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JEFF THAMKITTIKASEM
Director, Office of Operations

NYC Council Speaker Corey Johnson
City Hall Office
New York, NY 10007

September 25, 2019

Dear Speaker Johnson,

I am pleased to submit the attached report on the efforts the Administration for Children's Services (ACS), the Department of Health and Mental Hygiene (DOHMH), and the Department of Social Services (DSS) have undertaken in connection with Local Law 174.

Local Law 174 requires ACS, DOHMH and DSS to complete "equity assessments" to identify policies and practices that may be implemented to address disparate outcomes on the basis of, at a minimum, gender, race, income and sexual orientation, and to create "equity action plans" to address disparate outcomes the agencies identified. Not later than July 1, 2019 and every two years thereafter the agencies must report to the Speaker of City Council and the Mayor on efforts they have undertaken to implement their equity action plans, and make these reports publicly available online.

What follows is the first of such reports, with an introduction outlining steps taken by this administration to advance equity. The de Blasio Administration has elevated fairness as its explicit guiding principle – a lens through which to view all governance. The administration's focus on reducing inequality and poverty, and to ensuring that services, resources, and opportunity are available on an inclusive basis to all New Yorkers, is broadly and deeply reflected in City policy and programmatic priorities. The reports of ACS, DOHMH and DSS pursuant to LL 174 are part of a broader set of activities that collectively take a meaningful and rigorous look at programs, policies, and practices to identify how the City can create more equitable outcomes that work better for everyone.

To this end, in May 2019, Mayor de Blasio issued Executive Order 45, "OneNYC Equity Review," which requires the Mayor's Office of Operations (Operations), the City's locus for performance management and accountability, to enhance equity reporting and facilitate agencies' planning efforts to address key findings. Working through the Mayor's Office for Economic Opportunity, which it houses, Operations will deepen equity-related analysis within the Social Indicator and Equity Report, to include establishing select citywide metrics, and will oversee the requirement that all agencies lay out actions to reduce key areas of disparity they identify. In this way, the de Blasio Administration is extending and deepening the analysis mandated by LL 174.

Although not required by LL 174, attached as appendices to the public report are the action plans produced by ACS, DOHMH and DSS.

I look forward to continued partnership with the City Council to ensure that New York City continues to lead on issues of equity.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeff Thamkittikasem', with a stylized flourish at the end.

Jeff Thamkittikasem
Director, Mayor's Office of Operations

cc: Matthew Klein, Executive Director, Mayor's Office for Economic Opportunity

INTRODUCTION

In 2017, the City Council passed and Mayor Bill de Blasio signed Local Law 174 (LL 174), requiring the Administration for Children’s Services (ACS), the Department of Health and Mental Hygiene (DOHMH), and the Department of Social Services (DSS), to produce two equity documents: (1) an “equity assessment,” which looks for opportunities to address potential inequities, and (2) an “equity action plan,” which sets out steps for addressing key disparities. The agencies are required to report publicly on the efforts they have undertaken to implement their equity action plans. The public reports of ACS, DOHMH, and DSS follow below.

The work mandated by LL 174 reflects a broader commitment of the City of New York to advance equity and inclusion, and to broaden opportunity for all New Yorkers. The de Blasio Administration has elevated fairness as its explicit guiding principle – a lens through which to view our governance. The administration’s focus on reducing inequality and poverty, and to ensuring that services, resources, and opportunity are available on an inclusive basis to all New Yorkers, is broadly and deeply reflected in City policy and programmatic priorities. It is also reflected in the steps the City takes to ensure that equity considerations become engrained institutionally – that they are taken into account throughout the City’s municipal practices.

This commitment has been expressed directly in the two strategic plans produced by the de Blasio Administration: *One New York: The Plan for a Strong and Just City* (OneNYC, 2015) and *OneNYC 2050: Building a Strong and Fair City* (OneNYC 2050, 2019).

In OneNYC, 2015 our administration said that governing with equity in mind demands we ensure fairness in “access to assets, services, resources and opportunities so that all New Yorkers can reach their full potential.”¹ We noted further:

To truly achieve our aspirations, New York City must be a place where all can participate and contribute. Regardless of background or circumstance, all residents must be able to fully engage in the economic, civic and social life of the region....

Equity must inform all of our planning, policymaking and governing. Through this lens we assess who will benefit, who is burdened or needs help, and whether the actions we undertake broaden the participation of underrepresented groups, reduce disparities, and expand opportunities for all New Yorkers.²

In OneNYC 2050, 2019 we further emphasized the importance of confronting the larger forces that have produced today’s inequities:

Racist, sexist and classist policies of the past, and regressive current national policies, have left us with stubborn inequalities in wealth, income, health and education....[These inequalities] are inextricably

¹ OneNYC p. 14

² OneNYC, 2015 p. 116

linked and underscore the reality that New Yorkers have not benefited equally from the city's prosperity, both in the past and today, requiring even stronger action by the City to promote equity.³

To drive a continuous focus on equity, Mayor de Blasio has made equity an explicit part of citywide performance management and accountability practices. Some of the steps taken include:

- *Disaggregating data in the Social Indicators Report.* The City Charter-mandated Social Indicators Report is produced by the Mayor's Office to measure the social, economic and environmental health of New York City. In 2016 the Social Indicators Report stated that one of its core purposes under Mayor de Blasio is to "help guide the City's efforts to reduce disparities and advance equity... Presenting data about conditions in disaggregated form can reveal differences that exist among different parts of the city and within specific populations."⁴ This purpose was further codified by Local Law 177 (2017), which modifies the City Charter by requiring available data related to disparities among populations including gender, racial and income groups to be included in the report, and renames it the "Social Indicators and Equity Report."
- *Including a "Focus on Equity" in the Mayor's Management Report.* In 2014, the Mayor began to require all agencies to submit equity statements for inclusion in the Mayor's Management Report: the central report of all agencies' effectiveness and efficiency. These statements articulate how agencies are working to advance equitable results for all New Yorkers.

In 2019, Mayor de Blasio issued Executive Order 45, "OneNYC Equity Review," which requires the Mayor's Office of Operations (Operations), the City's locus for performance management and accountability, to enhance equity reporting and facilitate agencies' planning efforts to address key findings. Working through the Mayor's Office for Economic Opportunity (NYC Opportunity), which it houses, Operations will deepen equity-related analysis within the Social Indicator and Equity Report, including by establishing citywide standards, and will oversee the requirement that all agencies take action to reduce areas of disparity that they identify.

These initiatives, as well as extensive agency-specific efforts already underway, integrate equity into the City's core practices of accountability.

The reports of ACS, DOHMH and DSS pursuant to LL 174 are part of this broader set of activities that collectively take a meaningful and rigorous look at programs, policies, and practices to identify how the City can create more equitable outcomes that work better for everyone.

BACKGROUND

Local Law 174 requires ACS, DOHMH, and DSS, and any other agencies designated by the Mayor, to conduct "equity assessments," with a particular focus on race, gender, income, and sexual orientation. These

³ OneNYC 2015, 2019 p. 17, 30.

⁴ Social Indicators Report, 2016, p. 2.

assessments are intended to identify policies and practices that may be implemented to address disparate outcomes. The law directs the agencies to review seven specific areas of their work: *actions, procedures, services and programs, employment, contracting practices, rulemaking and budgeting*.

The agencies are then required to create “equity action plans” to identify and address disparities surfaced in their assessments. Reports on the efforts agencies have undertaken to implement their equity action plans are due to the Speaker and the Mayor on July 1, 2019, and every two years thereafter, and must be made publicly available online.

Operations was tasked in LL 174 to determine the “format and manner” of the named agencies’ equity assessments. To do so, Operations worked through NYC Opportunity. NYC Opportunity’s mission is to use evidence and innovation to help the City reduce poverty and increase equity. NYC Opportunity engaged the three agencies, Operations’ general counsel, the Law Department, and other City offices to provide guidance on how best to comply with and advance the goals of the law. In addition, the City of New York became a member of the Government Alliance on Race and Equity (GARE) and drew upon GARE’s training and technical assistance to support the three participating agencies in their equity review process.

ADVANCING MEANINGFUL AND ONGOING EQUITY WORK

For the purpose of conducting equity assessments and action plans, the City described “equity” to mean that an individual’s demographic identity – particularly their race, gender, income and/or sexual orientation – should not determine their life outcomes.

With this in mind, equity assessments and action plans are intended to identify and reduce disparities associated with race, gender, income and/or sexual orientation, with clear indicators that focus on outcomes, as well as on the quality of public services and the fair access to opportunities they provide. Applying an equity lens requires that we work to address the root causes of disparities, not just their manifestation. It recognizes that policies, practices, attitudes, and social mores can produce or reinforce different outcomes according to an individual’s or group’s identity, and that approaches to decision-making must change in order to achieve more equitable results.

Although a growing field of practice is emerging, strategies for reducing social disparity at a citywide level continue to be developed and tested. No singular model for advancing equity exists. Burgeoning work across the country has, however, generated knowledge on best practices. Notably, meaningful institutional change work will require steady and ongoing efforts over the course many years.⁵ Each assessment and decision made through an equity lens contributes to a cumulative impact toward sustainable, meaningful change.

⁵ Local and Regional Government Alliance on Race & Equity. *Advancing racial equity and transforming government: A resource guide to put ideas into action*. 2015.

Guidance to agencies

Within the broad mandate to advance equity, ACS, DOHMH and DSS had discretion to select the policies and practices that could, in their judgment, reduce disparate outcomes related to any of the demographic categories. Agencies chose where and how to focus, based on their own knowledge and priorities.

In selecting their focus, per the guidance from NYC Opportunity, agencies gave consideration to disparities related to the central work of the agency and to any disparities deemed particularly significant. In other words, the areas selected were viewed as meaningful to the agency, either because of the connection to the agency's mission or because they were significant in terms of the number of people involved. The guidance provided by NYC Opportunity emphasized the benefits of moving from a broad review of all opportunities to reduce disparities to more significant attention on a limited set of objectives. Making progress on difficult, longstanding systemic challenges requires sustained and intensive focus, with clear measures of accountability.

ACS, DOHMH and DSS all pursued their own internal processes for implementing their assessments and action plans, but there were four cross-cutting strategies that emerged:

1. **Use data in new ways.** Each agency grounded its work in data and identified opportunities for new analysis in order to more carefully examine existing disparities. Moreover, agencies recognized the need to enhance their data collection for the purposes of ongoing monitoring and assessment.
2. **Scrutinize existing protocols.** Each agency has a variety of existing protocols and procedures that help guide staff action in key programmatic activities. Agencies reviewed these protocols with particular consideration for their role in supporting equity.
3. **Build new solutions.** Agencies are building specific program and policy strategies that are explicit about addressing social and racial inequality.
4. **Support internal equity.** The people who work for the City are the foundation of its institutional culture and practices. The three agencies consistently identified the opportunity to invest in ongoing training, professional development and human resources practices that promote a diverse workforce, support staffs' full representation of themselves and reduce any unintended bias.

What follows are the three agencies' reports on their assessment processes, identified disparities, and plans to address those disparities. Though not required by LL174, agencies' full equity plans are appended at the end of this report.

AGENCY REPORTS

Administration for Children's Services (ACS)

Administration for Children's Services' LL 174 Work

In preparing its equity documents, ACS conducted research in a wide array of journal publications, governmental and organizational reports, and national data sets. These included data that ACS regularly uses, collects, and reports out, such as its contributions to the Mayor's Management Report, and data sets created specifically for this work.

What follows below is a summary of the disparities ACS identified and the course of action it intends to pursue, broken down into two categories: child welfare and juvenile justice. Note that this overview is intended to provide a succinct summary of the plan. This was achieved by consolidating—but not eliminating—disparities and actions included in the full report.

Child Welfare

ACS conducted extensive research as part of its work to identify disparities in the child welfare system. In addition to the general research cited above, it analyzed specific measures intending to uncover race and ethnicity disparities within child welfare. These include child welfare system pathway analysis by race/ethnicity—child population race/ethnic distribution; indicated investigations; prevention opening; foster care placements; child welfare race/ethnicity disparity indices; services for indicated investigation by race/ethnicity; and many other measures.

These are child welfare disparities ACS identified, how it will measure progress, and the specific actions it intends to take:

1. Black/African and Hispanic/Latinx children are disproportionately involved in abuse and/or neglect investigations.

Goal: Greater utilization of primary prevention strategies, where appropriate, to redirect low-risk families from the child welfare protection/investigation path. This will be piloted in three communities: East New York, Hunts Point, and Highbridge.

Metric(s) by which to assess progress toward greater equity ("Equity Metric"): Number of children involved in reports to the State Central Register (SCR) by race/ethnicity.

ACS believes increasing mandated reporters' utilization of primary prevention resources could help to redirect low-risk families from the child welfare protection/investigation path toward the primary prevention path, thereby offering them the supports they need and increasing family well-being. If successful, the pilot could be replicated in other communities, as one strategy aimed at reducing disproportionate reports to the SCR, and thus child abuse and neglect investigations, across New York City.

Action 1: Conduct a situational analysis to better understand opportunities for internal process change and further examine data associated with reports to the SCR based on race, call source, and nature of allegation.

Action 2: Develop partnerships with key stakeholders (e.g., schools, hospitals, other institutions) where mandated reporters or referrals drive the demographics of ACS clients.

Action 3: Develop and launch a Community Partnership Program⁶ pilot to work with local schools, hospitals, or other institutions to increase awareness and use of primary prevention strategies.

2. Black/African American families have disproportionately low rates of court-ordered supervision (COS) as compared to foster care placement; are disproportionately placed in foster care; and, on average, experience longer stays in foster care.

Goal: Safely reduce the incidences of Black/African American children involved in court proceedings related to removal from home where warranted and increase the likelihood that children will be placed with kin upon entering foster care.

Equity Metric(s): Court filings of child welfare cases by race/ethnicity; foster care placement by race/ethnicity; and proportion of new entries to foster care placed immediately with kin or moved to kin within 45 days by race/ethnicity.

Further analysis of how race/ethnicity plays a role in court-ordered supervision and removals from home will provide a better understanding of how ACS can address these disparities and place more children with kin, when safe and appropriate. ACS' dedicated kinship specialists have already proven to be effective in increasing kinship placement. Safety Focused Forums and implicit bias training are tools widely considered best practice for creating more equitable outcomes in the child welfare system.

Action 1: Assess how ACS refers families to court-ordered supervision and foster care, identifying the allegations that result in each referral by race and ethnicity.

Action 2: Continue safety-focused forums and ensure staff are creating and executing safety plans that do not involve seeking to remove children from their home, when it is safe to do so.

Action 3: Develop and incorporate mechanisms for minimizing implicit bias in child welfare case decision-making.

Action 4: Revise Family Team Conferencing⁷ policies, as appropriate, to include ways ACS can reinforce its policy around identifying alternatives to foster care placement in the conferencing process.

Action 5: Conduct further analysis on kinship placements to identify if there are disparities and to inform kinship placement strategies.

Action 6: Dedicated kinship specialists will continue efforts to identify kin resources and initially place children with kin upon entry into foster care.

Action 7: Provide technical assistance and regular kinship data reports to foster care agencies to highlight attention to this issue.

Action 8: Ensure agencies develop and maintain business plans and internal protocols to identify kinship foster care options for children who are placed in regular foster homes.

3. Black/African American children are disproportionately less likely to be in prevention case openings following a substantiated investigation. Despite comprising 44.3% of the children in substantiated investigations in 2017, only 37.8% of the children in prevention case openings that year were Black/African American.

⁶ Community Partnership Programs are ACS-funded planning bodies that mobilize stakeholders and develop measurable and innovative child and family well-being strategies. They are intended to be strength-based collaboratives that build on community strengths and rely on data and community voices to inform strategies.

⁷ Family Team Conferencing are meetings organized by ACS that bring together important people in a child's family, such as relatives, doctors, and close family friends, to discuss safety, placement stability, permanency, and the overall well-being of a child.

Goal: To ensure all children have access to the most appropriate child welfare prevention services across New York City.

Equity Metric(s): Indicated investigations, referrals to contracted prevention services, and prevention service case openings by race/ethnicity.

The overall goal is to increase access to prevention services for all children and reduce the likelihood of entry into foster care. Participation in prevention services could prevent later entry into foster care, and it is therefore vital to ensure equitable access for all children living in New York City to the most appropriate services, based on need. While data shows Black/African American and Hispanic/Latinx families using prevention services at a higher rate than White and Asian families, it may be positive that Black/African American and Hispanic/Latinx families are overly represented in prevention services reducing their risk of foster care placement.

Action 1: ACS will undertake an evaluation of the data (children placed in foster care – CY 2017) to better understand what decision points influence foster care placement versus prevention services, and which services may be most effective at supporting families with the greatest needs to prevent maltreatment and foster care placement.

Action 2: ACS will continue efforts to strengthen the process of service matching to improve availability and access to the most appropriate services for families with the greatest needs, including families and children of color.

Juvenile Justice

ACS conducted extensive research as part of its work to identify disparities in youth justice. In addition to the general research cited above, it analyzed specific measures to highlight race and ethnicity disparities within the youth justice system. These include: pathway through ACS' youth justice system by race/ethnicity; detention admits case type by race/ethnicity; detention releases by facility type by race ethnicity; Close to Home admits by facility type by race/ethnicity; and many other measures.

This is the juvenile justice disparity it identified:

4. Black/African American and Hispanic/Latinx youth are disproportionately admitted into detention and placed into Close to Home.

Goal: Reduce overall youth involvement in the criminal justice system.

Equity Metric(s): Detention and Close to Home admissions by race/ethnicity.

Effectively reducing racial/ethnic disparities in detention and Close to Home admissions requires collaboration among all New York City youth justice stakeholders – including the police, probation, prosecutors, and the judiciary – all of which play a key role in deciding which youth enter the youth justice system. Further analysis of admissions will provide a better understanding of how ACS can contribute to reducing youth involvement, regardless of race/ethnicity, in New York City's youth justice system.

Action 1: Re-convene the Juvenile Justice Advisory Council (JJAC), a quarterly gathering of New York City youth justice stakeholders, including the NYPD, Probation, Law Department, Family Court Judiciary, Department of Education, and legal defense where pertinent youth justice topics, indicators, and outcomes are discussed.

Action 2: Review and strengthen youth justice prevention programming to prevent further system involvement.

Action 3: Create direct interventions for youth of color and their families in detention and Close to Home to reduce the likelihood of youth reentering or penetrating further into the justice system.

Department of Health and Mental Hygiene (DOHMH)

Department of Health and Mental Hygiene LL 174 Work

In preparing its equity documents, DOHMH built upon its Race to Justice work. Accordingly, the agency's action plan addresses disparities in many of the areas shown in the Race to Justice theory of change. Throughout this process, DOHMH gave central consideration to disparities related to the core work of our agency and that were deemed particularly significant in our assessment. Namely, we selected the disparities that follow due to their connection to our mission and/or the potential size of their impact. The strategies we developed to address these disparities will necessarily require some foundational components of the work such as partnership-building, planning meetings, awareness raising, and infrastructure development. This makes some of the timelines tentative at this point and we will revisit them as we move forward in the implementation process. There are actions intended to advance equity through the agency's organizational commitment and leadership, data collection and metrics, and workforce. These are intended to change the way DOHMH does work, centering equity in all policies, practices, and programs, with a goal of achieving measurable reductions in health inequities.

What follows below is a brief summary of the disparities DOHMH identified, how it will measure progress, and the specific actions it intends to take:

Cross Cutting Institutional Opportunities in Equity: Setting the Stage

Through the Equity Assessment and further conversations, DOHMH identified cross-cutting institutional opportunities to advance equity throughout its work. These included:

A. DOHMH equity efforts require the development of an intersectional framework that understands the ways that oppressive systems—such as racism, sexism, homophobia, transphobia, xenophobia, classism, and others— compound to exacerbate marginalization for people who have more than one identity that is oppressed within these systems. An intersectionality framework and practice in DOHMH work is required to address the inequities that marginalized communities endure daily. The first step in developing an intersectional frame is identifying gaps in understanding and support for communities and staff who experience compounding marginalization and vulnerability due to multiple systems of oppression, including racism, cissexism, transphobia, homophobia, and others.

Action 1: The agency's landmark equity effort, Race to Justice, will complete an agency-wide "deep dive" assessment in two phases of how programs, policies, and practices across the agency support, or create barriers for, lesbian, gay, bisexual, queer/questioning (LGBQ) and transgender, gender non-conforming, and non-binary (TGNCNB) staff and communities, with particular attention to LGBQ and TGNCNB people of color. The assessment will take place in two phases:

- By July 2020, the assessment will focus on internal policies and practices that support staff and contractors/vendors
- By July 2021, the assessment will focus on programs and services that support community members

B. Data and research procedures do not capture nuanced racial and gender experiences in New York City, which limit the ability of DOHMH to design focused and equitable programs and policies. Currently there are many tools and trainings that exist around racial equity, but tools and trainings that are focused on

incorporating equity into data work are rare. DOHMH therefore plans to create tools and training to support analysts in centering equity in their work.

Action 1: Create protocols for data disaggregation by racialized subgroups in a manner that protects the confidentiality of individually identifying information.

Action 2: Staff survey of equity skills

Disparities and Actions

After reviewing cross-cutting themes, DOHMH reviewed the specific areas of focus emerging from its equity assessment.

Take Care New York

Take Care New York (TCNY) is the Health Department's community-focused health equity plan composed of 26 indicators, including the 3 overarching indicators: self-reported health status, premature mortality, and infant mortality. Using TCNY, DOHMH organizes a greater citywide response to address these overarching health inequities from a neighborhood-based, race-centered perspective. The following three overarching indicators and their identified priority populations are citywide priorities.

1. Black New Yorkers die before age 65 at a rate 45% higher than the general population

2. Black babies are almost three times as likely as White babies to die before the age of 1

3. Latino residents are less likely to rate their health as "excellent," "very good" or "good" than other groups

Goal: Reduce racial disparities in health outcomes.

Equity Metric: Rates of premature mortality, infant mortality, and self-reported health status, by race: Decrease in premature mortality and infant mortality, and reduction of premature mortality and infant mortality disparity
Increase in "good," "very good," or "excellent" self-reported health status.

Action 1: Continue to support TCNY 2020 priorities and report outcomes to the public.

Action 2: Develop TCNY 2024.

The last iteration, [TCNY 2020](#), released in Fall 2015, outlined a set of goals for the City to achieve by the year 2020, and focused on achieving health equity and creating healthy communities by using a racial equity and a social justice lens. This was accomplished by identifying priority populations for objectives (based on race/ethnicity, age, neighborhood poverty, sexual orientation and/or geography) as well as including social determinants of health, such as education, incarceration and housing quality. In addition, to build momentum toward TCNY 2020 goals, the Health Department held 28 Community Consultations across the city to ask community members to share what issues they saw as most urgent in their neighborhoods.

In 2020, DOHMH will launch TCNY 2024 which will again outline a set of goals for the City to achieve and identify populations that are disproportionately affected. For more information on programs addressing these named indicators, visit TCNY 2020 at: <https://www1.nyc.gov/site/doh/about/about-doh/take-care-new-york-2020.page>.

Workforce equity

1. Many NYC residents who are Black, Latino, Native American, Asian, identify as women, people who have had previous involvement with the criminal legal system (justice involved and/or formerly incarcerated), and/or are of TGNCNB experience cannot achieve optimal health due to lack of economic stability, largely connected to limited employment opportunities, low wages, and the lack of advancement within existing employment.

Goal: Further diversify the staff at DOHMH at all levels to reflect the range of identities and experiences of New Yorkers.

Equity Metric(s):

- Proportion of DOHMH employees that identify as Black, Latino, Asian or Native American at all levels of the agency: Increase in employment for people of color, especially at leadership level
- Turnover rates for Black, Latino, Asian, Native Americans: Decrease in turnover for staff of color

Having a diverse, representative workforce is critical to productivity, creativity and staff loyalty. From a public health perspective having various identities and representation from varying backgrounds and experiences in decision-making roles is vital to crafting solutions that encompass the unique experiences and perspectives of New York City's diverse population. Also, it is important to note that the majority of DOHMH staff are New York City residents and as such are reflected in the public health data and outcomes that DOHMH and the City are mandated to address. With nearly 6,000 New York City residents employed at DOHMH, creating healthy work environments is crucial.

Action 1: DOHMH will conduct a pilot to test "blind" hiring practices (e.g. remove identifying information from resumes) by January 2020, in an effort to mitigate bias in hiring

Action 2: DOHMH will focus on staff retention by creating a Workforce Career Development Program as an employee resource. This will be available for staff development and civil service promotional information by January 2020.

Department of Social Services (DSS)

The Department of Social Services' LL 174 Work

The Department of Social Services (DSS) is comprised of the administrative units of the Human Resources Administration (HRA) and the Department of Homeless Services (DHS). Through integrated management for HRA and DHS, client services can be provided more seamlessly and effectively by leveraging shared services, resulting in better day-to-day operational management and a unified mission across the two agencies. DSS submitted an equity assessment and an equity plan that detailed equity initiatives for both HRA and DHS.

In addition to creating the DSS equity assessment and equity plan, summarized below, DSS created the Chief Diversity & Equity Officer (CDEO) role to address disparities identified in the equity assessment and to oversee the interventions detailed in the equity plan. They've also outlined several other agency-wide efforts to increase diversity and equity across all levels of DSS, HRA, and DHS. These efforts are detailed in part in the final section of this summary, "Additional DSS Equity Work."

What follows are disparities identified in the equity assessment related to actions, employment, services and programs, as well as the planned interventions detailed in the equity plan.

Throughout this process, DSS gave central consideration to disparities related to the core work of the agency that were deemed particularly significant in the assessment. The following disparities were selected due to their connection to the agency's mission and/or the potential size of their impact. The strategies developed to address the identified disparities will necessarily require some foundational components such as partnership-building, planning meetings, awareness raising, and infrastructure development. Accordingly, some of the timelines are subject to change with implementation.

Disparities

1. Mitigate Implicit Bias and Vicarious Trauma of Staff. A lifetime of experience and cultural history shapes people and their judgments of others. Research demonstrates that most people hold unconscious, implicit assumptions that influence their judgments and perceptions of others. Implicit bias manifests in expectations or assumptions about physical or social characteristics dictated by stereotypes that are based on a person's race, gender, sexual orientation, age, abilities or ethnicity. Even people who intend to be fair, and believe they are egalitarian, apply biases unintentionally. Some behaviors that result from implicit bias manifest in actions, and others are embodied in the absence of action; DSS recognizes that when either behavior occurs within the agency's workforce, it can compromise client service delivery and create an unfair, and in some instances, discriminatory environment.

Goal: Staff become more familiar with the deleterious impact of bias and trauma to improve client experience.

Equity Metric: The effectiveness of the agency-wide trauma-informed anti-bias training will be measured through evaluation of staff's knowledge and their ability to relate the trainings to their jobs and client service delivery.

Many HRA and DHS frontline staff deliver critical support service for clients in crisis. Working directly with clients experiencing trauma or crisis can also lead to vicarious, or secondary, traumatic stress symptoms for staff

such as depression and anxiety. Vicarious trauma can lead to burnout and empathy fatigue and cause extreme stress that can impact staff well-being and client service delivery.

Biases are detrimental for those who apply them as well as those being judged based on stereotypes. DSS's goal is to create spaces for open discussion about structural inequality and bias, and to implement robust, multi-faceted, trauma-informed, anti-bias training as a mitigation strategy to reduce the deleterious impact of bias and trauma on staff and to improve client experience as a result.

Action 1: Develop orientation and agency-wide, trauma-informed anti-bias training. All new hires will now receive Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Basics Training; Introduction to Disabilities: An Overview of Disability Awareness, Etiquette and Culture; Access for People with Disabilities – Ensuring Success through Supervision; Domestic Violence Training; Mental Health First Aid; The Effects of Poverty and Trauma; Customer Service Training; Structured Interviewing; Diversity and Inclusion: Everybody Matters. In addition to comprehensive orientation training that is now in place, DSS is implementing trauma-informed service delivery and anti-bias training for all 17,000 DSS, HRA and DHS staff.

Action 2: Evaluation of staff knowledge and retention that will enable leadership to better understand the effectiveness of these trainings and how these trainings impact interactions between clients and staff.

2. Improve Culturally Competent Service Delivery for LGBTQI Individuals Experiencing Housing Instability:

Nearly one in five LGBTQI individuals have experienced homelessness at some point in their lives and more than one-third have reported trouble paying for housing, utilities and experienced some form of housing insecurity. LGBTQI youth are disproportionately represented among New York City's homeless youth, the majority of whom are youth of color. LGBTQI individuals, of all ages, experiencing homelessness are at increased risk of violence, abuse and exploitation compared to their heterosexual and cisgender peers. Given the issues and barriers facing LGBTQI clients, it is imperative that client services are culturally competent, whether delivered in shelters or by preventive services providers within the City's Homebase network.

Goal: Ensure all homelessness services are delivered with cultural competence to improve accessibility for LGBTQI individuals.

Equity Metric: Knowledge retention from the LGBTQI training and self-reported impact from post-training survey.

Although some Homebase prevention providers have demonstrable LGBTQI experience, there has not been standardized LGBTQI training developed for these providers. Comparable to the mandatory training required for all agency employees, providing comprehensive LGBTQI training to the prevention providers is integral to creating culturally competent, quality service delivery for LGBTQI individuals experiencing homelessness. DSS will develop and implement an effective curriculum, and better understand the impact of the trainings on the provider and client experience.

Action 1: Present the training initiative at Homebase Director's Meeting.

Action 2: Conduct an assessment survey of Homebase prevention providers to tailor training to providers' needs.

Action 3: Update DSS LGBTQI Curriculum based on results of assessment survey.

Action 4: Conduct LGBTQI training for all seven Homebase prevention providers across 25 work sites.

Action 5: Evaluate LGBTQI Training Impact.

Employment

3. Increase representation of women and people of color in mid and upper-level leadership positions at DSS, HRA and DHS, to reflect broader diversity across the agencies and mirror demographics of frontline and non-managerial staff.

Women and people of color working in the public sector experience job disparities when compared to their male and white co-workers due to longstanding structural inequities. DSS, HRA and DHS employment data suggest that current agency leadership does not reflect the non-managerial workforce. These job disparities may be due to structural barriers for staff of color, including access to existing career development opportunities.

Goal: Increase opportunities for mid and upper-level leadership roles for women and people of color.

Equity Metric: Increase in career and professional development and advancement, and in pipeline opportunities for women and people of color in DSS, HRA and DHS.

Action 1: Diversity Council: DSS will empanel a Diversity Council comprised of staff from various leadership and frontline staff within DSS, DHS and HRA to develop recommendations and strategies to increase diversity and inclusion with respect to recruitment, employee programs, professional development and retention.

Action 2: Organizational Management and Leadership Development (OMLD): Expand the pool of applicants to the 14-week OMLD program, the Professional Development Training Academy and other leadership development opportunities to include greater cross agency participation.

Action 3: DSS Leadership Connect: Launched in January 2019, as a staff development program that pairs selected staff with supervisory or managerial roles with senior staff for mentorship, job shadowing, and leadership development training, aims to increase the pipeline of women and diverse staff for mid and upper-level leadership.

4. Evaluate and implement programs to improve quality of life for all staff, especially, frontline, client-facing and program staff who are majority women and people of color.

Goal: Improved quality of life for all staff, especially frontline, client-facing and program staff.

Equity Metric: Expanded opportunities to improve work-life balance among staff within DSS, HRA and DHS.

Action 1: Staff Engagement Survey: Conduct Staff Engagement Survey topics such as quality of life, employee resources, agency culture, job satisfaction, and safety. The survey is an important predicate for leadership to better understand the needs of staff.

Action 2: Work-Life Committee Expansion: Promote and expand the Work-Life Committee which focuses on best practices to address employee work-life balance and to promote quality of life initiatives as identified through the Staff Engagement Survey.

5. Update employee-facing systems to better account for transgender, non-binary and gender non-conforming applicants and employees.

DSS, HRA and DHS employee information systems do not yet enable staff to self-identify their gender or preferred name. The existing systems permit only binary “male” and “female” gender options, which does not allow for non-binary or gender nonconforming individuals to select an option that affirms their identity. The

existing systems only allow legal name, which for many transgender and gender nonconforming individuals may not align with their gender expression.

Goal: Enable staff to self-identify their gender and preferred name.

Equity Metric: Utilization of newly-created fields after implementation and systems change announcement.

Action: By fall of 2020, DSS will complete implementation of preferred name, gender identity, and pronouns fields in IT systems so that impacted applicants and employees can be identified by their preferred name and gender pronoun.

Services and Programs

6. Reduce High Rates of Child Support Non-Payment that Disproportionately Impact Families of Color

The child support program was created to ensure an adequate standard of living for children in single-parent households. However, child support is often not paid in full, and the burden of non-payment disproportionately impacts Black and Hispanic households, which encompass the majority of child support caseloads.

Goal: Reduce the burden of non-payment of child support that affects both custodial and non-custodial parents.

Equity Metric: Increased participation of non-custodial parents in the child support system.

Creating more user-friendly sets of documents and procedures that better meet the needs of noncustodial parents when they first enter child support process will improve the economic well-being of our clients, who are majority Black and Hispanic men.

Action 1: Develop comprehensive packet with more user-friendly new summons and petition documents.

Action 2: Automate the process of mailing out the summons package in child support cases generated from the Cash Assistance process.

Action 3: Quality assurance testing of print to mail process and distribution.

Action 4: Data collection for evaluation, including assessment of whether there is a decrease in default orders, a decrease in the time between when a child support case is opened and when the court establishes a child support order, percentage of cases with paternity established and percentage of cases with child support order.

7. Reduce Arrests in DHS Shelters that Further Traumatize Clients and Impede their Path to Self-Sufficiency and Permanency

Analysis of DHS client arrest data tracked by the DHS Serious Incidents Unit indicates that annually 300-500 of the arrests were related to outstanding warrants, often for minor infractions. Arresting clients in shelter for small infractions adds to their trauma and impedes their path to self-sufficiency and permanency. To mitigate this disparity, DHS is providing tools and training to decrease client arrests for low-level incidents at shelters and launching a multi-prong initiative to clear low-level warrants for shelter clients.

Goal: Reduce arrests in shelter based on outstanding warrants for minor infractions.

Equity Metric: Decreased number of clients arrested in shelter and the number of DHS client warrants cleared.

Action 1: Built Strategic Partnerships: DHS leadership held planning meetings with the Mayor's Office of Criminal Justice, Coalition for the Homeless, Legal Aid Society, Manhattan District Attorney Office, Brooklyn District Attorney Office and the Office of the Court Administration to operationalize warrant clearing.

Action 2: Selected Pilot Shelters: With support from the partners, DHS chose two large single men's shelters to pilot shelter-based warrant clearings.

Action 3: Engaged Clients: DHS partnered with the Legal Aid Society and Coalition for the Homeless to engage eligible clients at the pilot sites.

Action 4: Program launched at initial pilot shelters in March 2019.

Action 5: Program expansion to multiple sites.

Additional DSS Equity Work Related to Dignity-Centered Treatment and Client Respect

DSS continues to make ongoing systematic changes to reform social services policies and practices, improve technology to make benefits and services more accessible, streamline the ways in which rental arrears are processed and paid, and provide reasonable accommodations for clients with disabilities – all of which are aimed at improving the experiences of our clients, who are majority individuals of color.

Most recently, DSS implemented several actions to ensure that service delivery for clients aligns with agency values to treat clients with dignity and respect following the unacceptable incident at HRA's DeKalb Job Center on December 7, 2018, which culminated in the arrest of an HRA client.

Following this incident, DSS immediately implemented the following action items:

- DSS reinforced guidelines for staff to treat clients with courtesy and respect.
- DSS conducted retraining sessions for all HRA Peace Officers, with an emphasis on techniques for deescalating disputes in HRA Centers. This will be a mandatory annual requirement for each officer.
- DSS directed the City's contracted security services vendor to provide retraining sessions for all security guards assigned to HRA Centers, with an emphasis on techniques for deescalating disputes in HRA Centers. Thereafter, this training will be a mandatory annual requirement for any contracted security officer assigned to an HRA office.
- DSS developed and implemented de-escalation training for program staff.
- Agency policy was updated to reflect that HRA Peace Officers shall not request the intervention of the NYPD without first contacting the Center Director or Deputy Director or her/his designee to attempt to defuse the situation by addressing a client need.
- DSS is implementing a social worker pilot at one Job Center in each of the five boroughs to support the Center Directors in defusing such situations and addressing client needs to test the effectiveness of this model at these five centers.
- All HRA Peace Officers will be outfitted with body worn cameras.
- As discussed in a previous section, in addition to existing DSS client service staff training, DSS will begin implementing trauma-informed service delivery and anti-bias training for all 17,000 DSS staff members to promote diversity in the workplace and dignity-centered client services.
- With support from the Open Society Foundation, DSS has hosted a Racial Disparities Summit for leadership, key partners and stakeholders.
- Finally, together with the NYPD Commissioner, DSS took the following actions:

- The NYPD and DSS have developed a protocol for determining appropriate instances in which HRA Peace Officers in HRA Centers should seek the assistance of the NYPD.
- The NYPD has developed a protocol to deploy an NYPD supervisor to be part of the NYPD response team for such HRA assistance requests.
- The NYPD and DSS have developed a protocol for transferring control of an incident to the NYPD when the NYPD arrives at an HRA Center.

APPENDIX A: ACS EQUITY ACTION PLAN



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Equity Action Plan

January 2019

This Equity Action Plan is completed in compliance with Administrative Code 3-160, enacted by Local Law 174 (2017), requiring that the Administration for Children's Services conduct an "Equity Action Plan" to identify, and create a plan to address any disparate outcomes based on gender, race, income, and sexual orientation (to extent relevant data is available), and any other population characteristics examined as part of the equity assessments.

ACKNOWLEDGEMENTS

ACS is pleased to acknowledge the many individuals who contributed to the Equity Action Plan.

A special thank you to our partners in the Mayor's Office for Economic Opportunity – Matt Klein, Carson Hicks, and Minden Koopmans – for their support and partnership in completing the Equity Action Plan.

Our deepest gratitude to the Equity Assessment leadership team of Lorelei A. Vargas of the Division of Child and Family Well-Being and Jacqueline Martin of the Division of Prevention Services, who is also the Chair of the Racial Equity and Cultural Competence Committee (RECCC). Without these individuals, the Equity Assessment would not have been possible. Thank you to David Peters who led and managed the Equity Action Plan development process.

Thank you to Deputy Commissioners Julie Farber, Andrew White, William Fletcher, Alan Sputz, and Felipe Franco for supporting the development of the action plan through investing their expertise, leveraging their team, and providing Action Plan review support. Thank you to all of ACS Cabinet who sent representatives to join the Equity Assessment technical review team. A special thank you to Sara Workman for her high-quality data development and thorough analysis, which was invaluable for the insights derived in the first phase Equity Assessment.

ACS is extremely grateful to the cross-divisional Equity Assessment technical team, and everyone who attended agency-wide Action Plan meetings and division-specific working group meetings.

EXECUTIVE SUMMARY

The City of New York is strongly committed to equity and inclusion and to ensuring opportunity for all New Yorkers. With the enactment of Local Law 174 (2017), which calls for agencies to develop Equity Assessments and Action Plans, the city's commitment to confronting and addressing inequity through its policies and practices is made more evident. This Equity Action Plan supports the OneNYC initiative, with the agreement that equity must inform all planning. Therefore, this Equity Action Plan begins to address disparities, specifically related to race and ethnicity, within ACS' jurisdiction.

This assessment serves as the second step in a larger process to develop and implement full Equity Action Plans, with progress to be publicized in 2019.

PART 1: SUMMARY OF PROGRESS FOLLOWING EQUITY ACTION ASSESSMENT

INTRODUCTION

In response to the analysis of the results indicated in the findings of the Equity Assessment, ACS is focusing on racial disproportionality throughout the child welfare and juvenile justice pathways for the Equity Action Plan. ACS would like to be a national role-model for addressing these disparities within the child welfare and juvenile justice sectors. ACS believes addressing disparities as they relate to race and ethnicity across the pathway through both child welfare and juvenile justice is where foundational efforts to address inequities begins.

As a considerable national trend and amply apparent in ACS' justice analytics, there is significant need to address disparities as they relate to race and ethnicity within both child welfare and juvenile justice, focusing on how racial disproportionality increases at each point of decision-making in the processes. Racial disproportionality is a significant disparity within ACS, one that has received attention and buy-in from all levels of the agency and instigated a response from ACS through the RECCC. Therefore, ACS is addressing each disparity presented in Section 4 of the Equity Assessment. Findings of the equity assessment. These disparities are as indicated below:

1. Unequal rates of abuse and neglect investigations by race and ethnicity;
- 2.A Unequal rates of court ordered supervision by race and ethnicity;
- 2.B Unequal rates of foster care placement by race and ethnicity;
- 2.C Unequal length of stay in foster care by race and ethnicity;
- 3.A Unequal rates of community-based services and no services following an indicated investigation by race and ethnicity;
- 3.B Unequal prevention case openings by race and ethnicity;
- 4.A Unequal detention admissions by race and ethnicity;
- 4.B Unequal Close to Home admissions by race and ethnicity;

On the following pages the identified equity action plans for each disparity above are detailed in full.

KEY TERMS

Article X proceedings: The Family Court Act (FCA) Article 10 is "...designed to establish procedures to help protect children from injury or mistreatment and to help safeguard their physical, mental and emotional well-being. It is designed to provide a due process of law for determining when the state, through its family court, may intervene against the wishes of a parent on behalf of a child so that his needs are properly met."

Community Partnership Programs: ACS-funded planning bodies that mobilize stakeholders and develop measurable and innovative child and family well-being strategies. They are intended to be strength-based collaboratives that build on community strengths and rely on data and community voices to inform strategies.

Disproportionality: The differences in the percentage of children of a certain racial or ethnic group in New York City as compared to the percentage of the children of the same group in New York City's child welfare system.

Disparity: Unequal treatment when comparing one group to another. This can be observed in many forms, including decision points (e.g., reporting, investigation, substantiation, foster care placement, exit), treatment, services, or resources.

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Families and Children of Color: Families or children other than those who are non-Hispanic/Latinx, or White-only (e.g., Black, African American, Latinx, Hispanic, Native American, Asian American, Pacific Islander).

Family Assessment Response: New York State's alternative child protective response to some reports of child maltreatment. FAR does not require an investigation and determination of allegations and individual culpability for families reported to the SCR. It is an alternative approach to providing protection to children by engaging families in an assessment of child safety and of family needs, in finding solutions to family problems and in identifying informal and formal supports to meet their needs and increase their ability to care for their children.

Family Team Conferencing: Meetings organized by ACS that bring together important people in a child's family, such as relatives, doctors, and close family friends, to discuss safety, placement stability, permanency, and the overall well-being of a child.

Remand: The temporary order of custody of a child or young person to the commissioner of a local social services district pursuant to a pending abuse or neglect matter, PINS or juvenile delinquency matter.

Safety-Focused Forums: The Safety Focus Forum is for CPS to exchange their views and approach to Safety Assessment practice and to promote CPS application of the Expanded Safety Factors Guide to appropriately identify the behaviors, conditions and circumstances that have the potential to place a child in imminent/impending danger.

Substantiated Case or Investigation: When a child welfare investigation produces viable sources and evidence of abuse and/or neglect, the case is considered substantiated or valid in its filing and findings.

ACRONYMS

CBO: Community-Based Organization
CPP: Community Partnership Program
DCP: Division of Child Protection
DPS: Division of Prevention Services
DYFJ: Division of Youth and Family Justice
FAP: Family Assessment Program
FAR: Family Assessment Response
FCLS: Family Court Legal Services
FEC: Family Enrichment Center
FPS: Division of Family Permanency Services
FTC: Family Team Conferencing
JJI: Juvenile Justice Initiative
OCEP: Office of Community Engagement and Partnerships
PPM: Division of Policy, Planning, and Measurement
PPRS: Purchase Preventive Services
RECCC: Racial Equity and Cultural Competence Committee
SCR: State Central Registry for Abuse and Maltreatment

PROGRESS TO DATE

ACS decided during this action planning phase to spend a considerable amount of time meeting with each division's deputy commissioner to set expectations for a racial equity action plan. These discussions required an adjustment to existing program goals to support a deeper dive to examine racial equity. ACS realized that it also needed program staff from each division to be assigned to work with us to think more deeply about what and how this might happen. In consideration of an agency-wide assessment, ACS developed a foundational response for all agency staff.

ACS then created a work-tool to highlight ownership of each disparity. This created a second round of discussions which was followed by a full team meeting to assess progress and clarification of which division would take the lead in its efforts to reduce the assigned disparity. ACS became concerned with establishing action plans and equity metrics without looking at additional data.

ACS received guidance from our contacts at the Mayor's Office who supported our efforts moving forward. This proved valuable in cementing our collective vision.

PART 2: ACTION PLAN

FOUNDATIONAL FRAMEWORK FOR REDUCING DISPARITIES: IMPLICIT BIAS TRAINING

To achieve the audacious goals of all action plans included herein, a key foundational framework that is essential to ACS' efforts is *Understanding and Undoing Implicit Bias* training.

Children and families of color are disproportionately represented in the New York City child welfare system. Implicit bias contributes to this overrepresentation and perpetuates inequity. The ACS Workforce Institute developed its *Understanding and Undoing Implicit Bias* learning program to begin to address implicit bias and improve outcomes for children and families involved in the child welfare system. In addition, the New York City Council passed a bill requiring city agencies to provide all employees with training in implicit bias. This learning program was already in development and will serve to meet that requirement.

There are three components of this learning program:

1. eLearning Module (90 minutes)
2. Instructor-Led Training (one day)
3. Follow-Up Workshops (90 minutes each)

This learning program will help staff:

- Analyze how implicit bias affects decision-making;
- Identify the connection between institutional racism, structural inequity, and implicit bias;
- Examine the link between internalized oppression, implicit bias and microaggressions;
- Learn how to have effective conversations regarding implicit bias with peers;
- Evaluate how implicit bias and microaggressions contribute to a stressful work environment; and
- Learn and employ appropriate strategies to reduce implicit bias.

Prior to rolling out this learning program, the ACS Workforce Institute team met with representatives from the ACS Office of Equity Strategies and the RECCC to ensure alignment on strategies and proposed implementation. An engagement and communication plan for ACS senior leadership was developed. All-staff communication was also developed to go out once ACS senior leadership was provided with an overview.

The Commissioner sent an all-staff announcement regarding the *Understanding and Undoing Implicit Bias* learning program with details about requirements.

- All staff at ACS, regardless of position and division, are required to take the eLearning module by June 30, 2019.
- All direct service staff and supervisors are required to take the eLearning module and the one-day instructor-led training, in that order.
- The follow-up workshop sessions are open to anyone who has completed the eLearning module and serve as a support opportunity to process the information in the eLearning module. Non-direct service staff are encouraged to take advantage of this opportunity.

All ACS staff were registered for the eLearning module through the ACS Workforce Institute's learning management system Cornerstone once the requirement was announced. All direct service staff and supervisors can register for the one-day, instructor-led training through Cornerstone. The course is being offered eight times per month in rotating boroughs. The follow-up workshops will be offered

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twice a month starting in January 2019 – one session will be for all staff and the other session will be for those in supervisory positions. Registration will be done through Eventbrite.

Further explanation of trainings and how they relate to the equity action plan is described in the disparity action plans in the following pages.

DISPARITY ACTION PLANS

DISPARITY 1

Disparity Description: Black/African American and Hispanic/Latinx children are disproportionately involved in abuse and/or neglect investigations: while only comprising 61.3% of the New York City population, Black/African American and Hispanic/Latinx children comprise 87.8% of the children in investigations.

Equity Goal(s): Greater utilization of primary prevention strategies, where appropriate, to redirect low-risk families from the child welfare protection/investigation path. This will be piloted in three communities: East New York, Hunts Point, and Highbridge.

Equity Metric(s): Number of Black/African American and Hispanic/Latinx children involved in SCR reports (and thus investigations) from primary sources in each community.

Action Plan Description: The Division of Child and Family Well-Being will develop and pilot primary prevention strategies to decrease disparities in abuse and/or neglect investigations. The pilots will be built into the existing infrastructure and program strategies of Community Partnership Programs (CPP) and Family Enrichment Centers (FEC) in the communities of East New York, Highbridge, and Hunts Point. These programs will use a 2Gen approach that connects children and parents/caregivers to primary prevention supports based on family-identified needs. Pilot strategies will also involve working with mandated reporters to increase awareness and use of primary prevention resources. The underlying assumption is that in providing referrals to families and increasing mandated reporters' awareness and use of primary prevention strategies there will be a reduction in unnecessary allegations and investigations of neglect. If successful, the pilots can be replicated in other communities to reduce disproportionate SCR reporting (and thus investigations) citywide.

Description of Actions:

Action 1: Learn about context by conducting a situational analysis to fully understand the gaps and opportunities in each of the three pilot communities to tackle equity at the front door of ACS in collaboration with key stakeholders.

Action Step(s):

- Conduct analysis on SCR report data by source of report, race, and type of allegation to identify primary sources and drivers of SCR reports by the end of September 2019.
- Refine CPP Equity Framework to provide context for pilot by the end of October 2019.
- Convene the institution that is the primary source of SCR calls in each community with service providers, local leaders, primary prevention programs within ACS, and FECs to discuss project in the context of the CPP's Equity Framework by the end of January 2020.

Action Metric(s):

- Number of completed data profiles

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- Number of completed Equity Framework one-pagers
- Number of partners involved
- Number of primary prevention supports identified and included in community resource inventories

Leader:

- Barb Carlson, Interim Deputy Commissioner, Division for Child and Family Well-Being

Action 2: Develop and nurture partnerships with key stakeholders (e.g. schools, hospitals, and other institutions) where mandated reporters or referrals drive the demographics of ACS clients.

Action Step(s):

- Develop and begin implementing, by February 2020, pilot strategies and benchmarks for (1) conducting outreach and peer-led activities that connect families to primary prevention resources, and (2) offering implicit bias and primary prevention trainings to mandated reporters.
- CPP Community Ambassadors, FEC parent leaders, and service providers from CPPs implement strategies and engage in regular CQI discussions to assess progress and problem-solve challenges beginning in March 2020 and continuing through August 2020.

Action Metric(s):

- Number of completed strategic plans with milestones, benchmarks, and process and impact metrics for each of the three pilot communities
- Number of families involved in activities
- Number of referrals provided
- Number of participants (e.g. mandated reporters) in trainings
- Number of families reporting positive impact from involvement in activities
- Number of training participants with an increase in knowledge based on self-reporting

Leader:

- Barb Carlson, Interim Deputy Commissioner, Division for Child and Family Well-Being

DISPARITY 2.A

Disparity Description: Black/African American families have the lowest rate of court ordered supervision (COS) as compared to foster care placement: COS (with or without prevention services) is higher in Hispanic/Latinx families than in Black/African American families (21.6% as compared with 20.0%). Notably White families have a much higher rate of COS after indicated investigations than any other group at 24%.

Equity Goal(s): Safely reduce the incidences of Black/African American children involved in court proceedings related to removal from home where warranted and increase the likelihood that children will be placed with kin upon entering foster care.

Equity Metric(s): Court filings of child welfare cases by race/ethnicity – ACS will compare the demographic data of families entering court-ordered supervision to the most updated race/ethnicity breakdown of New York City's population, moving towards reducing Black/African American and Hispanic/Latinx children involved in Article X proceedings.

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Action Plan Description: Assess how ACS makes the decision for children and families to be referred to court ordered supervision versus other outcomes, identifying the allegations that result in each by race/ethnicity. This analysis would help ACS to understand the role that race/ethnicity plays, when controlled for all other factors. Actions, as indicated below, will be implemented to reduce any bias in decision-making for abuse and/or neglect substantiation will be implemented for equitable outcomes for all children.

Description of Actions:

Action 1: Assess how ACS refers families to COS, identifying the allegations that result in each by race/ethnicity.

Action Step(s):

- PPM to provide DCP with data on COS by allegation and race/ethnicity and by age for a baseline (completed)
- Develop mechanism that promotes review of COS data on an annual basis (completed).

Action Metric(s):

- Data provided by PPM to DCP on COS by allegation and race/ethnicity and age
- DCP analysis of PPM data completed
- Continuous data infrastructure developed and completed
- Data analysis completed quarterly

Leader(s)

- William Fletcher, Deputy Commissioner, Division of Child Protection
- Andrew White, Deputy Commissioner, Division of Policy, Planning & Measurement

Action 2: Continue safety-focused forums and ensure staff are creating and executing safety plans that do not involve seeking to remove children from their home, when it is safe to do so.

Action Step(s):

- Update and re-issue "Racial Equity and Cultural Competency in Conferencing – 6 Stages"² by June 2020.
- Family Team Conferencing³ (FTC) will commit to streamlining, updating, and utilizing the document across all conferences to ensure all safety plans are scrutinized to ensure race/poverty are not a factor when a restrictive conference outcome become necessary safety plan by December 2020.

Action Metric(s):

- "Racial Equity and Cultural Competency in Conferencing – 6 Stages" document updated
- All documents across all conferences reviewed and revised as needed
- Mechanism assess all new documents, ensuring for race/poverty as a factor in conferencing, developed

Lead Team/Staff:

- William Fletcher, Deputy Commissioner, Division of Child Protection

Action 3: Develop and incorporate mechanism for minimizing implicit bias in child welfare case decision-making.

Action Step(s):

- ACS to partner with OCFS on incorporating implicit bias into OCFS investigation determination training ensuring that environmental influences – poverty, geography, last name – do not influence a person's reasons to indicate allegations by end of June 2019.
- DCP will work with supervisory/managerial leadership to make this a part of on-going conversations in the borough offices by end of 2019.
- All Family Court Legal Services (FCLS) attorneys receive implicit bias training by end of 2019.

Action Metric(s):

- ACS meets with OCFS to discuss including implicit bias in determination training
- Implicit bias included in determination training
- Check-ins with leadership on agenda items for zone debriefings and supervisory sessions
- Number of DCP staff who have completed the ACS Workforce Institute implicit bias eLearning module
- Number of FCLS staff who have completed the ACS Workforce Institute implicit bias eLearning module
- Number of FCLS staff who have completed the ACS Workforce Institute implicit bias instructor-led training

Leaders:

- William Fletcher, Deputy Commissioner, Division of Child Protection
- Alan Sputz, Deputy Commissioner, Family Court Legal Services

DISPARITY 2.B

Disparity Description: Black/African American children are disproportionately placed in foster care: The proportion of Black/African American children placed in foster care is more than twice the proportion of the New York City child population – while Black/African American children make up 24.3% of the city's youth population, they comprise 53.8% of the children placed in foster care. Hispanic/Latinx children are equally represented in foster care (37.5%) when compared to their population size (37.0%) among the city's youth.

Equity Goal(s): To safely reduce the number of Black/African American and Hispanic/Latinx children involved in Article X proceedings.

Equity Metric(s): Foster care placement by race/ethnicity – ACS will compare the demographic data of children entering foster care to the most updated race/ethnicity breakdown of New York City's population, moving towards reducing Black/African American and Hispanic/Latinx children involved in Article X proceedings.

Action Plan Description: Assess how ACS makes the decision for children and families to be referred to foster care versus other outcomes, identifying the allegations that result in each by race/ethnicity. This analysis would help ACS to understand the role that race/ethnicity plays, when potentially controlled for all other factors. Actions, as indicated below, will be implemented to reduce any bias in decision-making for abuse and/or neglect substantiation will be implemented for equitable

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outcomes for all children.

Description of Actions:

Action 1: Assess how ACS refers families to foster care, identifying the allegations that result in each by race/ethnicity.

Action Step(s):

- PPM to provide DCP with data on foster care placement by allegation and race/ethnicity and by age for a baseline by end of April 2019 (completed).
- Develop mechanism that promotes review of foster care placement data on an annual basis by end of December 2019.

Action Metric(s):

- Data provided by PPM to DCP on referrals to foster care by allegation and race/ethnicity and age
- DCP analysis of PPM data completed
- Continuous data infrastructure developed and implemented
- Data analysis completed quarterly

Lead Team/Staff:

- William Fletcher, Deputy Commissioner, Division of Child Protection
- Andrew White, Deputy Commissioner, Division of Policy, Planning, and Measurement

Action 2: Continue the Safety Focused Forums and ensure that staff are creating and executing safety plans that do not involve filing an Article X petition when it is safe to do so.

Action Step(s):

- Update and re-issue "Racial Equity and Cultural Competency in Conferencing – 6 Stages" by June 2020.
- Family Team Conferencing (FTC) will commit to streamlining, updating and utilizing the document across all conferences to ensure all safety plans are scrutinized to ensure race/poverty are not a factor when a restrictive conference outcome become necessary safety plan by December 2020.

Action Metric(s):

- "Racial Equity and Cultural Competency in Conferencing – 6 Stages" document updated
- All documents across all conferences reviewed and revised as needed
- Mechanism to assess all new documents, ensuring for race/poverty as a factor in conferencing, developed

Lead Team/Staff:

- William Fletcher, Deputy Commissioner, Division of Child Protection

Action 3: Develop and incorporate mechanism for minimizing implicit bias in child welfare case decision-making.

Action Step(s):

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- ACS to partner with OCFS on incorporating implicit bias into OCFS investigation determination training ensuring that environmental influences – poverty, geography, last name – do not influence a person's reasons to indicate allegations by end of 2019.
- DCP will work with supervisory/managerial leadership to make this a part of on-going conversations in the borough offices by end of 2019.
- All Family Court Legal Services (FCLS) attorneys receive implicit bias training.

Action Metric(s):

- ACS meets with OCFS to discuss including implicit bias in determination training
- Implicit bias included in determination training
- Check-ins with leadership on agenda items for zone debriefings and supervisory sessions
- Number of DCP staff who have completed the ACS Workforce Institute implicit bias eLearning module
- Number of FCLS staff who have completed the ACS Workforce Institute implicit bias eLearning module
- Number of FCLS staff who have completed the ACS Workforce Institute implicit bias instructor-led training

Lead Team/Staff:

- William Fletcher, Deputy Commissioner, Division of Child Protection
- Alan Sputz, Deputy Commissioner, Family Court Legal Services

DISPARITY 2.C

Disparity Description: Black/African American children on average experience longer stays in foster care: The higher proportion of Black/African American children in foster care compared to those entering foster care shows that Black/African American children are leaving foster care at a slower rate than they are entering.

Equity Goal(s): To increase the likelihood a Black/African American child will be placed in a kinship foster home upon entering foster care or will move to a kinship foster home within 45 days.

Equity Metric(s): Proportion of new entries to foster care placed immediately with kin or moved to kin within 45 days by race/ethnicity.

Action Plan Description: FPS will implement actions to increase the opportunities for and utilization of kinship care for children placed into foster care. Kinship foster homes support: placement stability, maintenance of family ties, higher rates of overall well-being, better outcomes in education, an increase in the likelihood of reunification, and a reduction in the likelihood of re-entry into foster care.

Description of Actions:

Action 1: Conduct further analysis on kinship placements to identify if there are disparities and to inform kinship placement strategies.

Action Step(s):

- PPM will conduct analysis of kinship placements in foster care by race/ethnicity by end of April 2019.

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- PPM will share data for review with the DCP and the FPS by end of April 2019.
- Analysis will be refined based on review by DCP and FPS by the end of May 2019.
- PPM, DCP, and FPS will jointly approve the final version of the analysis by end of May 2019.

Action Metric(s):

- Initial analysis of kinship placements in foster care by race/ethnicity completed
- Analysis on kinship placements updated twice a year

Lead Team/Staff:

- Andrew White, Deputy Commissioner, Division of Policy, Planning, and Measurement

Action 2: Kinship Specialists will continue efforts to identify kin resources and initially place children with kin upon entry into foster care.

Action Step(s):

- Explore possible kinship resources for children entering care ongoing.
- Determine if kin resources are appropriate for placement and conduct emergency home studies ongoing.
- Refer kin resources to the ACS Office of Placement for full certification as kinship foster parents ongoing.

Action Metric(s):

- Number of quarterly data reviews of kinship placement completed

Lead Team/Staff:

- William Fletcher, Deputy Commissioner, Division of Child Protection

Action 3: Provide technical assistance and regular kinship data reports to foster care agencies to highlight attention to this issue.

Action Step(s):

- Develop kinship data reports by January 2019
- Issue the reports monthly to the foster care agencies beginning in February 2019

Action Metric(s):

- Number of kinship data reports produced and shared monthly

Lead Team/Staff:

- Julie Farber, Deputy Commissioner, Division of Family Permanency Services

Action 4: Ensure agencies develop and maintain business plans and internal protocols to identify kinship foster care placement options for children who are placed in regular foster homes.

Action Step(s):

- Request agency business plans by January 2020.
- Review agency business plans by March 2020.
- Coordinate and provide technical assistance sessions by April 2020.

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Action Metric(s):

- Number of agency business plans gathered and assessed
- Number of technical assistance sessions, based on agency need, completed

Leader:

- Julie Farber, Deputy Commissioner, Division of Family Permanency Services

DISPARITY 3.A

Disparity Description: Black/African American families have the lowest rate of community-based services and highest rate of no services: Only 9.7% of Black/African American families received community-based services, whereas Hispanic/Latinx and White families received community-based services 12.2% and 13.8% of the time, respectively.

Equity Goal(s): To reduce disproportionate rates of community-based services and no services referrals across New York City.

Equity Metric(s): Substantiations by race/ethnicity and referrals to Purchase Preventive Services (PPRS; contracted preventive services) versus referrals to a Community-Based Organization (CBO) by DCP – ACS will compare the demographic data of race/ethnicity and referrals to PPRS versus referrals to CBOs in substantiated cases across New York City, working towards equitable referrals to community-based services for Black/African American families.

Action Plan Description: Assess how ACS substantiates or does not substantiate investigations, identifying the allegations that result in each by race/ethnicity, in addition to the referrals made for families. When a case is substantiated, often a referral to a PPRS agency is made versus a CBO. Therefore, if there is a reduction in the number of substantiated cases for Black/African American and Hispanic/Latinx children then there should be an increase in the number of families referred to CBOs versus PPRS. This analysis would help ACS to understand the role that race/ethnicity plays, when controlled for all other factors. Actions, as indicated below, will be implemented to reduce any bias in decision-making for abuse and/or neglect substantiation for equitable outcomes for all children.

Description of Actions:

Action 1: Assess indicated cases identifying the allegations by race/ethnicity and decisions to refer or not to refer to prevention services.

Action Step(s):

- PPM to provide DCP with data on community-based services or no services by allegation and race/ethnicity and by age for a baseline (completed).
- Develop mechanism that promotes review data on an annual basis by Fall 2019.

Action Metric(s):

- Data provided by PPM to DCP on referrals to community-based services by allegation and race/ethnicity and age
- DCP analysis of PPM data completed
- Continuous data infrastructure developed and completed

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- Data analysis completed quarterly

Leaders:

- William Fletcher, Deputy Commissioner, Division of Child Protection
- Andrew White, Deputy Commissioner, Division of Policy, Planning, and Measurement

Action 2: Develop and incorporate mechanism for minimizing implicit bias in child welfare case decision-making.

Action Step(s):

- ACS to partner with OCFS on incorporating implicit bias into OCFS investigation determination training ensuring that environmental influences – poverty, geography, last name – do not influence a person's reasons to indicate allegations by end of 2019.
- DCP will work with supervisory/managerial leadership to make this a part of on-going conversations in the borough offices by end of 2019.

Action Metric(s):

- ACS meets with OCFS to discuss including implicit bias in determination training
- Implicit bias included in determination training
- Check-ins with leadership on agenda items for zone debriefings and supervisory sessions
- Number of DCP staff who have completed the ACS Workforce Institute implicit bias eLearning module

Leader:

- William Fletcher, Deputy Commissioner, Division of Child Protection

Action 3: FAR will assign families that are found to be eligible for FAR track assignment based on the criteria of FAR without implicit and explicit bias. ACS will ensure that families that are over reported will receive supportive services from CPS versus a formal investigation.

Action Step(s):

- FAR coaching and training in implicit bias conducted by end of December 2019.
- Continue to implement and invest in the improvement of the FAR model by 2020.
- Continue to grow the FAR model throughout New York City by 2021.
- Develop a FAR and FEC linkage mechanism to establish community network connections by August 2019.

Action Metric(s):

- FAR expanded to Bronx South
- Consistent caseloads of 12 for each FAR CPS worker
- Number of FAR CPS workers who are trained/coached in implicit bias

Leader:

- William Fletcher, Deputy Commissioner, Division of Child Protection

DISPARITY 3.B

Disparity Description: Black/African American children are disproportionately less likely to be in

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prevention case openings following a substantiated investigation. Despite comprising 44.3% of the children in substantiated investigations in 2017, only 37.8% of the children in prevention case openings that year were Black/African American.

Equity Goal(s): To ensure all children have access to child welfare prevention services across New York City.

Equity Metric(s): Indicated investigations, referrals to contracted prevention services, and prevention service case openings by race/ethnicity.

Action Plan Description: The overall goal is to increase access to prevention services for all children and reduce the likelihood of entry into foster care. Participation in prevention services could prevent later entry into foster care, and it is therefore vital to ensure equitable access for all children living in New York City. While data shows Black/African American and Hispanic/Latinx families using prevention services at a higher rate than White and Asian families, it may be positive that Black/African American and Hispanic/Latinx families are overly represented in prevention services reducing their risk of foster care placement.

Description of Actions:

Action 1: ACS will undertake an evaluation of the data (children placed in foster care – CY 2017) to better understand what decision points influence foster care placement versus prevention services, and which services may be most effective at supporting families with the greatest needs to prevent maltreatment and foster care placement.

Action Step(s):

- DPS and PPM will conduct analysis of data regarding children placed in foster care to determine the aggregate reasons for Black/African American children being placed in foster care by Fall 2019.

Action Metric(s):

- Increased understanding and analysis of reasons Black/African American children are placed into foster care
- Increased understanding of the most effective services at preventing maltreatment and foster care placement for families with the greatest needs.

Leader:

- Dr. Jacqueline Martin, Deputy Commissioner, Division of Prevention Services

Action 2: ACS will continue efforts to strengthen the process of service matching to improve availability and access to the most appropriate services for families with the greatest needs, including families and children of color.

Action Step(s):

- DPS and PPM will conduct analysis to align prevention program model allocation with community and family needs, and strengthen process for service matching—especially for the highest needs families.

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Action Metric(s):

- Increased access for the highest need families, including those with shelter involvement, repeat investigations, and other challenges, to the most appropriate services.

Leader:

- Dr. Jacqueline Martin, Deputy Commissioner, Division of Prevention Services

DISPARITY 4.A

Disparity Description: Black/African American and Hispanic/Latinx youth make up 61% of the New York City youth population, but 93% of youth in juvenile detention. Black/African American youth are disproportionately admitted into detention. While Black/African American youth make up 26% of the New York City youth population, they comprise 63% of youth admitted to detention. These results are equivalent to national data that shows higher rates of detention among Black/African American youth.¹ DYFJ does not directly influence disparity in detention but instead receives young people from earlier points in the youth justice system including arrest, probation intake, case filing, and arraignment.

Equity Goal(s): To treat young people and families, who touch the youth justice system, fairly, safely, and with respect. DYFJ envisions a system that prevents and reduces involvement in the youth and criminal justice systems. No group should be disproportionately represented or receive disparate outcomes in the detention system.

Equity Metric(s): Detention Admissions by race/ethnicity – ACS will compare the demographic data of young people entering detention to the most updated race/ethnicity breakdown of New York City's youth population, working towards a reduced percentage of Black/African American youth detained in detention.

Action Plan: The Division of Youth and Family Justice intends to use a three-pronged method of (1) system-level shift, (2) prevention, and (3) intervention, to address racial disparity in detention. First, we understand that this disparity in detention reflects the previous points such as arrest, probation intake, petition filing, and family court decision-making. As such, DYFJ will engage all relevant youth justice stakeholders in a conversation about what we all could be doing as separate entities to reduce and eliminate racial and ethnic disparities. Second, DYFJ seeks to achieve equity by serving predominantly youth of color in the Family Assessment Program (FAP), which supports families struggling with everyday challenges to prevent system-involvement. Lastly, we will look within to see what practices and interventions we can use at points under our control to work towards equity.

Description of Actions:

Action 1: Re-convene the Juvenile Justice Advisory Council (JJAC), a quarterly gathering of New York City youth justice stakeholders including the NYPD, Probation, Law Department, Family Court Judiciary, and the defense where pertinent youth justice topics, indicators, and outcomes are discussed.

¹ <https://www.sentencingproject.org/publications/racial-disparities-in-youth-commitments-and-arrests/>

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Action Step(s):

- Contact all members of the JJAC to inform them about the reactivation of the group (completed).
- Convene three JJAC meetings for CY 2019 by the end of December 2019.

Action Metric(s):

- Number of meetings held in CY 2019

Leader:

- Felipe Franco, Deputy Commissioner, Division of Youth and Family Justice

Action 2: Review and strengthen Family Assessment Program (FAP) initial contacts to prevent further system involvement.

Action Step(s):

- Implement the Mentoring and Advocacy Program, a comprehensive credible messenger mentoring program to prevent system-involvement by August 2019.
- Collaborate with the New York Police Department (NYPD) and the Department of Education to encourage service referrals over arrests or calls to the police on an ongoing monthly basis.
- Review FAP outcome data by race/ethnicity quarterly in the last six months of CY 2019.

Action Metric(s):

- Number of youths enrolled in Mentoring and Advocacy Program
- Number of referrals to FAP from the NYPD and the Department of Education
- Percentage of FAP screened eligible cases that are enrolled
- Percentage of FAP enrollments that are successfully completed
- Felipe Franc, Deputy Commissioner, Division of Youth and Family Justice

Action 3: Create direct interventions for youth of color and their families in detention.

Action Step(s):

- Hire a secure detention workforce that looks like the young people who enter detention. This action step has begun and is ongoing.
- Connect families to FAP services in the community after youth are discharged to reduce numbers of youth reentering detention. This action step will begin in September 2019.

Action Metric(s):

- Number of low-risk police admissions released from detention
- Number of low-risk police admissions transported to non-secure detention
- Number of staff hired by race/ethnicity
- Number of referrals to FAP from DYFJ detention

Lead Team/Staff

- Felipe Franco, Deputy Commissioner, Division of Youth and Family Justice

DISPARITY 4.B

Disparity Description: Black/African American and Hispanic/Latinx youth make up 61% of the New

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York City youth population, but 90% of Close to Home (CTH) admissions. Black/African American youth are disproportionately placed into CTH, New York City's youth justice placement system. At only 26% of the city's youth population, Black/African American youth comprise 60% of CTH admissions. Like detention, DYFJ does not control the population coming into CTH and youth representation reflects the previous points in the youth justice system. National literature and data suggest that the disparity at which Black and White youth are held in juvenile facilities has grown despite long-term declines in youth incarceration.²

Equity Goal(s): To treat young people and families, who touch the youth justice system, fairly, safely, and with respect. DYFJ envisions a system that prevents and reduces involvement in the youth and criminal justice systems. No group should be disproportionately represented or receive disparate outcomes in CTH.

Equity Metric(s): CTH admissions by race/ethnicity – ACS will compare the demographic data of young people entering CTH to the most updated race/ethnicity breakdown of New York City's youth population, working towards reduced percentage of Black/African American youth admitted to CTH.

Action Plan: DYFJ will be using a three-pronged method of (1) system-level shift, (2) prevention, and (3) intervention, to address racial disparity in CTH. First, DYFJ understands that this disparity in detention reflects the previous youth justice system points of arrest, probation intake, petition filing, and family court judiciary decision-making. As such, DYFJ aims to begin a conversation with all relevant youth justice stakeholders on what DYFJ could be doing as separate entities to reduce and eliminate racial and ethnic disparities. Second, DYFJ seeks to achieve equity by serving predominantly youth of color in the JJI, an alternative to placement program that allows young people who the Family Court finds to be juvenile delinquents to stay at home and receive intensive services in the community. Lastly, DYFJ will look within to see what practices and interventions DYFJ can use at points under our control in CTH to reduce disparity and the likelihood that young people come back to us again.

Description of Actions:

Action 1: Reduce the number of youths readmitted to Close to Home (CTH).

Action Step(s):

- Adopt a system of direct interventions for youth of color and their families in detention and Close to Home to reduce the likelihood of youth reentering or engaging further into the justice system. Graduated responses and restorative justice have been implemented in 2018 and will be continuing.
- Review Close to Home outcome data quarterly.

Action Metric(s):

- Graduated responses and restorative justices implemented
- Close to Home readmission rate by race/ethnicity compared to the New York City youth population

Leader:

² <https://www.sentencingproject.org/publications/black-disparities-youth-incarceration/>

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- Felipe Franco, Deputy Commissioner, Division of Youth and Family Justice

CONCLUSION

The ACS Equity Action Plan involves a cross section of all major divisions within the agency. ACS is pleased with the opportunity to systematically implement a plan to reduce disproportionality and disparities, particularly as they relate to race and ethnicity. ACS views this Equity Action Plan as a first step in imbedding racial equity as a sustainable value within our organizational culture. The Equity Action Plan will inform all decision-making. ACS looks forward to releasing our innovative and creative energies to benefit children, youth, parents, communities, and staff within our jurisdiction.

APPENDIX B: DOHMH EQUITY ACTION PLAN



**New York City Department of Health and Mental Hygiene
Race and Gender Equity Action Plan
July 2019**

Submitted by:
Commissioner Oxiris Barbot

Part 1: Summary of Progress since Equity Assessment

The New York City Department of Health and Mental Hygiene's (DOHMH) work in operationalizing racial and gender equity and agency transformation served as the catalyst and best practice for local laws 174 and 175.

DOHMH's equity assessment addresses nationally extensive literature that notes the presence of health disparities, and the importance of acknowledging multi-level factors including neighborhood conditions, public policies, social networks, access to medical care, among other factors, as key drivers of these demographic differences in health outcomes.¹⁻³ Research has also powerfully demonstrated that historical and present-day racism together with social determinants promote the persistence of racial and ethnic health disparities. Furthermore, the role of gender, gender identity and sexual orientation, and discrimination based on these identities cannot be minimized in the production of disease and in perpetuating differences in health.^{4,5}

Disproportionate health challenges are faced by people who experience compounded marginalization due to institutional racism, sexism, cissexism, heterosexism, classism, and other related intersecting oppressions. According to research, people at intersections of multiple oppressions who most often bear the burden of health inequities include lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) people or color, especially persons of transgender, gender non-conforming, or non-binary (TGNCNB) experience, and persons with justice involvement.⁶⁻⁸

Our work emerges from the longstanding and broad research documenting health disparities associated with race, gender, income and sexual orientation, and a growing appreciation of how social determinants affect physical and mental health outcomes.

Equity analysis is woven through all aspects of our agency and the focus of the assessment emerged from our familiarity with health equity literature, the existing data reporting and health justice efforts already under way at DOHMH, and our determination to identify areas of opportunity for our agency to continue to address disparities through ongoing internally- and externally-oriented initiatives.

The internal indicators selected focused on DOHMH policies and practices that affect equity and inclusion for staff. That included an assessment of workforce demographics (managerial and non-managerial staff and salary by race and gender), and an examination of how cultural norms, the physical environment, and data collection practices serve to promote inclusion of marginalized staff in the agency. The external indicators assessed the aforementioned disparities in NYC health outcomes and our work to address them.

Since submitting the assessment, we have convened our equity teams⁹ across the agency to host conversations about aligning equity strategies and to collectively prioritize strategies for the action plan. The first of these events took place

¹ Krieger N. Epidemiology and the web of causation. Has anyone seen the spider? *Soc Sci Med*. 1994;39:887-903

² Ana V. Diez Roux. Investigating neighborhood and area effects on health. *American Journal of Public Health*. 2001;91(11): 1783-1789.

³ Diez Roux AV, Mair C. Neighborhoods and health. *Ann N Y Acad Sci*. 2010 Feb;1186:125-45.

⁴ Williams DR, Mohammed SA, Leavell J, Collins C. Race, socioeconomic status and health: complexities, ongoing challenges and research opportunities. *Ann N Y Acad Sci*. 2010 Feb;1186:69-101

⁵ Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: evidence and needed research. *Journal of Behavioral Medicine*, 32(1), 20. <http://doi.org/10.1007/s10865-008-9185-0>

⁶ R. Bauer G, I. Scheim A, Longman Marcellin R. Intersecting impacts of transphobia and racism on HIV risk among trans persons of colour in Ontario, Canada. *Ethnicity and Inequalities HSC*. 2013;6(4):97-107. doi:10.1108/EIHSC-09-2013-0017

⁷ Kim H-J, Jen S, Fredriksen-Goldsen KI. Race/Ethnicity and Health-Related Quality of Life Among LGBT Older Adults. *The Gerontologist*. 2017;57(suppl_1):S30-S39. doi:10.1093/geront/gnw172

⁸ Dumont DM, Brockmann B, Dickman S, Alexander N, Rich JD. Public Health and the Epidemic of Incarceration. *Annu Rev Public Health*. 2012;33(1):325-339. doi:10.1146/annurev-publhealth-031811-124614

⁹ "Equity teams" refers to staff organized volunteer groups that work to improve DOHMH work, especially as it relates to marginalized groups. This includes the Race to Justice Core Team, the Race to Justice workgroups, LGBTQ Core Team, division and bureau action teams, employee resource groups, and other groups across the agency that advocate for particular issues related to equity.

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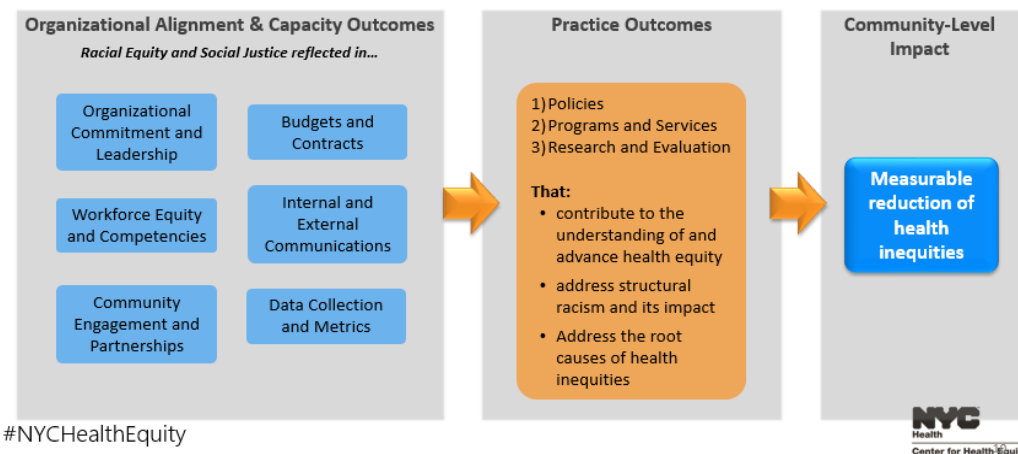
on August 7th, 2018 at the Race to Justice Action Summit. This summit brought together Race to Justice Core Team,¹⁰ Race to Justice workgroups, division and bureau action teams, and employee resource groups to share strategies for achieving equity in DOHMH work and to identify opportunities for alignment. As a result of the Action Summit, teams leading equity work have been able to build relationships that help them work together toward shared goals to realize equity and justice at DOHMH. Employee resource groups have held joint events, division action teams are able to exchange resources with each other, workgroups recognized opportunities to collaborate on disseminating toolkits they developed to advance equity in the agency, and members of each group were able to hear about other work across the agency where they might be able to plug in to strengthen equity efforts.

The Action Summit was the first step in aligning equity efforts, and it laid the groundwork for bringing equity teams together to work on the action plan for Local Law 174. Since the summit, teams have come together to discuss the disparities highlighted in the assessment, provide their recommendations for addressing disparities, prioritize strategies to include in the action plan, and review the final action plans. They have been integral to the process and continue to emphasize the importance of internal (institutional) transformation for external (community) impact in DOHMH work (Figure 1).

Figure 1.

RACE TO JUSTICE THEORY OF CHANGE

Building Organizational Capacity to Reduce Inequities and Advance Structural Change



The action plan that follows builds upon the agency’s Race to Justice work and aligns the requirements of Local Law 174 with those efforts. Accordingly, the action plan addresses disparities in many of the areas shown in the Race to Justice theory of change. Throughout this process, DOHMH gave central consideration to disparities related to the core work of our agency and that were deemed particularly significant in our assessment. Namely, we selected the disparities that follow due to their connection to our mission and/or the potential size of their impact. The strategies we developed to address these disparities will necessarily require some foundational components of the work such as partnership-building, planning meetings, awareness raising, and infrastructure development. This makes some of the timelines tentative at this point and we will revisit them as we move forward in the implementation process. There are actions intended to advance equity through the agency’s organizational commitment and leadership, data collection and metrics, and workforce. These are intended to change the way DOHMH does work, centering equity in all policies, practices, and programs, with a goal of achieving measurable reductions in health inequities.

¹⁰ Race to Justice Core Team is one organizing body of the Race to Justice initiative, which is the agency’s internal reform effort. Race to Justice staff—often referred to as “Race to Justice” or “Race to Justice Management Team”—coordinate, organize, evaluate, and strategize around internal reform. Staff volunteers make up the Race to Justice Core Team, which is the central body that proposes strategies to affect agency-wide change for equity. Race to Justice workgroups are task-and-finish volunteer groups that were organized to fulfill particular deliverables to advance agency-wide change.



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Part 2: Action Plan

Section 1. Addressing Disparities with Existing Agency Work

The table below describes work that is already in progress to address disparities that were identified in the Equity Assessment submitted in August 2018. It does not include disparities addressed by Action Plan items as they will be further discussed in subsequent sections.

Domain	Disparity	Assessment Page #	Action	Existing Accountability Structures
Services and programs	In NYC, LGBTQ high school students experience sadness and hopelessness at twice the rate of their cisgender and heterosexual peers	Pg. 7	Fostering a Safe, Affirming School Climate which reviewed efforts to expand access to psychosocial supports, enhance the visibility of allies and support youth-driven advocacy efforts	LGBTQ Behavioral Health Roadmap
Services and programs	Among young people in NYC, the prevalence of dating violence for LGBQ youth was more than twice that of their heterosexual peers in 2015.	Pg. 8	Preventing Intimate Partner Violence, Expanding Supports for LGBTQ Survivors which discussed physical, emotional and financial violence among LGBTQ people in relationships and reviewed strategic partnerships that aim to transcend cis- and heteronormative paradigms of care for LGBTQ survivors of intimate partner violence.	LGBTQ Behavioral Health Roadmap
Services and programs	A recent report by the NYC Comptroller’s office pointed to persistent discrimination against LGBTQ New Yorkers across sectors: in employment, healthcare, and housing, with nearly half of respondents reporting public harassment in their day-to-day lives.	Pg. 8	Securing Safe, Affirming Housing which discussed pathways from homelessness for LGBTQ youth, covered ongoing efforts to expand affirming housing services, and boost LGBTQ workforce development	LGBTQ Behavioral Health Roadmap
Services and programs	The period immediately after release from prison or jail carries increased mortality risk. A recent joint study between the DOHMH and H+H (Correctional Health Services) analyzed post release death by matching electronic health records from those incarcerated in New York City jails between 2011 and 2012 with vital statistics records. ¹¹ The in-jail and 6-week post release mortality rates were estimated to be 1.39 and 5.89 per 1,000 person-years, respectively. Of 59 deaths occurring within 6 weeks of release from jail, the causes included opioid overdose (37.3%), other drugs (8.5%), chronic disease (25.4%), assaultive trauma (20.3%), and	Pg. 9	<ul style="list-style-type: none"> • Health Justice Network – FPHNY in collaboration with DOHMH’s Health Access Equity Unit received a grant from the Manhattan DA’s office to support the design and implementation of the Health Justice Network (HJN) over three and half years. The HJN is an innovative program that improves the health and well-being of people with justice involvement by increasing their access to, engagement in and quality of community-based health and social services. • To release RFP EXPANDING ACCESS TO OVERDOSE PREVENTION AND NALOXONE SERVICES FOR JUSTICE-INVOLVED NEW YORKERS: DOHMH will fund organizations providing services to individuals who are justice-involved 	Various

¹¹ Alex B, Weiss DB, Kaba F, et al. Death After Jail Release: Matching to Improve Care Delivery. J Correct Health Care. 2017;23(1):83-87.



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Domain	Disparity	Assessment Page #	Action	Existing Accountability Structures
	<p>other trauma (8.5%). These data confirm that overdose death accounts for the most frequent cause of post release death.</p>		<p>and wish to increase access to overdose prevention education and naloxone distribution for those at risk of an opioid overdose, and to their families, friends and loved ones. Priority will be given to organizations that can document their ability to reach individuals involved in the criminal justice system, particularly those with experience engaging with courts (particularly drug courts), individuals at/leaving arraignment, individuals on probation or parole, and/or individuals recently released from jail or prison (reentry/discharge planning).</p> <ul style="list-style-type: none"> • Naloxone kit tabling at Riker’s bus stop outside DOHMH: DOHMH held a tabling event to pilot dispensing of naloxone near the Q100 bus to expand access to naloxone in our community, as well as to reach people coming from Rikers (visitors or recently individuals who were released from incarceration). DOHMH hopes to conduct a similar event in spring and/or summer 2019 • Increasing prescriptions for naloxone via Correctional Health Service for patients with substance use disorder (SUD) coming out of Rikers: DOHMH provided technical support and guidance to Correctional Health Service’s Dr. Jonathan Giftos, Clinical Director, Substance Use Treatment, Medical Director, Opioid Treatment Program, to expand access to naloxone for patients leaving Rikers. Following an initial pilot in which OENDU tracked whether patients picked up prescriptions for naloxone from pharmacies, Dr. Giftos is now systematically prescribing naloxone to patients with history of SUD upon release. • Increasing connections between DOHMH’s Buprenorphine Nurse Care Manager Initiative clinics and the Substance Use Treatment program in Correctional Health Services at Rikers Island: DOHMH is providing technical support to establish warm handoffs/referrals of people receiving buprenorphine who are being released from incarceration in order to 	



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Domain	Disparity	Assessment Page #	Action	Existing Accountability Structures
			facilitate continued buprenorphine treatment in community-based settings.	
Services and programs	<p>In New York City jails, approximately 25% of those admitted to the jails will be admitted into the mental health service, and approximately 4% of those admitted will ultimately be designated as seriously mentally ill (SMI). Although the proportion of SMI patients has remained stable in recent years, the percentage of admitted persons who become part of the mental health service has increased from approximately 12% in 2004 to 25% today. (Note: Entrance into the mental health service is based on ever receiving a mental health diagnosis or mental health referral during incarceration in the New York City jail system among other entry points.) In addition, because persons with mental illness have longer lengths of stay than others, they now represent approximately 38% of persons in jail at any given time.¹²</p> <p>Additionally, 46% of people incarcerated in NYC's jail system report active substance use.</p>	Pg. 9	<ul style="list-style-type: none"> • Co-Response Team – a partnership between NYPD and DOHMH to assist people with mental illness and or substance use disorder who may be a risk to themselves or others. Co-response partners two NYPD officers with a DOHMH clinician to create community response teams that directly intervene to reduce the likelihood of crisis. • NYC Health Diversion Centers – Two centers will open in the fall of 2019, one in the Bronx and one in East Harlem. The Centers will provide short-term stabilization services to individuals with mental health, substance use, health and/or social service needs brought in by NYPD officers as an alternative to arrest, hospitalization or release without intervention. • Providing technical assistance on naloxone dispensing to community-based organizations working under the NYC District Attorney's Office (DA) Diversion programs: DOHMH provided technical assistance to community-based organizations working with various DA diversion programs or treatment courts (OAR) to establish or support Opioid Overdose Prevention Program registration and/or naloxone kit dispensing policies and procedures. Community-based organizations include: EAC Network (working with Brooklyn DA's CLEAR initiative); Bronx Community Solutions (working with Bronx DA's OAR); Community Health Action of Staten Island (working with Staten Island DA's HOPE initiative); Alliance for Positive Change (Manhattan). DOHMH will be reaching out to Queens DA to see if there are ways to increase access to naloxone before referral to service in the current model. • Working with DA's on diversion programs on access to effective treatment for opioid use disorder: DOHMH is 	Various

¹² Kaba F, Solimo A, Graves J, et al. Disparities in Mental Health Referral and Diagnosis in the New York City Jail Mental Health Service. American journal of public health. 2015;105(9):1911-1916.



DOHMH Equity Action Plan 2019

Domain	Disparity	Assessment Page #	Action	Existing Accountability Structures
			working with DAs in each borough to promote access to effective treatment for opioid use disorder, and DOHMH is working with the Mayor’s Office of Criminal Justice to implement a learning collaborative that will meet quarterly to share across borough experiences and effective strategies. DOHMH has been particularly involved in Staten Island’s HOPE initiative, providing guidance on program development and program model, determining appropriate and/or needed services, providing technical assistance on integrating peer workers to participating service providers.	
Employment	Inequitable salary and advancement opportunities for staff who identify as women, specifically women of color. Approximately three quarters of DOHMH workforce identify as female and of that, Black women account for the greatest percentage (44%).	Pgs. 23-30	The Division of Administration hired staff to focus on the development and implementation of advancement support—including a mentorship program, career counseling, training, and other supports—to improve representation, particularly in staff of color, cis women, and transgender people, at higher levels of agency hierarchy. In addition, Race to Justice continues to elevate salary inequity as an institutional injustice that must be remedied as part of agency transformation. This work is ongoing and long-term, since the goal is not entirely within DOHMH sphere of influence.	Division of Administration 2019 goals and ongoing monitoring of staff representation at all levels
Employment	LGBQ and TGNCNB identity is not captured in DOHMH staff data.	Pg. 31	DOHMH is building institutional capacity and developing an intersectional frame for agency transformation efforts that center the experiences of those affected by multiple oppressions, especially LGBTQ people of color. This work is in progress with Race to Justice, which continues to build an intersectional analysis through training, organizing, and identifying policies, processes, and tools that can ensure an intersectional framework in DOHMH internal and external work. A key part of this work is continued advocacy to capture the experiences of TGNCNB staff to inform strategies to create a safe workplace where they can thrive.	<ul style="list-style-type: none"> • TGNCNB Workplace Inclusion Workgroup (Division of Administration) • Training reports • Briefings with the Commissioner of Health • QPR
Contract	White women account for the majority of money contracted overall, receiving more than any other group. Only 18 percent of M/WBE contract dollars were	Pgs. 32-37	Current efforts: <ul style="list-style-type: none"> • Enhanced the agency’s micro purchase process to first seek-out Black and Hispanic women-owned businesses 	Quarterly M/WBE micropurchase performance reports



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Domain	Disparity	Assessment Page #	Action	Existing Accountability Structures
	<p>awarded to enterprises that are designated as both MBE & WBE, equaling 6 percent of the total LL 1 contracts; so although women as a whole are receiving contracts, women of color are still disproportionately underrepresented. Finance continues to refine the M/WBE implementation by offering training to staff, setting targets for M/WBE contracting for all divisions, supporting contractors with certification and matching staff to M/WBE providers.</p>		<ul style="list-style-type: none"> ○ Focused outreach to Black and Hispanic women-owned businesses • Highlight M/WBE performance data in executive management meetings • Coordinate with the NYC Department of Small Business Services to conduct certification workshops for specific types of vendors • Conduct quarterly M/WBE trainings to educate staff and create greater awareness around M/WBE Program activities • Participate in citywide networking events to identify vendors for contract opportunities 	<p>to agency leadership at QPR</p>
<p>Research</p>	<p>SOGI data collection is crucial to understand the experiences of all staff, particularly given the gaps in health equity experienced by LGBTQ people, particularly people of color. The lack of standardized and inclusive SOGI data collection, analysis, and reporting for DOHMH leads to incorrect data and further marginalizes LGBQ and TGNC people. A two-step method – collecting gender identity and sex assigned at birth – could be more effective than our current methods.</p>	<p>Pg. 42</p>	<p>The Division of Epidemiology is convening an agency-wide task and finish group to coordinate efforts to standardize data collection (including workforce data) related to gender across the agency. The goals of the group will be to: 1) assess existing efforts to develop data standards related to gender; 2) identify challenges/barriers in developing an agency-wide standardization approach; and 3) draft standards and a proposed implementation plan.</p>	<p>Division of Epidemiology report with recommendations for collecting gender related data</p>

Section 2. Cross Cutting Institutional Gaps in Equity

Introduction

This section reviews cross cutting institutional gaps impacting DOHMH’s ability to advance equity throughout its work, which were uncovered through the Equity Assessment and further conversations related to the assessment. It also details actions that we will take to address these gaps over the next two years. The main institutional gaps recognized in the Assessment were that:

- 1) DOHMH equity efforts require the development of an intersectional framework that understands the ways that oppressive systems—such as racism, sexism, classism, homophobia, transphobia, xenophobia, classism, and others—compound to exacerbate marginalization for people who have more than one identity that is oppressed within these systems
- 2) Data and research procedures do not capture nuanced racial and gender experiences in New York City, which limit the ability of DOHMH to design focused and equitable programs and policies;

The following described actions will be implemented over the next two years, from January 1, 2019 until December 31, 2020 with the intention to continue work on meeting these gaps based on further assessment once this work is completed.

For each gap named, we have a:

- 1) Short background describing the gap and its impact on DOHMH work
- 2) Description of the broad strategy we will implement to meet the respective gap
- 3) List of key milestones in implementing these strategies, including lead personnel

Intersectional Framework

Background: An intersectionality framework and practice in DOHMH work is required to address the inequities that marginalized communities endure daily. To date, DOHMH work, including programs, policies, and staff-led efforts to shift organizational culture, has not consistently been informed by an intersectional framework. The implications of this for DOHMH’s public health practice are:

1. The risk that programs and policies implemented by DOHMH inadvertently contribute to the perpetuation of inequities for people living at the intersection of multiple oppressions
2. Those at the intersection of multiple oppressions are excluded from being part of the solutions to social injustices affecting their communities.

Therefore, in order to achieve the mission to protect and promote the health of all New Yorkers, DOHMH must actively apply an intersectional framework to ensure equity for all people. The first step in developing an intersectional frame is identifying gaps in understanding and support for communities and staff who experience compounding marginalization and vulnerability due to multiple systems of oppression, including racism, cissexism, transphobia, homophobia, and others.

Strategy: The agency’s landmark equity effort, Race to Justice, will complete an agency-wide “deep dive” assessment in two phases of how programs, policies, and practices across the agency support, or create barriers for, LGBTQ and TGNCNB staff and community members of color. The phases will be as follows:

- By July 2020, the assessment will focus on internal policies and practices that support staff and contractors/vendors
- By July 2021, the assessment will focus on programs and services that support community members

By completing these assessments, Race to Justice will demonstrate how an intersectional framework can be applied to better serve people living at the intersection of at least two oppressive systems. The recommendations will guide other units to develop strategies and improve services to address the marginalization occurring at the intersection of race, gender identity, or sexual orientation.

Timeline/Milestones:

- The Race to Justice Team will hire a consultant for the first phase of the assessment, examining how DOHMH policies and practices support, or create barriers for, LGBTQ and TGNCNB staff and contractors/vendors of color.
- The consultant will engage various stakeholders of color of LGBTQ and TGNCNB experience (including DOHMH staff and vendors) to garner qualitative data on inclusion and equity within DOHMH systems.
- The consultant will work with different Divisions to collect necessary quantitative data.
- The consultant will work with Race to Justice to create an internal report with recommendations to be shared with all Divisions based on the assessment.
- Race to Justice will develop a scope of services and identify a consultant for the second phase of the assessment focusing on programs and services that support community members.

Action Metrics:

- By the end of the first quarter of FY 2020, the Race to Justice team will have hired a consultant
- By the end of the second quarter of FY 2020, the consultant will have engaged all necessary stakeholders for qualitative data collection
- By the end of the third quarter of FY 2020, the consultant will have completed a draft report with recommendations for DOHMH review
- By end of first quarter FY 2021, will have a plan to address programs and services for community members, as well as a consultant for the assessment

Lead Team/Staff: L Tantay, Gender Justice Manager, Race to Justice Management Team, Center for Health Equity

Data and Research

Background: One of DOHMH’s key functions is to provide data and generate research on the health of all New Yorkers so that the City and other entities can strategically respond to needs. Yet currently, data and research procedures do not capture nuanced racial and gender experiences in New York City, which limit the ability of DOHMH to design equitable programs and policies.

Unacknowledged *a priori* assumptions of researchers can unintentionally bias approaches and conclusions in their work.¹³ Such biased information informs programming and policy decisions. As the field of public health grapples with its role in perpetuating institutional racism through its methodological practice,¹⁴¹⁵¹⁶ DOHMH has set out to identify ways in which our research and data practices can better promote equity.

Strategy: Our plan is to create tools and training that center equity in data work and support analysts in using these tools. Currently there are many tools and trainings that exist around racial equity, but tools and trainings that are focused on incorporating equity into data work are rare.¹⁷ We therefore plan to create tools and training to support DOHMH analysts in centering equity in their work. There are many components to this plan, but for 2019 we are focusing on two Action areas: creating a data disaggregation protocol and implementing a baseline staff survey.

➤ **Action 1: Create protocols for data disaggregation by racialized subgroup in a manner that protects the confidentiality of individually identifying information.**

Much of DOHMH’s current data instruments ask respondents to identify themselves as one of five racialized groups (Asian, Latino, White, Black, Other). These racialized groups are socially constructed¹⁸ and often hide large variations among populations within these groups (see DOHMH’s [Latino Health Report](#), the [Health of Black New Yorkers by Country of Birth Epi Data Brief](#), and the [Health Disparities Among Asian New Yorkers Epi Data Brief](#)). DOHMH has therefore chosen to develop protocols around how to collect and analyze data with more meaningful subgroups.

Date	Milestone Title
4/1/2019- 5/31/2019	Phase 1: Project planning
6/1/2019-10/31/2019	Phase 2: Gather input from stakeholders and literature
11/1/2019- 12/31/2019	Phase 3: Share protocol

- Timeline:** April 1, 2019 – December 31, 2019
- Action Metrics:** Data disaggregation protocol developed by 10/1/2019
- Lead Team/Staff:** Hannah Gould, Assistant Commissioner, Bureau of Epidemiology Services, Division of Epidemiology.

¹³ Ford CL, Airhihenbuwa CO. The public health critical race methodology: praxis for antiracism research. Soc Sci Med. 2010;71(8):1390-1398. 10.1016/j.socscimed.2010.07.030

¹⁴ Harper S, King NB, Meersman SC, Reichman ME, Breen N, Lynch J. Implicit value judgments in the measurement of health inequalities. Milbank Q. 2010;88(1):4-29. 10.1111/j.1468-0009.2010.00587.

¹⁵ Zuberi T, Bonilla-Silva E, eds. White Logic, White Methods: Racism and Methodology. Lanham, MD: Rowman & Littlefield Publishers; 2008.

¹⁶ Bassett MT, Graves JD. Uprooting Institutionalized Racism as Public Health Practice. Am J Public Health. 2018;108(4):457-458.

¹⁷ Ford CL, Airhihenbuwa CO. The public health critical race methodology: praxis for antiracism research. Soc Sci Med. 2010;71(8):1390-1398. 10.1016/j.socscimed.2010.07.030

¹⁸ Yudell M, Roberts D, DeSalle R, Tishkoff S. SCIENCE AND SOCIETY. Taking race out of human genetics. Science. 2016 Feb 5;351(6273):564-5. doi: 10.1126/science.aac4951

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➤ **Action 2: Staff Survey of equity skills**

The Division of Epidemiology will conduct a survey of all agency analysts to assess agency-wide data equity competencies. The survey will help to develop better equity practices among our data community by serving as a baseline assessment against which we will measure the success of our agency-wide data for equity skill building efforts on a biennial basis.

Dates	Milestone Title
1/1/2019- 9/3/2019	Phase 1: Project planning and survey development
9/4/2019-9/30/2019	Phase 2: Deployment of Survey
10/1/2019-11/30/2019	Phase 3: Analysis of Survey
12/1/2019-12/31/2019	Phase 4: Reporting

- Timeline:** January 1, 2019 – December 31, 2019
- Action Metrics:** Analyzed survey data by 12/31/2019
- Lead Team/Staff:** Hannah Gould, Assistant Commissioner, Bureau of Epidemiology Services, Division of Epidemiology.

Section 3. Action Plan Focus Areas

Introduction

This section reviews disparities identified in the equity assessment, and the proposed actions to address them over the next two years. The action plans are divided into two areas:

- 1) Take Care New York
- 2) Workforce equity

Each area names disparities that were discovered through the assessment process earlier in the year and follows with action plans to address each disparity. The action plans are to be implemented over the next two years, from January 1, 2019 until December 31, 2020. In accordance with legislation requirements, DOHMH will submit an assessment of progress on all actions, including those in the above cross-cutting institutional gaps section, on July 1, 2019 and semi-annually thereafter. The Race to Justice Management Team in the Center for Health Equity will manage implementation of the action plan and related progress reports. L Tantay, Policy & Practice Manager for Race to justice, will be the project manager for the Equity Action plan across the agency.

For each disparity named in the following action plan, we have:

- 1) defined a long-term **equity goal** that the actions proposed are working toward
- 2) specified **equity metrics** that measure progress toward the long-term goal
- 3) proposed **actions** that will move DOHMH closer to the equity goal and eliminate the disparity
- 4) outlined details of achieving the actions, including **timelines/milestones, action plan metrics, and lead personnel**



The table below maps each action proposed in the following action plan to the area, disparity and equity goal advanced by the action and represents new and beginning work for DOHMH.

Action Area	Assessment Disparity	Equity Goal	Equity Metric(s)	Proposed Action(s)
<p>Take Care New York (TCNY)</p>	<p>In Take Care New York (TCNY), three overarching indicators were selected to describe the overall health of the city: premature mortality, infant mortality and self-reported health status. These indicators and their identified priority populations are citywide priorities:</p> <ul style="list-style-type: none"> • Black New Yorkers die before age 65 at a rate 45% higher than the general population • Black babies are almost three times as likely as White babies to die before the age of one • Latino residents are less likely to rate their health as "excellent," "very good" or "good" than other groups <p>These racialized and economic inequities play out at the neighborhood level, shaped by historical and contemporary injustices, such as structural racism and income inequality.</p>	<p>Using Take Care New York (TCNY) as a blueprint, improve health in New York City while making greater strides with groups that have the worst health outcomes, so that our city becomes a more equitable place for everyone.</p>	<p>TCNY Overarching Indicators: Rates of premature mortality, infant mortality, and self-reported health status, by race: Decrease in premature mortality and infant mortality, and reduction of premature mortality and infant mortality disparities. Increase in "good," "very good," and "excellent" self-reported health status.</p>	<ul style="list-style-type: none"> • Continue to support TCNY 2020 priorities and report outcomes to public. • Develop TCNY 2024



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Action Area	Assessment Disparity	Equity Goal	Equity Metric(s)	Proposed Action(s)
Workforce equity	Many NYC residents who are Black, Latino, Native American, Asian, identify as women, people who have had previous involvement with the criminal legal system (justice involved and/or formerly incarcerated), and are of Transgender/Gender-nonconforming/Non-binary experience cannot achieve optimal health due to lack of economic stability, largely connected to lack of employment, limited employment opportunities, underemployment and low wages, as well as the lack of advancement within existing employment.	DOHMH’s workforce is representative of the population of the City of New York at all levels.	<ul style="list-style-type: none"> • Proportion of DOHMH employees that identify as Black, Latino, Asian or Native American at all levels of the agency: Increase in employment for people of color, especially at leadership level • Turnover rates for Black, Latino, Asian, Native Americans: Decrease in turnover for staff of color 	<ul style="list-style-type: none"> • DOHMH will conduct a pilot to implement “blind” hiring practices (e.g. remove identifying information from resumes) by January 2020 • DOHMH will focus on retention by creating a Workforce Career Development Program as an employee resource. This will be available for staff development and civil service promotional information by January 2020.

Take Care New York

Disparities: In Take Care New York (TCNY), three overarching indicators were selected to describe the overall health of the city: premature mortality, infant mortality and self-reported health status. These indicators and their identified priority populations are citywide priorities:

- Black New Yorkers die before age 65 at a rate 45% higher than the general population
- Black babies are almost three times as likely as White babies to die before the age of 1
- Latino residents are less likely to rate their health as "excellent," "very good" or "good" than other groups

These racialized and economic inequities play out at the neighborhood level, shaped by historical and contemporary injustices, such as structural racism and income inequality.

Background. New York City is a city of neighborhoods; their diversity, history and people are what make this city so special. Our neighborhoods are also segregated by race and wealth. Differences in neighborhood resources have led to unfair health outcomes, with some New Yorkers living longer, healthier lives than others, as described in the disparities above.

These racialized and economic inequities play out at the neighborhood level. Life expectancy at birth is 86.2 years in Murray Hill and Greenwich Village/SoHo and 75.3 years in Brownsville; East Flatbush had an infant mortality rate of 8.5 deaths per 1000 live births compared to the infant mortality rate of 1.0 deaths per 1000 live births in Bay Ridge.¹⁹

TCNY is the way we organize the City to work towards health equity. Launched in 2015, TCNY:

- Provides data architecture for the city to close gaps on health outcomes
- Centers communities for developing priorities to create actions
- Creates platforms for action (i.e. neighborhood health initiatives with community-based organizations)

Using TCNY, DOHMH organizes a greater citywide response to address these overarching health inequities from a neighborhood-based, race-centered perspective.

Equity Goal: Improve health in New York City while making greater strides with groups that have the worst health outcomes, so that our city becomes a more equitable place for everyone.

- Equity Metric(s): TCNY is the Health Department's community-focused, health equity plan, consisting of 26 indicators, including the 3 overarching indicators. As seen in the following table, the city is progressing towards its targets, and, in the case of the citywide infant mortality rate, even surpassing one. The targets set for 2020 were set in 2015. New targets will be established with the launch of TCNY 2024.

¹⁹ Li W, Zheng P, Huynh M, Castro A, Falci L, Kennedy J, Maduro G, Lee E, Sun Y, and Van Wye G. Summary of Vital Statistics, 2016. New York, NY: New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2018.



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Domain	Indicator	Citywide/ Priority Population	2013	2014	2015	2016	2017	2018	TCNY 2020 Target
Overarching	Self-reported health status (i.e. percentage of adults who report their health is “excellent,” “very good” or “good”)	Citywide	77%	78%	77%	78%	77%		82%
		Hispanics	68%	68%	67%	70%	63%		73%
	Premature mortality (rate per 100,000)	Citywide	191.1	186.0	184.5	189.4			169.9
		Blacks	276.1	269.8	273.4	281.3			234.7
	Infant mortality (rate per 1,000)	Citywide	4.6	4.2	4.3	4.1			4.4
		Blacks	8.3	7.5	8.0	8.0			7.7

* Baseline data for “Sodium intake” is 2010.
Note: “x” indicates data were not available for the year indicated.

Action Plan Description: Our plan is to continue to support current TCNY 2020 priorities and begin the development of its next iteration, TCNY 2024.

- **Action 1:** Continue to support TCNY 2020 priorities and report outcomes to public.
 - Timeline:** January 2019 – December 2021
 - Action Metric(s):**
 - By December 2019, publish annual update to TCNY 2020.
 - By December 2021, publish final report on TCNY 2020.
 - Lead Team/Staff:** Elizabeth Hamby, Director of TCNY, Office of Policy, Planning & Strategic Data Use

- **Action 2:** Develop TCNY 2024
 - Timeline:** January 2019 – March 2020
 - Action Metric(s):** By March 2020, publish TCNY 2024.
 - Lead Team/Staff:** Elizabeth Hamby, Director of TCNY, Office of Policy, Planning & Strategic Data Use

Workforce Equity

Disparity: Many NYC residents who are Black, Latino, Native American, Asian, identify as women, people who have had previous involvement with the criminal legal system (justice involved and/or formerly incarcerated), and are of TGNCNB experience cannot achieve optimal health due to lack of economic stability, largely connected to limited employment opportunities, low wages, and the lack of advancement within existing employment.

Background. Having a diverse, representative workforce is critical to productivity, creativity and staff loyalty.²⁰ As a major employer in the City, DOHMH supports economic stability for the nearly 6,000 New York City residents employed at the agency. Additionally, it is important to effective public health practice that DOHMH’s workforce reflects many different identities and experiences, so that decisions and solutions encompass the unique experiences and perspectives of New York City’s diverse population.²¹ Thus, creating healthy and equitable work environments is crucial to our work and mission.

Equity Goal: Further diversify the staff at DOHMH at all levels to reflect the range of identities and experiences of New Yorkers.

➤ **Equity Metrics**

Metric	Data Source	Frequency	Desired direction
Proportion of DOHMH employees that identify as Black, Latino, Asian, or Native American at all levels of the agency	DOHMH Equity Assessment-Background Research and Workforce Demographics	Quarterly	Increase in employment for people of color, especially at leadership levels
Turnover rates for Black, Latino, Asian, Native American	Payroll Management System	Quarterly	Decrease in turnover for staff of color

Action Plan Description: Our plan is to create and further existing efforts to increase diversity amongst staff and leadership, by formalizing processes and pilots aimed at hiring, promotion, and retention.

- **Action 1:** DOHMH will conduct a pilot to test “blind” hiring practices (e.g. remove identifying information from resumes) by January 2020, in an effort to mitigate bias in hiring

Date	Milestone Title
1/1/2019	Phase 1: Project planning
7/1/2019	Phase 2: Staff Education/ Promotion
10/1/2019	Phase 3: Implementation
12/31/2019	Milestone 1: Successful Implementation

- **Action 2:** DOHMH will focus on staff retention by creating a Workforce Career Development Program as an employee resource. This will be available for staff development and civil service promotional information by January 2020.

²⁰ Shemla, Meir, “Why workplace diversity is so important, and why is it so hard to achieve,” <https://www.forbes.com/sites/rsmdiscovery/2018/08/22/why-workplace-diversity-is-so-important-and-why-its-so-hard-to-achieve/#6c8ad6a03096>

²¹ “Why Diversity and Inclusion Matters in Public Health, Julio Dicient Taillepiere, <https://www.cdc.gov/minorityhealth/internships/2016/WhyDiversityInclusionMattersPublicHealth.pdf>, June 2016

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Date	Milestone Title
1/1/2019	Phase 1: Planning
7/01/2019	Phase 2: Stakeholder Engagement and Feedback
10/01/2019	Phase 3: Edit
1/1/2020	Phase 4: Rollout

➤ **Timeline: January 2019- June 30, 2020**

➤ **Action Metric(s):**

- All planning completed by July 2019.
- Completion of stated deliverables by 2020 to be reported within second assessment as mandated by the legislation.
- All agency management (Management titles, supervisors, agency leadership) participate in structured interview training.

Lead Team/Staff: Sean McFarlane, Assistance Commissioner, Bureau of Human Resources and Labor Relations

The New York City Department of Social Services Equity Plan



Human Resources
Administration
Department of
Homeless Services

The City of New York is committed to identifying and addressing inequities. To further this commitment, the enactment of Local Law 174 of 2017 (LL 174) requires that “relevant city agencies” develop an “Equity Plan” to identify policies and practices that may be implemented to address disparate outcomes on the basis of: race, ethnicity, gender (including gender identity and expression), income, and sexual orientation, and any other relevant population characteristics that the Mayor may identify. This Equity Plan is a second step in a multi-stage effort to comply with the requirements of LL 174.

Introduction to DSS

The City of New York has implemented an integrated management structure with both the Human Resources Administration (HRA) and the Department of Homeless Services (DHS) reporting to a single Commissioner of Social Services. This allows the two chartered agencies, HRA and DHS, to provide more seamless and effective client services. We are leveraging the shared services functions across the two agencies, resulting in better day-to-day management and building a unified mission across agencies.

Under the Department of Social Services (DSS) integrated management structure, the following are now shared services across both HRA and DHS: Equal Employment Opportunity (EEO); Legal Affairs, Contracts, and Policy, Procedures and Training; Information Technology Services (ITS); Program Accountability and Audits; Communications and External Affairs; Human Resources; Infoline; and Finance, Performance Management, Research, and Policy and Planning, as well as IDNYC.

The DSS Leadership team consists of the DSS First Deputy Commissioner and the DSS Chief of Staff; the General Counsel/Chief Legal Officer whose responsibilities include Legal Affairs, Contracts, Policy, Procedures and Training, and the Fair Hearing Administration; the Chief Program Planning and Financial Management Officer whose responsibilities include Finance, Evaluation and Research, Planning and Performance Management, and Business Process Innovation; the Chief External Affairs Officer whose responsibilities include Community Engagement and Access, Constituent Services, Office of Advocacy and Outreach, Communications, Marketing, Legislative Affairs, and Citywide Health Insurance Access; the Chief Operating Officer whose responsibilities include Human Capital Management, Information Technology Services, General Support Services, and Police Operations; and the Chief Program Accountability Officer whose responsibilities include Investigation, Revenue and Enforcement Administration and Audit and Quality Assurance Services. The First Deputy Commissioner of DSS oversees Public Private Partnerships, the Chief External

Affairs Officer, the Chief Operating Officer, the Chief Program Accountability Officer, and Office of Administrative Hearings.

DSS has recently created the position of Chief Diversity and Equity Officer (CDEO), a new role that will be based in the Commissioner's office. The CDEO is charged with developing agency-wide policies on diversity and inclusion and ensuring that we are laser focused on the multiple factors that can impact diversity and equity in the workplace as well as in the services we provide. The CDEO is empowered to develop and deliver innovative solutions to increase diversity across DSS-HRA-DHS through the creation of agency initiatives that address staff engagement, recruitment, and advancement, as well as partner with all of our programs in efforts to incorporate equity-informed practices into our service delivery. The CDEO oversees the DSS Equal Employment Opportunity Office (EEO) as well as the gender equity position we have created within DSS-HRA-DHS.

In conjunction with the Mayor's Office of Immigrant Affairs (MOIA), DSS administers the New York City municipal identification program (IDNYC). DSS has also been designated to implement the Fair Fares program to help targeted New Yorkers below the federal poverty level partially defray the cost of mass transit. Both of these programs help promote equity in New York City.

HRA and DHS are led by Administrators for each agency who report directly to the DSS Commissioner and have operational leadership teams.

Introduction to DHS

In New York City and throughout the United States, homelessness is driven by income inequality, lack of affordable and supportive housing, eviction, and stagnant wages combined with social factors, including domestic violence, de-institutionalization of persons who are mentally ill without sufficient community-based services and discharges from a range of institutions. DHS promotes equity and addresses homelessness by connecting New Yorkers to preventive services that help them remain in their homes and, when prevention is not an option, by providing safe and appropriate transitional shelter and placement into permanent subsidized and supportive housing. In partnership with HRA and other agencies, DHS administers subsidized housing programs, including targeted rental assistance to help eligible families and individuals avoid or exit shelter.

In Fiscal 2016, Mayor de Blasio announced a comprehensive plan to reform the delivery of homeless services in New York City. The plan includes expansion of homeless prevention, greater street outreach through HOME-STAT, a program to engage

homeless individuals and connect them to support services, and enhancement of shelter services and security. “Turning the Tide,” a report issued in February 2017, laid out a blueprint for moving forward with the reforms, providing borough-based services and shrinking the footprint of the shelter system by closing 360 facilities, including eliminating the 18-year old “cluster” apartment program and phasing out the use of commercial hotels that date back to the 1960s.

Introduction to HRA

HRA promotes equity for New Yorkers through providing services that fight poverty and income inequality, prevent homelessness and promote employment. HRA increases economic security by facilitating access to Cash Assistance, SNAP/food stamps, Medicaid and Child Support benefits, and employment and educational programs that emphasize individualized assessment, training and education, including access to four-year college and sustainable jobs. HRA eliminated processes that lead to unnecessary case sanctions for clients willing to comply with work rules required by federal and state law; and implemented benefits re-engineering, which uses technology to streamline the SNAP/food stamps and Cash Assistance eligibility processes. HRA has also expanded access to benefits and services for New Yorkers with HIV by implementing the HASA for All initiative, providing services to families experiencing domestic violence, offering emergency food assistance, overseeing the adult protective services program, and has increased support for immigrants and New Yorkers facing eviction through expanded legal services funding.

Equity at DSS, HRA and DHS

DSS/HRA and DHS are dedicated to ensuring that all New Yorkers are healthy, housed, and financially secure to live safe and self-determined lives.

HRA promotes equity for New Yorkers through its commitment to services that fight poverty and income inequality, prevent homelessness and promote employment.¹

DHS addresses homelessness that is driven by social and structural factors such as income inequality, lack of affordable and supportive housing, stagnant wages, eviction, domestic violence, and a lack of community services for mentally ill and formerly incarcerated persons.

¹ Mayor’s Management Report includes equity statements from both chartered agencies.

Equity Plan Workstreams

Upon examining DSS/HRA/DHS's rulemaking, contracting, actions, budget, procedures, services/programs, and employment in combination with national data and research on the topics analyzed, we will be focusing our efforts on the following issue areas:

- Developing additional training for all new staff, focused on reducing structural racism, sexism, homophobia, and classism, and developing implicit bias training for all 17,000 agency staff members
- Identifying programs and opportunities to enhance leadership training for women staff members and staff members of color and to diversify Managerial Staff
- Implementing program opportunities to support clients in the DHS shelter system who are experiencing arrests as a result of open warrants
- Improving the experience of Non-Custodial Parents with court summons in the Child Support System
- Structural and policy reforms to improve client experience in HRA SNAP and Job Centers

Issue #1: Potential Staff Bias Towards Marginalized Populations Served by DSS Office of Policy, Procedures, and Training

Disparity

HRA and DHS frontline staff members administer crucial support services for clients in crisis. Our staff members are charged with helping clients navigate often complicated federal, state, and local eligibility requirements, ensuring compliance with mandates, and preventing fraud or misuse of entitlements. All of our staff members show up every day to assist New Yorkers in need – even when they themselves are in crisis.

Working directly with clients experiencing trauma or crisis may lead to secondary traumatic stress symptoms in frontline providers.² Secondary traumatic stress can increase risk for burnout, which, in turn, is associated with reduced workplace performance and depression.³ Strategies identified to reduce secondary traumatic stress include maintaining work-life balance, use of peer consultation, supervision, and professional training.⁴

Bias has been defined as any “attitude, assumption, or judgment of any particular...group.”⁵ While bias can be conscious and result in overt discriminatory acts, it can also be internalized and implicit, such as generalized assumptions about a person’s background, and manifest as unintentional behaviors.⁶ Biases can impact trust and relationship-building between clients and staff or limit the attention staff provide,⁷ which can impact the efficacy of support and contribute to client feelings of oppression.⁸

Goal 1: Staff becomes more familiar with the deleterious impact of bias and trauma in order to improve client experience.

The DSS Office of Policy, Procedures and Training and Office of Human Capital Management are developing both new staff orientation and all staff training initiatives.

First, they are partnering to implement an agency-wide trauma-informed anti-bias five (5) day orientation program for new staff members. The goal of the program is to introduce new staff to concepts that increase their awareness of equity issues impacting client experiences in navigating social service programs and we hope it will also acknowledge and respond to the experiences some of our staff members have had themselves. Many employees begin their tenure with the city without much knowledge of the social context and history of the social programs that our agency administers. The training aims to empower and inform our staff to better serve our clients by providing some of that history and context. The orientation program will additionally increase staff awareness about sexual orientation, gender, racial, and income equity.

The curriculum for the new hires training will cover topics such as the history of social programs, trauma-informed care, domestic violence, LGBTQI basics, and mental health and disability affairs. The training will reach approximately 800 new hires per year.

DSS is committed to equipping new staff members with the tools to serve our diverse clients from the very beginning of their tenure. We hope this will bolster the ability of staff members to support themselves, each other, and our clients, and at the same time send a powerful message of our agency’s commitment to responding sensitively to our clients.

⁵ Miller, K. M., Cahn, K., Anderson-Nathe, B., Cause, A. G., & Bender, R. (2013). Individual and systemic/structural bias in child welfare decision making: Implications for children and families of color. *Children and Youth Services Review*, 35(9), 1634–1642. <https://www.sciencedirect.com/science/article/pii/S0190740913002363>

⁶ Greenwald, A. G., & Krieger, L. H. (2006). Implicit bias: Scientific foundations. *California Law Review*, 94(4), 945-967. <https://scholarship.law.berkeley.edu/cgi/viewcontent.cgi?article=1250&context=californialawreview>

⁷ Gershenson, S., Holt, S.B., & Papageorge, N.W. (2016). Ibid.

⁸ Weng, S.S. & Clark, P.G. (2018). Ibid.

Secondly, in addition to training for newly hired staff described below, the Department of Social Services has committed to conducting implicit bias training for all 17,000 DSS staff to promote diversity in the workplace and dignity-centered client services. The Office of Management and Budget is working with DSS to fund this initiative. Details for this training are currently under development.

Equity Metrics for Measuring Progress Towards Goal: The training effectiveness will be measured by evaluating knowledge retention and by asking staff questions about their ability to relate the training to their jobs.

Action 1: Developed Orientation Training

Developed orientation and agency-wide, trauma-informed anti-bias training. All new hires will now receive Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Basics Training; Introduction to Disabilities: An Overview of Disability Awareness, Etiquette and Culture; Access for People with Disabilities – Ensuring Success through Supervision; Domestic Violence Training; Mental Health First Aid; The Effects of Poverty and Trauma; Customer Service Training; Structured Interviewing; Diversity and Inclusion: Everybody Matters. In addition to comprehensive orientation training that is now in place, DSS is implementing trauma-informed service delivery and anti-bias training for all 17,000 DSS, HRA and DHS staff.

Timeline and Milestones

- March 30, 2019 – Developed curricula for New Hires training on DV, introduction to disability, LGBTQI, brain trauma, and poverty, as well as the history of social programs.
- June 30, 2019 – Began on-going training for all newly hired staff

Lead Staff

- James Whelan, Executive Deputy Commissioner, Department of Social Services, Office of Policy, Procedures, and Training
- Sharon James, Assistant Deputy Commissioner, Department of Social Services, Office of Policy, Procedures, and Training
- Dawne McBarnette, Training Director, Department of Social Services, Office of Policy, Procedures, and Training

Action 2: Evaluation

Evaluation of staff knowledge and retention that will enable leadership to better understand the effectiveness of these trainings and how these trainings impact interactions between clients and staff.

Timeline and Milestones

- June 30, 2019 – Commenced Evaluation of First Cohort of Trainees

Lead Staff

- James Whelan, Executive Deputy Commissioner, Department of Social Services, Office of Policy, Procedures, and Training
- Sharon James, Assistant Deputy Commissioner, Department of Social Services, Office of Policy, Procedures, and Training
- Dawne McBarnette, Training Director, Department of Social Services, Office of Policy, Procedures, and Training

Action Metrics for Measuring Progress Towards Goal

Conduct post-tests and collect staff evaluations to measure knowledge gains and training effectiveness.

We will conduct post-tests and collect staff evaluations to measure knowledge gains and training effectiveness. The training effectiveness will be measured by evaluating knowledge retention and by asking staff questions about their ability to relate the training to their jobs. A similar evaluation approach will be taken for the all staff implicit bias training.

Goal 2: Improve Culturally Competent Service Delivery for LGBTQI Individuals Experiencing Housing Instability

Nearly one in five LGBTQI individuals have experienced homelessness at some point in their lives and more than one-third have reported trouble paying for housing, utilities and experienced some form of housing insecurity. LGBTQI youth are disproportionately represented among New York City's homeless youth, the majority of whom are youth of color. LGBTQI individuals, of all ages, experiencing homelessness are at increased risk of violence, abuse and exploitation compared to their heterosexual and cisgender peers. Given the issues and barriers facing LGBTQI clients, it is imperative that client services are culturally competent whether delivered in shelters or by preventive services providers within the City's Homebase network.

Equity Metric: Knowledge retention from the LGBTQI training and self-reported impact from post-training survey.

Although some Homebase prevention providers have demonstrable LGBTQI experience, there has not been standardized LGBTQI training developed for these providers. Providing comprehensive LGBTQI training to prevention providers, similar to the mandatory training required for all agency employees, is integral to providing culturally competent, quality service delivery to LGBTQI individuals experiencing homelessness.

Action 1: Meet with Homebase Directors

The first action is to present the training initiative at the Homebase Director's meeting, to make sure all providers are aware of this opportunity and the LGBTQI cultural competency expectations of DSS. This also provides an early opportunity to engage provider leadership and recruit partners in the process.

Timeline and Milestones

- February 2019 – Attended and presented at Homebase Director's meeting

Lead Staff

- Elana Redfield, Director of LGBTQI Affairs, Department of Social Services, Office of Advocacy and Outreach
- Sara Zuiderveen, Deputy Commissioner, Human Resources Administration, Prevention and Housing Assistance

Action 2: Assessment

Conduct a low-intensity survey or other assessment of Homebase providers to ensure that LGBTQI training is responsive to provider needs. This assessment would determine the areas of focus most relevant to providers as they build out their LGBTQI cultural competence and expand their service focus to include youth and young adults.

Timeline and Milestones

- April 2019 – Conducted assessment of providers

Lead Staff

- Elana Redfield, Director of LGBTQI Affairs, Department of Social Services, Office of Advocacy and Outreach

Action 3: Curriculum Development

With feedback from Homebase providers, an updated version of the DSS LGBTQI Basics Curriculum was finalized for delivery to the providers. In addition to topics and policies covered in the agency version of the training, DSS incorporated specific information that is relevant to the provision of preventative services.

Timeline and Milestones

- June 2019 – Finalized Curriculum

Lead Staff

- Elana Redfield, Director of LGBTQI Affairs, Department of Social Services, Office of Advocacy and Outreach
- Sara Zuiderveen, Deputy Commissioner, Human Resources Administration, Prevention and Housing Assistance

Action 4: Conduct Training

Conduct 10 training sessions, inviting attendees from all 7 Homebase providers and 24 work sites. Upon completion of the initial 10 sessions, we will offer additional sessions as needed to remaining staff. We may choose to work with internal trainers from some provider agencies, to ensure that the training is broadcast as far as possible.

Timeline and Milestones

- December 31st, 2019 – Provide 10 training sessions
- June 2020 – Provide additional trainings as needed to meet the need amongst Homebase providers

Lead Staff

- James Whelan, Executive Deputy Commissioner, Department of Social Services, Office of Policy, Procedures, and Training
- Elana Redfield, Director of LGBTQI Affairs, Department of Social Services, Office of Advocacy and Outreach

Action 5: Evaluate Training Impact

Once the Homebase trainings are completed, training impact will be evaluated using methods such as a survey or post-training evaluations. We expect this to shed light on whether the training was responsive to the needs of the service providers and help us plan for further LGBTQI capacity-building among Homebase providers.

Timeline and Milestones

- June 2020 – Conduct Evaluation

Lead Staff

- Elana Redfield, Director of LGBTQI Affairs, Department of Social Services, Office of Advocacy and Outreach
- Kinsey Dinan, Deputy Commissioner, Department of Social Services, Office of Evaluation and Research

Action Metrics for Measuring Progress Towards Goal

- Total number of sessions offered
- Number of individual staff members trained

Issue #2: Advancing Leadership Opportunities for Diverse Staff Human Capital Management and Equal Employment Office, DSS

Disparity 1

Employees in high-wage local government jobs have consistently been disproportionately white over the past 50 years (from 1960-2010) despite the passage of the Civil Rights Act of 1964 (that banned discrimination in employment on the basis race, color, religion, sex, and national origin) and changing demographics due to the passage of the Immigration and Nationality Act of 1965 (which abolished the decades-long quota system for immigration to the United States based on national origins).⁹

According to the 2012 report *The Public Sector Job Crisis*, women and people of color working in the public sector experience wage disparities when compared to their male and white co-workers, but the wage gap is smaller than what they would experience in the private sector.¹⁰ Women who are state and local public-sector workers earn on average 20.9% less than men working at the same positions. Women in the public sector with bachelor's degrees earn 16.9% less than men with bachelor's degrees (compared to women in the private-sector earning 18.9% less). Women with advanced degrees earn 12.4% less than their male counterparts. African American state and local public employees earn 2.2% less than their white co-workers (on average African Americans earn 12.9% less than whites). Hispanic state and local public sector workers earn 2.9% less than whites (compared to earning 11.1% less in the private sector).¹¹

Factors that contribute to the gender wage gap in New York City:

⁹ Gardner, T. (2013). The Racial and Ethnic Composition of Local Government Employees in Large Metro Areas, 1960-2010. Center for Economic Studies, 1. <https://www2.census.gov/ces/wp/2013/CES-WP-13-38.pdf>

¹⁰ Ibid.

¹¹ Ibid.

1. Differences in access to educational opportunities that begin since birth.
2. Social expectations of what kinds of jobs/careers are considered valuable and who is appropriate for certain types of work or study.
3. Occupational segregation that results in Black women being underrepresented in the highest-paying fields (finance, law, engineering, technology, science, math) and overrepresented in less stable and lower-paying jobs (retail sales, food service, home health aide jobs).¹²

These structural inequities have resulted in disproportionate advantages for white and male employees and disproportionate disadvantages for Black and female employees. DSS/HRA and DHS employment data suggests that agency leadership does not proportionally represent our workforce. Data additionally confirms that white people are paid higher wages at a disproportionate rate than people of color. These disparities could be due to structural barriers for staff of color, including limited access to existing career development opportunities.

Goal 1: Increase representation of women and people of color in mid and upper-level leadership positions in DSS, HRA and DHS to better reflect the broader diversity across the agency and proportionally reflect the demographics of frontline and non-managerial staff.

Equity Metric: Increase in career and professional development and advancement, and in pipeline opportunities for women and people of color in DSS, HRA and DHS.

Action 1: DSS Diversity Council

Develop and implement the DSS Diversity Council. The DSS Diversity Council will be comprised of staff from various levels and provide recommendations to increase diversity and inclusion regarding recruitment, leadership roles, employee programs, professional development opportunities, and more. The Council will serve as a resource and facilitator of our diversity and inclusion efforts. This team will support hiring and promoting diverse staff; ensure employee programs educate and promote inclusion of diverse cultures and groups; ensure professional development opportunities are made available to all staff; and that DSS/HRA and DHS contract with client-serving vendors that are diverse and representative of the communities they serve. The Council will be structured to include majority participation from front line staff and ensure representation from a wide range of programs. It will also include staff from diverse racial and ethnic backgrounds, LGBTQI staff, staff with disabilities, staff from various age groups, and staff with veteran status.

¹² Ibid.

Timeline & Milestones

- March 30th, 2019 – Created proposal for Diversity Council structure to be reviewed by appropriate stakeholders.
- July 31st, 2019 – Meet with stakeholders to get feedback on the proposal and incorporate changes.
- August 31st, 2019 – Finalize Diversity Council structure with Human Capital Management, Equal Employment Opportunity, and External Affairs
- September 30th, 2019 – Develop recruitment plan for the Council.
- November 30th, 2019 – Recruit staff for Diversity Council, including representation from diverse civil service titles, frontline staff, and varied management levels.
- January 15th, 2020 – Launch Diversity Council

Lead Staff

- Lawanna Kimbro, Department of Social Services, Chief Diversity & Equity Officer
- Mark Neal, Executive Deputy Commissioner, Department of Social Services, Office of Human Capital Management (HCM)
- Stephanie Grant, Assistant Deputy Commissioner, Department of Social Services, Office of Equal Employment Opportunities (EEO)
- Maritere Arce, Chief External Affairs Officer, Department of Social Services, Office of External Affairs (OEA)

Goal 2: Increase career and professional development and advancement opportunities for staff on all levels of the agencies to increase representation of women and people of color in mid and upper-level leadership positions.

Action 1: Organizational Management and Leadership Development

Expand the pool of applicants to the 14-week Organizational Management and 9-month Leadership Development Program (OMLD), the Professional Development Training Academy (PDTA) and other leadership development opportunities to include greater staff participation from the Department of Homeless Services (DHS). OMLD participants receive a link to complete an online evaluation of the course contents and the program experience every four weeks (at the conclusion of each module). At the end of the program, all participants (in teams) deliver a change project presentation to senior leadership some of which have been implemented agency wide.

Timeline & Milestones

- January 2018 – Opened OMLD recruitment to DHS staff
- August 2018 – Continued OMLD recruitment to include DHS staff and opened PDTA recruitment to DHS staff
- Ongoing – PDTA participants provide feedback to facilitators for use in developing the next cycle of the program

Lead Staff

- Sharon L. James, Assistant Deputy Commissioner, Department of Social Services, Office of Policy, Procedures, and Training

Action Metrics for Measuring Progress Towards Goals in Disparity 1

- Increase participation by DHS staff to have representation of at least 14% of staff in each cohort
- Encourage completion of end of module and program surveys for a return of at least 90% for a greater impact on content and/or process improvements

Action 2: DSS Leadership Connect

Create opportunities for staff at different levels to interact with senior and managerial staff and staff in other departments. This will enable staff at all levels to be aware of new opportunities, enhance their skills, and learn more about the pathways towards professional growth in the agency. Participants will become informed of how strategic decisions are made at the managerial level and acquire and enhance skills. Launching in January 2019, “Leadership Connect” will pair selected staff in supervisory or managerial roles with senior staff for mentorship, job shadowing, and leadership development training as an opportunity for challenge and growth within the Agency.

Timeline & Milestones:

- January 2019 – Selected participants, matching pairs, finalizing all program details
- April 2019 – Program launched (every other Thursday for 6 months)
- September 2019 – Pilot cycle concludes, determination by Agency leadership for next steps
- 2020 – Collaborate with DSS Office of Evaluation and Research to analyze effectiveness of program

Lead Staff

- Liz Lauros, Deputy Commissioner, Department of Social Services, Office of Strategic Partnerships

- Sharon James, Assistant Deputy Commissioner, Department of Social Services, Office of Policy, Procedures, and Training

Disparity 2

The areas of our workforce with more client contact, mandatory overtime, and lower pay are majority people of color and female, while the upper tiers with less direct client contact and higher salaries are disproportionately likely to be white and male.

Equity Metric: Expanded opportunities to improve work-life balance among staff within DSS, HRA and DHS.

Goal 1: Evaluate and implement programs to improve quality of life for all staff, especially frontline, client-facing and program staff.

Action 1: Staff Engagement Survey

Conduct Staff Engagement Survey on such topics as quality of life, employee resources, dress code, agency culture, job satisfaction, and safety.

Timeline & Milestones

- July 2019 – Collaborate with Office of Communications and Marketing (OCM) and Office of Evaluation and Research (OER) in the development of the survey
- September 2019 – Review survey questions with senior leadership.
- October 2019 – Collaborate with OCM to ensure joint participation among DSS-HRA-DHS – and distribute survey
- November 2019 – Distribute survey to all staff
- December 2019 – Collect survey results
- January 2020– Analyze results of survey
- March 2020 – Collaborate with the DSS 2.0 Cross Unit/Agency Working Group to develop strategies for improved work-life opportunities and to information on such opportunities

Lead Staff:

- Lawanna Kimbro, Department of Social Services, Chief Diversity & Equity Officer
- Mark Neal, Executive Deputy Commissioner, Department of Social Services, Office of Human Capital Management (HCM)
- Stephanie Grant, Assistant Deputy Commissioner, Department of Social Services, Office of Equal Employment Opportunities (EEO)
- Maritere Arce, Chief External Affairs Officer, Department of Social Services, Office of External Affairs (OEA)

Action 2: Work-Life Committee Expansion

Promote and expand Work-Life Committee which focuses on best practices for addressing employee work-life balance and promotes quality of life initiatives.

Timeline & Milestones:

- January 2019 - Collaborated with Office of Communications and Marketing (OCM) to develop strategy to market Work-Life Committee to DSS-HRA-DHS staff and leadership
- February - ongoing 2019 – Implement marketing strategy to recruit staff and leaders to participate in the Committee
- July 2019 – ongoing - Develop quarterly e-mail blasts advertising work-life events, initiatives, and opportunities.

Lead Staff

- Mark Neal, Executive Deputy Commissioner, Department of Social Services, Office of Human Capital Management (HCM)
- Saratu Ghartey, Chief Program Accountability Officer, Department of Social Services, Office of Program Accountability
- Hunter Gradie, Chief of Staff, Department of Homeless Services

Action Metrics for Measuring Progress Toward Goals in Disparity 2

- Increase staff participation on the Work-Life Committee by 30%.
- Increase senior management’s participation on the Work-Life Committee by 30%.
- Ensure that Work-Life-Committee representation includes DSS-HRA-DHS staff.

Disparity 3

The DSS, HRA and DHS employee information systems do not currently enable staff to self-identify their gender or preferred name. The current systems permit only binary “male” and female” gender options, which does not allow for non-binary people to select an option that affirms their identity, and in fact may actively force them to choose a gender they do not identify with. The current systems also only allow legal names, which for many transgender people may not align with their gender expression. Due to financial, institutional, and cultural barriers, those who want to change their government-issued identity documents may not be able to do so. Others may prefer to keep their documents under their legal name, even if they go by another name. This is true for people who are not transgender as well, such as people who use a nick-name or another name in the workplace which is different from their government ID.

Additionally, many of our client-facing systems include fields for gender pronouns, but employees and applicants are not offered the same opportunity for the purposes of our

human resources systems. Although the central systems which track employee records are maintained by DCAS, DSS operates many personnel systems over which we do have control.

Goal 1: Update employee-facing systems to better account for transgender, non-binary and gender non-conforming applicants and employees.

Making these upgrades will allow us to create a more affirming environment for both current employees and prospective new hires.

Equity Metric: Utilization of newly-created fields after implementation and systems change announcement.

Timeline & Milestones:

- March 2019 – Met with DOHMH to learn about their process and technical obstacles when implementing a similar system
- April 2019 - Collaborated with DOHMH and other agencies to identify standards and practices for inclusion of preferred name, non-binary gender, pronouns, etc. in personnel systems
- September 2019 – Bring initiative to the IT Governance Committee for priority and greenlighting
- December 2019 – Develop internal IT procedure for identity standards
- June 2020 – Implement these system upgrades through phased rollout pending funding

Lead Staff:

- Mark Neal, Executive Deputy Commissioner, Department of Social Services, Office of Human Capital Management (HCM)
- Elana Redfield, Director of LGBTQI Affairs, Department of Social Services, Office of Advocacy and Outreach

**Issue #3: Unserved Warrants for DHS Shelter Residents
Department of Homeless Services**

Disparity

It has been estimated that there are between 2 and 3 million unserved warrants in the U.S. at any given time,^{[1] [2]} and warrant backlog increases exponentially, as unserved warrants accumulate^{[3] [4]} and additional warrants beyond the original charge are issued for failing

to appear in court.^[5] ^[6] Indeed, the majority of warrants issued are for minor offenses; more than half of open warrants are court-related offenses (most commonly failure to appear), as well as parole and probation violations, bail violations, or court-processing violations.^[7] ^[8] And though some warrants expire, many are open indefinitely; in one review of open warrants, only about 30% had been issued in the last year, and 10% had been issued more than 8 years earlier.^[9] Having an open warrant can lead to challenges obtaining employment, housing, and treatment of all types, and if an individual receiving public benefits is found to have an outstanding warrant, they can be denied benefits.^[10] ^[11] In addition, those with open warrants may be more vulnerable to crimes if perpetrators know that they are unlikely to seek protection through police or the courts.^[12] In some cases, open warrants are used to justify aggressive enforcement tactics, such as sweeps of homeless shelters or in low-income neighborhoods.^[13] Such sweeps have been reported in homeless shelters in NYC, even though they are against official DHS and NYPD policy.^[14] This practice may keep some clients on the streets, to avoid arrest.^[15] And while data on number of outstanding warrants by socio-demographics is limited, those in poverty and Blacks and Latinx are overrepresented in the criminal justice system,^[16] ^[17] and the same trends appear to hold true for those with outstanding warrants.^[18] There is some data indicating that there are more warrants for minor offenses among minorities than Whites,^[19] and that sweeps for warrants in low-income neighborhoods identify more open warrants than in other neighborhoods.^[20]

The experience of being homeless and unsheltered results in those living in public spaces breaking public space rules and transforming public spaces into their private environment for activities such as sleeping and eating.^[21] ^[22] This rule-breaking can lead to feelings of aversion in the general public,^[23] and is often the basis for police and legal actions against those who are homeless and unsheltered.^[24]

Since June 22, 2018, there have been 1,324 arrests made of DHS clients, both in and out of shelters. This high number of arrests runs counter to DHS' mission of helping clients get back on their feet with dignity. With the creation of the DHS Serious Incident Unit (SIU) in June of 2018, all arrests began to be sent out in real time, highlighting the asymmetric criminal justice response toward DHS shelter clients involved in low-level, non-violent incidents. An analysis of this data showed that it is estimated between 300-500 of the arrests were connected to an outstanding warrant, often stemming from minor infractions.

Goal: Reduce arrests in shelters based on outstanding warrants for minor infractions.

Analysis of DHS client arrest data tracked by the DHS Serious Incidents Unit indicates that annually 300-500 of the arrests were related to outstanding warrants, often for minor infractions. Arresting clients in shelters for small infractions adds to their trauma

and impedes their path to self-sufficiency and permanency. To mitigate this disparity, DHS is providing tools and training to decrease client arrests for low-level incidents at shelters and launching a multi-prong initiative to clear low-level warrants for shelter clients.

Equity Metric: Decreased number of clients arrested in shelters and the number of DHS client warrants cleared.

Action 1: Building Strategic Partnerships

DHS engaged with the appropriate partners to operationalize warrant clearing. Warrant clearing has existed in New York in many forms, and DHS engaged the expert groups. DHS has currently convened three planning meetings:

Timeline and Milestones

- October 2018 – Held First Meeting
 - DHS, Mayor’s Office of Criminal Justice (MOCJ), Legal Aid
 - Established project intentions, scoping the project
- October 2018 – Held Second Meeting
 - DHS, MOCJ, Legal Aid, Office of the Court Administrator (OCA), Coalition for the Homeless
 - Discussed operational needs of project
- November 2018 – Held Third Meeting
 - DHS, MOCJ, Legal Aid, Manhattan District Attorney (MN DA), Brooklyn District Attorney (BK DA), OCA, Coalition for the Homeless
 - Choosing pilot shelters, data match, outside vs inside shelter
- December 2018 – Held Fourth Meeting
 - DHS, MOCJ, Legal Aid, MN DA, BK DA, OCA, Coalition for the Homeless
 - Finalizing pilot shelters, finalizing operations

Lead Staff

- Annie Mabus, Office of the Administrator, Department of Homeless Services
- Iris Rodriguez, Deputy Commissioner, Department of Homeless Services, Adults Programs
- Lawanna Kimbro, Chief Diversity and Equity Office, Department of Social Services

Action 2: Selecting Pilot Shelters

With support from both the Manhattan and Brooklyn District Attorneys, DHS plans to choose two large single men's shelters to pilot shelter-based warrant clearings. DHS will work with Legal Aid Society and OCA to ensure that clients do not risk further criminalization by participating in this pilot. To that end, OCA is providing teleconferencing for judges clearing warrants, ensuring that there will be no court officers in shelters. Men in the DHS Single Adults Shelters are most likely to be arrested for low-level warrant checks, and they are the ideal population for the pilot. DHS will work with Legal Aid and Coalition for the Homeless to ensure that clients will not be singled out for having warrants at the pilot shelters.

Timeline and Milestones

- January 2019 – Selected pilot shelters

Lead Staff

- Annie Mabus, Office of the Administrator, Department of Homeless Services
- Iris Rodriguez, Deputy Commissioner, Department of Homeless Services, Adults Programs
- Lawanna Kimbro, Chief Diversity and Equity Office, Department of Social Services

Action 3: Client Engagement

DHS will partner with the Legal Aid Society and Coalition for the Homeless in engaging clients at the pilot sites to reassure them that participating in warrant clearings will not endanger their shelter placements or open them up to further criminalization. Legal Aid and Coalition have deep ties and trust in the client community, so they will outreach to clients to communicate DHS's commitment to this endeavor. Case managers will engage clients and fliers and posters will be prominently displayed.

Timeline and Milestones

- January to March 2019 – Began outreach to clients

Lead Staff

- Annie Mabus, Office of the Administrator, Department of Homeless Services
- Iris Rodriguez, Deputy Commissioner, Department of Homeless Services, Adults Programs

- Lawanna Kimbro, Chief Diversity and Equity Office, Department of Social Services

Action 4: Program Launch

DHS will be the facilitator to other program partners. The first warrant clearing session will happen either in or close to a shelter in Brooklyn and a shelter in Manhattan. Legal Aid will search clients' names in appropriate databases to see if they have warrants. If warrants are found, Legal Aid will work with the clients on site to confirm information regarding the warrants. Once the processing is complete, the client will have a teleconference with a judge and with the Legal Aid attorney and the DA, and, in most cases, the judge will immediately clear the warrant, based on the type of infraction.

Timeline and Milestones

- March 2019 – Held first in-shelter session

Lead Staff

- Annie Mabus, Office of the Administrator, Department of Homeless Services
- Iris Rodriguez, Deputy Commissioner, Department of Homeless Services, Adults Programs
- Lawanna Kimbro, Chief Diversity and Equity Office, Department of Social Services

Action 5: Program Expansion to Second Shelter

We will expand this program to be a consistent, monthly event. We will assess the effectiveness of the first session and adjust the program model accordingly for future sessions.

Timeline and Milestones

- April 2019 – Held second in-shelter session

Lead Staff

- Annie Mabus, Office of the Administrator, Department of Homeless Services
- Iris Rodriguez, Deputy Commissioner, Department of Homeless Services, Adults Programs
- Lawanna Kimbro, Chief Diversity and Equity Office, Department of Social Services

Action 6: Program Expansion to Multiple Sites

After conducting several warrant clearing sessions, DHS will expand to multiple sites across the boroughs. Once the first sessions are completed, we will have an understanding of the operational lift of the program and will be able to put the expansion on a timeline.

Timeline and Milestones

- May 2019 – Began pilot expansion

Lead Staff

- Annie Mabus, Office of the Administrator, Department of Homeless Services
- Iris Rodriguez, Deputy Commissioner, Department of Homeless Services, Adults Programs
- Lawanna Kimbro, Chief Diversity and Equity Office, Department of Social Services
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Action Metrics for Measuring Progress Toward Goal

- Number of clients participating in warrant clearing
- Number of warrants cleared

Issue #4: Summons Package for Non-Custodial Parents Office of Child Support Services, Human Resources Administration

Disparity

Based on available administrative data, we estimate that more than 90 percent of the clients of the Office of Child Support Services (OCSS), a program of the New York City Human Resources Administration (HRA), are either Latinx or African-American and that the majority of them live in low-income households. Since child support in New York State is decided upon by courts—rather than administratively by a given jurisdiction’s Child Support program, as it is in some states—many of our child support clients face the same barriers created by other legal processes. Among the most important of these is the complexity of legal documentation, which is generally crafted primarily to meet the rigors of legal scrutiny rather than the needs of ordinary readers.

The child support program was created in order to ensure an adequate standard of living for children in single-parent households,¹³ and child support receipt has been found to raise households out of poverty¹⁴ and been associated with better child health and cognitive and academic performance outcomes.^{15 16 17} However, child support is often not paid in full; in 2015, only 69% of custodial parents who were supposed to receive payments received any, and only 44% received full payments.¹⁸ The primary reason for lack of child support payment is low income or assets of the non-custodial parent.¹⁹ In addition to limiting the resources available to children, child support debt can have a substantial impact on non-custodial parents. Sanctions occurring on both the federal and state levels when non-custodial parents do not pay child support include wage garnishment of up to 65%; interception of tax refunds and unemployment compensation; freezing bank accounts, issuing property liens; reporting debt to credit agencies; revocation of passports; suspension of driver's licenses and professional licenses; and (while rare in NYS) incarceration.²⁰ Such sanctions can limit non-custodial parent's employment opportunities²¹ and lead them to seek off-the-books employment,^{22 23} and increase the likelihood of having to live with family and friends, in order to save on housing costs.²⁴ Child support debt also appears to effect non-custodial parents' contact frequency with children and non-monetary support provision, primarily by negatively impacting relationship quality with the custodial parent.¹⁵

¹³ Baughman, R. A. (2017). The impact of child support on child health. *Review of Economics of the Household*, 15(1): 69-91. <https://doi.org/10.1007/s11150-014-9268-3>

¹⁴ Meyer, D. R., & Hu, M. C. (1999). A note on the antipoverty effectiveness of child support among mother-only families. *The Journal of Human Resources*, 34(1), 225-234. https://www.jstor.org/stable/146309?seq=1#page_scan_tab_contents

¹⁵ Knox, V. & Bane, M.J. (1994). *Child support and schooling*. In: Garfinkel, I.; McLanahan, S.; Robins, P. (Eds.). Child support and child well-being. Washington, DC: Urban Institute Press.

¹⁶ Argys, L.M., Peters, H.E.; Brooks-Gunn, J., Smith, J.R. (1998). Impact of child support on cognitive outcomes of young children. *Demography*, 35(2):159-173. https://www.jstor.org/stable/3004049?seq=1#page_scan_tab_contents

¹⁷ Nepomnyaschy, L., Magnuson, K. A., & Berger, L. M. (2012). Child support and young children's development. *Social Service Review*, 86(1), 3-35. <https://www.journals.uchicago.edu/doi/abs/10.1086/665668>

¹⁸ Grall, T. (2018). Custodial mothers and fathers and their child support: 2015. Suitland, MD: US Census Bureau. Retrieved from <https://www.census.gov/library/publications/2018/demo/p60-262.html>

¹⁹ U.S. Census Bureau. Families and living arrangements: Child support. Retrieved from: <https://www.census.gov/topics/families/child-support.html>

²⁰ Brito, T.L. (2012). Fathers behind bars: rethinking child support policy toward low-income noncustodial fathers and their families. *The Journal of Gender, Race, and Justice*, 15, 617-649.

²¹ Taylor, E. (2013). Non-custodial minority fathers maintaining their livelihood. Master's Thesis. St. Catherine University. https://sophia.stkate.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1267&context=msw_papers

²² Miller, D., & Mincy, R. (2012). Falling further behind? Child support arrears and fathers' labor force participation. *Social Service Review*, 86, 604-635. <https://www.journals.uchicago.edu/doi/abs/10.1086/668761>

²³ Turner, K. & Waller, M. (2017). Indebted relationships: Child support arrears and nonresident fathers' involvement with children. *Journal of Marriage and Family*, 79, 24-43. <https://onlinelibrary.wiley.com/doi/abs/10.1111/jomf.12361>

²⁴ Katzenstein, M. F., & Waller, M. R. (2015). Taxing the poor: Incarceration, poverty governance, and the seizure of family resources. *Perspectives on Politics*, 13(3), 638-656. <https://www.cambridge.org/core/journals/perspectives-on-politics/article/taxing-the-poor-incarceration-poverty-governance-and-the-seizure-of-family-resources/74641000B52C03BF4DFCD2289302D380>

These issues disproportionately affect low-income families of color, who make up a large proportion of states' child support caseloads.²⁵ Black, Latinx, and Native American custodial parents are less likely to receive full payments than White parents. Inequities in receipt of child support payment are greatest by income: 70% of custodial parents living in poverty receive no child support whatsoever. Child support debt also unequally impacts low-income non-custodial parents; it has been estimated that 70% of those who owe child support either have no earnings or earn less than \$10,000 per year, and that the average child support debt for low-income men is \$8,000–\$11,000.²⁶ In addition, the impact of child support nonpayment and debt has disparate impacts by gender. Over 80% of custodial parents in child support cases are women, and the poverty rate for custodial-mother families (41%) is nearly twice that of custodial-father families (23%).⁷ Conversely, most noncustodial parents in the child support system, who bear the brunt of enforcement actions, are low-income men.

Goal: Create more user-friendly sets of documents and procedures that better meet the needs of noncustodial parents when they first enter child support process will improve the economic well-being of our clients, who are majority Black and Hispanic men.

Equity Metrics for Measuring Progress Toward Goal

Increase participation of non-custodial parents in child support system

Action 1: Develop Packet

Develop a packet of new summons and petition documents. The current set of documents begin with a nearly blank cover sheet and then go immediately into the summons—a forbidding document written to meet legal conventions and thus full of difficult language and approaches to design, including long passages of capitalized text, that go against decades of research into readability for people working from a low to moderate level of literacy. More recent research regarding a wider set of practices associated with behavioral economics are also not taken into account. These comments also apply to some of the Child Support-specific documents that are included in the package and intended to be guides to the process, particularly the excessive use of capitalization and other forms of emphasis that fail to guide readers to the most important elements of the document. The current documents are also primarily focused

²⁵ Solomon-Fears, C. (2016). Child support: An overview of Census Bureau data on recipients. Congressional Research Service. Retrieved from: <https://fas.org/sgp/crs/misc/RS22499.pdf>

²⁶ Sorenson, E., Sousa, L., & Schaner, S. (2007). *Assessing child support arrears in nine large states and the Nation*. Washington, D.C.: Urban Institute. Retrieved from <https://www.urban.org/sites/default/files/publication/29736/1001242-Assessing-Child-Support-Arrears-in-Nine-Large-States-and-the-Nation.PDF>

on negative consequences of noncompliance and give only a small amount of information that seem helpful (in a genuinely client-focused sense of the term).

We plan to address these issues by creating a set of highly readable, behaviorally attuned documents that attempt to break down the process into clearer, more manageable parts and provide additional, helpful information—while at the same time remaining clear about the short- and long-term negative consequences of not attending a child support or paternity hearing.

To evaluate the effects of this approach, we will gather baseline data before the launch of the program and compare it to post-launch data. The data we are interested in includes the number of orders given on default—that is, the number of child support orders made essentially without the noncustodial parent being present to supply the necessary information about his or her financial situation. Default orders, particularly when they come out of the Cash Assistance process, tend to expect noncustodial parents to pay more per month toward child support than regular orders; when this happens, noncustodial parents can fall into debt, creating stress for themselves and their families and potentially reducing their willingness to work in the above-ground economy and even making them less likely to see their children.

Timeline and Milestones

- January 30, 2019: Finalized new documents and translate
- March 15, 2019: Gathered baseline data

Lead Staff

- Frances Pardus-Abbadessa, Executive Deputy Commissioner, Human Resources Administration, Office of Child Support Services
- Elizabeth Kumar, Deputy Commissioner, Human Resources Administration, Office of Child Support Services

Action 2: Automate Mailing Process

Automate the process of mailing out the summons package in child support cases that come out of the Cash Assistance process. This is currently done manually by staff in different locations. Our goal is eventually to create a streamlined approach through DSS's Print to Mail (PTM) area (part of the Agency's Information Technology Systems program) that will help ensure the timely, consistent, and accurate distribution of materials.

Timeline and Milestones

- April 30, 2019: Completed system design

- June 3, 2019: Began testing, without initial distribution. This will include extensive quality assurance testing of all documents, since even slight errors in the process could have significant implications for clients.

Lead Staff

- Frances Pardus-Abbadessa, Executive Deputy Commissioner, Human Resources Administration, Office of Child Support Services
- Elizabeth Kumar, Deputy Commissioner, Human Resources Administration, Office of Child Support Services

Action 3: Test New Summons Package

Begin testing distribution through PTM. This again will require extensive quality assurance testing.

Timeline and Milestones

- July 1, 2019: Began quality assurance testing on PTM printing and distribution of mailings.

Lead Staff

- Frances Pardus-Abbadessa, Executive Deputy Commissioner, Human Resources Administration, Office of Child Support Services
- Elizabeth Kumar, Deputy Commissioner, Human Resources Administration, Office of Child Support Services

Action 4: Expand Test Pilot

Begin testing for cases that originate outside the Cash Assistance process. This again will require extensive quality assurance testing.

Timeline and Milestones

- August 1, 2019: Begin quality assurance testing on creation of non-Cash Assistance packages.

Lead Staff

- Frances Pardus-Abbadessa, Executive Deputy Commissioner, Human Resources Administration, Office of Child Support Services
- Elizabeth Kumar, Deputy Commissioner, Human Resources Administration, Office of Child Support Services

Action 5: Collect Data for Evaluation

Gather initial data to provide preliminary assessment of project status and progress toward goal

Timeline and Milestones

- September 30, 2019: Finalize description of project status and initial data analysis of progress toward goal.

Lead Staff

- Frances Pardus-Abbadessa, Executive Deputy Commissioner, Human Resources Administration, Office of Child Support Services
- Elizabeth Kumar, Deputy Commissioner, Human Resources Administration, Office of Child Support Services

Issue # 5: Additional DSS Equity Work Related to Dignity-Centered Treatment and Client Respect

DSS continues to make ongoing systematic changes to reform social services policies and practices, improve technology to make benefits and services more accessible, streamline the ways in which rental arrears are processed and paid, and provide reasonable accommodations for clients with disabilities – all of which are aimed at improving the experiences of our clients, who are majority individuals of color. Most recently, DSS implemented several actions to ensure that service delivery for clients aligns with agency values to treat clients with dignity and respect following the unacceptable incident at HRA's DeKalb Job Center on December 7, 2018, which culminated in the arrest of an HRA client.

Following this incident, DSS immediately implemented the following action items:

- DSS reinforced guidelines for staff to treat clients with courtesy and respect.
- DSS conducted retraining sessions for all HRA Peace Officers, with an emphasis on techniques for deescalating disputes in HRA Centers. This will be a mandatory annual requirement for each officer.
- DSS directed the City's contracted security services vendor to provide retraining sessions for all security guards assigned to HRA Centers, with an emphasis on techniques for deescalating disputes in HRA Centers. Thereafter, this training will be a mandatory annual requirement for any contracted security officer assigned to an HRA office.
- DSS developed and implemented de-escalation training for program staff.

- Agency policy was updated to reflect that HRA Peace Officers shall not request the intervention of the NYPD without first contacting the Center Director or Deputy Director or her/his designee to attempt to defuse the situation by addressing a client need.
- DSS is implementing a social worker pilot at one Job Center in each of the five boroughs to support the Center Directors in defusing such situations and addressing client needs to test the effectiveness of this model at these five centers.
- All HRA Peace Officers will be outfitted with body worn cameras.
- As discussed in a previous section, in addition to existing DSS client service staff training, DSS will begin implementing trauma-informed service delivery and anti-bias training for all 17,000 DSS staff members to promote diversity in the workplace and dignity-centered client services.
- With support from the Open Society Foundation, DSS hosted a Racial Disparities Summit for leadership, key partners and stakeholders.
- Finally, together with the NYPD Commissioner, DSS took the following actions:
 - The NYPD and DSS have developed a protocol for determining appropriate instances in which HRA Peace Officers in HRA Centers should seek the assistance of the NYPD.
 - The NYPD has developed a protocol to deploy an NYPD supervisor to be part of the NYPD response team for such HRA assistance requests.
 - The NYPD and DSS have developed a protocol for transferring control of an incident to the NYPD when the NYPD arrives at an HRA Center.

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<http://journals.sagepub.com/doi/abs/10.1177/0734016815596043>

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^[7] Bierie, D. M. (2014). Ibid.

^[8] Guynes, R., & Wolff, R. (2004). Ibid.

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