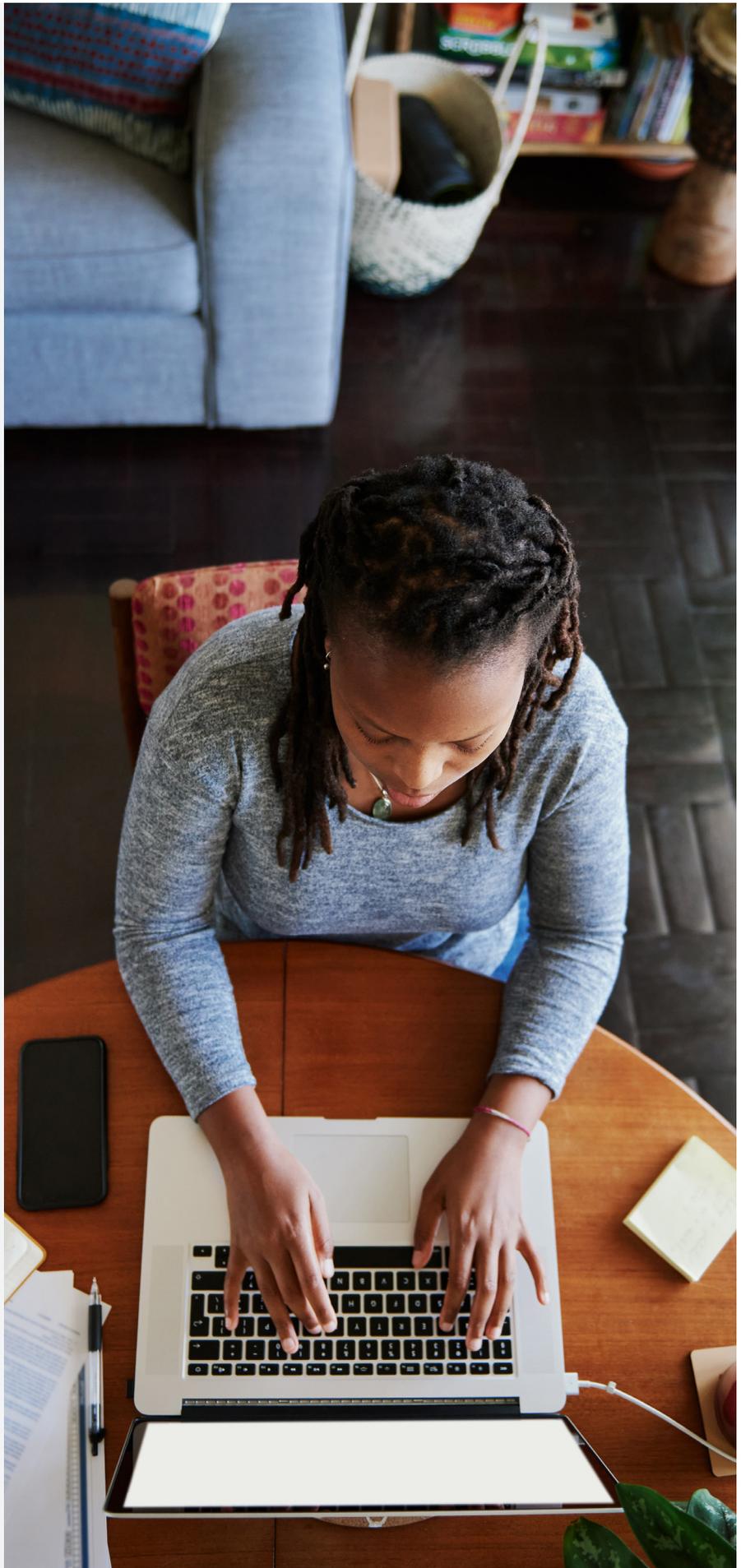




All Hands on a Remote Deck: The Allegheny County Department of Human Services' Early Response to COVID-19

**March through
June 2020**

This report, released in January 2021, focuses on DHS's early response to the COVID-19 pandemic, generally covering the period of March through June 2020. As updates are published, they will be available at www.alleghenycountyanalytics.us under Innovation & Reform.



It was the biggest public-health crisis of our lifetimes, and the United States was totally unprepared for it. In just 45 days—from March 1 to April 15, 2020—the number of reported COVID-19 cases in the United States soared from 30 to more than 600,000.

Despite the reports of earlier COVID-19 outbreaks in Asia and Europe, the unusual threat of a lethal virus that asymptomatic people could spread widely was not fully understood until too late. As a result, U.S. reactions shifted with shocking suddenness from calm reassurance to nationwide lockdown, the Centers for Disease Control and Prevention switched from “don’t wear masks” to “please, everyone, wear a mask” in just two weeks, PPE (or the lack of it) became a household word and toilet paper became a prized possession.



The Human Services Building in downtown Pittsburgh, PA, typically bustling with hundreds of employees, stands mostly empty while all but essential personnel work remotely

In Allegheny County, Pennsylvania, a radical shift took place within three days. On March 12, a County media release said there was no need to cancel large events or change business operations. The next day, the Allegheny County Health Department (ACHD) limited all gatherings to a maximum of 250. By March 15, at the urgent pleading of the ACHD’s director, county government had changed its policy and agreed to let employees work from home.

As an invisible but extremely dangerous threat moved inland from the coasts and began spreading throughout Allegheny County, the County’s Department of Human Services (DHS) and its network of more than 300 contracted providers, with support from County Executive Rich Fitzgerald, responded in tireless fashion, drawing on the tools and convictions that have caused the agency to be widely recognized for innovation and excellence.



DHS Director Marc Cherna

Good communication—especially from DHS leadership—was critical to ensuring human services needs were met during this crisis. This message from DHS Director Marc Cherna was one of the first of many to DHS staff and the provider network:

“It has now been almost a month since this pandemic hit our community, and I think we can all agree that it feels much longer since we’ve had any sense of normalcy and routine. None of us could have anticipated the virus nor the obstacles it placed in our way. Yet, despite these extraordinary—and frankly exhausting—challenges, we’ve pulled together even more cohesively as a human services system. I marvel at the level of creativity and determination with which we’ve all

confronted the pandemic while continuing to provide the quality of services our residents have come to expect from Allegheny County’s human services system. I’m so proud of you and what we’ve accomplished and thank you on behalf of all the vulnerable individuals you serve for your amazing flexibility at rethinking service-delivery logistics during this crisis. You’re still getting the job done, despite all the challenges COVID-19 presents, and that is extraordinary. For all of this and more, you have my profound appreciation.”

DHS rallied its staff and provider network through unprecedented, continuous communication, including daily briefings the thoroughness of which received nationwide praise. Department and provider staffs were strategically redeployed. Where gaps remained, DHS creatively recruited new partners. DHS's excellent relationship with the local foundation community, nurtured over more than 20 years, enabled immediate response to emerging needs. With heroic support from information technology (IT) staff, this large government agency adjusted seamlessly, within days, from full office occupancy to all but frontline staff working from home. All this took place with intentional solicitation of input, openness to change and a firm determination to do whatever was necessary to serve the vulnerable—in many cases newly vulnerable—people of Allegheny County.

This strategic, creative and inclusive response to an unforeseen crisis, nimbly and transparently implemented, involved the sacrificial commitment of thousands of DHS and provider staff. Examples of their heroism have been collected in a series of articles featuring what Allegheny County's human services professionals did "[On the Frontline](#)" during the COVID-19 pandemic. This report captures some of the most memorable highlights of DHS's frenetic but disciplined, unified and highly effective early response to the chaotic onset of the pandemic.

A sudden urgency and a hectic weekend

What began as a trickle of internal communications among DHS staff picked up during the week of March 9–13, after Pennsylvania recorded its first two cases of COVID-19 on March 6.

On March 10, DHS Deputy Director LaToya Warren asked each office within the department to identify a point of contact responsible for ensuring the continuity of mandated functions in the face of possible staff shortages. Warren also requested staff to indicate possible equipment needs or challenges, as well as how their office would maintain communication if face-to-face interaction became impossible.

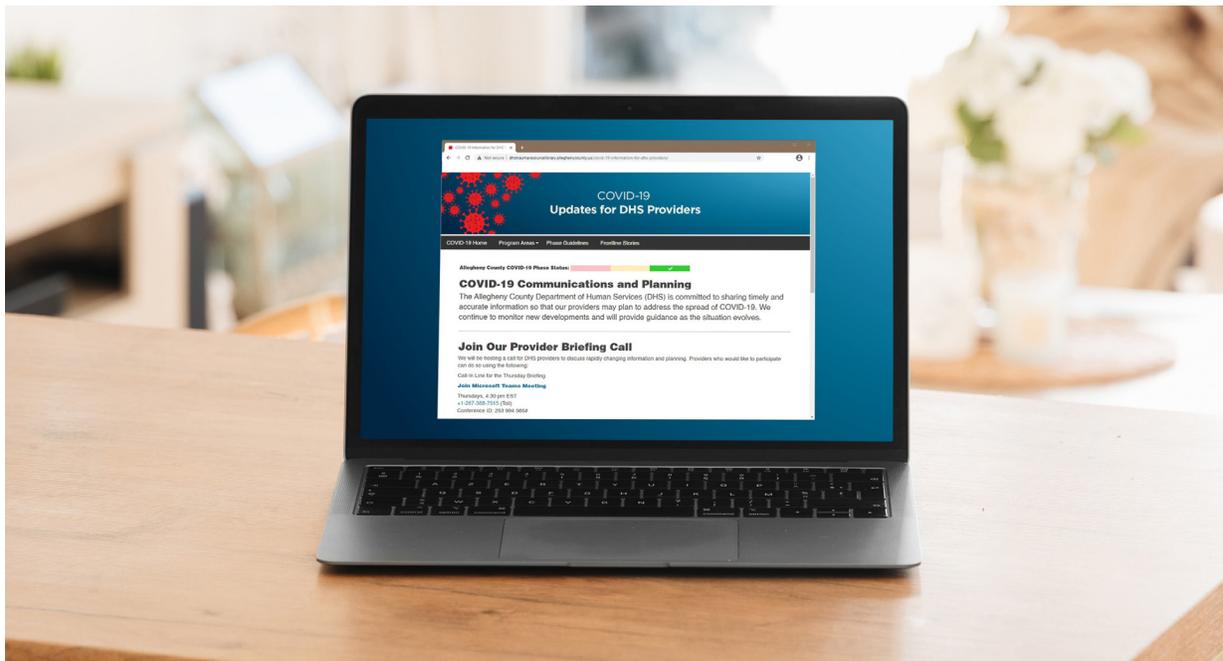
Colorful posters (in eight languages) on the importance of frequent hand washing were disseminated, and DHS program leaders tapped into their national networks to obtain and distribute information on how others were responding to the unique challenges posed by the coronavirus. For example, Jacki Hoover, deputy director for children, youth and families, got information from peers in Florida on the protocols they were instituting for home visits where COVID-19 might be present and shared relevant guidance with frontline staff.

Recognizing the imminent crisis, the County Executive's office sought to avoid dissemination of contradictory information by setting up a single COVID-19 website that would be populated by information from ACHD. Although this primary emphasis on sharing consistent, reliable health-related information was appropriate, DHS and the hundreds of providers in the County's human service network had enormous and specific needs for access to rapidly evolving information beyond what could be provided through the county's website.



“The County’s COVID-19 site was to be a repository of information important to the general public and—at least initially—very much focused on public health,” explained Karen Blumen, who has since retired as deputy director of DHS’s Office of Community Relations. “We soon realized that this website would not be able to support our need to communicate nimbly and quickly with our human services network, which was desperate for information and guidance.”

With a limited number of websites under its control, DHS had to figure out how best to share a large amount of frequently changing information. The immediate solution was to coopt a page on Allegheny County Analytics, a site used by DHS to share its policy papers and research reports. But before the first week ended, Kimberly Sholl, DHS’s web developer, was warning that the site, which had been slated for an overhaul, was unstable. “Every time the web developer makes an update, we worry that other pieces of content will disappear or functionality will cease to work,” read a March 21 email from Alexa Seretti, DHS digital strategy manager.



[DHS Provider Website](#)

Getting a suitably robust web page in place instantly was not easy. But the web team identified a creative solution. Within days, all COVID-19-related content was transferred to a recently launched, DHS-controlled [website](#) that had previously focused on trauma resources. This website was rapidly populated with operational guidance, announcements, answers to dozens of provider questions, specialized resources, and content from DHS’s most prominent innovative solution to the information dissemination problem: daily briefings.

“Tune in at 4:30”

With new developments occurring daily and the situation changing so quickly, DHS leadership began hosting a daily virtual interactive briefing for everyone in the provider network, during which new information could be shared, problems discussed and solutions generated.

It was a great idea, but a daunting one to implement. DHS had just begun using Microsoft Teams as a communication tool, and many of its staff and providers had no prior familiarity with this platform.

Over the weekend of March 14–15, DHS leaders developed a briefing plan. Senior staff would hold a conference call at 2:00 each weekday afternoon to decide what should go into that day’s presentation. A member of DHS’s planning staff took responsibility for working with each deputy director (or representative) to create and assemble the information they would share during that day’s briefing.

On Monday, March 16, the first briefing took place. Much of the content consisted of ideas DHS staff had collected from other parts of the country where the pandemic had hit earlier. Most of the staff were still working at their offices. Erin Dalton, DHS’s deputy director for analytics, technology and planning – and the architect of DHS’s COVID-19 response – realized that staff hadn’t adjusted yet to the reality of COVID-19 when she saw many of them sitting together in a conference room.

Essential Service	Overall Service Capability (Ability to deliver at least 75% of services)	Staffing (Are there enough people to deliver services?)	Supplies (Do we have the necessary supplies?)	Service Locations (Are there only providers in certain counties?)	Funding (Do you have enough money to pay for services?)
	At Risk	Stable	Unstable	Stable	At Risk
Food: for Seniors	At Risk	At Risk	Unstable	Stable	Stable
Aging Services - Elder abuse investigations, in-home services & other critical aging services	Stable	Stable	At Risk	Stable	Stable
Food: for Broader Community	At Risk	At Risk	Unstable	At Risk	Stable
Childcare for essential employees, including first responders	At Risk	Stable	Unstable	Stable	At Risk
Services for people experiencing homelessness or in supportive housing	At Risk	At Risk	Unstable	Stable	Stable
Behavioral health: acute, crisis and residential care	At Risk	At Risk	Unstable	At Risk	At Risk
Early Intervention	Stable	Stable	Unstable	Stable	At Risk
Transportation to essential medical and social services	At Risk	At Risk	Unstable	At Risk	Stable
Child welfare critical services, hotline, investigations, required visits, group care	At Risk	Stable	Unstable	Unstable	Stable
Intellectual Disabilities and Autism services	Stable	Stable	Unstable	Stable	Stable

The Essential Services Status Rubric used color coding to display stability in each of four areas. This screenshot from a day in April 2020 showed across-the-board shortages of safety and sanitation supplies.

By day 4 (March 19), Chief Technology Officer Ian Maverro had proposed the creation of a rubric to rate the ongoing status of each major human service need (e.g., food, childcare, behavioral health, housing, child welfare, transportation) as stable, at risk or unstable with regard to four areas: staffing, supplies, service locations and funding. “The moment he suggested it, it made perfect sense,” said Dalton. “We needed a way to talk to everyone about the situation and whether it was getting better or worse.”

Just about everything DHS needed to communicate—childcare availability, PPE distribution, food distribution, requests for provider input, how to get paid, the health of the network and much more—was in the briefings. Many days included

presentations by experts outside DHS, such as ACHD director Debra Bogen, local funders and Carnegie Mellon University data analysts. Typical participation at the height of the crisis was so high—around 200 individuals—that providers were asked to limit the number of participants so as to avoid diminishing audio quality.

DHS made a thorough effort to ensure that people unable to attend a live briefing could still get the information. The slides, complete audio and summary notes were posted on the [DHS COVID-19 website](#) within hours of the conclusion of each briefing.

DHS almost immediately started getting feedback that demonstrated how vital this information was to the provider network. “DHS did a top-notch job of selecting content of broad-based relevance,” said Dave Coplan, executive director of the Human Services Center in Turtle Creek. “Every day, I was getting important updates.”

Lauri Fink, program officer at the Hillman Foundations, listened to the daily calls regularly. At the beginning of the crisis, she said, “We were all looking to see where we could get the best information. It was great to see such a coordinated response from DHS.”

Informing the DHS network through the briefings was a daily priority for four weeks, until the pace of change finally slowed and the frequency was gradually reduced to three times, twice and finally (by late June) once a week.

Peer agencies expressed admiration for DHS’s daily briefings as an effective communication method. Listeners from as far away as California tuned in or reviewed briefing summaries on the website. On March 24—eight days after the first briefing—DHS received this e-mail from Jill Jacobs, executive director of Family Builders, a foster care and adoption organization in Oakland, California:

I have to tell you that the updates that Marc is sending out daily are exceptional! They are by far the most comprehensive and frequent that I have seen anywhere. He has sent more info to providers than the 58 counties in California and the state combined! It also shows how much Allegheny [County] values their community-based provider partners.

DHS is aware of no other jurisdiction that attempted anything similar—a testimony to the enormous amount of preparation and coordination the briefings required.

Years of technology advances... in just a few days

On March 15, Allegheny County government announced that all employees could work remotely—a major change from its previous prohibition of working from home. Of course, no department was technologically or logistically equipped to make this shift instantly. But DHS was in better position than most, thanks to a forward-thinking chief information officer, Scott Hemphill, who had been working for two years on department-wide technology modernization.

“From a disaster recovery perspective,” Hemphill stressed, “if your physical location is no longer accessible, in most cases you can get the same job done if you’ve planned for the option of a remote workforce.”

The modernization strategy included, in 2019, a migration from hard-wired to VOIP (voice over Internet protocol) phone service. The pilot was successful, and

How the daily briefings connected problems with solutions

The DHS daily briefings not only provided urgently needed information in the early days of the pandemic but also helped mobilize providers to fill emerging service gaps. One notable example was the redeployment of staff at A Second Chance, Inc. (ASCI), Allegheny County’s main kinship care provider, to distribute food in Penn Hills.

ASCI has 28 family service transportation aides who normally help to arrange and oversee visits between birth mothers, their children and relatives serving as caregivers. Once the COVID-19 crisis broke out, these aides weren’t arranging live visits as usual; instead, they were working out of the organization’s office in East Hills. With no travel taking place, they had some free time.

After learning at a daily briefing that delivering food to those in need had become a serious problem, Sharon McDaniel, ASCI’s president and CEO, sent DHS leadership an e-mail asking if her staff could help.

Within five days, a dozen of ASCI’s transportation aides were transformed into a food distribution team, taking meals provided by the United Way and Eat ‘n Park to locations across Penn Hills. Two staff members made masks for the aides, who were trained in how to make safe grab-and-go delivery visits without making direct contact.

the IT department was preparing user guides and other communications for a launch in early 2020. But when the pandemic hit, DHS hit the accelerator and the new VOIP system was rolled out across DHS in a span of three days, on March 16–18. Enabling customer-facing staff to work from home without disclosing their personal phone numbers was crucial.

That was far from the IT department’s only task during the fluid first week of pandemic response. The team also swapped about 65 staff desktops for laptops so everyone could work from home; trained everyone who was unfamiliar with their new devices; reconfigured 1,129 computers so that staff could place and receive phone calls from home; enabled 900 devices to access the Allegheny County virtual private network (VPN) remotely; and managed the technology for the daily afternoon briefings with providers. Needless to say, they didn’t sleep much for a few weeks.

In a culture where face-to-face contact was the norm, Microsoft Teams had not been in much demand. In the pandemic, it became critical for deputy directors to begin using the platform and to model and support its use by staff.

“I can’t praise DHS’s IT unit enough for their responsiveness and willingness to train our staff,” said Kurt Emmerling, deputy director for aging. “When they came in, they brought technology that was unfamiliar to all of us, including software that had to be set up at our employees’ homes. IT was immensely patient with our staff and with our many, many questions. Thanks to their guidance and technical support, even our less technologically adept staff became comfortable with virtual communications.”

Blumen seconded Emmerling’s observations. “The IT team demonstrates an incredible customer service mentality toward serving DHS staff,” she noted.

One of DHS’s half-dozen call centers had been piloting VOIP phones for business continuity purposes, so the plans were already in motion, but the implementation time was greatly compressed. “The pandemic pushed DHS forward a number of years in technology adoption,” Hemphill said.

Of course, not everyone seeking services has access to a phone, so DHS’s customer service centers couldn’t go totally remote. Abigail Horn, deputy director for DHS’s Office of Community Services, described the complex arrangements to accommodate individuals seeking in-person housing assistance at the Human Services Building downtown: “We still had a guard at the front desk. When someone came in, the guard would give them a mask if they didn’t have one and then call the staff person working in the office. That staff member would go to the lobby, walk the client back to the designated visitor room, connect them by phone to a service coordinator using the phone in the room, and then leave the room to limit in-person contact.”

The team delivered 1,000 meals on the first day, April 15. Soon they were up to 3,200 a day for three days a week, reaching an amazing cumulative total of 52,000 by the end of May. And when Nutrition Inc. provided additional food in bulk form, the food distribution team started showing up earlier, functioning as an assembly line—while carefully observing social distancing protocol—to put individual meal packages together for delivery.

Meanwhile, the other transportation aides took over the whole ASCI caseload, maintaining a 91% visitation rate (mostly virtual visits by Skype or Facetime).

“They made the shift seamlessly and joyfully,” McDaniel said of her reassigned staff. “They are wonderful frontline workers. They know that there’s a need and that our work has to be different now, and they do this with such exuberance.”



Hemphill had taken over safety and business continuity responsibilities for DHS in late 2019, so the emerging personal protective equipment (PPE) crisis fell into his lap as well. With masks, gloves, wipes and hand sanitizer in short supply, Allegheny County Emergency Services became the single PPE distribution point, but within a month it could not fulfill PPE requests. And “sorry, we can’t help” just isn’t in DHS’s vocabulary.

As a result, DHS began exploring a new partnership to facilitate bulk purchases. Julie DeSeyn of the United Way suggested contacting Global Links, a Pittsburgh nonprofit that provides equipment to medical facilities both internationally and in western Pennsylvania. At the April 17 daily briefing, DHS informed providers that they could begin requesting PPE through Global Links.

Because of the delay that occurred when the County’s emergency services office ran out of supplies, the initial surge of requests was overwhelming—so much so that Global Links could not manage all the distribution. So the IT team picked up supplies from the Global Links warehouse, packaged smaller supply orders themselves, and notified the providers to come and pick up their PPE. They also helped to coordinate distribution of supplies donated directly to DHS.

Four weeks after the pandemic’s arrival, the decrease in calls to DHS’s help desk showed that despite the extremely condensed timetable, the technology transition had worked. However, managing PPE acquisition remained a major, time-consuming task. DHS also acquired more than 900 laptop computers and arranged Internet access for DHS-served families where necessary so that their children could participate in remote learning and access telehealth and other virtual supports.

“One reason why my job has been so full during the pandemic,” Hemphill observed, “is that DHS is real about helping people. We feel a moral mandate to do whatever is needed to support others.”





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Cars lined up at the Greater Pittsburgh Community Food Bank

Food needs bring creative deployment

On March 16, Pennsylvania Governor Tom Wolf ordered all nonessential businesses across the state to shut down. Thousands of workers in Allegheny County lost their jobs. Within days, emergency food needs exploded. DHS is not a food provider; the Greater Pittsburgh Community Food Bank, 412 Food Rescue, and dozens of food pantries and other agencies are responsible for that. But given the unprecedented scope of the need, someone had to step up and coordinate the response at a time when fears of virus transmission made the normal food distribution system inoperable.

“Our main role was to help people understand where food was available across the entire county,” said Amy Malen, assistant deputy director for community services. “And we helped to solve problems and troubleshoot.”

DHS created a continually updated, interactive food map to show the locations of designated food distribution sites for seniors, school students, families and others in need. Melissa Murray of the Greater Pittsburgh Community Food Bank, who helped with the interactive map, said DHS’s work was invaluable in enabling the Food Bank to determine how best to provide quality meals to children after school meal programs ended.

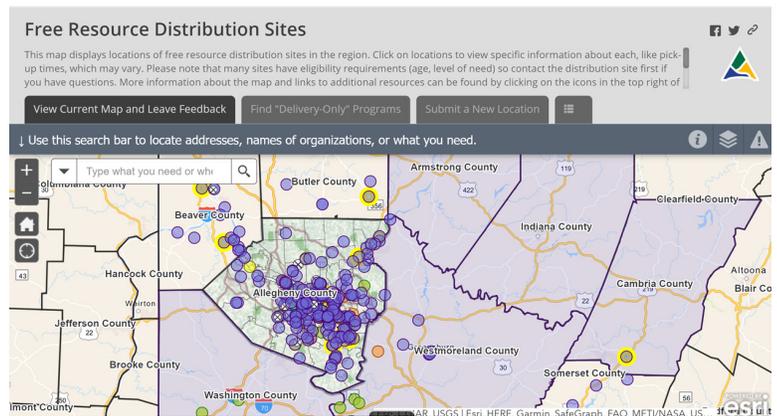
“The interactive map helped us identify sites where families could access grab-and-go meals for students, in addition to other food resources around Allegheny County,” Murray said. “This partnership with DHS undoubtedly allowed the Food Bank to feed more of our neighbors during such a challenging time.”

Thanks to a partnership between DHS’s Office of Behavioral Health, the National Alliance on Mental Illness, Mental Health America and the 2-1-1 crisis hotline, people waiting in line for drive-up food distributions were greeted by signs telling them where to call if they were struggling emotionally.

Malen also hosted weekly conference calls for key players in food distribution and worked with the United Way to set up a network of providers prepared to deliver food anywhere in the county to people who couldn’t go to a pickup site.

“Community-based [Family Centers](#) were in touch with the families they served, so they knew who needed food,” Horn explained. “A lot of the pickup sites were drive-up only, so the Family Centers would pick up food and then take it to families who needed it delivered.”

Through its daily briefings and other communications, DHS also played a crucial function in highlighting food distribution needs to its partners, many of whom were unable to perform their usual work. Ultimately, more than 40 Allegheny County agencies not normally involved in food delivery shifted staff and resources to fill potential gaps in the food safety net.



Interactive Food Map

Similar on-the-fly adjustments took place at the Area Agency on Aging. “We turned into dietary technicians for a while,” Emmerling said, “figuring out how to deliver food safely and still make it palatable.”

The first approach was to switch from serving food in senior centers to a drive-up process. Then, to further reduce exposure risk, meals were provided frozen, so that people could come twice a week and get several meals at once. Some food deliveries to senior centers became prearranged drop-offs in the lobby, since senior center staff didn’t want people entering.

Along the way, Emmerling had a special opportunity to appreciate the quality of Allegheny County nutrition providers’ work. “They were very careful about what they selected, and they assembled excellent meals,” he said. “We got to see how complex this work is when the federal government offered to sell us shelf-stable food products. They did a decent job but compared to what our own nutrition people had done, the federal meals were more like military rations.”

Pandemic conditions bring out the best in child-serving staff—and families too

Jacki Hoover, deputy director for DHS’s child welfare office (CYF), was prepared for the worst-case scenario as the pandemic began: inability to fulfill her office’s obligations because frontline staff were becoming ill, resigning, or being asked by families to stay away because of their fear of infection.

It never happened. Not only did staff serve faithfully and fearlessly, but family engagement and family outcomes actually improved. And staff went above and beyond their typical responsibilities. As a case in point, within 24 hours of posing an incredibly risky request—for volunteers to provide temporary placement for child welfare-involved children whose caregiver became infected with coronavirus—nearly a dozen staff signed up.

As a leader tasked with protecting both children and staff, the threats to physical and emotional health seemed ominous. Staff can’t stay six feet away when removing a child from a home, and it’s hard to say no when an appreciative child reaches out for a hug. Due to the extreme shortage of masks, CYF had to establish guidelines as to when staff should use a cloth versus an N-95 mask and how to store and reuse them. Home assessments normally involve two staff, so traveling

Homewood Children’s Center and Bible Center Church

Beginning in mid-April, Homewood Children’s Center and Bible Center Church joined forces to deliver meals to families in Homewood. The two organizations have been working together to serve neighborhood youth since the Homewood Children’s Village was founded in 2008. Both are well known and trusted throughout the community and responsive to emerging needs such as those identified during the coronavirus epidemic. When COVID-19 hit, they were well-situated to join forces to address food insecurity. Homewood Children’s Village has food delivery experience, while Bible Center Church’s Oasis Transportation Company has vehicles that typically would be used to transport children to and from school and that, during the pandemic, were sitting idle. The two organizations received transportation grants from the United Way, the Richard King Mellon Foundation and the Hillman Foundation that allowed Bible Center Church to purchase a commercial refrigerator, freezer and milk cooler to aid in the expansion of the food distribution operation and to support other costs of the combined food distribution. The Greater Pittsburgh Community Food Bank delivers food to Bible Center Church where it’s packaged and delivered three times/week by staff and volunteers from both organizations.

safely became an issue; in some cases, the staff partners drove separately. And the most crucial challenge was to keep staff motivated and feeling safe at all times.

“When this first happened, I braced myself for the worst,” Hoover said. “But every caseworker and driver wanted to help.” CYF client interaction specialists, whose primary responsibility is client transportation, volunteered to help with food deliveries and in transporting those needing to isolate or quarantine in DHS’s Safe Haven Hotel. “In fact, we have had less staff turnover than normal.”

Hoover believes that the chance to impact lives in unmistakable ways was a source of motivation. “Social workers enter this field wanting to be helpers,” she explained.” At times, it’s hard to see how you are helping families. But when you are delivering food, diapers and other essential resources, it’s obvious.”

To Hoover, transparent communication was an indispensable contributor to staff stability and high performance. Daily virtual meetings with her staff, sometimes lasting as long as 90 minutes, addressed safety issues, changes in protocol and staff members’ concerns. Daily emails, recorded messaging and small group discussions also enabled staff to continually process updates and feel connected.

Hoover suggested several possible explanations for the notable increase in engagement in family plans. Families didn’t have much else to do while stuck at home; some may have felt more comfortable with virtual meetings (once CYF provided devices where needed to enable families to connect remotely); extended family members could participate without having to travel. In addition, she said, the quality of partnerships seemed to improve as families got a glimpse of CYF staff working through their own sense of vulnerability. The surprisingly good outcomes will likely inspire permanent changes in how CYF does its work.

By the end of July, together they’d served 54,229 meals (11,350 to children, compared to their typical number of 300 kids at any given time) and distributed 18,172 diapers and more than 8,000 wipes. In addition to the meals, they are continuing distribution of produce and dairy boxes, along with school supplies, cleaning supplies and other household items.

And the partnership is a win-win for the organization and their staffs; by reassigning to food delivery those staff members who otherwise would have been furloughed, they have avoided layoffs.

One episode epitomized the value of CYF’s high-quality work. A CYF caseworker had built an excellent relationship with an 11-year-old child whose father had a drug addiction. The mother had already died of an overdose. The caseworker was two blocks away, making arrangements to place the child with an aunt, when he phoned her saying “I think my dad overdosed.” She rushed to the home and promptly administered Narcan—she knew exactly where it was because she and the family had prepared a safety plan—to save his life before paramedics could arrive.



The Safe Haven Hotel: No luxury, but extremely high-quality care

Since frontline and direct care staff were at high risk for exposure to the virus, one of DHS's most challenging tasks involved finding suitable housing for people who had to isolate or quarantine due to exposure or contagion.

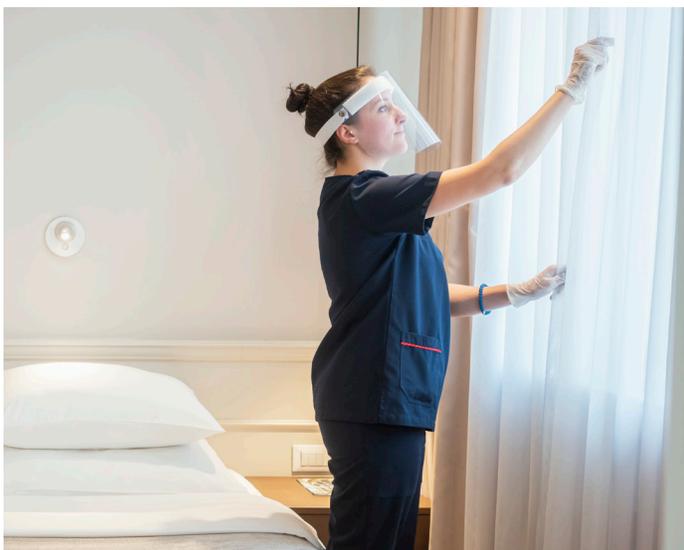
In the early weeks of COVID-19, DHS anticipated an emerging need to provide alternative housing to vulnerable populations—especially people experiencing homelessness, who shelter in close quarters and were considered a likely source of an outbreak—as well as to first responders and essential workers trying to protect their families.

Even before COVID-19 reached Allegheny County, Cynthia Shields, assistant deputy director for housing and homelessness, was reaching out to peers on the West Coast to learn what they were doing.

“We were initially looking for added shelter capacity,” Shields recalled. “We went down a whole bunch of different paths. We looked at apartment buildings, schools—pretty much any space we could find. Then we started approaching hotels. We got a lot of ‘no’ responses. Everyone was terrified about bringing people with COVID-19 into their space.”

But working in DHS's favor was the fact that hotels were empty and desperate for money. As a result, by partnering with VisitPittsburgh in another creative collaboration, DHS reached a lot of potential suitors quickly.

VisitPittsburgh hosted a conference call in which 70 hotels participated. About 20 expressed initial interest. However, when it became clear that the facility wouldn't be just for first responders and nurses but also for exposed or infected workers and clients, that number quickly dropped to three.



At first, DHS hoped to identify two separate locations—one for vulnerable individuals and another for suspected or confirmed positive cases and people in quarantine. But when negotiations for a space in Homewood fell through, DHS—with excellent support from the County solicitor's office, which conducted the complicated legal review with lightning speed—moved forward with one hotel five miles from downtown.

ACHD pitched in too, with housing inspector Lori Horowitz and a team of epidemiologists figuring out which populations to place on each floor and how to arrange travel pathways and elevator assignments so that the already infected and those at risk never came near each other.

Hotel staffing was the next major challenge. The initially selected staff provider backed out 48 hours before the Safe Haven Hotel opened. Community Human Services (CHS), another DHS emergency housing provider, heroically stepped in. DHS prepared a video to demystify staffing expectations, which even resulted in some DHS staff volunteering for assignments at the site.

Transporting people to the hotel was yet another complex matter. Many clients did not have a vehicle and DHS obviously didn't want anyone who might have COVID-19 riding public transit. DHS contracted with EMS to transport anyone with a positive test or symptoms, but that left those who were highly vulnerable but symptom-free without a safe way to get to the hotel. To solve the problem, client

interaction specialists in DHS's child welfare office, who had few assignments during the pandemic lockdown, agreed to take individuals who were not COVID-19 positive to the hotel. "They have been phenomenally caring and compassionate, even though these aren't the people they signed up to serve," Shields commented.

ACHD's medical reserve corps and Allegheny Health Network's Center for Inclusion Health provided health practitioners and medical support, and CHS engaged a temporary nursing agency to provide medical care. Community Kitchen Pittsburgh delivered three meals a day to each resident's room.

"We knew how to set up a shelter from scratch, but this was a mix of shelter, crisis response, and medical," Shields noted. "It was really helpful to have this outside expertise to keep everyone safe."

The quality of care was so high that some people actually got healthier than ever. One man, whose prior medical care had been spotty, was placed on a proper insulin dose, maintained a regular schedule of checking his blood sugar, and got his diabetes under control for the first time in his adult life.

DHS reserved 100 rooms, although in the early months of the pandemic, the number of residents never exceeded 65 (later, this would increase to 75). The few people who were homeless and who tested positive were quickly moved out of the shelter setting, thanks to the attentive work of shelter providers and the availability of a safe quarantine facility.

Referrals came from a variety of sources, including hospitals, the jail and the behavioral health system. In the initial weeks, DHS discovered that some referrals were happening just because other entities saw an opportunity to get individuals with significant needs off their hands, so it implemented a referral review process. In some cases, the review team declined a referral because they felt that coming to the hotel could put individuals at higher risk. On the other hand, except for a few people who felt more comfortable in their current living situation, everyone who was encouraged to move into the hotel agreed to come.

When the initial three-month contract period ended, the hotel management, feeling more optimistic about attracting its normal clientele again as the economy began to open up, raised its price substantially. But happily, a new bidder emerged. So the Safe Haven Hotel team went through the whole setup process again, at a second location.

"One upside of something awful like a pandemic is that it brings people together and creates lasting collaborations," Shields said, citing a newly formed telehealth relationship between shelters and community health centers as one example. "I can't say enough about the incredible people who have come together to create things that will last beyond COVID."

With considerably less drama, DHS also developed two other emergency housing sites: a family isolation space (in conjunction with ACTION-Housing and Auberle) and a teen-specific housing facility (with FamilyLinks).

No stimulus check left behind

On March 27, Congress passed and President Trump signed into law the Coronavirus Aid, Relief and Economic Security (CARES) Act, which included economic impact payments to all Americans of \$1,200 per adult and \$500 per child. This was a much-appreciated blessing for millions experiencing economic distress. But how would the money reach those who needed it the most—people in dire poverty who don't pay income tax, don't have a stable mailing address and don't have technology access to request a payment from the IRS?

DHS's Housing and Homelessness unit was determined to ensure that all the recipients of their services would get their money, regardless of whether they had a bank account or a home address at which to receive their payment.

Carrie Bebb, who as DHS's part-time tax program coordinator normally helps people file federal tax returns, and her colleagues immediately began figuring out the best way to enable needy clients to qualify for their \$1,200.

"Providers such as the YWCA, Pittsburgh Mercy, Light of Life Mission and Goodwill, along with the Allegheny Link [DHS's customer service center for housing and other related needs], already had the trust of the individuals they were serving," Bebb said. "So the model we used was to train them to collect the information and request a payment on each individual's behalf through the portal on the IRS website."

DHS staff assisted with program development and provider engagement, and also provided training and technical support as needed. Clients were helped to set up bank accounts or an alternative way to receive their payment.

The endeavor was extremely successful, enabling 364 grateful individuals to receive payments and to make good use of the money. "We and our providers worked hard with clients to help them set up a bank account," Cynthia Shields explained. "If they have outstanding bank issues, a shelter will help them cash the check in another way, but having a bank account is the most self-sustaining option."

In one case, the individual was overwhelmed with emotion when the money reached him. He had just moved into an apartment but couldn't afford much furniture or household items, so the \$1,200 came at just the right time to help him make his new residence livable.

Becky Barnes, case manager at Soldier On (a national nonprofit that assists veterans with housing needs), saw the practical impact of this initiative. One of her clients was a veteran who normally worked at PNC Park during baseball season. "Connecting to this stimulus payment," Barnes said, "was the difference between him remaining stably housed until he found a new job and being in over his head in debt when the eviction moratorium ended."



“I don’t understand why I need a mask”

For several reasons, DHS’s Office of Developmental Supports (ODS, previously the Office of Intellectual Disabilities) experienced unique issues in adjusting to COVID-19. Much of ODS’s work is on behalf of the state, so its decisions were heavily affected by state guidance. Many providers in this realm struggle to maintain sufficient staffing even in normal times and had little or no reserves for new needs such as PPE. And it wasn’t easy to explain to the supported individuals why they had to wear a mask or why their favorite activities were canceled.

According to Brenda Bulkoski, deputy director for ODS, two adjustments happened immediately. First, ODS began its own proactive outreach to service partners, which the providers—who usually think that when they hear from DHS, there must be a problem—greatly appreciated. This was especially important because many ODS providers needed waivers or guidance regarding what qualified as a billable service in order to stay in operation despite pandemic-related activity restrictions.

Second, ODS staff, who usually perform primarily administrative, compliance-focused functions, stepped out of their comfort zone and became more directly involved in helping agencies respond to emerging situations. They brainstormed with providers on issues like how to provide alternative forms of stimulation for consumers with autism and what to do when clients refused to wear a mask—or if they ran away scared when they saw staff members wearing masks.

ODS contributed financially to some of the solutions, such as purchasing a “bouncy house” where people with autism could get physical exercise in a protected environment. ODS also helped providers address vexing problems around those unpopular mask requirements.

“Much of the problem seemed to involve younger staff who didn’t want to wear a mask themselves, thinking that the concerns were inflated or that staying away from people was enough,” Bulkoski observed. “They overlooked that it was also a matter of consistency as well as how they are perceived by individuals they are supporting.”



“Some providers struggled to mandate masks, because they didn’t want to have to deal with some of the reactions from individuals. You can end up in a big scene at the grocery store. But experienced staff find ways to make it work, such as by making the mask a game rather than a mandate.”

One highlight of the COVID-19 response was identifying virtual outlets for people who couldn’t enjoy community activities as usual. The virtual tours that proliferated on the websites of museums, the national park system, and many other locations have been a big hit.

“One group took a tour of the Louvre,” Bulkoski recalled. “They could have never visited the Louvre in person, but they’ve been there now!”

An agile re-engineering of behavioral health

DHS's Office of Behavioral Health (OBH), which encompasses mental health, drug and alcohol (D&A), emergency and crisis response, and early intervention services, faced its own daunting logistical challenges in continuing to offer services that were considered essential. Transitioning to remote counseling required appropriate technology, a different mindset and set of skills, and changes in state guidelines that, prior to COVID-19, had been stringent or nonexistent.

“Because of the importance of personal relationships in delivering these services,” said Denise Macerelli, deputy director for OBH, “many practitioners prefer face-to-face appointments.” Prior to the pandemic, however, OBH had slowly begun to move toward virtual therapy because “we realized that it was often hard for people to get to the therapists or clinical services they needed. Increasing shortages of psychiatrists and agencies’ struggles to recruit physicians willing to travel between sites compelled us to look at the situation differently.”

Thus, when the pandemic arrived, OBH had the needed structure in place. The state Office of Mental Health and Substance Abuse Services expanded authorization for remote services as quickly as the federal government permitted.

Keeping behavioral health providers financially afloat was a complicated issue, since many were paid on a per-service basis. For example, how could a drug rehabilitation center make ends meet with only every other bed occupied due to virus transmission concerns?

DHS put multiple pieces together to solve the problem. New codes and documentation rules were instituted to facilitate payments for remote services. Some payment rates were increased by 20 percent. Some providers were moved from fee-for-service to cost-reimbursement arrangements, so that their reduced capacity would not translate into lower revenues. DHS obtained permission to use over \$2 million of “reinvestment” money—funds that Allegheny County can retain from previous years if its Medicaid managed-care funding for behavioral health has not been fully expended—to help residential providers. Other “gap” payments were made to providers facing reduced volume in both ambulatory and inpatient settings.

A thousand medication lockboxes were purchased and distributed to clients, to help them keep their medications away from children who were now spending more time at home with school buildings closed.

“We had to go through every core service and figure out how we could shore up the providers, because we couldn’t afford to lose them,” Macerelli said. Ensuring that crisis services, warm line services and early intervention services remained accessible to the community was a priority as well.

To keep everyone informed, OBH held its own weekly briefings, which rivaled the DHS-wide sessions in popularity with average participation of 160.

During the pandemic, the number of calls to crisis lines decreased but overdoses increased. With the emphasis on prevention even more critical, the five certified assessment centers that opened during the pandemic (though their development had begun prior to COVID-19) helped people find support, get connected to services and be prioritized for treatment.

Macerelli has also been involved in sustaining DHS staff wellness throughout the mental fatigue and life disruption resulting from the pandemic. “The most important message,” she explained, “has been that this time feels hard because it is, not because there is something wrong with you.”

“Black people can’t get COVID”

In the early weeks of the pandemic, there were no prominent reports of COVID-19 in the Black community. That might seem to have been a good thing, but for Jessica Ruffin, who is now DHS’s deputy director for the Office of Community Relations and Equity & Inclusion, it was a problem.

“The early weeks of the pandemic saw a lot of disinformation, particularly on social media, saying that Black people couldn’t contract COVID,” Ruffin noted. “The community started paying attention, however, when Idris Elba [a British actor] was diagnosed with COVID-19 in March.”

This apparent racial imbalance exacerbated the already existing problem that people of color tend to have less trust in medical communities and public officials.

DHS assisted the Neighborhood Resilience Project in training nearly 100 community leaders on virus-related issues so that they could proactively address potential sources of new infections, such as community-wide celebrations. DHS also pushed human services providers throughout the county to disaggregate outcome data by race, to monitor racial disparities in rates of infection.

An unbeatable partnership with foundations

Allegheny County is blessed with a wealth of strong, community-focused foundations that have always stepped up to support government and nonprofits as they respond to urgent needs. For more than two decades, these foundations have been collaborating with DHS leadership to direct funding to priority needs for which public monies are not available. The pandemic was no exception.

“During my 12 years here, DHS has really gone out of its way to keep the foundations informed and to be brutally honest with us,” said Lauri Fink of the Hillman Foundations. “It’s a great partnership, which was easy to build on during COVID-19.”

That collaborative relationship was apparent during the pandemic as early as March 14, when Fink’s colleague at Hillman, Ty Gourley, sent a proactive “how can we help” email to DHS director Marc Cherna. Within weeks, DHS, ACHD and foundations had worked out the first stage of a grantmaking strategy.

Listening sessions to improve communication and shared leadership

Within a month of the pandemic’s arrival in Allegheny County, DHS held five virtual listening sessions—with representatives of Black, Latinx, faith, LGBTQ and immigrant communities. “Our goal was not just to disseminate information, but to develop shared leadership in response to the pandemic, obtain feedback that would help us shape our interventions, and ensure that we were using the appropriate forms of communication for these communities,” Ruffin explained.

Along with general concerns about food assistance, employers not complying with public-health guidelines, and preventing evictions, the sessions identified various group-specific issues. For example, feedback from the interaction with immigrant communities caused DHS to translate its social media posts into Spanish, engage providers and community influencers to disseminate critical health information through their own social media platforms, and develop scripts that the local Bhutanese community organization could use in robocalls to its members.

Participants also pointed out a significant barrier to COVID-19 testing for disadvantaged residents: the initial drive-up COVID-19 testing sites were suited to serve only people with vehicles. As a result, DHS and ACHD supported efforts

By June 30, local foundations had awarded almost \$40 million to the nonprofit community in response to pandemic-related needs. The Pittsburgh Foundation's Emergency Action Fund supported multiple DHS-related projects including the Safe Haven Hotel. In another strategic collaboration, four foundations contributed to the POISE Foundation's Critical Community Needs Fund, which gave grants of nearly \$1 million to small minority-led organizations.

to include community health centers, not just the county's large corporate healthcare providers, in virus testing.

The foundations took extraordinary steps to make funds available quickly. Hillman, for example, authorized \$7 million for pandemic response grants that could be awarded by program officers without board review. The application process was simplified to the bare bones; in some cases, instead of requiring organizations to fill out the application, Hillman staff did it themselves and sent it to the organization for approval. "We could be talking about a need on Monday and by Friday the money would be in their account," Fink said.

Resilience in a fraught situation

The preceding sections have described many things that DHS did. But overlaying all of them was the need to sustain the resilience and emotional stability of staff and providers so that they could continue to do the work.

At DHS's Area Agency on Aging (AAA), a widespread initial reaction was denial—a belief that the disruption would last only a few weeks, a reaction mirrored throughout DHS. "When we saw the IT people come in and move us to remote work, we realized that this wasn't going away," the AAA's Emmerling said. "For the next two or three weeks, we were building the airplane as we were flying it, with no template or guidelines."

As the pandemic continued, however, denial gave way to strong determination, driven by deep compassion that extended beyond clients to fellow staff. Healthy staff members offered to assume responsibility for in-person client interactions rather than requiring an immuno-compromised or vulnerable colleague to perform those tasks.



DHS leadership was pleased to discover that staff were actually more efficient and productive working at home, even those staff whose work at the office benefited from face-to-face social connections, and that technology-based monitoring, including virtual time sheets, functioned well for managers.

"I don't think staff realized how difficult it would be to socialize remotely," said Bulkoski of ODS. She had her managers check in with each team up to twice a day, not just on work tasks but to provide social and emotional support. In addition, managers made sure that team meetings were not all business. Many of them included time for trivia questions or games, such as matching a set of pet photos with the staff member who owned each pet.

Abigail Horn took a similarly lighthearted approach. "We created the position of chief humor officer," she said. "People took turns bringing laughter to the group with silly games, like posting a meme and promising to deliver homemade baked goods to whoever posted the best caption. We got to know each other in different ways and built a sense of team collaboration."

Macerelli of OBH observed that some people tended to become overly driven while working at home, thus magnifying their stress. “When we’re at the office, we don’t work a solid eight-hour day,” she noted, “so I had to remind people to take short breaks to move, connect with colleagues and get away from the computer screen.”

Ramped-up communication across the board was essential in supporting staff and maintaining the sense of connection and teamwork. DHS director Marc Cherna sent regular communiques to staff, covering timely issues and expressing appreciation for staff’s creative response and herculean efforts. Likewise, the Office of Community Relations and deputy directors expanded their regular communication efforts and introduced new messages, including updates on the pandemic situation and response actions, preliminary plans to combat racial injustice and weekly staff wellness messages.

Lessons learned

Around mid-April, a new normal set in. Work became more manageable and less frantic, though with a resolute acknowledgment that pandemic conditions would be around for a while. People and systems had adjusted and were well prepared.

In fact, in a few instances DHS turned out to be overprepared. For example, special arrangements to provide day care for young children of human services staff and a shared recruitment platform for agencies facing sudden staff shortages received minimal use. But taking creative steps to be ready for potential aspects of the crisis that did not materialize was a far better outcome than confronting desperate human need with no capacity to respond.

As the pandemic has evolved, DHS leaders have had time to observe performance improvements, exhibited under great demands, that could be retained even after the crisis recedes.

According to Dalton, COVID-19 has shown that DHS and other government entities can respond to needs faster than they usually do. “Things we would normally have perseverated on for a long time, we moved forward quickly with,” she said. One notable example was the Safe Haven Hotel, which might have required months of legal and risk-management review under normal circumstances.

Dalton acknowledged that speed has its risks: “Moving quickly could mean that we are not taking perspectives into account that we need to hear.” Accordingly, she expressed appreciation for the fact that Neighborland, DHS’s electronic public engagement platform, has become much more popular during the pandemic as a means of gaining rapid feedback on emerging issues.



Dalton also highlighted the importance of increased communication, in many forms—the department briefings, more frequent provider briefings held by individual offices, and even messages of encouragement such as appreciative e-mails from DHS director Marc Cherna and the “On the Frontline” feature stories posted on the DHS COVID-19 web page.

One other lesson from COVID-19: be flexible. As Hemphill pointed out, available operational continuity plans assumed that in a crisis, operations could continue from a different location, not that everyone would have to disperse.

“The plans were not helpful,” Dalton asserted, “because people who tend to have a command-and-control orientation actually followed them when they were not appropriate for this situation.”

The pandemic continues to confront human service systems with unwelcome surprises, but DHS is much better prepared now than in March, having constructed a detailed COVID-19 response plan. In addition to maintaining its proven components of success—exemplary communication, wide-ranging partnerships, valuing the voice of all stakeholders, and a limitless work ethic driven by a desire to see every vulnerable person in Allegheny County well served—DHS is committed to examining administrative and programmatic adaptations adopted during the pandemic to gauge their long-term effectiveness and relevance. Although the long-term impact of COVID-19 is far from clear, DHS’s creative and nimble response demonstrates its ability to rise to any extraordinary challenge.

NOVEMBER 2020 / ISSUE 11



On the Frontline: Human Services in Allegheny County

As we enter the 9th month of the pandemic, Allegheny County's human services system continues to refine the changes in practice and policy necessitated by the virus while preparing for the anticipated onslaught of need by those hardest hit economically, physically and socially. In a time of such uncertainty, one thing is clear: we will need to continue to demonstrate the creativity, compassion and commitment that have made it possible to provide vital services to Allegheny County residents during the past few months.

DHS is working on a plan to continue to spotlight the extraordinary efforts of its staff and provider partners on behalf of clients and will be reaching out to gather your input. In the meantime, if you have a story or idea to share, please contact Nakia.Granberg@alleghenycounty.us.

FRONTLINE STORIES IN THIS ISSUE:

- Jeremiah's Place** 1
- Transitional Services Inc.** 2
- Hello Baby Cares / Healthy Start Pittsburgh** 3
- Pittsburgh Mercy** 4

JEREMIAH'S PLACE

At Pittsburgh's only crisis nursery, providing free emergency child care services for children (ages birth through age six) for a few hours or days based on the needs of each individual family, the staff at **Jeremiah's Place** are experienced at adjusting and adapting to changing needs - skills that have been especially useful over the last few months.

Between school closures, changing work environments, virtual learning and even job loss, adjusting to the "new normal" has been difficult for

More stories about staff and providers making a difference during the COVID-19 pandemic can be found [here](#).

ON THE FRONTLINE PAGE 1

As the COVID-19 pandemic grabbed the country’s full attention, healthcare, emergency and law enforcement workers received considerable recognition for their heroic service. Employees in human services tended to receive less notice—but they too selflessly put their health at risk, caring for our nation’s neediest residents without interruption. In recognition of the courageous efforts of its own staff and that of the provider network, DHS created “On the Frontline.” DHS invited providers to submit ideas/stories of operational changes and their staffs’ creative efforts to valiantly address human needs. By mid-October, three dozen stories had been submitted. You can find them at [On the Frontline](#).