



Allegheny County DHS Plan for COVID-19 Response

**Safeguarding people at risk,
helping those facing hardship**

July 31, 2020

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Summary

COVID-19 has had a significant impact on the Allegheny County Department of Human Services' (DHS) goals, the types and volume of services we deliver in partnership with our network of providers and volunteers, and methods for delivering that help and support. This plan has been developed in response to the continuing spread of the coronavirus and its impact on the health, safety and economic stability of Allegheny County residents.

Goals: Our priority goals for July 2020 through June 2021 (FY 20/21) are to:

1. Reduce the spread of the virus among our most vulnerable populations.
2. Ensure greater access to life-saving health and human services that are delivered safely.
3. Help address the basic needs of those facing increased hardship because of the COVID-sparked recession.

Changes in Services: To reach these goals, we will make a number of changes to our services, including:

1. Ensuring that the density of DHS-funded congregate care settings is within safe limits, that these facilities are hygienic, and that staff and residents have the necessary personal protective equipment (PPE) needed to reduce the risk of contracting the virus.
2. Continuing operating the quarantine/isolation locations for families, youth and adults, including those who need to move temporarily from congregate care.
3. Working with the community on an aggressive effort to enroll people in public benefits.
4. Adding more rental assistance, so we can prevent homelessness among the far greater number of people who will be without money to pay rent and arrears.
5. Creating a well-marked and accessible front door to most human services, coordinated with expanded hot/warmlines and combined with a triage mechanism to ensure that services are provided to those with the highest needs.
6. Reaching the County's Black and Latinx communities and connecting them with resources and information, since they have been especially hard-hit by the virus and its economic effects.
7. Reducing the digital divide, to make it possible for more clients to receive remote services and supports.
8. Providing meal deliveries and social support to older adults.

Changes in Methods: Whenever it is best to deliver a service without face-to-face contact (e.g., teleservice, food drop-offs), DHS and its providers will do so. This will require a greater investment in making remote service possible for both clients and providers.

Goals

The pandemic requires us to examine what services are most important to our clients and how to get those services to them because:

- The virus is not under control and won't be for at least a year (likely longer).
- It affects the very clients DHS serves (the most vulnerable).
- It is increasing the number of people in the County who are moving from relative stability (in employment, housing, social network, behavioral and physical health) to high needs for service.

DHS has determined that our priority goals for FY 20/21 are:

1. Reduce the spread of the virus among populations at highest risk
2. Take extraordinary measures to ensure greater access to health and human services
3. Provide life-saving social services and help address the basic needs of those facing increased hardship because of the COVID-sparked economic recession

This plan describes the **changes** needed to meet these goals.

What We Considered

To determine the best strategies to achieve these goals, we looked at how the virus has already impacted our County and its expected trajectory. We also sought to understand virus-created community and economic needs; we sought ideas for action from providers, staff and community members. With this knowledge, we identified strategies we could quickly put in place.

Virus

What is the likelihood that the virus will continue to spread rapidly and how does it spread? The answers have implications for whether or not we open programs that bring people into close contact and for our efforts to target the people at highest risk of infection and death.



About the spread of the virus

Months of staying at home served a dual purpose: to gain control over viral testing and contact tracing while we reduced transmission of the virus. But as a community and a nation, we still have not accomplished these goals. The Harvard Global Health Institute¹ says the United States should be testing at least 900,000 people a day, or at least 8% of the population,² but as of early July, the nation is testing only about 670,000 people each day.

Meanwhile, over 130,000 people have died in the U.S. as of July 5, 2020 and, if we do not reduce the spread³, that number is expected to increase to more than 1 million.

We've recently learned that the virus spreads:

- Just by talking in close quarters: respiratory bits of the virus can linger in the air for up to 14 minutes. “The major culprit is close-up, person-to-person interactions for extended periods.”⁴
- Half or more of infections get transmitted by pre-symptomatic or asymptomatic people.⁵
- The lag between when infection and when the case is confirmed—combined with our poor level of testing and contact tracing—will “mask any rebound and exponential growth of the COVID-19 until it is well underway,” according to a Columbia University report on states’ re-openings.⁶



The U.S. is only “in the second inning” of the course of the pandemic.⁷ To be safe, either a vaccine or effective treatment (likely to arrive first) needs to be developed.

Those most at risk of serious illness

Older adults and people living in congregate settings are at highest risk:

- Most of those who have died are **older adults**: 8 out of 10 U.S. deaths from COVID-19 were of people 65 and older. Nationally, 30% of all deaths occurred among long-term care/rehabilitation residents or staff; in PA, this population accounted for 66% of all deaths.⁸

¹ <https://COVIDtracking.com/data/us-daily>

² [Harvard Global Health Institute 4-27](#)

³ [Coronavirus America Future 4-18 NYT](#)

⁴ [How exactly do you catch COVID-19? June 16](#)

⁵ [CDC presymptomatic](#)

⁶ [Reopening projections Columbia](#)

⁷ Michael Osterholm, Director of the Center for Infectious Disease Research and Policy (CIDRAP), [Osterholm interview 4-21 CNN](#)

⁸ [NYT nursing homes May 9 2020](#)

⁹ [Journal of American Geriatrics Society](#)

- Black nursing home residents are more likely to live in a facility with coronavirus cases than white residents. Two research studies found that being a state or non-chain facility of smaller size, in an urban location, correlated with having COVID-19 cases. Star rating, prior violations and Medicaid dependency were not significantly related to having a positive case.⁹
- People of color are overrepresented in the workforce of occupations deemed “essential” (e.g., frontline healthcare workers in nursing homes) and therefore more likely to be exposed to the virus through their work and without adequate distancing and protection.¹⁰
- People living in **homeless shelters, group homes and recovery homes** also have been hard hit:
 - A recent CDC report found that **25% of residents in 19 homeless shelters** tested were positive for the virus (March 27-April 15, in Boston, Seattle, San Francisco and Atlanta).¹¹ Another CDC report on Washington State homeless shelters found that 21% of staff tested positive.
 - People with **intellectual disabilities or mental illness who live in group care** are also contracting the virus at high rates. While the CDC has not yet published a report, there is evidence of this spread:
 - Outbreaks in Massachusetts facilities for people with mental illness or developmental disabilities, where nearly half the residents were infected
 - Outbreaks in facilities serving people with intellectual disabilities in Utah, Texas, New Jersey, New York and Maryland.

Underlying health conditions also heighten the risk for serious complications from the virus:

- The CDC has said that certain chronic conditions (e.g., diabetes, hypertension, asthma) place people at higher risk of serious illness if they are infected by COVID-19.
 - **About half of DHS’s MH Residential residents have at least one of those conditions** (see “Needs” for rates among other client groups).
 - **A larger share of Black adults have the underlying health conditions** that make them susceptible to getting seriously ill from the virus. For example, hypertension is prevalent among 40% of non-Hispanic Black people, compared with 28% of white and Hispanic people—and the risk of dying after contracting the virus is double for people with hypertension.^{12, 13} “The age-adjusted COVID-19 death rate for Black people in the U.S. is 3.6 times that for whites.”¹⁴ In Allegheny County, the rate of hospitalizations for Black people is almost 2.5 times their share of the County population; and their death rate (not age-adjusted) is higher than their population share would warrant. The one indicator that cuts the other way is testing; Black people are tested at higher rates than all other races in the County.

¹⁰[Frontline workers](#)

¹¹[CDC report May 1 2020](#)

¹²[Disparities and policy](#)

¹³<https://academic.oup.com/eurheartj/article/41/22/2058/5851436>

¹⁴[Brookings June 16 2020](#)

COVID-related deaths and hospitalizations in Allegheny County, by race

	Deaths		Hospitalizations	
	Expected rate*	Actual rate	Expected rate*	Actual rate
Black	13%	19%	13%	32%
White	80%	80%	80%	64%
Other race	7%	1%	7%	5%

*Given population prevalence. Not age adjusted. Source: Allegheny County COVID-19 dashboard, July 4, 2020¹⁵

Needs in Allegheny County

Health: Physical

Several chronic medical conditions (e.g., diabetes, hypertension, asthma) place a person at higher risk for serious illness if they contract COVID-19.¹⁶ In Allegheny County, several groups of human services clients **have high rates of these chronic conditions:**

- Mental Health Residential clients: 48% of people living in these facilities have one or more of the CDC-identified chronic conditions.
- Intellectual Disability services clients: 47% have one or more of the CDC-identified chronic conditions
- Older Adult clients: 46% have one or more of the CDC-identified chronic conditions
- Child welfare parents: 43% have one or more of the CDC-identified chronic conditions

All of these rates increase by adding a handful of other, similar chronic conditions. For MH residential clients, for example, the rate jumps to 77%.

Health: Behavioral

McKinsey conducted a survey of behavioral health in the U.S. that showed that 36% of Americans believe the **coronavirus is having a serious impact on their mental health**. Nineteen percent reported having difficulty sleeping, 12% reported fighting more with a partner or loved ones in their homes, and 8% were increasing their intake of alcohol or other drugs/substances.¹⁷ Applying this rate to Allegheny County’s adults means that over 300,000 County residents feel that COVID-19 is having an impact on their mental health.

While we need to be careful not to over-diagnose/ascribe illness to something that may be situational, there is little doubt that more people need support to cope with their fear of illness in themselves and loved ones, loss of employment, and significant disruption to their daily routines. Considering that there is no clear ending point, the need will continue to be significant.

¹⁵ [Demographic dashboard ACHD COVID-19](#)

¹⁶ [CDC co-morbid](#)

¹⁷ [BH survey McKinsey April 2 results](#)

For people with serious mental illness and substance use disorders, the effects of COVID-19 are likely to be magnified. The Well Being Trust, which calculates the number of deaths due to drugs, alcohol and suicide associated with socioeconomic factors (“deaths of despair”), reports that the additional deaths attributable to the recession being caused by COVID-19 could be as high as 154,037 in the U.S. and 2,778 in PA (the latter is in addition to the baseline of 8,045 deaths of despair in PA).¹⁸

Compounding the risk

A significant number of Allegheny County residents who are at higher risk of contracting the virus and getting seriously ill from it also have a higher risk of **encountering the police and being arrested and taken to jail for relatively minor alleged offenses**. Taken together, these compound their risk of poor health and life outcomes, especially considering that jail is a congregate facility where the risk of viral spread is extremely high. We will not reduce the risk to these individuals or their families and communities unless we also prevent unnecessary law enforcement interaction.

These individuals include:

- People with mental illness and/or substance use disorder
- People who are homeless
- Black people

All of these individuals disproportionately encounter police, which itself is associated with negative mental health outcomes (e.g., psychotic experiences, psychological distress, depression, PTSD, anxiety, suicidal ideation and attempts).¹⁹ In 2019, the City of Pittsburgh arrest rate for Black adults was 5.4 times that of white adults.²⁰

One solution that other jurisdictions have tried is revamping the “crisis response” system so that social services step up to prevent and handle certain crises (and police step back). Combined with strategies to provide police with alternatives to arrest, so that some individuals may be routed to support in the community rather than to jail even when a crime may have occurred, the effect is fewer arrests, fewer incidents in which force is used and better health outcomes.²¹

¹⁸ [Well Being Trust Despair May 8](#) (Causes of these deaths of despair include loneliness, isolation, a lack of belonging, limited access to affordable health care, systemic racism, trauma and financial concerns, like a lack of housing and food.)

¹⁹ McLeod, et al., Police Interactions and the Mental Health of Black Americans: A Systematic Review, *Journal of Racial and Ethnic Disparities* (2019) at <https://pubmed.ncbi.nlm.nih.gov/31482464/>

²⁰ Allegheny County Department of Human Services, July 2020.

²¹ <https://www.leadbureau.org/evaluations>, <https://www.hcn.org/issues/52.7/public-health-theres-already-an-alternative-to-calling-the-police>

Insurance

In PA, 10% of adults surveyed were uninsured at the end of May (versus 6% in 2018). That rate increases to 40% for Black Pennsylvanians (adults), which is double the national rate, and 48% for Hispanic or Latinx Pennsylvanians.²² Lack of health insurance is particularly problematic during a pandemic and in light of the physical and behavioral health needs previously identified.

Income

PA's unemployment rate was relatively high coming into the crisis, and it grew more quickly than most other states.²³ One in five PA workers has filed for unemployment compensation, making ours one of the hardest-hit states.

- Employment and income-related calls to our region's 2-1-1 have increased 300% during COVID-19 (compared with the same quarter of 2019).
- Job losses among lower-wage workers are higher than for people in the mid-upper end of the spectrum. For those earning under \$40,000, **65% have lost a job, had their hours reduced, taken a pay cut or been furloughed**, compared with 41% for those earning \$75,000 and above.
- The increase in the unemployment rate for the Pittsburgh region jumped to 16.8% in early June from 5.9% in March²⁴ and has dramatically increased the need for income maintenance programs and basic needs like food and rental assistance. Calls to 2-1-1 for food, rent or utility assistance increased 600%—and this is during a time when CARES Act unemployment benefits are in place. Those benefits end on July 31, 2020 for some people (December 31, 2020 for others).
- The Black-White gap in unemployment has been exacerbated by the COVID-related recession. A greater percentage of Black workers became newly unemployed than white workers. Allegheny County is one of five PA counties with a Black unemployment rate that exceeds the white unemployment claims rate by five percentage points.²⁵



This large increase in unemployment makes it clear that people must know:

- How to enroll in benefits
- Where to go for help with basic needs
- Where to get life-sustaining services

²²“Economic Impacts of COVID-19,” Fourth Economy. June 2020, citing Census Household Pulse Survey, Week of 5/21-5/26 and ACS 2014-2018 estimates ²³“Economic Impacts of COVID-19,” Fourth Economy. June 2020.

²⁴[Bureau of Labor Statistics](#)

²⁵“Economic Impacts of COVID-19,” Fourth Economy. June 2020.

Housing and utilities needs

In Allegheny County, 67% of those extremely low-income households are facing a “severe housing cost burden.”

Before the pandemic, 20% of all renters reported that they did not have \$400 available to cover unexpected costs. At the end of May, 21% of adults were experiencing “household insecurity” (defined as missing last month’s rent or mortgage payment, or having slight or no confidence that the household can pay next month’s rent or mortgage on time).²⁶ The Urban Institute estimates that 20-40% of renters will need assistance to stay in their homes.



Now thousands more people have lost jobs, and the moratoria on eviction proceedings and foreclosures are about to expire.

Projections are similar for utility payments. The CARES Act provided additional funding for LIHEAP, but that only covers a fraction of the current need, let alone the growing one.

Food needs

Food-related calls to 2-1-1 increased 531%²⁷ and food assistance was the most frequently identified need on two local surveys of families.²⁸ Of all adults who reported experiencing food scarcity in May 2020, 35% had not faced this scarcity pre-COVID.²⁹ Feeding America projects that 15.3% of Allegheny County residents will experience food insecurity in 2020.³⁰

Food insecurity is disproportionately impacting people of color, children, families and seniors.

- People of color are experiencing food scarcity at greater rates than white people. In PA, 26% of people identifying as Hispanic or Latinx and 15% of Black people were experiencing food scarcity.³¹
- 22.6% of children in Allegheny County are likely to face hunger this year (up from 15%).³²
- During COVID-19, 1 in 5 families in Western Pennsylvania are relying on food assistance more than they did pre-pandemic, and 10% of families would benefit from additional help getting food for their families.³³
- Demand for home delivered meals for seniors in Allegheny County increased by 17.2% during COVID-19.³⁴

²⁶ “Economic Impacts of COVID-19,” Fourth Economy. June 2020.

²⁷ PA 2-1-1 Call Data. June 2020.

²⁸ “Family Strengths Survey,” University of Pittsburgh School of Medicine Department of Pediatrics, June 2020, and “Crisis Support Survey,” Circles of Greater Pittsburgh, April 2020.

²⁹ “Economic Impacts of COVID-19,” Fourth Economy. June 2020.

³⁰ “The Impact of Coronavirus on Food Security,” Feeding America, June 2020.

³¹ “Economic Impacts of COVID-19,” Fourth Economy. June 2020.

³² “The Impact of Coronavirus on Food Security,” Feeding America, June 2020.

³³ “Family Strengths Survey,” University of Pittsburgh School of Medicine Department of Pediatrics, June 2020.

³⁴ “Area Agency on Aging data. April 2020.

Need for protection

Children and youth: Although reports of neglect/abuse have not increased, the link between neglect/abuse and unemployment indicates that they may be on the rise:³⁵

- One study found that as unemployment increases, abuse and neglect cases increase.³⁶
- Other researchers found a connection between child neglect and unemployment, linked with a decrease in expenditures on food and other basics. They found that the effect of unemployment on neglect was mitigated in states that paid unemployment benefits for a longer period.³⁷

Intimate partner violence (IPV): The U.N. Population Fund estimates that the months of isolation will result in a 20% increase in IPV.³⁸ Factors driving this include: increased social isolation (which some abusers will use to further control victims/survivors); stress (one study that examined IPV in the wake of a hurricane found higher rates during and after); and high unemployment (which is correlated with increases in domestic abuse). France already is seeing 30% increases in reported domestic violence cases; calls to hotlines in other countries are up 25-30%.

Identifying IPV and responding with the kinds of assistance survivors want has always been an issue in the U.S., especially since what we offer (emotional and legal support) is different from what women say they need (food, housing, financial assistance, and religious or spiritual counseling and emotional support).³⁹

³⁵ During the first months of the COVID-19 crisis, child abuse reporting was down by more than 60% per day.

³⁶ “Lindo, J, J Schaller, and B Hansen (2018), “Caution! Men Not at Work: Gender-Specific Labor Market Conditions and Child Maltreatment”, *Journal of Public Economics*, 163: 77–98.

³⁷ [Brown 2018 neglect and unemployment](#)

³⁸ [UN Impact brief April](#)

³⁹ [U of Kentucky 2009](#)

Childcare and education

Childcare

Even before the pandemic hit, thousands of Allegheny County families did not have the childcare they needed. This will get much worse when parents must return to work and find their childcare center had to close in the interim because they needed tuition income to survive; they could not afford the additional cost of meeting CDC requirements for health and safety; or because they had no cash reserves. At that point, the gap in childcare need is projected to be double the pre-COVID gap.⁴⁰



Education

Almost every K-12 student is facing educational disruption. Students will return to school with major learning gaps, especially in Math, where researchers expect them to retain only 50% of what they learned in the prior school year (70% in Reading). This will be worse for students on the other side of the digital divide, with technology barriers. Nationally, just 74% of households with incomes less than \$25,000 reported having devices always or usually available for educational purposes and just 61% of those households reported using online resources when classes were moved to a distance learning model.

Summer programming also has been impacted. “Allegheny County has at least 300 programs offering year-round and/or summer programming for 5 to 12-year-olds. These programs typically serve at least 15,200 children without any adjustments to program size for physical distancing purposes. A recent APOST survey reported 3% of providers canceling summer programming and 19% moving to online-only programs. That could negatively impact at least 3,400 children.”⁴¹

⁴⁰ “Economic Impacts of COVID-19,” Fourth Economy. June 10, 2020.

⁴¹ “Economic Impacts of COVID-19,” Fourth Economy. June 10, 2020.

Local input and best practices

Staff, providers and community members provided input to this plan through a number of mechanisms:

- Neighborland: Between May 7 and May 26, 2020, DHS asked people for ideas about improving the system; human services priorities (what matters most to them); and their feedback on how well “tele” services were working for them. The summary of what we heard can be found at [Neighborland](#).
- Listening sessions: DHS organized sessions with Black, Latinx and LGBTQ communities to learn about their needs, concerns and ideas. A summary of what we heard can be found at [Listening Sessions](#).
- Daily and then bi-weekly calls with providers to identify needs that required rapid response
- Research into best practices: [COVID responses, other communities](#)

This feedback from over 600 community members, as well as providers, clients and staff, gave DHS a rich set of ideas for preventing COVID-19 infection and getting services to people. They informed the Plan that follows.

Goal 1: Reduce spread of COVID-19 among populations at highest risk

DHS contracts with providers who operate group/congregate living⁴² facilities serving 10,000 youth, adults and older adults; we also provide care management and support for 40,000 older adults in family/home settings. We are concerned about both of these groups of people because they are at higher risk of contracting the virus due to age, underlying health conditions, and the ease of spread in settings where people are living in close quarters and staff come and go in shifts.

We also are concerned about people with medical conditions that place them at risk and those who are socially isolated, whether or not they are connected with DHS.

To reduce the risk of these individuals being infected and at risk for serious illness or death, DHS will take the following actions.

Congregate settings: changes to reduce risk of spread

Summary: DHS will 1) ensure that congregate setting providers have the understanding, tools, oversight and cleaning/sanitizing resources to routinize hygienic practices in congregate care; 2) reduce the population density of homeless shelters; and 3) advocate with testing providers for regular testing of clients and staff. DHS also will continue to support the Quarantine and Isolation locations it has established for people who cannot safely live in a group setting or in their current home.

- 1. Hygiene:** DHS will contract with cleaning companies so that its congregate facilities can access **sanitizing services and cleaning supplies** at no additional cost to them. We also will ensure that new, coronavirus-specific protocols are in place for each type of facility. We will accomplish this by establishing clear standards for providers, providing effective **training for staff, providing good behavioral change messages** and ensuring that providers are educating residents about what they need to do when they go outside of the home/facility. We will ensure that PPE supply is prioritized for congregate facilities (see PPE strategy in #13). Finally, we will provide the resources needed for our Out-of-School-Time providers to be able to make the health and safety changes necessary because of the virus.

⁴²By “congregate” care or living we mean homeless shelters, personal care homes, recovery housing, housing with supports for people with serious mental illness, group homes for youth, jail, alternative housing and Shuman Center. (The strategies below will apply to the subset of these settings for which DHS invests funding.)

- 2. Density:** We will reduce the density in homeless shelters by opening at least one additional **winter shelter**, so fewer people/square foot are living and sleeping in the existing winter shelter. We also will increase the number of people in shelters who receive **rental assistance**, to meet our Housing First goals and further reduce density in the shelter system.

We will continue our work with the Jail, Courts, law enforcement, Public Defender and District Attorney **to reduce entries to the Jail and alternative housing** to safely get as many people out of those settings as possible (see Safety strategy, #14).

- 3. Testing:** While it is not our expertise to secure and provide testing for staff and clients, it is our duty to highlight the importance of regular testing for those in our congregate living facilities, including the Jail and alternative housing. (Any of these individuals and staff are at higher risk of becoming infected and, when they return home, they are placing older adults, medically compromised and other individuals in their households at risk, too.) We will **press for testing for this priority population** and help facilities prepare for this testing. We also will make sure that congregate facilities have **clear guidance** about what to do if a staff member or resident tests positive.
- 4. Quarantine:** DHS will continue to invest in **three quarantine/isolation facilities**—one for families, one for youth and one for adults. The target groups for these locations are people who cannot safely live in their current group setting or home without high risk of contracting the virus. They can stay in the appropriate quarantine location, then return to their home setting when it is safe for them to return.

Older adults: changes to reduce the risk of spread

DHS will meet basic needs for older adults in its current programs and make sure they have social connections. We also will partner with community groups, so they know about the resources available to older adults and their families.

- 5. Home deliveries and support for older adults at home:** We will focus on ensuring that **older adults in our human services programs** have the food, medicine and social connections they need by contracting with a provider(s) to make these deliveries and conduct check-ins. We also will work with community partners to develop a mechanism for checking-in on older adults not in DHS programs and to actively **inform faith-based community groups, pharmacies and grocery stores about available resources** for older adults, so they can help connect people to those supports.

Goal 2: Take extraordinary measures to ensure access to social services

Given the increase in need for help because of the virus and the COVID-caused recession, DHS and community partners must make it easier to find help.

This is particularly true for Black, Latinx and immigrant communities that have not enjoyed easy or adequate access to useful resources and services. It is also true for the County as a whole; one of the most-cited issues on Neighborland was the confusion about where to turn when you need help. Whereas people can find help through many avenues, these are often “boutique” or tailored for specific purposes and known to relatively few.

DHS therefore needs to make sure there is one well-labeled, widely marketed front door connected to a good system of triage while also ensuring we are using effective strategies for reaching and supporting people of color and immigrants.

Access: changes to make it easier to find and get help

Summary: DHS will work with community partners to make 2-1-1 the primary front door to human services in the County. This will require establishing connections to DHS’s primary hotlines and implementing a system of triage that connects people most in need with the right services. We will invest in outreach by community-based providers to individuals and families who face barriers in accessing services (isolation, location, culture, language or racism).

6. **Front door:** We will work with United Way and other community partners to make **2-1-1** the main number/text/web/chat service for information and referral in the county. This involves ensuring this service has good, updated information; linking our hotlines and our Client Portal; proper staffing for the volume and types of calls; marketing and training staff; and using our algorithms to triage.
7. **Warmline/other hotlines:** Although 2-1-1 is the ideal information and referral entry point, its purpose is to direct callers to specialized help. For seniors, people with a mental health or other crisis, or those who are homeless, those sources of help are DHS’s Senior Line, Re:solve and other warmlines, and the Allegheny Link. To accommodate the increased number of calls for help due to COVID-19 and its health, economic and social impacts, DHS will **expand the capacity of these hotlines**.
8. **Triage and differential response:** With a very high unemployment rate, the need for services will grow among our current clients, newly vulnerable people and the community as a whole. DHS needs to be sure we are matching our services to the level and type of need as well as reaching out to people who need help so that those who are most vulnerable are not overlooked. This kind of triage is an important change, requiring DHS and its partners to conduct **outreach** to people with high needs/risks and put in place a system that **matches need with appropriate level of intensity/depth of services**, from the first point of contact (2-1-1, Engagement Center, Family Support Center, etc.).

- 9. Community outreach:** DHS will invest in **community-led organizations that reach and assist people** who may need social services, information and resources because of the virus and the recession it has caused but who are confronting barriers to accessing these resources and information (e.g., cultural, location, language, racism). This effort will focus on Black, Latinx and immigrant communities, with each agency employing tailored methods to build upon community strengths, increase people’s understanding of how to stay safe and prevent the spread, and increase their use of resources, including rental assistance and benefits.

Goal 3: Help people, including those facing increased hardship because of the COVID-sparked economic recession, receive the life-saving services they need.

DHS has taken a whole-county view of basic needs and identified where it can help to fill gaps or leverage its resources.

Services: changes to make life-saving and basic needs safely available

Summary: DHS will join with its County and community partners to enroll people in rental assistance, contribute significantly to ensuring that people who qualify for public benefits are enrolled, and assume a leadership role in bringing digital connectivity to human services so people can safely receive services and support. DHS will also support the health of the human services network by coordinating mask and other PPE distribution (including to thousands of DHS clients) and providing additional support to families facing new costs for caring for children in out-of-home placement during COVID-19.

- 10. Benefits enrollment:** We will help lead the effort to **enroll every eligible person in benefits** (Medicaid, TANF, SNAP, other Income assistance, unemployment insurance, disability benefits) and rental assistance. We will use our Data Warehouse, existing proven technology/tools, and contracts with community organizations to identify and enroll individuals in all eligible benefits.

- 11. Digital divide/connectivity:** DHS will provide **devices, Wi-Fi and coaching** to individuals and families so they can access human services that are being delivered remotely due to the virus. With so much of our service delivery system now built upon virtual visits/digital services, DHS will also help providers increase their ability to use digital tools. We will **train providers** in the technology, best practice and standards/requirements for privacy and provide **technical support**.

DHS will **default to remote service delivery** wherever possible (that is, tele-services and physical distancing/mobile services). DHS also will issue clear and timely **guidance** about what it recommends regarding moving among red/yellow/green stages of readiness.

There is a strong likelihood of another outbreak this year that causes schools to close. DHS-contracted providers will **prepare programming that they can deliver virtually/in other ways** to children and youth.

12. Homelessness prevention: DHS will partner with the Allegheny County Department of Economic Development and a number of community organizations to enroll thousands of people in **rental assistance** to preserve their housing (this includes paying back rent/arrears since COVID). Without this assistance, many more people will become homeless.

13. Health of the network: DHS will strengthen the human services provider network by continuing to **coordinate masks and other PPE** for the network through our partnership with Global Links. We also will coordinate and fund **mask distribution** and information cards to congregate care residents; CYF-involved families and youth in independent living; and older adults in independent living; and other vulnerable clients.

We will continue paying an **augmented rate** for child welfare congregate staff and for resource (foster) families and increase the availability of tutoring for children and youth involved with child welfare.

14. Safety: DHS and its providers will work with its partners in the community, in the justice system and in emergency response to design and implement a **new safety/prevention system** that reduces unnecessary encounters with law enforcement and the and the Jail encounters that heighten the risk to Black people, people with mental illness or substance use disorders, or those who are homeless. This strategy will focus on prevention by addressing underlying human service needs and deploying a social services/community support response instead of one involving police. DHS acknowledges this may have some impact on racial disproportionality, but it is one small step in the anti-racism work we must do.

15. Personnel: DHS will **deploy staff** to be contact tracers and to work at the quarantine and isolation locations. Staff also will be assigned to other activities designed to mitigate the spread of the virus and assist people who are impacted by the COVID-19-caused recession, including activities that provide the technology infrastructure required to support our human services response to the virus.

16. Food: Allegheny County will support the **Students and Families Food Relief Fund**, which is preparing and delivering 20,000 nutritious meals to families across the county. This funding will also support 2-1-1's information and referral services.

17. Childcare: Allegheny County will create an emergency fund to strengthen childcare and out-of-school time programs by supporting the costs of their reopening and transportation costs for summer programming; it will also make up for lost revenue to **ensure that these programs remain available for families that need them.**