Hilary Marcella: Welcome, everyone, to the public hearing for DHS’s plan for Children, Youth, and Families. We’re glad that you are able to join us. Just some housekeeping items before I pass the microphone to Erin. The meeting is being recorded. Please do mute your lines when you’re not speaking.

Throughout the presentation, you can absolutely use the chat box to share any questions [00:00:30] or comments you might have. We will have opportunities for Q&A, when we will read questions and comments from the chat, and also invite folks joining via phone to unmute. So that folks know, you may request a transcript of the hearing translated into any needed language by emailing DHS-Ideas@alleghenycounty.us, and I’ll make sure that that email is in the chat as well. [00:01:00]

So, we’ll start today with Erin, the Director of the Department of Human Services, talking [00:01:30] a bit about what the needs-based plan and budget is and why it matters. We will have a data review to discuss the state of the system. That'll be done by Julia Reuben, Assistant Deputy for DHS’s Office of Children, Youth, and Families. Then Deputy Director of CYF, Jacki Hoover, will review DHS priorities for children, youth, and families. We'll have some questions and comments on that DHS plan, and then Dave Evrard, from Juvenile [00:02:00] Probation, will share their department’s mission and activities.

Erin Dalton: Sorry. Great. Thank you, Hilary. I can pick up from here. As Hilary mentioned, I’m the relatively new Director of the Department of Human Services, and I’m going to just talk for a couple of minutes before turning it over to Julia, Jacki, and [00:02:30] Dave, just a little bit about the needs-based plan and budget, long words and technical, bureaucratic-sounding names, but this is the way we propose services and supports for, as it might sound, children, youth, and families, whether in the community, in the Child Welfare or Juvenile Justice system, whether court-active or not. It’s also our great opportunity for us to propose new things, to think had about innovation, and so on. [00:03:00] And we go through this process on an annual basis with the state.

All right, next slide, please. We’ve just been trying to share with folks, some of you may have sat in on our block grant or other aging sessions for idea generation. This is just a little bit about where this needs-based budget sits within the broader DHS budget. A lot of our funding really goes to managed care, particularly in the behavioral health Medicaid portion of our budget. And then the next [00:03:30] largest portion is this needs-based budget planning process that, again, supports children, youth, and families, broadly defined, and then we have a number of other funding streams that come together to make about a billion-dollar annual budget for the Department of Human Services.

We’re still working on improving our ways of showing our fiscal data, so this has been a big area of investment in the past couple of months, up to the past [00:04:00] couple year or so. So, this is just a very high-level view of the way we...
look at the spending for the needs-based budget and plan. The largest portion of our funding, close to 60%, is prevention funds, either in the community or work to help keep children and families together. So, that's the non-placement broadly defined services, about 57%. And then we spend another 24% on the times when kids do have to be removed from home, whether that's kinship care or a group setting. And then we have a couple of other buckets. And that "other" bucket does include adoption subsidies, so essentially post-permanency support for families.

Next slide. So, I'm just going to give you a little bit of the sense of where I think we are in history, both what I've learned about Child Welfare. For folks that know, unlike Mark Turner, who ran the agency for about 25 years, his background was Child Welfare, he was a youth worker early on in his time, and so I learned Child Welfare while at the Department of Human Services, and I've been here for about 13 years and learned from Mark and from Jacki and others, both locally and nationally, about the system. And so this is my sense of where we are.

So, way back, but not as far back as we might like, when the Child Welfare systems in Allegheny County was viewed as a national disgrace, not unlike plenty of other Child Welfare departments around the country, we removed a lot of kids, we didn't know how to spend our money on prevention, there wasn't support for kinship care, some out-of-county adoptions, and so on. And so a lot has changed since then. Mark and colleagues, both inside and outside of the Department of Human Services, in the courts and in the community, sat together and made a lot of changes to the system.

And so in the time that I've been here, what I learned about our system was that removing kids was the last resort, we wanted to do whatever we could to keep kids and families together. And when we had to remove, that kinship care and keeping kids with family was the best option. But I also learned that it was okay to open Child Welfare cases, that this is the way we support families to stay together. So, it was not viewed as a bad measure to have a large number of open Child Welfare cases because the point of that opening was to provide those kinds of resources.

And so both nationally and locally, I feel like that's changed in the past couple of years. And what we know now is that most of the kids that we open cases on, and families, are not at high risk of serious harm. We know from our own analysis that many are not in need of clinical services, and that families don't want to be involved in the Child Welfare system, they don't want this open case in order to get the kind of help that we use to open cases to give people, and that we can, in this state and in this county, work together to get people the kind of help that they need in the community and not have to open Child Welfare cases.
And so that's my view. Thanks for the next slide, I pushed my next slide there. So, given that, if the role of Child Welfare today is to have a relatively small number of open cases where we serve families who are at high risk of serious abuse and neglect or removal or have a need for clinical services, that we also then need to be making decisions that are in line with that goal, and we need wide open, welcoming, community-based services where all families can get what they need, whether it be utility bill, refrigerator, help with a struggling teen, or support for things like intimate partner violence.

So, to me, that's the work we're setting up to do. We want a small Child Welfare system that provides very good clinical and safety supports, keeps kids with kin whenever possible, reunifies as quickly as possible, and provides that aftercare support. And we need to move even more of the money that's previously used in the Child Welfare system to wide open community-based services that everyone can access.

So, that's what I think we're working to do, and you're going to hear about some of the goals from Jacki and from Julia. Thanks very much. I'm going to turn it over to Julia to give a sense of the current state of the system. I thought this was particularly useful, given that, A, I'm a data person, and, B, there's been a lot of changes, some things that have changed a lot during COVID and some that haven't actually changed so much. All right, Julia.

Julia Reuben: Hi, everyone, I'm Julia Reuben, I'm Assistant Deputy in CYF, also a data person, so hopefully I don't speak too much data, but I'm going to give you a overview of how the system has looked in the past few years. Next slide.

So, the graph that you see here are a count of the number of referrals that we received to our hotline. As you can see, after years of really continuous increases, referrals were significantly impacted by the onset of COVID, and dropped really significantly in the last two fiscal years. And this is not a trend that's unique to Allegheny County, but has been seen nationally. There are recent signs in 2021 that the counts are trending back upwards, and they even return to pre-pandemic levels. Across the time, we've been investigating 50% of the referrals, and as you all know, using the Allegheny Family Screening Tool as one input to decide whether or not to investigate referrals. Next slide.

So, this next slide shows the number of children/families that we are providing services to, and also the count of children placed. So, placements have been fairly stable in fiscal year '19/20, but we've seen that the decrease in the number of referrals and intake investigations impacted the number of new cases and the number of ongoing children that we serve. So, the fewer referrals that we receive, the fewer cases that we're serving. And once again, we expect normalization in the intake referrals to have downstream effects on the number of families we serve. Next slide.
So, the next slide shows where children go in their first placements when they're removed from home. And as you can see [00:11:30] in the blue part of the bar chart, our use of kinship care has really steadily increased particularly from 2015-onwards. At the same time, the use of congregate care has really significantly decreased. So, it was almost at 20% in 2015, and now we're less than 10% in 2020. These shifts can be attributed to really increased awareness of the beneficial aspects of family-based placements and [00:12:00] particular emphasis on family finding and prioritizing the use of kinship placements. Next slide.

So, this is a view of how many children were both entering and exiting the system. So, we had a really significant decline in admissions and discharges since early 2019. The sharpest decrease has been in admissions, so fewer kids coming into care. Next slide.

[00:12:30] So, the next slide is a national measure that we use to show how fast we're getting children to permanency. So, the slide is about permanency within 12 months. So, this indicator reports on the percentage of children who enter care in a 12-month period and then are discharged to permanency within 12 months. And so this is really about when children enter care, we want to make sure that they exit to permanency and they [00:13:00] do it quickly. So, the national performance standard is 41%, and Allegheny's percentage was 26%. So, this is definitely a practice improvement opportunity, making sure that we get kids out to permanency in a shorter amount of time. Next slide.

So, the next slide shows reentries to care. So, this data point shows how often children reenter care within [00:13:30] one year of exiting. And this is really important because it shows that we want to provide aftercare to families so that their kids are not coming back into care. So, our reentries to care has really been decreasing, especially since 2015. We were almost at 20% of kids exiting, had come back into care within one year; and in the last year, we were down to 14%, whereas the national standard is around 8%. So, one that we've really made [00:14:00] some improvements in.

So, one of our big priorities has been reducing racial disproportionality. This view looks at racial disproportionality at all of the different decision points in Child Welfare. As you can see, the disproportionality really starts at the system's front door. That's when we see the biggest differences in the rates between Black and white children. So, Black children are referred at [00:14:30] higher rates than their white counterparts, and then once referred, they continue to face disproportionality at each decision point. So, that's from a Child Welfare lens.

The next slide is looking at disproportionality in Juvenile Justice. So, Black girls are 10 times more likely than white girls to be referred to Juvenile Justice. This is a report that we have on our Allegheny Analytics website, but it also says that
the behaviors of Black and white girls do not account for these differentials. So, I think that report gives some really interesting insights.

We have made some very significant efforts to reduce disproportionality. So, this slide looks at the difference in placements or where children are first placed, by race. And as you can see in the second-to-last row, the disparity between where white and Black children are placed has decreased to basically zero. So, the disparity in Black and white children and where they experience their first placement, they're equally going to family placements. Then one more data slide.

So, this looks at first placements of Black girls who are teenage girls. So, we looked at the percentage of Black girls who are first going to congregate care, and that has significantly decreased in the last six years. So, I think that's all the data slides. And now over to Jacki.

Jacki Hoover: All right, thanks. So, for all of you who have been a witness to this meeting for some time over the six or seven years that I've been a part of it, thanks for coming back, and for those of you who are new here, again, we wanted to level-set with that data so then when we walk you through our priorities, you have an idea as to what is some of our thinking around where are areas of improvement and where we have opportunity. And we also like to highlight our bright spots, and I do think that we've been able to do that thus far. So, we'll just walk through our priorities now. Next slide.

So, we, as the last few slides showed you, really want to talk about addressing the inequities that are in the Child Welfare and Juvenile Justice system. And while I'll be walking through in more detail in the next few slides, but also really understanding a difference between poverty or lack of resources versus abuse and neglect. You may have heard nationally throughout the past year and a half around really the idea of what is Child Welfare and what is the Child Welfare response.

And Erin certainly talked about that in the beginning of that and really where she and the rest of us are moving in that direction. We really want to be able to help the hardest-hit families recover from the pandemic social and economic impacts. We are still, like you, trying to piece out what those hardships might be. We certainly have thoughts around education, housing, etc., but we want to make sure that we're able to do that.

And also making sure that families can have access that prevent child maltreatment and promote wellbeing without being involved in the Child Welfare system first. So, basically what we're saying is we don't want children to have an adverse childhood effect just in order to seek assistance. Our priority around universal assessment to determine the right level of intervention. You will hear me talk about our in-home service redesign.
improving outcomes for children and families who might experience out-of-home referrals.

And for those of you who are putting comments in the chat, I will respond to them when I get through my slides. We certainly want this to be a Q&A and we want your input, so you can feel free to ask them once I walk through this, or if you put them in the slide deck, as soon as I get through my piece, I'll be happy to answer what I can.

So, as Julia pointed out, we have made some really good improvements around racial equity when we pay attention to it, and I think that's what we really want to do in really putting forth this priority. When we pay attention and put pressure on the system, we can do something about it. Sorry, I made a typo here. We want to make sure that there's an equity lens woven into every priority, that although this is one of our main priorities, we also want to make sure that in everything that we talk about and do, that there are looking at it through also making sure that we're not continuing to have disparate outcomes.

We want to consider a new community response rather than just a Child Welfare referral. And also that might be developing an oversight committee to hear and respond to individual's concerns about inequities. A diversion from Juvenile Justice services that youth need. Also, this is recommended by the Black Girls' Equity Alliance. We want to invest in prevention and in-home redesign in order to keep more families out of the system, as well as get them the right services that they need so that they'll be most successful. And we want to have a culturally-responsive, community-based, family-like options, and that you'll hear me refer to as our foster care redesign. So, you can go to the next slide.

So, in order to help our hardest-hit families recover, our strategy for '21 through the '23 year would be increasing supports for basic needs and housing prior to Child Welfare involvement. We want to be able to provide the supports that generally a recipient of our services may get without necessarily having to be part of our system. I think that we'll understand and want to support the idea that we should be a community that has a service offering that doesn't necessarily mean you're under suspicion or investigation for abuse or neglect, that everybody can fall into hard times, especially given the past year, and how can we provide those supports within a community setting?

And looking at strengthening the out-of-school-time programming with smaller ratios and more resources. And investing in data- and research-driven approaches to address root causes of gun violence. Next slide.

So, in order to make sure that families can access these services without being involved, we have three programs, this is through our Family Centers, which are neighborhood-based hubs where families can turn to for
help, and having new investments in these Family Centers. Most of these Family Centers are very organic to the community, so they will each have their own needs and services. But we also want to make sure that we can add navigators, legal services and child care in order to support families within their communities. We have Hello Baby, which is a prevention program where we can help new moms with services that are specific to their needs. And really by that, they’re hoping to have a year of cheer, where there is really robust, concrete supports to all new families. And then the in-home service redesign is preventing further system involvement for families by providing an assessment and service array so that families are matched to the right services. Next slide.

And by that, we’re going to use a universal assessment to determine the right level of interventions for families’ needs. So, we’d like to implement a universal assessment that’s completed timely, and staff will be assisted by a decision-support tool from that universal assessment where we really look to do something a little different so that low-risk families are supported within their community, and high-risk families are given an evidence-based practice that would be most successful for them. And then we’ll look to procure interventions to meet the needs that this assessment is telling us our families require in order to be most successful. And then we want to have a diversity of clinicians to provide the interventions to the families. Next slide.

So, improving the outcomes for children and youth who must experience an out-of-home removal, we’re enhancing recruitment and retention and diversity of non-kin foster care homes. We’re strengthening supports for kinship homes by providing parity in family per diems. And truly to increase a capacity to serve youth with complex needs, and by that we’ll develop therapeutic foster care and add a capacity in settings that offer more therapeutic services and interventions. You can move on. So, if you give me a second, I’ll look in the chat to see if there are comments we can answer.

Hilary Marcella: Jacki, it’s Hilary. I wonder if, since Dave is on, if we move forward to his slides, and save the question-and-comment period until afterwards. Does that work for you?

Jacki Hoover: Yep.

Desha Knight: Excuse me, can I ask a quick question? How much longer? Because I’m currently at work and I really have some questions that I need answered.

Julia Reuben: Is that you, Ms. Knight?

Desha Knight: Yes.
Julia Reuben: Okay, so I'm dropping a number in [00:25:30] the chat to you, where we can talk, okay?

Desha Knight: Thank you.

Julia Reuben: No problem. Thanks for joining, I do appreciate it.

Desha Knight: Thank you for having me.

Hilary Marcella: So, I'll go ahead and advance the slides to the Juvenile Probation presentation now, and then we can circle back on questions and comments and share with folks how to give input. Dave, are [00:26:00] you there?

Dave Evrard: I'm here. Can everybody hear me all right? I guess so.

Hilary Marcella: Yes, I can hear you. Great.

Dave Evrard: All right, perfect. Good afternoon, everyone. Dave Evrard, I'm one of the Assistant Chiefs for Allegheny County Juvenile Probation, and I've been doing this needs-based plan and budget for many, many years, through this process. And I am happy to be here with you today, sharing a little bit about what Juvenile Probation's going to be doing.

I did want to mention that unlike [00:26:30] the Child Welfare system, Juvenile Probation uses the needs-based plan only in collecting funds for purchase services, those services that we buy. Any of the services that are done by probation officers, the cost of probation officers, and things like that, unlike Child Welfare, is fully a county expense. So, it's slightly different when we look at the needs-based plan and budget and how Juvenile Probation participates in it.

So, [00:27:00] I wanted to start with our department's mission. It's to achieve the goals of Balanced and Restorative Justice, which is called BARJ, to protect the community; to hold juveniles accountable to restore victims and communities; and to help juveniles develop competency skills that lead to law-abiding and productive citizenship.

There's a variety of activities that we've been involved with. What I just described first was BARJ, and since about 2011, we've been very involved with something called JJSES, [00:27:30] which is Juvenile Justice System Enhancement Start. And basically what we've done is we're doing everything based on research, and we clarified what works, what can we implement, what can we use that's going to reduce the risk for juvenile offenders, and what is the risk level of specific juvenile offenders, what risk do they pose to the community?
Much like Jacki was talking about, where they wanted to reduce services to low-risk youth and increase evidence-based services to high-risk youth, that's something Juvenile Justice has been working on since 2011, both in Allegheny County and across the state, fortunately. Research and practice are interwoven, as never done before, and while we do not change our goals of BARJ that I just described, our business practice has been fundamentally transformed using evidence-based practices.

One of the ways we do that is with something called the Youth Level of Service, or the YLS, and that's the foundation of our evidence-based efforts. It's a validated risk/needs instrument that assesses the juvenile's likelihood to re-offend. So, when we get a youth who an allegation is filed, a police report, and will receive that, we conduct a very standardized, complex assessment, called a YLS. In 2020, we did over 1600 of those assessments. 23% of those youth scored in the low range, 53% in the moderate, 24 in the high range, and this year we didn't have any in the very high range. What we want to do is look at those 23% of youth in the low range and try to divert those kids, try to keep them from going deeper into our system.

What we find is that if we start providing intense services and we start watching the kid, we're going to catch them doing something wrong, and many of those youth are going to auto-correct. They're going to go in, we're going to be able to do some counseling with those youth, we're going to be able to get the victim and the youth together and do some case-conferencing with them, try to come to some agreement, and our hope is that those kids won't come back into our system. However, when we have a youth that falls into the moderate or high range, it's very important that we give evidence-based services to those youth to reduce their risk for recidivism. That's even regardless of the age of the youth. I used to think, "Wow, the kid's only 11 or 12 or 13-years-old, you don't need to do those interventions." But if that youth scores in the moderate, especially in the high range, we still have to provide those evidence-based services, and that's where we find we have the best results.

Another thing that we've been working on for quite some time now is called the Standardized Program Evaluation Protocol, or it's called SPEP. SPEP is something we have been highly invested in for quite some time now. It was developed by Dr. Mark Lipsey at Vanderbilt University, and it analyzes specific provider services, not the provider as a whole, but the specific service or intervention. And we're going to review the type of service, the quality, and the amount of service, which we refer to as dosage and duration, and compare that to the risk level of the youth. We really only want to be providing these deep-end, high-intensity programs to the moderate or high-risk youth. So, if you have a program that's primarily being delivered to low-risk youth, it's not going to have the positive outcomes that we expect because it's really designed to be delivered to the moderate and high-risk youth.
It's going to improve programming for juveniles, thereby reducing their risk to re-offend. It's a validated, data-driven rating system, and it determines how well a program matches what research tells us is effective in reducing recidivism. So, the research shows, "Here are the services, here's the things that have to be done in order to make this service work, and here is the appropriate dosage [00:31:30] and duration based on a meta-analysis of over, I think we're up to 700 research studies, that shows us, "This is how it needs to be delivered at this dosage and duration in order to have a positive effect on reducing recidivism."

Thus far, Juvenile Probation just in Allegheny County has applied the process to 90 different interventions at 14 residential and community-based providers. We've done 106 SPEPs. We actually have [00:32:00] eight staff on board who are all certified as SPEPers, which is the people who conduct the evaluations. Next slide.

All right. So, when we talk about Balanced and Restorative Justice, which was our mission statement and it's what we really go back to, we try to measure ourselves every year on this. We have a Juvenile Justice report card that we put out, and here's some facts that we gather every year. What we do is we look at the cases that are closed in the previous year. So, when I talk about [00:32:30] the amount of money that we collected, that is collected in the cases that were closed in 2020.

This is really, really important because a youth may be open for three years with us, and all I care about is by the time we close the case, has the kid paid all of their restitution? Have they completed all of their community service? So, I could tell you how much restitution was ordered [00:33:00] last year and how much was paid last year, but that's not really important. What we want to measure is the amount paid each year and the percentage of youth who complete all of their restitution and all of their community service.

The money that we collected was $208,502, that's what we actually collected. 145,899 went to victims as restitution for the crimes. We've spent 9,693 to the Victims Compensation Fund. And over $3,000 [00:33:30] was directed to the Stipend Fund. That fund is used for youth under the age of 16 who can't get a job, but still owe restitution, and they're able to perform community service, and then the community service hours can be matched with the stipend fund to get payment to the victims. And as I said, there was 825 cases who were closed in 2020, 88% of those youth satisfied their restitution obligations in full. [00:34:00] That can be anywhere from 50 to $100, all the way up to five or $6,000.

What we want to measure is not the amount paid and the amount collected, but the percentage of youth who complete all. And the same thing with our community service hours, youth can be ordered anywhere from 50 hours of community service to 200 hours of community service, 98% of all of the cases that were closed last year, 98% of those youth completed all of their hours of
community service. We're really proud of that. That's the work [00:34:30] that our probation officers are doing out in the field, working with the families, working with our community to make sure that the youth understands that they are accountable.

The other thing that we look at is community protection, and when we look at the closed cases, 86% of the youth whose cases were closed did not recidivate while under supervision. We do have a research study that we're working with Juvenile Court Judges Commission, and our recidivism rate overall, two years after release, is really about 20% [00:35:00] at this point, which is a very, very good number for Juvenile Justice. We really believe that we are impacting the lives of youth and a significant 80% are not recidivating once they have received our services.

Some other activities that I just want to run through quickly, I'm not going to spend as much time on these, but other activities that we've been very involved with over the years. There's PACTT, which is Pennsylvania Academic and Career/Technical [00:35:30] Training Alliance. It enhances vocational/academic supports to youth. All of our CISP Centers and all of our residential programs are PACTT affiliates. It makes sure that the youth is able to earn a industry-recognized certificate when they leave that program. If a kid is going to learn culinary skills, that doesn't mean that they're just working in the cafeteria, it means they're getting their ServSafe certification. We have youth getting welding certifications, autobody certifications. There's a variety [00:36:00] of things, and I'm really pleased that both within our own CISP program and with our residential providers, we've been successful.

Aggression Replacement Training is an evidence-based cognitive-behavioral intervention, and it focuses on the social skills, more reasoning, anger management, and it certainly reduces aggressive behavior. It is delivered both in placement and in the community. Almost all of our placement providers deliver ART, and we also have it done in the [00:36:30] community for youth who aren't in placement, who are doing that. That service has been SPEPed for all of the residential providers, and even the services delivered through CISP, it has all been SPEPed as part of our process.

The next thing I wanted to mention is just the Crossover Youth Practice Model. That was implemented back in 2016. Jacki and I were instrumental in getting that off the ground, and I am just so proud of the work that our probation officers and case workers are doing together [00:37:00] when we have those cases and the youth is dually-active. We've really changed the process for how those cases are handled, and the cooperative work between the case worker and the probation officer is just astounding at this point. Next one.

Graduated responses. So, in the past Juvenile Probation was very good at giving sanctions. When a kid was messing up, we would take things away, give them
curfew, put them on electronic monitoring. It'd be a variety of things. But research clearly shows that the incentive-versus-sanction ratio should be four-to-one. We should give four good things for every one time that we have to give something negative to the youth, and we've been working on that for several years. Again, this is research-based, we've been working very closely with our probation officers. It can be a card, it can be a phone call, it can be taking the kid to lunch, it can be a wide variety of things. If a youth gets a job someplace, our probation officers have the ability to take the kid to Walmart and buy him a new shirt or something like that, and the probation officer is going to be reimbursed for that. There are small cost incentives that we're trying to do, but they're constant and they're ongoing because we really find that the more we reward the positive behavior, the quicker the youth is going to improve in their behaviors.

We're also very involved with motivational interviewing. It's collaborative, conversational style. It strengthens motivation and commitment to change of the youth. Basically, every probation officer in Pennsylvania, again, these are not just Allegheny County initiatives, but Allegheny County is one of the leads, all of our direct service staff, probation officers, all of our CISP staff, they are all trained and using motivational interviewing. We've been involved with something called ECPICs, which is Effective Practices in Community Supervision. This is a program out of the University of Cincinnati. And we translate that risk, needs, and responsivity principles into practice.

What we talked about before, you're going to increase the dosage for higher-risk offenders, stay focused on the criminogenic needs, especially through that thought-behavior link, "If I can change the way you think, I'm going to change the way you act." So, we really use that, we're going to use social learning, cognitive-behavioral approach during all of these interactions, and we've been working with the University of Cincinnati for several years now, with some excellent results on that. Next slide.

Two more things, and then I'll be wrapped up on this. We're also doing something called the Trauma-Informed Decision Protocol. We've been working with Dr. Keith Cruise out of Fordham University. We are now using the Child Trauma Screen for every youth that comes in with an allegation. When we do the YLS, we're also doing the Child Trauma Screen. And then what we're doing is we're getting training so that our probation officers make sure they understand how to incorporate the results of that Child Trauma Screen into the case-planning process.

It doesn't mean that we're giving the kid a pass, it doesn't mean that we're using it as an excuse, but we certainly have to have it as a responsivity factor so that we understand when a youth has been traumatized, the way in which we deal with that youth has to be handled differently, and we're learning very much how to handle that a little bit differently, and we're certainly doing the Child
Trauma Screen so that any youth that needs ongoing therapeutic interventions is going to get those interventions, either in placement or in the community.

And the last thing is, back up one more, sorry, a program we've been working with Dr. Gina Vincent, it's a three-year research project, and it's basically looking at those protective factors associated with reduced re-offending. And what that's saying is what are the positive things in the kid's life? Is there good home support? Is there good school support? What are the other things that are positive, and how do we really encourage and increase those positive and protective factors? Because what is the research showing us in that, versus attacking the negative behavior? So, it's a research project we just started out this year.

Last slide. I had one more thing that I wanted to cover, and that's the impact of COVID-19 because it has been a difficult process for us over the last year. We have been maintaining regular contact by utilizing a variety of video chat platforms. We've been doing distance face-to-face visits with our youth. Through this entire time, we have still maintained contact with those youth. So, the community protection has still been assured.

Our accountability, we've been working with one of our providers in community service when the kids couldn't get out into the community, they started a pen pal program, and the youth were writing letters to people in nursing homes and rehab centers that weren't getting any visits or contacts. And that has been extremely effective and, in fact, it has continued. Some of those people continue to write back and forth with the youth, and we've just found that ... Our Victim's Curriculum, we were able to deliver that virtually. We got Chromebooks for any youth that needed them, working with the Department of Human Services. Thank you so much to the Department of Human Services for helping us with that.

And we've been doing virtual service delivery, things like ART and things like that were both done individually and in groups. So, that's how we've got through this past year. We're hoping to be able to continue to move forward. We are now back in full face-to-face visit with the youth, both in placement and in their homes. That's all I had for today. So, I guess at this point, we're going to throw it open for questions. And if anybody has questions or comments, I guess put it in the chat box, and we'll go from there. Is somebody going to be reading the chats for us?

Jacki Hoover: I can look.

Dave Evrard: Okay.
Jacki Hoover: I don't see any new questions yet that haven't been answered by Amy Malen, Assistant Deputy in Office of Community Services. You can also ... (silence). We can sit in awkward silence, or you can put it in the chat, you can come off mute. Or I do also believe that in the ... Here you go. How to give us input, if you want to ponder over some of the ideas that we presented, you can go to Neighborland, or also DHS-ideas@alleghenycounty.us. Please feel free to visit either of those ways where you can give us feedback.

Megs: Hi, Jacki, this is Megs from Beverly's Birthdays, I had a question.

Jacki Hoover: Hey, Megs.

Megs: Hi, how are you? Great presentation, everybody. I was able to listen because my children are napping, so it was a great information slide. One of the things that I was excited to see was some more transition into supportive basing material goods. And so my question is twofold. One, a lot of the provider agencies, will they have so many increases in their budgets for material goods supplies? Since we do a lot of supply support to them. And then, two, is there any overhaul or reevaluation with 211 to have more up-to-date accurate information with supply resources? We hear a lot from families, "Well, I called 211, and they said they could help in that regard," but then you call that agency and they can't do that. So, just wondering on those two points.

Jacki Hoover: I'm sorry, I was just having a hard time coming off of mute. So, yes, all of those things will be considered. So, we're trying to figure out, and this is why we want to hear from the public, is what is the things that people need within their community, and where do they go to get them? So, some of that might be in Family Center, some might be in providers, some of that might be, Megs, with you. If folks know, Megs runs Beverly's Birthdays, and throughout the pandemic was delivering diapers and formula to lots of families in need. So, I cannot answer the question about 211.

Erin Dalton: Yeah, Jacki, I'll jump in there. You gave me the opportunity to talk about my favorite topic, which is the broader access to care. We’re partnering really closely with 211 these days at least to get the two of our data together around where assets are and what's actually available if you call. And then we're working on some solution so that people, both providers in the community, like yourself, as well as clients and perhaps community ambassadors can help us to both improve that data and rate their experience with those services, whether it's relatively simple, like, "They had the concrete good that I was seeking and I got it quickly," or to much more complex services and topics. This is my top thing to really try and work on, so we’re-

Megs: Awesome. Thank you. That's great. And if you need any input, I'd be happy to be a part of any subcommittee. I do a lot with goods, daily, so happy to help.
Erin Dalton: Okay, great, thank you.

Jacki Hoover: [00:47:00] Okay, the other question in the chat is, "How are we looking at support or community hubs in places where there are gaps in resources? I do know it's being assessed continuously." So, again, when I talked about really looking at that out-of-school, I assume, Tamara, you're talking about the out-of-school programming, really looking at now that, hopefully, [00:47:30] the learning hubs will be going into possibly a different route, considering I'm hopeful that all children will be in school within the next few weeks, and so I do think that that's an opportunity. Amy?

Amy Malen: Yeah. Hi, everyone, this is Amy Malen, Assistant Deputy in the Office of Community Services, as Jacki said. Tamara, that's a good [00:48:00] question. So, as Jacki said, we hope that school is back in session so we don't need learning hubs in the same way that we have had them.

In terms of Family Centers though, which may be another part of your question, just hubs to get connected to services and resources, we are moving towards a model of having regional hubs, so regional-level Family Centers that would cover ... if we looked at a map of the county, [00:48:30] there'd be a north and a south and a Mon Valley and an east, so that every area of the county would be covered by somebody that would have those sorts of resource navigators that Jacki described earlier.

And so even if you had a need and you didn't live in an immediate area of a neighborhood Family Center, that you knew that there would be a place that you could get to. So, we have been thinking a lot about we can't put a Family Center in every neighborhood, but we can make sure that families in any [00:49:00] neighborhood can have access to the services that they need. So, that's something we're planning on moving forward with in the very near future. We've actually had input sessions in the last few weeks in the north and south region, and we'll be moving forward with that shortly. (silence).

Jacki Hoover: Amy, [00:49:30] you might want to answer this one, "Does the county have more clarity on where regional hubs need to be located?"

Amy Malen: Yeah. So, it won't be up to the lead agency necessarily. We are looking at data right now across the county in terms of areas of need [00:50:00] and population. We want to make sure that hubs are located in accessible locations. And we also know that we don't expect ... We want the hubs to be accessible places where lots of families can access them. We also imagine the resources in the hub traveling. So, if there is a hub located in a location in the north, the people and resources at that hub may travel to different neighborhoods to help connect with services, whether it [00:50:30] be in libraries or other neighborhood centers. So, we will be looking at data, we'll be thinking about that when we go through the process of determining where the regional hubs
Jacki Hoover: And I see a comment about housing. [00:51:00] Yes, by all means, housing, we understand that we need to really bulk up on what services that we're offering around housing, considering we don't know what September will look like with the lifting of moratoriums. But we just entered a new partnership with the Allegheny County Housing Authority, where there are family unification [00:51:30] vouchers, where we will be able to hopefully not have waiting lists for those Section 8 or Housing Authority vouchers, and that we can start promptly moving people and prioritizing housing.

Desha Knight: Okay, thank you, because I was on the waiting list [00:52:00] for three years, and I kept calling, and I was in the thousands. So, right now, I'm just paying fair market rent. And it was hard finding a good place without having problems, like housing problems. So, I had to stay in a shelter when my kids got taken off of me. So, that's what got me put out of shelter, then I had to sleep on people's couch until I found a place. And then that place had problems, and I just recently moved. But right now, I'm paying fair market rent, [00:52:30] and I need help with housing. So, that was one of my major questions as well.

Jacki Hoover: We should be able to help you with that. I'm going to check into this.

Desha Knight: Thank you so much. (silence).

Jacki Hoover: [00:53:00] Well, I think we only have 60 seconds left of your time, so I don't know if there's room for 30 seconds, or, Erin, if you want to say anything else before we go?

Erin Dalton: Nope. Thanks, everybody, for participating. I think you did a bunch of listening to us, but if you have ideas about [00:53:30] how we should spend these dollars, we're very happy to hear them through any of the mechanisms we've already provided on the screen, or you can email us directly. Thank you very much, everybody. Have a great afternoon.

Dave Evrard: Thanks, everyone.

Desha Knight: Thank you, guys, for allowing me to attend this meeting. It was very knowledgeable, and I have a few ideas, which I'll discuss with Ms. Hoover. But I think Pittsburgh is going for a good change [00:54:00] as far as positively. Have a blessed day. And I got to finish my job at the hotel.

Jacki Hoover: All right, thank you, I appreciate it.

Desha Knight: All right.
Jacki Hoover: Bye-bye.

Desha Knight: Bye.