**Family Support Round Table & Site Director Meeting**

**July 15, 2022**

**9-11 AM**

**Attendance:**

Emily Bengel (DHS)

Amy Malen (DHS)

Claire Wever (DHS)

Nikisha Cunningham (Lincoln Park)

Adrienne Roberts (McKees Rocks – FOR)

Melissia Blakey (DHS)

Brinda Webster (Northview Heights)

Brooke Gennerett Ware (Family Resources)

Charlotte Byrd (Family Care Connection)

Cara Ciminillo (Trying Together)

Kelly Cavanaugh (Hilltop)

Courtney Macurak (SHIM)

Debbie Gallagher (COTRAIC)

Dennis Robinson (Duquesne)

Diona Jones (FOR)

Dionne Forney (DHS)

Marylouise Fuga (Turtle Creek)

Holly Cherpak (Steel Valley)

Elaine Jans (Lawrenceville)

Jawanna Warren (Clairton)

Jeannie Dennis (Highlands)

Isaac Kivuva (Penn Hills)

Laura Bosnak Thompson (McKeesport)

Lorene Vollman (AIU)

Lori MacQueen (Providence)

Lynette Drawn (East Liberty)

Gabrielle Glass (Northside – Providence)

Martha Sherlock (Family Immigrant Connections)

Margaret Watts (Hazelwood)

Melissa Rider (East Allegheny)

Phylicia Tarpley (Wilkinsburg)

Ashumi Rokadia (DHS)

Toni Beasley (Homewood Brushton)

**Basic Needs Fund**

DHS received 3,003 total requests for 2,158 individuals throughout the duration of the Basic Needs Fund. Of the 3,003 requests:

* 1906 were for gift cards
* 690 were for concrete goods
* 1110 were for direct payments

DHS would like to thank those who connected families/clients with these funds. The high volume of requests was an indication of how closely your teams are working with families. There was a high number of requests each week throughout the funding cycle ran and some of the most requested items were Walmart gift cards, beds, baby gear, and payments for utilities. Some items have still not been distributed due to delays with third party vendors, but these will hopefully be distributed soon. In the future, DHS may use Centers as distribution points for faster turnarounds.

DHS is working to figure out how to create a more permanent program to support basic needs. While the proposed program probably won’t have the same capacity as the Basic Needs Fund, it will be able to serve as a “one time, avoid a crisis” support. Information is forthcoming and will be shared with the Family Support Network soon.

**Referral Pathways into Family Centers**

Centers should continue to enroll as many families as they can into their Centers directly. However, DHS also wants to create more centralized referral pathways. DHS will be building out the referral pipeline from ELRC, Hello Baby, and the Link. Outreach staff from these programs will now be the first point of contact for families. After connecting with a family, outreach staff will refer to a Center or program most suited to the family's needs and make notes of the contact in Synergy.

Because families will have already connected with an outreach team member, it’s expected that Centers will react out to the family within 2 days of referral as this will be the best opportunity to connect with families to assess their needs, interests, and ways in which they can best support the family.

Home Visiting only programs will NOT receive direct referrals from the centralized teams unless the family specified that they want to enroll in a home visiting program.

**Centralized Outreach Overview**

Originally, each Center was responsible for reaching out to referred Hello Baby families to promote their services. However, over the last 1.5 years of doing this, it’s been discovered that many referrals have incorrect contact information, families are already connected elsewhere, and that there is not a consistent process surrounding which staff reach out and how.

Because of this, there has been an increase in thinking about DHS taking the initial burden of finding families from the Centers. DHS has been testing this out with PRM cases throughout the past few months, using outreach staff to figure out correct contact information, have initial conversations, identify where a family is already connected or where they would best fit based off of their needs, and then sending the family to a Center.

This seems to be working well, so DHS is going to adopt this approach for ALL Hello Baby referrals. Starting in late-July or early August, all Hello Baby referrals (PRM, hospital referrals, etc.) will first be picked up by a centralized outreach team member. In addition to conducting initial intake, the outreach team will promote Family Center participation and complete initial First Year Cheer applications. To receive their First Year Cheer items, families must connect with their Family Center.

All information gathered by the outreach team will be logged in Synergy. Centers may receive this information via email as well. After receiving the case in Synergy, Centers will reach out to coordinate Welcome Bag drop offs, First Year Cheer pickup, and additional services. If unable to contact the family, Centers should plan to drop off/distribute items.

**The following teams will conduct outreach:**

*CHP FCC Centralized Outreach team will connect with hospital referrals.*

*DHS Centralized Outreach team will do PRM & CYF referrals.*

*ELRC Resource Navigator(s) will connect with ELRC referrals.*

Family Centers should still be enrolling families that they meet in the community or already work with into their Centers or relevant services like First Year Cheer. Centers DO NOT need to refer these families to a centralized outreach team.

**Resource Navigation Team**

DHS is also adopting a resource navigation model. Resource Navigators will assess immediate needs, make basic service coordination and referrals, transfer to Synergy, and give resource information/support to providers.

**If a referral is made to a Family Center, the Center is responsible for providing the following services:**

* Drop-in/phone- someone is in person, phone mailbox is set up and not full, etc.
* General intake- complete intake and needs assessment (staff can use FAST for more intensive families)
* Basic service coordination (housing, employment, home visiting, Headstart/EHS, NLS, AFN, etc.)
* Benefits enrollment- make appointments to complete benefits applications, assist with making calls and follow-ups as needed
  + If the family’s needs are severe and enrollment in benefits is complicated, Resource Navigators can refer to places to Just Harvest
* Access to resources (provide diapers, connections to food, transportation services, FYC/formula bank, utilities, RHRT, etc.)

**If the family needs more support than what is listed above:**

* Refer to Claire/Emily, who will consult with the Resource Navigator
* Refer to FACT or ISAC

After you consult with Emily Claire and the Resource Navigator, the case can be elevated to a more intensive program.

**If a referral is made to a Home Visiting program, the Center is responsible for providing the same services, but ONLY to enrolled families.**

**Synergy & Monitoring**

See slide #12 for required info, highly encouraged info, contact expectations, etc.

**Crisis to Thriving Scale**

DHS is working to create a scale like that on slide #13 for Centers to utilize when working with families and conducting intake. More information coming soon!

**Upcoming Trainings**

Clientview for Program Directors

* 7/25 2-3 pm
* 8/5- 11 am-12 pm

FAST

* DHS will be sending out survey to see what platform Centers would like to utilize for training.

Human Services 101

* Session 1: Benefits Navigation
  + DHS would love input on future sessions as we want to start building out a framework for this as well!

**2022/2023 Meeting Dates**

* 10/14
* 1/13
* 4/14
* 7/14

**Questions:**

**Real Help Real Time: How should Centers address RHRT requests coming from people not enrolled in the Center or from other communities? If a Center denies a RHRT request, do they need to provide a reasoning to the applicant?**

OCD (Heidi and Rhonda) oversee RHRT requests and funding. Please direct questions about RHRT to them, as DHS is unaware of how the United Way monitors RHRT, communities, funding to communities, etc. Please use your discretion when approving requests. Heidi may know better if there are eligibility requirements for receiving it.

**Is location a consideration when Resource Navigators or Centralized Outreach teams are sending out referrals?**

Yes, families are being referred to the centers/programs closest to them that can best meet their needs. Centers like McKees Rocks and Carnegie may get referrals for folks that are far out of their range due to not having many Centers in these areas. The ELRC team is connecting these families with FACT as much as possible, but that level of support isn’t needed for all cases. If you receive a referral that is far out of your range, it is not an expectation that you drop items off to a family- during initial contact, the family specified that they could access your Center. If a family cannot access your Center, elevate the case to Emily/Claire**.**

**What are the contact requirements for drop-in cases?**

Over the course of the year, we would hope that Centers are still having regular contact with these families. Contact doesn’t have to be completed but needs to be attempted. For example, if your Center has one person that manages all of the drop in cases, they should be reaching out once a quarter (every 3 months) to try and get in touch with the family.

**We’ve experienced an influx of people coming in and asking for money/financial help. What should we do about this?**

DHS is not advertising that Centers have access to funds, financial assistance programs, etc. It’s possible that other providers heard about the Basic Needs Fund and are referring to Family Centers because of this. Emily is going to check in with other programs to ensure that financial services are not being widely advertised. DHS can also create a list of self-sufficiency supports and distribute these to Family Centers to use in these situations.

**Will ASQs still be required for enrolled families even if they’re not receiving home visiting services?**

ASQs are only required for families enrolled in home visiting programs. While you can still offer ASQs to families enrolled in your Center, this is not a requirement. DHS is going to check with Deloitte to ensure that families enrolled in the Center are not flagged as having incomplete ASQs.

**Other Notes:**

**Recording RHRT in Synergy**

* Ashumi sends a report each month to Heidi
* Anything that is back-dated doesn’t pull on the report and invalidates their data
* Please put everything in by the 14th of the month so we don’t have to keep pulling back logs

**Drop-in Status in Synergy:**

* To place a family in drop-in status, you must first close out the case, then reopen and switch from pending to drop in.
* Ashumi is going to see if this process can be simplified but for now, the above steps are protocol
* If you need help with changing the statuses for big batches of cases, email Ashumi for help

**Synergy manual coming soon!**