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NYC Council Speaker Adrienne Adams  
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Dear Speaker Adams,

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 continued to undertake in connection with Local Law 174.

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 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 were also required to create equity action plans to identify and address disparities surfaced in their assessments.

Reports on the agencies' efforts 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. What follows are the three agencies' progress updates on the implementation of their equity action plans, four years after their initial development. For more thorough information on their assessment processes, identified disparities, and the plans to address those disparities, please refer to the 2019 report, which is available here:  
[www1.nyc.gov/assets/operations/downloads/pdf/ll174\\_public\\_report\\_w\\_appendices\\_2019.pdf](http://www1.nyc.gov/assets/operations/downloads/pdf/ll174_public_report_w_appendices_2019.pdf)

Thank you,

Carson C. Hicks

## **AGENCY REPORTS**

### **I. Administration for Children's Services (ACS)**

#### **Administration for Children's Services' LL 174 Work**

In our LL174 work, our primary, though not exclusive, focus has been on race, because of the significant racial disproportionality and disparities that exist in child welfare and juvenile justice in New York City. To explain the work ACS has been doing to address race equity, it is important to first define terms for how we understand race equity challenges within our agency.

We define racial disproportionality as the underrepresentation or overrepresentation of a racial or ethnic group compared to its percentage in the total population. We define racial disparity as the unequal outcomes of one racial/ethnic group as compared to outcomes for another racial/ethnic group. ACS acknowledges that racial disproportionality and racial disparities exist within the child welfare and juvenile justice systems.

In the child welfare system, we see the greatest disproportionality and disparity at the "front door," meaning that systemic racism and biases against African American/Black and Hispanic/Latinx people influence the reports made to Statewide Central Register (SCR). Specifically, African American/Black children are involved in investigations at 6.7 times the rate of White children. Hispanic/Latinx children are involved in investigations at 4.7 times the rate of White children.

As a result of the high rates of reporting and investigation, African American/Black and Hispanic/Latinx children and families are overrepresented at virtually each stage of the Child Welfare process. An analysis of their outcomes at each stage indicates the disparity between African American/Black and Hispanic/Latinx and their White counterparts is significantly reduced once they are in the system. For instance, African American/Black children had 1.2 times more Article 10 foster care placements than White children in an indicated investigation and Hispanic/Latinx children in an indicated investigation had slightly fewer placements than White children in an indicated investigation (disparity ratio 0.78). While these disparities are lower, ACS is committed to reducing disparate outcomes that can be traced to an individual's or family's race or ethnicity throughout ACS systems. Further, ACS is working to change its policies and practices to address the significant negative impact that overrepresentation in ACS systems has on New York City children, families, and communities.

The impact of racism and bias is also seen in the juvenile justice system, where African American/Black youth are 10.7 times more often admitted to detention than White youth. Hispanic/Latinx youth are 2.9 times more often admitted to detention than White youth.

To reduce disproportionality and disparity at the front door of our systems, ACS is collaborating with system partners and communities on eliminating bias in reporting of child abuse and neglect, while also educating mandated reporters to better understand when a report is required and when not.

ACS also seeks to develop equitable policies and practices that support and respect families, emphasizing that many involved with our systems need access to resources and other assistance. ACS further seeks to develop policies and practices to help young people prevent involvement or successfully break involvement with the

juvenile justice system. Below are some actions ACS is taking to address racial disparity and racial disproportionality within the child welfare and juvenile justice systems.

## DISPARITY 1

### **DISPARITY 1: AFRICAN AMERICAN/BLACK AND HISPANIC/LATINX CHILDREN ARE DISPROPORTIONATELY INVOLVED IN ABUSE AND/OR NEGLECT INVESTIGATIONS.**

Goal: Greater utilization of primary prevention strategies, where appropriate, to divert low-risk families from the child welfare investigation path.

Equity Metric: Percent of children involved in investigations by race/ethnicity compared to their percent in the NYC child population.

#### Metric Value

Children in investigations (2022):

- African American/Black children accounted for 22% of the NYC child population and 44% of children in investigations.
- Hispanic/Latinx children accounted for 36% of the NYC child population and 47% of children in investigations.
- White children account for 27% of the NYC child population and 8% of children in investigations.
- Asian American/Pacific Islander children account for 15% of the NYC child population and 5% of children in investigations.

Disparity Ratios:

- African American/Black children were 6.7 more often in an investigation than White children.
- Hispanic/Latinx children were 4.7 more often in an investigation than White children.
- Asian American/Pacific Islander children were 1.3 more often in an investigation than White children.

#### Actions Update

ACS sees its greatest level of disparity regarding racial/ethnic disparities in the child welfare system in the high number of African American/Black and Hispanic/Latinx children involved in child abuse investigations compared to White children. African American/Black children were 6.7 more often in an investigation than White children in 2022. Hispanic/Latinx children were 4.7 more often in an investigation than White children. ACS is collaborating with key system partners and with communities to reduce unwarranted involvement with families and the disparate level of African American/Black and Hispanic/Latinx families in our system. ACS seeks to focus its monitoring resources on the children who need protection and avoid unnecessary contact with families. These are some of the steps ACS has undertaken to help reduce disparities at the front door of our system:

ACS identified and then spearheaded strategies to reduce unnecessary reports to the Statewide Central Register of Abuse and Maltreatment (SCR) through collaboration with partners so that child protective interventions are sought and used only when there is a true concern for child safety. Specifically:

- ACS has collaborated with the Department of Education (DOE) on trainings for DOE mandated reporters. So far there have been more than two dozen, involving every DOE school in New York City, more than 1,800 schools. We focus on helping DOE staff understand the many local and citywide resources available to help families and how to access them. We discuss the possible impact of implicit bias on decision-making by mandated reporters. And we explain how to determine when a call to the SCR state hotline is appropriate, and what happens after a call is made. The goal is to help mandated reporters understand that there are many ways to access supports for families who need help without calling SCR. We also emphasize that SCR calls should only be made when they suspect a child is truly at risk of abuse or otherwise in danger.

- We have also been working closely with our public hospital system, Health + Hospitals (H+H), so hospital and other medical staff understand the impact reporting has on families. We emphasize that calls should be made only when there is a concern about the child's safety. One set of guidance we produced centered on concerns when medical professionals should and should not report possible child abuse or neglect of newborns prenatally exposed to substances. We continue to work with health and social service providers to help them provide supports for families and advise them to call the state abuse and neglect hotline when they believe a child is in danger of maltreatment.
- These efforts have included making staff at DOE and H + H aware of how they can refer families directly to ACS prevention services and other supports offered by community-based organizations, avoiding a call to SCR if it is not necessary.

ACS rebranded and expanded its CARES (Collaborative Assessment, Response, Engagement and Support) program to every borough in New York City.

- CARES is an alternative response to a child welfare investigation for low- and moderate-risk reported concerns of child abuse and maltreatment. It is a core strategy for combating racial disparity and promoting social justice in NYC's child welfare system, offering both a family-led and less intrusive response for families with service needs which enables families to drive solutions for themselves.
- A growing percentage of new cases opened by ACS after receiving a report forwarded from the state hotline are now being assigned to the CARES track. The City launched the program in 2013 as a pilot and has been steadily expanding it since 2018.
- With CARES, there is no traditional investigation, court involvement, or determination (which can impact family members' employment). Instead, trained child protective staff assess the safety of the children; partner with the family to identify their needs; empower the family to make decisions about their needs and their children's needs; and connect families to appropriate services. The CARES approach is family-centered, family-driven and solution-focused.
- ACS has 64 child protection units handling CARES cases, serving about 25% of new cases. The number of CARES cases has nearly tripled since 2019. This expansion involves converting existing investigative units to CARES.
- ACS's Workforce Institute has developed a 35-minute video series for staff to explain how the CARES approach is one of ACS's racial equity strategies to reduce the disproportionate representation of African American/Black and Hispanic/Latinx children in New York City's child welfare system.

ACS worked with three of its Community Partnerships (CPs) on strategies to reduce unnecessary reports to the SCR by amplifying school personnel's access to community resources to meet family needs. CPs are neighborhood coalitions that serve as local hubs for social service providers, community leaders, residents, and other stakeholders, to share local resources and information, address community needs, and design and promote strategies to foster child and family well-being.

This project is called "Healing and Transforming Together." Through this project, ACS piloted strategies with CPs and partner schools in three communities: Highbridge, Hunts Point, and East New York. Some key accomplishments of this project include:

- Forging stronger connections between the CPs and school leadership in their communities. These relationships can help schools to connect children, youth, and families to resources in a timely manner and avoid unnecessary calls to SCR.
- Held meetings between the three CPs and their respective local schools to develop a process to build relationships and share knowledge. These regular meetings have led to significant progress in establishing

strong, working relationships. All of the CPs involved in the pilot have reported making steady progress in connecting families to Community Based Organizations (CBOs) and ACS-contracted Prevention services.

The three CPs involved in the pilot are among 11 that ACS funds, which serve as ambassadors to the community, advocates for families, and advisors to ACS. The CPs were first established in 2007 as a commitment from ACS to partner directly with communities to ensure everyone – from government agencies to social service providers, faith-based groups, and local leaders – is involved in efforts to support New York City’s children and families. CPs connect providers and stakeholders to each other and connect families to local services and supports, making them critical community hubs and important partners for this work.

In the last year, consistent with the Mayor’s Blueprint for Child Care & Early Education, ACS has dramatically increased access to childcare vouchers for low-income families, including in the City’s 17 community districts with the highest poverty and unemployment.

- ACS provides childcare vouchers to families engaged in the child welfare system as well as families uninvolved with child welfare earning less than 300% of the federal poverty level. These vouchers help families pay for childcare at the setting of their choice, so parents and caregivers can pursue work, school, training, or look for stable housing with the knowledge their child is being safely cared for. Over the last year, the number of low-income children enrolled in care with the support of a voucher has increased by 160%.
- The lack of accessible, equitable, and high-quality childcare for low-income families, including low-income families of color, forces families to make the choice between going to work or sacrificing wages to stay home and take care of their children. This work enhances equity in voucher distribution and increases access for families with the greatest need.

First launched in 2017, Family Enrichment Centers (FECs) are walk-in centers that are co-designed with and for local families and community members with the goal of strengthening family protective factors, including social connectivity, access to concrete resources, and economic mobility. This reduces the risk of child welfare involvement, helping to addressing racial disproportionality in the child welfare system.

- FECs also aim to support families and communities in achieving their self-defined goals, setting them up to thrive and thus reducing racial and socio-economic disparities. They work hand-in-hand with community members to provide concrete resources and other offerings responsive to their needs and interests. The FECs proved crucial during the COVID-19 pandemic by providing community members with critical support, including food, clothing, and technology needs, as well as social supports for parents and caregivers.
- After the successful launch of three FECs, the Taskforce on Racial Inclusion & Equity (TRIE) and ACS announced that the City will expand the FEC footprint. The new FECs will be located in the priority neighborhoods identified by TRIE, based on equity burdens. (Equity burdens are factors affecting community well-being, including health status, living conditions, social inequities, occupations and COVID-19 impact). ACS currently contracts with 20 nonprofit organizations for Family Enrichment Centers throughout NYC, 12 of which are open to families and the community-at-large; the remaining 8 are preparing to open in the coming months. ACS will begin contracts for an additional 9 FECs in July 2024.

ACS is also pleased that our advocacy, along with the advocacy of others, contributed to the passage of the SCR reform bill, which passed in 2020 and became effective January 1, 2022. Since the new law took effect ACS has

seen a reduction in the percentage of our investigations that were indicated (which we define as our finding some credible evidence to support the concerns). In 2021, the percentage was 33.9%, and it fell to 29.2% the following year.

The law made some important changes:

- Starting with investigations beginning January 1, 2022, the standard of evidence required to indicate a case changed from New York’s previous very low standard of “some credible evidence” to “a fair preponderance of the evidence,” which is more consistent with the indication burden of proof requirements used throughout the country. ACS believes this higher standard is fairer and will help address some of the implicit biases we see in the child welfare system.
- The law also reduced the length of time an indicated case for maltreatment is accessible to potential employers. Under pre-existing law, an indicated case for abuse or maltreatment remained on a person’s record for ten years after their youngest child turned 18, regardless of the severity of the incident, which can have long-term destabilizing effects on a family. Under the new law, neglect records (not abuse) will be sealed from employers if the record is 8 years or older, which provides more economic pathways for parents and caregivers by reducing the collateral consequences of reports.

ACS is also pleased that, as a result of our advocacy, New York State passed a law requiring mandated reporters to receive implicit bias training, similar to the requirement we have in place for all ACS staff. More than 50 professional groups, including teachers, social workers, childcare workers, doctors, and police officers, are mandated reporters, and they must complete the free, online, self-directed course by April 1, 2025. It is available in English and Spanish.

- The overarching theme to the new mandated reporter training is that ‘you can support a family without having to report a family.’ A key focus is an implicit bias component to prevent calls to SCR based on race and poverty. In addition to implicit bias training, there is updated material explaining the impact of adverse childhood experiences (ACEs) on children and families to prevent inflicting additional trauma by unnecessarily subjecting a family to a child protective services investigation. The new training will also help mandated reporters identify when a family could instead be supported by directing them to culturally responsive, effective, and community-based programs through the Office of Children and Family Services’ (OCFS’s) new Help, Empower, Advocate, Reassure and Support (HEARS) family line.

## DISPARITY 2

### **DISPARITY 2.A: AFRICAN AMERICAN/BLACK FAMILIES HAVE DISPROPORTIONATELY HIGH RATES OF FOSTER CARE PLACEMENT AND INVOLVEMENT IN COURT-ORDERED SUPERVISION, COMPARED TO THE CHILD POPULATION OF THE CITY.**

Goal: Safely reduce the entry of African American/Black children into foster care, and of families to court-ordered supervision.

Equity Metric: Court-ordered supervision (COS) case filings and foster care placement by race/ethnicity

#### Metric Value

Under Article 10 of the Family Court Act, ACS may file a petition in Family Court on behalf of a child who is alleged to be abused or neglected. This allows ACS to seek child protective orders that may include COS, which means the child remains at home with their parent or in the care of another safe adult, with court oversight and orders in

place to address the risks of harm to the child. ACS may also seek temporary placement into foster care, which involves placement with a kinship foster parent or placement in another appropriate foster care setting to meet the child's needs, while ACS works with the family to plan for reunification or another appropriate permanency goal.

In 2022:

- African American/Black children accounted for 42% of COS case openings and 51% of foster care placements.
- Hispanic/Latinx children accounted for 49% of COS case openings and 40% of foster care placements.
- Asian American/PI children accounted for 5% of COS case openings and 2% of foster care placements.
- White children accounted for 4% of COS case openings and 6% of foster care placements.

Disparity Ratios:

Article 10 foster care placement in an indicated investigation:

- African American/Black children in an indicated investigation had 1.2 times more Article 10 foster care placements than White children in an indicated investigation.
- Hispanic/Latinx children in an indicated investigation had 0.78 times fewer placements than White children in an indicated investigation.
- Asian American/Pacific Islander children in an indicated investigation had 0.51 times fewer Article 10 placements than White children in an indicated investigation.

COS in an indicated investigation:

- African American/Black children in an indicated investigation were 1.5 times more often than White children in an indicated investigation to have COS case openings.
- Hispanic/Latinx children in an indicated investigation were 1.5 times more often in COS case openings than White children in an indicated investigation.
- Asian American/Pacific Islander children in an indicated investigation were 1.6 times more often in COS case openings than White children in an indicated investigation.

### Actions Update

As a result of the high rates of reporting and investigation of African American/Black and Hispanic/Latinx children and families, these populations are also overrepresented at virtually each stage of the child welfare process. However, an analysis of their outcomes at each stage indicates the disparity between African American/Black and Hispanic/Latinx and their White counterparts is significantly reduced once they are involved with ACS. For example, an African American/Black child in New York City is 6.7 times more often in an investigation than a White child through reports called in by mandated reporters and the public to the New York State abuse and neglect hotline, resulting in a child protective response. Yet once they are involved with ACS, the disparity drops sharply, an African American/Black child is 1.24 times more often in an indicated case than a White child, and African American/Black children in indicated investigations were 1.5 times more often than White children in an indicated investigation to have COS case openings. ACS is committed to further reducing disparities throughout the child welfare system, including by joining with schools, hospitals and others to train and educate mandated reporters so that they only make appropriate calls to the state hotline. Further, recognizing the impact that overrepresentation in the child welfare system has on African American/Black and Hispanic/Latinx families and communities, ACS is committed to developing policies and practices that support and respect families, reinforces their knowledge of their legal rights, and connects them to resources.

Some of the work ACS has undertaken includes:



- ACS has sharply reduced the number of families and children involved in abuse and neglect filings in Family Court. From 2019 to 2022, the number of children in cases filed for Court-Ordered Supervision (COS) dropped by 50%, from 8,302 in 2019 to 4,130 in 2022. ACS reduced the number COS filings through a pilot in which families were referred to ACS prevention services early in cases. After the success of this pilot, this early engagement was included as a component of ACS's new prevention services contracts (implemented July 1, 2020) and is now required for all prevention providers. Reductions in COS filings were also helped by rules implemented by the court system during COVID that limited the types of COS filings they would accept. ACS has since chosen to continue to file in only very limited circumstances.
- The number of children entering foster care as a result of an abuse and neglect investigation and court filing reached historical lows in 2022, down 40% since 2017 (from 3,868 to 2,328). When children must enter care, 55% were placed with kin. In addition, ACS' Division of Family Court Legal Services (FCLS) has also been developing strategies to ensure appropriate cases are being filed in Family Court. As mandated by the Family Court, FCLS no longer files petitions in cases in which the children remain in the home with the parent with COS. Parents are referred for preventive services and other community-based services without need for court intervention. In addition, FCLS launched and will continue to build on a pilot program that analyzes cases where children are placed into foster care 90-120 days after the date of removal. In the existing pilot, at the designated time, FCLS evaluates why the child is still in foster care (including reviewing the type of case, whether parents can't be located, etc.) Through information gathered from the foster care agency, the FCLS attorney may learn new information, such as identifying and locating a non-respondent parent who may not have been in the picture at the time of removal. It also compels the attorney to review with the foster care agency whether the respondent parent has enrolled and engaged in services and to assess the quality of visits. Rather than waiting for the first permanency hearing or the next court date, which can be several months away, the goal is for FCLS and the foster care agency to have the discussion sooner so they can move to unsupervised visits or change the child's status to release to parent, avoiding a foster care placement.

As of 2022, there are fewer than 7,000 children in foster care, down from 16,000 a decade ago and from nearly 50,000 more than two decades ago.

**DISPARITY 2.B: AFRICAN AMERICAN/BLACK FAMILIES HAVE DISPROPORTIONATELY LONG LENGTHS OF STAY IN FOSTER CARE.**

Goal: To ensure all children are discharged to permanency on a timely basis, and to increase the likelihood that African American/Black children in care achieve permanency at a rate that is equitable with White children.

Equity Metric: Percent of children in care for two or more years by race/ethnicity.

Metric Value

In 2022:

- African American/Black children accounted for 55% of the children in care for two or more years at the beginning of 2022.
- Hispanic/Latinx children accounted for 38% of the children in care two years or more.

- White children accounted for 5% of the children in care two years or more.
- Asian American/Pacific Islander children accounted for 2% of the children in care two or more years.

#### Disparity Ratios:

- African American/Black children in care two years or more were 0.88 times less often discharged to permanency in 2022 than White children in care two years or more.
- Hispanic/Latinx and White children in care two years or more were equally often discharged to permanency in 2022.
- Asian American/Pacific Islander and White children in care two or more years were equally often discharged to permanency.

#### Actions Update

As noted above, as a result of the high rates of reporting and investigations of African American/Black and Hispanic/Latinx children and families, these populations are overrepresented at virtually every stage of the Child Welfare process. However, an analysis of their outcomes at each stage indicates the disparity between African American/Black and Hispanic/Latinx and their White counterparts is significantly reduced once they are in the system. Again, while the disparities may be smaller, ACS seeks to reduce racial disparities within its system. For instance, African American/Black children in care for two years or more were 0.88 times less likely to be discharged to permanency in 2022 than White children in care for two years or more. ACS's goal is to ensure all children are discharged to permanency on a timely basis and achieve permanency at a rate that is equitable.

Some of the work ACS has undertaken includes:

For those children for whom safety concerns require that they come into foster care, their placement with family, friends and other people close to them (known as kinship foster care) has been proven to reduce trauma, increase placement stability, better maintain family ties, improve children's overall well-being, and increase successful reunifications of children home to their families. Children in kinship care have greater stability in care and are more likely to reunify with their parents in a timely manner. For those who cannot reunify, children placed with kin become eligible for Kinship Guardianship (KinGAP), a route to permanency that is faster than adoption and leads to shorter stays in care.

As one of the multiple strategies to reduce the length of stay in foster care, ACS has focused intensively on increasing placement in kinship care, specifically:

- Creating kinship navigator/family finding staff roles at both ACS and our provider agencies.
- Producing monthly reports on initial kinship placement for each of ACS's child protection zones/borough offices, as well as monthly reports for each foster care provider to continuously track and monitor the overall proportion of children placed with kin.
- The ACS kinship placement data are reviewed and discussed at every ChildStat session (ChildStat is a management accountability and quality improvement process that was created to examine New York City's child welfare outcomes) and the foster care agency data are reviewed at regular ACS/provider meetings. ACS and foster care agencies share best practices.

ACS increased the proportion of all children in foster care placed with kin from 31% in 2017 to more than 43% by the end of 2022. Kinship placements for African American/Black children have increased even more, from 32.5% to 48.8%. Even during the COVID-19 pandemic, more than half of the children who entered foster care were placed with kinship caregivers.

Additionally, in FY20, ACS began implementing the Parents Empowering Parents (PEP) pilot with two contracted provider agencies, which was expanded to all agencies at the start of FY23. With enhanced funding available as of July 1, 2022, ACS is funding and supporting to scale 150 Parent Advocates, with lived experience, across the foster care system. PEP embeds parent advocates in all Enhanced Family Foster Care (EFFC) case planning units. Parent Advocates work closely with parents to engage and support their partnership in service and permanency planning. ACS sees PEP as a race equity strategy because parents who are better engaged can reach service planning milestones and address the issues that brought the family to the child welfare system sooner, creating opportunities for safe reunification in a timely manner.

Additional strategies to support timely reunification include:

- Encouraging and facilitating frequent, high-quality Family Time, which is essential to supporting and increasing the likelihood of safe and timely reunification. Family Time promotes child well-being and supports family engagement in the permanency planning process.
- Expanding access to mental health and supportive services for children and families. Additional therapeutic training opportunities for foster parents and staff increase their ability to understand the impact of trauma, caused by abuse and neglect, on a child's behaviors and overall mental health. This increased capacity will lead to greater support for children and increased placement stability.
- The promotion of proactive case reviews and better collaboration with Family Court Legal Services to identify opportunities for reunification without waiting on a Court hearing.

## DISPARITY 3

### **DISPARITY 3: AFRICAN AMERICAN/BLACK CHILDREN ARE DISPROPORTIONATELY LESS LIKELY TO BE IN PREVENTION CASE OPENINGS FOLLOWING A SUBSTANTIATED INVESTIGATION.**

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

Equity Metric: Prevention service case openings during or within 60 days of an indicated investigation by race/ethnicity.

#### Metric Value

ACS contracts with non-profit agencies to offer prevention services, which support and stabilize at-risk families, and reduce the risk of repeat child maltreatment or entry into foster care. These services are free, typically offered in-home, and are targeted to assist families access concrete resources, as well as to address challenges related to mental health, substance misuse, domestic violence, and caring for children with special needs.

ACS conducts an annual "Prevention Services: Family Experience Survey," which asks families receiving prevention services about their experiences. In the most recent survey for 2022, approximately 94% of survey participants said they are happy with the prevention services their families received; and 90% of participants said that they would recommend these services to a friend or family member. Overall, 93% of participants in the survey said prevention services helped them reach their goals.

In 2022:

- African American/Black children accounted for 37% of prevention case opening following an indicated investigation and accounted for 41% of children in indicated investigations.
- Hispanic/Latinx children accounted for 51% of prevention case openings and accounted for 49% of children in indicated investigations.
- White children accounted for 6% of prevention case openings and accounted for 6% of children in indicated investigations.
- Asian American/Pacific Islander children accounted for 6% of prevention case openings and accounted for 4% of children in indicated investigations.

Disparity Ratios:

- African American/Black children had slightly less prevention case openings following an indicated investigation (disparity ratio 0.95) than White children.
- Hispanic/Latinx children were 1.12 times more often than White children in prevention case opening following an indicated investigation.
- Asian American/ Pacific Islander children were 1.50 times more often than White children in prevention case opening following an indicated investigation.
- Asian American/ Pacific Islander children were 1.50 times more often than White children in prevention case opening following an indicated investigation.

#### Actions Update

As a result of the high rates of reporting and investigation of African American/Black and Hispanic/Latinx children and families, these populations are overrepresented at virtually each stage of the Child Welfare process, however an analysis of their outcomes at each stage indicates the disparity between African American/Black and Hispanic/Latinx and their White counterparts is significantly reduced once they are in the system. For instance,

African American/Black children had slightly fewer prevention case openings following an indicated investigation (disparity ratio 0.95) than White children. Again, while the disparities may be smaller, ACS seeks to reduce all racial disparities within its system. ACS's goal is to ensure all children have access to the most appropriate child welfare prevention services across New York City. Some of the work ACS has undertaken includes:

#### Improved Prevention Service System

ACS's redesigned prevention service system was implemented in July 2020, the start date of the new contracts. With these new contracts, ACS launched a prevention services system which for the first time offers universal access to a full range of programs to all families across the city, regardless of where they live. The new system also expands therapeutic supports to families and increases parent voices and choices in service delivery. Additionally, the new system promotes racial equity through mandated requirements for providers to address racial disparities in all programs, encouraging provider agencies to hire staff who speak the prevalent languages within the communities they serve and review their board of directors to determine if they need to increase diversity. ACS recently provided budget and programmatic flexibilities to prevention service providers to help them address staff retention and recruitment efforts with the goal of reaching and serving more families (i.e. allowable ratio of PS/OTPS, reimbursable incentive payments, vacation payouts and staffing waiver flexibilities). Prevention programs are free and voluntary.

#### School-Based Early Support

ACS has re-envisioned the model for our programs formerly known as ACS Beacon Prevention to partner closely with schools to connect families to supports and services well before concerns warrant a call to the SCR. We released a Request for Proposals in August 2023 for our "School-Based Early Support Programs" and have recommended providers for awards. Contracts will begin in July 2024 and offer families a menu of flexible service options that strive to connect families to community resources including case management, address families' concrete needs, support caregivers, and avoid unnecessary investigations.

#### Improved Teamwork on Housing Issues

ACS has partnered with the Department of Homeless Services (DHS) to bridge communication between ACS's Prevention Service providers and shelter providers to strengthen comprehensive case work that addresses housing insecurity. Prevention service contracts mandate assessment of housing insecurity. To reinforce the mandatory assessment of housing insecurity ACS is partnering with DHS to host face-to-face team-building "mixers" citywide. The mixers model how working together benefits families. The partnership aims to:

- Encourage working relationships between providers that address housing insecurity for families receiving Prevention services
- Raise awareness about how Prevention services can assist in avoiding homelessness through providing resources and advocacy
- Increase community referrals through DPS Pathways to Prevention
- Promote the concept of supporting families versus reporting families

#### Enhancing Family Access and Voice

ACS partnered with DOHMH's Bureau of Children, Youth, and Families (CYF) to increase family access to services and improve referral coordination by enhancing providers' engagement skills and integrating family voice and choice throughout service delivery. Both ACS's Division of Prevention and DOHMH's Bureau of Children, Youth,

and Families provide services that aim to promote positive child outcomes by strengthening the family unit and enhancing parents' and caregivers' ability to support their children's development and well-being. These therapeutic and prevention services serve similar populations, sometimes using the same or similar approaches. However, these programs have not always coordinated to ensure that the referral process is streamlined, or that families are referred to programs that best meet their needs if a child or family might benefit from additional services. In 2022, ACS Prevention served approximately 33,000 children in 15,000 families, through over 135 prevention programs delivered by over 45 nonprofits citywide. DOHMH CYF funds services that support over 8,000 families through programs contracted with many of the same service providers used by ACS Prevention at sites citywide. Although ACS and DOHMH operate in parallel in the same communities, with overlap in service provider organizations and in services provided, programs do not always adequately coordinate to benefit the maximum number of families. This interagency collaboration has sought to increase access to services for families and improve referral coordination. The Family Pathways to Care project sought to understand how families connect with and experience publicly funded therapeutic and prevention services. After qualitative discovery research, ACS and DOHMH co-created and piloted a series of service delivery and operational tools intended to improve trust and coordination across families' service journeys. The project resulted in a set of guides that map to three critical service touchpoints during which the system can better support families: during intake, when sharing feedback, and throughout the referral process. All provider agencies will be trained in the use of these tools. Collaboration between prevention services and DOHMH supports the goal of increasing access to services. It does this by establishing long-term cross-agency usage of NYC Well Counselors referring families to prevention family support and therapeutic services and allowing prevention providers to refer families to NYC Well DOHMH mental health supports when appropriate.

#### A Toolkit for Engaging Family Members

ACS is committed to enhancing family voice and choice within its service array and across its network of contracted agencies. In March 2022, ACS launched a toolkit intended to support ACS Prevention Services contracted provider agencies in their efforts to engage family members with lived experience at an organizational level. This is part of their commitment to address racial equity, promote family voice and choice, and ensure services are high quality and inclusive of the diverse cultures and identities of the communities they serve. As the recipients of prevention services, families have unique and valuable expertise about which approaches and processes best serve families, and which may need improvement. This toolkit resource is part of a two-pronged comprehensive approach to supporting agencies committed to continuously improving quality of services by adopting a family-driven approach to policy and practice development. In partnership with the NYU McSilver Institute, a Family-Driven Organizational Change Decision Guide (FDOCDG) and toolkit were created and tested to support agencies in becoming more family-driven. The FDOCDG was designed for organizations interested in improving their policies, procedures, and practices to reflect on the core principles and values of family-driven care. It is a performance improvement resource designed to increase an organization's awareness of the key components of a family-driven organization and to engage in a self-reflective process to identify what to: 1) keep doing and reinforce 2) stop doing; and 3) start doing, to advance their efforts to become a continually improving family-driven organization. ACS will roll out this toolkit to over 40 provider agencies in FY 24.

## DISPARITY 4

**DISPARITY 4: AFRICAN AMERICAN/BLACK AND HISPANIC/LATINX YOUTH ARE DISPROPORTIONATELY ADMITTED INTO DETENTION AND PLACED INTO CLOSE TO HOME (CTH).**

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

Equity Metric: Detention and Close to Home admissions by race/ethnicity

### Metric Value

In 2022:

Detention admissions:

- African American/Black youth accounted for 65.1% of the youth admitted to detention, but 24.8% of the NYC population
- Hispanic/Latinx accounted for 26.6% of the youth admitted to detention, but 36.8% of the NYC population.

Disparity Ratios:

- African American/Black youth were 10.7 times more often admitted to detention than White youth.
- Hispanic/Latinx youth were 2.9 times more often admitted to detention than White youth.

CTH admissions:

- African American/Black youth comprised 66.7% of the youth placed in CTH but 24.8% of the population
- Hispanic/Latinx children comprised 27.6% of the youth placed in CTH, but 36.8% of the population.

Disparity Ratios:

- African American/Black children were 19.7 times more often placed in CTH than White youth.
- Hispanic/Latinx children were 5.4 more often placed in CTH than White youth.

### Actions Update

At the front door of the juvenile justice system is where we see the greatest disparity. The impact of racism and bias is seen in the juvenile justice system, where African American/Black youth are 10.7 times more likely to be admitted to detention than White youth. Hispanic/Latinx youth are 2.9 times more likely to be admitted to detention than White youth. ACS is committed to collaborating with system partners and developing policies and practices to help young people prevent involvement or successfully break involvement with the juvenile justice system. Some of the work ACS has undertaken includes:

### Expanded Juvenile Justice Prevention Strategies

ACS has continued to expand our continuum of juvenile justice prevention strategies that allow young people to remain safely in the community in lieu of placement in an out-of-home setting.—In July 2023, Community Based Alternatives awarded Alternative to Detention (ATD) contracts to the following community-based providers: Justice Innovation Inc. (Queens and Staten Island), CASES (Manhattan and Bronx) and Good Shepherd Services (Brooklyn). ATD was added to a Community Based Alternatives portfolio that already includes the Family Assessment Program (FAP) and the Juvenile Justice Initiative (JJI). The ATD programs will have the capacity to provide supervision and services to up to 310 youth annually who have been charged as juvenile delinquents in NYC Family Court. The ATD programs support youth who would otherwise await a court hearing in a juvenile detention facility. The youth will be connected to age-appropriate vocational, educational, and social programming, and have access to internships, stipends, and other needed support.

### Restorative Justice Circles

With funding support from the Kellogg Foundation and working under the guidance and direction of the Institute for a Restorative Future, ACS's Division of Youth and Family Justice (DYFJ) now has 20 certified Restorative Justice Circle Facilitators among its staff who have recently begun facilitating circles with both staff and young people. It is anticipated that a Circle Facilitation Training of Trainers will occur in FY 24 to build the internal capacity to sustain the work of the project beyond the initial grant funded period. All DYFJ work units have been encouraged to host restorative justice community building circles to build and/or strengthen relationships among staff teams and young people. Additionally, circles will be used moving forward to:

- Address conflict and work through challenging situations

- Respond to youth incidents
- Collectively repair harm between youth, family members, co-workers, employees, and supervisors
- Facilitate, plan for and provide support for placement change, case transfer and re-entry into the community

#### Diverting Police-Admitted Juvenile Delinquents

ACS has continued to focus on diverting police-admitted Juvenile Delinquent (JD) (child over 12 but under 18 who commits an act that would be a crime if committed by an adult) youth assessed to be low risk through a Risk Assessment Instrument from Secure Detention (SD). Currently, JDs account for only two percent of the population in our secure detention system. Since the implementation of Raise-the-Age, the overwhelming admission to secure detention are Juvenile Offenders (13-, 14- and 15-year-olds charged for certain serious or violent felony crimes) and Adolescent Offenders (16- or 17-year-olds charged with a felony). The Detention Risk Assessment Instrument (DRAI) is a statistically validated tool designed to assess the JD's risk of 1) re-arrest and 2) failure to appear in court, the only two statutory reasons why youth may be detained in New York State. The DRAI's classification of low, mid, or high risk determines whether the youth should be detained or released during the pendency of their court case. This tool has contributed to reductions in the use of secure detention by ensuring that the lowest risk JD youth are not unnecessarily detained. While studying other ways to reduce JD detention admissions, DYFJ found that there were gap hours in the administration of the DRAI. During court-off hours, arrested youth are sometimes brought to ACS Detention. The Department of Probation (DOP) previously conducted intake and administered the DRAI in person. However, since the start of the COVID-19 pandemic, DOP conducts the interviews over the phone. When DOP is not available, ACS's DYFJ intake staff administer the DRAI to ensure low-risk JD youth are considered for release. In cases in which an eligible low-risk youth cannot be released to the custody of a parent/guardian because of parent/guardian unavailability, DYFJ transports the youth home or to another relative's address with the parent's consent. If the intake team is unable to reach a parent/guardian, the youth remains in detention and is transported to court on the next business day.

#### Hiring Youth Development Specialists Reflective of the Served Population

DYFJ continues to hire Youth Development Specialist (YDS) staff to reflect the population being served. Most YDS staff identify as Black, Hispanic/Latinx, two or more Races or Not Specified. Ongoing recruitment efforts include ACS Human Resources' participation in community job fairs throughout New York City. The DYFJ outreach team also shares updated YDS hiring brochures in communities throughout New York City at tabling events attended by the DYFJ Outreach Team.

#### **(Optional) Additional Information**

ACS has a number of additional initiatives that we have focused on to further address disproportionality and disparities. These include:

##### Fair Futures

Through Fair Futures, ACS supports young people in the achievement of key milestones that put them on a path to success after they leave foster care to permanency or independent living. First launched in 2019, Fair Futures is a public-private partnership that currently provides youth ages 11-26 in and out of foster care with coaches, tutors and housing and educational specialists. Through additional funding provided by the Mayor's Office, ACS expanded the program to youth ages 21-26 and to youth in our juvenile justice programs, youth in Close to Home, and the Mentoring and Advocacy Program (MAAP). The expansion of Fair Futures is also a strategy within the Mayor's Blueprint to End Gun Violence.

##### College Choice



In an expansion of previous programs, ACS will continue to support youth in foster care through “College Choice.” College Choice is a program that provides college students in foster care with greater support systems, including financial support, so they can attend the college they wish to without having to worry about the cost. As part of the program, ACS will help pay remaining costs of college tuition— up to \$15,000 each year — in addition to any room and board not covered by a student’s financial aid package. College students in foster care will also receive a \$60 daily stipend per year, which can be used towards such expenses as food, clothing, and transportation.

#### Social Security Benefits for Eligible Children

Since July 1, 2022, ACS has been conserving Social Security benefits received for eligible youth in foster care up to Federally allowed limits. For Retirement, Survivors, and Disability Insurance (“RSDI”, commonly called “survivor’s benefits” that children get from their eligible parents), the child’s full benefit is conserved; for Supplemental Security Income (“SSI”, which is a disability-based benefit for eligible youth), the child’s benefit is conserved to the maximum allowed by Federal asset limits. The funds are maintained in a City-operated saving account on behalf of each eligible child and are returned to the Social Security Administration for the youth/family to access upon the child’s discharge from foster care.

#### Promoting Equity Internally at ACS

To ensure that ACS has a foundational framework across the agency, ACS continues to require staff to take the ACS’s Workforce Institute-developed learning program “Understanding and Undoing Implicit Bias.” This program includes an online training module that is mandated for all ACS staff, and an all-day, instructor-led course that is required for all direct service staff. ACS also partners with the People’s Institute for Survival and Beyond to offer Undoing Racism training which is a workshop that allows participants to explore racism’s impact on disparate outcomes produced by institutions and structures.

ACS has also rolled out our new scoring tool for interviews agency wide, and all interviews are required to follow the structured interview process. ACS also rolled out an interview guide which includes sample behavioral and situational interview questions based on a skill set hiring managers are looking for and a guide on the structured interview process.

ACS also has a Racial Equity and Cultural Competence Committee (RECCC) that supports the development of a system of services that responds respectfully and effectively to people of all racial and cultural backgrounds. The general committee is open to all staff -- from every level and every division of ACS-- as well as representatives from our provider agencies and the child welfare advocate community.

ACS also has employee resource groups that are open to all staff, including the African American Heritage Committee, Latino Heritage Alliance, AAPI Heritage Committee, LGBTQAI+ Pride Alliance, and Caribbean Heritage Committee. A self-selected group of employees are in training to become facilitators for the newly created Accountability Spaces where White and BIPOC employees are committed to meaningful conversations about race and the ways it shows up in the workplace.

Child Protection Specialists Providing Families with New Written Information about their Rights and Supportive Services:

- Providing Written Notifications at the Front Door. ACS is helping parents better understand their rights at the outset of a child protective investigation. ACS is providing families with written information about their rights regarding CPS requests to enter and assess the safety of the children. This written notification explains that, while ACS has a legal requirement to assess the safety of the child, parents are not required to let ACS into their homes and can seek the assistance of an attorney. If ACS is not allowed

to check a child's safety as required, the notification explains that ACS may seek permission from Family Court to complete the assessment. .

- Connecting Families to Supportive Services: In addition, CPS are offering families a packet of information containing contact information for lawyers as well as other service providers in specific communities that support families. This citywide effort allows parents to receive important relevant information, while continuing to keep child safety and well-being at the forefront.

#### The Historical Child Welfare Timeline: A Transformational Experience

In 2017, the ACS Racial Equity and Cultural Competence Committee (RECCC) debuted the *Historical Child Welfare Timeline: A Transformational Experience*. This exhibit, curated by Dr. Christiana Best-Giacomini, examines the chronology of the child welfare system from 1800s to the present. The timeline was designed with the goal of educating and informing the child welfare community of historical factors leading to racial disproportionality and disparity. The exhibit also identifies strategies to achieve a racially equitable child welfare system for all children, young people, and families. The exhibit draws on history and policies and practices to narrate the story of institutional racism, poverty, oppression, privilege, trauma, and resilience. It also attempts to explain how a child welfare system that was developed for White children, today reflects them being underrepresented while African American/Black and Hispanic/Latinx children are overrepresented. In response to requests from visitors to the exhibit, ACS is creating a web-based version of the Historical Child Welfare Timeline, accessible to the larger public. This will allow ACS to update content and share perspectives not captured in the original version of the exhibit. The Timeline is led by the Racial Equity and Cultural Competence Committee, and supported by The ACS Workforce Institute, in partnership with CUNY School of Professional Studies and the NYC Chapter of the National Association of Social Workers (NASW).

## II. Department of Health and Mental Hygiene

The Department of Health and Mental Hygiene (NYC Health Department)'s LL174 work has primarily focused on health disparities with respect to different racial groups and to transgender and LGBTQI individuals. We have examined these inequities and have developed a range of measures and initiatives designed to close these gaps, which we discuss below.

### DISPARITY 1

#### DISPARITY 1. BLACK NEW YORKERS DIE BEFORE AGE 65 AT A RATE 45% HIGHER THAN THE GENERAL POPULATION

Goal: Reduce racial inequities in health outcomes.

Equity Metric: Rates of premature mortality by race: Decrease in premature mortality and reduction of premature mortality inequity

Premature Mortality: Age-adjusted rate of deaths under the age of 65 years per 100,000 population									
Race	Male 2018	Male 2019	Male 2020	Female 2018	Female 2019	Female 2020	All 2018	All 2019	All 2020
Black non-Hispanic	358.2	378.3	548.5	213.0	214.0	293.7	278.2	288.0	409.5
Hispanic	223.1	235.8	409.6	112.4	112.2	158.3	165.5	171.3	279.8
White non-Hispanic	225.3	226.0	261.0	127.1	123.7	137.2	176.7	175.4	200.3
Asian/Pacific Islander	125.9	121.0	191.3	68.6	68.5	86.8	95.7	93.4	136.5

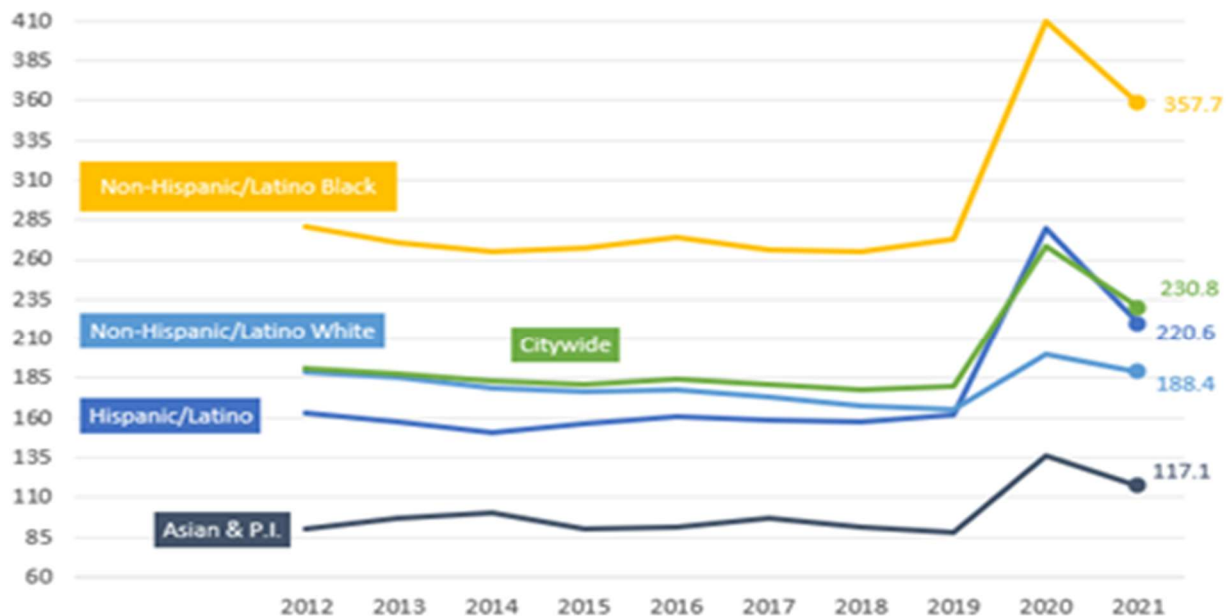
Source: NYC DOHMH Bureau of Vital Statistics

Note: This is an overarching indicator that reflects structural racial inequities, across the entire city. To understand these disparate health outcomes and any increases, it is important to know that multiple factors (including housing, income, etc.) contribute to premature mortality. NYC DOHMH has been working with other city agencies to ameliorate these institutional and structural issues.

Metric Value:

## Mortality

From 2020 to 2021, the age-adjusted premature mortality rate decreased among **Hispanics/Latinos** by 21.2%, among **non-Hispanic/Latino Blacks** by 12.6%, among **non-Hispanic/Latino Whites** by 5.9%, and among **Asians and Pacific Islanders** by 14.2%.



In April of 2023, the NYC Health Department released its Annual Summary of Vital Statistics (PDF) covering the year 2020. It shows that the Covid-19 pandemic, the parallel mental health pandemic, and other events such as the overdose crisis contributed to a decline in life expectancy. Data shows that life expectancy in the city fell to 78 years between 2019 and 2020, a decrease of 4.6 years, with life expectancy among Black New Yorkers dropping to 73 years. Declines in life expectancy were a result of decades of bias and discriminatory policies and practices, which were exacerbated during the Covid-19 crisis.

Black, Indigenous, and People of Color and people experiencing poverty continue to experience inequities in health outcomes. The NYC Health Department advances programs to promote health among New Yorkers by tackling several key areas of health inequity, including hypertension (high blood pressure), overdose, smoking and diabetes.

### Actions Update:

Action Area 1: Smoking Prevalence: Smoking prevalence in NYC has decreased dramatically over the past 20 years from 22% in 2002 to 9% in 2021, but inequities remain. In 2019-2020, Asian/Pacific Islander men born outside the U.S. were more likely to smoke than U.S.-born Asian/Pacific Islander men (20% vs. 5%). The data tell a different story when looking at Black and Latino men, who were more likely to smoke if they were born in the U.S. (23% and 21%, respectively) than outside the U.S. (5% and 11%, respectively).

- In June of 2023 the NYC Health Department launched a new media campaign to help New Yorkers access tobacco treatment resources. New Yorkers who want to quit smoking can contact the NYS Smokers' Quitline (NYSSQL) or Asian Smokers' Quitline (ASQ), where they can speak with a Quit Coach, and those who are eligible — most are — can receive a free NYC Quits starter kit of nicotine medications (nicotine patches and lozenges). People who stop smoking can add years to their life and improve their health. Nicotine medications plus counseling can double someone's chance of successfully quitting. To better support communities most impacted by smoking inequities, tobacco treatment programs have launched in the Tremont and East Harlem Neighborhood Health Action Centers. New Yorkers who smoke or vape can access counseling and a starter kit of medication support (nicotine patches and lozenges) - whether or not they're ready to quit right now. Nicotine medications like patches and lozenges replace the nicotine that people get from smoking or vaping without the harmful and cancer-causing chemicals. Nicotine medications are safe with no or mild side effects when used correctly.

Action Area 2: Overdose -- Overdose deaths in New York City have reached historically high levels. In 2022, there were 3,026 overdose deaths in NYC, compared with 2,696 in 2021. In 2022, 85% of overdose deaths involved an opioid. Fentanyl, a highly potent opioid, was involved in 81% of all overdose deaths. There were 1,489 confirmed overdose death in the first half of 2023.

- As part of the Care, Community, Action plan released in March 2023, the city has committed to supporting people at risk of a fatal overdose with a goal of reducing overdose deaths by 15% by 2025. In 2023, the Health Department took action towards meeting this goal by: releasing Overdose Prevention Center Guidelines to set standards for the safe and effective provision of OPC services in New York City; distributing more than 285,000 naloxone kits and tens of thousands of fentanyl and xylazine test strips; launching three public health vending machines to provide access to free naloxone kits and other wellness supplies; expanding the Health Department's drug-checking program to a fifth site; and expanding the Health Department's nonfatal overdose response program to a 15th hospital.

Action Area 3: Healthy Eating: Structural inequities make opportunities for healthy eating challenging for many New Yorkers. Examples include a lack of access to healthy foods and excessive marketing of unhealthy foods. Cost is one of the biggest barriers to healthy eating. The NYC Health Department's new "Eat A Whole Lot More Plants" campaign provides New Yorkers with ways to learn more about food assistance, supporting New Yorkers in their efforts to achieve nutrition security in the face of high food costs.

The campaign urges New Yorkers to put plants on their plates and adopt a healthy balanced diet full of whole foods. Whole and minimally processed plant foods like fruits, vegetables, whole grains, beans, and nuts are good for health as they are high in fiber, vitamins, and minerals and don't come packaged with high amounts of sodium, added sugar, or unhealthy fats. The campaign highlights how such a diet is one way to improve health and can help manage and reduce risk of type 2 Diabetes.

In 2021, the NYC Health Department identified heart disease, stroke, and overdose death are leading causes of death for New Yorkers of all races and ethnicities across the socioeconomic spectrum, residents with lower income and people of color are disproportionately affected by premature mortality. Action Area 1 related to smoking is particularly important in reducing heart disease and stroke. In addition to addressing the leading disease and injury drivers of death, DOHMH will continue to partner with other city agencies and external

stakeholders to address social determinants of health such as housing, nutrition, economic opportunity and access to health care, as well as the impacts of climate change, which contribute to health inequities.

## Disparity 2

### DISPARITY 2. BLACK BABIES ARE ALMOST THREE TIMES AS LIKELY AS WHITE BABIES TO DIE BEFORE THE AGE OF 1

Goal: Reduce racial disparities in health outcomes.

Equity Metric: Rates of infant mortality by race: Decrease in infant mortality and reduction of infant mortality disparity

Metric Value:

Infant Mortality: Rate of deaths under 1 year of age per 1,000 live births

Race	2018	2019	2020
Black	7.9	8.6	6.9
Other Hispanic/Latinx	3.4	3.9	4.3
Puerto Rican	5.3	5.2	5.8
White	2.3	2.6	2.2
Asian/Pacific Islander	2.7	2.5	2.8

29JUN23

BUREAU OF VITAL STATISTICS

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

*Source: NYC DOHMH, Bureau of Vital Statistics*

*Note*: This is an overarching indicator that reflects structural racial inequities, across the entire city. To understand these disparate health outcomes and any increases, it is important to know that multiple factors (including housing, income, etc.) contribute to this. NYC Health Department has been working with other city agencies to ameliorate these institutional and structural issues.

#### Actions Update:

Reducing infant mortality remains a long-standing priority area for the NYC Health Department. The Department conducts ongoing surveillance in infant mortality to analyze and track trends and contributing factors. Our programmatic and policy work are best positioned to address contributing factors through understanding community need, delivering health education, providing screening, maintaining referral networks, and connecting families to services.

Action Area 1: New Family Home Visits (NFHV) Initiative: In 2021, the NYC Health Department launched the NFHV Initiative to expand capacity in home visiting programs citywide and coordinate referrals. The New Family Home Visits coordinated intake and referral (CI&R) system, provides pregnant families or families with a child four years old or younger equitable access to home visiting programs, doula services, and other community resources. NFHV provides citywide access to high quality home visiting services for new families, with a focus on maternal mental health, chronic disease, and early childhood development. The NFHV initiative prioritizes families residing in TRIE neighborhoods and families engaged with ACS and residing in NYCHA or DHS shelters. NFHV-funded programs include: the Newborn Home Visiting Program (NHVP), Nurse-Family Partnership (NFP), and the Citywide Doula Initiative (CDI). The program reaches over 7000 families citywide annually.

Action Area 2: Nurse-Family Partnership: An evidence-based, community health program that provides support for low-income, first-time mothers by pairing them with specially trained registered nurses who provide information and guidance throughout the pregnancy and until the child's second birthday. This program promotes healthy pregnancy outcomes, child development, and parental economic self-sufficiency and independence.

Action Area 3: Infant Injury Prevention: The NYCHealth Department implements injury prevention activities with internal and external partners including safe sleep education trainings for city agencies, hospital, childcare, and CBO staff. It also distributes cribs to families in need through the NYC Cribs for Kids Program. Additionally, home visiting program staff provide clients with infant safety education, including safe sleep messaging from the "Safe Sleep, Grow Healthy" standardized curriculum, conducting environmental assessments and landlord advocacy, providing education on home and car seat safety, and assessing intimate partner violence.

Action Area 4: Improving Health Equity and Maternal and Infant Health Outcomes (MIH Collaborative): The MIH Collaborative brings together over 20 CBOs that receive funding from the NYCHealth Department to advance health equity outcomes for mothers and infants who reside in neighborhoods with the greatest health inequities throughout the city. The CBOs conduct work in one or more of the following topic areas: (1) infant safe sleep, (2) breastfeeding, (3) family planning, (4) toxic stress and trauma, and (5) women's health.

Action Area 5: Citywide Doula Initiative. The Citywide Doula Initiative will aim to train 50 doulas and reach 500 families by the end of June. Families who enroll in the program will receive doula support both at home and in the clinical setting, with three prenatal home visits, support during labor and delivery, and four postpartum visits. Clients who give birth at home will receive the same number of visits. The program will include screening and referrals for family needs and stressors, such as food insecurity. The model of care will be consistent across the city, and uniform data will be collected for a rigorous evaluation of the doula services provided through this initiative.

### Disparity 3

#### **DISPARITY 3. LATINO/A 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 self-reported health status by race: Increase in "good," "very good," or "excellent" self-reported health status.

Metric Value:

**Prevalence of self-reported health status by race: NYC adults, 2020-21**

Source: NYC Community Health Survey (CHS) 2020-21. CHS has included adults with landline phones since 2002 and, starting in 2009, also has included adults who can be reached only by cell phone. Beginning in 2021, methodology changed to address-based sampling (ABS)/Web frame. Data from 2021 should not be compared to prior years, and trends should not be created that include 2021 data with older data.

CHS 2020 data are weighted to the adult residential population per the American Community Survey, 2019

CHS 2021 data are weighted to the adult residential population per the American Community Survey, 2019

Data are age-adjusted to the US 2000 Standard

Population

Race	2020				
	Excellent	Very Good	Good	Fair	Poor
White/N Afri/Mid-Eastern, non-Hispanic	28.30	36.34	24.27	8.58	2.50
Black, non-Hispanic	18.24	30.41	32.49	14.14	4.72
Hispanic	15.10	18.21	35.39	26.09	5.21
Asian/PI, non-Hispanic	16.73	30.93	29.87	18.86	3.62
Other, non-Hispanic	25.68	31.64	25.40	11.70	5.58*

Race	2021				
	Excellent	Very Good	Good	Fair	Poor
White/N Afri/Mid-Eastern, non-Hispanic	28.80	40.79	21.82	7.01	1.59
Black, non-Hispanic	20.59	33.32	32.47	12.13	1.49
Hispanic	17.79	29.89	30.21	18.07	4.03
Asian/PI, non-Hispanic	18.30	36.25	27.85	13.15	4.45
Other, non-Hispanic	21.21	33.49	27.36	15.51	2.43*

\*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% Confidence Interval half-width is greater than 10 or the sample size is too small, making the estimate potentially unreliable.

Source: NYC DOHMH, Community Health Survey Public Use Data Sets

**Note:** This is an overarching indicator that reflects structural racial inequities, across the entire city. To understand these disparate health outcomes and any increases, it is important to know that multiple factors (including housing, income, etc.) contribute to them. NYC DOHMH has been working with other city agencies to ameliorate these institutional and structural issues.



### Actions Update:

New Yorkers' perceptions of their own health can help identify the overall wellbeing of and inequities within populations. To advance the health of all New Yorkers and focus research, policy, and investments on the populations who bear the greatest burdens of illness and death, the NYC Health Department recently launched HealthyNYC. HealthyNYC is a comprehensive vision for how we can create a healthier city for all. HealthyNYC sets goals across the key drivers of loss in life expectancy and racial inequities and represents a citywide commitment to reversing these trends. HealthyNYC is a tool for collective and strategic planning, alignment, action and accountability. Through HealthyNYC, we aim to increase life expectancy in NYC by 2030 and beyond.

As we emerge from the COVID-19 pandemic, the health of New Yorkers is at a major inflection point. Life expectancy decreased dramatically between 2019 and 2020 (from 82.6 years in 2019 — its highest point — to 78.0 years in 2020). COVID19 was the major driver of this decline in life expectancy; however, overdose, suicide and violence also contributed to the most recent changes, and the largest decreases have been among Black and Latino New Yorkers. Action is needed NOW. The overall goal is to exceed 83 years by 2030, with gains across racial and ethnic groups.

Specific goals have been set to address the top direct causes of death, excess death, premature death and the grossest inequities in death. These goals are intended to be ambitious, galvanizing collective action across our city. HealthyNYC sets collective goals and provides a framework for existing and future plans and programs. Strategies that will enable achievement of these goals are embedded in existing City plans for mental health, gun violence, climate change and housing, as well as plans currently in development, including the Women's Health Agenda and chronic disease plan. HealthyNYC is an invitation to the many stakeholder groups outside of government — community-based and philanthropic organizations as well as those in the private sector and the health care system — to align their efforts to contribute to achievement of these citywide goals.

### **(Optional) Additional Information**

In the equity assessment the NYC Health Department performed pursuant to LL 174, we recognized several challenges to equity within internal systems. To address these inequities, several plans were enacted.

Issue A: The Department's 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.

Actions:

**Transgender, Gender Nonconforming and Non-Binary Community Advisory Board (TCAB)** The NYC Health Department developed the TCAB to advise and provide critical feedback on programming, consumer-focused resources (e.g., [Pride and Care: Health Tips for Transgender, Gender-Nonconforming and Nonbinary People](#)), marketing campaigns, and clinical services designed to meet the needs of transgender, gender nonconforming,

and nonbinary (TGNCNB) people. The goals of the TCAB are to: (1) ensure that the NYC Health Department's programs, initiatives, and other related work for TGNCNB communities are informed by TGNCNB New Yorkers; (2) invite TGNCNB New Yorkers to participate in formal discussions about health promotion and services; and (3) ensure that the NYC Health Department's work incorporates diverse perspectives, identities, and experiences of NYC's TGNCNB communities.

LGBTQ+ Health Care Bill of Rights (Bill of Rights): Launched in 2017, the LGBTQ Health Care [Bill of Rights](#) details the health care protections available to LGBTQ+ patients in NYC. The Bill of Rights informs New Yorkers of their legal rights in health care settings, empowering New Yorkers to get the health care they deserve and reminding them that health care providers and staff cannot legally provide LGBTQ+ people with a lower quality of care because of their sexual orientation, gender identity, or gender expression. It also informs people who identify as LGBTQ+ that they can report health care discrimination to the NYC Commission on Human Rights. An evaluation is currently underway to assess New Yorkers' knowledge of the Bill of Rights; examine behaviors of reporting acts of discrimination based on sexual orientation, gender identity, or gender expression in health care settings; and measure attitudes towards using the Bill of Rights as a tool to advocate for one's health needs in health care settings.

In December 2022, the NYC Health Department awarded HRSA Ryan White Part A federal funding to Destination Tomorrow and Mount Sinai to offer **psychosocial support services for transgender, intersex, gender non-conforming, and non-binary people with HIV**. The program includes individualized supportive counseling, education, and other components that address stigma and discrimination. It also links clients to services that aim to overcome access barriers and facilitate continued engagement in care and offers referrals to medical and supportive services. The service directive for this program is available [here](#).

In June 2023, the NYC Health Department awarded City tax levy funding from the Mayor's Office of Equity and Racial Justice's [Unity Project](#) to CAMBA to implement the family acceptance of LGBTQ+ youth project, which aims to increase positive outcomes by promoting family and community acceptance of LGBTQ+ youth and creating safer, healthier spaces for LGBTQ+ youth and the adults in their lives. The project is designed to reach LGBTQ+ youth up to 21 years and their parents, caregivers, families, and community members, including teachers and other school-based staff, and to offer educational workshops, support groups, role model stories, social marketing campaigns, and short films. This program is modeled on CAMBA's [Project ALY](#), which the NYC Health Department funded from 2012 to 2021 with HIV prevention funding from the CDC. More information on the Unity Project funding for the family acceptance of LGBTQ+ youth project and other NYC Health Department-led projects is available [here](#).

The NYC Health Department funds Callen-Lorde Community Health Center via City tax levy funding to support comprehensive health services for uninsured LGBTQ+ New Yorkers, including primary care, behavioral health care, and sexual and reproductive health care.

In March 2021, the NYC Health Department released the [New York City 2020 Ending the HIV Epidemic Plan](#) (NYC 2020 EHE Plan), which sets forth strategies and key activities for the next phase of our efforts to end HIV. The NYC 2020 EHE Plan's priority populations include Black and Latino cisgender and transgender men who have sex

with men; Black and Latina cisgender and transgender women; and all people of trans experience and people who identify as gender nonconforming, gender non-binary, or gender queer.

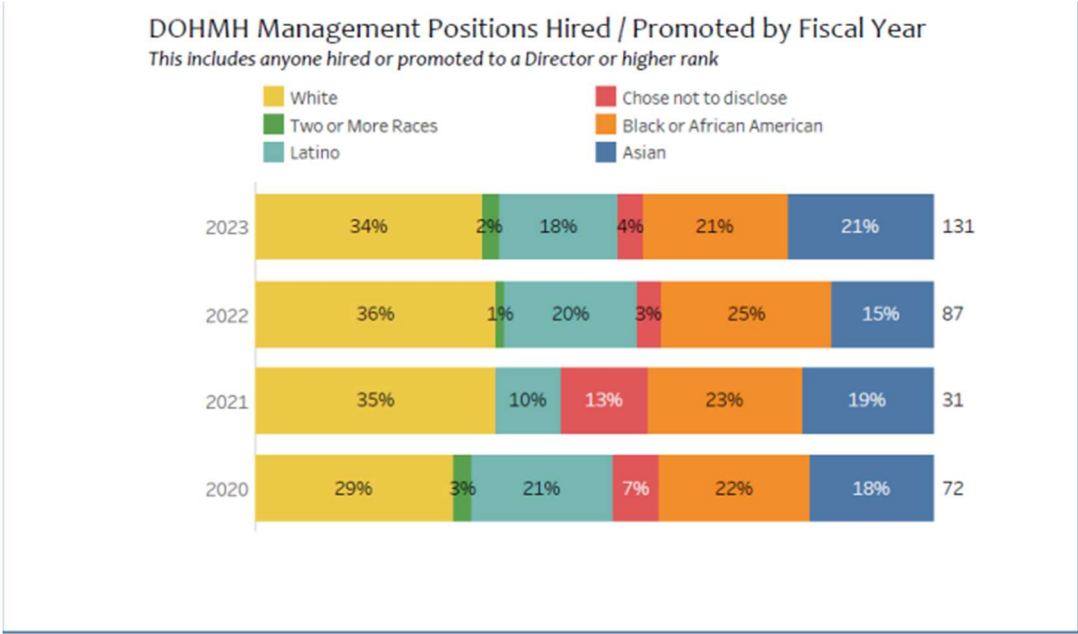
Issue B: Data and research procedures do not capture nuanced racial and gender experiences in New York City, which limit the ability of the NYC Health Department to design focused and equitable programs and policies

- General Update: The Data for Equity workgroup held an application process in late 2021 and launched a new iteration of the workgroup in early 2022 with representation from across the agency. This workgroup adopted two of the previously established goals of Data for Equity:
  - o Goal 1: Development and implementation of agency standards for collection of race/ethnicity data - Draft for internal review expected August 2023
  - o Goal 2: Final development and agency-wide implementation of Guidance on Gender-related Data Collection, Analysis, and Reporting - Implementation expected to begin in September 2023
- Action 1: Create protocols for data disaggregation by racialized subgroups in a manner that protects the confidentiality of individually identifying information
  - o Update: The protocols were completed and disseminated throughout the agency.
- Action 2: Staff survey of equity skills.
  - o Update: The Data-Related Equity Skills Survey was administered in 2019, and findings were shared internally. The survey will be readministered in 2024 and will be readministered every two years, thereafter.

Since 2021, the NYC Health Department has released special reports on [Health of Asians and Pacific Islanders in NYC](#) and [Health of Peoples Indigenous to the Americas in NYC](#), issued guidance documents, including equity conventions in Epidemiology data publications (e.g. [Data Briefs](#) and [Vital Signs](#)), and made innovative equity-focused research available through [Health Data for New York City \(HD4NYC\)](#). Data for Equity led the coordination of NYC Health Department' comment on the Initial Proposals for Updating OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity. Reflecting the Agency's commitment to equity in data, three paid staff will be in place by early 2024 to continue to drive this work (Data for Equity Director, Data for Equity Training Lead, and Data for Equity Coordinator).

Issue C: Many city 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.

- **Related Equity Metrics:**
  - o Proportion of NYC Health Department 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
  - o Turnover rates for Black, Latino, Asian, Native Americans: Decrease in turnover for staff of color



Source: Internal NYC DOHMH Data

FY 2020	Attrition
American Indian/Alaska Native	5.9%
Asian	9.9%
Black or African American	9.8%
Choose not to disclose	11.5%
Latino	9.9%
Native Hawaiian/Pacific Islander	0.0%
Two or More Races	7.8%

Source: Internal NYC DOHMH Data

- Action 1:** In 2022, the NYC Health Department created the Office of Access and Disability Justice (OADJ) to address accessibility-related inequities for people living with disabilities. The agency's COVID vaccine operations brought to light the need to further emphasize disability-centered programmatic planning and support. The OADJ leverages the racial equity and social justice lens already in place at the agency, as a base framework for ensuring people from marginalized communities have the support, they need to access agency services. To date, some of its planned/in-progress work includes:
  - o Leading the development of the Department's 5-Year Accessibility Plan as per Local Law 12 of 2023, providing the agency with developing plans for structural, cultural, and programmatic changes/updates/inclusion to existing and new projects and agency goals.

- o Streamlining and advocating for changes to procurement policy that makes it easier to provision accommodations (language access and equipment, etc.) and clarify the request process for staff and community members.
- o Researching and developing accessibility tools and resources to support inclusive hiring, fostering an inclusive culture and environment at agency facilities, and advancing understanding in data collection and analysis for people with disabilities.

- Action 2: NYC Health Department 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.

- o Update on Action 2: The Health Department's Human Resources and Labor Relations team piloted a new mentoring program in 2022-2023; this program may be tailored and/or serve as a model for other Health Department programs. Additionally, the Career Development team worked with two divisions to implement mentoring programs for their staff; these programs included workshops such as HR101, Civil Service Overview, and DISC assessments. We continued to offer a series of Workforce Development workshops for employees and managers, which included Civil Service Overview, Leadership Development, Mentoring, Networking, Personal Branding, and Resume Building. We conducted one-on-one career counseling sessions for staff upon request, trained supervisors in Performance Management, and expanded instruction and resources for career development discussions between supervisors and direct reports. We introduced a new workshop, Career Development Conversations, as well as new resources - Career Development Resources Document and Career Development Form. Career development resources are available online for all staff, have been added to the Performance Management course, and are shared at Career Development Conversations workshops. As part of an annual effort, we provided a day-long retreat, with a customer service focus, to Environmental Health Inspectors. We revamped the Department's New Hire Orientation, returned to in-person sessions, and are now revamping the orientation as part of the OneCity model.

- Action 3: Solicit a range of employee feedback as part of the Department's efforts to bolster the workforce, improve morale, and increase retention. Two efforts we would like to highlight include:

- o The Department has formed an Advisory Council with staff across all Divisions to provide guidance and insight to leadership on the employee experience, planned improvements, and other opportunities.

- o The Department is designing a survey framework for soliciting feedback from recently hired employees to identify challenges for new employees, and opportunities for improvement. After review by Advisory Council and others, the survey will be implemented in the fall

### III. Department of Social Services (DSS)

The Department of Social Service (DSS)'s LL174 work has been working to identify and close a variety of disparities. These affect staff of color, transgender and LGBTQI clients, residents of DHS shelters, and other groups, as set forth below.

#### DISPARITY 1

##### DISPARITY 1. THE EXISTENCE OF IMPLICIT BIAS AND VICARIOUS TRAUMA AMONG STAFF

Goal: Have staff become more educated in the deleterious impact of bias and trauma to improve the 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 training to their jobs and client service delivery

Metric Value: Between 2021 and 2023, 2,634 employees completed the anti-bias trauma informed training.

- 93% Agreed that the course was relevant to their work.
- 92% Agreed that they could make a difference on the job using what they learned.
- 92% Agreed that the skills and activities showed them how to use their learning on the job.
- 92% Reported an increase in their knowledge of Racial Equity, Anti-Bias, and Trauma Informed Care.
- 93% Indicated an intention to use the new information learned.

Actions Update:

Action 1: DSS modified its New Employee Orientation to include a five-day program for all new hires. The orientation program now includes the following learning modules: (1) The Effect of Poverty and Trauma on Decision-Making; (2) Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Basics; (3) Introduction to Disabilities: An Overview of Disability Awareness, Etiquette and Culture; (4) Introduction to Domestic Violence; and (5) Mental Health First Aid.

DSS also trained staff members on Structured Interviewing --which includes the topic of unconscious bias--- for staff responsible for hiring. There were 200 staff trained in Structured Interviewing between July 2021 and May 11, 2023.

Furthermore, the Agency's Customer Service training, which incorporates training in de-escalation techniques, is being delivered to all Agency staff. Finally, DSS's Office of Disability Affairs initiated the training Access for People with Disabilities – Ensuring Success through Supervision that is delivered to supervisory staff.

Action 2: CUNY's School of Professional Studies trained DSS trainers on a uniform evaluation development process. In April 2021, the school trained the first cohort of trainers from the Agency's Office of Training & Workforce Development on developing and implementing evaluations that measure reaction, learning, and behavior. This was a preliminary step in developing and implementing the evaluations discussed above.

### *Updated Actions 2023*

Action 3: Panel discussion and presentation on microaggressions in the workplace: In June 2022, the Office of Equity & Inclusion hosted a panel discussion about microaggressions in the workplace. The event started with a presentation about understanding what microaggressions are and learning strategies for how to speak up in the workplace. The second part of the event included a panel discussion with a diverse group of employees that shared their experiences with microaggressions.

Action 4: Anti-Immigration Bias workshop: In December 2022, the Office of Equity & Inclusion hosted a virtual Anti-Immigration Bias workshop in collaboration with the Director of Immigrant Eligibility and Access from The Office of Refugee and Immigrant Affairs (ORIA). The workshop featured discussions on immigration bias, stereotypes, bias towards asylum seekers, bias action plan with prevention methods, and an immigration journey group activity. The workshop was followed by a short Q&A session.

## **DISPARITY 2**

### **DISPARITY 2. POTENTIAL CULTURAL INSENSITIVITY DURING SERVICE DELIVERY FOR LGBTQI INDIVIDUALS EXPERIENCING HOUSING INSTABILITY**

Goal: Ensure all homeless prevention 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 the post-training surveys

Metric Value: 11 training sessions were conducted for HomeBase staff, reaching over 250 individuals.

#### Actions Update:

Action 1: In 2019 DSS presented new training initiatives to HomeBase providers.

Action 2: In 2019 DSS conducted a training needs assessment for HomeBase providers to develop customized training.

Action 3: DSS updated its LGBTQI training curriculum based on results from the 2019 training needs assessment.

Action 4: In Fall 2019, 11 training sessions were conducted for HomeBase staff, reaching over 250 individuals.

Action 5: Post-training surveys were scheduled to be implemented in June 2020, however, due to the pandemic, they were postponed. Future surveys will now be developed in partnership with the Office of Training & Workforce Development based on the lessons learned from the above-referenced CUNY training.

### *Updated Action 2023*

Action 6: HomeBase training was paused as the new Director of LGBTQI Affairs became acclimated. The training will resume in August 2023

### *Update Action 2024*

The director of LGBTQI Affairs will immediately begin coordinating for trainings to begin by September 2024.

### DISPARITY 3

#### **DISPARITY 3. THE POTENTIAL UNDER-REPRESENTATION OF WOMEN AND PEOPLE OF COLOR IN MID- AND UPPER-LEVEL LEADERSHIP POSITIONS AT DSS, HRA AND DHS WHICH MAY NOT ADEQUATELY REFLECT BROADER DIVERSITY ACROSS THE AGENCIES NOR MIRROR DEMOGRAPHICS OF FRONTLINE AND NON-MANAGERIAL STAFF**

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

Equity Metric: An increase in career and professional development and advancement and in pipeline opportunities for women and people of color in DSS-HRA-DHS

Metric Value: DSS accepted 100 percent of DHS applicants who submitted a complete application for the Organizational Management & Leadership Development (OMLD) program, which was historically an HRA specific program. This represents 8 percent of all accepted participants which increased DHS's participation rate in the program.

Actions Update:

Action 1: The DSS Equity & Inclusion Office and Office of External Affairs launched the DSS-HRA-DHS Diversity, Equity & Inclusion (DEI) Council and recruited the first 15 inaugural members in March 2021. The Office of Communications and Marketing (OCM) worked closely with the newly formed DEI Council to create marketing materials and messaging through various internal Agency platforms. The DEI Council will develop strategies to increase outreach to women and people of color to participate in professional development initiatives.

Action 2: In March 2020, the OMLD began a cohort of 15 staff members. The program was suspended due to the Covid-19 pandemic. The program restarted on March 16, 2021.

Between March 2021 – May 11, 2023, there were 7 participants in the Organizational Management and Leadership Development program.

To supplement the OMLD program, the Office of Equity & Inclusion is launching an Inclusive Leadership Flash/Speed Mentoring program.

Action 3: DSS suspended the Leadership Connect program in March 2020 due to the pandemic. The Agency is in the process of determining the next steps with respect to the program as more employees return to the office as this is a job shadowing program. This program did not restart.

To provide additional opportunities for professional development and advancement, DSS's Office of Equity and inclusion (OEI) will be launching the Inclusive Leadership Development program, a flash/speed mentoring program designed to give participants the opportunity to connect with senior leadership to gain agencywide knowledge, set career goals, make workplace connections, and receive constructive feedback. The program will launch in July 2023. It will be a three-day program that includes workshops on career development and implicit bias, group mentoring sessions and one-on-one flash mentoring sessions.



We launched three cohorts of the speed mentor program. Below are the cohorts and information about this program.

- Cohort 1 (Managers)-July 24<sup>th</sup> – August 2<sup>nd</sup>, 2023.
- Cohort 2 (Supervisors)-October 12<sup>th</sup>-November 3<sup>rd</sup>, 2023.
- Cohort 3 (Frontline Staff)- February 1<sup>st</sup> – February 27<sup>th</sup>, 2024

The program included Diversity, Equity, and Inclusion workshops as well as Career Development workshops tailored to each cohort's needs. The mentoring sessions consisted of both group and one-on-one speed mentor sessions. The staff were highly satisfied with the program. Due to its success, we plan to run the program again in FY25.

#### DISPARITY 4

#### **DISPARITY 4. THE QUALITY OF LIFE FOR ALL STAFF, ESPECIALLY FRONTLINE, CLIENT-FACING, AND PROGRAM STAFF WHO ARE MAJORITY WOMEN AND PEOPLE OF COLOR, MAY NEED TO BE ADDRESSED**

Goal: Evaluate and implement programs to improve 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

Metric Value: The agency saw an increase in participation in our wellness programming from 2021-Present

#### Actions Update:

In October 2021, the OEI administered its first-ever agency wide Equity, Inclusion, and Belonging (EIB) survey. After one month, OEI collected 2986 employee survey responses. Utilizing employee feedback, OEI hosted nine Diversity, Equity, Inclusion, & Belonging (DEIB) programs from January to September 2022. Upon collecting feedback from those program participants, OEI included additional questions in the survey questionnaire to gain insights into subpopulations within the agency.

In October 2022, OEI administered the second online EIB survey this time collecting 2899 employee survey responses. The employee survey response rate stayed the same at 23%. Most of the positive responses mirrored the 2021 survey. With no significant changes in response rate and confirmation that all program areas were represented. OEI believed the survey respondent population was a diverse representation of the agency workforce as a whole.

Action 1: The agency created a work-life ambassador position. The ambassador managed ambassadors from various locations within our agency. The ambassador also hosted walking groups, mediation sessions, physical fitness classes, water hydration stations, health awareness themed events and various workshops, such as Nutrition 101, Sleep Soundly, Creating Social Support, and Prostate Health Care to improve the health and wellbeing of employees at the agency.

Action 2: The results from the 2022 Equity, Inclusion, & Belonging survey for staff indicated that 59.2 % of the respondents felt that the agency has a strong commitment to gender equity and empowerment. 57.2% I feel that the agency is continuously advancing LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual)

inclusion in the workplace; 1080 respondents indicated that they are interested in Diversity & Inclusion Training; and 857 respondents indicated they were interested in Managerial Cultural Competency Training.

## DISPARITY 5

### **DISPARITY 5. TRANSGENDER, NON-BINARY, AND GENDER NON-CONFORMING CLIENTS, APPLICANTS AND EMPLOYEES' MAY NOT BE ADEQUATELY ACCOUNTED FOR**

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

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

Metric Value: N/A

#### Actions Update:

Action 1: In the beginning of 2021, Human Resources Solutions began working with Information Technology Services again after a pause due to the Covid-19 pandemic to add fields to key HR-related systems to capture the preferred name that staff can enter in the Employee Self Service System. This phase of this project was completed during FY 2022, and staff has been informed of the new functionality that allows applicants and employees to provide their preferred name, prefix, and suffix for display in some NYCAPS modules, Employee Self Service and NYC Jobs.

The Office of Equity & Inclusion and Human Resources Solutions will provide training to human resources staff to ensure the appropriate use of this function in NYCAPS.

Action 2: ACCESS HRA updates went live in April 2024 to include gender of 'X' in CityFHEPS; clients filling out an online CityFHEPS renewal on AHRA can now select a gender of 'X' in addition to Female, Male, Non-Binary, Another Gender, Prefer Not to Say, or Unknown.

## DISPARITY 6

### **DISPARITY 6. REDUCE HIGH RATES OF CHILD SUPPORT NON-PAYMENT THAT DISPROPORTIONATELY IMPACT FAMILIES OF COLOR**

Disparity: High rates of child support non-payment may disproportionately impact families of color.

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

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

Metric Value: In total 5,678 updated and more user-friendly information packets were mailed out between July 1, 2019, and December 31, 2020.

#### Actions Update:

Action 1: In 2019, DSS developed a more user-friendly information packet that breaks down the process into clearer and more manageable parts and provides the user with additional information as well as details about the short- and long-term negative consequences of failing to attend a child support or paternity hearing.

Action 2: In Summer 2019, DSS automated the process of mailing out summons packages in cases that come out of the cash assistance process, helping to ensure the timely, consistent, and accurate distribution of materials.

Action 3: In Summer 2019, DSS completed testing of the distribution of the print to mail system.

Action 4: During the pandemic the courts essentially closed for all new petitions, hearing only those placed on hold in March 2019 and emergency petitions. In addition, Office of Child Support Services process for interviewing clients shifted from in-person to telephone. This change required revising notices and updating the package. Office of Child Support and ITS are testing their automated summons for cash cases and expect to implement them in June of 2023. The system was implemented on December 14, 2023. For noncash cases we encountered a problem; ITS is working to figure out why the system is not working. There is no targeted completion date.

**Updated numbers:**

Metric Value: In total 7818 updated and more user-friendly information packets were mailed out along with a summons between July 1, 2019, and July 15th, 2024

**Updated paragraph:**

Non-cash clients must request a hearing directly from the court clerk after visiting our Family Court Services office. However, due to a high backlog of cases, scheduling a hearing takes days to weeks to complete. This inconsistency was identified during analysis and resulted in records not being pulled systematically. We are currently designing an alternative solution to identify non-cash hearings in order to automatically send packages. Target to complete the design is tentatively Fall 2024.

**DISPARITY 7**

**DISPARITY 7. ARRESTS IN DHS SHELTERS MAY FURTHER TRAUMATIZE CLIENTS AND IMPEDE THEIR PATH TO SELF-SUFFICIENCY AND PERMANENCY**

Goal: For this disparity the agency has shifted to working directly with families and individuals affected by the criminal legal system.

The agency is currently working with the Fortune Society, a nonprofit organization that has a mission to support successful reentry from incarceration and promote alternatives to incarceration.

The agency is also working with the Osborne Association, which serves individuals, families, and communities affected by the criminal legal system. Through our programs, we offer opportunities for people to heal from and repair harm, restore their lives, and thrive.

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

Metric Value: 142 clients participated in this pilot program and a total of 26 warrants were cleared

Actions Update:

Action 1: DHS engaged with external partners to operationalize warrant clearing and has convened three planning meetings. This work is currently on hold to address the demands of the pandemic.

Action 2: With the assistance of the Manhattan and Brooklyn District Attorneys, DHS chose two single men's facilities to pilot the shelter-based warrant clearing: Ward's Island in Manhattan and the Bedford/Atlantic shelter in Brooklyn.

Action 3: In 2019, DHS began outreach to clients.

Action 4: In 2019, the program held its first in-shelter session.

Action 5: In 2019, the pilot was expanded to ten additional shelters. DHS placed the program on hold to address the demands of the pandemic and we are determining the next steps. The pilot program no longer exists.

Action 6: In 2022, we worked with two non-profits (the Fortune Society and Osborne Association) who specialized in serving clients with Criminal Justice background. They have opened or will open shelters that will exclusively serve clients with forensic backgrounds. These shelters will assist our clients with all of the services they need to overcome many of the barriers presented to this population.

**Update:** In 2022 we opened the Fortune Society shelter; we have not opened another shelter with them. The Osborne shelter is scheduled to open next Month, April 2024.

The Fortune Society shelters opened last year 2022 and Osborne is scheduled to open in the next few months. A third shelter provider, the DOE Fund, also has a program where the clients being served all have forensic backgrounds. Doe employs the residents in their Ready, Willing, and Able program and provide assistance in integrating them back into the community.

**Update:** We only have one shelter with each of the three Providers listed above. We are opening a shelter next month, April 2024 with The Osborne.

**Update:** Opened the shelter with the Osborne Organization in May 2024. Currently, we have three shelters where all the residents have a forensic background.