## Racial Disparity Indices Report - Part 1 (Statewide)

For Cohorts from CY 2006 through CY 2014

September 2015

DSHS Children's Administration Data Management and Reporting Section

This report¹ briefly summarizes trends in racial disparities for children referred to and placed in foster care by Children's Administration. The indicators reported here reflect an ongoing evolution in our approach to understanding and tracking racial differences in the handling of child welfare cases in our Administration. Guided by the *CA Racial Disparity Working Group*, David Marshall (2011) re-defined race categories, abandoned some old indicators, and developed a series of new indicators, which required a recalculation of all indicators for past years. Therefore, the trends reported from that point on, while similar in their overarching message of racial disparities in the system, are not exactly comparable to the indicators and trends of reports prior to 2011.

Again in 2015 prior years were recalculated (from 2006 on) to account for changes in OFM population estimation methodology, improvements in the way CA classified intakes and placements into region, and CA data cleaning that had occurred since 2011 with regard to race. Also as of the 2015 report, the measure *Group 2: State Trends, DIAI of Children Reunified within 12 Months of Placement* (generally regarded as a positive outcome) was reversed so that, consistent with the other measures, DIAI values > 1 indicate disparity. For this indicator only, DIAI now is defined as *White Rate/Comparison Race Rate*, so that DIAI values > 1 indicate that White children are more likely to be reunified within 12 months of placement than are non-White (or Hispanic White) children. This change should be kept in mind while comparing the graph of this measure to those of past years.

 $<sup>^1</sup>$  This document reflects revisions made to the race categories and earlier draft disparity measures per decisions made by the CA  $Racial \, Disparity \, Working \, Group \,$  chaired by Judy Hall at the meeting of August 17<sup>th</sup>, 2011 and in subsequent communications.

Readers are referred to the following reports for a comprehensive history and explanation of earlier methodologies and corresponding results:

DSHS Children's Administration Technology Services (2014, September). Racial Disparity Indices Report – Part 1 (Statewide), For Cohorts from CY 2006 through CY 2013. Olympia, WA: Washington State Department of Social and Health Services.

DSHS Children's Administration Technology Services (2013, October). *Racial Disparity Indices Report For Cohorts from CY 2006 through CY 2012.* Olympia, WA: Washington State Department of Social and Health Services.

DSHS Children's Administration Technology Services (2012, September). *Racial Disparity Indices Report For Cohorts from CY 2006 through CY 2011.* Olympia, WA: Washington State Department of Social and Health Services.

Marshall, D. B. (2011, September). *Racial Disparity Indices Report For Cohorts from CY 2006 through SFY 2010 or SFY 2011*. Olympia, WA: Washington State Department of Social and Health Services.

Graham, J. C. (2011, January). Washington State Department of Social and Health Services Children's Administration Racial Disproportionality Tracking Report: 2004-2009 (Statewide FamLink Baseline), TECHNICAL REPORT. Olympia, WA: Washington State Department of Social and Health Services.

Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services (2010). *Racial Disproportionality in Washington State: Report to the Legislature*. Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services.

Marshall, D. B. (2009). *Racial Disproportionality Tracking Report*. In Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services (2010), Appendix A. Olympia, WA: Washington State Department of Social and Health Services.

Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services (2008). *Racial Disproportionality in Washington State Child Welfare – Remediation Plan (*Committee Report to DSHS Secretary Robin Arnold-Williams). Olympia, WA: Washington State Racial Disproportionality Advisory Committee and the Department of Social and Health Services.

Miller, M. (2008). *Racial Disproportionality in Washington State's Child Welfare System*. Olympia, WA: Washington State Institute for Public Policy, Document No. 08-06-3901.

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### Rates of Occurrence for Intake and Placement

Most of this report concerns indicators of racial disparity and corresponding indices relative to the population at intake ("DIAI") computed with reference to the expanded racial categories listed below. We cannot report population-based rates of occurrence or disparity indices at this finer level of detail because general population figures from The Office of Financial Management (OFM) are not classified in a way that allows these racial categories to be distinguished as such. However, in this first section we report the rates of occurrence and disparity indices ("DI") for all intakes, screened-in intakes, and placements within one year of intake with reference to more basic racial distinctions (i.e. having just one "multiracial" category).

Those referencing reports prior to September 2011 will be helped to know that the rate of "screened in" referrals herein can be roughly compared to rates of "accepted referrals" in reports prior to September 2011. In contrast, the definition of placement within 12 months of intake was modified more extensively based on Dr. Marshall's further analysis of data patterns (see below), and so the rates cannot be directly compared to those presented in earlier reports.

Please note that in 2015 OFM concluded a multi-year process of revising their methodology for estimating racial composition of the state, and plans for these estimates to be released on an annual basis. OFM race estimates for 2013 were not available as of September 2014, so denominators used for calculations of 2013 rates of occurrence in the 2014 Report were the OFM estimates for 2010, and calculations for 2011 and 2012 were not updated at that time, pending release of OFM estimates for those years. In the current report (2015) these rate calculations all have been updated, and in every case the year of the estimates of the statewide numbers in the denominators corresponds to that of the numerators (the CA metrics).

Also please note that as of the 2014 report our definition of *region at intake* was refined to resolve issues related to use of Statewide Intake –region at intake now is categorized based upon the location of the worker initially assigned to the case.

#### **Metric Definitions:**

Rate of Occurrence (Rate per Thousand):

N children at a decision point ÷ N in the general population x 1000

Disproportionality Index (DI):

Rate of Occurrence (minority) ÷ Rate of Occurrence (Whites)<sup>2</sup>

### Rates of Occurrence and Disparity Indices Definitions:

<sup>&</sup>lt;sup>2</sup> As noted above, for the measure *Group 2: State Trends, DIAI of Children Reunified within 12 Months of Placement* the formula has been reversed so that, consistent with the other measures, DIAI values > 1 indicate disparity.

All Intakes: unduplicated counts of children identified as potential victims in CPS intakes received during the cohort period, whether screened out or screened in, excluding intakes from and investigations of licensed facilities (DLR cases). A small proportion (< 0.5%) of cases identified as DLR at intake are later changed to a CPS case upon investigation; children in these intakes are included in the counts. If children are identified in multiple intakes during the cohort period, the first founded intake is selected<sup>3</sup>; if there are only unfounded intakes, the earliest unfounded intake in the cohort period is selected; if there are only screened-out intakes<sup>4</sup>, the earliest one of those is selected. The intention is to select the most serious of multiple intakes occurring during the cohort period.

Screened-In CPS Intake (as of September 2011 this label is applied to referrals that are both screened in at intake and accepted for investigation): Unduplicated counts of children identified as potential victims in CPS intakes received during the cohort period and accepted for investigation (whether actually investigated or not), excluding intakes from and investigations of licensed facilities (DLR cases). A small proportion (< 0.5%) of cases identified as DLR at intake are later changed to a CPS case upon investigation; children in these intakes are included in the counts. If children are identified in multiple intakes during the cohort period, the *first founded* intake is selected<sup>5</sup>; if there are only unfounded intakes, the *earliest* unfounded intake in the cohort period is selected.

Placement within 12 Months of Intake: Unduplicated counts of children placed from three days before intake<sup>6</sup>, unless the placement episode closes before intake, to 12 months after intake. First, children in intakes are unduplicated as described above; then, the placement episode occurring closest to the date of intake is selected. Placement episodes of any length of stay are counted (unless they end before the intake date). Only screened-in/accepted intakes are included when checking for subsequent placements. These changes plus the change in the unduplication procedure for multiple intakes results in a larger number of children identified as entering placement following an intake, and thus a higher rate of occurrence within 2012 reports and later compared to the placement-after-intake indicator used in our January 2011 report. Rates of occurrence under this new definition are roughly 10%-20% higher than under the old definition. Because the increase was largest for White children, the DI values for minorities have actually declined slightly for most reporting periods. <sup>7</sup>

<sup>&</sup>lt;sup>3</sup> We use founded here as our best proxy of the most serious intake occurring during the cohort period.

<sup>&</sup>lt;sup>4</sup> There has been a substantial increase in the number of screened-out intakes that have been recorded and child information collected on since converting the data system from CAMIS to FAMLINK. This likely explains much of the increase in rates of occurrence for all intakes from 2008 and before to 2009 and after. Since the rates for Whites have increased the most, the DI values for minorities have decreased correspondingly.

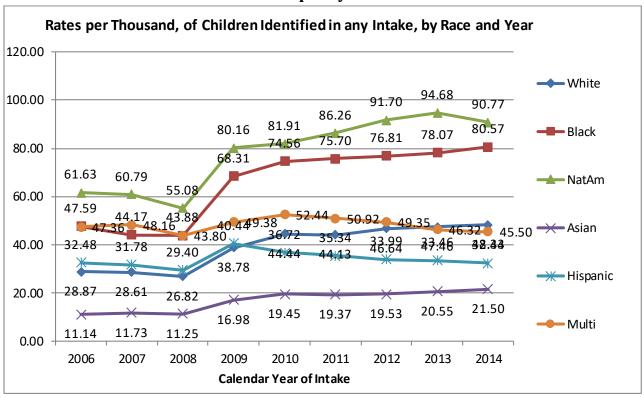
<sup>&</sup>lt;sup>5</sup> Again, we use founded here as our best proxy of the most serious intake occurring during the cohort period.

<sup>&</sup>lt;sup>6</sup> We have found that in practice there are a cluster of cases where there has been an emergency placement, followed by entry of intake information into the system up to a few days later. This is reasonable from the point of view of practice, since the actual incidence date is sometimes difficult to determine, especially for neglect cases. Intake workers are then either not entering an incident date, or simply using the date of intake processing as the 'start' date. In these situations, it would be inappropriate to not count such cases as 'resulting' in placement.

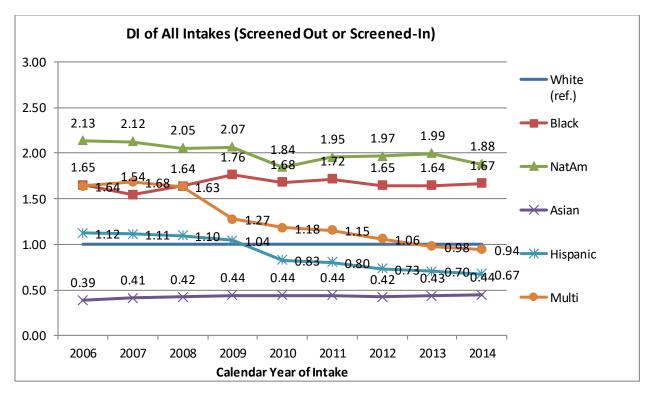
<sup>&</sup>lt;sup>7</sup> We are continuing to refine our definitions of indicators as we learn and take fuller advantage of the more accurate and detailed information available to us in FAMLINK versus our earlier CAMIS data system. This may lead to further changes in our racial disparity indicators in future years.

### **Statewide Rates**

Trends in Rate of Occurrence and Disparity Index for All Intakes

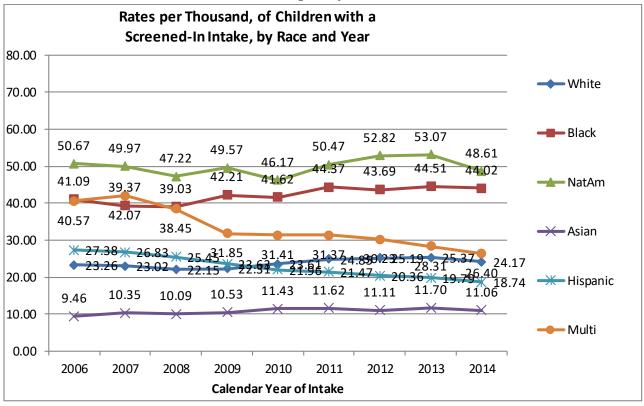


Note: Maximum of vertical axis is set to allow a level comparison with the corresponding table in the 2014 report.

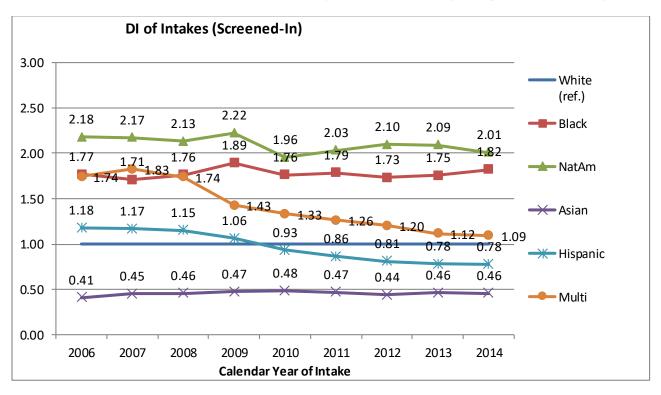


Note: Maximum of vertical axis is set to allow a level comparison with the corresponding table in the 2014 report.

Trends in Rate of Occurrence and Disparity Index for Screened-in Intakes

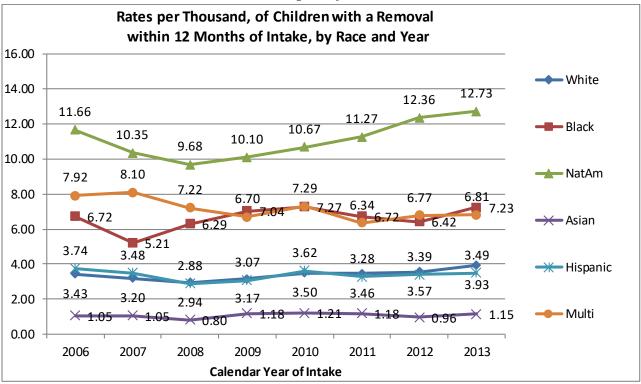


*Note*: Maximum of vertical axis is set to allow a level comparison with the corresponding table in the 2014 report.

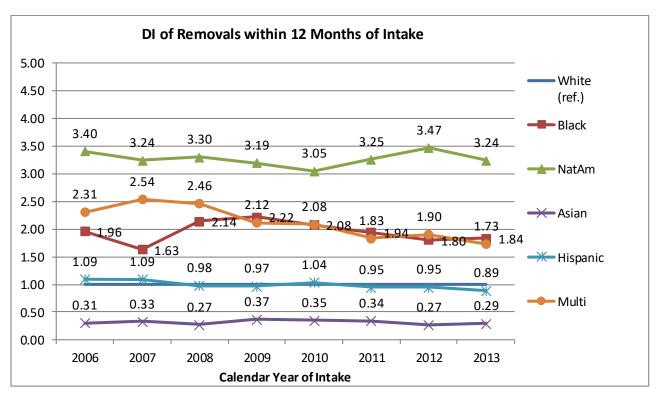


Note: Maximum of vertical axis is set to allow a level comparison with the corresponding table in the 2014 report.

Trends in Rate of Occurrence and Disparity Index for Placement after Intake



Note: Maximum of vertical axis is set to allow a level comparison with the corresponding table in the 2014 report.



Note: Maximum of vertical axis is set to allow a level comparison with the corresponding table in the 2014 report.

## Definition of Indicators and Disparity Index After Intake (DIAI)

Indicators – racial composition compared to composition at intake (all intakes)

**Group 1**<sup>8</sup> – Entry cohort of victims identified at intake, follow-up period of 12 months, annual reporting periods:

Victims identified at Screened-In CPS Intakes (DLR excluded)
Victims in cohort Placed within 12 months of Intake (3 days before to 365 after)

**Group 2** – Entry cohort of children entering placement, follow-up period 12 months, annual reporting periods:

Children *not* initially placed with relatives/kin
Children moved twice or more in their first 12 months in care (initial stability)
Children reunified within 12 months of placement entry

**Group 3** – Children in care during cohort period (exiting or remaining in care), no follow-up period (point in time), 12 month cohort periods:

Children in care for more than 2 years Children moved in their previous 12 months in care (ongoing stability)

### **Example Formula for DIAI (Disparity Index After Intake)**

DIAI plc12m: 'Disparity Index vs. Intake for children placed within 12 months of intake'

DIAI\_plc12m=(N\_plc12m \* N\_intake\_White)/(N\_plc12m\_White \* N\_intake\_total)

### Meaning of DIAI and Rationale for Its Use

The (racial) Disparity Index After Intake (DIAIs) are measures of racial disparity relative to the racial composition of children identified as potential victims in all CPS intakes where child race information was recorded, regardless of whether the intake was screened in (accepted for investigation) or not. This provides a reference point that is closest to the racial composition of the general population, without being restricted to census data. OFM population estimates based on the Federal census are provided every other year; with linear interpolations, we can estimate the racial composition of the general child population annually at best. Since the

<sup>&</sup>lt;sup>8</sup> See previous section on rates of occurrence for details of Group 1 indicator definitions.

magnitudes of the annual changes in racial composition of the population are comparable to the fluctuations we typically see in our performance indicators, lacking a more frequent or accurate estimate of the population means that we cannot tell if changes over periods of less than a year or two are due to changes in *performance* or simply changes in composition of the underlying population. However, for practical monitoring of performance improvements we have found that measuring performance indicators at least as frequently as *each quarter* is desirable from a management standpoint. Using DIAIs gives us the ability to measure performance at *any* frequency, since they are independent of the racial composition of the general population (their reference point is, as stated above, the racial composition at intake, not in the general population).

Using DIAIs to monitor decreases in racial disparity also provides the advantage of factoring out any racial disparity in the source of intakes (i.e. the potential racial bias of *reporters* of child abuse and neglect). While this also is an important factor to consider, it is one over which the agency has little control.

DIAIs generally measure any *increase* in disparity after children are identified in CPS intakes as potential victims, as they move through the intake-screening process and possibly on to stays in foster care. The Disparity Index After Intake (DIAI) is so named in this report to distinguish it from the DIAR of the WSIPP and CA reports previous to September 2011, because we have changed the reference population of these indices from accepted CPS referral to all CPS intakes. The data system conversion from CAMIS to FAMLINK and its related policy and practice changes have resulted in a substantial increase in the demographic and other information collected on all intakes, whether accepted for investigation ("screened in") or not. This change in reference population from accepted referral to all intakes (the denominator of the indices) of course changes the values of the indices. Also, we have changed how we sort children into racial categories, in order to better reflect the actual differences in disparate treatment and outcomes experienced by various types of multiracial children (see below). Finally, we have changed the definition of some of the previously reported decision points, and added new indicators of disparity. For all these reasons, for the September 2011 report DIAI values for the indicators were recalculated back to 2006 to provide an "apples to apples" comparison of changes in disparity over time. The DIAI values reported in that and subsequent reports therefore will not correspond to those of similar indices reported earlier.

Note that for all measurement points, a DIAI value above 1 indicates disparity compared to Whites, *except* for "Children reunified within 12 months of placement entry," for which a value of DIAI *below* 1 indicates disparity.

### **Race Categories**

The following race categories reflect our intention to distinguish single-race children from multi-racial children in our client population without either lumping all multi-racial children together (as in the DI estimates that are based on OFM-based population estimates) or ignoring possible differences between the experience and treatment of multiracial *versus* single-race children (as in the 2008 WSIPP report). At the same time, we cannot (for practical reasons) track very small groups of children. The categories that follow represent those distinctions that the *CA Racial Disparity Working Group* felt are most important to monitor (though, even with these, the numbers of children included for some categories are small, especially for regional data, which results in the corresponding indices being relatively volatile from year to year).

- Native American (just one race indicated)
- Asian/Pacific Islander (just one race indicated)
- Black (just one race indicated)
- White (just one race indicated)
- Hispanic (Hispanics of other than White race only, or Unknown only, are included in the appropriate other categories)
- Multiracial Native American (*any* Native American indicated)
- Multiracial Black (any Black indicated, except Native American)
- Multiracial other (all other combinations, with no indication of Native American or Black)
- Unknown (no races indicated) Not included in the race-based figures below.

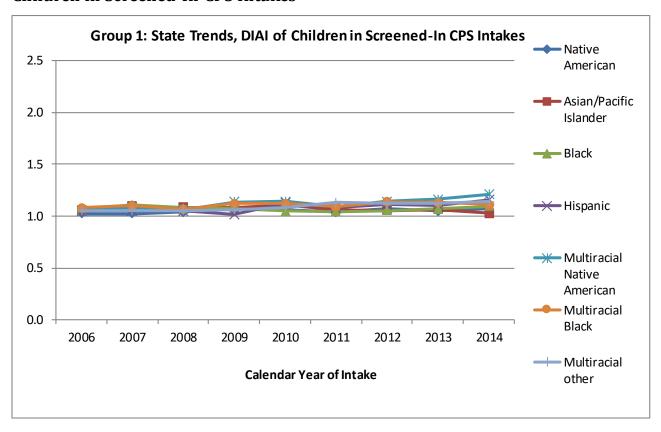
# Example Numbers of Children (CY 2009 cohort), recomputed for 2015 report

	Group 1 Indicators			Group 2 Indicators			Group 3 Indicators	
	All		Placed					Ongoing
	Intakes <sup>9</sup>	Screened	w/n 12	NOT	> 1 m ove	Reunified	In Care	(in)stability
Race Category	(including	In CPS	months	initially	in first 12	w/n 12	> 2	(moved
	screened	Intake	of	placed w/	months	months	years	w/n last 12
	out)		Intake	relatives				months)
Native American	2977	1841	297	179	46	36	340	291
Multiracial Native American	3126	2042	369	249	74	50	403	407
Black	4784	2956	395	321	84	97	436	403
Multiracial Black	2510	1620	267	227	58	77	295	315
Asian/PI	1777	1102	111	80	13	53	49	40
Hispanic	9768	5709	618	451	85	157	576	570
Multiracial other	821	502	62	66	14	23	51	66
unknown	7215	2992	50	53	3	18	9	4
White	38001	21861	2545	1857	445	609	2109	2158
TOTAL	70979	40625	4714	3483	822	1120	4268	4254

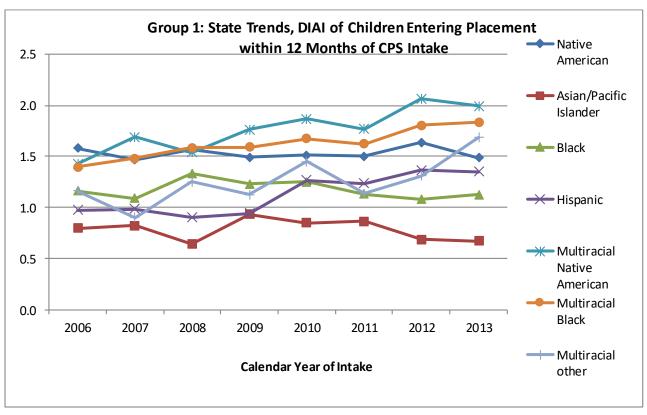
<sup>&</sup>lt;sup>9</sup> All intakes which contained information on one or more potential child victims.

### **State DIAI Trends**

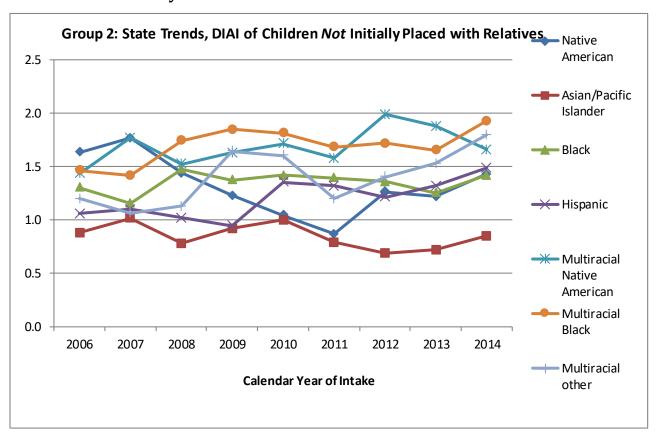
#### Children in Screened-In CPS Intakes



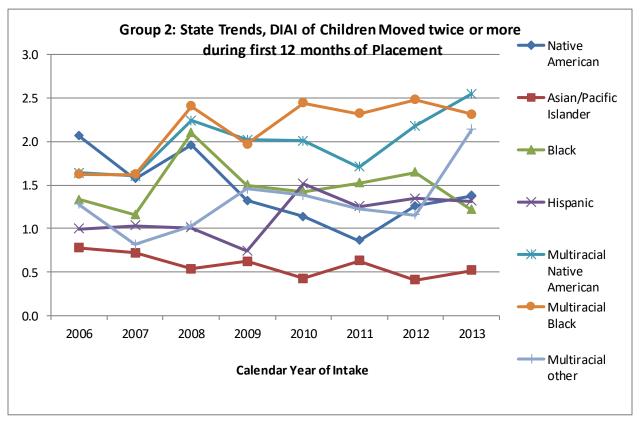
# **Children Entering Placement within 12 Months**



### **Children Not Initially Placed with Relatives**



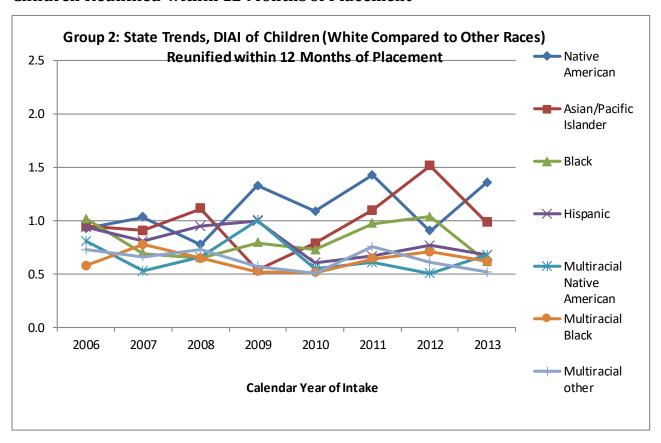
# Children Moved twice or more during first 12 months of Placement



Note: The y-axis has been extended to allow for DIAI values > 2.5.

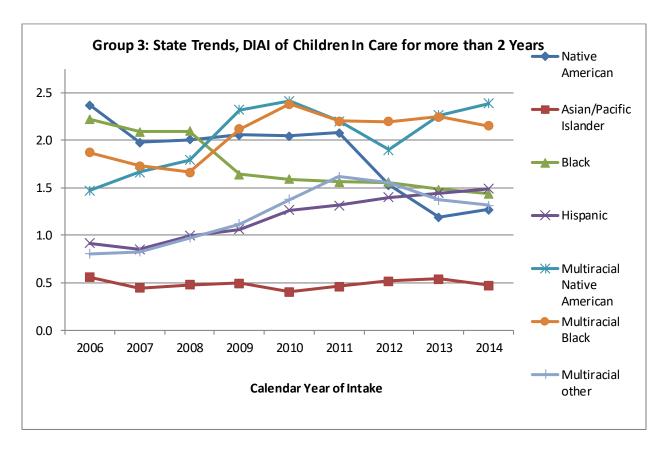
DSHS CA Data Mgt & Reporting Section September 23, 2015

#### Children Reunified within 12 Months of Placement



For this indicator only, DIAI is defined as **White Rate/Comparison Race Rate**, so that DIAI values > 1 indicate disparity, specifically that White children are more likely to be reunified within 12 months of placement than are non-White (or Hispanic White) children (and, correspondingly, that non-White children are less likely to be reunified within 12 months of placement than are White children). With a few exceptions (Native Americans 2009-2011 and 2013), Asian/Pacific Islanders 2012), White children were approximately equally or less likely to be reunified within 12 months of placement than were children of other race/ethnicities.

### Children In Care for more than 2 Years



## Children in long-term care who moved within last 12 months

