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JEFF THAMKITTIKASEM
Director, Office of Operations

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

July 1, 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,

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 helps 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.