



pennsylvania
DEPARTMENT OF HUMAN SERVICES



RACIAL EQUITY REPORT 2021

LEADING THE FIGHT FOR JUSTICE, EQUITY, AND
OPPORTUNITY **FOR ALL PEOPLE**

Message from the Secretary

On May 25, 2020, George Floyd, a 46-year-old Black man, died after a police officer knelt on his neck for 8 minutes and 46 seconds. The murder sparked a wave of civil rights protests and demonstrations around the world. These protests amplified important and overdue conversations about systemic racism, overt and covert racism, and both conscious and unconscious bias.

But George Floyd's death was one of many lives taken without justice. Emmett Till, Trayvon Martin, Breonna Taylor, and too many others are names we know not because of how they lived, but because of how they died. For each of them, and for the others whose names are not known, we must be better. We cannot choose to live ignorant to the effects of racism that people of color experience every day, as there are too many of our family, friends, acquaintances, and neighbors who are not able to make that choice. Racism has been a part of America's history since Europeans reached the continent. We cannot undo this past, but we must all do all we can to build an equitable commonwealth and country. We must lead the fight for justice, equity, and opportunity for all people every day.

Black lives matter.

If we mean these words, this cannot be just a momentary conversation — we must act. We must look at where Black lives are not being respected and valued. Beyond this, we must be focused on advancing equity and opportunity for all people who are underrepresented and marginalized. People who are Black, Latinx, Asian, Middle Eastern, and other people of color, as well as those who identify as gay, lesbian, bisexual, transgender, and other nonconforming identities face bias, discrimination, and barriers that I will never experience. A person's socioeconomic status, especially what they are born into and live in throughout childhood, can compound and create even greater barriers and circumstances that can influence outcomes across a person's life. Our country and Pennsylvania have made progress, but we cannot mistake progress for equity and we must continue to strive towards equity. This is an ongoing journey, and the Department of Human Services (DHS) must be a part of this journey.

DHS serves more than 3 million Pennsylvanians through the programs we administer and reaches even more through our work. Many of the people we serve experience marginalization due to their race, sexual orientation, gender, disability, poverty, or a combination of more than one of these factors. Because of this, DHS has an opportunity to be a part of a solution to address inequity in our society through our work. We must understand what we can do to address systemic inequities. We must evaluate our presence in historically underserved and disadvantaged communities and do more to eliminate disparities that have existed for too long. We must continue our work to identify gaps and opportunities to do better for people who are underserved and marginalized. We must allow the tragic death of George Floyd and the overdue national conversation it created to inspire sustained, long-term action.

Twelve percent of Pennsylvanians identify as Black or African American, yet Blacks and African Americans are disproportionately enrolled in our public assistance programs, accounting for 25 percent of Medical Assistance, 29 percent of Supplemental Nutrition Assistance Program (SNAP), and 53 percent of Temporary Assistance for Needy Families (TANF) beneficiaries. Black children represent 35 percent of Pennsylvania's foster care population, despite accounting for just 13 percent of children in Pennsylvania. Two-thirds of youth referred to DHS' secure youth treatment centers are Black. This disproportionality is the result of centuries of systemic racism. In most recent decades, systemic inequalities have been perpetuated in marginalized communities through the intentional divestment of resources away from communities that are primarily non-White through segregation and past federal, state, and local policies.

While many of these policies have been repealed or reversed, their impact lingers across generations throughout our nation. This longstanding systemic racism has prevented equitable access to quality education, housing, nutritious food, employment, medical care, social service programs, and the delivery of justice for many people living in this country. Being met with this inequity fuels intergenerational poverty and trauma which deeply impacts child development, performance in education, success in the workforce, and quality of life.

It does not have to be this way, but it is not enough to be aware of inequities and disproportionate representation. We have the collective power to fix this. Not only is DHS committed to doing so, but we believe it is our mission and duty to promote equity within our agency and the commonwealth at large. Anti-racism is defined as the practice and policy of actively opposing racism and promoting racial equity, and this is something that we must consciously choose to be every day. Through our commitment to doing this work, we will engrain cultural awareness and sensitivity to the effects of racism and structural inequities as core values. We will analyze DHS staff data and experiences to identify opportunities to create a more diverse organization from top to bottom. We will address disparities in our health care system. We will invest in education and training that lifts people out of poverty. We will provide equitable access to quality early learning and child care. We will empower communities that have been overlooked for too long because of the impacts of past federal, state, and local policies by building and reinforcing systems that are actively anti-racist.

The data, goals, and work in progress outlined in this document detail opportunities to start to reverse centuries of inequity that still stains this nation. We cannot undo the past, but we will be a part of the solution. This work cannot be accomplished overnight, and DHS will not be able to accomplish it alone. Our system is imperfect and, in areas, flawed, but we can and must work together to strengthen it and strive towards progress and equity through our work.

Moving forward, we are going to be talking more about our equity initiatives – where we are now, where we must grow, and how we will make this action possible. It is my hope that this document will guide us in this work and provide further opportunity for feedback and collaboration.

Teresa Miller
Secretary of Human Services

Diversity, Inclusion, and Equity at DHS

DHS is a large employer in the commonwealth, with nearly 16,000 employees overall. When we consider the number of organizations and Pennsylvanians that we touch every day, DHS has a tremendous opportunity to lead both internally and externally on these issues. The work we are doing to make DHS an active player in the fight against the impact of racism and focus on equity where it is needed cannot just occur through our public-facing work. We must empower the diverse voices of our employees, listen to their experiences as part of DHS' workforce, and make changes when necessary to promote greater opportunity and equity within our own organization. All of our employees deserve to be heard, uplifted, and have opportunities for advancement within the organization, and we must be sure that all employees truly feel heard, validated, and supported in their employment and work at DHS.

Eighteen percent of DHS' employees identify as Black or African-American, 5 percent are Hispanic/Latinx, 2 percent are Asian, and 1 percent identify with at least two races. While DHS has a larger representation of Black employees, this is not proportionally represented in management positions pay grade 8 or higher,

and the lack of representation for Hispanic/Latinx and Asian employees also carries into management. The highest concentration of both Black and Hispanic/Latinx employees is at Pay Step 06 – DHS’ largest employee pay grade. At higher levels of the pay scale, representation of non-White employees decreases. We cannot effectively promote change in our external work if we do not exercise these values within DHS every day, and we have started educational work on race, equity, intersectionality, and inclusion to build a space where staff better understand why this is important and how they can improve their own education on these issues.

Ongoing Work

In Summer 2020, DHS leadership held a series of conversations with staff in each program to discuss experiences of employees of color in these offices, existing initiatives and work in this space, and policy opportunities that could advance equity and anti-racism. These were initial conversations to understand the landscape of equity-related work and opportunities. We continue to plan for opportunities for employees to provide feedback and be involved in this work. A steering committee was established in September to guide and evaluate progress and challenges as we move forward and make recommendations to improve employee engagement related to this effort. To inform its work, the committee will closely examine DHS staff data broken down by race and ethnicity. Trainings and educational opportunities on topics like equity, racism, privilege, trauma, and intersectionality as it relates to the agency’s work.

Next Steps Moving Forward

In preliminary conversations, staff expressed concerns about a lack of diversity in executive and management roles at DHS. Among the steering committee suggestions was a mentorship program to facilitate learning and employee development opportunities. The mentorship program under consideration will have a wider reach than DHS’ current leadership program. The goal of this program will be to establish relationships between senior leadership and program staff to help staff identify goals, opportunities, and paths to growth through their career at DHS. Managers and supervisors will work to facilitate opportunities for professional development of all qualified employees through inclusion of diverse staff on special work groups, special projects, specialized training, and working-out-of-class opportunities to enhance the ability to expand their knowledge of the organization. Managers and supervisors will utilize all available human resource options to post vacancies in order to interest the most diverse pools of applicants for career opportunities. It is important that interview panels reflect diversity regardless of the composition of the pool of candidates. Recruitment efforts for certain positions must better engage persons of color, including, for example, continuing job fairs at Historically Black Colleges and Universities (HBCUs).

DHS also has countless advisory committees, workgroups, task forces, and boards across the payer, provider, facility, and consumer sectors. These advisory bodies should reflect the diversity of the communities we collectively serve. We are evaluating membership of these groups and plan to work with them if needed to encourage diverse and representative membership that accurately represents voices of the people we serve. As we move forward, a greater focus on diversity and equitable representation among race will be prioritized among other qualifications for serving on these advisory bodies.

Health Equity

Like many states across the nation, Pennsylvanians experience significant health disparities by race. For example, the life expectancy of a baby born in Pennsylvania is strongly tied to zip code. According to one

report, a newborn in North Philadelphia has a life expectancy of 68 years, when just five miles to the south newborns are expected to live to 88.¹ A Black newborn in the state is almost 13 percent less likely to receive the recommended number of well-child visits within their first fifteen months of life compared to a White newborn. Black women are three times more likely to die in childbirth than White women. The uninsured rate in 2018 was 7.1 percent for Black Pennsylvanians, compared to 5 percent for White Pennsylvanians. In 2017, data demonstrated that there was a statistically significant difference in the amount of follow-up after a mental health hospitalization that Black patients received. Specifically, only 50.7 percent of Black Medical Assistance beneficiaries had a follow up service within 30 days compared to 63.9 percent for White Medical Assistance beneficiaries. And, encounter data indicates a difference in admission diagnoses for children receiving services in a Residential Treatment Facility. Between 2016 and early 2020, 52 percent of Black children had a diagnosis within the *Behavioral and Emotional Disorders with Onset Usually Occurring in Childhood and Adolescence* taxonomy group compared to 41 percent of children in all other racial groups. These diagnoses include, but are not limited to: Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorder, Reactive Attachment Disorder, and Oppositional Defiant Disorder.

These disparities and others are unacceptable. DHS is working closely with HealthChoices physical health, behavioral health, and long-term services and supports managed care organizations (MCOs), providers across the health care system, and community organizations to shift our approach to providing care to deliver better outcomes to underserved communities.

Ongoing Work

DHS requires each physical health MCO to either achieve or work towards the attainment of the National Committee for Quality Assurance (NCQA) Distinction in Multicultural Health Care. The distinction recognizes organizations that have adopted best practices for collecting race, ethnicity, and language data, for providing language assistance, for cultural responsiveness, and for reduction of health disparities. The first MCO in the nation to achieve this designation is from Pennsylvania, and we have a total of five MCOs with this designation in the Commonwealth with three more slated to receive this designation in early 2021. DHS intends to build on this success and expand this requirement across our entire Medical Assistance and CHIP programs so our partners in managed care integrate equity within organizational and operational structures.

In 2020, DHS implemented equity incentive payment structures within the Medical Assistance program to link payments to the reduction of health disparities for people enrolled in HealthChoices, the Medical Assistance managed care program. These incentives will be initially based on how MCOs reduce racial disparities across two measures: access to timely prenatal care and receiving the recommended number of well child visits. These investments total over \$26 million. By incentivizing outcomes during this critical time for both a mother and child's health and development, we anticipate positive change in maternal mortality, post-partum care and depression screenings and referrals, and child development from pregnancy through birth and the influential early years of child development.

¹ "In Philly your zip code sets your life expectancy" *The Inquirer*
https://www.inquirer.com/philly/health/20160418_In_Phillly_your_zip_code_sets_your_life_expectancy.html

In 2016, Pennsylvania established the North Philadelphia Health Enterprise Zone (HEZ) to address significant health disparities identified in this region.² As noted earlier, the life expectancy of newborns from this area is 20 years less than that of some neighborhoods just five miles to the south. Nearly 13 percent of the Medical Assistance population lives within the HEZ. Thirty-one percent of residents within the HEZ live below the poverty level, twice the national average. Communities of color, like those that live in the HEZ, have also been disproportionately impacted by COVID-19, a disease that has fallen on the fault lines of our society. DHS has been making targeted investments for several years to try to address the health disparities and provide opportunities for people to get out of poverty. DHS, in partnership with the Department of Health, has provided funding to several community-based organizations in the HEZ to support community health workers who are trained in— and come from— the HEZ to help address the health disparities where they live. DHS has invested in the removal of lead in schools, home visiting programs, employment and training programs to help provide skills that can help people move out of poverty, and legal aid to help people stay in their homes.

Next Steps Moving Forward

DHS has been focused on health equity for some time, but many of these initiatives were led by one program office and looked at specific physical health issues. We are now working under a coordinated, department-wide approach. We are moving forward with analysis of data specifically looking for gaps, opportunities and trends by race. This is happening across physical health, behavioral health, long-term services and supports, and programs serving people with intellectual disabilities and autism. As we prioritize and better centralize and coordinate efforts related to equity, DHS is looking to improve our data infrastructure for continuous monitoring of racial disparities. This infrastructure will facilitate better coordination and help us refine and hold to benchmark data, goals, and progress of initiatives as they are implemented.

For 2021, DHS included a maternity care payment bundle in the physical health MCO agreements. A bundled payment is a form of value-based purchasing, which rewards providers that improve quality of care and reduce cost. DHS worked with the Pennsylvania Perinatal Quality Collaborative to develop this model. The model will reward providers who reduce racial disparities across quality measures such as effectively addressing the mother's physical health, behavioral health, and social determinants of health needs. The intention is to reduce the health disparities that lead to a maternal mortality rate that is three times higher for Black women than White women.

Historically, when an MCO decided to undertake an intervention that addressed health disparities, it was isolated to that MCO and its members. As such, these interventions have had at best limited system-wide impact. DHS will establish Regional Accountable Health Councils (RAHCs), which will be collaborations across regions of the state of MCOs, large providers, health centers, and trusted community institutions and community-based providers. The RAHCs will use state and community-based health assessments, regional social determinants of health needs assessments, as well as any other specific health indicators, as the basis to both advance population health planning and establish a long-term strategy for public health in the region. This strategy will have a special focus on areas of high burden of disease and on demographic groups impacted by health disparities, focused on addressing the root causes of the

² "North Philadelphia Health Enterprise Zone To Address Health Disparities"
https://www.media.pa.gov/Pages/DHS_details.aspx?newsid=233

disparities. With all these organizations working together in regions across the commonwealth, we believe we can make meaningful headway in the elimination of health disparities.

While North Philadelphia is the only HEZ currently identified, there are many communities throughout the commonwealth where disparities, particularly racial disparities, exist. As such, DHS is working with the University of Pittsburgh to identify, zip code by zip code across the commonwealth, where there are significant disparities in health quality measures and identifying new health equity zones so state and local partners can begin to work towards potential solutions to improve health outcomes in these communities.

Economic Justice

DHS serves more than 3 million low-income Pennsylvanians. Because poverty disproportionately impacts non-White people, people of color are disproportionately served by DHS-administered public assistance programs. Only 12.9 percent of White Pennsylvanians are below 125 percent of the federal poverty line, compared to 32.9 percent of Black Pennsylvanians (a poverty rate that is more than 2.5 times higher). While Black Pennsylvanians represent 13 percent of the general population, they make up 25 percent of our Medical Assistance population, 29 percent of our SNAP population and 53 percent of our TANF population. Historically there have been clear racial undertones of the federal development and administration of welfare policies, welfare reform, and continued attacks on public assistance programs, including Medicaid, SNAP or food stamps, and TANF. DHS is committed to using its reach to meaningfully help individuals and families on a path out of poverty and advocate for people served by these programs.

Ongoing Work

DHS has spent the last three years planning a redesign of our employment and training programs, which primarily serve TANF beneficiaries, to focus on how to better support this population and assist them in moving out of poverty. For many, education is directly tied to economic mobility and unequal opportunities in education mean many TANF beneficiaries are limited in their chance for upward mobility. This is why we have been working to change the incentives in our program to provide more opportunity for our TANF beneficiaries to get more education credentials like General Education Development (GED) diplomas or job credentials and move away from simply focusing on getting individuals into low-wage jobs only to have them lose those jobs months later and return to our programs. We are also focused on remediating barriers that too often hold TANF beneficiaries back. This is one way we are hoping to mitigate the impact of poverty and trauma on our clients, which are exacerbated when coupled with experiences of systemic racism. The influence of race on political rhetoric and policies associated with public assistance programs is evident throughout our national history and is still observable today. We must acknowledge the role that racism plays in the present day and historical animosity toward these programs. In doing so, we have the opportunity to deepen our support of marginalized communities. Due to the impacts of systemic racism, fifty-three percent of our TANF recipients are Black. The adult population is primarily single moms of color. Redesigning this program allows us to shift the focus away from keeping beneficiaries in compliance with the work requirements and to what we can do to help them move and stay out of poverty.

Food security is also a significant challenge, and we are focused on doing what we can to use existing programs to meet this need for populations who would qualify for SNAP if not for a non-economic circumstance, like students attending college. A federal 2018 Government Office of Accountability³ report

³ <https://www.gao.gov/assets/700/696254.pdf>

analyzed data from 7.3 million students living at less than 130 percent of the Federal Poverty Income Guidelines and found that 31 percent were first generation college students and 25 percent were single parents. This report included a literature review of 31 studies of college hunger and indicated there was a range of 9-50 percent of students who experienced food insecurity on campuses but that in 22 of these studies, food insecurity was estimated to be above 30 percent of the students surveyed. This literature review also indicated that food insecurity was often higher among two-year college students (42 percent) though still prevalent among four-year college students (36 percent). Pennsylvania determined that students attending one of the commonwealth's community colleges studying certain, high-priority degree programs can qualify for SNAP based off the federal government's current requirements for employment and training programs, and we are working to broaden this expansion to four-year, degree-issuing institutions. While in-person classes may or may not be continuing for the 2020-2021 academic year due to COVID-19, in the fall this challenge became even more acute due to the fact that the United States Department of Agriculture's Food and Nutrition Service has affirmatively committed not to waive the SNAP student eligibility rule during the pandemic. The result is that students may be home full-time for virtual studies, in potentially low-income households receiving SNAP, but without the student as a member of that household. The COVID-19 Economic Relief bill passed at the end of December offered a new path to SNAP eligibility for students, but this is only temporary and the challenge will remain when the provision expires.

Next Steps Moving Forward

DHS has been working with a number of other commonwealth agencies as well as the Offices of the Governor and First Lady to develop a statewide resource and referral tool, RISE PA, to connect people to services and supports that can help improve their health and well-being and address barriers in their lives. These barriers disproportionately impact non-White people and may include access to food, transportation, education, employment, child care, and housing. The tool will also support communication between service providers, help providers to collaborate, provide up-to-date and informed recommendations for services and programs, track whether an individual receives the service to which they were referred, and monitor progress. Too often we hear that an individual was referred to a service outside the traditional health care system, but that was it – no follow up occurred to check if the service was a good fit, to see what progress is being made, or even verify that the individual obtained the service. Service providers in different fields may see many of the same clients, but they may not have the relationships or connections to build partnerships necessary for coordinated care. Through increased coordination across entities serving an individual or family, DHS envisions a future in which, 1) Individuals' and families' needs are clearly assessed, 2) Needs are met through the delivery of the right service at the right time, regardless of whether the service is provided by a state agency, local government, or community organization, and 3) Individuals and families have a strong relationship with a person who can help them navigate across systems and organizations if needed. DHS believes a resource and referral tool will be a critical component to help overcome barriers our clients face in utilizing the social service system and getting the education or training they need to ultimately obtain employment that will allow them to support themselves and their families. We recently selected a vendor for the resource and referral tool following a procurement and will begin rolling out the tool in the southcentral region beginning with nine counties: Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry, and York.

We are trying to focus our programs and systems more on the whole-person, considering a person's past experiences, current circumstances, and future goals. This means we must consider how a person's

individual experiences with trauma, particularly the traumatizing, often generational impact of racism and poverty, shapes their life experiences.

In July, Governor Wolf released Trauma-Informed PA: A Plan to Make Pennsylvania a Trauma-Informed, Healing-Centered State.⁴ This report, the product of months of work led by nearly 30 experts in psychiatry, psychology, education, law enforcement, social work, public health, community development, county government, and clergy details the effects of trauma, events and experiences that can cause trauma, and how chronic trauma influences neurological functioning and how we go about our everyday lives.

Trauma is a broad term, but it is a complex and individual experience that presents in different ways for different people. We cannot oversimplify a person's own trauma, but we can be compassionate and empathetic in validating a person's circumstances. Racism and poverty, for example, are traumatizing for larger communities that face these circumstances every day both through their individually lived experience and through representations of this trauma in news, entertainment, and public discourse – an experience that can be traumatizing through repeated exposure. Research suggests that trauma has such a deep impact on a person and that its effect can be passed intergenerationally, meaning that historically marginalized groups still can carry the effects of trauma experienced by their ancestors.

The last several months have brought an unprecedented focus on the experiences of Black, brown, and other communities of color. This conversation is overdue and it cannot stop. Our work gives us the opportunity to be a part of the healing process for the people we serve – no matter the color of their skin. But in helping the people we serve, we cannot disregard the role of racism in perpetuating trauma. Doing so prevents us from doing all we can to put people on a path to a better life – the core of DHS' work and mission. Equity must and will continue to be a part of that work.

Early Childhood Education

Racial disparities in the earliest years come at a crucial time for an infant's development and can affect children across their lifespan. National studies have demonstrated statistically significant findings that Black children are more likely to experience lower quality child care. This is particularly problematic, given that high quality child care can lead to improved cognitive development, which leads to better school readiness, which, in turn, is predictive of higher educational attainment, economic, and health status in adulthood.⁵

Pennsylvania's quality rating and improvement system for child care, Keystone STARS (STARS), provides additional performance standards above child care licensing requirements to enhance program quality. STARS is used to provide consumer information to families seeking child care by designating program quality on a scale of No STAR to STAR 4, with STAR 4 being the highest.

Child Care Works (CCW) is Pennsylvania's subsidized child care program that helps low-income families pay their child care tuition and fees. To be eligible, families must earn 200 percent or less of the federal poverty guidelines at application and meet work or job training requirements. Eligible families are able

⁴ www.scribd.com/document/470553274/2020-Trauma-Informed-PA-Plan?secret_password=AcWbQ2CvoogQQ8w20WZO

⁵ Hillemeier, M.M., Morgan, P.L., Farkas, G. *et al.* Quality Disparities in Child Care for At-Risk Children: Comparing Head Start and Non-Head Start Settings. *Maternal Child Health J* **17**, 180–188 (2013). <https://doi.org/10.1007/s10995-012-0961-7>

to choose to enroll at any participating child care provider, which can be impacted by convenience, transportation, cost and working hours.

More than 50 percent of families enrolled in CCW are Black, despite making up 13 percent of the population in the state. Sixty-five percent of the children enrolled in CCW are attending child care settings with lower ratings (1 or 2 STARS in the Keystone STARS system). By contrast, child care settings with higher ratings (3 or 4 STARS) serve the fewest number of families with CCW. Thirty-one percent of Black children enrolled in CCW are in STAR 3 or 4 programs; 46 percent of White children enrolled in CCW are in STAR 3 or 4 programs.⁶ Families enrolled in CCW deserve to be enrolled in high quality child care, and we need to have a better understanding of the racial gaps that exist here, why they exist, and work towards their elimination.

OCDEL is committed to building an equitable and sustainable early care and education (ECE) system in which all children, early childhood educators, and programs thrive. The lack of equitable access to a comprehensive ECE system negatively impacts child and family outcomes, children’s ability to successfully transition to kindergarten, and the ECE workforce’s preparation to serve young children in a developmentally and culturally responsive way.⁷ The need for ECE capacity building to support equitable access to comprehensive, trauma informed, culturally and developmentally responsive, and seamless services has informed Pennsylvania’s ECE workforce development and continuous quality improvement efforts. Pennsylvania has established an ECE workforce development infrastructure through Professional Development Organizations (PDOs), Apprenticeship, and Career Pathways that align to ensure a shared set of competencies, skills and knowledge. Through these targeted strategies to build systems, Pennsylvania will address inequities that exist among early childhood educators, strengthen the profession and create transformative opportunities for the development of policies, strategies, and programs that ensure wide and diverse support and valuing of early childhood educators statewide.

Ongoing Work

One of the key factors that contributes to establishing consistency and reliable high-quality early learning environments are the expectations that are placed on early childhood educators working with children across the birth-age 8 continuum.⁸ By adopting the Professional Competency and Standards for Early Childhood Educators, Pennsylvania is taking a leap towards ensuring all early childhood educators are effective, prepared and able to support the growth and development of each and every child in their care or program.

One key thread of the Professional Competency and Standards for Early Childhood Educators is a renewed and enhanced focus on equitable practices. This focus is further highlighted in The National Association for Young Children’s Position Statement on [Advancing Equity in Early Childhood Education](#). When the Pennsylvania Professional Competency and Standards for Early Childhood Professionals are finalized and released, professional development will follow on the use of, and integration of relevant resources, including professional development on equitable practice.

⁶ CCW, Enrollments Under Age 5, PELICAN, May 2020

⁷ Zaslow, M., Anderson, R., Redd, Z., Wessel, J., Daneri, P., Green, K., ... & Martinez-Beck, I. (2016). I. Quality thresholds, features, and dosage in early care and education: introduction and literature review. *Monographs of the Society for Research in Child Development*, 81(2), 7-26

⁸ Institute of Medicine and National Research Council. 2015. *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/19401>

The PDOs reach out to and engage populations that are underserved and hard to reach in the service region based on this information. PDOs implement an approach to reduce barriers to credit-bearing PD opportunities. PDOs identify diverse ECE workforce populations in the service region and include a description of strategies to support PD needs in supporting children with limited or no English proficiency and ECE professionals with limited English proficiency in developmentally and culturally appropriate ways. The PDOs develop project plans to coordinate and facilitate the delivery of credit-bearing PD at the regional, county and local level and support non-traditional students. PDOs develop a prioritization plan to include recruitment based on educators working with high numbers of CCW children currently in STAR 1 or STAR 2 Department licensed programs.

Through coordination with OCDEL's business partner, The Pennsylvania Key, we are engaging in two ongoing initiatives. First, The Pennsylvania Key manages the Infant and Early Childhood Mental Health Consultation program (IECMH). This intervention is intended to support young children and early childhood educators as they navigate challenging behaviors in the classroom. Knowing that children – particularly boys of color – are disproportionately expelled and suspended from early childhood settings, the IECMH program offers support, resources, training and coaching around best practices, reflection and adaptations.⁹ Additionally, The Pennsylvania Key has contracted with a subject matter expert on cultural responsiveness and has developed a 4-session series of trainings on cultural responsiveness. OCDEL will recruit 40 professionals who will be tasked with offering these modules across the commonwealth for other early childhood professionals.

This training will be reviewed in the following year and a refresher course offered to all trainers with the expectation that it be offered again in the second year. In addition, OCDEL's other business partner, Early Intervention Technical Assistance (EITA), has developed various policy announcements and resources that have been made available on the EITA portal. These resources focus on cultural humility; cultural diversity; and cultural competency.

Next Steps Moving Forward

COVID-19 is having a significant impact on all child care. As the pandemic continues, many families are adversely impacted and no longer need care or are choosing to make alternative child care arrangements. As of November 30, 2020, the administration modified CCW payment policies, distributed nearly \$220 million in CARES Act funds to child care providers and suspended some licensing regulations in efforts to infuse needed funding and eliminate some operating burden. As of the end of November 2020, 423 programs have permanently closed and an additional 405 remain temporarily closed since COVID-19 was first confirmed in Pennsylvania in March 2020. However, new child care providers are also opening. In the same time period, 309 providers became licensed. In some communities the new child care providers do not offset the loss of capacity due to temporary or permanent closures. As COVID-19 continues to impact the commonwealth, OCDEL anticipates additional permanent closures. We will monitor the impact on child care availability, capacity, and quality alongside current trends in child care deserts and high-need areas to assess the potential long-term impact on children, families, and broader communities.

Previous efforts focused on quality improvement were broad, and support was provided to programs who expressed interest in moving up in STARS versus programs with lower quality service. The data that demonstrates that the majority of families enrolled in CCW are served by STAR 1 and 2 child care settings

⁹ Do Early Educators' Implicit Biases Regarding Sex and Race Relate to Behavior Expectations and Recommendations of Preschool Expulsions and Suspensions?; September 28, 2016 [Preschool Implicit Bias Policy Brief_final_9_26_276766_5379_v1.pdf \(yale.edu\)](#)

underscores the importance of using a more targeted approach to prioritize these providers and include non-certified legally operating relatives who are providing child care, and who make up 23 percent of the providers serving CCW children. As such, OCDEL will work with Early Learning Resource Centers (ELRCs) to improve the quality of child care in these settings as a priority and look for opportunities through parent engagement, enhanced parent and relative provider orientation, creation of an early learning tool kit and targeted training for relative providers and the certified STAR 1 and 2 providers. We must meet our families and children where they are to provide each and every child (no matter the race, economic or environmental background) the opportunity to experience quality early learning at the youngest age.

Understanding the demands for child care and capacity to serve families will be critical to recovery. OCDEL is promoting new online tools to assist in understanding child care operating capacity and vacancy rates. Reforming the child care desert maps and understanding targeted communities in need of licensed care will be a priority. Work will also continue through and post-COVID-19 to continue to prioritize No STAR, STAR 1 and STAR 2 programs serving CCW enrolled children as a priority for STARS supports.

Quality, safe, reliable child care can be difficult to find for parents who work non-traditional work schedules, beyond a 6 a.m. to 6 p.m. schedule. Non-traditional care is defined as five or more hours of full-time care or more than three hours of part-time care between the hours of 6:00 p.m. and 6:00 a.m., Monday through Friday and/or anytime Saturday and/or Sunday. OCDEL is exploring the idea of a non-traditional add-on to the current base rate for all provider types and all STAR levels who provide non-traditional care to help expand availability of child care for parents who work outside what is considered “traditional” hours.

One final activity which will target increased funding to CCW participating providers is prioritized investment in the CCW base rate or Maximum Child Care Allowance (MCCA). MCCAs have not increased substantially since 2007. By providing increased payments for care, child care operators will increase operating margins allowing them to potentially retain more highly qualified staff and engage in enhanced quality activities.

Child care supports for licensing, workforce development, enhanced quality supports, and child care subsidy are all supported by the Child Care Development Fund (CCDF). Pennsylvania will have the opportunity to embed an enhanced focus on promoting racial equity activities and supports in the state’s three-year CCDF State Plan for federal fiscal years (FFY) 2022-2024. The state plan is slated for submission to the Administration for Children and Families’ Office of Child Care by June 30, 2021. The activities addressed in the plan, once approved, provide a roadmap for all activities in the next three-year cycle beginning October 1, 2021.

Child Welfare

Nationally, the overrepresentation of Black children in the child welfare system has been well documented across numerous research studies.¹⁰ Understanding the impact of racial disparity in the child welfare system requires recognition of the points at which bias can enter the system and how inequities at each point can impact the trajectory of children and families as they move through the system. Racial disparity can often be found at the very point where families often first come into contact with the child welfare system. In Pennsylvania there are significant racial disparities in the number of

¹⁰ Childwelfare.gov. 2016. *Racial Disproportionality and Disparity In Child Welfare*. [online] Available at: <https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf> [Accessed 24 December 2020].

suspected child abuse and neglect reports that are received by the county children and youth agencies and ChildLine, Pennsylvania's child abuse hotline. Notably, Black children make up 14 percent of the total child population in Pennsylvania but represent 21 percent of potential victims of abuse in child protective service reports.

Once Black children become known to the child welfare system, they are more likely to enter foster care and stay in foster care longer than White children. Currently, 35 percent of children in foster care are Black, and Black children represent 42 percent of children who have been in foster care for two years or more. Given the trauma that children can experience when separated from their families and the impact such trauma can have on social, economic and health outcomes, racial disparities in placement rates can have long lasting effects that are detrimental to the well-being of Black children and their families. DHS' Office of Children, Youth, and Families (OCYF) is committed to reviewing data across the full spectrum of child welfare services to gain a better understanding of racial disparities in outcomes related to safety, permanency, and well-being of children and collaborating with stakeholders to address racial disparities across the system.

Ongoing Work

OCYF has a number of efforts already underway designed to target those areas along the child welfare service continuum where biases may be present. For example, content on racial disproportionality and racial bias has been a part of the mandated reporter curriculum developed and maintained on behalf of OCYF by the University of Pittsburgh Child Welfare Resource Center (CWRC) since its inception. This training was completed by over 294,000 participants in state fiscal year (SFY) 2018-2019 and will be reviewed as part of a larger effort by the CWRC to expand the depth and breadth of training to equip the child welfare workforce with the knowledge and skills necessary to combat long-standing issues of racial disproportionality and disparity for children and families of color.

To address disparities in responses to reports of suspected abuse and neglect, a feasibility study is being conducted for application of a predictive risk model (PRM) for ChildLine. The purpose of the model is to support consistent, unbiased decision-making upon receipt of a report of suspected child abuse. The PRM decision support tool would allow child abuse professionals in an investigating agency to see a standardized indicator of the severity/complexity of the current allegation and history of individuals, presented as a single score within a referral, as well as components of the history that contributed to the score. While some predictive analytics tools can cement and perpetuate implicit biases, the tool's algorithm will be transparent and have empirical evidence of successfully reducing bias.

Addressing racial disparities across the child welfare system also includes making the necessary trainings and supports available to those who play key roles in decision making and services to families. In 2018, the CWRC updated the competencies used as the basis for training of the child welfare workforce and established a competency specific to cultural awareness and responsiveness to ensure child welfare professionals have the skills to respond respectfully and effectively to people of all cultures, races and ethnic backgrounds and to do so in a manner that recognizes, affirms and values individuals, families and communities. While the CWRC has recently rolled out enhanced foundational training for new caseworkers that strengthens building skills in engagement of children and families, the agency is also working with the Center for the Study of Social Policy (CSSP) regarding implicit bias and enhancements to trainings for child welfare professionals on the topic of racial disparity. Currently, the CWRC is also

working on focusing training of its own staff so they will be able to better work statewide in providing support and technical assistance to the county children and youth agencies related to racial disparities.

The dependency courts and judges are key partners in the child welfare system. Strong, collaborative relationships between the courts, the county children and youth agencies, and OCYF are critical in the efforts to combat racial disparity in the child welfare system. The Family Engagement Initiative (FEI) is an example of a current collaborative initiative led by the Administrative Office of the Pennsylvania Courts that seeks to prevent unnecessary removals of children from their homes, and if children must be removed from their parents or caregivers, to place them with other family or kin whenever possible. FEI seeks to improve outcomes for children and families through a variety of strategies such as crisis-rapid response meetings, enhanced family finding, and court practice improvements.

Under federal law, all states are required to have a plan in place for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. Pennsylvania closely monitors data on the number of families registered on the Resource Family Registry (RFR) to track, trend, and target efforts to improve recruitment of diverse foster and adoptive families. The number of approved relative and kinship families has risen statewide. In SFY 2017-2018, 2,094 new kinship families were registered with the RFR compared to 2,269 new kinship families registered in SFY 2018-2019, representing an eight percent increase in the number of kinship families registered by year. As of March 31, 2019, Pennsylvania had 3,385 children with a goal of adoption, and of those 1,902 (56 percent) were not White. Pennsylvania had 5,998 non-White families in SFY 2018-2019, who were registered as foster, adoptive and kinship on active status with the RFR and 12,821 were White. OCYF works cooperatively with public and private partners along with the many initiatives under the Statewide Adoption and Permanency Network program, including the Older Child Matching Initiative (OCMI), and continues to enhance efforts to recruit families for Black, Latinx, Asian, Middle Eastern, and other non-White children.

OCYF is committed to continuous quality improvement and using data driven decision-making. In addition to some of the efforts to utilize and monitor available data already outlined, OCYF also conducts both federally required and voluntary state-initiated qualitative case reviews that involve review of case documents and interviews with children, families, caseworkers, supervisors, providers and other key individuals to determine quality of case practice on a number of factors. One of these factors includes evaluation of whether the agency demonstrated cultural awareness and responsiveness in serving the family and whether services to the family were individualized to meet the family's unique needs. Findings from the reviews are used at both the state and county levels to determine priority areas for practice improvement and in the development of strategic planning initiatives.

Next Steps Moving Forward

In November 2020, OCYF convened an internal workgroup representing diverse staff from across all bureaus within the program office. The purpose of the workgroup is to engage OCYF staff in identifying systemic changes to reduce disparities and improve outcomes for children and youth. Some of the key areas of focus proposed by the group include increasing culturally relevant prevention efforts, building partnerships and opportunities within the community and increasing cultural competency for responding to crises. The workgroup will devote significant time to review of existing and new data to

further conduct analysis of apparent inequities and further identify root causes. Areas of focus to better understand disparities and experiences of different ethnicities and races within child welfare will include disproportionately, both racial and geographical, among reporters to our system, safety outcomes, rates of permanence including adoptions, access to services and supports for families and children, and general well-being of children in the child welfare system. As the workgroup identifies key areas for concerted action, other critical partners and stakeholders will be engaged in these discussions to receive input and leverage collaborations to move work forward.

Pennsylvania has a state-supervised, county-administered child welfare system. To achieve success, practice changes will need to be implemented in coordination with county agencies and staff, and private provider partners. Case workers directly supporting families must have an understanding of the interrelation of racism, trauma, and inherent bias that can arise in their work. Due to the connection between child welfare and local courts, these conversations must also extend beyond child welfare agencies to the other partners and systems that interact with these families.

Juvenile Justice

DHS' work is closely and significantly intertwined with the criminal justice system, partially through the juvenile justice system. It is difficult to address systemic racism without talking about policing and the court system and how many youth first enter this system. Data shows that the stark racial disparities in our court system start early. Two-thirds of youth served in DHS' youth development centers and youth forestry camps (YDCs/YFCs) in the past year are Black. This is clearly significantly disproportionate to the general population and is reflective of biases that operate on multiple levels throughout the entire juvenile court system. While placements in YDC/YFC settings are court-ordered, and DHS does not have the ability to refuse placements, we see similar data throughout our juvenile justice system. According to the data analyses conducted by the Pennsylvania Juvenile Justice Task Force, youth of color, especially boys, are more likely to be removed from home even for identical offenses, than other youth. Youth of color are also more likely to be kept under court supervision longer and prosecuted more often as adults than other youth.¹¹

Ongoing Work

The Bureau of Juvenile Justice Services (BJJS) operates five facilities, one of which includes a girls' program, across the commonwealth for youth who have been adjudicated delinquent and need residential placement. BJJS is gathering data regarding racial equity and the overall experiences and services provided to all youth within BJJS facilities. BJJS is exploring if there are any discrepancies between the services provided to Black, Latinx, Asian, Middle Eastern, and other youth of color compared to White youth. BJJS is reviewing several treatment modalities within its organizations, such as their accountability measures (i.e., the therapeutic assignments given to youth when violating a rule and/or safety), youth that are involved in Emergency Safe Physical Interventions (i.e., Physical and/or Mechanical Restraints), and the overall treatment progressions offered (i.e., counseling sessions, treatment groups and/or education) to each youth within its facilities. BJJS will evaluate and analyze programming in an effort to identify any racial inequities or discrepancies. Although counties control the length of stay of youth, BJJS will evaluate its recommendations associated with release to determine any inequities. Furthermore, BJJS

¹¹ Pacourts.us. 2020. *Pennsylvania Juvenile Justice Task Force Follow-Up Data Analyses*. [online] Available at: <<http://www.pacourts.us/assets/files/page-1316/file-10634.pdf?cb=1608823774966>> [Accessed 24 December 2020].

will also utilize the data obtained from their anonymous youth exit interviews to gather information that is specific to their experience and racial equity.

Generally speaking, juvenile justice facilities are located in extremely rural areas. Consequently, those areas typically consist of predominately White residents, as consistent with the United States demographic data. As a result, staff within BJS facilities are often represented by those demographics. Although BJS cannot change the local demographics, BJS is committed to having a greater focus placed on inclusion, racial equity, elimination of systemic racism, and empathy as it relates to individual cultures. BJS directs a substantive, internal training program to newly hired and long-term employees. These trainings offer diverse approaches to educating staff in the area of evidence-based and best practice standards designed to address the needs of the youth we serve. Each training component emphasizes or directly implements education in the areas of adolescent behavior and development, appropriate social engagement, relationship building, de-escalation strategies, professional boundaries, and self-care strategies. All of these trainings are components of a trauma-informed approach as defined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Throughout the training year, BJS staff members receive SAMHSA-identified components of trauma-informed care, such as: recognize what trauma may look like in youth action/behavior; realize the amount of youth/people who have been exposed to traumatic experiences; respond to a behavior issue with professionalism focused on relationship building and structure; remain consistent; practice professional communication; and utilize strategies to avoid the problematic situations that can cause traumatic reenactment. Emphasis includes awareness of traumatic triangles – or how trauma affects a person’s present relationships and interactions – and self-care. BJS also provides staff with a Mindful Awareness Program. This includes education on the brain and body’s responses to stress when triggered and the impacts of secondary traumatic stress. All components focus on providing staff with the means to remain mentally and physically healthy. Additionally, the Sanctuary Model programming and subsequent training is used as a systematic/structured approach to manage trauma. The Sanctuary Model along with other Cognitive Behavioral Therapy-based approaches such as Rational Emotive Behavior Therapy, Thinking for a Change, Hazelden, and Rational Living Therapy are some of the approaches utilized in BJS facilities to address trauma-informed responses indicated through SAMHSA.

Youth are comprehensively assessed prior to and at intake, to identify and effectively address a youth’s individual needs. Examples of assessments include Adverse Childhood Experiences (ACEs), Massachusetts Youth Screening Instrument (MAYSI), Resident in Suicide Crisis (RISC), Becks Depression Inventory, Becks Hopelessness Scale, and Human Trafficking. Many of these tools have a trauma focus, and help to identify areas, such as racial disparity, for consideration in the application of treatment services.

BJS offers many certification opportunities to youth from a vocational perspective. Examples include Home Health Aide certification, First Aid/CPR, ServSafe, Occupational Safety and Health Administration (OSHA), Commit2Clean, Flagger, Forklift, Welding, and Masonry. Academically, credit recovery is also offered for youth who are behind in their academic grade levels, which can assist youth who have experienced hardships due to circumstances surrounding racial inequities and provide opportunities for graduation and employment when they transition back to their communities.

BJS also works with select counties and assists endeavors funded by the Second Chance Grant. Second Chance assists 18-year-old youth with obtaining their high school diploma or GED diploma, continued education in job training, job interview skills, attire, and overall job sustainability. In addition, BJS works

with the Office of Vocational Rehabilitation and PA CareerLink to provide youth with opportunities at success that may otherwise be overlooked.

Understanding that Pennsylvania's juvenile justice system is in need of systemic reform and improved outcomes, the Governor's Juvenile Justice Task Force is tasked with delivering data-driven findings and recommendations and is also looking at how to improve racial equity for the youth in this system. To date, the task force has reviewed data specifically in regard to racial equity but has not yet completed the work to develop specific recommendations. The task force found that while Black males make up seven percent of the youth population, they account for 28 percent of allegations and 42 percent of placement dispositions. When looking solely at misdemeanors, Black males represent 36 percent of all placement dispositions but just 22 percent of misdemeanor written allegations. They also account for 54 percent of prosecutions as adults. Each of the task force partners has key roles in the juvenile justice system, and all need to work together to address identified issues throughout the system including county level work, provider agency placements, court involvement, other system involvement such as the mental health system, and BJJS. DHS is committed to partnering to address these very large systemic inequities, while also making self-improvement efforts are a priority.

Next Steps Moving Forward

As in the child welfare system, youth in the juvenile justice system interact with multiple sectors and there are many opportunities and angles to address how youth are treated. The key points of decision-making and case level information need to be reviewed to see where and how targeted change can occur. This includes from the time police become involved, to the involvement of the juvenile justice system, district attorney's office, public defender's office, decision-making by the judge, those providing placement or treatment services and after-care. Additionally, specific diversionary programs and processes must be implemented to avoid arrest whenever possible and support youth and families in their communities.

There needs to be focused partnerships and strategies with the Chief Juvenile Probation Offices and the Juvenile Court Judges' Commission to collect data and process flow information to address the stark racial disparities of our juvenile justice system. This disproportionality must be analyzed to determine decision-making practices and root causes, while developing prevention and diversionary programs. This work must happen in partnership with juvenile probation offices and the courts as all parties have different but intertwining roles in the system. Progress is clearly needed, and we are working to fully understand as a collective system the steps necessary and where work must be targeted to ensure equity for the youth we serve.

Moving Forward

In the more than seven years since the Black Lives Matter movement began, there have been overdue and necessary conversations about the treatment of people who are Black, Latinx, Asian, Middle Eastern, and other non-White identities in the United States. Open and honest conversation and education are critically important. Each of us only truly knows the world as we experience it, and there is no shame in that. It is incumbent on each of us, though, to not let our experiences alone drive our worldview and the way we treat and empathize with others. We must listen to others' experiences, challenge our own reactions and pre-conceived notions, and act from a more informed lens that includes multiple perspectives.

The work must continue, and we must use these conversations and education to drive meaningful change. We must use our platform to be actively anti-racist and educate our staff, the stakeholders and

constituencies we work with, and the broader public as much as possible. Challenging stereotypes and biases is not a fight that DHS can win unilaterally, but we can use our position and our platform to challenge and change these conversations where we can. We must actively build equity, inclusion, and diversity into our work to overcome circumstances of the past that still persist. We cannot change the past, but we can be a part of a solution moving forward by seeking to eliminate unintentional and implicit consequences and be an active ally in this work. The more than 3 million people DHS serves, our nearly 16,000 employees, and the citizens of the Commonwealth of Pennsylvania as a whole deserve this.