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# THE EQUITY TRACER

USING A NEW TOOL TO IDENTIFY SOURCES OF SYSTEMIC RACISM AND INEQUITABLE TREATMENT IN THE CHILD WELFARE SYSTEM

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# PRESENTATION OUTLINE

- What is systemic (institutional) racism?
- What does data have to do with it?
- Digging Deeper: What does inequitable treatment look like in child welfare and behavioral healthcare institutions?
- Introducing a tool to help us understand the lived experience of those we serve.
- Sharing results from an ongoing study using real-world examples
- Recommendations for creating healing systems and advocating for youth.



# WHAT IS SYSTEMIC RACISM?

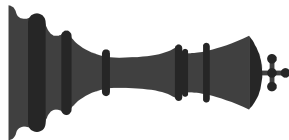
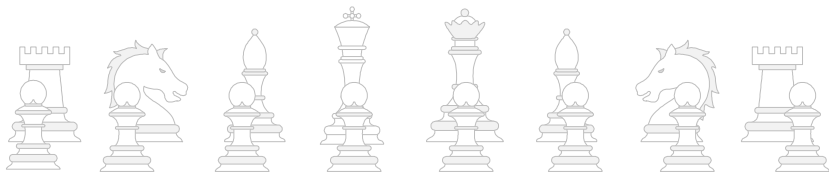
CULTURAL AND SOCIETAL IMPLICATIONS



# SYSTEMIC RACISM VS. INDIVIDUALIZED RACISM

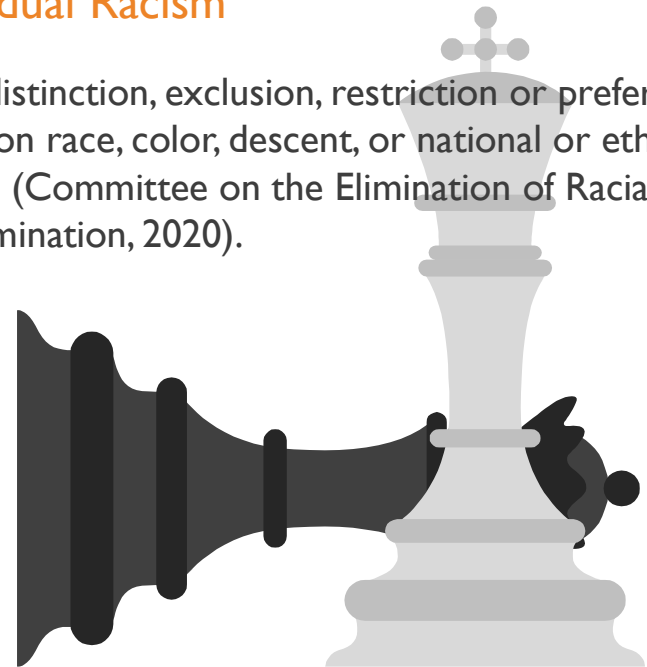
## Systemic racism

- Historical and contemporary policies, practices, and norms that create and maintain oppression or inequitable treatment (The Urban Institute, 2020).



## Individual Racism

- “Any distinction, exclusion, restriction or preference based on race, color, descent, or national or ethnic origin” (Committee on the Elimination of Racial Discrimination, 2020).





## A SYSTEMS PROBLEM (JAMES, 2020)

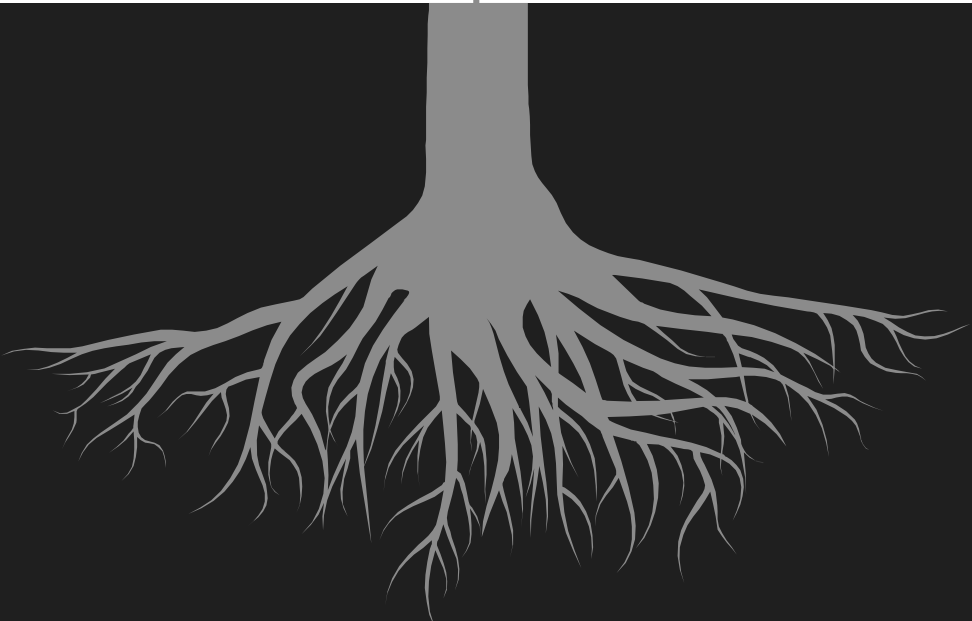
- “Disproportionality and disparities exist for the same populations in most if not all helping systems and institutions.”
- Systems design programs that address individual pathology; this approach maintains and perpetuates disproportionality and disparities for poor and minoritized communities.



**Disproportionality**  
Group A experiences something more/less often than Group B.

**Inequality**  
Group A is treated more favorably than Group B for the same behavior.

**Bias**  
Extrapolating beliefs to all persons belonging to Group B.



Systemic Racism



# Puzzle Break

Put the puzzle pieces together to form the shape of a human face

How long did it take you?



# WHAT DOES MY DATA HAVE TO DO WITH IT?

MEASURING RACIAL DISPARITY OUTCOMES





“75% of youth discharged to their biological families...”

“...65% reduction in symptoms”

“71% of youth graduated...”

“80% of youth improved their CAFAS scores from entry to discharge...”

“...91% satisfaction rate”



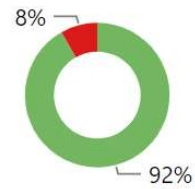
Satisfaction Surveys

73

% Satisfied with Services  
BENCHMARK - 95%

Answer

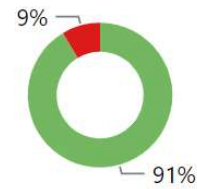
- Yes
- No



% Well-Being Increased  
BENCHMARK - 90%

Answer

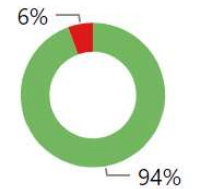
- Yes
- No



% Family Involved  
BENCHMARK - 90%

Answer

- Yes
- No



Discharges

33

Avg Days in Program

792.2

In School at Discharge  
BENCHMARK - 80%

76%

Living w/Family at Discharge  
BENCHMARK - 80%

76%

## WHY USE SUMMARY DATASETS?



Help us to monitor program outcomes “at a glance.”



Tell us how *most people* are faring in our programs.



Allow us to communicate the impact we are having on our communities.



Assist in building predictions of likely success / failure cases.



**Talking Points:** How is your data aggregated?



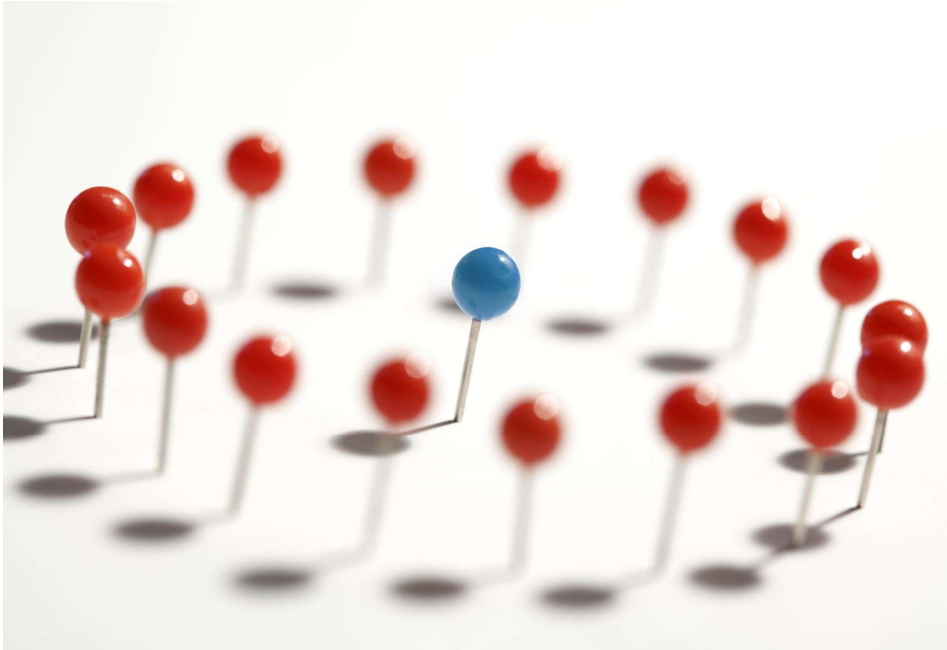
## LOOKING BEYOND AGGREGATED DATA

Overreliance on aggregated datasets and techniques that promote “statistical soundness” doesn’t always tell the whole story.

In fact, doing so may simply reinforce a predominate experience and unconsciously promote biased ideologies (Curley, 2019).

Behind every data point, there is a human being. Social and human service providers must pay attention to individual experiences, particularly unique ones (Wexler, Shaffer, & Cotgreave, 2017).

# DATA HAZARDS



- Often not timely
- “Insignificant” results with small populations
- Datasets can suffer from bias

## EXERCISE: CLASSROOM AVERAGE

We have: A classroom of 5 students, a classroom of 10 students, and a classroom of 15 students. What's the average number of students?

Teacher Perspective:

$$(5 + 10 + 15) = 30 / 3 =$$

10

Student Perspective:

$$(5+5+5+5+5+10+10+10+10+10+10$$
$$+10+10+10+10+15+15+15+15+15+15$$
$$+15+15+15+15+15+15+15+15+15) =$$
$$350 / 30 = \underline{11.67}$$

# POLL

- Where is your organization in its journey to addressing racial equity?





# HOW TO GET STARTED MEASURING DISPARITIES IN DATA

- Disaggregate data! Compare percentages/rates across groups
- Review in regularly occurring meetings



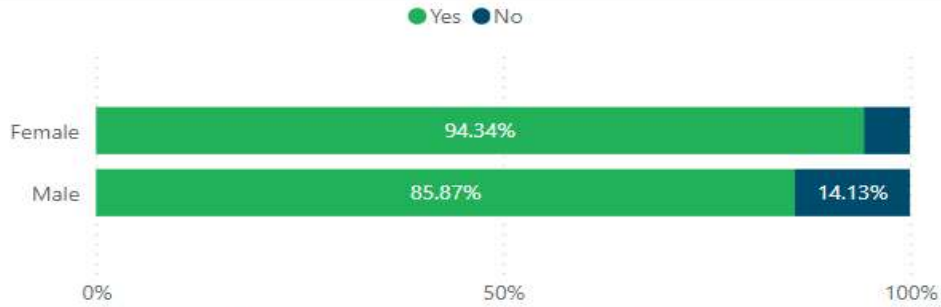
## EX: DISAGGREGATION

	Number Discharged	Incarceration Rate	Length of Stay < 8 mo.	Least Restrictive Placement
White	66	7%	76%	68%
Black/African American	37	27%	51%	54%
Bi & Multi-Racial	26	19%	54%	50%
Latinx	24	21%	64%	58%
Total	153	16%	65%	60%

## EX: DISAGGREGATION WITH HEAT MAP

	Number Discharged	Incarceration Rate	Length of Stay < 8 mo.	Least Restrictive Placement
White	66	7%	76%	68%
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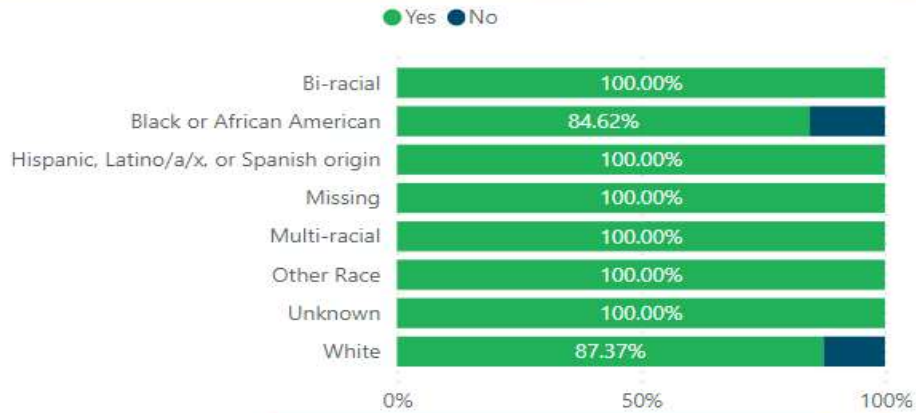
Percent Living with Family by Gender



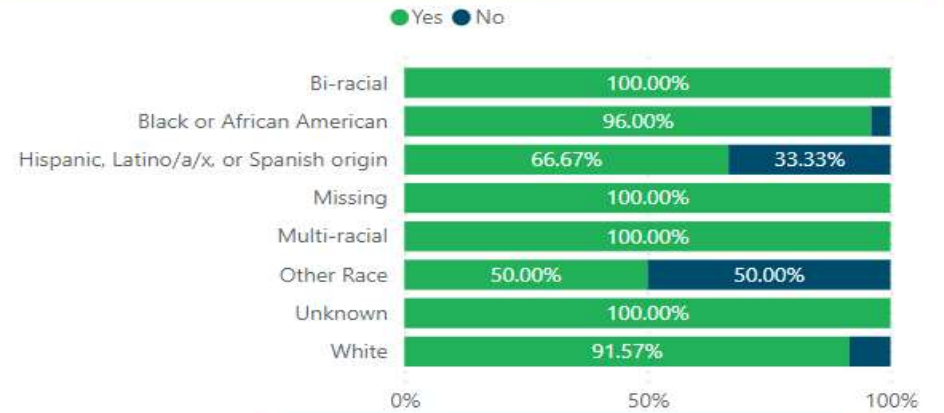
Percent in School by Gender



Percent Living with Family by Race



Percent in School by Race



**Total Living with Family:** 88.97%

**Total in School:** 92.19%

## HOW MUCH DISPROPORTIONALITY EXISTS? CALCULATING RISK RATIOS

- The likelihood of experiencing a negative outcome compared to a certain group or groups of people
- Risk ratios around 1.5 are considered *concerning*, and risk ratios above 2 indicate *significant disproportionality* (Gibbs & Skiba, 2008).

Risk Ratio	Interpretation
1	Precise proportionality
Greater than 1	Over-representation
Less than 1	Under-representation

# DISPROPORTIONALITY CALCULATIONS

Risk Index = Number in Interest Group / Population of that Group

41 BIPOC youth didn't go home / 115 BIPOC youth discharged = .36

43 White youth didn't go home / 200 White youth discharged = .22

Risk Ratio = Risk Index of Interest Group / Risk Index of Comparison Group

Risk Index BIPOC / Risk Index White = .36 / .22 = 1.6

**BIPOC youth are 1.6 times more likely to *not go home* after they leave our programs compared to white youth**



# WHAT DOES INEQUITABLE TREATMENT LOOK LIKE IN CHILD WELFARE AND BEHAVIORAL HEALTHCARE INSTITUTIONS?

COMMON SOURCES OF DISPROPORTIONALITY, BIAS & INEQUITABLE TREATMENT



# COMMON SOURCES OF DISPROPORTIONALITY, BIAS & INEQUITABLE TREATMENT IN BEHAVIORAL HEALTHCARE

SYSTEMS FRAMING	Many systems do not exhibit ecosystemic views, instead focusing on individual maladies or blameful characterizations of youth.	<i>Youth is referred to a more restrictive level of care than records suggest.</i>
FAMILY WORK	Failure to engage families; treating diverse families differently.	<i>Family members are not invited to treatment team or planning meetings.</i>
LANGUAGE	Using stigmatizing or stereotypical language when referring to youth and families.	<i>"He got himself into this situation by making poor choices."</i>
ACCESS	Failure to provide necessary accommodations to ensure proper access to care.	<i>Program does not provide translated copies of important service documentation.</i>
TREATMENT TYPE	Minorities are less likely to receive a diverse range of procedures, and they often experience poorer quality care than others.	<i>Staff restrain youth of color at a higher rate than youth who are white.</i>
WORKING ALLIANCES	White individuals have more favorable working alliances with their providers than individuals who are not white.	<i>Frequent staffing changes over the course of treatment.</i>
TERMINATION OF SERVICES	Minorities discharge to more intensive care than whites, are less likely to discharge to home, and are more likely to have services ended prematurely.	<i>Service provider advocates for continued treatment, but courts terminate services.</i>





**Talking Points:** What has been your experience?



# A TOOL TO HELP US UNDERSTAND THE LIVED EXPERIENCE OF THOSE WE SERVE

THE EQUITY “TRACER”





## OVERVIEW

- Our organization has created goals to promote equity and inclusion.
- However, we needed a resource to help us develop awareness of our current practices.
- We developed a “tracer” tool to see what was happening to those we serve, and how they were being treated.

# EQUITY TRACER

## Indicators of Bias or Inequitable Treatment

	No Evidence	Some Evidence	Significant Evidence	Unable to rate
	0	1	2	3
<p><b>1. Systems Framing:</b> Why was the youth referred or adjudicated to treatment? Did the youth's behavior or needs reflect the assigned level of care? How did previous stakeholders view the youth and explain the case history?</p> <p>Notes:</p>				
<p><b>2. Family Involvement:</b> Did the program make significant effort to include family members into the treatment process? Did staff exclude family members for any reason? Did any family members express feelings of mistrust or complain about unequal treatment?</p> <p>Notes:</p>				



TRACER “SCORING”

# EQUITY TRACER: STEPS



## Record Review

Review individual records, case notes, intake documents, etc. for evidence of bias or inequity.



## Discuss


Review with program staff to validate information and ascertain the context of the individual case.



## Improve

Use findings to improve processes, procedures, or decision making.





# SHARING RESULTS FROM AN ON-GOING STUDY USING REAL-WORLD EXAMPLES

PILOT STUDY RESULTS



## CASES REVIEWED

**22 tracers** completed



PA

MD

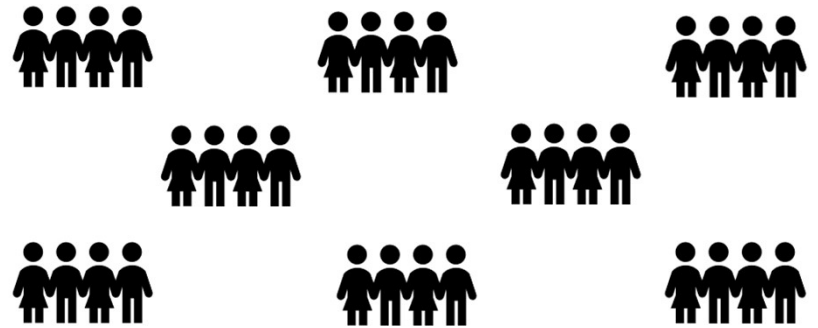
WV



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All tracers on non-white individuals indicate some *potential* evidence of structural racism

100%



## EXAMPLES

- Youth ordered to residential care facility, citing poor grades and inappropriate behavior at school  
(*Systems Framing*)
- School refusing to change meeting times to accommodate mother's work schedule  
(*Family Involvement*)
- “Thug” and “gang-like” used to describe a youth with no history of criminal behavior  
(*Language*)
- Teen making substantial progress, moved to juvenile detention despite provider support  
(*Termination of Services*)

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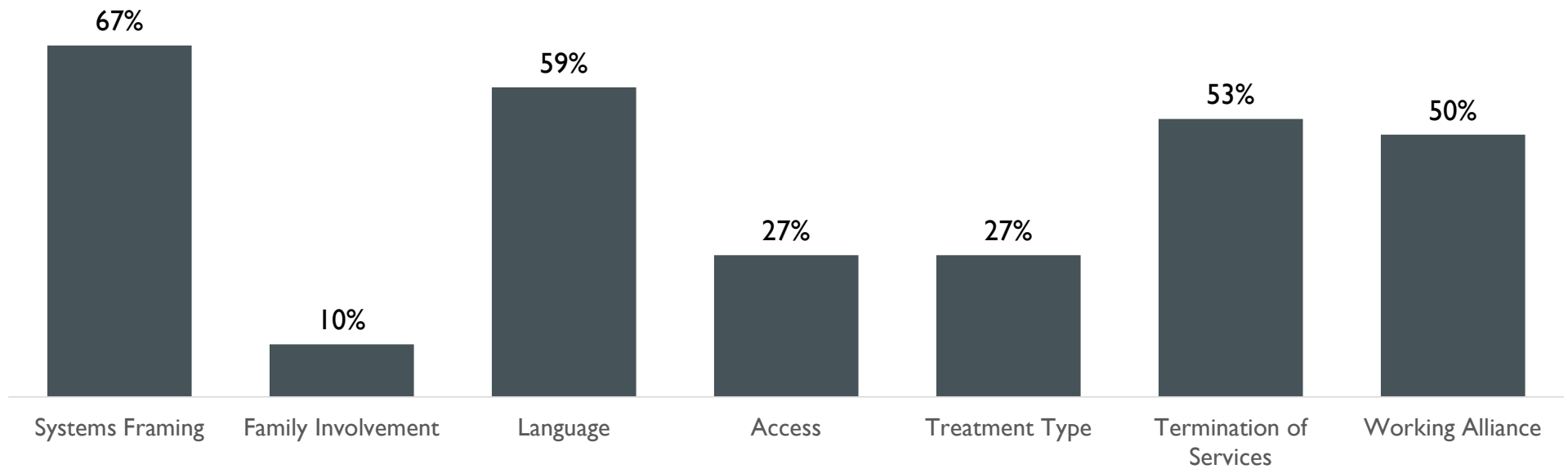
On average, two sources were identified for white individuals, and **three sources were identified for non-white individuals.**





## Sources of Bias or Inequity

% of individuals with potential evidence by tracer category



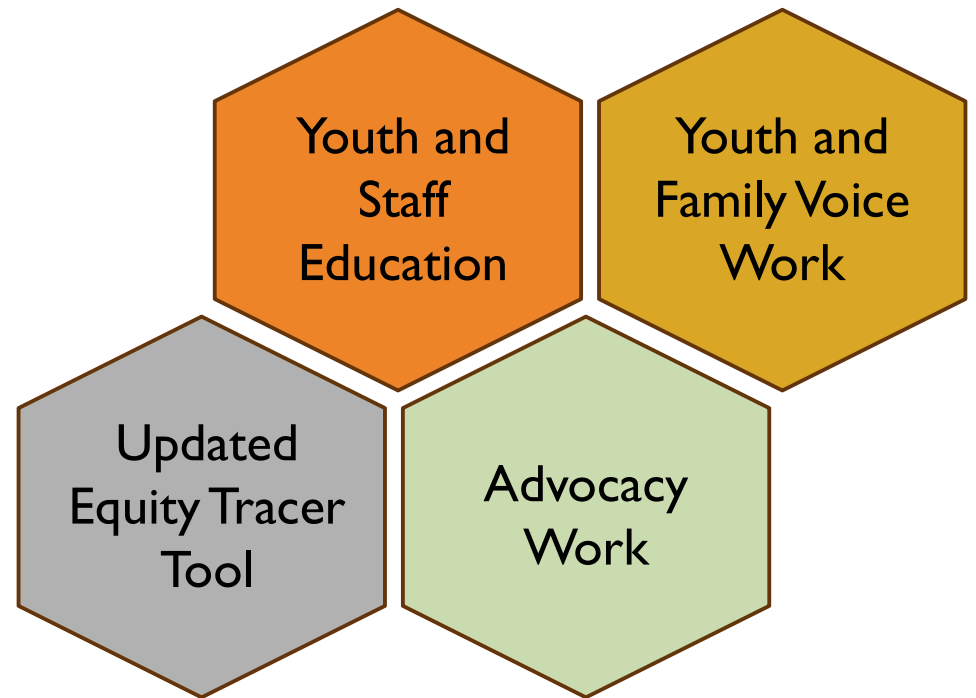


# RECOMMENDATIONS FOR CREATING HEALING SYSTEMS AND ADVOCATING FOR YOUTH

A DISCUSSION



## WHAT HAVE WE DONE SO FAR?



## WHAT HAVE WE DONE SO FAR?

### Youth and Staff Education

- Movie Night Educational Series
- Anti-defamation League Lesson Plans
- Include systemic racism and inequity when processing underlying causes of behavior with youth
- Staff meetings focusing on sources of inequity for staff and youth

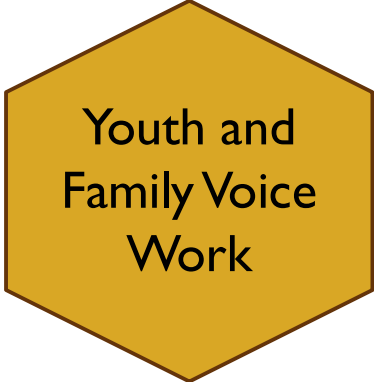


Youth and  
Staff  
Education

## WHAT HAVE WE DONE SO FAR?

### Youth and Family Voice Work

- Focus Groups with youth and foster parents regarding discrimination
- Re-focusing organizational outcomes on what is most important to our youth and families



Youth and  
Family Voice  
Work



## WHAT HAVE WE DONE SO FAR?

### Advocacy Work

- Initiate conversations with outside systems regarding inequity that we've witnessed
  - Courts/Judges
  - Juvenile Probation Officers
  - State MCOs



## WHAT HAVE WE DONE SO FAR?

### Updated Tracer Tool

- Expand the types of inequity that we look for the in the tracers
  - LGBTQIA+
- Begin doing more tracers and expanding their program reach



Updated  
Equity Tracer  
Tool

WHAT CAN YOU DO?



<b>A</b> ction
<b>C</b> hanges
<b>T</b> hings

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## QUESTIONS OR FURTHER DISCUSSION?

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