underway, they began providing services in the last quarter of the fiscal year. We are excited to see the impact that this new partnership has as we move forward in the coming years.

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

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

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

The drop-in center now averages about seventy-five people per day. They are also partnering with local churches to address homelessness by providing laundry services. The Human Services Block Grant will continue to support ongoing operations, along with HealthChoices and other community support. In turn, H.O.P.E. Drop-In center plays a key role in Human Services Block Grant planning. They are active participants at the Human Services Block Grant public hearings and through the Community Support Program (CSP). They also participate in many other community outreach activities to increase awareness and reduce the stigma of behavioral health.

### *Re-entry Coalition*

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

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

### *MH/ID Navigator*

The Mental Health/Intellectual Disabilities (MH/ID) Navigator supports individuals who have a dual diagnosis and works to better coordinate services between the program areas of Intellectual Disabilities and Mental Health. This year, this position has worked with twenty teams to provide additional support and assistance to the team members. This position is responsible for our Technical Assistance Support Team (TAST), which reviews complex cases and offers suggestions and advice to the individual's team. Since July 1, 2024, TAST has reviewed more than five cases. The Navigator is the main contact person for any referrals to the Community Stabilization and Reintegration Unit (CSRU). The Navigator assists teams with discharge planning from the local psychiatric inpatient units. This includes plans to ensure successful reintegration into the community with support for housing and supportive employment. Finally, this position is responsible for requesting that a Higher-Level Review be completed by ODP and OMHSAS for admission to the State Hospital or State Center, as well as assisting the support team with discharge planning from the State Hospital and State Center.

### *Collaboration and Funding*

With the collaborative nature of the work that is already taking place in the county, the blending of funds to achieve the greatest impact is also key. During each of the collaborative meetings funding sources are discussed. Identifying where there are opportunities to pursue additional funding and growing the coalitions to include new members with resources to increase sustainability are focal points. Leveraging funds to provide the greatest impact is one of the strengths of the collaborative efforts.

The Human Services community in Blair County continues to grow as new partners emerge. As the group faces workforce and funding concerns, there has been a concerted effort to pull together and support each other to ensure that services remain available for the residents of the county. It is through this gathering of resources that opportunities to increase partnerships continue. Working together, we continue to add new and important partners into the folds of the human services group. It is the hope that, as in years past, the coming year will result in a stronger and larger human service support system for the residents of our county.

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

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

### **Mental Health Services**

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

##### **Housing Initiatives**

- Allocated funding to support individuals transitioning from state hospitals and Long Term Structured Residential (LTSR) Programs back to the community
- Utilizing reinvestment funds through Health Choices to create a 501(c)(3) nonprofit organization called Health Community Living.
- Expansion of Healthy Community Living
- Upgrading the structure of Juniata House to accommodate more individuals
- Housing Crisis Advisors had training to engage community supports in educating landlords and tenants
- Continuing search for property for transitional housing.

##### **Improvement of Communication with the State Hospital**

- Development of monthly meetings with both the civil and forensic units to coordinate on individuals progress, needs, and discharge plans.

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

- Continuation for the third year in providing critical overnight shelter and support to individuals in need during the winter months
- Partner agencies engaged with individuals onsite to connect them to community supports.

##### **Blair County Crisis Workgroup**

- Continues to meet to discuss community needs and to prepare for the crisis regulations that will be coming out in 2027.

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

- The Blair County Cross-Systems Leadership Coalition continues to meet monthly and maintains regular communication to monitor and coordinate Human Services Block Grant (HSBG) funding streams.

##### **The Blair County Children's Partnership Committee**

- Continues to meet bi-monthly to strengthen connections to resources that support youth and families.
- Has established a good relationship with all area school districts through better communication, resources, and partnerships.

##### **The Heart of Blair County**

- Resource website to serve as a centralized hub for information on human services, including available resources, training opportunities, and upcoming community events.

##### **May is Mental Health Awareness Month Events**

- In May, several local agencies and residential facilities illuminated their exteriors with green lighting in recognition of Mental Health Awareness Month, with a focus on three communities in our county.
- On May 21, 2026, 30 agencies came together at the local ballpark to share resources and promote awareness and suicide prevention.

- Displayed green ribbons on parking meters in two communities within the county.
- Promoted four trainings in May focusing on Mental Health within our community.

### **Coordination with the Criminal Justice Population**

- Improvement of communication between police and crisis.
- Improvement in communication with crisis and local county prison.
- Improvement in communication with the local Emergency Room and Police Departments, along with reducing the wait times for mental health consumers in the waiting area.

### **Student Assistance Program Liaison Communication**

- Improvement of communication and the working relationship between the agencies who provide student assistance services within our local school districts.

### **NAMI**

- The growth of new programs and support groups.
- NAMI has provided ten courses this past year which attracted an average of 137 participants, fostering a deeper understanding of mental health challenges and coping strategies.
- Offered 26 Family Support Groups for a total of 100 participants.
- Offered Peer Support Groups for a total of 284 participants.
- Offered 13 Community Presentations, including Ending the Silence, and In Our Own Voice.

### **Supporting of Homeless in the Community**

- Agencies working together to assist in homeless encampments to help provide supports.

### **CASSP Cross County Collaborative**

- Information sharing with bordering counties to discuss resources, documentation, and training.

### **Community Resource Fair**

- Several agencies collaborated to plan and host the third annual Resource Fair, featuring participation from over 70 local organizations to share valuable resources with members of our community.
- Implemented a Trunk and Treat this year which 200 community members participated in.

### **Re-entry Committee**

- Continuing to work on engagement with landlords and local supports.

### **Inclusion Alliance**

- Hosting multiple family game nights and picnics.
- Partners with local colleges.
- Created/developed a 101 training to provide to local agencies and community forums.

### **Blair County Community Support Program**

- The CSP committee was able to have the following speakers/trainers involved this year: fraud, positive boundaries, financial literacy and computer safety.

### **Communication with First Responders**

- Working committee on reducing the frequent contacts with members in the community that have multiple interactions with first responders.

### **Crisis Intervention Team Redevelopment Committee**

- Able to hold two training courses this past year.
- Virtual sessions are being implemented.

### **Safe Schools Committee**

- Was able to hold several swatting trainings/events for our local school districts and providers.

### **Implementation of the LOSS (Local Outreach to Suicide Survivors) Team**

- Team was implemented in September and has been able to provide resources for several area families.

### **UPMC Altoona Behavioral Health PODS**

- The POD opened July of 2025 and has been going well. Mental Health patients are being triaged sooner, and the process is more streamlined.

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

### **1. Older Adults (ages 60 and above)**

#### *Strengths:*

- County MH has a contract with Blair Senior Services for DOM Care services and Guardianship/Power of Attorney services.
- County MH has a contract with Contact ALTOONA called “Reassurance Contacts” for Adults and Older Adults to reduce social isolation with routine check-in phone calls and can remind individuals referred regarding medications and appointments.
- Availability of senior housing.
- Outpatient Mental Health Expansion for Nursing Home Residents.

#### *Needs:*

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

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

#### *Strengths:*

- Thorough continuum of care.
- HealthChoices Cares Team.
- Blended Case Management (BCM) has expanded, and three agencies have transitioned towards a case rate.
- A wide array of outpatient psychiatric clinics are available, including ACRP, Blair Family Solutions, Cen Clear, Nulton Diagnostic and Treatment Services, UPMC Western BH of the Alleghenies (BHA), and Primary Health Network Altoona BH (FQHC), providing comprehensive mental health services.
- HOPE Drop In Center is a dedicated drop-in center that is open 5 days per week. They are working on trying to launch all recovery groups. Their meal program is very successful as they feed everyone who comes into the center.
- NAMI Blair County has increased the services they provide to our community. Along with all they have been offering, they have begun The Power of Creativity Program, In Our Own Voice Program within several school districts, and are partnering with some area churches for their Faithnet Program. They have also increased the number of support groups that they have throughout the year.
- Value Based purchasing agreements with community-based organizations to address Social Determinants Health Needs.

- Lexington House is a Clubhouse operated by UPMC Western BHA is ICCD accredited by Clubhouse International and licensed as a psychiatric rehabilitation service with DHS/OMHSAS. The clubhouse continues to offer expanded evening and weekends hours.
- Active County Community Support Program (CSP) Committee meets bi-monthly (Third Monday at 1:00 p.m.) fostering active community involvement.
- Growth of peer support programs within the county.
- Implementation of the Learning Community Employment Services.
- Blair County Case Conferencing which is cross coordination to meet the needs of adults with mental health and community justice involvement.
- Quality Substance Use Disorder services to align with ASAM (American Society of Addiction Medicine).

*Needs:*

- Continue partnerships with all County committees to work towards providing safe, decent, and affordable housing to sustain current mental health supported housing projects and to expand housing availability for all individuals with disabilities.
- Education of county crisis services to all first responders.
- Affordable transportation within the county for appointments.
- Need for supportive employment.

### **3. Transition age Youth (ages 18-26)**

*Strengths:*

- BCM staff work with youth transitioning to adulthood including assistance with finding housing, exploring educational and vocational options, accessing clinical and supportive services in the community.
- Youth and young adult peer support services.
- Blair County Transition Council meets monthly and is actively supporting transition age youth from school to adulthood.
- Summer Employment through retained funds.
- Value Based purchasing agreements with community-based organizations to address Social Determinants Health Needs.

*Needs:*

- Continue to build on the strengths above and assure transition age youth continue to be a priority.
- Exploration of transition-age housing opportunities.
- Education on support of transitional age youth from child to adult services.
- Education of available resources.

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

All services/initiatives below will decrease the utilization for Psychiatric Residential Treatment Facility. Our CASSP Coordinator is very engaged within our community and has a good partnership with local children's agencies. She is very knowledgeable in our local resources and helps make referrals when necessary. She engages with the families to ensure that the least restrictive /least intrusive interventions occur in the most natural, normal settings available to successfully meet the family's needs.

##### *Strengths:*

- Wide array of children's services available in the county.
- CASSP Coordinator continues to facilitate meetings involving children/adolescents at risk for psychiatric out of home placements, as well as with complex situations requiring the involvement of multiple child serving systems and agencies to rally the needed treatment, support and education planning as necessary.
- Student Assistance Program Mental Health Liaisons serve all school districts in the county and are screened and/or assessed for suicide risk and mental health recommendations for in school and community-based treatment services. They also provide summer support groups. Liaisons use evidenced based group intervention within the school environment.
- Evidence Based Practices include Parent/Child Interaction Team (PCIT), Multi-Systemic Treatment, Positive Parenting Program (PPP), Trauma Focused Cognitive Behavioral Therapy (TFCBT),.
- County Mental Health Workgroup is continuing to work to expand partnerships to support care transitions, reentry, and follow-up for youth admitted to and discharged from hospitals and treatment centers.
- NAMI is presenting In Our Own Voice and Ending the Silence Programs in the various school districts.
- The Infant Mental Health Workgroup Initiative is looking at gaps in services for young children.
- Value Based purchasing agreements with community-based organizations to address Social Determinants Health Needs.
- The re-development of our county complex case needs plan.
- Cross Collaborative Case Meetings between CASSP Coordinator and Blair Health Choices.

##### *Needs:*

- Need for appropriate services for infant mental health and the more complex issues that children are experiencing.
- Workforce for community-based services.
- There is a need for local foster care families as well as Therapeutic Foster Care within our community.
- Need for available resources for those coming out of residential care.

#### **5. Individuals transitioning from state hospitals**

##### *Strengths:*

- County Mental Health Program Specialist works closely with the Transitional and Community Integration staff at the UPMC BHA made up of the State Hospital Liaison and psychiatric nurse, in collaboration with the Torrance State Hospital treatment team with the County Community Support Plan (CSP) process.

- County agencies (Social Services, Blair Health Choices, and UPMC Western Behavioral Health of the Alleghenies) meet monthly with state hospital staff to plan for discharge from the hospital when the time is appropriate to ensure that all needs are met.
- Tartaglio PCH has 9 bedrooms and is licensed to have a maximum of 13 individuals by the DHS. All residents are low-income with Supplemental SSI and/or SSDI only with most eligible for the state/federal personal care home.
- Juniata and Blair House offer transitional housing for those discharging from the state hospital, if appropriate.
- Contact Altoona continues to meet with individuals discharged from TSH to help transition back into the community.
- The implementation of CBIT (Community Based Intensive Treatment).

*Needs:*

- Continue to explore housing options for those transitioning from TSH
- Continue to explore options of LTSR (Long Term Structured Residential).

## **6. Individuals with co-occurring mental health/substance use disorder**

*Strengths:*

- Close partnership with the single county authority, Blair Drug and Alcohol Inc.
- Strong partnerships have been established with behavioral health service providers to ensure comprehensive treatment for individuals of all ages experiencing co-occurring mental health and substance use disorders. This includes a range of initiatives designed to meet the diverse needs of the county.
- Pyramid Healthcare and CRC at Cove Forge provide in-county residential rehabilitation services, increasing accessibility for residents requiring intensive support.
- There is a county-wide, cross-system commitment to building infrastructure and providing staff training to ensure that co-occurring treatment is viewed as the standard of care, not the exception.
- Pyramid and Discovery House have met fidelity for the Center of Excellence.
- Local Emergency Room has implemented peer support program.
- Narcan Implementation with community providers.

*Needs:*

- Prioritize and create additional initiatives to generate a fully integrated mental health and substance abuse system of care
- Exploration of option for an additional 302 designated facility for our county.
- Ongoing education of the latest drug trends.

## **7. Criminal justice-involved individuals - Counties are encouraged to collaboratively work within the structure of County Criminal Justice Advisory Boards (CJABs) to implement enhanced services for individuals involved with the criminal justice system including diversionary services that prevent further involvement with the criminal justice system as well as reentry services to support successful community reintegration.**

*Strengths:*

- Blair County Criminal Justice Advisory Board (CJAB) meets every other month with a membership reflecting an array of county stakeholders.
- Blair CJAB subcommittees include the Re-Entry Coalition, Veteran's Subcommittee, and Stepping Up Initiative who meet regularly.
- MH Forensic Case Manager works to reduce the number of people with mental illness booked into the jail, reduce the length of time in jail, increase connections to treatment, reduce recidivism, and data integration.
- Crisis Intervention Team (CIT) Training is offered in the county twice a year.
- Increased coordination with crisis and local police departments.
- Increased coordination, communication and engagement with local prison.
- Ongoing coordination and communication with local chiefs of police.

*Needs:*

- Increase participation from partnering groups to ensure proper resource coordination.
- Increase case management to assist in re-entry and help to reduce recidivism.
- Additional support from all parties to provide a unified effort to achieve the mission.
- There is a need for evaluators in our county to conduct competency evaluations.

## **8. Veterans**

*Strengths:*

- James VanZandt VA Medical Center in Altoona has a Behavioral Health Clinic with competent clinical professionals, and they participate in our local initiatives and collaborations.
- NAMI recently implemented NAMI Homefront for veterans/active service members.
- The Blair Huntingdon Veteran Advocate Network has been working together for three years. They believe that no single organization can meet all the needs of our veterans — but together, through networking, partnership, and open communication, they can build a stronger, more effective system of support. Their collective knowledge and resources are the backbone of this effort, and every meeting strengthens the connections that make this possible. In the last two years, they have:
  - Helped countless veterans to access the support they deserve;
  - Built a network of trust and collaboration between agencies, providers, and advocates;
  - Created new friendships and professional partnerships; and
  - Launched social media channels and started building a central website to continue expanding our reach.
- Our local managed care organization has a wide array of resources on their website, Operation Service Net.

*Needs:*

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

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

### *Strengths:*

- Evolution Counseling in Altoona offers “Allies” support group for LGBTQI Youth meets bi-monthly.
- Family Services Incorporated in conjunction with the Teen Center hosts a teen LGTBQ+ support group monthly.
- Blair County Inclusion Alliance is working to provide social services across a spectrum of needs, including but not limited to mental health, victim services, and child welfare. They meet monthly and create safe spaces for Blair County LGBTQI individuals. The committee recently developed a 101 training for local providers and the community.
- Partnering with Penn State Altoona.
- Hosting of community events geared to LGBTQI.
- Local Managed Care Organization has multiple resources on their website for LGBTQI community.

### *Needs:*

- More education for healthcare providers.
- Creation of adult support groups.
- Work to ensure safe spaces within the community.

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

### *Strengths:*

- The Altoona School District offers ESL classes to the community that are free for adults. They also offer GED preparation classes and can work with individuals to improve their basic skills.
- A local program works with individuals from diverse racial and ethnic groups in the community to teach the English language and support skill development in other areas, including learning about the local culture.
- Behavioral health providers can utilize resources offered by Community Care for those who speak different languages.
- Apps are available to help with translation.
- Early Intervention has contract with translation service to better support non English speaking consumers.

### *Needs:*

- Increase funding for local libraries to expand access to educational classes and literacy programs.
- Ongoing training opportunities should be provided to equip providers with effective strategies for communicating with families experiencing literacy challenges and for completing required documentation in a clear and accessible manner.
- An expansion of community-based resources would greatly benefit individuals with literacy needs; however, stigma remains a significant barrier to individuals seeking support.

## **11. First Responders**

### *Strengths:*

- The county has recognized a significant gap in mental health support for first responders.
- Several agencies have come together to create BRAG (Blair Responder Advocate Group).
- Education/training/resources regarding mental health for First Responders.
- New committee of first responders and county agencies to address the gaps and barriers in providing appropriate treatment to members in the community who utilize a high number of hours from first responders.
- CIT (Crisis Intervention Team) training is being offered to all first responders in the county.

### *Needs:*

- Provide training to equip the first responder with the necessary background knowledge and skills to effectively support them in their roles.

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

### **FY 2025/2026 Update**

#### **1). Housing Initiatives for those Transitioning out of State Hospital (TSH) or Long Term Structured Residence (LTSR)**

##### **Juniata House**

Over the past year, the county has prioritized addressing the housing needs of individuals transitioning from Torrance State Hospital (TSH) and Long-Term Structured Residence (LTSR) programs. Although several individuals were clinically ready for discharge and community reintegration, a shortage of appropriate housing options delayed their transition back into the community. To address this challenge, the county implemented two initiatives aimed at increasing housing opportunities for these individuals.

Through additional funding, Juniata House was able to prioritize housing placements for individuals being discharged from TSH or an LTSR. As a result, one individual was successfully transitioned from an LTSR to Juniata House. Since her transition, she has demonstrated significant progress and stability with the support and resources provided. She has remained actively engaged with her treatment providers and peer support services, while consistently complying with her rental agreement, house rules, and individualized plan of care. The additional funding also enabled Juniata House to complete several facility improvements, enhancing its capacity to serve more individuals in need of housing. Key upgrades included the installation of new windows and improvements to sidewalks, helping to create a safer and more supportive living environment while expanding housing opportunities for future residents.

##### **Healthy Community Living**

Through HealthChoices reinvestment funding, the Healthy Community Living program was established to support individuals experiencing housing needs and to assist with successful reintegration into the community. The county was able to utilize additional funding for case management services.

While Healthy Community Living has been highly successful in helping many individuals achieve stable community living, it has not been an effective resource for individuals discharged from TSH or LTSR during the past year. The individuals discharged from these settings were determined to have needs that were not well aligned with the level of support provided through the program.

We will continue to collaborate with Healthy Community Living and explore opportunities for future referrals when individuals' needs and circumstances are appropriate for this housing model.

#### **2). Additional 302 Designated Facility within the County**

Blair County currently has one designated 302 facility, located at UPMC Altoona. Over the past several years, community members and behavioral health providers have increasingly identified the need for an additional designated 302 facility to enhance access to emergency psychiatric services within the county.

Penn Highlands Tyrone expressed interest in becoming an additional 302-designated facility, and discussions were initiated regarding implementation, coordination, and operational logistics. Approval for this initiative was obtained through the County Annual Plan while Penn Highlands pursued the necessary waivers and licensure requirements. Concurrently, work began on developing the required Protocol and Standard Operating Procedures to support designation.

Unfortunately, due to staffing changes at Penn Highlands Tyrone, the initiative was unable to move forward, and the designation was not finalized. The County remains committed to exploring opportunities to expand access to 302 services and will continue to pursue partnerships that support this goal.

### **3). Criminal Justice Advisory Board (CJAB)**

Through ongoing collaboration with the Criminal Justice Advisory Board (CJAB), several priority issues were identified, including challenges related to competency evaluations, law enforcement responsibilities associated with serving 302 warrants, extended wait times at the designated 302 facility, and the need for targeted training for emergency department physicians and staff.

Of the four objectives established for this year, two have been successfully completed, one remains ongoing, and one is currently in the planning phase.

#### **a. Meeting with the Chiefs of Police to discuss concerns related to the serving of 302 warrants and provide targeted training to law enforcement personnel.**

This objective was successfully completed. Representatives from the Department of Social Services, the County Solicitor's Office, and the Crisis Program met with local Chiefs of Police during one of their regularly scheduled meetings. Discussions focused on the execution of 302 warrants, barriers encountered during the process, and opportunities to improve coordination between behavioral health and law enforcement systems. As a result of these collaborative efforts, stakeholders have reported improved communication and greater efficiency in the service of 302 warrants. In addition, through grant-funded initiatives, the County was able to offer Crisis Intervention Team (CIT) training on two occasions during the past year for law enforcement officers and other first responders, further enhancing community response to behavioral health crises.

#### **b. Initiate research to identify local providers capable of conducting competency evaluations and begin developing a standardized protocol to coordinate these services.**

Progress has been made toward this objective; however, a local provider capable of conducting competency evaluations has not yet been identified. The Department of Social Services continues to explore options for expanding local capacity. In the interim, the County has maintained a strong collaborative relationship with state partners, allowing competency evaluations to be completed in a timely manner through both in-person and telehealth modalities.

#### **c. Convene a meeting with the designated 302 facility to address concerns related to extended wait times, particularly the impact on law enforcement officers who must remain on-site until evaluations are completed.**

This objective was successfully completed. A meeting was convened with key stakeholders to review concerns regarding extended wait times and their impact on both individuals in crisis and law enforcement personnel. Following these discussions, the designated 302 facility, UPMC Altoona, developed and implemented a revised protocol to improve the evaluation process.

Since implementation, stakeholders have reported a significant reduction in wait times, and the new protocol has been viewed as effective in improving operational efficiency and coordination among involved parties.

#### **d. Deliver training to staff at the designated 302 facility on the Mental Health Procedures Act, along with any additional training identified as necessary.**

This objective remains in progress. Training related to the Mental Health Procedures Act (MHPA), as well as additional topics identified through ongoing review and stakeholder feedback, is being planned for Fall 2026. The training initiative will be coordinated through the 302 Review Committee, which includes representatives from the Department of Social Services, UPMC Altoona, and UPMC Western Psychiatric Hospital.

Blair County remains committed to strengthening collaboration among behavioral health, criminal justice, healthcare, and law enforcement partners to improve crisis response systems and ensure timely access to appropriate services for individuals experiencing behavioral health emergencies.

#### **4.) Infant Mental Health**

Blair County has identified ongoing gaps in services and support for infants, young children, and their families and continues to prioritize efforts to address the needs of this vulnerable population. To advance this work, a dedicated workgroup was established to identify service gaps, enhance community resources, and strengthen the local Infant and Early Childhood Mental Health (IECMH) system.

During the past year, several key initiatives were successfully implemented:

- A pilot Intensive Behavioral Health Services (IBHS) program was launched within a local Head Start agency. The program has demonstrated positive outcomes and has been well received by participating children, families, and staff.
- The Local Interagency Coordinating Council (LICC) Resource Booklet was updated to ensure families and providers have access to current information regarding available community resources and supports.
- An Infant Mental Health (IMH) training needs assessment survey was distributed to providers to identify educational priorities and inform future workforce development efforts.
- Trauma 101 and Trauma 102 trainings were offered to increase provider knowledge and enhance trauma-informed practices across service systems.
- The training, “Infant and Early Childhood Mental Health: Risk, Resilience, and Promoting Optimal Development,” was presented by Dr. Robert Gallen, providing participants with evidence-based strategies to support healthy child development.
- “Tracks to Connection: Growing Together in Early Childhood” conference, which provided valuable professional development opportunities, was held locally so many of the county’s early intervention providers were able to participate.

These accomplishments represent important steps toward strengthening the continuum of care for young children and families and building capacity within the local behavioral health and early childhood systems.

## **FY 2026/2027 (Continuing & New Priorities)**

### **c.1) Housing Initiatives**

☒ Continuing from prior year ☐ New Priority

The County has identified a continuing need for appropriate community housing options for individuals transitioning from Torrance State Hospital (TSH) and Long-Term Structured Residences (LTSR). Although several individuals are clinically ready for discharge, the lack of suitable housing and support services has created barriers to successful community reintegration.

This priority was also identified during the previous planning year. While progress was made through ongoing collaboration, resource exploration, and the utilization of existing programs, the desired outcomes were not fully achieved. The County remains committed to addressing this gap and will continue to utilize resources such as Juniata House and Healthy Community Living whenever appropriate to support discharge planning and community placement.

During this planning year, the County will strengthen its partnership with Blair HealthChoices and pursue the use of reinvestment funds to develop and establish housing opportunities specifically designed for individuals transitioning from state hospitals and other higher levels of care. Action steps will include identifying potential properties, securing funding resources, developing operational plans, establishing community partnerships, and implementing a sustainable housing program that supports successful community integration.

### **b. Timeline**

#### **Quarter 1**

- Continue monthly planning and stakeholder meetings.
- Assess community needs and review potential real estate opportunities.
- Identify housing models and best practices for implementation.

#### **Quarter 2**

- Explore funding opportunities and additional resources.
- Develop program design and implementation framework.
- Establish and strengthen partnerships with community providers and stakeholders.
- Evaluate potential property acquisitions or leasing opportunities.

#### **Quarter 3**

- Continue development and implementation activities initiated in Quarter 2.
- Finalize housing and program plans.
- Secure necessary agreements, partnerships, and funding commitments.
- Begin preparation for program launch and occupancy.

#### **Quarter 4**

- Complete establishment of housing and supportive programming.
- Implement operational procedures and referral processes.

- Ensure housing is available to support individuals transitioning from state hospitals and other higher levels of care.
- By June 30, 2027, have a residence established and a program in place to meet the housing and support needs of individuals being discharged from Torrance State Hospital, LTSRs, or other higher levels of care.

#### **c. Fiscal and Other Resources**

- HealthChoices Reinvestment Funds
- County Budget Allocations
- State and Federal Grant Opportunities
- Community Agency Partnerships

#### **d. Tracking Mechanism**

- Monthly planning and progress meetings with key stakeholders.
- Quarterly review of goals, activities, and deliverables.
- Documentation of funding applications, partnership development, and housing acquisition milestones.
- Monitoring of housing placements and discharge outcomes.
- Annual evaluation of project implementation and achievement of established objectives.

### **c.2 Expansion of Supported Employment**

☐ Continuing from prior year ☒ New Priority

During the previous year's public hearing, stakeholders identified a need to expand Supported Employment services for individuals living with serious mental illness within the county. While the county currently contracts with one provider to deliver Supported Employment services, stakeholders and consumers expressed concerns regarding limited provider choice.

In response, the County Social Services Office engaged with stakeholders, consumers, and community partners to assess the feasibility of expanding Supported Employment services through an additional provider. Based on these discussions, the county will pursue the development of a contract with a second qualified provider to increase service capacity, enhance consumer choice, and improve access to employment supports for individuals with serious mental illness.

#### **b. Timeline**

##### **Quarter 1**

- Finalize and execute a contract with an additional Supported Employment provider.
- Collaborate with the provider and county fiscal staff to establish billing procedures and claims submission processes.
- Initiate service delivery through the new provider.

## Quarter 2

- Review claims submissions and monitor service utilization.
- Conduct an initial program review meeting with the provider to assess implementation progress, identify strengths, address barriers, and determine any technical assistance needs.

## Quarter 3

- Monitoring claims activity and service directory.
- Maintain regular communication with the provider to support successful program operations and address any emerging concerns.

## Quarter 4

- Continue oversight of claims and program performance.
- Conduct an annual review meeting with the provider to evaluate program outcomes, discuss consumer participation and benefits, and identify opportunities for improvement.
- Gather stakeholder and consumer feedback regarding the effectiveness and accessibility of the expanded Supported Employment services.

### c. Fiscal and Other Resources

- County-funded resources will support the implementation and oversight of the additional Supported Employment provider.
- County administrative and fiscal staff will provide contract management, claims monitoring, and technical assistance as needed.

### d. Tracking Mechanism

Progress will be monitored through the following measures:

- Review of claims submitted and processed through the county system.
- Ongoing monitoring of service utilization and program activity.
- Regular meetings with the provider to assess implementation, performance, challenges, and outcomes.
- Completion of an annual program review, including stakeholder and consumer feedback, to evaluate the effectiveness of expanded Supported Employment services and achievement of annual goals.
- Training and Capacity Building: Provide training for professionals and caregivers on infant mental health best practices and interventions. Engage many professionals in the Infant Mental Health Community of Practice monthly trainings to build a solid foundation

### c.3 Reduce the Reliance on First Responders as the Primary Response to Mental Health Crisis

☐ Continuing from prior year ☒ New Priority

Over the past year, county law enforcement agencies and first responders have experienced an increase in interactions with individuals experiencing a mental health crisis. As a result, the Department of Social Services has been asked to collaborate with county partners to strengthen the community's response system and reduce the reliance on law enforcement and emergency responders as the primary intervention for behavioral health emergencies.

To address this growing need, the Department will work closely with the local Crisis Services provider, behavioral health partners, first responder agencies, and other stakeholders to develop a coordinated response framework. Efforts will focus on identifying service gaps, improving communication and coordination among agencies, expanding training opportunities, and ensuring appropriate resources are available to support individuals in crisis. The ultimate goal is to improve outcomes for community members while enhancing the effectiveness and safety of crisis response efforts.

## **b. Timeline**

### **Quarter 1**

- Convene meetings with law enforcement, emergency medical services, fire departments, Crisis Services, and other key stakeholders.
- Assess current trends, challenges, and service gaps related to mental health crisis response.
- Gather baseline data and identify priority needs within the community.
- Community needs assessment summary.

### **Quarter 2**

- Establish goals, protocols, and responsibilities among participating agencies.
- Identify training, resources, and funding needs.

### **Quarter 3**

- Implement identified strategies and provide resources to first responders and Crisis Services staff.
- Coordinate and promote Crisis Intervention Team (CIT) training opportunities.
- Develop and distribute educational materials and resource guides.

### **Quarter 4**

- Evaluate implementation progress and effectiveness of response strategies.
- Collect stakeholder feedback and review outcome data.
- Identify additional needs, opportunities for improvement, and recommendations for the upcoming year.

## **c. Fiscal and Other Resources**

- Local Crisis Services provider
- Partnership with HealthChoices and Managed Care Organizations
- Criminal Justice Advisory Board Committee (CJAB)
- County funding, as available, to support identified initiatives and resource needs
- Crisis Intervention Team (CIT) training programs
- Educational and outreach materials for first responders and community partners
- Staff time and administrative support for stakeholder coordination and planning activities

#### **d. Tracking Mechanism**

Progress will be monitored through ongoing stakeholder engagement and performance measurement activities, including:

- Stakeholder meetings with documented agendas, attendance, and outcomes
- Quarterly review of project goals, activities, and deliverables
- Pre- and post-training surveys administered to first responders and participating agencies
- Tracking of CIT training participation and completion rates
- Documentation of educational materials distributed, and outreach activities conducted
- Annual evaluation of program outcomes, stakeholder feedback, and identified service improvements

Success will be measured by the completion of planned activities, increased collaboration among agencies, improved crisis response capacity, and positive feedback from participating stakeholders.

#### **c.4 Complex Case Planning for Children/Adolescents**

☐ Continuing from prior year ☒ New Priority

Over the past year, Blair County has experienced several situations in which children and adolescents were clinically ready for discharge from residential treatment facilities, psychiatric residential treatment facilities, or other high levels of care, but were unable to successfully transition back into the community due to a lack of appropriate discharge resources. The primary barriers identified have included the absence of a stable home environment, limited family support, insufficient community-based resources, and a lack of coordinated discharge planning among systems involved in the youth's care.

Currently, Blair County has two youth residing in residential settings whose treatment needs have been met and who could transition to a less restrictive environment if appropriate housing, family support, or community resources were available. These cases highlight the need for a more proactive and coordinated approach to complex needs planning.

Recognizing this need, representatives from the Department of Social Services, Blair HealthChoices, Children, Youth and Families, Juvenile Probation, Southern Alleghenies Service Management Group, and Blair Drug and Alcohol Services have convened to review and update the county's Complex Needs Planning Policy and Procedures, originally developed six years ago. The updated framework will establish clear expectations, roles, and timelines for identifying youth with complex needs and initiating collaborative planning efforts well before discharge barriers become critical.

The goal of this initiative is to improve outcomes for children, adolescents, and young adults through age 21 by strengthening cross-system collaboration, increasing early identification of discharge barriers, and ensuring that youth transitioning from higher levels of care have access to appropriate community-based supports and living arrangements.

Action Steps:

1. Review and update the Blair County Complex Needs Planning Policy and Procedures to reflect current service systems, resources, and best practices.

2. Develop standardized referral and identification procedures for youth experiencing discharge barriers from residential or other higher levels of care.
3. Implement a process for convening cross-system planning meetings as soon as discharge concerns are identified.
4. Identify available community resources, housing options, family supports, and funding streams that may assist with successful community reintegration.
5. Monitor youth identified through the Complex Needs Planning process and track barriers, interventions, and outcomes.
6. Evaluate system gaps and make recommendations for future resource development and service enhancements.

## **B. Timeline**

### **Quarter 1**

- Review existing Complex Needs Planning Policy and Procedures.
- Convene stakeholder workgroup to identify updates and system gaps.
- Develop revised protocols for referral, identification, and case coordination.
- Complete policy review.
- Obtain stakeholder feedback on proposed revisions.

### **Quarter 2**

- Finalize and distribute updated policy and procedures.
- Provide orientation and training to participating agencies.
- Establish process for routine Complex Needs Planning meetings.
- Ensure all child-serving systems understand referral procedures and responsibilities.
- Begin utilizing updated planning process for identified youth.

### **Quarter 3**

- Implement ongoing multidisciplinary meetings for youth experiencing discharge barriers.
- Identify resource needs and funding opportunities to support transitions.
- Monitor active cases and document outcomes.
- Reduce delays in discharge due to system coordination issues.
- Quarterly case review summary.

### **Quarter 4**

- Evaluate implementation of the updated Complex Needs Planning process.
- Review outcomes for youth served through the process.
- Develop recommendations for continuous quality improvement.
- Increase successful transitions from higher levels of care to community settings.

- Outcome and performance data.

### **Fiscal and Other Resources**

- Blair County Department of Social Services
- Blair HealthChoices
- Children, Youth and Families
- Juvenile Probation
- Southern Alleghenies Service Management Group
- Blair Drug and Alcohol Services
- County funding allocations, when available
- Existing county and community-based service providers
- State and regional resources identified through collaborative planning efforts

### **Tracking Mechanism**

The Blair County CASSP Coordinator will monitor youth placed in residential and other higher levels of care to identify potential discharge barriers and transition needs. Progress will be tracked through:

- Quarterly review of identified complex-needs cases.
- Documentation of multidisciplinary planning meetings.
- Monitoring discharge timelines and transition outcomes.
- Tracking the number of youths successfully transitioned to community-based settings.

## **d) Strengths and Needs by Service Type**

### **1. Telehealth Services in Blair County**

- a. All providers are encouraged to utilize telehealth to increase access to care. Outpatient services are good at assessing which individuals are appropriate for telehealth services. Local libraries have computer and internet services for telehealth, but it is not always private.
- b. H.O.P.E. Drop In has set up a secure internet system and has several laptops for individuals to use to access telehealth services. The Department of Social Services has opened their conference room and technology for those in the community who are referred to for competency evaluations.
- c. Obstacles include limited access to internet due to the cost of having internet. Rural dead spots and access for members.

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

☒ Yes    ☐ No

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

Many different training courses have been offered in the past year:

- Trauma 101 and 102 – January 2025
- STAT Training, which is self-paced, online training for school staff – offered on-going
- Seeking Safety – October 2025
- TF-CBT – September 2025
- TISE – October & November 2025 – 2 school districts participated
- SSET – January 2026
- Trauma Informed Supervision Train the Trainer – May 2026
- DBT training is scheduled for July 2026

Blair County also has five providers who have earned their Trauma Informed Care Center Designation.

- CenClear
- Impact Counseling
- LaRocco Counseling
- PA Treatment and Healing
- UPMC Western Behavioral Health of the Alleghenies

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

☒ Yes    ☐ No

In FY 25-26 Blair Health Choices has continued to promote trainings by the Social and Racial Justice Steering Committee. Blair Health Choices also had a grant to promote Cultural and Linguistic Competence which ended in July. At that time, they encouraged providers to complete a survey on Cultural Diversity and Cultural Competency to assess needs still needed in the county. They continue to follow a work plan with Community Care and promote their initiatives. The Culture and Linguistic Lead for Blair County coordinates with system partners to identify needs and implement training opportunities.

**Two goals that have been completed:**

1. Developed a Cultural Wraparound tool to use with families for Family Driven Case Management. Through multiple meetings with staff, we were able to learn what cultural and linguistic practices are being done. It was determined that the tool we created is a way to engage with families, learn about their culture and ensure that the program being provided meets their individual needs. Family Driven Case Management was a model that provided training to help staff engage with families by learning their culture, developing clinical formulation and implementing interventions.
2. Developed a Cultural and Linguistic Assessment tool to use with Family Driven Case Management staff. A tool was created to utilize internally and within the identified programs. A self-assessment has been completed by staff and we used the results to drive discussion internally on enhancing cultural and linguistic practices and will be used within supervision. The provider network completed the assessment which allowed us an opportunity to work individually with a provider on implementing change within their agency. We are re-distributing the assessment to our provider network to provide continuous opportunities to help providers with the special populations who they serve. The tool will help us track and monitor annual trainings, ensure that staff are equipped with resources and opportunities to meet the needs of the diverse backgrounds of our families/ members.

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

☒ Yes    ☐ No

DEI efforts to address health inequities have focused on data analysis to identify any disparities. Data from the state is analyzed to determine if there are any statistically significant differences within quality initiatives around follow-up after hospitalization, hospital readmissions, and Integrated Care Plan goals. Community Care Behavioral Health reviews and analyzes segmentation data within Significant Member Incidents, Complaints and Grievances, and Penetration Rates to implement any interventions if applicable

Training courses that have been offered:

- Practices on making agency buildings more accessible
- Center for Independent Living Trainings on with DEI Principles
- Generational Gap Training

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

☒ Yes    ☐ No

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

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

- Since 2011, the task force has held thirteen successful Out of the Darkness Community Walks in Blair County. The sixteenth walk is scheduled for September 2026.

**2. Altoona Curve Event:**

- Sponsoring the sixth Altoona Curve event on May 21, 2026, focused on raising awareness of suicide risk and promoting help-seeking behavior within the community. The committee urged all local mental health providers to participate, ensuring the community is fully aware of the available resources.

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

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

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

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

**5. Suicide Prevention Summit:**

- The SPTF is planning the next summit.

**6. Community Presence:**

- Members of the task force actively participate in local events such as workforce development fairs, junior and senior high school wellness fairs, and community benefit outings to reduce the stigma associated with suicide. This includes partnering with a local college in their suicide prevention walk and health fairs.

**7. LOSS Team:**

- LOSS Team began in September 2025 and has been providing outreach to those who have lost a loved one to suicide.

**8. Trainings held this past year:**

- ASSIST Training
- QPR – Questions Persuade and Refer Training
- Mental Health First Aid Training – Blair Drug and Alcohol have two trainers
- Columbia Suicide Protocol Training
- CALM – Counseling Access to Legal Means
- LOSS Team Trainings

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

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

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

☒ Yes   ☐ No

Point of Contact: Cindy James, Mental Health Program Coordinator

Email: [cjames@blaircountypa.gov](mailto:cjames@blaircountypa.gov)

Phone: 814-693-3023 ext. 1483

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

☐ Yes   ☒ No

### Supported Employment Agencies and Providers

Blair County Social Services contracts with Skills of Central PA, Inc. to provide supported employment services to prepare individuals, who have a mental health diagnosis, for employment opportunities throughout our community. If referrals other than Skills are needed, a referral is sent to the Blair County Office of Vocational Rehabilitation.

| County MH Office Supported Employment Data                                      |                 |         |
|---------------------------------------------------------------------------------|-----------------|---------|
| Data Requested                                                                  | County Response | Notes   |
| Total Number Served                                                             | 42              |         |
| # served ages 14 up to 21                                                       | 3               |         |
| # served ages 21 up to 65                                                       | 39              |         |
| # of male individuals served                                                    | 15              |         |
| # of females individuals served                                                 | 28              |         |
| # of non-binary individuals served                                              | 1               |         |
| Non-Hispanic White served                                                       | 38              |         |
| Hispanic and Latino (of any race) served                                        | 2               |         |
| Black or African American served                                                | 2               |         |
| Asian                                                                           | 0               |         |
| Native Americans and Alaska Natives served                                      | 0               |         |
| Native Hawaiians and Pacific Islanders served                                   | 0               |         |
| Multiracial (Two or more races)                                                 | 0               |         |
| # of individuals served who have more than one disability                       | 38              |         |
| # working part-time (30 hrs. or less per wk.)                                   | 18              |         |
| # working full-time (over 30 hrs. per wk.)                                      | 2               |         |
| Lowest earned wage                                                              | 2               | \$7.50  |
| Highest earned wage                                                             | 1               | \$18.50 |
| # receiving employer offered benefits; (i.e. insurance, retirement, paid leave) | 0               |         |

) **Supportive Housing:**

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

- **Name:** Cindy James, Mental Health Program Coordinator
- **Email:** [cjames@blaircountypa.gov](mailto:cjames@blaircountypa.gov)
- **Phone:** 814-693-3023 ext. 1483

Does your county follow the SAMHSA Permanent Supportive Housing Evidence-Based Practices Toolkit:  
Toolkit?

☐ Yes    ☒ No

| 1. Capital Projects for Behavioral Health                                                                                                                                                                                                                                                                                                                   |                        |                                                                             |                                                               | <input type="checkbox"/> Check if available in the county and complete the section. |                                               |                                           |                              |  |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|------------------------------|--|-----------------------------------------------|
| Capital financing is used to create targeted permanent supportive housing units (apartments) for consumers, typically, for a 15-30 year period. Integrated housing takes into consideration individuals with disabilities being in units (apartments) where people from the general population also live (i.e. an apartment building or apartment complex). |                        |                                                                             |                                                               |                                                                                     |                                               |                                           |                              |  |                                               |
| Project Name                                                                                                                                                                                                                                                                                                                                                | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total Amount for SFY25-26<br>(only County MH dedicated funds) | Projected Amount for SFY26-27<br>(only County MH/ID dedicated funds)                | Actual or Estimated Number Served in SYF25-26 | Projected Number to be Served in SFY26-27 | Number of Targeted BH United |  | Term of Targeted BH Units<br>(e.g., 30 years) |
|                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                             |                                                               |                                                                                     |                                               |                                           |                              |  |                                               |
|                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                             |                                                               |                                                                                     |                                               |                                           |                              |  |                                               |
|                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                             |                                                               |                                                                                     |                                               |                                           |                              |  |                                               |
| Notes:                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                             |                                                               |                                                                                     |                                               |                                           |                              |  |                                               |

| <b>2. Bridge Rental Subsidy Program for Behavioral Health</b>                                                                                 |                        |                                                                             |                              | <input type="checkbox"/> Check if available in the county and complete the section. |                                               |                                           |                                         |                                            |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------------------------------------------|
| <b>Short term tenant based rental subsidies, intended to be a “bridge” to more permanent housing subsidy such as Housing Choice Vouchers.</b> |                        |                                                                             |                              |                                                                                     |                                               |                                           |                                         |                                            |                                                                   |
| Project Name                                                                                                                                  | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SFY25-26 | Projected \$ Amount for SFY26-27                                                    | Actual or Estimated Number Served in SYF25-26 | Projected Number to be Served in SFY26-27 | Number of Bridge Subsidies in SFY 25-26 | Average Monthly Subsidy Amount in SFY25-26 | Number of Individuals Transitioned to another subsidy in SFY25-26 |
|                                                                                                                                               |                        |                                                                             |                              |                                                                                     |                                               |                                           |                                         |                                            |                                                                   |
|                                                                                                                                               |                        |                                                                             |                              |                                                                                     |                                               |                                           |                                         |                                            |                                                                   |
| Notes:                                                                                                                                        |                        |                                                                             |                              |                                                                                     |                                               |                                           |                                         |                                            |                                                                   |

| <b>3. Master Leasing (ML) Program for Behavioral Health</b>                                            |                        |                                                                             |                              | <input type="checkbox"/> Check if available in the county and complete the section. |                                               |                                           |                                             |                                                          |                                    |
|--------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|---------------------------------------------|----------------------------------------------------------|------------------------------------|
| <b>Leasing units from private owners and then subleasing and subsidizing these units to consumers.</b> |                        |                                                                             |                              |                                                                                     |                                               |                                           |                                             |                                                          |                                    |
| Project Name                                                                                           | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SYF25-26 | Projected \$ Amount for SYF26-27                                                    | Actual or Estimated Number Served in SFY25-26 | Projected Number to be Served in SFY26-27 | Number of Owners/Projects Currently Leasing | Number of Units Assisted with Master Leasing in SFY25-26 | Average Subsidy Amount in SFY25-26 |
|                                                                                                        |                        |                                                                             |                              |                                                                                     |                                               |                                           |                                             |                                                          |                                    |
|                                                                                                        |                        |                                                                             |                              |                                                                                     |                                               |                                           |                                             |                                                          |                                    |
| Notes:                                                                                                 |                        |                                                                             |                              |                                                                                     |                                               |                                           |                                             |                                                          |                                    |

| <b>4. Housing Clearinghouse for Behavioral Health</b>                                     |                        |                                                                             |                              |                                  | <input type="checkbox"/> Check if available in the county and complete the section. |  |  |                                           |                                  |
|-------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|------------------------------|----------------------------------|-------------------------------------------------------------------------------------|--|--|-------------------------------------------|----------------------------------|
| <b>An agency that coordinates and manages permanent supportive housing opportunities.</b> |                        |                                                                             |                              |                                  |                                                                                     |  |  |                                           |                                  |
| Project Name                                                                              | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SFY25-26 | Projected \$ Amount for SFY26-27 | Actual or Estimated Number Served in SFY25-26                                       |  |  | Projected Number to be Served in SFY26-27 | Number of Staff FTEs in SFY25-26 |
|                                                                                           |                        |                                                                             |                              |                                  |                                                                                     |  |  |                                           |                                  |
|                                                                                           |                        |                                                                             |                              |                                  |                                                                                     |  |  |                                           |                                  |
|                                                                                           |                        |                                                                             |                              |                                  |                                                                                     |  |  |                                           |                                  |
| Notes:                                                                                    |                        |                                                                             |                              |                                  |                                                                                     |  |  |                                           |                                  |

| 5. Housing Support Services (HSS) for Behavioral Health                                                                                                   |                                                            |                                                                             |                              |                                  | <input checked="" type="checkbox"/> Check if available in the county and complete the section. |  |  |                                           |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------|----------------------------------|------------------------------------------------------------------------------------------------|--|--|-------------------------------------------|----------------------------------|
| HSS are used to assist consumers in transitions to supportive housing or services needed to assist individuals in sustaining their housing after move-in. |                                                            |                                                                             |                              |                                  |                                                                                                |  |  |                                           |                                  |
| Project Name                                                                                                                                              | Year of Implementation                                     | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SFY25-26 | Projected \$ Amount for SFY26-27 | Actual or Estimated Number Served in SFY25-26                                                  |  |  | Projected Number to be Served in SFY26-27 | Number of Staff FTEs in SFY25-26 |
| UPMC WBHA - PATH                                                                                                                                          |                                                            | HSBG                                                                        | \$94,806                     | \$47,087                         | 68                                                                                             |  |  | 60                                        | 1.44                             |
|                                                                                                                                                           | 2004                                                       | County Match                                                                | \$64,167                     | \$64,167                         |                                                                                                |  |  |                                           |                                  |
|                                                                                                                                                           |                                                            |                                                                             |                              |                                  |                                                                                                |  |  |                                           |                                  |
| Blair Senior – DOM                                                                                                                                        |                                                            |                                                                             |                              |                                  | 6                                                                                              |  |  | 4                                         | 0.10                             |
|                                                                                                                                                           | 1996                                                       | MH HSBG                                                                     | \$3,549                      | \$1,500                          |                                                                                                |  |  |                                           |                                  |
|                                                                                                                                                           |                                                            |                                                                             |                              |                                  |                                                                                                |  |  |                                           |                                  |
| Skills – HSS Staff                                                                                                                                        |                                                            |                                                                             |                              |                                  | 15                                                                                             |  |  | 17                                        | 9.33                             |
|                                                                                                                                                           | 1990                                                       | MH HSBG 10248                                                               | \$2,000                      | \$2,000                          |                                                                                                |  |  |                                           |                                  |
|                                                                                                                                                           |                                                            |                                                                             |                              |                                  |                                                                                                |  |  |                                           |                                  |
| Notes:                                                                                                                                                    | Housing Support Services Table continued to the next page. |                                                                             |                              |                                  |                                                                                                |  |  |                                           |                                  |

| Continued - Housing Support Services for Behavioral Health |                        |                                                                             |                              | <input checked="" type="checkbox"/> Check if available in the county and complete the section. |                                               |  |  |                                           |                                  |
|------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|-------------------------------------------|----------------------------------|
| Project Name                                               | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SFY25-26 | Projected \$ Amount for SFY26-27                                                               | Actual or Estimated Number Served in SFY25-26 |  |  | Projected Number to be Served in SFY26-27 | Number of Staff FTEs in SFY25-26 |
| Blair House                                                |                        | HSBG                                                                        | \$115,000                    | \$115,000                                                                                      | 14                                            |  |  | 18                                        | 2.78                             |
|                                                            | 1990                   | County Match                                                                | \$0                          | \$0                                                                                            |                                               |  |  |                                           |                                  |
|                                                            |                        | Rent                                                                        | \$11,263                     | \$11,600                                                                                       |                                               |  |  |                                           |                                  |
| Juniata House                                              |                        | HSBG                                                                        | \$146,000                    | \$146,000                                                                                      | 5                                             |  |  | 7                                         | .54                              |
|                                                            | 2003                   | County Match                                                                | \$0                          | \$0                                                                                            |                                               |  |  |                                           |                                  |
|                                                            |                        | Rent                                                                        | \$5,013                      | \$7,848                                                                                        |                                               |  |  |                                           |                                  |
| Tartaglio                                                  |                        |                                                                             |                              |                                                                                                | 13                                            |  |  | 15                                        | 9.33                             |
|                                                            | 1997                   | HSBG                                                                        | \$212,839                    | \$212,839                                                                                      |                                               |  |  |                                           |                                  |
|                                                            |                        | CMHSBG                                                                      | \$158,861                    | \$158,861                                                                                      |                                               |  |  |                                           |                                  |
|                                                            |                        | Rent                                                                        | \$187,390                    | \$193,011                                                                                      |                                               |  |  |                                           |                                  |
| Healthy Community Living                                   | 2025                   | HSBG                                                                        | \$80,000                     | \$120,000                                                                                      | 127                                           |  |  | 250                                       | 3 FT STAFF                       |
| Totals                                                     |                        |                                                                             |                              |                                                                                                |                                               |  |  |                                           |                                  |
| Notes:                                                     |                        |                                                                             |                              |                                                                                                |                                               |  |  |                                           |                                  |

| <b>6. Housing Contingency Funds for Behavioral Health</b>                                                                                           |                        |                                                                             |                              | <input checked="" type="checkbox"/> Check if available in the county and complete the section. |                                               |  |  |                                           |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|-------------------------------------------|---------------------------------------|
| <b>Flexible funds for one-time and emergency costs such as security deposits for apartment or utilities, utility hook-up fees, furnishings etc.</b> |                        |                                                                             |                              |                                                                                                |                                               |  |  |                                           |                                       |
| Project Name                                                                                                                                        | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SFY25-26 | Projected \$ Amount for SFY26-27                                                               | Actual or Estimated Number Served in SFY25-26 |  |  | Projected Number to be Served in SFY26-27 | Average Contingency Amount per Person |
| Skills                                                                                                                                              | 1990                   | MH HSBG                                                                     | \$7,200                      | \$12,000                                                                                       | 36                                            |  |  | 46                                        |                                       |
| Notes:                                                                                                                                              |                        |                                                                             |                              |                                                                                                |                                               |  |  |                                           |                                       |

| <b>7. Other: Identify the Program for Behavioral Health</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                             |                              | <input type="checkbox"/> Check if available in the county and complete the section. |                                               |  |  |                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------|--|--|-------------------------------------------|--|
| <p><b>Project Based Operating Assistance (PBOA)</b> is a partnership program with Pennsylvania Housing Finance Agency in which the County provides operating or rental assistance to specific units then leased to eligible persons); <b>Fairweather Lodge (FWL)</b> is an Evidenced Based Practice where individuals with serious mental illness choose to live together in the same home, work together and share responsibility for daily living and wellness); <b>CRR Conversion</b> (as described in the CRR Conversion Protocol ), <b>other</b>.</p> |                        |                                                                             |                              |                                                                                     |                                               |  |  |                                           |  |
| Project Name<br>(include type of project such as PBOA, FWL, CRR, Conversion, etc)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Year of Implementation | Funding Sources by Type<br>(include grants, federal, state & local sources) | Total \$ Amount for SFY25-26 | Projected \$ Amount for SFY26-27                                                    | Actual or Estimated Number Served in SFY25-26 |  |  | Projected Number to be Served in SFY26-27 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                             |                              |                                                                                     |                                               |  |  |                                           |  |
| Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                             |                              |                                                                                     |                                               |  |  |                                           |  |

**e) Certified Peer Specialist Employment Survey:**

|                                               |                                                                                                                                                          |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CPS Point of Contact (POC)</b>             | <b>Name: Cindy James</b><br><b>Email: <a href="mailto:cjames@blaircountypa.gov">cjames@blaircountypa.gov</a></b><br><b>Phone: 814-693-3023 ext. 1483</b> |
| <b>Total Number of CPSs Employed</b>          | <b>21</b>                                                                                                                                                |
| <b>Average Number of Individuals Served</b>   | <b>343</b>                                                                                                                                               |
| <b>Number of CPS Working Full Time</b>        | <b>9</b>                                                                                                                                                 |
| <b>Number of CPS Working Part Time</b>        | <b>12</b>                                                                                                                                                |
| <b>Hourly Wage (low and high)</b>             | <b>\$18.59 - \$27.96</b>                                                                                                                                 |
| <b>Benefits</b>                               | <b>Yes, for full-time staff</b><br><b>No, for part-time staff</b>                                                                                        |
| <b>Number of New Peers Trained in CY 2025</b> | <b>5</b>                                                                                                                                                 |

**f) Existing County Mental Health Services:**

| <b>Services By Category</b>                                            | <b>Currently Offered</b>            | <b>Funding Source (Check all that apply)</b>                                                                            |
|------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Outpatient Mental Health                                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Psychiatric Inpatient Hospitalization                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Partial Hospitalization - Adult                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Partial Hospitalization - Child/Youth                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Family-Based Mental Health Services                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| ACT or CTT                                                             | <input type="checkbox"/>            | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment                       |
| Children's Evidence Based Practices                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Crisis Services                                                        |                                     |                                                                                                                         |
| Telephone Crisis Services                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Walk-in Crisis Services                                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Mobile Crisis Services                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Crisis Residential Services                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Crisis In-Home Support Services                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Emergency Services                                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Targeted Case Management                                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Administrative Management                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Transitional and Community Integration Services                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Community Employment/Employment Related Services                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Community Residential Rehabilitation Services                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Psychiatric Rehabilitation                                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Children's Psychosocial Rehabilitation                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Adult Developmental Training                                           | <input type="checkbox"/>            | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment                       |
| Facility Based Vocational Rehabilitation                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Social Rehabilitation Services                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Administrator's Office                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Housing Support Services                                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input checked="" type="checkbox"/> Reinvestment |
| Family Support Services                                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Peer Support Services                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Consumer Driven Services                                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Community Services                                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment |
| Mobile Mental Health Treatment                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Behavioral Health Rehabilitation Services for Children and Adolescents | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Inpatient Drug & Alcohol (Detoxification and Rehabilitation)           | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Outpatient Drug & Alcohol Services                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Methadone Maintenance                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Clozapine Support Services                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> County <input checked="" type="checkbox"/> HC <input type="checkbox"/> Reinvestment            |
| Additional Services (Specify – add rows as needed)                     | <input type="checkbox"/>            | <input type="checkbox"/> County <input type="checkbox"/> HC <input type="checkbox"/> Reinvestment                       |

\*HC = HealthChoices

**g) Evidence Based Practices Survey:**

| <b>EBPS</b>                                                    | <b>In County</b> | <b># Served</b> | <b>Fidelity Measured Used</b>                                                                                                                                                                      | <b>Who Measures Fidelity</b>                                | <b>Frequency Measured</b>                                                                                                   | <b>SASHSA Toolkit Used</b> | <b>Staff Trained To Implement</b> |                           |
|----------------------------------------------------------------|------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------|---------------------------|
| <b>Assertive Community Treatment</b>                           | No               |                 |                                                                                                                                                                                                    |                                                             |                                                                                                                             |                            |                                   |                           |
| <b>Supportive Housing</b>                                      | No               |                 |                                                                                                                                                                                                    |                                                             |                                                                                                                             |                            |                                   |                           |
| <b>Supported Employment</b>                                    | No               |                 |                                                                                                                                                                                                    |                                                             |                                                                                                                             |                            |                                   | <b>Include # Employed</b> |
| <b>Integrated Treatment for Co-occurring Disorders (MH/SA)</b> | No               |                 |                                                                                                                                                                                                    |                                                             |                                                                                                                             |                            |                                   |                           |
| <b>Illness Management/ Recovery</b>                            | No               |                 |                                                                                                                                                                                                    |                                                             |                                                                                                                             |                            |                                   |                           |
| <b>Medication Management (MedTEAM)</b>                         | No               |                 |                                                                                                                                                                                                    |                                                             |                                                                                                                             |                            |                                   |                           |
| <b>Therapeutic Foster Care</b>                                 | No               |                 |                                                                                                                                                                                                    |                                                             |                                                                                                                             |                            |                                   |                           |
| <b>Multisystemic Therapy</b>                                   | Yes              | 21              | <b>1. TAM-R</b><br>Therapist Adherence Measure<br><b>2. SAM</b><br>Supervisor Adherence Measure<br><b>3. CAM</b><br>Consultant Adherence Measure<br><b>4. PIR</b><br>Program Implementation Review | Agency Counties<br>MCO<br>State (OMHSAS /DHS Field Offices) | <b>Weekly and Monthly by Agency</b><br><br>Periodically by the MCO and counties through audits.<br><br>Yearly through State | Yes                        | <b>Yes – Ongoing Training</b>     |                           |
| <b>Functional Family Therapy</b>                               | No               |                 |                                                                                                                                                                                                    |                                                             |                                                                                                                             |                            |                                   |                           |
| <b>Family Psycho-Education</b>                                 | No               |                 |                                                                                                                                                                                                    |                                                             |                                                                                                                             |                            |                                   |                           |

#### h) Additional EBP, Recovery Oriented and Promising Practices Survey:

| Recovery Oriented and Promising Practices                 | Service Provided (Yes/No) | Current Number Served (Approximate) | Additional Information and Comments |
|-----------------------------------------------------------|---------------------------|-------------------------------------|-------------------------------------|
| Consumer/Family Satisfaction Team                         | Yes                       | 609                                 | 534 general/75 focus                |
| Compeer                                                   | No                        |                                     |                                     |
| Fairweather Lodge                                         | No                        |                                     |                                     |
| MA Funded Certified Peer Specialist- Total**              | Yes                       | 269                                 |                                     |
| CPS Services for Transition Age Youth                     | Yes                       | 38                                  | Up to age 25 including 25           |
| CPS Services for Older Adults                             | Yes                       | 231                                 |                                     |
| Other Funded Certified Peer Specialist – Total**          | No                        | 47                                  |                                     |
| CPS Services for Transition Age Youth                     | No                        |                                     |                                     |
| CPS Services for Older Adults                             | Yes                       | 47                                  |                                     |
| Dialectical Behavioral Therapy                            | Yes                       | Unknown                             | Unable to measure                   |
| Mobile Meds                                               | No                        |                                     |                                     |
| Wellness Recovery Action Plan (WRAP)                      | Yes                       | Unknown                             | Unable to measure                   |
| High Fidelity Wrap Around/Joint Planning Team             | No                        |                                     | Grant ended last year               |
| Shared Decision Making                                    | No                        |                                     |                                     |
| Psychiatric Rehabilitation Services (including clubhouse) | Yes                       | 52                                  |                                     |
| Self-Directed Care                                        | No                        |                                     |                                     |
| Supported Education                                       | No                        |                                     |                                     |
| Treatment of Depression in Older Adults                   | No                        |                                     |                                     |
| Consumer Operated Services                                | Yes                       | 1533                                |                                     |
| Parent Child Interaction Therapy                          | Yes                       | 24                                  |                                     |
| Sanctuary                                                 | No                        |                                     |                                     |
| Trauma Focused Cognitive Behavioral Therapy               | Yes                       | Unknown                             | Unable to measure                   |
| Eye Movement Desensitization And Reprocessing (EMDR)      | Yes                       | Unknown                             | Unable to measure                   |
| First Episode Psychosis Coordinated Specialty Care        | No                        |                                     |                                     |
| Other (Specify)                                           |                           |                                     |                                     |

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

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

### i) Involuntary Mental Health Treatment:

1. During CY2025, did the County/Joinder offer Assisted Outpatient Treatment (AOT) Services under PA Act 106 of 2018?

☒ No, chose to opt-out for all of CY2025

☐ Yes, AOT services were provided from \_\_\_\_\_ to \_\_\_\_\_ after a request was made to rescind the opt-out statement

☐ Yes, AOT services were available for all of CY2025

2. If the County/Joinder chose to provide AOT, list all outpatient services that were provided in the County/Joinder for all or a portion of CY2025 (check all that apply):

☐ Community psychiatric supportive treatment

☐ ACT

☐ Medications

☐ Individual or group therapy

☐ Peer support services

☐ Financial services

☐ Housing or supervised living arrangements

☐ Alcohol or substance abuse treatment when the treatment is for a co-occurring condition for a person with a primary diagnosis of mental illness

☐ Other, please specify: \_\_\_\_\_

3.

If the County/Joinder chose to opt-out of providing AOT services for all or a portion of CY2025:

- How many written petitions for AOT services were received during the opt-out period?

0

- How many individuals did the county identify who would have met the criteria for AOT under Section 301(c) of the Mental Health Procedures Act (MHPA) (50 P.S. § 7301(c))?

NA

|                                                                                                                                                                          | AOT | IOT |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| Number of individuals subject to involuntary treatment in CY2025                                                                                                         | 0   | 1   |
| Inpatient hospitalizations following an involuntary IOT or AOT for CY2025                                                                                                |     | NA  |
| Number of AOT modification hearings in CY2025                                                                                                                            | 0   |     |
| Number of 180-day extended orders in CY2025                                                                                                                              | 0   | 1   |
| Total administrative costs (including but not limited to court fees, costs associated with law enforcement, staffing, etc.) for providing involuntary services in CY2025 | NA  | 0   |

## j) CCRI Data reporting

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

Have all available claims paid by the county/joinder during CY 2025 been reported to the state as an encounter? ☒ Yes ☐ No

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

There are multiple needs in Blair County that could be addressed with an increase to base funding.

Supportive housing for individuals with serious mental illness (SMI) is critically limited in Blair County. With increased base funding, supplemented by additional funding sources, the county would be positioned to expand supportive housing options. This expansion could include, but not be limited to, Long-Term Structured Residences (LTSR), Community Residential Rehabilitation (CRR) programs, and personal care homes. Enhancing these resources is essential to support individuals transitioning back into the community from higher levels of care, promoting stability and recovery.

Blair County is considering the establishment of a Program Specialist, Case Manager, or Social Worker role specifically assigned to support law enforcement. Preliminary discussions with the District Attorney's office have been positive. Law enforcement officers are frequently encountering the same individuals with behavioral health challenges, often leading to repeated disruptions in the community. A dedicated behavioral health professional embedded within the justice system would provide timely interventions and connect individuals with appropriate services, reducing recidivism and promoting better outcomes.

Additional funding to support a forensic case manager would significantly enhance the county's ability to serve individuals with mental health diagnoses who are being discharged from the prison system. This position would provide critical assistance in connecting justice-involved individuals with behavioral health treatment, medical care, housing resources, educational opportunities, employment supports, and other essential community services. Responsibilities of the forensic case manager would include conducting mental health needs assessments, developing individualized discharge plans, coordinating and monitoring service implementation, evaluating outcomes, and collaborating with community providers to ensure continuity of care. In addition, the position would support adults with mental health diagnoses who are involved with the court system due to criminal charges, helping to identify appropriate community-based services and diversion

opportunities that may reduce incarceration and improve long-term outcomes. Expanding forensic case management capacity will strengthen reentry supports, promote recovery and stability, reduce recidivism, and improve coordination between the criminal justice and behavioral health systems.

Transportation has been identified as a significant and ongoing barrier during the last two public hearings. Community members consistently reported challenges accessing reliable transportation to medical and behavioral health appointments, resulting in missed services and disruptions in care. Additionally, limited transportation options prevent some individuals from maintaining employment, which can contribute to housing instability and increase the risk of homelessness. These challenges are particularly pronounced in areas of the county that lack access to public transportation. As a result, many residents are unable to access essential services, employment opportunities, and community supports necessary to maintain their health and well-being. If additional funding becomes available, transportation needs would be further assessed to identify service gaps and develop sustainable solutions. Investment in transportation resources could improve access to healthcare and behavioral health services, support workforce participation, reduce barriers to treatment, and enhance overall quality of life for county residents.

## **M) Federal Grant Funding**

- **CMHSBG – Non-Categorical (70167):**

For fiscal year 2026–2027, CMHSBG funds will be allocated to Tartaglio Personal Care Home, operated through UPMC Western Behavioral Health of the Alleghenies. This specialized personal care home serves individuals with mental illness who are engaged in services through the Blair County behavioral health system. The facility is licensed by the Pennsylvania Department of Public Welfare and offers 13 beds. It may be utilized as a step-down placement from state hospitalization or community psychiatric inpatient care, as well as a diversion option from both levels of care.

Services are provided 24 hours a day, 7 days a week. Residential Assistants support residents by providing meals, personal care, supervision, and daily living assistance. In addition, professional supports—such as case management, mobile psychiatric rehabilitation, and other transition services—may be offered within the home. Referrals are accepted from case managers, state hospitals, and behavioral health units.

- **CMHSBG – General Training (70167):**

We are not anticipating any carryover funds this year.

- **Social Service Block Grant (70135):**

For fiscal year 2026–2027, Social Services Block Grant funds will be allocated to the Lexington Clubhouse. The Clubhouse provides psychiatric rehabilitation services to individuals with mental health and/or co-occurring diagnoses, following the internationally recognized Clubhouse model. This model emphasizes meaningful work as a way to foster skill development, social connection, and community integration. Members of the Clubhouse collaborate with staff in managing daily operations, while gaining the skills and supports needed to achieve personal satisfaction and success in their daily lives. The Clubhouse also offers a wide range of opportunities, including educational, vocational, and social programming. These services are delivered through a structured Work-Ordered Day, a Transitional Employment Program, Extended Hours and Social Program, as well as formal and informal education offerings to the community (e.g., GED preparation, skill-based classes). Through these programs, members develop practical skills, build confidence and self-esteem, and strengthen their capacity for independent living and meaningful community participation.

- **KEEP EMPOWERING YOUTH - PARTNERS, PROVIDERS, LIVED EXPERIENCE KEY-PPL (71022) – Not Applicable to Blair County**

## SUBSTANCE USE DISORDER SERVICES

|                                                                                                                 |                        |               |                           |
|-----------------------------------------------------------------------------------------------------------------|------------------------|---------------|---------------------------|
| <b>Name:</b>                                                                                                    | <b>Judith A Rosser</b> | <b>Title:</b> | <b>Executive Director</b> |
| <b>Entity (Single County Authority (SCA) or other county agency: Blair County Drug and Alcohol Program, Inc</b> |                        |               |                           |
| <b>Email address: jrosser@blairdap.org</b>                                                                      |                        |               |                           |
| <b>Phone number: 814-381-0921</b>                                                                               |                        |               |                           |

### 1. Waiting List Information:

| <b>LOC American Society of Addiction Medicine (ASAM) 3<sup>rd</sup> Edition Criteria</b> | <b>Services</b>                                                      | <b>Average Weekly Number of Individuals*</b> | <b>Average Weekly Wait Time (days)</b> |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------|----------------------------------------|
| 4 WM                                                                                     | Inpatient Withdrawal Management                                      | .5                                           | 5-10 days                              |
| 4                                                                                        | Medically Managed Intensive Inpatient                                | .5                                           | 5-10 days                              |
| 3.7 WM                                                                                   | Medically Monitored Inpatient WM                                     | 0                                            |                                        |
| 3.7                                                                                      | Medically Monitored Intensive Inpatient                              | 0                                            |                                        |
| 3.5                                                                                      | Clinically Managed High Intensity Residential                        | 0                                            |                                        |
| 3.1                                                                                      | Clinically Managed Low Intensity Residential                         | 0                                            |                                        |
| 2.5                                                                                      | Partial Hospitalization Program                                      | 0                                            |                                        |
| 2 WM                                                                                     | Ambulatory Withdrawal Management with Extended On-Site Monitoring    | 0                                            |                                        |
| 2.1                                                                                      | Intensive Outpatient                                                 | 0                                            |                                        |
| 1 WM                                                                                     | Ambulatory Withdrawal Management without Extended On-Site Monitoring | 0                                            |                                        |
| 1                                                                                        | Outpatient                                                           | 0                                            |                                        |
| Other                                                                                    | Specify                                                              |                                              |                                        |

\*Average weekly number of individuals for FY 25-26 .04% (99.46% same day admission)

\*\*Average weekly wait time (days) for placement in FY 25-26 7.6 (4.0 level of care)

#### *a. What is the source of data reported in the table above?*

SCA LOC assessment data, DDAP Treatment Needs Assessment reports

### 2. Overdose Survivors' Data:

| <b>Fiscal Year</b> | <b># of Overdose Survivors*</b> | <b># Referred to Treatment</b> | <b>#Refused Treatment</b> |
|--------------------|---------------------------------|--------------------------------|---------------------------|
| SCA                | 28                              | 13                             | 15                        |

\*An overdose, as defined in DDAP's Case Management & Clinical Services Manual, is a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs and alcohol.

*a. What is the source of the data reported in the Overdose Survivors' table above?*

Warm Hand Off Report

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

| LOC ASAM Criteria | # of Providers | # of Providers Located In-County | # of Co-Occurring/Enhanced Programs |
|-------------------|----------------|----------------------------------|-------------------------------------|
| 4 WM              | 2              | 0                                | 0                                   |
| 4                 | 2              | 0                                | 0                                   |
| 3.7 WM            | 25             | 2                                | 0                                   |
| 3.7               | 14             | 2                                | 1                                   |
| 3.5               | 37             | 2                                | 19                                  |
| 3.1               | 19             | 4                                | 0                                   |
| 2.5 WM            | 3              | 2                                | 0                                   |
| 2.1               | 5              | 5                                | 0                                   |
| 1 WM              | 0              | 0                                | 0                                   |
| 1                 | 8              | 8                                | 0                                   |
| Other             |                |                                  |                                     |

*a. What is the source of data reported in the table above?*

Network of care chart from our contracting process.

### Treatment Services Needed in County:

Blair County has a very strong continuum of treatment, 24/7 access to care and social determinate of health resources to support persons in recovery. During our current DDAP led treatment needs assessment the following resources that support treatment was identified:

- The pregnancy care system has reduced in our catchment area. UPMC Altoona is the only hospital in the region with prenatal care and delivery.
- The childcare assistance provider has a significant waiting list for assistance.
- Transportation for a rural community can be a struggle. Blair County Amtran has re-opened its daily bus route to the northern part of the community. The southern part of the county still does not have access. Uber and other resources are expensive and primarily focus on the delivery of food. The SCA does provide bus passes for those that are engaged in services.
- The public housing resources have up to a 24-month waiting list which makes it very limited in individuals receiving immediate assistance.
- Developing a business plan to implement a recovery center within the county.

#### *Treatment*

Level 4.0 and 4.0 WM is not a high need but continues to be a level of care that is the most difficult to facilitate admission to care. The accepting hospital needs significant medical information and this take time to coordinate with the medical community to provide the coordination of care.

We do not have a strong continuum of care for adolescents. Locally we do not have active Intensive OP/Partial services. Statewide we only have 2 residential facilities (3.7WM/3.5) that accept un-adjudicated youth. The SCA has a contract with both at this time.

#### ***HealthChoices Reinvestment Funds***

None with the SCA though they do have a large project to develop a continuum of housing for individuals with behavioral health issues.

#### **4. Access to and Use of Naloxone in County:**

The SCA is a regional entity for our region. There are 2 in our community.

***2024: 1,518 boxes***

***2025: 4,463 boxes***

***2026: 2,398 boxes (Jan-June 2026)***

We have been doing education with all of our partners to increase the access to Narcan. We work with all our providers to ensure easy access for distribution to individuals they serve. We do health fairs in the community and provide access at office.

#### **5. County Warm Handoff Process:**

***Warm Handoff Data: FY 25/26***

##### ***Hospital Procedures:***

The SCA has partnered with all 3 hospitals and the veteran hospital since July 1, 2016 to implement the warm hand off protocols. We have 24/7 case management service with a dedicated phone for the hospitals. All Emergency Room Staff have been trained on the protocols. We provide the coordination of care when notified by the hospital. Since 1/2/19, we have embedded a CRS in the largest ED-UPMC in the county. We are staffed 7 days a week for 10 hours a day. This has significantly increase the number of contacts with SUD and OD patients during the ED visit. In addition, the CRS is able to make contact with any medical and psychiatric inpatient admitted patient once stabilized. The Blair SCA has been involved since October 2022 with a federal rural grant through Penn Highland hospital system. We have been included in the grant to provide an embedded CRS part time in the Penn Highland Tyrone Hospital in Tyrone PA. It is anticipated the CRS-ED project will be implemented by September 2023 and be funded through 2026.

##### ***General Community:***

We went 24/7 to the general community for immediate coordination of treatment as of 5/1/2019. We implemented 24/7 CRS for after hours and weekends in April 2020.

We received in the Spring of 2023 a Pennsylvania Commission on Crime and Delinquency (PCCD) grant to expand medicated assisted treatment in the county prison. The implementation was delayed but inmates are now being maintained on MAT at the prison since May 2025. We built into the grant funding for treatment while the individual is receiving these services in the prison and coordination of care upon release. This work has provided an expansion of medicated assisted treatment. Since Department of Humans Services application for Centers of Excellence's (COEs), Blair County has seen an increase of

COEs in our communities. We currently have five COEs approved to operate in the county. Ongoing of the project is supported with the county opioid settlement funds.

In September 2019, Blair SCA was awarded a federal grant in partnership with the University of Pittsburgh Overdose Task Force to implement a first responder screening brief intervention and referral to treatment (SBIRT) protocols and warm handoff to our 24/7 on call system with our Emergency Management System (EMS). Both of the Blair County based EMS agreed to be part of the project. One department implemented a NARCAN leave behind project.

### **Warm Handoff Data:**

| <b>Data</b>                                   |                         |
|-----------------------------------------------|-------------------------|
| # of Individuals Contacted                    | 302                     |
| # of individuals who have Entered Treatment   | 117                     |
| # of individuals who have Completed Treatment | Do Not Have This Number |

***1. What is the source of the data reported in the table above?***

DDAP Warm Hand Off report and internal tracking.

## **INTELLECTUAL DISABILITY SERVICES**

Blair County's Intellectual Disability Services system provides access to a continuum of ODP-funded and locally supported services for individuals with intellectual disabilities and autism. Services are coordinated through the county Administrative Entity structure, Supports Coordination Organizations, qualified providers, individuals, families, and community partners.

The continuum includes waiver-funded services through the Consolidated, Community Living, and P/FDS Waivers, base-funded supports where available, Supports Coordination, employment supports, community participation, residential and lifesharing services, participant-directed services, assistive technology, remote supports, behavioral supports, nursing, transportation, and other home and community-based services.

The county's strategies for FY 2026–2027 will continue to include:

- Monitoring waiver capacity and utilization.
- Reviewing PUNS and service access needs.
- Supporting intake, eligibility, and enrollment processes.
- Working with Supports Coordination Organizations to support individuals and families.
- Recruiting and engaging providers to address local service gaps.
- Providing technical assistance to providers, SCOs, families, and teams.
- Supporting ISP quality, documentation, and authorization practices.
- Promoting employment, transition planning, person-centered practices, and Life Course tools.
- Supporting quality management, incident management, risk review, HCQU collaboration, and IM4Q follow-up.
- Maintaining communication with individuals, families, providers, SCOs, ODP, and community partners.

### Individuals Supported

|                                                      | <b>Estimated #<br/>Individuals<br/>served in FY<br/>25/26</b> | <b>Percent of<br/>total #<br/>Individuals<br/>Served<br/>25/26</b> | <b>Projected #<br/>Individuals to<br/>be served in<br/>FY 26/27</b> | <b>Percent of<br/>total #<br/>Individuals<br/>Served</b> |
|------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|
| <b>Supported<br/>Employment</b>                      | 61                                                            | .08                                                                | 70                                                                  | .09                                                      |
| <b>Pre-Vocational</b>                                | 46                                                            | .06                                                                | 42                                                                  | .05                                                      |
| <b>Community<br/>Participation</b>                   | 211                                                           | .27                                                                | 220                                                                 | .29                                                      |
| <b>Base Funded<br/>Supports<br/>Coordination</b>     | 43                                                            | .06                                                                | 40                                                                  | .05                                                      |
| <b>Residential<br/>(6400)/unlicensed</b>             | 0                                                             | 0                                                                  | 0                                                                   | 0                                                        |
| <b>Life sharing<br/>(6500)/unlicensed</b>            | 18                                                            | .02                                                                | 20                                                                  | .03                                                      |
| <b>PDS/AWC</b>                                       | 35                                                            | .05                                                                | 37                                                                  | .05                                                      |
| <b>PDS/VF</b>                                        | 90                                                            | .12                                                                | 95                                                                  | .12                                                      |
| <b>Family Driven<br/>Family Support<br/>Services</b> | 0                                                             | 0                                                                  | 0                                                                   | 0                                                        |
| <b>Assistive Technology</b>                          | 23                                                            | .03                                                                | 26                                                                  | .03                                                      |
| <b>Remote Supports</b>                               | 22                                                            | .03                                                                | 25                                                                  | .03                                                      |

### ***Supported Employment:***

Blair County continues to support employment through waiver-funded employment services, transition coordination, school collaboration, provider engagement, and employment-focused planning. Available employment-related services include Supported Employment, Advanced Supported Employment, Small Group Employment, Benefit Counseling, Education Support Services, and related supports that may assist individuals in preparing for, obtaining, or maintaining employment.

The county also supports employment through the Transition and Employment Council, school district outreach, IEP participation, and collaboration with community partners. Employment was tracked during ISP reviews, and the number of individuals noted as employed increased in the reported plan-review data from 13 in December to 33 in April.

### ***Proposed Practice Changes and ODP Assistance***

For FY 2026–2027, Blair County will continue to support employment growth by using existing transition, employment, and stakeholder structures. The county will continue to work through the Transition and Employment Council, school district collaboration, IEP participation, provider engagement, and employment-focused events to increase awareness of employment options and support earlier conversations with individuals and families.

The county will continue to promote employment as part of person-centered planning and ISP review. Employment information will continue to be monitored during plan reviews, and documentation related to employment interests and goals will continue to be an area of focus when plans are returned for correction or technical assistance.

ODP assistance may be helpful in the following areas:

- Continued guidance regarding employment service expectations.
- Technical assistance on employment service documentation.
- Support for counties and providers implementing Employment First practices.
- Support for provider development related to competitive integrated employment.
- Sharing statewide models for employment pilots and transition-age employment initiatives.

Blair County is using a summer employment initiative to support transition-age students in gaining work experience. The 2026 pilot is underway and is expected to serve four students with a total project allocation of \$20,000. The project is designed to provide supported employment experience and demonstrate that students can work when appropriate supports and opportunities are available.

The program is intended to divert students from traditional vocational training or day program settings where appropriate. The project has identified an estimated long-term cost avoidance when a student is able to work and avoid or delay entry into a traditional day service model. Each student involved in the project is allocated approximately \$5,000.

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

Blair County will assist Supports Coordination Organizations through monthly SCO meetings, technical assistance, ISP-related training, documentation support, and continued use of person-centered and Life Course materials. The county will continue to provide and distribute resources to help individuals and families understand the ID/A system and connect to available community resources.

The county will continue supporting person-centered practice through the Blair County Community of Person-Centered Practices. Training and support will include practical tools that can be used in planning conversations, such as Life Course materials, person-centered language, learning logs, staff matching, action learning sets, and facilitation strategies.

The county will continue to reinforce the use of these tools through ISP review, technical assistance, and communication with SCOs.

### ***Waiting List Planning:***

Blair County will continue to monitor PUNS and work with Supports Coordination Organizations to identify individuals with current or emerging service needs. The county will use monthly SCO meetings, technical assistance, and intake/enrollment review to support planning for individuals on the waiting list.

Planning will focus on maintaining accurate PUNS information, identifying individuals with emergency or critical needs, addressing barriers to eligibility or enrollment, and connecting individuals and families with available community resources while waiver enrollment or service access is pending.

The county will continue to use PUNS data to inform provider recruitment, service development, and discussions with SCOs.

### ***Self-Direction Collaboration with SCOs:***

Blair County will continue to work with Supports Coordination Organizations, the Agency With Choice provider, individuals, families, and teams to support self-direction. The county will provide technical assistance and training to teams supporting individuals who self-direct services.

The county will continue to monitor documentation for person-directed services and provide feedback when documentation does not meet expectations. Training will focus on service expectations, documentation, employer responsibilities, and team understanding of self-directed services.

### ***Lifesharing and Supported Living:***

Blair County will support the growth of Lifesharing and Supported Living through provider outreach, provider engagement, service gap identification, and continued recruitment of agencies able to support individuals in less restrictive and more individualized residential options.

The county will continue to share de-identified information about local residential needs with interested providers where appropriate. Provider recruitment will continue to focus on expanding options that support individuals in community settings and reduce reliance on more traditional congregate or licensed models when other options can meet the person's assessed needs.

Barriers to growth include provider staffing, housing availability and cost, cost of living, wage expectations, provider capacity, and limited provider willingness or ability to expand residential options. Early FY 2025–2026 reports showed limited interest from residential providers. Later reports showed increased interest, but expansion remained dependent on practical capacity issues such as staffing and housing.

Lifesharing growth may also be affected by difficulty identifying qualified lifesharing families and matching individuals with appropriate homes. Supported Living growth may be affected by housing availability, staffing patterns, and ability to provide flexible supports.

Actions that supported expansion included direct outreach to providers, ongoing monthly provider meetings, sharing de-identified information about individuals seeking residential services, and convening provider workgroups to discuss barriers and identify support needs.

The Residential Focus Workgroup provides a structure for providers to engage with peers, discuss barriers related to the system and Performance-Based Contracting, and identify areas where targeted AE support may be needed.

ODP assistance may be useful in the following areas:

- Technical assistance regarding Lifesharing and Supported Living service expectations.
- Guidance on Performance-Based Contracting and residential service expansion.
- Support with provider recruitment and expansion barriers.
- Sharing statewide models for Lifesharing and Supported Living growth.
- Clarification of provider qualification and service authorization requirements.
- Support in addressing barriers connected to staffing, housing, and residential service development

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

Blair County will continue to use available funding and partnerships to increase provider capacity for individuals with multisystem and complex medical needs. Activities will include training, technical assistance, HCQU referrals, provider education, QARP meetings, and coordination with health-related partners.

The county will continue to work with HCQU, Encompass Health, providers, SCOs, and families to identify training needs and provide education related to medical and behavioral health support. Training topics may include diabetes, dementia, dysphagia, pressure wounds, sexual health, medication education, skin integrity, peg tubes, infection control, and other health-related needs.

The county will also continue to explore technology and remote support options, including telemedicine and assistive technology, to support providers and individuals with higher levels of need.

Blair County will continue outreach to local school districts through IEP participation, transition presentations, resource sharing, and collaboration with teachers and families. The county will use these contacts to help families understand the adult ID/A system, eligibility, waiver services, transition planning, and community resources.

The county will continue to provide person-centered and Life Course materials to families at IEP meetings and to families new to the ID/A system. School collaboration will also be connected to employment and transition planning through the Transition and Employment Council and related employment initiatives.

Blair County will continue to coordinate with cross-system partners when individuals and families need access to community resources or formal ODP supports. Existing collaboration includes coordination with behavioral health partners through the Dual Diagnosis Collaboration Meeting, TAST, Blair HealthChoices, Higher-Level Review processes, CSRU diversion planning, HCQU, and health-related training partners.

### ***Emergency Supports:***

Blair County will support individuals in emergency situations through coordination with the individual's team, Supports Coordination Organization, providers, county staff, ODP, crisis and behavioral health partners, and available community resources. The county will work to identify immediate health and safety needs, available providers, potential service options, and diversionary resources.

Emergency support may include team meetings, provider outreach, referral to available services, coordination with behavioral health resources, use of CSRU where appropriate, incident management follow-up, Higher-Level Review when criteria are met, and communication with ODP regarding unresolved or high-risk situations

### ***Administrative Funding:***

Blair County will coordinate with PA Family Network as available to connect individuals, families, providers, and staff with training related to Supporting Families and Life Course concepts.

Blair County will use local outreach, resource sharing, training, and stakeholder meetings to support discovery, navigation, connecting, and networking for individuals and families. Strategies include IEP participation, school district collaboration, Transition and Employment Council activity, Life Course and person-centered materials, provider/service resource lists, monthly SCO and provider meetings, and team-specific technical assistance.

The county will continue to use these methods to help individuals and families understand available services, community resources, employment options, and planning supports.

Blair County will continue to engage HCQU as a training, technical assistance, and health education resource for individuals, teams, providers, and Supports Coordinators. The county will use HCQU referrals to address health-related needs and support provider capacity in areas such as aging, diabetes, dementia, dysphagia, pressure wounds, sexual health, medication education, peg tubes, skin integrity, infection control, and other identified needs.

The county will continue to connect HCQU involvement to incident corrective actions, team support needs, and provider training needs where appropriate.

Blair County will use HCQU referral and training information as part of the Quality Management process by reviewing patterns in health-related referrals, training needs, incident-related corrective actions, and recurring

provider support needs. HCQU information may inform QM planning, risk management, provider training priorities, and technical assistance needs.

Blair County will continue to engage the local IM4Q program as a source of information regarding individual experience and quality of services. The county will review IM4Q considerations, signs of quality, and trend areas to identify follow-up needs, quality improvement opportunities, and system-level themes.

IM4Q data will continue to inform discussions related to service system quality, employment, individual experience, and quality management planning.

Blair County will support provider competency and capacity through technical assistance, HCQU referrals, provider training, QARP meetings, health-related education partnerships, incident management training, and targeted workgroups. Areas of focus will include aging, medical needs, behavioral health, communication, documentation, risk mitigation, and complex support needs.

The county will continue to coordinate training opportunities with HCQU, Encompass Health, QARP, Incident Management, and other partners. The county will also continue to support provider development in nursing, remote supports, assistive technology, and other services that increase capacity for individuals with higher levels of need.

ODP can assist by providing technical assistance, training resources, clarification of requirements, data tools, provider development support, and guidance related to provider qualification, QA&I, Performance-Based Contracting, incident management, risk management, and service authorization.

Blair County will use multiple risk management approaches, including incident review, incident trend analysis, Human Rights Committee review, QA&I monitoring, Corrective Action Plan review, QARP meetings, Risk Matrix exercises, HCQU referrals, TAST, Dual Diagnosis Collaboration Meetings, and provider technical assistance.

The county will continue to review risks related to health and safety, rights, unauthorized restraints, incident patterns, provider documentation, medical needs, behavioral health, and service access barriers.

Blair County will interact with stakeholders through provider meetings, SCO meetings, technical assistance, Human Rights Committee activity, QARP meetings, team-specific support, school collaboration, family resources, and person-centered planning efforts. Risk management communication will include sharing expectations, reviewing trends, providing training, supporting corrective actions, and helping teams identify resources and mitigation strategies.

ODP can assist by providing guidance, training materials, technical assistance, data tools, and clarification of risk management expectations. ODP support may also be helpful in sharing statewide practices for risk mitigation, incident trend review, provider oversight, and stakeholder communication.

The county will use provider meetings, QARP, Incident Management training, and the Residential Focus Workgroup to engage providers in emergency preparedness planning.

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

Blair County will promote Participant Directed Services through training, technical assistance, and collaboration with SCOs, individuals, families, teams, and the Agency With Choice provider. The county will continue to support teams by clarifying expectations for self-direction, service documentation, employer responsibilities, and team communication.

Challenges include documentation consistency, training needs for Common-Law Employers and support staff, and differences between initial information provided at the start of self-direction and the more detailed information needed by teams during service implementation.

Solutions will include targeted technical assistance, continued work with the AWC provider, training for teams, and ongoing documentation review.

Blair County will support self-direction training by working with SCOs, the AWC provider, individuals, families, and teams. Training will focus on service expectations, documentation, employer responsibilities, Common-Law Employer and support staff roles, and practical implementation of self-directed services.

The county will continue to provide technical assistance when documentation or service implementation concerns are identified.

ODP can assist by providing updated training materials, technical assistance, examples of effective local self-direction practices, clarification regarding AWC and VF/EA expectations, and guidance for documentation and compliance requirements.

### ***Community for All:***

Blair County will support individuals in congregate settings to return to the community through team planning, Supports Coordination involvement, provider recruitment, waiver capacity management, residential service development, and coordination with ODP and community partners. The county will continue to identify service needs, locate willing and qualified providers, and support planning for community-based services when a return to the community is appropriate.

### ***Technology:***

Blair County will continue to support access to technology, assistive technology, remote supports, and telemedicine options as tools to promote independence, health, safety, and community participation. The county will continue to share information with providers and SCOs through QARP, provider meetings, and technical assistance.

The county will continue to explore technology options such as Remote Supports, Assistive Technology Supports, and telemedicine models. The establishment of a provider offering Remote Services and Assistive Technology Supports creates an opportunity to increase access to technology-based supports in FY 2026–2027.

## *Homeless Assistance Program Services*

### **Continuum of Care Services (CoC)**

Center for Community Action (CCA) actively participates in the Eastern PA Continuum of Care (COC) which encompasses thirty-three counties. Director of Human Services for CCA chairs the South Central Regional Homeless Advisory Board (RHAB) which consists of 9 counties (Centre, Cambria, Blair, Huntingdon, Somerset, Huntingdon, Bedford, Fulton, Franklin, and Adams) and actively sits on the Eastern PA COC Board. The mission of the Eastern PA COC is to end and prevent homelessness. CCA actively holds a Continuum of Care (COC) Grant that covers Blair County- to be eligible for assistance households must fall into either Category 1 or Category 4 of HUDs Homeless definitions as stated below:

(Category 1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary night-time residence that is a public or private place not meant for human habitation.
- (ii) Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

(Category 4) Any individual or family who:

- (i) Is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized.
- (ii) Has no other safe residence; and
- (iii) Lacks the resources to obtain other safe permanent housing

Financial assistance to include security deposit, rental assistance, and utility deposit are some of the areas of assistance that can be provided to these households along with case management, budget counseling, referrals to other agencies, job search, landlord mitigation, how to be a good tenant (PREP training) etc., if the client would like these services, they are not mandatory for enrollment into the program.

Center for Community Action also holds grants that can assist with Homeless Prevention which is defined as Category 2: Imminent Risk of Homelessness: Individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) Residence will be lost within 14 days of the date of application for homeless assistance.
- (ii) No subsequent residence has been identified; and

- (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Dependent on specific grant guidelines, homeless prevention assistance can provide utility arrears and/or rental arrears when served with a 14 day or less eviction notice, security deposit and some additional on-going rental assistance along with case management, budget counseling, referrals to other agencies, job search, landlord mitigation, how to be a good tenant PREP training, etc. If the client would like to enroll in any of these services, it is not mandatory for enrollment into the program. All of these services are offered to mitigate eviction proceedings to keep families housed and avoid literal homelessness. The funding for Homeless Prevention Assistance is often fully expended in a quick manner, and there always seems to be a wait list for families that need these services.

## Bridge Housing Services

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

## Case Management

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

### Center for Community Action

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

Individuals who are seeking any type of housing assistance and appear to qualify for Homeless Assistance are required to complete a formal intake interview conducted by the Housing Intake Specialist as soon as it can be arranged. The Housing Intake Specialist determines whether the client meets HAP requirements for eligibility, documents the reason(s) for needing services, identifies other services the client may benefit from and checks to see if the client has received homeless assistance in the past 24 months by checking the Homeless Management Information System (HMIS) and the internal database CAP 60.

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

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

Following the intake and Housing Service Plan reviews, all meetings between clients and the Housing Intake Specialist take place based on household need(s) and are documented in case notes. Case notes are maintained to track client progress and are located in the individual client files and in the in-house database system known as CAP 60.

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

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

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

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

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

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

Case Management Sessions are entered into the in-house database called CAP 60. Within this system, case managers record case notes and goals that the clients set, along with financial literacy attendance. Each meeting consists of reviewing goals and the progress that has been made towards the goals are discussed. Once the client is exited from case management, the case manager will then follow up with the client for sixty days and ninety days from the closing date to see how the client is and if any additional assistance is needed at that time. Case Managers also use the HMIS (Homeless Management Information System) database. This is a great way for case managers to record data such as income, place staying when entering program, mainstream benefits, and health concerns. This same information is recorded when exiting the program. The Human Service Director will also use this information to gauge if successful case management has been completed by evaluating if additional income has been achieved, mainstream benefits are there, and if a stable residence has come from case management. There is end of the year reports that can be pulled out of the HMIS system to make reporting less cumbersome at the end of the fiscal year for HAP.

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

Center for Community Action anticipates serving approximately 275 individuals with case management services for FY 26/27.

No pragmatic changes are being made for FY 26/27.

### Family Services, Inc.

Family Services Incorporated, hereafter known as Family Services, will receive HAP funding for its Victim Services Program to use for Emergency Shelter and Case Management services. The agency will use these funds to provide case management services to victim/survivors of domestic violence. During the time of their emergency sheltering, victims/survivors will work with the Family Services Victim Services Program Counselor Advocates to determine housing needs and options. When appropriate, victims/survivors will be referred to the Family Services Victim Services Program Housing Advocate to find long-term, stable, and safe housing within their budget. Referrals to Center for Community Action, UPMC Behavioral Health of the Alleghenies, and other agencies may also be appropriate.

The objective of Family Services' Victim Services Program is to work with victims/survivors of domestic violence and other victimizing crimes to remain free from violence and abuse; to move towards emotional and financial stability so they may become self-sufficient. Family Services will provide these services for one to twelve months. Family Services anticipates serving approximately 10 adults and 15 children with new safe housing in FY 26/27.

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

In FY 2025/2026, the Victim Services Program was able to provide hoteling services through a different funding source. HAP funds were able to be used on other supportive costs to provide the hoteling services.

### **Unmet Needs and Gaps**

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

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

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

#### Center for Community Action

Upon completion of case management within the program, the Housing Services Director will review the number of case management sessions the clients had with case managers, and what the outcomes were of these sessions. The Human Services Director will also pull quarterly reports from the HMIS database to see if clients are progressing while enrolled in the program. If there is no progress being shown, the Human

Services Director will discuss the lack of progress with the case managers and will discuss possible additional ways to assist the consumers. This is to evaluate the efficacy of the program.

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

#### Family Services, Inc.

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

### **Case Management Services Results FY 25/26**

#### Center for Community Action

During FY 25/26, Center for Community Action served 114 households consisting of 149 adults and 121 children.

#### Family Services, Inc.

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

In FY 2025/2026, there was 1 HAP client who received the VS3s.

### **Proposed Changes to Case Management Services FY 26/27**

No pragmatic changes are being made for FY 26/27.

## **Rental Assistance**

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

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

HAP Rental Assistance funds are used for the following:

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

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

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

During a twenty-four (24) month period, clients may receive the Fair Market Rent (FMR) x 150 percent of the FY 2025 Fair Market Rent one time and will attend budget counseling. Returning clients, within twenty-four (24) months, will receive intensive case management. The client will be referred to other services to cease repetition as needed, i.e., CareerLink (for job training and job search), Drug and Alcohol (for D&A assessment), and budget counseling and money management courses.

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

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

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

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

Restrictions to the Rental Assistance component are as follows:

- The HAP provider will now utilize the Fair Market Rent (FMR)/ Metropolitan Statistical Area (MSA) x 150 percent 2025 Fair Market Rent for rental limit amounts
- Payment for heating fuel is non-allowable
- Utility assistance is available to the extent that it meets the objective of preventing homelessness
- Utilities shall be defined as electric, water, sewage and propane not used for heat
- Clients requesting utility assistance will be required to have a shut-off notice
- Clients facing eviction must have written documentation that the landlord will drop the eviction and be willing to continue to rent to the client after rental assistance is granted
- Payments to clients already receiving Section 8 subsidized housing will be limited to security deposits.

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

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

Center for Community Action anticipates serving approximately 225 individuals in FY 26/27.

### **Unmet Needs and Gaps**

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

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

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

With Rental Assistance, information is entered into the Cap 60 and HMIS database system. In the HMIS system, case managers can keep track of how much rental assistance is given to the client throughout the course of being enrolled in the program. This is a good tool to ensure that each client is receiving the proper amount of funding within the program guidelines. Upon exit from the program, case managers contact the client in sixty and ninety days to assure that the rental assistance provided was successful, and that no additional help is needed. In the case that additional help is needed, the case manager will reach out to other agencies and look for further assistance to ensure the client does not fall behind on rental assistance again. This is then recorded, and the Human Services Director reviews the case to see where additional support could be added to assist in future assistance. This is how the evaluation of efficacy in the program is calculated.

## **Rental Assistance Services Results FY 25/26**

In FY 25/26, a total of 32 households were served consisting of 53 adults and 79 children.

## **Proposed Changes to Rental Assistance Services FY 26/27**

The HAP provider will now utilize the Fair Market Rent (FMR)/ Metropolitan Statistical Area (MSA) x 150 percent 2025 Fair Market Rent for rental limit amounts for FY 26/27.

### **Emergency Shelter**

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

#### *Center for Community Action*

Center for Community Action will use HAP funding to provide assistance to homeless or near homeless individuals for eligible consumers residing within Blair County. The agency's housing programs will provide eligible households with financial assistance, while promoting motivation and individual responsibility to achieve the outcome of affordable housing of their choice. The agency can provide emergency hotel stays for up to ten days. A broad description of the target population would be defined as 18 years of age or older who are homeless, near-homeless or facing utility terminations. Individuals or heads of households under the age of 18 would be eligible when validated as emancipated through the Department of Human Services. When Emergency Shelter funds are used, proper documentation is required that all shelters are completely full, and documentation that there is nowhere else for the client to reside for the night (friends, family, etc.) When these funds are used, additional case management is provided to the client, in hopes of finding housing quickly and preventing the client from encountering this situation again in the future. Case Managers work closely with consumers in the hotel/motel locating safe, affordable, permanent housing as quickly as possible. The client information is tracked in CAP 60 and HMIS, from which the Human Services Director pulls reports and reviews on a quarterly basis. Any proposed changes will come from the Human Services Director from reports published in CAP 60 and HMIS, along with case notes that the case manager provides.

Center for Community Action anticipates serving a total of 20 individuals in FY 26/27.

There are no programmatic changes for FY 26/27 under Emergency Shelter.

#### *Family Services, Inc.*

Family Services Incorporated receives HAP dollars for Emergency Shelter Services. The agency uses these funds to provide emergency shelter to victims/survivors of domestic violence. Victims/survivors fleeing domestic violence for safety reasons will be provided for up to 30 days of emergency shelter at local hotels. During the time of their emergency shelter, victims/survivors work with the Family Services Victim Services Program Counselor Advocates to determine housing needs and options. When

appropriate, victims/survivors are referred to the Family Services Victim Services Program Housing Advocate to find long-term, stable, and safe housing within their budget. Referrals to Center for Community Action, Home Nursing, and other agencies may also be appropriate.

The objective of Family Services' Victim Services Program is to work with victims/survivors of domestic violence and other victimizing crimes to remain free from violence and abuse; to move towards emotional and financial stability so they may become self-sufficient, not relying on an abuser. We will provide these services for one to twelve months. Beginning July 1, 2025, through June 30, 2026, we anticipate serving approximately 10 adults and 15 children.

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

The Family Shelter accepts self-referrals as well as referrals from Blair County social service agencies and religious organizations. In January of 2018, Family Services, Inc. became part of the Coordinated Entry System of Eastern PA. The agency strives to affect positive change by providing a clean, safe, and supportive environment while assisting clients in obtaining permanent housing and other services necessary to achieve a more independent lifestyle. On-site case management is provided daily in order to help clients move toward self-sufficiency more expeditiously. The Family Shelter provides services to approximately 300 individuals/families a year and is accessible 24 hours a day.

The Family Shelter provides an integral part of the continuum of care in Blair County by providing the only emergency shelter in Blair County that exclusively addresses the needs of homeless families.

Program outcomes include the following:

*Increased safety:*

- Individuals feel safe and supported while in the shelter.
- Individuals enter safe and appropriate housing at discharge.

*Increased self-sufficiency:*

- Individuals increase their knowledge of community resources.
- Individuals can meet basic needs to be discharged from shelter.

Family Services has served 342 individuals from July 1, 2025, through June 15, 2026, and is projected to serve 375 individuals in FY 26/27. Family Services projects to turn away 300 individuals due to the shelter being full and project 8,263 days of shelter provided.

For FY 25/26, as of June 15, 2026, the Emergency Shelter has served 120 men, 139 women, and 4 children. The number of days of shelter provided was 7,262.

## **Achievements and Improvements of Services**

Family Services has seen a slight decrease in the average length of stay FY 25/26. As of June 15, 2026, the average length of stay was 22 days. In FY 24/25, the average length of stay was 23 days.

## **Unmet Needs and Gaps**

- There is still a significant shortage of shelter beds in Blair County and neighboring counties
- Lack of transportation in rural areas or after normal business hours
- Lack of employment opportunities that provide a livable wage.
- Households with zero income are not eligible even in inclement weather
- The Emergency Shelter is averaging 150 individuals a month on their waiting list to enter the shelter
- Lack of permanent, safe affordable housing. The current housing situation leads to 2 year (or longer) waiting lists for subsidized housing in the Blair County area. These programs have stopped accepting applications in the latter part of the fiscal year, which is a trend we have seen in the past few years.
- Increase in rental units being red tagged (uninhabitable) in the City of Altoona by Codes Office
- Residents in Blair County continue to struggle with their ability to pay utilities, putting them at risk of being evicted.

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

### **Center for Community Action**

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

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

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

## **Emergency Shelter Services Results FY 25/26**

### **Center for Community Action**

In FY 25/26, a total of 3 households have been served consisting of 4 adults and 1 child.

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

- According to the latest exit survey results, 100% of the participants felt safe while in the shelter.
- The current fiscal year statistics report indicates that 100% of the participants increased their knowledge of community resources; 37% were able to obtain employment; and 26% were able to obtain housing.

## **Proposed Changes to Emergency Shelter Services FY 26/27**

There are no planned changes to the Emergency Shelter services.

## **Innovative Supportive Housing Services**

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

### **Proposed Changes to Other Housing Supports Services FY 26/27**

Center for Community Action plans to continue to provide the New Beginnings Baskets in Blair County for FY 26/27. Center for Community Action piloted these baskets in other counties and it has been extremely successful. The Center for Community Action New Beginnings Baskets Blair County project initially projected being able to purchase 24 baskets. Due to the increased cost of the items, Center for Community Action has been able to provide 18 homeless families with the New Beginnings Baskets that include but are not limited to the following items: bath towels, dish towels, wash clothes, small crock pots, dishes, pots and pans, utensils such as silverware and cooking utensils, can openers, broom and dustpan, cleaning supplies, etc. These items are basic household items that many homeless families do not usually have when moving into a new home and are needed for the basic needs such as cooking, bathing, and cleaning. Center for Community Action does not currently have any other funding streams that allow this type of item to be purchased for households and finds that it is a critical need for homeless families.

In FY 2025/2026, consumers in Blair County and in other counties greatly appreciated these baskets and were able to move into their housing units with the basics needed without having to spend or find additional funding to try to meet this basic housing need. The consumers who received the New Beginnings Baskets shared that the cleaning supplies helped them better care for their rental units, and the cooking items meant a great deal because they enabled them to prepare meals for their households.

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

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

### **Center for Community Action**

Center for Community Action utilizes the Homeless Management Information System (HMIS) for Homeless Assistance and other housing program clients. All HAP clients are entered and tracked using HMIS. Clients are also entered into the CAP 60 which tracks the programs and services the client receives in CCA. Both systems track the client/household from intake to exit. The reports pulled from the system included: number of individuals/households that received an intake, case management, financial assistance, financial literacy, programs the client was enrolled into, length of stay in the program, did the client exit into permanent housing, and did the income in the household increase upon exit. The reports are evaluated on a quarterly basis to identify success, trends, gaps in services, and numbers served in each service. The year-end reports are also compared to previous years for trend analysis. Please note that the HMIS system continues to improve with updates. The Data Program Manager and the Data Entry Specialist continue to learn new skills on the HMIS system, as there are continually new updates being completed on the system.

### **Changes Identified in Service Needs**

Center for Community Action has found that safe affordable housing is extremely difficult to locate following COVID. After the pandemic, rent payments have increased drastically making it difficult to house families in units that are affordable, often way above fair market rent values for the area. Case managers actively work with landlords on the unit prices and try to assist in obtaining section 8 vouchers for consumers, but this tends to be difficult as the list only opens once a year.

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

Family Services currently tracks the number of homeless or near homeless individuals who received emergency shelter and were then transitioned into stable housing. For FY 2025/2026, 342 clients received emergency shelter and 26% were transitioned into stable housing.

Family Services agreed to track the known destination for clients upon exit or verified connection to permanent housing and also the increased participation by homeless individuals in mainstream systems. For FY 2025/2026, the known destinations, by zip code, for clients are as follows:

- Zip Code 15522 – 1 consumer
- Zip Code 15901 – 1 consumer
- Zip Code 16601 – 49 consumers
- Zip Code 16602 - 32 consumers
- Zip Code 16625 – 1 consumer
- Zip Code 16635 – 1 consumer
- Zip Code 16648 – 2 consumers
- Zip Code 16652 – 1 consumer
- Zip Code 16686 – 1 consumer
- Zip Code 16803 – 1 consumer
- Zip Code 16830 – 1 consumer
- Zip Code 17101 – 1 consumer
- Zip Code 17603 – 1 consumer

- Zip Code unknown – 31 consumers

The staff of the Family Shelter also tracks the number of clients who are turned away due to lack of space in the shelter. The average number of individuals on the monthly wait list is 290.

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

### **Services to Be Provided**

#### **Adult Services**

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

**Description of Services:** The target group to be served by Family Services, Inc. consists of individuals, families, and/or couples presenting trauma due to current or past domestic violence, sexual abuse, child abuse, human trafficking, and/or any other victimizing trauma. In FY 25/26, 17 clients were provided services. The limited-service provision was due to a staffing shortage. Counseling services are provided by master's level clinicians who are licensed and/or certified to practice in Pennsylvania. Information and Referral, Service Planning/Case Management, and/or Transportation services as direct and/or indirect care, are provided by Victim Services Program Advocates and/or Administrative Support staffing.

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

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

**Program Name:** Information and Referral

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

Many people have a wide array of problems when they call. CONTACT Altoona's volunteers listen for the unspoken, as well as the spoken, indicators while assisting the caller in determining the most appropriate source of help. CONTACT Altoona attempts to address each of the callers' needs and/or successfully refer the caller to the proper agency for help. CONTACT Altoona volunteers are trained to listen reflectively to people of all ages and socio-economic backgrounds. There are two types of information and referral calls received by CONTACT Altoona: (1) people knowing what the problem is and seeking a referral to solve their problem or people seeking services from a certain agency; and (2) a caller may need a referral to an agency they are unaware of for help in solving his/her problems. When it becomes apparent that a referral is appropriate, the telephone workers may suggest a referral or multiple referrals. In many instances it is advisable to assist callers

in how to approach an agency when calling. Good information and referral services will assist callers in how to present their problems so they will not be denied service before reaching the appropriate person.

In FY 2025/26, CONTACT Altoona handled approximately 1,700 calls for information and referrals. CONTACT Altoona volunteers help to provide Blair County with updated resource information on several different local agencies. This enables us to continue to serve the needs of each individual looking for services all while also helping 211.

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

## Aging Services

**Program Name:** OPTIONS

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

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

## Children and Youth Services

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

## Generic Services

**Program Name:** Reassurance Program

**Description of Services:**

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

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

In FY 25/26, CONTACT Altoona's non-MH Reassurance Program completed an estimated 7,200 calls. CONTACT Altoona continues to increase their standards by decreasing the number of shifts missed along with increasing the ability to cover more shifts and adding more clients.

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

**Client Population to be Served:**

Adult, Aging, SUD, MH and ID

## Specialized Services

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

**Description of Services:** Big Brothers Big Sisters of Blair County (BBBS) believe that every child possesses incredible potential and deserves the opportunity to reach it. Unfortunately, many young people face challenges beyond their control, including poverty, family instability, substance abuse within the home, academic struggles, bullying, and exposure to negative influences. Through professionally supported mentoring relationships, BBBS helps children overcome these challenges and develop the confidence, resilience, and skills necessary to succeed.

The S.M.A.R.T. (Students and Mentors Achieving Results Together) School-Based Mentoring Program connects youth with positive role models in a structured and supervised environment. Through one-to-one mentoring relationships, children receive consistent support, encouragement, and guidance from trained mentors who help them navigate challenges and make healthy life choices.

The S.M.A.R.T. program operates within schools and community sites throughout Blair County, creating accessible opportunities for youth to engage with mentors on a regular basis. Mentors may be high school students, college students, community volunteers, or adult professionals. Mentees are elementary and middle school students identified as benefiting from additional support and positive adult or peer relationships.

Mentoring sessions occur on a regular basis and include both individual and group activities designed to promote healthy youth development. Activities focus on communication skills, decision-making, goal setting, conflict resolution, academic success, leadership development, prevention education, and healthy lifestyle choices. Through these interactions, youth develop critical protective factors that reduce their likelihood of engaging in risky behaviors, including substance use, violence, truancy, and delinquency.

Participation in the S.M.A.R.T. program is provided at no cost to children and families. Before acceptance into the program, all mentors and mentees complete a comprehensive screening and enrollment process. Adult mentors undergo interviews, background investigations, reference checks, child abuse clearances, orientation, and training. Youth mentors participate in age-appropriate screening, training, social media reviews, and ongoing supervision. Mentees and their families' complete assessments that help BBBS identify individual strengths, challenges, and goals to ensure appropriate match placement.

Once a match is established, BBBS staff provide ongoing professional supervision and support. Match Support Specialists maintain regular contact with mentors, mentees, parents or guardians, school personnel, and program partners to ensure participant safety, monitor progress, and provide guidance throughout the mentoring relationship. This level of professional oversight distinguishes Big Brothers Big Sisters from informal mentoring relationships and contributes to the long-term success of program participants. Our program is open and offered to youth for as long as they continue to be interested and express the desire to be part of it, or until they graduate from high school. One of the biggest goals of our program is to encourage the mentor and mentee to develop a life-long friendship.

Collaboration is essential to the success of the S.M.A.R.T. program. BBBS partners with local school districts, higher education institutions, community organizations, businesses, and nonprofit organizations to expand opportunities for participating youth. Current partnerships include Altoona Area School District, Bellwood-Antis School District, Tyrone Area School District, Penn State Altoona, the Blair County Youth through Blair Drug and Alcohol Partnerships, the YMCA, and numerous community businesses. These partnerships provide mentoring locations, volunteer recruitment opportunities, educational resources, youth development activities, referrals, and community engagement experiences that enhance the overall impact of the program.

In addition, BBBS collaborates with community partners such as Sheetz, Thrivent Financial, Doing Better Business, D&M Technology, the Jaffa Shrine, and the Blair County Food Drive to provide financial assistance, in-kind donations, event support, food, printing services, technology resources, and volunteer assistance. These partnerships help offset costs not covered by grant funding, allowing BBBS to maximize available resources and ensure that youth and families can participate in meaningful mentoring activities, prevention programming, and community events at little or no cost.

The continued support of these organizations strengthens the sustainability of the S.M.A.R.T. program and enhances our ability to provide high-quality mentoring experience that empower young people to make positive choices, build healthy relationships, and develop the skills necessary for future success, ultimately contributing to their long-term growth and success.

Mentoring is one of the most effective evidence-based prevention strategies available. Research conducted by Public/Private Ventures found that youth participating in Big Brothers Big Sisters mentoring programs were 46% less likely to begin using illegal drugs, 27% less likely to begin using alcohol, and significantly less likely to engage in aggressive behaviors compared to their peers. Additional studies have demonstrated that mentoring improves school attendance, academic performance, self-esteem, decision-making skills, and relationships with family members and peers.

The strategy employed by BBBS is simple but powerful: connect children with positive, caring mentors who consistently model healthy behaviors and provide encouragement, accountability, and support. Through regular interaction with their mentors, youth develop protective factors that reduce their likelihood of substance use, criminal behavior, and other high-risk activities.

The S.M.A.R.T. program intentionally incorporates prevention-focused discussions and activities related to healthy decision-making, self-confidence, communication, peer relationships, personal responsibility, goal setting, and future planning. These skills strengthen a child's ability to navigate challenges and resist negative influences.

Many of the youth served through BBBS face risk factors associated with future substance abuse and juvenile delinquency, including poverty, family instability, parental incarceration, adverse childhood experiences, exposure to substance abuse, and limited access to positive role models. By providing consistent support and guidance, mentors help counterbalance these risk factors while reinforcing positive behaviors and healthy life choices.

The Office of Juvenile Justice and Delinquency Prevention identify mentoring as an effective prevention strategy that promotes healthy youth development and serves as a protective factor against delinquency and substance abuse. BBBS

applies these principles through structured mentoring relationships that foster resilience, strengthen social connections, and create opportunities for youth to envision and achieve a successful future. It is the sense of belonging and community/school connection that helps implant necessary prevention skills, which is what our mentors strive to do. The mission of Big Brothers Big Sisters of Blair County is to create and support one-to-one mentoring relationships that ignite the power and promise of youth. The S.M.A.R.T. program advances this mission by providing children with positive mentors who help them develop the skills, attitudes, and behaviors necessary for long-term success.

The primary goals of the S.M.A.R.T. program are to:

- Increase protective factors that reduce the likelihood of substance abuse, delinquency, violence, and other high-risk behaviors.
- Improve social-emotional development, self-confidence, communication skills, and decision-making abilities.
- Increase school engagement, attendance, academic performance, and educational aspirations.
- Strengthen relationships with peers, parents, guardians, teachers, and other supportive adults.
- Provide youth with opportunities to develop healthy coping skills, leadership abilities, and positive future goals.

The rationale behind the program is grounded in decades of research demonstrating that consistent, supportive relationships with caring adults significantly improve youth outcomes. Young people who have positive mentors are more likely to succeed academically, avoid risky behaviors, and develop stronger social and emotional competencies.

School-based mentoring is particularly effective because it provides consistent access to youth in a safe and structured environment. By integrating mentoring into the school setting, BBBS is able to reach children who may otherwise lack access to positive role models and support systems. Schools also benefit from improved student engagement, stronger peer relationships, and increased feelings of connectedness among participants.

The S.M.A.R.T. program further strengthens youth development through skill-building activities focused on communication, healthy relationships, personal responsibility, problem-solving, leadership, and prevention awareness. These activities help children build the confidence and resilience necessary to navigate challenges while preparing them for future success.

Ultimately, the program seeks to ensure that every participating child has at least one caring mentor who believes in their potential, encourages positive choices, and helps them build a brighter future.

During the 2025-2026 academic year, S.M.A.R.T. mentoring programs operated through partnerships with Altoona Area High School and Penn-Lincoln Elementary School, Bellwood-Antis High School and Bellwood-Antis Middle School, Tyrone High School and Tyrone Middle School.

The continued growth of the S.M.A.R.T. program demonstrates both community demand and program effectiveness. Schools, guidance counselors, social workers, and families continue to identify mentoring as a valuable intervention for youth facing academic, behavioral, social, and family challenges.

During the 2025-2026 fiscal year (July 1, 2025 to June 30, 2026) there were a total of 105 (Bigs and Littles) served. If all community and S.M.A.R.T. programs operate as planned during the 2026–2027 school year, the agency will serve approximately 100+ youth, consistent with the 2024–2027 Strategic Plan. Approximately 60% of participants are expected to engage in structured summer enrichment programming, including community-based events and prevention-focused activities.

**Program Name:** Child Advocates of Blair County Intensive Behavior Coaching (IBC) and Teacher-Child Interaction Training (TCIT)

**Description of Services:** Child Advocates of Blair County (CABC) provides early childhood education to over 400 preschoolers each year as the Blair County grantee for both the federal and state supplemental Head Start program and as a grantee of the Pennsylvania Pre-K Counts program. Both programs support the development of the whole child, including social-emotional, cognitive, and academic skills needed for kindergarten and lifelong success. Head Start, initially established as an anti-poverty program, serves children and families living below the Federal Poverty Guidelines. In addition to full-day preschool programming, the Head Start model guides CABC to partner with parents to support each family's wellbeing through dedicated health, nutrition, and family support services. Due to the often-compounding challenges associated with living in poverty, the children enrolled in Head Start have often encountered higher-than-average Adverse Childhood Experiences (ACEs) across three categories: abuse, neglect, and household dysfunction. ACEs can make it difficult for children to engage productively in learning opportunities and can negatively impact brain development linked to chronic health problems, mental illness, and substance misuse in adulthood. CABC's Head Start program takes a multi-pronged approach to preventing, reducing, and responding to ACE's, including concerted efforts to foster resiliency and bolster protective factors, such as strong social connections and positive experiences with parents, to ward off long-term implications of those adverse experiences in childhood. One such approach includes having an Intensive Behavior Coach on staff. The Intensive Behavior Coach's job duties include working with classrooms to provide Teacher-Child Interaction Training (TCIT) (50%), working with parents to provide Parent-Child Interaction Therapy (PCIT) (25%), and on-the-spot intensive behavior coaching, program-wide (25%). PCIT is an empirically supported intervention that has been adapted into an evidence-based classroom practice. TCIT and PCIT encourage warm, secure caregiver-child relationships that have positive impacts on all children in the household or classroom, which can be observed in increases in children's protective factors that are central to social and emotional health and resilience. As a result, TCIT and PCIT not only serve as an intervention for dysregulated behaviors and emotional issues in childhood but also can improve mental health even when risk factors or high ACE scores are present. Intensive behavior coaching supports teaching teams program-wide in responding to, predicting, and preventing intense dysregulated behaviors by introducing modeling, and reinforcing a wide variety of behavioral intervention techniques that support the mental health and wellbeing of the children enrolled at Blair County Head Start.

The IBC happens across Blair County Head Start classrooms and impacts the more than 320 children served each year. When not providing PCIT or TCIT, the IBC spends the remainder of their time responding to classroom requests for support in de-escalating children displaying dysregulated behaviors. In instances where dysregulated behaviors ultimately become an "escalated safety incident" (ESI), or a serious and/or ongoing safety concern for children and/or staff, there can be significant disruptions in schedules and learning opportunities in addition to a breakdown in classroom community and trust. On-the-spot coaching and interventions provided throughout the year ensured that 58% of significant dysregulated behaviors were minimized and did not ultimately result in an "escalated safety incident." Additionally, extended IBC was provided to seven classrooms throughout the year. In these instances, the Behavior Coach worked side by side with classroom staff of three to train, model best practices, and provide support. In all but one classroom, the frequency and intensity of dysregulated behaviors decreased during and after the IBC, resulting in more stable and connected classroom communities able to focus on learning and development. Due to the hardships and instabilities Head Start families often face, there are new children entering the classrooms throughout the year. In many cases, the children entering midyear often display dysregulated behaviors that reflect the impact of adverse childhood experiences. This can cause flare ups in behavior concerns throughout the year, even in classrooms that are typically well functioning and led by skilled educators. As a result of this challenge, it is not uncommon for the IBC to return for a period of IBC again to support the classroom in best supporting a child struggling with ongoing and escalated behavior or safety concerns.

The TCIT supported by HSDF funds in FY 2025/26 enabled CABC and the Blair County Head Start program to deliver complete TCIT training to 7 classrooms and a total of 21 staff, strengthening the practices of labeled praise, reflection, and behavior descriptions and reducing/avoiding negative talk, commands, and questions. Post assessment results from the final coding sessions show mastery across all classrooms and staff in the targeted practice and a significant improvement in reducing the undesired interactions. These improvements in teacher-child interactions directly benefit over 110 children enrolled across these classrooms in FY 2025/26 and will continue to positively impact future children working with these educators in years to come. Additionally, in FY 2025/26, TCIT skills were incorporated into the staff appraisal system and monitored by Child Development & Education Supervisors during center time. Classrooms that previously received TCIT training that were not consistently implementing targeted practices received additional support and coaching from the Intensive Behavior Coach.

## Interagency Coordination

The Blair County Department of Social Services helps fund Interagency Coordination expenditures incurred for staff to attend the following Human Services Committees or Councils which serve in an advisory capacity: Blair County Health & Welfare Council, Blair County Local Housing Options Team (LHOT), Healthy Blair County Coalition (HBCC), Blair County Leadership Coalition, Operation Our Town Housing Roundtable, Re-entry Housing Committee, Warming Center and Hope for the Homeless to name a few. These collaborations are vital for the coordination of not only state funded programs but the link to private partnerships such as faith-based organizations, United Way, and local leaders. Expenditures also include staff coordination with state committees such as Office of Aging, Department of Education, Office of Mental Health & Substance Abuse (OMHSA), PACHSA and others. PACHSA dues are not included in the expenditure for Interagency Coordination.

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

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

### **MENTAL HEALTH SERVICES**

|                                           |       |  |           |           |          |  |
|-------------------------------------------|-------|--|-----------|-----------|----------|--|
| ACT and CTT                               | 0     |  | \$0       |           |          |  |
| Administrative Management                 | 622   |  | \$300,000 |           | \$18,150 |  |
| Administrator's Office                    | 0     |  | \$450,000 | \$387,557 | \$24,500 |  |
| Community Employment & Employment Related | 39    |  | \$176,500 |           | \$8,000  |  |
| Community Participation Support           | 2     |  | \$39,000  |           |          |  |
| Community Residential Services            | 40    |  | \$482,000 |           | \$27,800 |  |
| Community Services                        | 0     |  | \$0       |           |          |  |
| Consumer-Driven Services                  | 29    |  | \$100,000 |           | \$6,000  |  |
| Family Based Mental Health Services       | 6     |  | \$28,500  |           | \$1,800  |  |
| Family Support Services                   | 12    |  | \$95,000  |           | \$5,800  |  |
| First Episode Psychosis Services          | 0     |  | \$0       |           |          |  |
| Housing Support Services                  | 66    |  | \$105,000 |           | \$6,600  |  |
| Intensive Behavioral Health Services      | 0     |  | \$0       |           |          |  |
| Mental Health Crisis Intervention         | 378   |  | \$54,000  |           | \$3,400  |  |
| Mental Health Procedures Act Commitments  | 379   |  | \$562,350 |           | \$37,600 |  |
| Other                                     | 0     |  | \$0       |           |          |  |
| Outpatient                                | 45    |  | \$663,238 | \$74,763  | \$45,000 |  |
| Partial Hospitalization                   | 0     |  | \$0       |           |          |  |
| Peer Support Services                     | 0     |  | \$0       |           |          |  |
| PATH                                      | 47    |  | \$64,167  | \$64,167  |          |  |
| Psychiatric Inpatient Hospitalization     | 0     |  | \$0       |           |          |  |
| Psychiatric Rehabilitation                | 19    |  | \$57,250  |           | \$3,600  |  |
| Social Rehabilitation Services            | 59    |  | \$171,000 |           | \$10,750 |  |
| Student Assistance Program Services       | 1,120 |  | \$240,000 |           |          |  |
| Targeted Case Management                  | 192   |  | \$250,000 |           | \$15,500 |  |
| Transitional and Community Integration    | 73    |  | \$79,833  | \$80,000  | \$5,500  |  |

|                                     |       |             |             |           |           |  |
|-------------------------------------|-------|-------------|-------------|-----------|-----------|--|
| <b>TOTAL MENTAL HEALTH SERVICES</b> | 3,128 | \$3,917,838 | \$3,917,838 | \$606,487 | \$220,000 |  |
|-------------------------------------|-------|-------------|-------------|-----------|-----------|--|

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

#### **INTELLECTUAL DISABILITIES SERVICES**

|                                |     |           |           |          |          |              |
|--------------------------------|-----|-----------|-----------|----------|----------|--------------|
| Administrator's Office         | 0   | \$886,436 | \$886,436 | \$68,000 | \$38,182 | \$767,683    |
| Case Management                | 860 | \$41,387  | \$41,387  | \$0      | \$0      | \$4,035,227  |
| Community-Based Services       | 543 | \$42,774  | \$42,774  | \$0      | \$0      | \$31,948,327 |
| Community Residential Services | 183 |           | \$0       | \$0      | \$0      | \$43,212,426 |
| Other                          | 0   |           | \$0       | \$0      | \$0      | \$0          |

|                                                 |       |           |           |          |          |              |
|-------------------------------------------------|-------|-----------|-----------|----------|----------|--------------|
| <b>TOTAL INTELLECTUAL DISABILITIES SERVICES</b> | 1,586 | \$970,597 | \$970,597 | \$68,000 | \$38,182 | \$79,963,663 |
|-------------------------------------------------|-------|-----------|-----------|----------|----------|--------------|

#### **HOMELESS ASSISTANCE SERVICES**

|                                        |     |  |           |  |  |  |
|----------------------------------------|-----|--|-----------|--|--|--|
| Bridge Housing                         | 0   |  |           |  |  |  |
| Case Management                        | 300 |  | \$120,187 |  |  |  |
| Rental Assistance                      | 225 |  | \$55,000  |  |  |  |
| Emergency Shelter                      | 395 |  | \$56,654  |  |  |  |
| Innovative Supportive Housing Services | 50  |  | \$68,877  |  |  |  |
| Administration                         | 0   |  | \$33,400  |  |  |  |

|                                           |     |           |           |     |     |     |
|-------------------------------------------|-----|-----------|-----------|-----|-----|-----|
| <b>TOTAL HOMELESS ASSISTANCE SERVICES</b> | 970 | \$334,118 | \$334,118 | \$0 | \$0 | \$0 |
|-------------------------------------------|-----|-----------|-----------|-----|-----|-----|

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

***SUBSTANCE USE DISORDER SERVICES***

|                                 |       |  |           |  |  |  |
|---------------------------------|-------|--|-----------|--|--|--|
| Case/Care Management            | 250   |  | \$188,364 |  |  |  |
| Inpatient Hospital              | 1     |  | \$5,000   |  |  |  |
| Inpatient Non-Hospital          | 40    |  | \$159,185 |  |  |  |
| Medication Assisted Therapy     | 30    |  | \$90,000  |  |  |  |
| Other Intervention              | 1,500 |  | \$8,500   |  |  |  |
| Outpatient/Intensive Outpatient | 25    |  | \$20,000  |  |  |  |
| Partial Hospitalization         | 5     |  | \$10,000  |  |  |  |
| Prevention                      | 500   |  | \$10,000  |  |  |  |
| Recovery Support Services       | 300   |  | \$156,000 |  |  |  |
| Administration                  | 0     |  | \$67,687  |  |  |  |

|                                              |       |           |           |     |     |     |
|----------------------------------------------|-------|-----------|-----------|-----|-----|-----|
| <b>TOTAL SUBSTANCE USE DISORDER SERVICES</b> | 2,651 | \$714,736 | \$714,736 | \$0 | \$0 | \$0 |
|----------------------------------------------|-------|-----------|-----------|-----|-----|-----|

***HUMAN SERVICES DEVELOPMENT FUND***

|                             |       |  |          |  |  |  |
|-----------------------------|-------|--|----------|--|--|--|
| Adult Services              | 1,717 |  | \$10,775 |  |  |  |
| Aging Services              | 45    |  | \$2,182  |  |  |  |
| Children and Youth Services | 0     |  | 0        |  |  |  |
| Generic Services            | 7,200 |  | \$2,425  |  |  |  |
| Specialized Services        | 126   |  | \$38,952 |  |  |  |
| Interagency Coordination    |       |  | \$70,793 |  |  |  |
| Administration              |       |  | \$13,903 |  |  |  |

|                                              |       |           |           |     |     |     |
|----------------------------------------------|-------|-----------|-----------|-----|-----|-----|
| <b>TOTAL HUMAN SERVICES DEVELOPMENT FUND</b> | 9,088 | \$139,030 | \$139,030 | \$0 | \$0 | \$0 |
|----------------------------------------------|-------|-----------|-----------|-----|-----|-----|

|                    |        |             |             |           |           |              |
|--------------------|--------|-------------|-------------|-----------|-----------|--------------|
| <b>GRAND TOTAL</b> | 17,423 | \$6,076,319 | \$6,076,319 | \$674,487 | \$258,182 | \$79,963,663 |
|--------------------|--------|-------------|-------------|-----------|-----------|--------------|

# **Blair County 2026/2027 Human Services Block Grant**