Addressing the Disproportionate Representation of Children of Color: A Collaborative Community Approach

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The state of Indiana recommended a committee be formed to address the disproportional representation of black youth in out-of-home placements. In response, the Indiana Disproportionality Committee (IDC) was established. This article presents the development, objectives and future of the IDC. One of the objectives, research, will be offered as an example of the committee's collaborative strategies. The IDC, in partnership with another organization, has begun exploring relationships between ethnicity, risk factors and treatment outcomes. The results of this research effort have examined disproportion and disparity, leading the IDC to identify needs for change within the state. Barriers and successes of the IDC will be shared, so that others can use these efforts to guide their own strategies to reduce disproportionality.

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A recent synthesis of national research on minority youth in out-of-home care noted that over half of these children are ethnic minorities (Hill, 2005). At the same time, it was noted that less than half of all children in the general population are of minority backgrounds. This finding suggests that minority youth are overrepresented in out-of-home settings. Similar disproportionate placement ratios are found in Indiana. In fact, Indiana's 2000 census showed that the state's total child population was comprised of 81.5% white, 10.4% black, 4.8% Hispanic, and 3.3% of youth with other ethnic/racial backgrounds (Anderson & Trego, 2003). However, the number of children in out-of-home care in Indiana during fiscal year 2005 was represented by 62.0% white, 27.9% black, 5.0% Hispanic, and 5.0% other ethnic/racial backgrounds (Indiana Department of Child Services, 2006). These percentages suggest that black youth in particular are more likely to be encountered in out-of-home settings.

Perhaps equally as important as the overrepresentation of black youth in out-of-home care, studies have noted that treatment disparities exist between black and white youth (Hill, 2006). In his synthesis of research on disproportionality in child welfare, Hill noted that black youth had slower rates of exiting care than their white counterparts. Black youth also had less access to mental health services and were overrepresented in the juvenile justice system. These disparate treatment rates have led to an exploration of the relationship between rates of placement and outcomes among youth from minority and majority ethnic/racial backgrounds. This paper will illustrate the formation of a grassroots effort to address the disproportionate numbers of black youth in Indiana receiving services, including research efforts that have provided a statewide understanding and awareness about these critical issues. By sharing the process of the development of this statewide effort, it is hoped that other states may use this as a model.

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Indiana Disproportionality Committee (IDC) Formed

In 2003, a simple research project by Anderson and Trego (2003) launched the beginning of Indiana's effort to build awareness of disproportionality in child welfare as well as developed strategies to resolve the issues associated with differential placement rates. This report identified the overrepresentation of black youth in out-of-home care by the Indiana Department of Child Services at the point in time:

> **Statewide Child Population**: 81.5% white, non-Hispanic, 10.4% black, 4.8% Hispanic, and 3.3% other [2000; N = 1,574,845]
>
> **Foster Care Population**: 64.9% white, non-Hispanic, 27.9% black, 5.4% Hispanic, and 1.8% other [2001; N = 6030]
>
> **Termination of Parental Rights**: 56.7% white, non-Hispanic, 38.8% black, 2.3% Hispanic, and 2.1% other [2001; N = 869]
>
> **Relative Placement:** 43.1% white, 52.0% black, and 4.9% other [2001; N = 2112]
>
> **Assisted Guardianship:** 37.3% of children were white, 60.1% black, and 2.5% other [2001; N = 158]

This information sparked the attention of many child welfare advocates, including a state legislator; germinating an awareness of the issue across the state. In 2004, the Indiana Commission on Abused and Neglected Children and Their Families submitted a report to the state. One of its recommendations was for the State to further address the disproportionality of minority children in foster care:

> Reduce the overrepresentation of children of color in the child welfare system by funding research to develop culturally sensitive screening tools, refine assessment practices and revise training. The unique factors that bring

children into care must be identified and barriers to timely and appropriate interventions eliminated. (p. 13)

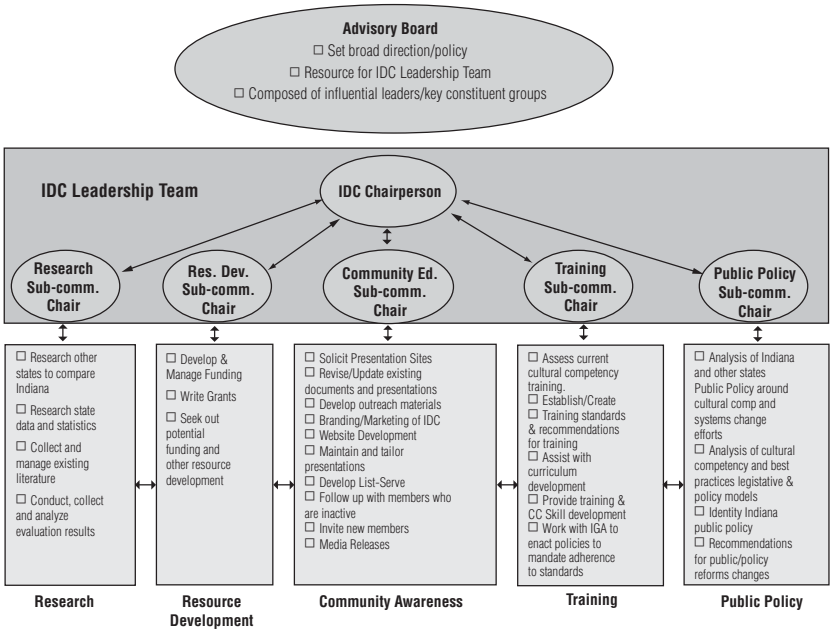
After the commission's report was released, a group of professionals from public and private child welfare agencies met in November 2004 to champion this effort. Shortly after this initial meeting, a representative from the Indiana Criminal Justice Institute joined efforts with the group, and provided staff support and input related to disparities for the juvenile correctional system. The first objective for this joint working group was to identify a shared vision and mission. Through a series of discussions, the group developed a vision statement, which stated, "Children of all races and ethnicities are equitably served by Indiana's child welfare and juvenile justice systems." The group's mission is to "[c]reate equality within the Indiana child welfare and juvenile justice systems and equalize the proportion of children of color in the child welfare and juvenile justice systems with their percentage of the overall population." Armed with this shared vision and mission, the working group then identified five specific objectives:

- to research issues of disproportional and overrepresentation of minorities in the state system of child welfare;
- to increase awareness that Indiana has disproportional representation of children of color in Child Welfare and Juvenile Justice Services;
- to train all public and private professionals that work with children and families on this issue;
- to promote a service delivery agenda that addresses disproportional issues; and
- to promote public policies in the state that address disproportionality in the child welfare and juvenile justice systems.

Once the shared vision and goals were established, the group was formalized as the Indiana Disproportionality Committee (IDC). The IDC has developed five separate subcommittees to address the separate goals of research, resource development, community awareness, training, and public policy. The subcommittee chairs and the IDC chair form a leadership team that directs the group (see Figure 1). A new feature of the IDC organization for 2007 is to establish

FIGURE 1

Indiana Disproportionality Committee Organizational Chart



an advisory board that consists of representatives from the various state departments serving youth, and other community leaders from the business, philanthropic, and funding communities.

Currently, the IDC is comprised of representatives from the Indiana Civil Rights Commission, the Indiana Minority Health Coalition, Indiana Department of Education, Indiana Department of Child Services, Corrections, Indiana Black Legislative Caucus, the Indiana Criminal Justice Institute, advocacy groups, universities and colleges, and child and family service providers. The 61 active members, representing 21 agencies and organizations, participate in regularly scheduled committee and subcommittee meetings to work on identified tasks. By the end of 2005, the IDC focused its

TABLE 1

IDC Goals and Objectives Achieved After Two Years of Operation

IDC GOAL	OBJECTIVES ACHIEVED
Research issues of disproportionality and overrepresentation of minorities in the state system of child welfare.	Annotated Bibliography Glossary of Terms Fast Facts PowerPoint Presentation—Bulk Slides Research issues of disproportionality across systems Collaborate with IARCCA Outcome Measures Project
Increase awareness that Indiana has disproportional representation of children of color in Child Welfare and Juvenile Justice services.	Focus Groups with a total of 110 participants Web page
Train all public and private professionals that work with children and families on this issue.	Train the Trainer training series (2 to 3 sessions, local/state) once a year Conference sessions—local and national
Promote a service delivery agenda addressing the issue of disproportionality.	Participate in workgroups Share information
Promote public policies in the state.	Legislation drafted to form a state Commission Engage new members from the professional community Collaborate with other agencies

work through objectives and action items. The action items performed to achieve objectives for 2006 are provided in Table 1.

Accomplishments of the IDC

One of the initial steps for the IDC was to sponsor community dialogues to foster an increased understanding of the needs of Indiana's most vulnerable children across the state. The mission,

vision, and scope of the IDC have evolved based on the feedback provided by communities at these meetings to include education and mental health. This evolution was based on a realization that the children and families served by the various departments and agencies are similar.

The IDC's work continues to be performed by voluntary agency / organizational representatives from a variety of backgrounds and affiliations. Its lack of formal affiliation with any singular organizing entity is perceived as a strength of the IDC, as it allows the committee to work outside the dictates of any single agency or organization. An important feature of IDC's collaborative nature is that participating partners are encouraged to use data and research from members and partners to improve programs for children and their families. It is through one of these open partnerships that this manuscript has developed.

Barriers to Progress

A voluntary working committee is always a challenge and IDC is no exception. Every volunteer member of the IDC is employed full-time elsewhere, most often in a service delivery system that is directly involved in providing services to a disproportionate number of children of color. This translates into two challenging barriers for the committee: the need to reconcile any personal involvement with the problem and limited resources to achieve the goals and objectives of the committee. These barriers have been confronted directly in IDC meetings and in continued discussions outside of meetings. Committee members have dedicated themselves to becoming knowledgeable about the issues and to sharing information learned. The committee is supportive in nature and decided early during its formative stage on ground rules. For example, "finger-pointing" and "blame" are not the priority of the group; rather, the focus must be on finding solutions to an emerging practice challenge. Couched in this is realizing that information is inadequate, answers can not be readily formed, and understand-

ing root causes are critical to successfully identifying strategies that will benefit youth.

The first year was almost completely devoted to developing consensus about the IDC's mission and vision. The greatest strength in confronting the barriers to moving forward has been the subscription and belief in the mission and vision of the IDC. Every committee member feels a great sense of passion and commitment to providing equitable services to children and families. Every committee member has had at least one direct practice experience with disparate settings. It is this commitment, passion and experience that is communicated to the organizations for which each member works. Building awareness and knowledge has maintained and expanded the engagement of agencies and organizations. These member agencies share resources to accomplish the identified goals and objectives of the IDC. Subcommittees report to the full committee every other month on their progress toward specific objectives.

Research on Disproportionality and Disparity

Several IDC members are also participating member agencies of IARCCA, an association of Children and Family Services. IARCCA is currently comprised of 104 social service and mental health agencies from across the state of Indiana. The association developed the IARCCA Outcome Measures Project (hereafter referred to as the project) in 1998 to measure outcomes for youth and their families participating in social service programs. The use of the project's longitudinal data by the IDC has expanded opportunities for research supporting IDC goals. As a member of the IDC, IARCCA has recently devoted resources to analyze the data collected to specifically examine the disproportionality and disparity of outcomes between black and white youth. It should be noted that data from the project are based on children and families served by only agencies that are members of IARCCA, and may not be representative of the state as a whole. For example, data

from the project does not include youth who are placed into county foster homes or in correctional facilities.

The project evaluates outcomes for youth and families in the following 11 programs: transitional/independent living, day treatment, home-based, shelter care, foster care, residential care programs utilizing public schools, residential care programs utilizing both public and on-grounds schools, residential locked- and staff-secure programs, psychiatric residential treatment facilities, crisis stabilization programs, and outpatient services. The project examines the clinical functioning of the youth and their families when the children enter and leave treatment. It also examines placement and functional outcomes, and consumer satisfaction. Additionally, social and demographic information—child- and parent-specific risk factors—and the types of service provided during care are gathered. Descriptions of the measures used as part of the project are more fully described in another publication (Wall et al., 2005).

In addition to monitoring programmatic outcomes annually, the project has assessed outcomes for individual youth (recent Special Reports and Special Report Briefs can be obtained online at www.iarcca.org). In one of these investigations (Jackson-Walker, Wall, & Minnich, 2003), the relationships between child and family risk factors and clinical, placement, and functional outcomes at discharge were assessed for Caucasian and minority youth. For example, this study found that the factors associated with being discharged to a more restrictive placement for Caucasian youth were different factors than those for minority youth. That is, Caucasian youth in residential care were more likely to be placed in a more restrictive setting if they received special education services, had an incarcerated parent, had a reported history (unsubstantiated or substantiated) of neglect, physical abuse, or sexual abuse, or had witnessed domestic violence. Results from analyses of foster care and transitional living programs provided other unique findings that have led to further analyses.

A second, more recent analysis (Wall & Koch, 2007) examined characteristics of youth and their families when placed in programs,

as well as outcomes at discharge and follow-up for clinical, placement, and functional status and consumer satisfaction. The first part of this investigation calculated the level of racial overrepresentation, and compared rates to previously published studies examining Indiana's level of disproportionality. The analyses were conducted for five program types—foster care, residential care using only public schools (Residential Care-P), residential care using public and on-grounds schools (Residential Care-O), residential locked and staff-secure care (Residential Care-L), and transitional/independent living (Transitional Living). This first part of the investigation was accomplished by comparing IARCCA data to the previously reported state data, by using the same formula to compute proportional placement rates (Center for the Study of Social Policy, 2004). Indiana data reported in the previous study was obtained from the 2000 Adoption and Foster Care Assessment and Reporting System (AFCARS) data on youth placed in various out-of-home placements across the state. According to their findings, Indiana's level of overrepresentation of black youth fell in the "extreme disproportion" range, and was one of 16 states with the most severe level of disproportion (Hill, 2006).

Table 2 illustrates the percentage of black youth in care using data from the project, which compared the percentage of black youth in the state's general population to the percentage of black youth in care for the five program types. Ratios suggest that black youth are overrepresented in all program types. Thus, results from analyses of the project data for each of the five program types examined is consistent with previous findings, indicating that black youth are overrepresented in care. However, the rate of overrepresentation for all five programs is lower than that reported by the Center for the Study of Social Policy, with only Transitional Living demonstrating a level of extreme disproportion.

Given these ratios showing overrepresentation for all five program types, further assessments were conducted to assess for disparity of outcomes. Only youth identified as black (African American) or white (non-Hispanic Caucasian) were selected and used

TABLE 2

Statistical Overrepresentation of Black Youth in IARCCA Member Agency Programs

PROGRAM	PERCENT IN CARE	PERCENT IN POPULATION	OVERREPRESENTATION
Indiana[1]			
Black	39.5	10.4	3.79
White	56.2	81.6	0.69
B/W Disparity			5.49
FC			
Black	22.2	10.4	2.13
White	67.8	81.6	0.83
B/W Disparity			2.57
RC-P			
Black	17.9	10.4	1.72
White	71.9	81.6	0.88
B/W Disparity			1.95
RC-O			
Black	17.8	10.4	1.71
White	73.9	81.6	0.91
B/W Disparity			1.88
RC-L			
Black	27.3	10.4	2.63
White	62.6	81.6	0.77
B/W Disparity			3.42
TL			
Black	35.5	10.4	3.41
White	56.0	81.6	0.69
B/W Disparity			4.94

Note.[1] Data for Indiana reported in Center for the Study of Social Policy (2004).
FC = Foster Care, RC-P = Residential Care using Public Schools, RC-O = Residential Care using on-ground and Public Schools, RC-L = Residential Care using Locked-Secure Staff, TL = Transitional Living.
B/W = Black/White Disparity.

for subsequent analyses. This was done due to the small number of Hispanic and other minority youth available. For the remaining analyses, black youth represented 24.4% of those placed in foster care, 19.9% of Residential Care-P, 19.4% of those in Residential Care-O, 30.3% of those in Residential Care-L, and 38.8% of youth in Transitional Living. Analyses for differences in categorical data were computed using chi-square analyses. For interval data, T-tests were performed. Due to the large number of analyses conducted, an a priori $\alpha \leq .01$ was established.

Comparisons were made between black youth and white youth on clinical outcomes at discharge, as measured by the Child Problem Checklist (CPC) and Family Problem Checklist (FPC). Functional outcomes were assessed by comparing rates of educational involvement and employment at discharge and subsequent court involvement at follow-up (several months after being discharged from their respective program). Placement outcomes were measured by comparing length of program stay (in days), and restrictiveness of living environment at discharge (ROLES; Hawkins, Almeida, Fabry, & Reits, 1992). Lastly, consumer satisfaction was measured for youth over the age of 12, their parents, and their placing agency. These outcomes are represented in Table 3.

Clinical Outcomes

Mean scores from the CPC and FPC are generally consistent between white and black youth, suggesting that both groups exhibit a similar number of difficulties when discharged from the programs. The only significant difference was found with Residential Care-O youth on the FPC, indicating that black youth are discharged to homes with more problems identified than white youth.

Functional Outcomes

For education and subsequent court involvement, there were no significant differences between black and white youth. For employment, however, black youth in Transitional Living were employed less frequently than their white peers. Otherwise, employment characteristics were similar between both groups.

TABLE 3

Outcomes of Black and White Youth per Program Type

OUTCOME	WHITE	BLACK	χ^2	T-TEST
Child Problem Checklist (M)				
FC	5.35	4.61		1.58
RC-P	5.83	6.30		0.66
RC-O	5.16	5.92		−1.88
RC-L	6.11	4.96		1.29
TL	5.11	5.28		−0.61
Family Problem Checklist (M)				
FC	3.57	2.87		2.50
RC-P	3.79	4.06		−0.45
RC-O	2.59	3.41		−2.87**
RC-L	3.67	3.40		0.36
Number of Days in Care (M)				
FC	231.3	252.0		−0.89
RC-P	170.7	288.2		−3.26**
RC-O	245.7	208.9		2.48
RC-L	178.8	139.1		1.45
TL	168.9	205.7		−1.69
Less or Equally Restrictive Living Environment at Discharge				
FC	68.9	72.6	0.42	
RC-P	70.2	69.2	0.14	
RC-O	77.6	77.1	0.15	
RC-L	86.9	81.5	0.43	
TL	68.5	74.1	0.50	
Positive Education at Discharge				
FC	79.1	72.4	1.46	
RC-P	74.5	68.4	0.57	
RC-O	86.5	86.8	0.00	
RC-L	91.8	92.6	0.16	
TL	70.6	55.9	3.86	

TABLE 3 cont.

OUTCOME	WHITE	BLACK	χ^2	T-TEST
Positive Employment at Discharge				
FC (n = 76)	44.6	20.8	4.49	
RC-P (n = 67)	36.4	33.3	0.69	
RC-O (n = 261)	35.3	23.6	5.05	
TL (n = 170)	63.1	40.6	8.63**	
Court Involvement at Follow-Up				
FC	44.6	20.8	4.49	
RC-P	36.4	33.3	0.69	
RC-O	35.3	23.6	5.05	
RC-L	2.6	0.0	0.51	
TL	63.1	40.6	8.63**	
Consumer Satisfaction—Child				
FC (n = 77)	5.11	5.09		0.54
RC-P (n = 93)	5.33	5.37		−0.12
RC-O (n = 380)	5.36	5.20		0.98
RC-L (n = 60)	4.97	5.33		−0.83
TL (n = 66)	4.67	5.27		−1.45
Consumer Satisfaction—Parent				
FC (n = 71)	5.31	6.57		−4.43**
RC-P (n = 83)	5.49	5.78		−0.75
RC-O (n = 247)	5.97	5.70		1.23
RC-L (n = 37)	5.57	6.25		−2.02
Consumer Satisfaction—Placing Agency				
FC (n = 216)	6.12	6.57		−0.63
RC-P (n = 109)	6.01	5.96		−0.75
RC-O (n = 455)	6.01	5.94		0.55
RC-L (n = 30)	5.81	4.91		2.12
TL (n = 113)	5.82	5.94		−0.59

Note. Unless otherwise indicated, percentages are reported.
FC = Foster Care (n = 361), RC-P = Residential Care using Public Schools (n = 201), RC-O = Residential Care using on-ground and Public Schools (n = 725), RC-L = Residential Care using Locked-Secure Staff (n = 89), TL = Transitional Living (n = 183).
*** $p < .01$*

Placement Outcomes

Differences were found for length of stay, as black youth in Residential Care-P stayed in care three months longer than white youth. Conversely, white youth in Residential Care-O stayed in care one month longer than their black peers. There were no significant differences in length of stay for the other program types. However, there were no significant differences between the proportion of black and white youth discharged to less or similarly restrictive settings (such as reunification with parents, emancipation, or adoption).

Consumer Satisfaction

In general, black and white youth were equally satisfied with the services provided to them across the five program types. Parents were also fairly equally satisfied, with one exception. In the foster care sample, parents of black youth reported greater satisfaction with the program. However, it should be noted that this sample size was extremely small (n = 71). Ratings of satisfaction made by placing agencies were similar for black and white youth across the five programs.

Risk Factors

An examination of presenting risk factors between black and white youth admitted to the programs was performed. These risk factors were divided into those identified as the source of referral, including child welfare (CHINS) or juvenile justice (delinquent); history of maltreatment (physical or sexual abuse, neglect, and witnessing domestic violence); factors specific to the child (gender, age, special education, medication, having children, and number of previous placements), and factors specific to the parent (parent having psychiatric diagnosis, and presence of incarceration, substance abuse, single-parent family, or termination of parental rights). Table 4 provides the percent of the sample by race for referral source and abuse-related risk factors for each of the five program types.

TABLE 4

Percent of Black and White Youth with Abuse-Related Risk Factors by Program Type

RISK FACTOR	WHITE	BLACK	χ^2
CHINS			
FC	71.3	89.9	12.63**
RC-P	42.9	67.5	7.80**
RC-O	35.6	46.8	6.05
RC-L	62.9	70.4	0.46
TL	55.4	71.8	4.99
Delinquent			
FC	32.7	13.5	12.32**
RC-P	60.9	32.5	10.43**
RC-O	69.5	57.4	7.51**
RC-L	40.3	40.7	0.00
TL	50.9	31.0	7.02**
Physical Abuse			
FC	32.4	29.2	0.31
RC-P	34.2	40.0	0.48
RC-O	32.5	34.0	0.12
RC-L	43.5	37.0	0.33
TL	33.9	25.4	1.50
Sexual Abuse			
FC	36.4	18.0	10.48**
RC-P	32.9	35.0	0.62
RC-O	28.8	26.2	0.36
RC-L	48.4	37.0	0.98
TL	39.3	23.9	4.60
Neglect			
FC	54.0	67.4	4.90
RC-P	31.1	45.0	1.78
RC-O	21.2	22.7	0.14
RC-L	40.3	33.3	0.39
TL	52.9	47.1	3.32
Witness to Domestic Violence			
FC	40.1	10.1	27.36**
RC-P	44.1	52.5	0.91
RC-O	33.6	39.0	1.49
RC-L	56.5	22.2	8.87**
TL	45.5	46.5	0.16

Note. Unless otherwise indicated, percentages are reported.
FC = Foster Care, RC-P = Residential Care using Public Schools, RC-O = Residential Care using on-ground and Public Schools, RC-L = Residential Care using Locked-Secure Staff, TL = Transitional Living, CHINS = Child in Need of Services.
*** $p < .01$*

Referring Source

White youth in Foster Care, Residential Care-P, Residential Care-O, and Transitional Living were more frequently adjudicated as delinquent when compared to black youth. Conversely, black youth were more frequently classified as CHINS in these programs. There was no significant difference between black and white youth for Residential Care-L.

Trauma History

There were no significant differences between black and white youth for having a suspected/substantiated history of neglect or physical abuse. For sexual abuse, white youth in Foster Care were more likely to have positive histories of sexual abuse. Also, white youth in Foster Care and Residential Care-L were more likely to have witnessed domestic violence before entering care.

Child-Specific Factors

There were no significant differences between black and white youth for gender or the number of previous placements. With respect to age, black youth in Residential Care-O were approximately half a year older than their white peers when entering care. Also, white youth in Residential Care-O and Residential Care-L were more likely to be on psychotropic medication when entering care than were their black peers. Black youth in Transitional Living, however, were more likely to enter care having children themselves. There were no significant differences between youth entering care for special education. Table 5 contains results from comparing youth on child-specific risk factors.

Parent-Specific Factors

Black youth in Foster Care, Residential Care-P, Residential Care-O and Transitional Living more frequently came from single parent households than their white peers. Also, black youth in Residential Care-O were more likely to have a parent who was incarcerated. In

TABLE 5

Black and White Youth With Child-Specific Risk Factors by Program Type

RISK FACTOR	WHITE	BLACK	χ^2	T-TEST
Male Gender				
FC	57.7	46.1	3.68	
RC-P	41.0	48.7	0.77	
RC-O	61.5	63.6	0.21	
RC-L	29.0	29.6	0.00	
TL	47.3	39.4	1.10	
Age (M)				
FC	12.3	11.2		1.86
RC-P	14.6	13.3		2.50
RC-O	14.7	15.2		2.75**
RC-L	14.7	15.6		−1.92
TL	16.87	16.73		0.95
Special Education Placement at Intake				
FC	37.5	24.7	4.86	
RC-P	27.3	40.0	2.46	
RC-O	33.0	33.3	0.00	
RC-L	53.2	40.7	1.17	
TL	25.0	28.2	0.23	
Have Children				
FC	1.1	5.6	6.31	
RC-P	1.9	0.0	0.76	
RC-O	1.5	3.5	2.41	
RC-L	4.8	11.1	1.18	
TL	10.7	28.2	9.18**	
Psychotropic Medication				
FC	39.3	28.1	3.66	
RC-P	42.2	52.5	1.39	
RC-O	51.7	36.9	10.00**	
RC-L	64.5	33.3	7.39**	
TL	34.8	32.4	0.11	
Number of Previous Placements (M)				
FC	2.66	2.58		−0.29
RC-P	2.61	3.18		−1.10
RC-O	2.60	2.68		0.32
RC-L	3.69	3.37		0.34
TL	3.69	3.97		−0.60

Note. Unless otherwise indicated, percentages are reported.
M = Mean, FC = Foster Care, RC-P = Residential Care using Public Schools, RC-O = Residential Care using on-ground and Public Schools, RC-L = Residential Care using Locked-Secure Staff, TL = Transitional Living.
** $p < .01$*

Transitional Living, black youth were more likely to have a parent with substance abuse issues. There were no significant differences between black and white youth for parents whose rights were terminated or for parents with psychiatric diagnoses. Table 6 contains

TABLE 6

Black and White Youth with Parent-Specific Risk Factors by Program Type

RISK FACTOR	WHITE	BLACK	χ^2
Psychiatric Diagnosis			
FC	15.4	13.5	0.21
RC-P	17.4	15.0	0.13
RC-O	16.8	8.5	6.04
RC-L	25.8	25.9	0.00
TL	17.0	7.0	3.75
Incarceration			
FC	26.5	34.8	2.30
RC-P	37.9	35.0	0.11
RC-O	25.7	39.0	9.94**
RC-L	38.7	22.2	2.29
TL	33.9	42.3	1.29
Substance Abuse			
FC	50.4	61.8	3.52
RC-P	57.8	60.0	0.07
RC-O	54.6	57.4	0.37
RC-L	66.1	70.4	0.15
TL	47.3	70.4	9.42**
Single Parent Family			
FC	52.6	78.7	18.85**
RC-P	55.9	80.0	7.80**
RC-O	52.7	78.0	29.72**
RC-L	58.1	66.7	0.58
TL	58.0	87.3	17.55**
Parent Rights Terminated			
FC	16.3	23.9	2.59
RC-P	23.0	15.0	1.21
RC-O	15.2	20.6	2.37
RC-L	22.6	22.2	0.00
TL	17.0	22.5	0.87

Note. Unless otherwise indicated, percentages are reported.
FC = Foster Care, RC-P = Residential Care using Public Schools, RC-O = Residential Care using on-ground and Public Schools, RC-L = Residential Care using Locked-Secure Staff, TL = Transitional Living.
*** $p < .01$*

results from comparing black and white youth on parent-specific risk factors.

What the Future Holds

Over the past two years the IDC has completed many activities related to its five stated goals. It has held focus groups to collect data on what participants understand about disproportionality; trained additional volunteers to provide statewide presentations; submitted two grant proposals; compiled presentation materials; drafted an extensive Annotated Bibliography; drafted a Glossary of Terms; maintained and recruited additional members for the IDC and subcommittees; and presented at a number of statewide conferences. However, little research has been done by the IDC examining disproportionality related to youth in out-of-home care. This identified gap led to IARCCA analyzing data collected by its Outcome Measures Project.

Preliminary research conducted by IARCCA has examined the disproportionate representation of Indiana's black youth in out-of-home care. In initial studies, an overrepresentation of black youth was found in all five of the IARCCA member agency program types examined (i.e., residential care programs using public schools, residential care programs using both on-grounds and public schools, residential locked and staff secure programs, transitional living, and foster care). Future research is needed to understand why this level of disproportional representation exists, including identifying the factors that lead to differential out of home placements, and understanding whether changed in any of these would lead to more proportional placements.

Despite the identified disproportionality, outcomes for black youth and white youth were generally similar, suggesting limited disparity. However, some outcome disparities were noted. The greatest outcome disparity was found for the length of placement for youth in residential care programs using public schools, where black youth tended to stay in treatment approximately three

months longer. This is in contrast to youth in residential care programs using on-ground schools, where white youth stayed approximately one month longer. In addition, for youth in transitional living, black youth were employed less frequently. These results are consistent with previous findings on disproportional representation and outcome disparity reported by Hill (2006). Further analyses were conducted to explore whether black and white youth entering care had different risk factors, which could also explain the disparate outcomes. In other words, these initial differences could lead to explaining the disparate results as being related to race or as being related to other reasons. For example, in four of the five program types examined, white youth were more likely adjudicated as delinquent when placed in care. It is possible that black youth who are adjudicated delinquent are frequently placed in more restrictive settings, such as correctional facilities (data that was not available for this analysis). Another example was found in transitional living programs, where black youth more frequently entered care with children of their own. The lower employment rate for black youth in transitional living is possibly related to limited access to appropriate daycare for children.

The overall findings suggest that even though outcomes were generally similar, there was evidence of some level of disparity, at least among individual variables. However, determining that disparate outcomes are due to one variable exclusively, ethnicity was not supported. In fact, the lack of disparity in treatment outcomes suggests that services were provided in a manner to address the individual youth's difficulties. Given this, the findings from the project supported the IDC vision that "children of ALL races and ethnicities are equitably served by Indiana's human service systems." In the future, additional research will continue to address the IDC mission. For example, examining for disproportional placement and disparate outcomes will control for the presence of risk factor differences at admission. In addition, future analyses will include youth from all ethnic backgrounds (e.g., Hispanic youth) to determine if disproportionality and disparity occur for other

groups. And finally, analyses will include data from both systems; child welfare and juvenile justice/corrections to assess the differences noted between youth classified as CHINS and adjudicated as delinquent. Lastly, monitoring placement data across the state of Indiana, and not restricting analyses to organizational members, is suggested to assess the incidence of placement and outcomes for those youth placed into treatment. Although these projects are in the planning stages, they represent a more continuous effort at monitoring outcomes. In so doing, the IDC can monitor trends and address issues that arise regarding disproportional placement and disparate outcomes.

The IDC will use current and future analyses from the IARCCA Project to address all five of its stated objectives. The IARCCA results have increased awareness with presentation audiences, including service providers and the public. The IARCCA results have also been used for policy advocacy efforts by both the IDC Chair and the IARCCA Executive Director, who interact frequently with legislators and discuss these findings. In addition, during the past two years presentations have been provided at the statewide Juvenile Judges Symposium. Results are also shared with professionals to broaden the knowledge base and develop advocacy.

The IDC has faced many barriers, as is common in establishing a working committee. Specific barriers include money and resources, not having the answers, having to confront and acknowledge personal biases, maintaining a statewide presence, little credit for accomplishments, and dealing with a tough emotional topic. Ideas for combating these barriers involve putting everything in writing, so that a written record is created, being persistent in all efforts, over communicating, building on what exists, creating a consistent core group of members regardless of how small, sharing information freely, being mission and vision driven, insisting on a multiracial group, never proclaiming to be the expert, and not allowing ego to get in the way of vision.

Those who have interacted with the IDC have been supportive of its activities and recognize the need for a continued, coordinated

effort to find solutions to problems. There are currently a number of initiatives in the state that are closely related to disproportionality issues. For example, the Indiana Department of Child Services is working on practice reform, reducing caseload sizes and providing more prevention services. And the Indiana Civil Rights Commission is working with the Indiana Department of Education to reduce expulsions and suspensions with children of color. The IDC has established a recent focus on legislation that will create a state commission to develop a plan for the state and the divisions that touch the lives of youth in Indiana. This commission will not replace the IDC, but will complement the IDC as it strives for a more proportional representation of minorities and outcomes for treatment.

The IDC can also continue to use data from the IARCCA Outcome Measures Project to monitor outcomes for potential changes related to their statewide efforts to address the disproportionality of minority youth placed in out-of-home care. The IDC should monitor not only for disproportionality of minority representation in out-of-home placements, but should also continue to monitor for disparity of outcomes (i.e., do black youth and white youth have similar outcomes, or does one group demonstrate poorer outcomes?).

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