



253 Broadway - 10th Floor
New York, New York 10007
www.nyc.gov/operations
(212) 788-8821

JEFF THAMKITTIKASEM
Director, Office of Operations

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

Dear Speaker Johnson,

I am pleased to submit the attached report on the efforts the Administration for Children's Services (ACS), the Department of Health and Mental Hygiene (DOHMH), and the Department of Social Services (DSS) have 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. The Office of Operations, through the Office for Economic Opportunity, developed the guidance (attached as addenda) used by ACS, DOHMH and DSS to create their assessments and action plans.

Reports on the efforts agencies have undertaken to implement their equity action plans are due to the Speaker and the Mayor on July 1, 2019, and every two years thereafter, and must be made publicly available online. What follows are the three agencies' progress updates on the implementation of their equity action plans, two 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](http://www1.nyc.gov/assets/operations/downloads/pdf/ll174_public_report_w_appendices_2019.pdf), which is available here: www1.nyc.gov/assets/operations/downloads/pdf/ll174_public_report_w_appendices_2019.pdf

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Thamkittikasem". The signature is stylized with a large, looping "J" and "T".

Jeff Thamkittikasem
Director, Mayor's Office of Operations

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

Administration for Children's Services
Local Law 174 Reporting
For the July 1, 2021 Report

Disparity 1

Disparity

Black/African American 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. This will be piloted in three communities: East New York, Hunts Point, and Highbridge.

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 (2020):

- Black/African American children accounted for 23% of the NYC child population and 42% of children in investigations.
- Latinx children accounted for 36% of the NYC child population and 45% of children in investigations.
- White children account for 27% of the NYC child population and 8% of children in investigations.
- Asian/PI children account for 14% of the NYC child population and 5% of children in investigations.

Disparity Ratios:

- Black children were 6.08 more likely to be involved in an investigation than white children.
- Latinx children were 4.15 more likely to be involved in an investigation than white children.
- Asian/PI children were 1.19 more likely to be involved in an investigation than white children.

Actions Update

- Analyzed data to better understand opportunities for process change, particularly around reducing racially disproportionate reports, analysis clearly showed the racial disparities of children reported to the New York Statewide Central Register (SCR) for alleged abuse or neglect of their children.

- Identified and then spearheaded strategies to reduce unnecessary reports to the 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, we:
 - Given that it is the State that determines when to accept a report (and once accepted ACS is required to investigate), advocated to the State Office of Children and Family Services (OCFS) to stop accepting unnecessary educational neglect reports, such as those where families were struggling with technology. As a result, OCFS issued new guidance and implemented stronger screening procedures and training for their SCR hotline operators.
 - Collaborated with the Department of Education (DOE) to develop guidance to help DOE staff make good decisions about when to make a report of suspected abuse or neglect to the SCR. Much of this guidance focused on ensuring that DOE should not make reports of educational neglect when the reason a child is not attending school was due to technology challenges or other COVID-19 related challenges. Instead, DOE should provide the family with the assistance they need so that the child can participate in remote learning.
 - Worked with the Department of Health and Mental Hygiene (DOHMH) and Health + Hospitals (H+H) on policies and guidance so that hospital and other medical staff understand the impact SCR reporting has on families, and that calls should be made only when there is a concern about the child's safety. Together, we developed and issued guidance for maternal and infant health care professionals at both public and private institutions, explaining that reports to the SCR should not be made based solely on an infant or mother testing positive for a substance.
- ACS worked with its Community Partnership Programs (CPP) located in communities with high rates of SCR reports, on strategies to reduce unnecessary reports to the SCR in the communities where the CPPs are located.
- CPPs are designed to connect families to services and supports that exist in communities, making them critical community hubs and important partners for this work. For its SCR work, ACS piloted strategies with CPPs in three communities: High Bridge, Hunts Point, and East New York.
- In these pilot communities, ACS worked with the CPPs to increase their awareness of the stark racial disparities in reports to the SCR and then implemented strategies to reduce the disparities. Specifically, we:

- Developed and distributed a one-page informational communication to all community partners describing foundational ideas about equity.
 - Prior to the pandemic, ACS conducted outreach sessions with community partners in each of the three pilot communities (Highbridge, Hunts Point, and East New York) to discuss and get initial feedback on potential initiatives related to race, gender, and equity. (Note: During the pandemic, our CPP partners have focused on securing and providing families with concrete resources such as diapers, food and clothing. As the pandemic abates, we will re-engage the CPPs on this work related to the SCR.)
 - ACS worked with the CPPs to help them each create an advisory team comprised of members with lived experience in the community, in the child welfare system and who reflect the ethnic and racial composition of their neighborhoods. The advisory groups help the CPP with decision making; budget development; hiring new staff and with promoting a culture of trust and accountability.
- ACS successfully advocated, for statewide legislative change, related to the SCR and mandated reporting, to address racial disparities in reporting and the collateral consequences of being reported to the SCR. These include:
- Developing and advocating for a legislative proposal to require mandated reporters to complete implicit bias training. ACS's successful advocacy led to the Assembly including the proposal in their One-house budget bill, and then for its enactment as part of the State's Fiscal Year 2021-2022 budget.
- Advocating, with others for the SCR reform bill, which passed in 2020 and is effective January 1, 2022. The law will make some important changes:
 - Starting with investigations that commence on January 1, 2022, the standard of evidence required to indicate a case will be changed from New York's 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 that this higher standard is fairer and will help address some of the implicit biases that we see in the child welfare system.
 - The new law also reduces the length of time an indicated case for maltreatment would be accessible to potential employers. Under pre-existing law, an indicated case for abuse or maltreatment remains on a person's record for ten years after their youngest child turns 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.

Disparity 2.A

Disparity

Black/African American families have disproportionately high rates of foster care placement and involvement in Court-Ordered Supervision (COS), compared to the child population of the city.

Note: ACS is not solely responsible for outcomes of families and children involved in foster care and COS. Other institutions also impact on outcomes, particularly the court system.

Goal

Safely reduce the entry of Black/African American children into foster care.

Equity Metric

COS case filings and foster care placement by race/ethnicity;

Metric Value	<p>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 court-ordered supervision (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.</p> <p>In 2020:</p> <ul style="list-style-type: none"> • Black/African American children accounted for 43% of COS case filings and 53% of foster care placements. • Latinx children accounted for 48% of COS case filings and 39% of foster care placements. • Asian/PI children accounted for 4% of COS case filings and 2% of foster care placements.
---------------------	---

	<ul style="list-style-type: none"> White children accounted for 6% of COS case filings and 6% of foster care placements. <p>Disparity Ratios:</p> <p>Article 10 foster care placement in an indicated investigation:</p> <ul style="list-style-type: none"> Black children in an indicated investigation were 1.42 times more likely to have Article 10 foster care placements than white children in an indicated investigation. Latinx children in an indicated investigation were 0.95 times less likely to have placements than white children in an indicated investigation. Asian/PO children in an indicated investigation were 0.46 times less likely to have Article 10 placements than white children in an indicated investigation. <p>COS in an indicated investigation:</p> <ul style="list-style-type: none"> Black children in an indicated investigation were 1.28 times more likely than white children in an indicated investigation to be under COS. Latinx children in an indicated investigation were 1.27 more likely to be under COS than white children in an indicated investigation. Asian/PI children in an indicated investigation were 1.05 more likely to be under COS than white children in an indicated investigation.
--	--

Actions Update

<ul style="list-style-type: none"> To better understand why these disparities exist, ACS completed an analysis of how and why families are referred to COS and foster care, identifying the allegations that result in each referral by race and ethnicity. ACS reduced the number of COS filings through a pilot where families were referred to ACS prevention services early in cases (at the child safety conference). By engaging families this early, ACS was able to avoid court involvement while ensuring families in need of services received them. An evaluation of the pilot found that this early engagement in prevention services was effective at both keeping children safe and reducing court involvement, even in high risk cases. As a result of the success, 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.

- We continue to see progress. Prior to the current COVID-19 crisis in which the Family Court limited its operations, ACS had been reducing its use of COS, with a 23% decrease from CY2017 to CY2019. In CY2020, ACS filed 33% fewer cases seeking COS than in CY2019. While this drop is partially attributable to pandemic-related court limitations, it also reflects significant changes in practice – in particular, the new model of early engagement of families in prevention services as discussed above.
- As of 2021, there are less than 8,000 children in foster care, down from 16,000 a decade ago and nearly 50,000 25 years ago.
- Even as the foster care census declines, it continues to be disproportionately African American. As discussed above with COS, we are pursuing strategies to support families using prevention services and other supports, long before they experience a crisis that may lead to a child's placement in foster care. For example, the expanded availability of therapeutic and clinical prevention services implemented in 2020 strengthens ACS's ability to safely support families with high levels of need and whose children may be at risk of entering foster care.

Disparity 2.B

Disparity

Black/African American families have disproportionately long lengths of stay in foster care.

Note: ACS is not solely responsible for outcomes of families and children involved in foster care and COS. Other institutions also impact on outcomes, particularly the court system.

Goal

To ensure all children are discharged to permanency on a timely basis, and to increase the likelihood that Black/African American 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	<ul style="list-style-type: none"> • Black/African American children accounted for 57% of the children in care for two or more years at the beginning of 2020. • Latinx children accounted for 36% of the children in care two years or more. • White children accounted for 5% of the children in care two years or more.
---------------------	---

	<p>Disparity Ratios:</p> <ul style="list-style-type: none"> • Black children in care two years or more were 0.81 times less likely to be discharged to permanency in 2020 than white children in care two years or more. • Latinx children in care two years or more were 0.86 times less likely to be discharged to permanency in 2020 than white children in care two years or more.
--	--

Actions Update

<ul style="list-style-type: none"> • For those children for whom safety concerns require that they come into foster care, 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. As one of multiple strategies to reduce length of stay in foster care, ACS has focused intensively on increasing placement in kinship care. ACS has taken a number of actions to increase the use of kinship foster care when children need to enter care. These include: <ul style="list-style-type: none"> ◦ Prioritizing placement of children with relatives, family friends, or other trusted adults when children first enter care, meaning many children are never placed in the home of someone they do not know. For those children not initially placed in a kinship foster home, ACS has worked with our foster care providers on continuing the focus on finding kinship homes for the children in their care. ◦ Creating kinship navigator/family finding staff roles at both ACS and our provider agencies. ◦ Producing of 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. ◦ These efforts have been successful. ACS has increased the proportion of all children in foster care placed with kin from 31% in 2017 to more than 42.5% in Spring 2021. Kinship placements for Black/African American children have increased similarly, from 32.5% to 42.8%. Even during the COVID-19 pandemic, more than half of the children who entered foster care were placed with kinship caregivers.

- 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 can't 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.

Disparity 3

Disparity

Black/African American 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	<p>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.</p> <p>ACS released the results of its first-ever "Prevention Services: Family Experience Survey," which asked families receiving prevention services about their experiences. Approximately 94% of survey participants said they are happy with the prevention services their families received; and 71% of participants said that they would recommend these services to a friend and/or family member. Overall, 86% of the parents participating in the survey said prevention services helped them reach their parenting goals.</p> <p>In 2020:</p> <ul style="list-style-type: none"> • Black/African American children accounted for 38% of prevention case opening following an indicated
---------------------	--

	<p>investigation and accounted for 42% of children in indicated investigations.</p> <ul style="list-style-type: none"> • Latinx children accounted for 49% of prevention case openings and accounted for 46% of children in indicated investigations. • White children accounted for 7% of prevention case openings and accounted for 7% of children in indicated investigations. • Asian/PI children accounted for 6% of prevention case openings and accounted for 5% of children in indicated investigations. <p>Disparity Ratios:</p> <ul style="list-style-type: none"> • Black children were 0.9 times less likely than white children to be in prevention case opening following an indicated investigation. • Latinx children were 1.08 times more likely than white children to be in prevention case opening following an indicated investigation. • Asian/PI children were 1.37 times more likely than white children to be in prevention case opening following an indicated investigation.
--	---

Actions Update

<ul style="list-style-type: none"> • 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.

Disparity 4

Disparity

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

Note: By the time youth are placed in detention / CTH, other systemic inequities (including arrest patterns and court decisions) will have shaped disproportional outcomes.

Goal

Reduce overall youth involvement in the criminal justice system.

Equity Metric

Detention and Close to Home admissions by race/ethnicity	
Metric Value	<p>2020:</p> <p>Detention admissions:</p> <ul style="list-style-type: none"> Black/African American children accounted for 65% of the children admitted to detention, but 27% of the NYC population. Latinx accounted for 29% of the children admitted to detention, but 37% of the NYC population. <p>Disparity Ratios:</p> <ul style="list-style-type: none"> Black children were 15.9 times more likely to be admitted to detention than white children. Latinx children were 5.0 times more likely to be admitted to detention than white children. <p>CTH admissions:</p> <ul style="list-style-type: none"> Black/African American comprised 73% of the children admitted to CTH, but 27% of the population. Latinx children comprised 24% of the children admitted to CTH, but 37% of the population. <p>Disparity Ratios:</p> <ul style="list-style-type: none"> Black children were 18.4 times more likely to be admitted to CTH as white children. Latinx children were 4.3 more likely to be admitted to CTH as white children.

Actions Update

- ACS reconvened the Juvenile Justice Advisory Council (JJAC) in January 2021 and it once again is meeting quarterly. The JJAC is comprised of NYC youth justice stakeholders including ACS, the NYPD, Probation, the Law Department, Family Court Judiciary, DOE, and attorneys representing the youth. While not yet formal members of the JJAC, District Attorneys and

Youth Part Judges have been extremely helpful in their participation in the JJAC's examination of increasing lengths of stay for Adolescent Offenders and Juvenile Offenders in detention.

- The JJAC is focused on pertinent youth justice topics, indicators, and outcomes. This includes working on strategies to promote equity across the juvenile justice continuum.
- ACS has continued our focus on diverting youth assessed to be low-risk (through a Risk Assessment Instrument) from Secure Detention (SD). When a youth assessed to be low-risk youth is not released by the Family Court, ACS will place them in Non-Secure Detention (NSD) rather than SD.
 - The Detention Risk Assessment Instrument (DRAI) is a statistically validated tool designed to assess a young person'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 youth are not unnecessarily detained. While studying other ways to reduce 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) is typically present to conduct Probation intake and administer the DRAI. However, due to DOP's fixed hours of duty, youth arrested during off hours were not receiving the DRAI and the opportunity to be considered low risk and released. DYFJ addressed the issue by working with DOP to train our staff to administer the DRAI, and thus, ensuring that all youth coming to Detention receives it. In the case a low-risk youth is unable to be released to the custody of a parent/guardian, DYFJ began transporting youth from Secure Detention to Non-Secure Detention (NSD) – this move helps us to only detain youth when they are high risk and provide off-ramps from secure detention whenever possible.
- ACS has continued to expand and strengthen the Family Assessment Program (FAP). FAP provides services for families struggling with teenage behaviors. During the COVID-19 crisis, FAP offices and the FAP service providers were able to engage and serve families remotely where possible so that much needed help was accessible in a way that felt safe for families. FAP also developed new marketing materials, such as a video, to help raise awareness amongst eligible families. FAP also issued a new RFP and contracted for an updated continuum of services that provide an array of service interventions which target what families need. FAP programs vary in intensity, from crisis intervention and credible messenger mentoring to

intensive family therapy evidence-based models and a 21 day Respite program.

- ACS is seeking to develop new restorative justice interventions through awards of private funding, as part of a long-term behavior management program implementation in secure detention and in Close to Home. ACS plans to develop capacity to facilitate restorative justice circles and mediation services for youth and staff.
 - In July 2021, ACS was awarded a two-year, \$300,000 grant from the Kellogg Foundation to develop and implement restorative justice practices throughout its continuum for youth.
 - The restorative philosophy compliments youth-focused work underway in detention and will also be used to support ACS detention staff who experienced unprecedented demands and challenges over the past year.

(Optional) Additional Information

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

CARES

ACS rebranded and expanded its CARES (Collaborative Assessment, Response, Engagement and Support) program to every borough in New York City by February 2021. CARES is an alternative response to a child welfare investigation for low and moderate risk reported concerns of child abuse and maltreatment.

CARES is a core strategy for combating racial disparity and promoting social justice in NYC's child welfare system. The CARES track offers a less intrusive response for families with service needs and helps enable families to drive solutions for themselves. The approach allows ACS to promote child safety by connecting families with services and supports without having to conduct a full evidentiary investigation and does not result in an investigation determination which can impact employment opportunities for families.

Foster Care RFP

ACS recently unveiled plans for a redesigned foster care system by issuing two Requests for Proposals (RFPs), one for foster care and one for residential care. These new contracts will begin July 2022. The redesign reflects extensive research and input from youth, parents, foster parents, advocates, provider agencies, experts and other stakeholders. A key component of the new system

is that all parents working towards reunification will have a parent advocate (someone with lived child welfare experience) working with them.

The vision for the redesigned foster care system builds upon the progress already made to strengthen New York City's foster care system through the ACS Foster Care Strategic Blueprint, including reducing the number of children in foster care to a historic low; reducing the length of time children stay in foster care; reducing the use of residential (a.k.a. congregate) care; placing a greater proportion of children in foster care with family and friends; and expanding services for children and youth in care.

Building on these accomplishments, the new system will require and fund foster care agencies to hire parent advocates with lived experience of the child welfare system, to help parents safely reunify with their children more quickly and to improve race equity outcomes.

Family Enrichment Centers

After the successful implementation of 3 Family Enrichment Centers, Mayor Bill de Blasio, the Taskforce on Racial Inclusion & Equity leadership, and ACS announced that the City will expand the "Family Enrichment Center" (FEC) system from three sites to 30 over the next four fiscal years. The new centers will be located in the priority neighborhoods identified by the Mayor's Taskforce on Racial Inclusion and Equity (TRIE), based on equity burdens and the impact of COVID-19.

First launched in 2017, the FECs are walk-in community centers that are co-designed with local families and community members with the goal of reducing child welfare involvement and addressing racial disproportionality in the child welfare system. The FECs work hand-in-hand with community members to provide concrete resources and other offerings responsive to their needs and interests. In particular, the FECs proved crucial during the COVID-19 pandemic by providing critical supports to community members in need, including food, clothing, and technology needs, as well as social supports to parents and caregivers.

Agency Assessment

In 2020, ACS brought on a consultant to help evaluate ACS' systems and activities as they relate to racial equity in order to identify potential areas of change. The consultant completed an initial phase of engagement with ACS stakeholders including staff, families, and community members surveying experiences, needs, and priorities.

The consultant has now moved into the second phase of this project.

In the second phase of engagement, the consultant will co-design a toolkit for a pilot to engage frontline staff in developing improved ACS policies and practices that help identify and address racial inequities in the system. The pilot will establish a process for staff in one division of ACS to report and provide solutions for policies and practices that drive racial disparities and inequities, drawing on their knowledge of families' needs and their experience with the families they serve. If this pilot is successful, ACS envisions expanding the lessons learned to other divisions.

Department of Health and Mental Hygiene
Local Law 174 Reporting
For the July 1, 2021 Report

Disparity 1

Disparity

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

Goal

Reduce racial disparities in health outcomes

Equity Metric

Rates of premature mortality by race: Decrease in premature mortality and reduction of premature mortality disparity

Metric Value	Premature Mortality: Age-adjusted rate of deaths under the age of 65 years per 100,000 population						
	Race	Male 2018	Male 2019	Female 2018	Female 2019	All 2018	All 2019
	Black non-Hispanic	213	378.3	95.7	214.0	111.5	288.0
	Hispanic	112.4	235.8	358.2	112.2	278.2	171.3
	White non-Hispanic	127.1	226.0	223.1	123.7	165.5	175.4
	Asian/Pacific Islander	68.6	121.0	225.3	68.5	176.7	93.4
	<p><i>Source: NYC DOHMH, Bureau of Vital Statistics</i></p> <p>Note: This is an overarching indicator that reflects structural racial inequities, overseen by the city as a whole. 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 DOHMH has been working with other city agencies to ameliorate these institutional and structural issues.</p>						

Actions Update

New Yorkers continue to lead longer, healthier lives every year. However, decades of discriminatory policies and practices have led to worse health outcomes for people of color and people experiencing poverty. Though 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.

The Health Department advances programs to promote heart health among New Yorkers by tackling two of the major risk factors of heart disease: hypertension (high blood pressure) and diabetes.

DOHMH has implemented a mix of evidence-based primary prevention interventions and clinical interventions, including: Promoting a team-based approach to chronic disease care to improve health outcomes; Promoting evidence-based medical management in accordance

with national guidelines; and Promoting strategies that improve access and adherence to medications and devices.

To increase the percentage of adult members who had hypertension whose blood pressure was adequately controlled, practice facilitation support is being provided to over 110 primary care practice sites located in areas with high poverty and prevalence of hypertension. Practice facilitation provides external facilitators to help practices overcome barriers to making system changes. A recent systematic review of practice facilitation demonstrated that primary care practices, with the support of a facilitator, are almost three times more likely to implement evidence-based guidelines compared to non-intervention practices.

DOHMH has assisted over 700 pharmacists at independent community pharmacies to provide Medication Therapy Management (MTM) to prevent and manage hypertension. This intervention will address the disparities by targeting pharmacists in neighborhoods with a high proportion of Black Medicaid members. The Medication Therapy Management curriculum is specifically targeted at helping pharmacists tailor the program for Black and Latino/a patient populations.

To decrease the percentage of adult Black patients with diabetes whose most recent HbA1c level indicated poor control, DOHMH built capacity of organizations by providing trainings and technical assistance to over 80 people, at more than 40 clinical and community organizations located in Action Center neighborhoods, to implement diabetes and prediabetes self-management programs. DOHMH additionally supports over 35 primary care practices in Action Center neighborhoods to identify and refer eligible patients to diabetes and prediabetes self-management programs. To support primary care sites who are unable to refer patients, DOHMH staffs a call center to call and enroll patients into these programs. Lastly, DOHMH health educators provide telephonic diabetes self-management education and support over a series of six calls to help individuals implement their diabetes care plans. Over 2,400 non-Hispanic Black NYC residents have participated in diabetes and pre-diabetes programs.

The Health Department has also worked to decrease overdose mortality among residents of disproportionately impacted and high poverty neighborhoods which has greatly impacted racial disparities related to premature mortality. In 2019, rates of overdose deaths among Latino, non-Latino White, and non-Latino Black New Yorkers were similar. Among non-Latino White, non-Latino Black, and Latino New Yorkers, rates of opioid-involved overdose deaths lowest among Black New Yorkers.

However, there are substantial disparities in the rates of overdose death by neighborhood of residence, with residents of Hunts Point – Mott Haven having 2.5 times the rate of overdose deaths of New York City and 6.6 times the rate of the neighborhood with the lowest rate.

The neighborhoods with the top five rates of drug overdose death (Hunts Point-Mott Haven, Highbridge-Morrisania, Crotona-Tremont, Fordham-Bronx Park, East Harlem) all have a

higher proportion of residents living below the Federal Poverty Line compared with New York City overall.

DOHMH has expanded access to effective treatment for opioid use disorder by training 1,817 new buprenorphine providers from launch through June 30, 2020; implementing a Buprenorphine Nurse Care Manager Initiative at 27 federally qualified health care center sites; and establishing buprenorphine induction at 14 emergency departments. The agency's Relay program provides 24/7 peer-led response to nonfatal overdoses in 13 emergency departments.

The City made further investments in 2021 to (1) raise awareness, including outreach to populations at highest risk of overdose (for example, older Black male New Yorkers who use cocaine), (2) reduce harm, including expansion of syringe service program outreach and drop-in capacity in high-priority neighborhoods, and (3) expand treatment, with a focus on people who are unstably housed.

Disparity 2

Disparity

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
Black	7.9	8.6
Other Hispanic/Latinx	3.4	3.9
Puerto Rican	5.3	5.2
White	2.3	2.6
Asian/Pacific Islander	2.7	2.5

Source: NYC DOHMH, Bureau of Vital Statistics

Note: This is an overarching indicator that reflects structural racial inequities, overseen by the city as a whole. 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 DOHMH has been working with other city agencies to ameliorate these institutional and structural issues.

Actions Update

Reducing infant mortality is a long-standing priority area for DOHMH. DOHMH conducts ongoing surveillance in infant mortality to analyze and track trends and contributing factors. Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population-based survey of new mothers in NYC designed to monitor maternal experiences and behaviors before, during and after pregnancy. Findings are used by DOHMH to enhance understanding of maternal behaviors that are important for good reproductive outcomes and infant health; develop and evaluate programs to improve maternal and infant health; and inform policy development relevant to reproductive health.

Sleep-related injuries and suffocation are among the leading causes of death in the post-neonatal period (after the first 28 days of life but before the first birthday). DOHMH partnered with government agencies, healthcare systems, and community partners to form the Improving Maternal and Infant Health Outcomes Collaborative and employ data-to-action strategies to reduce preventable causes of infant mortality, with a focus on sleep-related infant injuries. The Collaborative includes partner organizations in all five boroughs of NYC who do group trainings and conduct workshops, provide case management services, depression screening and referrals, support groups and stress management training and activities.

DOHMH continues to invest resources into programming efforts that impact safe sleep behaviors among parents of infants throughout NYC, including families residing in Department of Homeless Services shelters and prioritizing neighborhoods where Black and Latino/a families reside. DOHMH conducts citywide crib distribution and safe sleep education through agency programs, the public hospital system, and government and community-based partnerships, such as the NYC Cribs for Kids Program. Additionally, since April 2019, DOHMH mails out safe sleep flyers with NYC birth certificates.

DOHMH is also focused on increasing the capacity and competencies of local maternal and infant home visiting programs. In the FY22 Executive Budget, an investment was made to launch the New Family Home Visits program, to offer home visiting services to all first-time parents residing in TRIE neighborhoods and families residing in NYCHA or engaged with ACS.

Disparity 3

Disparity

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	Self-Reported Health (2019)					
		Excellent	Very Good	Good	Fair	Poor
	White/N Afri/Mid Eastern, non-Hispanic	22.19%	37.75%	24.29%	11.96%	3.82%
	Black, non-Hispanic	16.97%	29.47%	33.98%	15.82%	3.76%
	Hispanic	14.91%	21.77%	32.19%	26.11%	5.02%
	Asian/PI, non-Hispanic	10.77%	24.25%	30.68%	29.02%	5.28%
	Other,non-Hispanic	19.31%	34.72%	30.99%	9.61%	5.37%
	Self-Reported Health (2018)					
		Excellent	Very Good	Good	Fair	Poor
	White/N Afri/Mid Eastern, non-Hispanic	23.29%	35.57%	27.38%	10.45%	3.31%
	Black, non-Hispanic	14.89%	27.36%	36.77%	15.92%	5.06%
	Hispanic	13.50%	18.04%	35.01%	28.26%	5.20%
	Asian/PI, non-Hispanic	12.88%	28.65%	29.00%	22.92%	6.56%
	Other,non-Hispanic	15.69%	24.23%	39.86%	14.75%	5.46%
Source: NYC DOHMH, Community Health Survey Public Use Data Sets						
<p><u>Note:</u> This is an overarching indicator that reflects structural racial inequities, overseen by the city as a whole. 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 DOHMH has been working with other city agencies to ameliorate these institutional and structural issues.</p>						

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 Health Department launched Take Care New York.

Take Care New York (TCNY) is the City's comprehensive health equity agenda for New York City laying out plans and priorities to advance anti-racist public health practice, reduce health inequities, and strengthen the City's collective approach to ensuring that all New Yorkers can realize their full health potential, regardless of who they are, where they are from, or where they live. It shares data, builds partnerships, and catalyzes action among stakeholders within and beyond the New York City Department of Health and Mental Hygiene. Take Care New York: The Roadmap to Health Equity is the latest iteration of the agenda. This multi-year plan builds on the achievements of previous plans, and doubles down on New York City's commitment to eliminating health inequities by focusing on the root causes of poor health, particularly racism and other forms of structural oppression. TCNY focuses action on three priority goals: promoting healthy childhoods, creating healthier neighborhoods, and bridging public health and health care. To achieve these priorities, TCNY engages partners across

sectors to drive change in housing quality, the built environment, education, economic stability, community cohesion, and health care access.

From 2019-2020, Take Care New York has engaged thousands of New Yorkers to gather ideas, stories, and priorities to understand what it will take to create a city where all New Yorkers can be healthy. These rich insights are the foundation of a multi-year action plan to engage all sectors of government and society to advance health equity. Specifically, Take Care New York has:

- Engaged **6,324 individual New Yorkers** through broad outreach, NYCHA Family Days, Community Conversations, and Story Circles.
- Partnered with **29 community-based organizations** (CBOs) to complete **26 TCNY 2024 community conversations** and **34 story circles**.
- Qualitative data from **5,143 New Yorkers** about perceptions of what creates health in their neighborhood (broad outreach)
- Qualitative data from **827 New Yorkers** about the people, places and things that create health in their neighborhood, their ideas for what needs to happen to improve their community's health, and their recommendations of who needs to be involved (Community Conversations + What Creates Health Toolkit with Hester Street Collaborative)
- Quantitative data from **428 New Yorkers** about their health priorities, including ranked indicators, goals, and action areas (TCNY Online Prioritization Survey)
- Qualitative data from **196 New Yorkers** reflecting on community health, COVID-19, as well as their ideas, visions, and priorities for health equity (Story Circles with Local Voices Network)

(Optional) Additional Information

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

Issue A: DOHMH equity efforts require the development of an intersectional framework that understands the ways that oppressive systems – such as racism, sexism, homophobia, transphobia, xenophobia, classism, and others – compound to exacerbate marginalization for people who have more than one identity that is oppressed within these systems.

- Action: Race to Justice will complete an agency-wide “deep dive” assessment of how programs, policies, and practices across the agency support, or create barriers for, lesbian, gay, bisexual, queer/questioning (LGBQ) and transgender, gender non-conforming, and non-binary (TGNCNB) staff and communities, with particular attention to LGBQ and TGNCNB people of color.
 - Update: In the fourth quarter of 2019, Race to Justice hired two consultants to work in tandem to create an assessment plan, timeline, and deliverables. In February 2020, the consultants worked with LGBQ and TGNCNB staff

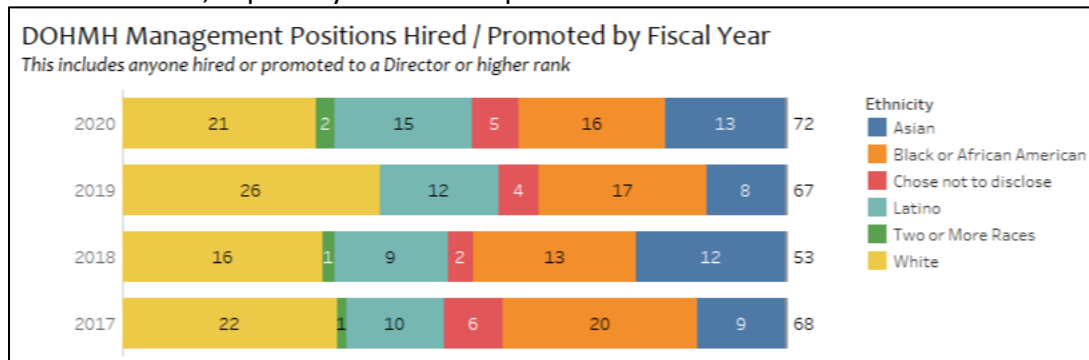
stakeholders to create a vision for the assessment. Due to the pandemic, plans were put on hold and will resume in the fall of 2021.

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

- **General Update:** The Data for Equity workgroup has been formally established by Race to Justice and will oversee continued progress towards the following actions.
- **Action 1:** Create protocols for data disaggregation by racialized subgroups in a manner that protects the confidentiality of individually identifying information.
 - **Update:** The protocols were completed and are being reviewed internally. The workgroup plans to disseminate internally summer 2021.
- **Action 2:** Staff survey of equity skills.
 - **Update:** The report was completed and is being reviewed internally. Plan to disseminate internally summer 2021, and to repeat in FY22 per LL 174.

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

- **Related Equity Metrics:**
 - Proportion of DOHMH employees that identify as Black, Latino, Asian or Native American at all levels of the agency: Increase in employment for people of color, especially at leadership level



Source: Internal NYC DOHMH Data

- Turnover rates for Black, Latino, Asian, Native Americans: Decrease in turnover for staff of color

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:** DOHMH will conduct a pilot to test “blind” hiring practices (e.g., remove identifying information from resumes) by January 2020, to mitigate bias in hiring
- **Update on Action 1:** DOHMH completed one Blind Recruitment Project pilot in 2019 and one partial blind hiring in 2020, which was interrupted due to the COVID-19 pandemic. In 2019, Central HR was the recipient of the DCAS Innovation Award for our Blind Recruitment Project. From 2018 to 2020, Central HR partnered with leadership, hiring managers and HR personnel to implement diversity hiring initiatives in various divisions of the agency. Central HR used employees’ aggregate demographic data to identify and highlight areas where there were gaps or deficiencies in diversity hires.

Initiating Blind Recruitment Process:

- Central HR’s Recruitment Team prescreened NYCAPS’ applicant pool for targeted vacancies and select details on the resumes of all candidates who met the minimum qualification requirements and preferred skills were redacted by removing key identifiable information that could potentially be subjected to bias, including but not limited to: names and addresses; date of birth; previous employers; colleges and universities attended; professional affiliations.
- Redacted resumes were then sent to the hiring managers for additional review and scheduling of interviews.
- Hiring managers then scored redacted resumes based on core competencies and preferred skills.
- HR subsequently sent unredacted resumes of preferred candidates to hiring managers who then arranged interviews.
- As an integral part of the collaborative partnership with Central HR and divisional leadership, HR’s recruiters either actively assumed an observatory role during interviews to ensure compliance with Structured Interviewing Guidelines or in some cases participated in the Hiring Panel. Feedback was provided to the hiring panel in both instances, to keep the lines of communication open and allow for greater transparency.

Core Advantages and Outcomes of Blind Recruitment Process:

- Provided a fair, equitable, and objective recruitment process that was free of unconscious, preconceived or implicit bias.
- Expanded hiring managers' knowledge of non-traditional or overlooked recruitment sources.
- Increased awareness of undesirable recruitment practices.
- Aligned with the agency's Race to Justice initiative which involves leveraging a diverse pool of applicants by prioritizing skills, talents, and abilities, irrespective of race, ethnicity, academic institution, professional affiliation, gender, gender identity, and sexual orientation.
- DOHMH improved its reputation and commitment to being an equal opportunity employer.
- A more diverse and inclusive workforce was created with the skills, core competencies, and ability that was necessary to improve job efficiency and productivity.
- Action 2: DOHMH will focus on staff retention by creating a Workforce Career Development Program as an employee resource. This will be available for staff development and civil service promotional information by January 2020.
- Update on Action 2: DOHMH Office of Training and Professional Development- Workforce Career Development provides Civil Service Information, one-to-one Career Counseling, and other employee resources. Its focus is to provide employees with a program that focuses on continuous coaching and training and fair and equitable access to information and resources. On an agency-wide level the Office has marketed and provided **9 virtual** road shows to bring staff in many locations an awareness of this program.
 - The program is well received and continues to build on the momentum to promote these services to our offsite offices and programs.
 - Through employee outreach, the program has significantly increased the number of employees applying for the Mayor's Graduate Scholarships to pursue higher education over the past two years (from 11 in 2018 to 27 in 2020).
 - The Office has conducted over 30 civil service and career development at most DOHMH sites in 4 boroughs; held résumé writing workshops, contributing to an increased number of employees taking Civil Service exams. Our collaborative work has been recognized by DCAS in awarding DOHMH the civil service award in 2020.
 - The Office has provided individual career counseling services to nearly 300 DOHMH employees to support employee goals and career; and advise employees, particularly those of color, how to manage their career within DOHMH. Additionally, guidance is provided to help staff create their own Individual Development Plan for career advancement.

- Finally, the Office supported staff within the Division of Disease Control and Prevention in launching their first divisional mentoring program and continues to provide ongoing support.

**Department of Social Services
Local Law 174 Reporting
For the July 1, 2021 Report**

Disparity 1

Disparity

The existence of implicit bias and vicarious trauma among staff.

Goal

Have staff become more educated in the deleterious impact of bias and trauma in order to improve client experience.

Equity Metric

The effectiveness of the Agency-wide trauma-informed anti-bias training will be measured through evaluation of staff's knowledge and their ability to relate the trainings to their jobs and client service delivery. The Agency postponed ABTI post-training assessments due to the pandemic and we are determining the next steps as the emergency limitations on our operations are phased out.

Metric Value	N/A
---------------------	-----

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*.

In addition to this more comprehensive orientation, DSS implemented trauma-informed service delivery through an anti-bias trauma-informed (ABTI) training program for all 15,000 plus DSS-HRA-DHS staff. This course initially launched in February 2020 as an in-person class but was paused shortly thereafter at the onset of the pandemic and relaunched through a virtual platform in Summer 2020. It includes a 90-minute e-learning course to introduce key course topics.

DSS also resumed *Structured Interviewing* training--which includes the topic of unconscious bias--for staff responsible for hiring. Furthermore, the Agency's *Customer Service* training incorporates training on de-escalation techniques and is being delivered to all Agency staff. Finally, DSS' 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 has begun training 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 is a preliminary step in developing and implementing the evaluations discussed above.

Disparity 2

Disparity

Potential cultural insensitivity during service delivery for LGBTQI individuals experiencing housing instability.

Goal

Ensure all homeless 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.

Disparity 3

Disparity

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' 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, however, the program was suspended due to the Covid-19 pandemic. The program restarted on March 16, 2021.

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.

Disparity 4

Disparity

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 Work-life Committee saw an increase of 25 percent in senior management membership participation.
---------------------	--

Actions Update

Action 1: The Agency delayed the implementation of the staff engagement survey as the work environment substantially shifted with the onset of the pandemic. The development of a staff engagement survey will be incorporated into the future work of the DEI Council.

Action 2: In March 2020, DSS' Office of Communications and Marketing collaborated with the DSS' Office of Human Resources Solutions to develop strategies for improved work-life opportunities and to distribute information on such opportunities. DSS implemented a marketing strategy to e-mail blast work-life events, initiatives, and opportunities. Additionally, the Office of Labor Relations created a new work-life ambassador position.

Disparity 5

Disparity

Transgender, non-binary, and gender non-conforming 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: This project was placed on hold during 2020 due to the demands COVID-19 placed on DSS' Human Resources Solutions (HRS) and Information Technology Services (ITS) departments. In the beginning of 2021, HRS began working with ITS again to add fields to key HR-related systems to capture the preferred name that staff entered into Employee Self Service System. We anticipate having the first phase of this project to be completed during the first quarter of FY 2022.

Disparity 6

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 system.

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: The pandemic delayed the additional steps needed to finalize the process, and the Family Courts were closed. The courts have reinstated scheduling new petitions (on a limited basis), and the Agency is testing its automated summons for noncash cases, which will allow it to evaluate the effectiveness of this process after it is able to collect the necessary data.

Disparity 7

Disparity

Arrests in DHS shelters may further traumatize clients and impede their path to self-sufficiency and permanency.

Goal

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

Equity Metric

Decrease number of clients arrested in shelter and increase 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 in order 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.

(Optional) Additional Information

--