

**Olmstead Plan
Blair County, Pennsylvania (PA)**

**Original Submission Date: October 31, 2016
Final Publication Date: May 10, 2017**

I. OLMSTEAD PLANNING PROCESS

The Blair County Department of Social Services, Mental Health (MH) Program Office administers MH services in the area through contracts with local community agencies. The MH Program Director and the two MH Specialists, under the direction of the Executive Director of the Department of Social Services, led the planning effort for this Olmstead Plan. This included attention to informing a diverse group of stakeholders about the planning process and engaging them in discussions regarding the needs of people with mental illness, including services, treatment, housing, etc.

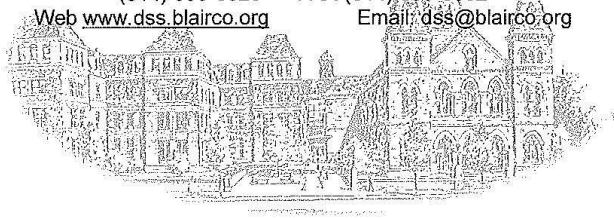
Fortunately, Blair County has many existing groups and committees that provide access to stakeholders, including service providers and clinicians, advocates, people who use services, family members of people who use services, etc. These groups and committees were tapped to provide feedback on what is working, what could be improved, and what is needed to provide comprehensive supports so that people with mental illness can live in the community. The following is a list of some of the meetings where the Blair County Olmstead planning process was discussed:

- Blair County Human Services Block Grant Leadership Team/Coalition
- Blair County Department of Social Services Advisory Board
- Mental Health Committee of the Department of Social Services' Advisory Board
- Torrance State Hospital Continuity of Care Committee
- Blair County Community Support Committee (CSP) Committee
- Blair HealthChoices and Community Care Behavioral Health (CCBH) Clinical Committee
- Dual Diagnosis Committee – services for individuals dually diagnosed with mental health (MH) and intellectual disabilities (ID)
- Blair County Local Housing Options Team (LHOT)
- Blair County Criminal Justice Advisory Board (CJAB) Committee
- Community Care Providers Advisory Committee (PAC)
- Blair County Child/Adolescent Service System Program (CASSP) Advisory Committee

To foster discussion and understanding at these meetings, Blair County developed a fact sheet that explained Olmstead planning and the timeframes for this work. This fact sheet is included on the following pages.

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Terry Tomassetti, Vice-President
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Blair County Olmstead Planning

Blair County has made strides in providing housing and supports in the most integrated settings possible for people with mental illness. As part of its recovery and resiliency focus, Blair County stakeholders understand that people with mental illness can live successfully in the community if they have access to appropriate supports and services.

This is consistent with Title II of the Americans with Disabilities Act (ADA) and the 1999 U.S. Supreme Court *Olmstead* decision that addressed the issue of unnecessary institutionalization of people with mental illness by public entities. The ADA's "integration mandate": requires public entities to administer services, programs and activities for people with disabilities in the most integrated setting appropriate. An integrated setting:

- Enables people with disabilities to interact with non-disabled persons to the fullest extent possible
- Provides people opportunities to live, work and receive services in the greater community, like individuals without disabilities
- Offers access to community activities and opportunities at times, frequencies and with persons of an individual's choosing; affords choice in daily life activities

Pennsylvania has revised its statewide Olmstead Plan and is recommending counties examine the revisions and reevaluate their plans. The original statewide Plan was drafted in 2010, and Blair County's original Plan was approved in 2013. As a result of Pennsylvania's recent revisions, Blair County Department of Social Services is:

- Conducting a scan of the existing services and housing options available for people with mental illness
- Meeting with key stakeholders to discuss gaps in the service system and housing inventory
- Drafting a Plan that acknowledges successful integration efforts and maps out ways to continue to address integration and community-based services and support
- Convening a public hearing in the fall to gain feedback on the draft plan

Please join Blair County in this important initiative through participation in stakeholder meetings and/or the public hearing. Your voice is vital to this initiative.

Please see the next page for information on the Blair County's Local/Regional Olmstead Plan Timeline.

(Page 2 of fact sheet)

Timeline
2016 Olmstead Plan for Pennsylvania's Mental Health System
Blair County Local/Regional Plan

Step	Action Steps	Due Date
1.	County develops the local/regional Olmstead Plan and submits to Office of Mental Health and Substance Abuse Services (OMHSAS)	November 1, 2016
2.	OMHSAS reviews and returns comments to the County	December 19, 2016
3.	County revised Plan and submits to OMHSAS	January 30, 2017
4.	OMHSAS reviews the revised Plan and returns to the County as final or with additional suggested changes	February 17, 2017
5.	County makes changes and submits final Local/Regional Olmstead Plan to OMHSAS	March 2, 2017
6.	Final OMOHSAS review of Plan and posted to PA Recovery website	March 31, 2017

In addition, Blair County will participate with Torrance State Hospital (TSH), the OMHSAS Central Region and Western Region Field Offices to develop a regional response to the Olmstead Plan. The first meeting was convened on October 11, 2016 and the next meeting is scheduled on November 10, 2016 to plan an agenda for a regional meeting in January 2017.

Blair County also conducted an extensive review of previous planning efforts, documentation, and data in its development of the 2016 Blair County Olmstead Plan. Below is a list of this source material and documents reviewed:

- Blair County Human Services Block Grant (HSBG) Plan Fiscal Year (FY) 2016-2017.
www.dss.blairco.org
- Healthy Blair County Coalition (HBCC) - June 2017 “Blair County Profile 3 – Community Health Needs Assessment and Implementation Plan”
www.healthyblaircountycoalition.org
- HBCC Child/Adolescent Work Group Strategic Plan Meeting Minutes dated 3-21-16, 8-12-16, 8-18-16
- Blair County Criminal Justice Advisory Committee (CJAB) Strategic Planning Meeting Minutes 6-16-2016
- Blair County HSBG Housing Summit Notes April 2015
- Blair County Projects in Transition from Homelessness (PATH) Intended Use Plan (IUP) 2016-17
- Home Nursing Agency PATH Resource Packet 2016
- Blair County, PA Resource Directory 2016, <https://pa211.communityos.org>
- Blair County Update to the 2011 Cross-Systems Mapping Workshop 10-8-2015,
[Http://www.pacenterforexcellence.pitt.edu/counties/blair/blair.html](http://www.pacenterforexcellence.pitt.edu/counties/blair/blair.html)
- Office of Mental Health and Substance Abuse Services (OMHSAS) Central Region Housing Meeting Handouts 10-8-2016
- Torrance State Hospital Regional Plan Meeting 10-11-16 Handouts
- Torrance State Hospital Blair Demographics Report 10-19-16
- Blair County Department of Social Services/Mental Health Program FY 2016-17 Contract Work Statements/Consolidated Community Reporting Initiative (CCRI) Service Descriptions
- Blair County CCRI FY 2015-2016 Summary Consumer Demographics/Encounters by OMHSAS Cost Center
- Blair County Child/Adolescent Service System Program (CASSP) Advisory Committee Quarterly CASSP Team Report on meetings convened for children/adolescents recommended for out of home MH placement in Residential Treatment Facility (RTF)/Community Residential Rehabilitation (CRR) Host Home/Group Home for FY 2015-2016
- Overview of Allegheny County Extended Acute Care Programs

The planning process for the Blair County Olmstead Plan will address the existing services available to support those individuals currently in the state hospital, those in the broader diversion population, as well as the general population. Identified service needs and community supports for these groups is also included.

People who are in the State Hospital

Blair County affirms the commitment to discharge individuals from the state hospital into the community. With proper community supports, individuals can best experience their own recovery in environments and settings of their choosing. Blair County has consistently demonstrated this commitment of discharging people from the state hospital. Over the past nine

years, the County has discharged 127 people, of which 27 had been in the hospital for two years or more (21%). These 127 people had all been discharged to the community without any additional funding from the State.

A key activity in this success has been Blair County's effective use of the Community Support Plan (CSP) discharge process. A cross-functional team meets regularly with individuals while they are in the hospital to identify needed services to support individuals in the community upon discharge. Regular participants include the Blair County Mental Health Program Specialist, the County's state hospital liaison through Home Nursing Agency, representatives from Blair HealthChoices, the Behavioral Health Managed Care Organization (MCO) - Community Care Behavioral Health (CCBH), an advocate from CONTACT Altoona, family members, TSH staff, and the consumer. These meetings are facilitated by Allegheny HealthChoices, Inc. on behalf of the County.

As of October 26, 2016, Blair County has twenty-two (22) residents in inpatient hospitalization at Torrance State Hospital – 21 in the civil program, and one in the forensic program. There are 17 males and 5 females ranging in age from 26 to 77 years old, with an average age of 52 years old. Most people have been in the hospital for about two years. The average length of stay of five years is heavily influenced by the three individuals who have been in the hospital for over 20 years. The chart below shows the ranges of lengths of stay for individuals currently in TSH.

Range of length of stay for Blair County residents in TSH

Number of people	LOS - range
4	less than 1 year
7	1 to 2 years
3	3 to 5 years
5	6 to 11 years
3	20 years or more

This CSP process contributes to an ongoing catalog of specific services and supports needed for discharge for those currently in the hospital. In addition, specialized needs are also identified, such as physical health needs, co-occurring diagnoses, intellectual disability, traumatic brain injury, involvement in criminal justice or juvenile justice, deaf or hearing impaired, homelessness, whether they are an older adults or transition age youth, medically fragile, or have limited English proficiency. Based on many of the identified needs, specialized supports and intensive community treatment will be needed to support individuals upon discharge. Below is a summary of the specialized needs identified in the CSP process.

Number of People*	Description of Special Needs to be Considered in Planning Process
9	Physical health needs and/or medically fragile
8	Criminal history / active criminal consideration
8	Aggressive behavior / history of acting out
3	Mobility issues – wheel chair, etc.
3	History of inappropriate sexual behavioral and/or acting out
2	Hearing impaired / challenged
2	Substance use history
2	Dual Diagnosis (MH/ID)

*A person may have multiple special needs.

Diversion Population

Blair County must also take into consideration the needed services to support all individuals in the community, including those people who would have otherwise potentially used a state hospital level of care. This diversion population is challenging to quantify; however, Blair County uses the following criteria to define this group. To be considered part of the diversion population, an individual must meet any of these criteria during the prior 12 months/calendar year/fiscal year.

- Three or more inpatient psychiatric mental health (IPMH) admissions OR 45 days or more of inpatient psychiatric services.
- History of state mental hospital use and an inpatient psychiatric admission.
- Admitted to Acute Partial Hospitalization Services
- Consumer admitted to Community Residential Service Type “Enhanced Support in a Community Residence with Room and Board”.
- Consumer meeting Co-Occurring MH/Substance Abuse Quadrant IV

Another method for identifying and estimating the diversion population is to include those who are eligible for Blair HealthChoices Clinical Care Management (approximately 263 members). Identification of members eligible for Blair HealthChoices Clinical Care Management is identified based on the following criteria:

1. Members with 5 or more inpatient mental health, 4A detoxification, 4B rehabilitation, 3A detoxification and/or 3B rehabilitation admissions within one year
2. Members readmitted within 30 days to inpatient mental health, 4A detoxification, 4B rehabilitation, 3A detoxification and 3B rehabilitation services

3. Pregnant women who are substance dependent or other complications with pregnancy mental health treatment
4. Chronic and serious Medical conditions that can interfere with treatment
5. Chronic homelessness
6. Members with history of State Hospital within 2 years or being considered for State hospital admission
7. Child/Adolescent currently in a residential treatment facility (RTF) or community residential rehabilitation (CRR) host home or being referred to RTF, or CRR host home, out of home placement
8. Child/Adolescent in Family Based services and admitted to inpatient mental health services or referred to Family Based
9. Other members identified by one of the counties or OMHSAS, or with special circumstances reviewed by clinical management

This criteria is not limited and may include any additional members Blair HealthChoices would deem appropriate for their clinical care management. In addition, the above criteria would not automatically include all members who meet these criteria, as Blair HealthChoices Clinical Care Managers will have limited caseload capacity. In general, about 10% of members who receive services are considered high risk and may be considered part of the potential diversion cohort.

As previously mentioned, the size of the diversion cohort is challenging to quantify. According to the Consolidated Community Reporting Initiative (CCRI) Performance Outcomes Management System (POMS) data for fiscal year 2015/2016, Blair County served 3,740 individuals. Summary data from these reports indicate service utilization of intensive community-based supports, such as Targeted Case Management and Outpatient Psychiatric Services account for the highest number clients, units, and amount paid to vendors for all services.

These intensive services are an indication of the volume of the potential diversion population for Blair County. The service needs identified in this Olmstead Plan will help support these individuals in the community, as well as those who are awaiting discharge from TSH.

EXISTING Community Based Services and Supports

The following chart includes a summary of existing services that take into consideration the special needs, as well as other services, supports, and infrastructure identified in the CSP process. These existing services support individuals transitioning back into the community.

Housing and Residential Treatment

Resource/Support	Existing Resource(s)
Blair House Crisis Shelter and Permanent Apartments	6 single rooms, shared kitchen, bathroom, and living room, 24/7 staff on site for day to day supervision and management of the program and building, limited time up to six months, upstairs 8 permanent apartments
Juniata House	7 single rooms and share common areas with all other residents
Twin Mountains	16 apartments, completely independent
Long Term Structured Residence (LTSR) (included as part of the continuum of housing resources)	1 bed (filled)
Dorothy M. Tartaglio Personal Care Home (PCH) with Mental Health Experience/Training	13 licensed PCH beds exist that are transitional housing for up to two years
Personal Care Homes	15 PCHs: 1 PCH with less than 16 licensed beds; 14 PCHs with more than 16 licensed beds
Tyler Hall	20 Single Rooms, shared living room, kitchen space, live-in staff support for day to day supervision. Housing First model.

Treatment and Support Services

Resource/Support	Existing Resource(s)
Blended Case Management (BCM) with Behavioral Health Home model	Four BCM Providers
Resource Coordination (RC) with Behavioral Health Home model	Two RC Providers
Acute Partial Hospitalization Program	Through Home Nursing Agency (HNA) - Individual therapy, psychiatric evaluation/time, socialization skills, psycho-education groups
Consumer Driven Services	Through HNA - Mobile Recovery Program with a Bachelor level Psychiatric Rehabilitation Specialist and Certified Registered Nurse

Resource/Support	Existing Resource(s)
Services for individuals dually diagnosed with MH and ID	Community Stabilization and Reintegration Residential Unit (CSRU) - One provider - Beacon Light. Divert dually diagnosed adults from admissions to state hospitals, inpatient units, or state centers.
Peer Specialist services	Two providers – Peer Star and HNA - provide certified peer specialist services
Peer Mentor services	CONTACT Altoona - Provides peer mentor and consumer satisfaction team services to individuals discharged from state hospital
Family to Family and Peer to Peer supports	National Alliance on Mental Illness (NAMI)
Hope, Opportunity, Purpose, and Empowerment, Inc. aka Hope Drop-In	Every Monday for a meal prepared by members and a structured activity, employed part time executive director who is a self-identified consumer of MH services, community volunteer and outreach activities available
Opportunity Drop-In through Home Nursing Agency	Run by members with staff supervision, occurs once a week
Lexington House Clubhouse-open 5 days a week	Licensed Psychiatric Rehabilitation and International Center for Clubhouse Development (ICCD) certified Clubhouse open 5 days a week with some evening/ weekend/ holiday hours
Vocational Rehabilitation (VR)	Facility Based VR and Community Employment including vocational assessment, job development, and job coaching

Other services are in place to reduce the use of psychiatric Residential Treatment Facilities (RTF) for children and youth in Blair County. In FY 2015/2016, the County conducted 33 Child and Adolescent Service System Program (CASSP) team meetings, which were convened to discuss and explore alternatives to mental health out of home placements for children/youth. “Out of the home” placements involve psychiatric RTFs and Community Residential Rehabilitation-Host Homes (CRRHH), which provide treatment in a foster care home. Blair County has access to a Community Residential Rehabilitation–Group Home (CRRGH), which is funded through the County’s behavioral health managed care organization. For this fiscal year, there were 10 child/adolescents placed in the CRRHH, 25 child/adolescents placed in a RTF, and 2 child/adolescents in the CRRGH.

During FY 2015/2016, 141 team meetings were also held for complex cases to discuss situations needing multi-agency involvement for support services, treatment, and education planning.

In addition to the services and needs identified in the CSP process, Blair County has the following rich array of community based services and supports throughout their system of care

that support individuals’ physical health, mental health, substance abuse treatment needs, and employment services.

Physical Health

Primary Health Network - There are several major physician practices within the County, including Blair Medical Associates and Mainline Medical both of which accept Medical Assistance reimbursement. Individuals without health coverage may use one of the free clinics operated by University of Pittsburgh Medical Center (UPMC) Altoona. PATH staff will assess the need for individuals to be linked to the physicians and nurses in these practices, based on individual choice.

Mental Health

Blair County Department of Social Services contracts with UPMC Altoona, Home Nursing Agency, and Primary Health Network Altoona Behavioral Health (FQHC) to provide a full continuum of care to persons with serious and persistent mental illness. In addition, the County contracts with Skills of Central PA for vocational and housing services and with CONTACT Altoona for the Peer Mentor/Consumer Satisfaction Team. Listed below are the key mental health services as part of the Blair County continuum.

Service	Provider (s)
Community Psychiatric Inpatient	UPMC Altoona
Adult Blended Case Management	Home Nursing Agency, Nulton Diagnostic and Treatment Center, CenClear, and Alternative Community Resource Program
Adult Resource Coordination	Home Nursing Agency and UPMC Altoona (limited)
Children’s Blended Case Management	Home Nursing Agency, Alternative Community Resource Program, and CenClear
Children’s Resource Coordination	UPMC Altoona
Outpatient Psychiatric Clinics	Primary Health Network, Home Nursing Agency, Nulton Diagnostics and Treatment Center, Alternative Community Resource Program, and CenClear
Crisis Center	UPMC Altoona
Community Employment	Skills of Central PA, Office of Vocational Rehabilitation & Home Nursing Agency
Certified Peer Support	Home Nursing Agency, PeerStar, LLC

Substance Use

A full continuum of substance use services is available within Blair County. The following services and providers are available to meet the needs of individuals:

Service	Provider (s)
Drug and Alcohol (D&A) Hospital-based Detoxification and Rehabilitation	Several out of county
D&A Non-Hospital Detox and Rehabilitation	Pyramid Healthcare, Cove Forge, and several out of county
D&A Intensive Outpatient	Home Nursing Agency, Pyramid Healthcare, and LaRocco Counseling
D&A Outpatient	Home Nursing Agency, Pyramid Healthcare, LaRocco Counseling, Impact Counseling, Cove Counseling, Moore Counseling, and Anthony Pater Counseling
D&A Half Way House	Pyramid Healthcare and several out of county

Employment

Several agencies offer services to Mental Health clients to promote sheltered employment, transitional employment and competitive job training and placement.

Service	Provider (s)
Facility Based Vocational Rehabilitation	Skills of Central PA
Transitional employment	Home Nursing Agency Clubhouse
Competitive training and employment	Skills of Central PA, Office of Vocational Rehabilitation, Goodwill Industries

IDENTIFIED NEEDS for Community Based Services and Supports for CSP and Diversion Populations

Given the previous review of the CSP and diversion populations within Blair County, the following is a summary of identified needs to support these individuals as they either transition back into the community, or are diverted from state hospitalization. These needs take into consideration the existing community based services and supports previously listed.

Housing and Residential Treatment

- Single apartment living with staff 24/7, medication oversight, mental health support, both time limited and permanent housing.
- Permanent Supportive Housing, which includes assistance with finding apartments and supports to remain in the apartment.
- Specialized Housing in a small group setting (three to five residents) with 24/7 mental health staff support.
- LTSR: Two to three additional bed spaces; and three to five beds in a LTSR which provides specific sexual deviant treatment.
- Develop an Enhanced Personal Care Home (EPCH) with MH training/experience that will assist in the transition to permanence.
- Enhance existing Personal Care Homes with mental health training and special funding due to limited openings for individuals with Supplemental Security Income (SSI) and the SSI PCH Supplement.
- Provide residential rehabilitation in existing group residential settings - provide staff support and work on treatment goals with residents.
- Diversion and Acute Stabilization (DAS) or emergency housing that provides a recovery oriented diversion program that promotes stabilization while finding more permanent housing, provide mental health treatment and services including medications
- Extended Acute Care (EAC) program that provides extended acute care for persons who are transitioning from inpatient services to the community and are in need of an extended period of treatment and rehabilitation services in a 24-hour structured, recovery-oriented environment. Examples include hospital or community based EACs or Residential Treatment Facilities for Adults (RTFAs).

Treatment and Support Services

- Assertive Community Team (ACT) to provide intensive support to assist individuals with remaining in least restrictive environment.
- Enhanced Clinical Case Management (ECCM) provide more intensive services to assist individuals with remaining in least restrictive environment.
- Acute Case Manager assigned to those in acute/emergency situations, who can work with an individual three to five times a week to get initial services set up (find housing, get social security, get proof of identification).
- Mobile Psychiatric Rehabilitation (PR) through Skills of Central PA - New licensed PR program expected in 2016/17.
- Mobile Medication Services - nurses that can go to the individual and give medications (physical and psychiatric) daily, if needed. Also, can provide psycho-education about medications, side effects.
- Supplemental Security Income (SSI) and Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) program or other eligibility support position that assists with helping individuals access/fast track assistance in securing social security funding.

- Drug and Alcohol Outpatient Treatment that uses Evidence Based Treatment in working with individuals.
- Dual Diagnosis Treatment Team (DDTT) that can work with individuals dually diagnosed with mental illness and intellectual disabilities (Beacon Light is expected to implement a program in January, 2017).
- Drop-In Center open on a daily basis, run by peer specialists and peer mentors.
- A Supportive Employment program that assists individuals with employment using evidenced based programming.

II. SERVICES TO BE DEVELOPED

Based on the Blair County Olmstead planning process, including the review of existing services and identified needs listed above, Blair County proposes to consider development of the following residential and non-residential community based services and supports.

a) Prevention and early intervention services and supports

- Conduct a review of existing crisis services to develop a recovery oriented crisis diversion, prevention, and intervention program that explores different options that have been approved in other counties to address these needs.
 - Number of individuals: This program will be open to all Blair County residents who meet criteria, including the CSP and diversion populations. In 2016, the number served by crisis services was 2,049 (including both the County and HealthChoices systems). It is estimated that service utilization will be consistent with this volume, with expected increases in utilization.
 - Age group: All ages
 - Projected timeline: 2017-2018
 - Resources needed: A recent proposal for expanding crisis services in Blair County estimates \$100,000 is needed for additional resources given current and expected increases in utilization.

b) Non-institutional housing options

- Continue current needs assessment to enhance services for adults 65 years old and older, including recovery oriented residential options that have integrated social and treatment components, or housing supports that can support older adults in their own community based housing environments. This will increase the capacity of the Blair County network to support older adults. This needs assessment will take into consideration the Community HealthChoices program targeted for 2018.
 - Number of individuals: 10 – 25 individuals initially (this will include current TSH individuals)
 - Age group: Adults 65 years old and older.
 - Projected timeline: 2017 - 2018
 - Resources needed: Existing resources are sufficient for this needs assessment which is currently underway.

c) Non-residential treatment services and community supports

- Implement planned Dual Diagnosis Treatment Team (DDTT) program
 - Number of individuals: 8-10 annually
 - Age group: Adults
 - Projected timeline: January 2017
 - Resources needed: Existing resources are sufficient at this time.
- Implement the planned new licensed Mobile Psychiatric Rehabilitation program through Skills of Central PA.
 - Number of individuals: Projected 25 annually
 - Age group: Adults
 - Projected timeline: 2016 - 2017
 - Resources needed: Existing resources are sufficient at this time.
- Develop a SSI/SSDI SOAR program, or other eligibility support position that assists with helping individuals to access/fast track assistance in securing social security funding given it is extremely challenging to find appropriate housing for individuals with zero income.
 - Number of individuals: This program will serve all Blair County residents who meet criteria, including the CSP and diversion populations detailed above; and, in particular, homeless individuals, and those returning to the community from jail and State Correctional Institutions (SCIs). It is estimated that 25 individuals will be served by this program in the first year.
 - Age group: Adults, transition age youth
 - Projected timeline: 2017-2018
 - Resources needed: Additional staffing needs are anticipated to implement this program.

d) Peer supports and peer-run services

- Expand Drop-In Centers to further support individuals in the community (in process).
 - Number of individuals: This program will serve all Blair County residents who meet criteria, including the CSP and diversion populations. It is estimated that 75 people will be served by this program during the fiscal year.
 - Age group: Adults
 - Projected timeline: 2017 - 2018
 - Resources needed: Additional funds are needed to expand the operations of existing Drop-In Centers to meet the needs of this community.

e) Supported employment services

- The County will continue to work with Skills of Central PA Inc., to enhance the contract work statement and the job descriptions for the Employment Training Specialists. Services are delivered utilizing a person centered approach to develop

employment plans based on the individual's interests, abilities and aptitudes. They are also provided in the interest of promoting recovery for the individual. Measureable, person-centered performance procedures and outcomes are in place to increase the likelihood of participant success in transition from the job-find stage to competitive community based employment. Staff are certified through the Virginia Commonwealth University National Training and Data Center (www.vcu-ntdc.org) to assure accurate and effective work incentive counseling services. Staff are also being trained and certified in the Individual Placement and Support (IPS) evidence based approach to supported employment for people living with mental illness through the Rockville Institute Individual Placement and Support Employment Center (www.ipsworks.org) formerly located at Dartmouth College in New Hampshire (www.dartmouthips.org).

- Number of individuals: This program will serve all Blair County residents who meet criteria, including the CSP and diversion populations. It is estimated that 35 people will be served by this program during the fiscal year.
- Age group: Adults
- Projected timeline: Program was started in FY 2016/17, and will continue in 2017 - 2018
- Resources needed: Existing resources are sufficient at this time.

Other areas of Olmstead planning include the following:

- Continue to conduct CSP discharge planning meetings with its residents in TSH. Throughout this process, the County will continue to identify those individuals who are most ready to be discharged by assessing individual needs with available community based resources.
- Explore regional partnerships with neighboring counties for potential service development that will address needs that may be difficult to address from a scale perspective. These services include residential and treatment programs for individual with sex offenses, or have exhibited sexually inappropriate behavior – including such facilities for transition age youth. This has been discussed as a shared need for counties participating in the Torrance State Hospital Service Area Planning meetings.

III. HOUSING IN INTEGRATED SETTINGS

Blair County has a long history of providing person-centered recovery-oriented housing options for individuals, including being a pioneer in the “Housing First” model in 1987 with the development of Tyler Hall and the creation of the MH Housing Task Force. Individuals are not required to be engaged in treatment to access any of the resources identified below. Individuals are required to sign a lease and must meet the terms of the lease. All efforts are made to assist individuals to connect with treatment and supportive community resources that will reduce the likelihood of lease violations due to symptoms of mental illness or co-occurring mental illness and substance use disorders. Blair County's Local Housing Options Team (LHOT) provides strategic guidance and a venue for collaboration with community partners in the County's ongoing review and development of residential resources.

Housing

A number of housing facilities and services exist for the purpose of providing housing for individuals receiving mental health services. Below is a listing of housing facilities.

Facility/Service	Provider (s)
Juniata House – Housing and Urban Development (HUD) permanent Single Room Occupancy (SRO)	Home Nursing Agency
Blair House – transitional & permanent	Home Nursing Agency
Tyler Hall-a long term transitional SRO	Skills of Central PA
Tartaglio Personal Care Home	Home Nursing Agency
Twin Mountains-permanent housing	Skills of Central PA
Union Avenue Apartments-permanent	Improved Dwellings-Altoona
Scattered Site Apartments – HUD permanent	Home Nursing Agency
County Housing Emergency Fund	Blair Senior Services
Mental Health Housing Fund	Skills of Central PA
PATH Project	Home Nursing Agency

The following general public housing services are also provided:

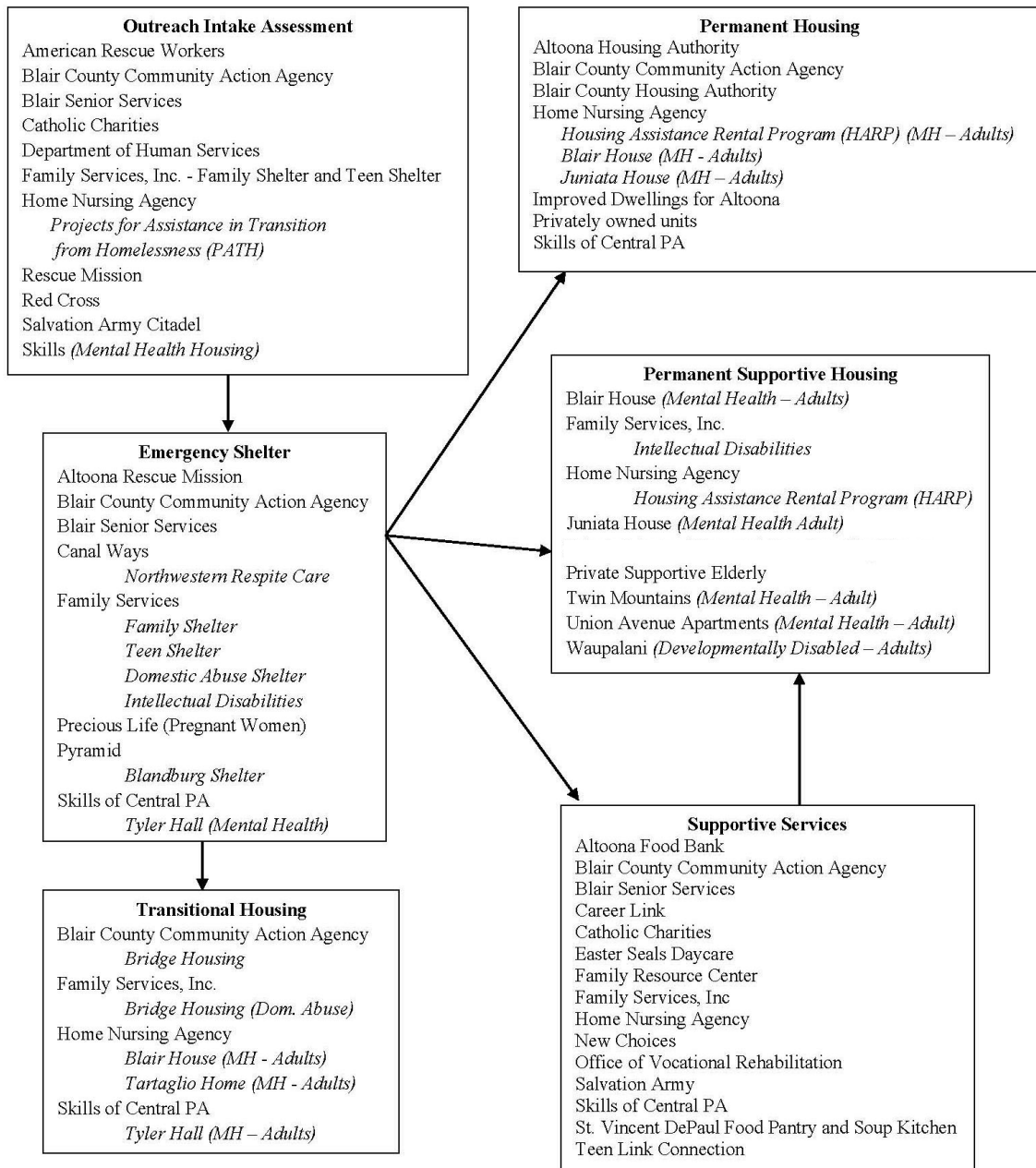
Facility/Service	Provider (s)
Section 8 Program	Altoona Housing Authority and County of Blair Redevelopment and Housing Authority
Public Housing Projects	AHA and Improved Dwellings of Altoona
HUD Scattered Site Housing	Blair County Community Action
HUD Supportive Services Project	Blair County Community Action
Family Shelter	Family Services Incorporated
Domestic Abuse Shelter	Family Services Incorporated
Teen Shelter	Family Services Incorporated
Precious Life, Inc. Shelter. / Licensed Residential Maternity Home	Precious Life, Inc.

It should be noted that Blair County does not have any adult community residential rehabilitation (CRR) programs, so there are no conversion opportunities at this time.

Blair County Continuum of Care

A full depiction of the County’s Continuum of Care for services and existing housing options is below.

2015 Blair County Continuum of Care Services



Other strategies have been used to maximize resources to meet the housing needs of individuals, as well as to collaborate on other housing support services. In April 2015, a Housing Summit

was held using HSBG funds to engage stakeholders in a conversation around special needs for housing in Blair County. From the ideas generated, the Blair County Housing Steering Committee was established to develop a strategic plan. This Committee meets quarterly to address the continuum of housing. Based on the established strategic goals, the following objectives have been achieved to date:

- Development of a Prepared Renters Program (PREP) to teach people their rights and responsibilities related to tenancy. The County works with Howard Ermin, the Regional Housing Coordinator, from the Self Determination Housing Project of PA to coordinate these efforts
- Development of a resource guide for both landlords and tenants in conjunction with the Landlords Association
- Development of more comprehensive and sustainable housing plans for individuals released from jail
- Development of a partnership with the LHOT to create additional opportunity for affordable housing and address specific issues concerning different populations and their respective needs.

Another small group is currently working with a developer to create a number of new housing units that will have at least half the units being able to serve those with disabilities (not limited to people with physical disabilities).

During the FY 2015/2016, Blair County was able to address the needs of its residents concerning housing, transportation, and employment. A working group met over the past year to develop a plan to create a new homeless shelter to increase capacity. The current homeless shelter has 16 beds. On an annual basis, this shelter turns away over 400 individuals who meet the program's criteria. Based on the identified need, Blair County was able to identify and secure property for a new shelter, begin development of a business plan, identify additional stakeholders, and begin the design of the shelter. The plan is for the shelter to accommodate between 40-50 people at any given time. During the FY 2016/2017 year, Blair County hopes to secure the necessary funding to begin construction.

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

Blair County's new transportation program was established in FY 2015/2016. This program offers transportation services to individuals who are employed or who have scheduled interviews with employers outside the current public transit system's service area. It also assists individuals working within the public transit system's area but outside of its normal hours of operations. This program provides the service at no charge for the first 60 days. The following 90 days the rider pays a small service fee. Since July 1, 2015, 93 individuals have used the transportation program for 2,066 rides.

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

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

HSBG funds were also utilized to support Blair County's 'warm call' center, CONTACT Altoona. Current data shows a 30% increase in the number of calls as compared to last year. This agency is also Blair County's Information and Referral/PA 2-1-1 center. They have also had an 11% increase in reassurance calls to individuals who are receiving other program services as a way to ensure support and help in keeping them from higher level of care.

As part of its housing strategies, Blair County also works with the Local Lead Agency (LLA). The Blair County Community Action Agency serves as the areas LLA, and Sergio Carmona is the Executive Director. The Blair County Mental Health Program Director last met with Mr. Carmona in September 2016 to discuss housing options in the County. The plan is to continue to foster this relationship to further housing partnerships and opportunities in the region.

Continuum of Care - Central Entry

Another area of ongoing collaboration is the integration of behavioral health housing resources into the Continuum of Care (CoC) Central Entry (CE) protocol in Blair County, which may serve as a central point of access for behavioral health housing.

The CoC is a regional/local planning body that coordinates housing and services funding for homeless families and individuals. Blair is part of the Eastern PA CoC - made up of 33 counties and five Regional Homeless Advisory Boards. Blair County is a member of the South Central Regional Homeless Advisory Board (SC RHAB). All homeless programs funded through the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH), which includes the Emergency Solutions Grant (ESG), are under the purview of the CoC.

Activity has occurred related to this initiative. The Eastern PA CoC created a CE Task Force to develop the CE design for Access, Assessment, and Referral; with operations planning in 2015-16, pilot projects in the Lehigh Valley in 2016, and system wide implementation in 2017. The CE is required to be 24/7, include a system wide hotline for referrals to all providers, and have physical entry points with mobile outreach in all five RHABs. The Intake will ask basic program eligibility questions. The standard assessment will be completed using the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT).

Assessment results will be entered directly into the Health Management Information System (HMIS), which will yield a score to guide prioritization and referral.

The Blair County has two agencies interested providing the CE function. Contact Altoona is interested in providing the local/regional CE hotline through the PA 211 service, and Blair County Community Action program is interested in providing the physical location for the walk-in and outreach services.

Further, on January 23, 2017, HUD published Notice CPD-17-01 with new requirements that CoCs and recipients of CoC ESG program funding must meet related to the development and use of a centralized or coordinated assessment system. It also provides guidance on additional policies that communities should consider incorporating into written policies and procedures to achieve improved outcomes for individuals experiencing homelessness. Each CoC is expected to establish or update its CE process in accordance with interim rule by January 23, 2018.

This collaboration involves the Blair County Department of Social Services, who administers funds allocated to the County for the Housing Assistance Program (HAP), Community Development Block Grant (CDBG), and ESG; and also convenes the LHOT. Sergio Carmona, Executive Director, Blair County Community Action and LLA, also activity participates on the SC RHAB. Together, this collaboration is tasked with determining the best way to maximize financial and human resources to bring the behavioral health expertise and housing resources into the coordinated CE processes and partnerships.

Compliance with Title II of the American Disability Act

Blair County is also active in compliance and community integration per Title II of the American Disability Act (ADA). The County is currently revising its 504 plan (Section 504 of the Rehabilitation Act of 1973 - part of the federal civil rights law that prohibits discrimination against public school students with disabilities) that was implemented in 1991.

In addition, in 2016, the County Commissioners passed the following resolution adopting a policy of non-discrimination on the basis of disability to assure that all programs and activities shall be accessible to and usable by qualified persons with disabilities.

NOW THEREFORE be it resolved by the Blair County Board of Commissioners, Blair County, Pennsylvania, the following:

Section I. It is the policy of the County of Blair that all programs and activities shall be accessible to and usable by qualified persons with disabilities.

Section II. That the County of Blair shall undertake an evaluate, conduct and coordinate with citizen groups involving persons with disabilities, of its programs, policies, procedures and facilities in order to determine those areas where discrimination may occur.

Section III. The County of Blair shall upon completion of said evaluation, make such revisions, modification or other changes so as to fully comply with the letter of intent of Section 504.

Section IV. Further, the County of Blair shall where building modifications are required, develop and implement a transition plan for the timely elimination of structural barriers to citizens and disabilities.

Section V. Further, to the extent possible, the County of Blair will make all public meetings understandable to hearing and sight impaired individuals upon prior notice.

Further, Blair County conducts ongoing self-evaluation of its facilities, administrative practices and employment practices of the County, as well as the annual projects and activities funded through state and federal grants. The County is responsible for assuring all applicants for, and recipients and sub-recipients of state and federal funds administered through the County are in compliance with section 504 of the American with Disabilities Act (ADA) in their provision of services or projects. The County receives technical assistance and monitoring from the U.S. Department of Housing and Urban Development's (HUD) Office of Fair Housing and Equal Opportunity (FHEO) and the PA Department of Community and Economic Development (DCED).

IV. SPECIAL POPULATIONS

Discuss how the following groups of individuals with serious mental illness and their specialized service needs are met:

The Blair County Department of Social Services, Mental Health (MH) Program Office is charged with providing services and treatment for area residents with mental illness. This includes people with complex needs. To ensure that their specialized needs are met, the MH Program Office works across county departments and disability lines to address needs, coordinate care, and prevent the duplication of services. The following descriptions provide detail on specific population services.

a) Individuals with a dual diagnosis (mental health/intellectual disability)

Blair County Dual Diagnosis (MH/ID) Steering Committee meets bimonthly to plan and problem solve service issues related primarily to adults and some transition age youth with these issues. Currently, the Committee has engaged providers of dual diagnosis services, behavioral supports staff, intellectual disabilities administrators and providers, crisis center staff, the County Social Services Administration, primary care service providers, supports coordinators, behavioral health service providers, and Blair HealthChoices and CCBH. Currently there are five areas of focus, including: the health home work group (exploring the possibility for a dual diagnosis health home); the crisis work group (developing forms for caretakers or families to take with them to crisis or doctors that lists medications-current, behaviors or actions, and medical history); Technical Assistance Support Team (TAST); the Data Collection workgroup (working on collecting and analyzing data to guide treatment and programming); and The Peer Specialist

workgroup (looking at best practices in Peer Support serving individuals with ID). Previously, the medication review form work group developed an outpatient visit form, that will help support staff report accurate symptoms and behaviors to the individual's doctor.

The TAST meets monthly to review the needs of people with a dual mental health and intellectual disabilities diagnosis. The team is comprised of the MH/ID Navigator, Blair HealthChoices, Skills of Central PA, North Star Support Services, County MH Specialist, and Southern Alleghenies Service Management Group (SASMG) in addition to the support coordinators and the families. The teams collaborate about individuals whose teams are struggling to support them.

Blair County's Supports Coordination agency developed the position of a Mental Health/Intellectual Disabilities (MH/ID) Navigator. This position supports individuals (primarily adults and some transition age youth) who have a dual diagnosis and works to better coordinate services between the program areas of intellectual disabilities and mental health. Due to the success of this initiative, the Navigator will be made a full time position through SASMG beginning in January 2017, funded through the HSBG and through the intellectual disabilities administrative fund.

b) Individuals with co-occurring disorders (mental health/substance use disorders)

Blair County works with its partners in the service system to treat individuals of all ages with co-occurring mental health and substance use disorders. For example, Blair HealthChoices initiated Recovery Oriented Methadone (ROM) for people 18 years and older in July 2012 and has worked closely with Blair County Drug and Alcohol Partnerships to roll out the Recovery Oriented Systems of Care (ROSC) Initiative. Community Care has taken this initiative statewide with the ROSC Center for Excellence. Two Blair County providers are participating in this initiative.

Blair County also has very active specialty courts, including a criminal drug court, family drug court, juvenile drug court, and the Driving Under the Influence (DUI) court, which frequently places individuals into treatment instead of incarceration.

In addition, Blair County has also worked to provide the infrastructure and training staff need to better serve individuals with co-occurring disorders. For example, the County has used the Comprehensive Continuous Integrated System of Care (CCISC) model (Minkoff and Cline) since 2004. Since that time, co-occurring disorder development for all clinical and direct care staff has been offered through Pennsylvania Certification Board (PCB) approved training. The Blair County Change Agent Connection also facilitates the use of the Blair CCISC training curriculum and case studies to make the connection between competencies and clinical practice goals, and provides learning collaborative across all systems, and in the community.

c) Individuals with both behavioral health and physical health needs

Blair County recognizes that most people served in the system have complex needs that require coordinated treatment, including mental health and physical health needs. Physical health symptoms can often mimic or exacerbate behavioral health symptoms and vice versa. Looking at each person holistically, means focusing on symptoms and illness, but also wellness and prevention.

To address the needs of this population, Blair County providers have participated in Community Care's Person-Centered Outcomes Research Institute (PCORI) grant, Behavioral Health Homes, and Chronic Special Needs Population (CSNP) projects to engage adults/adults with Medicare in various wellness approaches to stabilize mental health and physical health symptoms. Through Blair HealthChoices Comprehensive Care Management, the County has implemented a physical health/behavioral health coordination model for both adults and youth with complex needs.

Blair County also continues to be an active partner in initiatives established by the Healthy Blair County Coalition, based on priorities identified through the community needs assessment, including improving children's mental health, Screening Brief Intervention Referral and Treatment (SBIRT) for adults and adolescents, and healthy lifestyle behaviors.

d) Individuals with a traumatic brain injury (TBI)

Blair County is home to the Altoona Veterans Hospital with Veteran Outpatient Services for adults. Mental Health Providers are often treating individuals with TBI for depression and anxiety. Individuals with complex situations are reviewed through the TAST, described above. Also, several local support groups exist.

e) Individuals with criminal justice/juvenile justice history

There are several ways in which Blair County addresses the needs of both adults and juveniles with a mental illness who are also involved with the justice system.

For adults, a cross-disciplinary team meets for case discussions and planning for the most complex individuals referred by the criminal justice system, primarily Blair County Adult Parole Office (APO) and the Blair County Prison (BCP). Blair County also has very active specialty courts, including a criminal drug court, family drug court, juvenile drug court, and DUI court, which frequently places individuals into treatment instead of incarceration. Forensic Certified Peer Specialists provide support and services for people involved with the justice system. This peer-based service is a complement to treatment for behavioral health issues. Blair County established a Crisis Intervention Team (CIT) in collaboration with human service providers and law enforcement offices within the community. The CIT received a Pennsylvania Commission on Crime and Delinquency (PCCD) Grant to assist with training expenses. Blair HealthChoices' Care Management participates in the Assessment Team and complete mental health level of care assessments in the prison for those with complex needs. Upon release, a psychiatric appointment is available within seven days. Blair County MH worked with Blair County Prison, PrimeCare Medical, County Assistance Office, and the UPMC Access Center/Base Service Unit (BSU) to

develop a process for individuals at their minimum sentence date to expedite MA enrollment and the following:

- Ten day supply of medication with prescription to cover until psychiatric medication management appointment
- Triage with the Access Center/BSU and arrange initial appointment at Primary Health Network (PHN)/Federally Qualified Health Center (FQHC)
- Referral for Targeted Case Management

Lastly, Blair County has been able to help support a pilot project established by Blair County Drug and Alcohol Partnerships, Inc. to provide Vivitrol to individuals incarcerated in the Blair County Jail. Inmates are offered Vivitrol, as well as support from a Certified Recovery Specialist who assists inmates in developing a recovery plan. A plan is established for continued care upon release, including follow up visits to receive Vivitrol.

Blair County also has extensive services for children and youth with a mental illness who are involved in the juvenile justice system.

These services are the result of system-wide team, such as the collaboration within the Juvenile Protection Office (JPO) and Children, Youth, and Families (CYF) agencies; the county CASSP system; CYF's Provider Group meetings; the Clinical Based Outcomes Committee; Evidence Based Team meetings; and the Children's Roundtable effectively led and guided by Blair County's President Judge Jolene Kopriva in which both JPO and CYF are integral parts of the process.

Communication techniques and goal setting practices such as Motivational Interviewing (MI); Critical Thinking skills and techniques; and capitalizing on family and individual strength based successes are all crucial tools used to assure Safety, Permanency, and Well-being for the families of Blair County. All County workers, as well as community service providers, are strongly encouraged and supported to complete the Temple University curriculum led Strength Based Family Worker (SBFW) program which aids the worker in finding the positives and best scenarios for all families and individuals served in the community.

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

Many therapeutic enhancement strategies, new procedures, and strengthened practices for prevention services have occurred during workgroup sessions and subcommittee level meetings, all for the benefit of children, youth, and families within Blair County. A myriad of nationally acclaimed, outcomes based, and statistically proven programs have been researched and

discussed during one or more collaborative group meetings held by entities coming together for children, youth and families.

Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) are just a few examples of nationally recognized evidence based programs which have been offered in Blair County since as early as the year 2000, funded originally by grants through the Pennsylvania Commission on Crime and Delinquency (PCCD). These two programs were later added to the Special Grants funding proposal due to the research and evidence based proven outcomes, as well as the fiscal incentives to the county for utilization of these best practice methods. Both of these programs are viewed as preventative in nature and are now also funded through the Medical Assistance program for eligible children and youth, this is especially important for service delivery to those children not currently involved with CYF or JPO. These two services are also included in Blair County's continuum of care for BHRS.

Blair County court system also embraces the Permanency Practice Initiative (PPI) philosophy and promotes recommended practices. These practices include: Family Group Decision Making (FGDM), which Blair County makes available to any member of the community, regardless of agency involvement; Strength-Based Family Worker (SFW) credentialing program formerly known as Family Development Credentialing (FDC), allowing over 180+ community partners to become credentialed at no cost to participants over the past four years; Alternatives to Truancy, from which Blair County had developed a Truancy Court and other Positive School Attendance support group services, with Magisterial District Judge (MDJ) participation and support.

Blair County CYF, in conjunction with the JPO, members of the court and judicial system, provider agencies, mental health professionals, early childhood education and school district personnel, and other various entities who work with children and families on a daily basis have continued to meet regularly. The discussions have been held to find solutions for the ongoing community issues which present challenges and barriers to safety, permanency, and well-being.

One community issue, Trauma and Trauma-Informed Care, continues to rise to the forefront of need for the children and adolescents of Blair County. Our community is in need of additional and expanded opportunities for Trauma based care and therapy services. Blair County CYF, during the year of 2015/2016, began a trauma-informed certified Therapeutic Yoga Program (TYP) for those children in both traditional and kinship foster care situations. This also program served children through General Protective Services (GPS). Both the resource parent(s) and the biological parent(s) are invited to attend and participate in the TYP with the child. This program is expected to reduce the reliance of psychotropic medication and poor behaviors in the school, home, and community settings by teaching new relaxation, breathing, and self-centered skills through TYP. Finding alternative ways and fostering support to increase the use of Kinship care (subsidized and non-subsidized) is also under consideration and will receive more attention through a dedicated work group of Blair County professionals.

f) Individuals who are deaf or hearing impaired

PATH has the ability to provide sign language interpreters so that adolescents who are deaf or hard of hearing to access behavioral health services and treatment. There is also a toll-free TTY

number available to contact Community Care Behavioral Health for assistance finding providers enrolled in the HealthChoices program, getting basic information on treatment, and answering general questions.

The Center for Independent Living South Central PA (CILSCPA) (www.cilscpa.org) is located in Altoona PA and serves adults in seven counties including Blair. Core services include: Peer Counseling, Advocacy, Independent Living Skills, Information and Referral, Transitioning, and secondary services include: Service Coordination, Technical Assistance, and Voter Registration. In addition to these core and secondary services, the Deaf Action and Awareness Programs (DAAP) services include:

- Technical Assistance regarding compliance with the ADA Public Law 94-142 governing public school education and the care and maintenance of hearing aids.
- Interpreter referral services
- The CILS Deaf and Hard of Hearing Specialist maintains a list of certified and experienced interpreters
- Information about hearing dogs
- Information about use of video and TTY phones
- American Sign Language courses are offered several times per year
- Support groups for moral support and increased social opportunities include interpreters and Communication Access Real Time (CART)

The Hearing Loss Association of America (HLAA) Blair County PA Chapter was established in 2016 and the monthly support meetings are for anyone with hearing loss, interested parents, educators, and professionals and are held at the CILSCPA office in Altoona.

The regional Office for the Deaf and Hard of Hearing is located in Johnstown PA. The PA Department of Labor and Industry Office for the Deaf and Hard of Hearing (www.dil.pa.gov) advocates on behalf of people of all ages who are deaf or hard of hearing for equal access to services, acts as a clearing house of information, makes referrals and ensures the provider is communicatively accessible and administers the Sign Language Interpreter and Translator Registration Act.

The Appalachia Intermediate Unit (IU) 8 (www.iu08.org) serves Blair, Cambria, and Somerset Counties and offers support services for Deaf and Hard of Hearing (DHHS) students from birth through age 21. The types of services available include: Intervention in the home of natural setting for deaf and hard of hearing infants and preschoolers and their families, individualized instruction in schools by certified teachers of the Deaf, parent training and support, consultation with school personnel about hearing loss, assistive technology, communication methods, and instructional and/or classroom accommodations, individual hearing testing and amplification system evaluation and loaner programs, sign language interpreters, and school-to-adult life transition services.

Blair HealthChoices/Community Care Clinical Committee in 2016 added a Mental Health Residential Treatment Facility (RTF) for adolescents operated by PAHrtners Deaf Services, a subsidiary of Salisbury Behavioral Management, to the Blair network of care.

g) Individuals who are experiencing homelessness

Blair County has many services in place to support individuals with a behavioral health diagnosis who may be experiencing homeless. During the Human Services Block Grant strategic planning, Blair County convened a Housing Summit, at which time a Housing Steering committee was formed to guide the strategic planning efforts with housing services. As a result, three priority areas were established: educating and supporting landlords; educating and supporting tenants; and providing safe, affordable, and accessible housing. Further, training in the PREP curriculum is being offered to Blended Case Managers, Probation Officers, and Children and Youth workers to provide interventions for single adults and families that they serve that may be having difficulty finding and/or maintaining housing. The Steering committee is also establishing improved connections to property owners to expand access to housing opportunities, including expansion of the local housing shelter. A Housing Specialist position is also being considered to assist in the coordination of multiple housing funding streams for individuals involved in behavioral health services.

Blair County also offers a Bridge Housing program through Blair County Community Action Agency (BCCAA) and Family Services, Inc. These are transitional services that allows single adults and families who are in temporary housing to move to supportive long-term arrangements while preparing to live independently. Various support services are available to individuals involved in the Bridge Housing programs; including, employment assistance, case management, child care, transportation assistance, clothing allowance, a one-time moving voucher for individuals who exit the program, food vouchers and food bank referrals, and housing counseling.

Housing Assistance Program (HAP) funds are also available through Blair Senior Services for case management and rental assistance. Blair Senior Services, along with Family Services, Inc. also receive HAP funding for and Emergency Shelter services. These services provide refuge and care services to single adults, transition age youths, and families 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 services are also available for individuals with intellectual disabilities and also pregnant women. Please seeing the section III of the Blair County Olmstead Plan for additional information on the Blair County Housing Continuum of Care Services, which lists providers offering outreach, transitional housing, permanent housing, permanent supportive housing, and other supportive services in Blair County. The Blair County Resource Directory also provides additional information on available housing and homeless services, including the Altoona Housing Authority, which administers and develops affordable housing for low income families in the City of Altoona, and the County of Blair Redevelopment and Housing Authority, which administers public housing and Section 8 housing voucher programs.

h) Older adults

Blair County contracts with Blair Senior Services for domiciliary care, guardianship and power of attorney services for older adults. There is also a memorandum of understanding (MOU) between the Blair Area Agency on Aging and Blair Senior Services to outline how these organizations will work together and coordinate care for older adults in the area. In addition, there are two psychiatrists with a geriatric specialty serving Blair County, a geriatric inpatient unit at Dubois Regional Medical Center, and mobile mental health services available for older adults. This population will also be the focus of the needs assessment mentioned earlier in this Olmstead Plan. This needs assessment will take into consideration the Community HealthChoices program targeted for 2018.

i) Individuals who are medically fragile

In Blair County, all targeted case management services are provided in a behavioral health home model with a Nurse Navigator and Case Managers trained as Wellness Coaches. All services focus on the whole person and the interaction of their physical and mental well-being. Services are targeted toward individuals with Tier 1 diagnoses, such as diabetes, Chronic Obstructive Pulmonary Disease (COPD), cardiovascular disease, hepatitis, and human immunodeficiency virus (HIV). These services are provided for adults and there is a small pilot being implemented for children.

j) Individuals with limited English proficiency

PATH has the ability to access translators. Staff coordinates with the Fair Housing Coordinator for the City of Altoona to make sure that adults, families, and transition age youth are not discriminated against based on race, ethnicity, gender, sexual orientation, or age. They have received training on Fair Housing and are aware of what to look for to ensure housing is available for all who need it.

- Bi-lingual care management (Spanish)
- Assessment process is thorough
- Written material in Spanish

All HealthChoices-funded providers are reimbursed at an enhanced rate for utilizing translation services for other languages and sign language. Written materials are accessible on the Community Care Website, and care management is also offered through interpreter services.

k) Transition age youth including young adults

Transition age youth are prioritized across all County systems. The MH Program Office recognizes the struggle making the shift from youth to young adulthood can be, and having a mental illness can add a unique dimension to this change. There are several services and activities that are available in Blair County to assist transition age youth. For example, targeted case management (TCM) works with youth as they transition into adulthood. The TCM staff

assist with finding housing, exploring educational and vocational options, accessing clinical services and treatment, etc.

Transition age youth are also supported by the Blair County Transition Council. The purpose of the Blair County council is to enhance services & supports for persons with disabilities as they transition from school to post school activities & adult community living. The council meets monthly.

Other supports include drop-in centers and specialized support groups for transition aged youth with autism. The County has also implemented a Youth and Young Adult Advisory Committee and a System of Care team working on engaging this population.