

THE COMMISSION ON DISPROPORTIONALITY IN YOUTH SERVICES

---

Findings & Recommendations

Cowardice asks the question, is it safe?  
Expediency asks the question, is it polite?  
Vanity asks the question, is it popular?  
But conscience asks the question, is it right?  
And there comes a time when one must take a position that is  
Neither safe nor polite nor popular  
But one must take it, because it is right!

Dr. Martin Luther King, Jr.

October 15, 2008

## Table of Contents

<i>Commission on Disproportionality in Youth Services</i> .....	3
<i>Letter From Co-Chairs</i> .....	4
<i>Executive Summary</i> .....	6
<i>Introduction</i> .....	8
Commission Mandate.....	8
Process .....	8
Outreach Efforts .....	9
Indiana’s Strengths .....	10
The Intersection: Child Welfare, Education, Juvenile Justice and Mental Health .....	13
<i>Vision</i> .....	15
<i>Mission</i> .....	15
<i>Recommendations</i> .....	16
Overarching Recommendations .....	16
Child Welfare.....	23
Education.....	30
Juvenile Justice.....	47
Mental Health .....	56
<i>Conclusion</i> .....	61
<i>Bibliography</i> .....	63
<i>Appendices</i> .....	72
Appendix 1: Glossary of Terms.....	72
Appendix 2: Commission Legislation .....	80
Appendix 3: Commission Appointments Pursuant to the Legislation .....	82
Appendix 4: Public Forum and Stakeholder Activity Schedule.....	84
Appendix 5: Commission Sub-Committees .....	87

## Commission on Disproportionality in Youth Services

Ms. Angela Green, Co-Chair	Indiana Department of Child Services
Dr. Michael Patchner, Co-Chair	Indiana University School of Social Work
Ms. Rhonda Allen	DCS Marion County Office Director
Sen. Ron Alting	Indiana Senate
Ms. Clara Anderson	Children's Bureau, Inc.
Judge Mary Beth Bonaventura	Lake Superior Court
Dr. Donald Brake	Saint Mary's Family Practice Center
Sen. Jean Breaux	Indiana Senate
Ms. Rebecca Buhner	Indiana Division of Mental Health and Addiction
Rep. Bill Crawford	Indiana House of Representatives
Mr. Dallas Daniels	Indiana Department of Education
Rep. Sean Eberhart	Indiana House of Representatives
Mr. Gregg Ellis	Child Advocates, Inc.
Ms. Renae Azziz	Virtuoso Education Consulting
Mr. James Garrett	Indiana Commission on the Social Status of Black Males
Mr. Bill Glick	Juvenile Justice Task Force
Ms. JauNae Hanger	Waples & Hanger Attorneys at Law
Mr. Peter Haughan	Marion County Prosecutor's Office
Ms. Julia Hyndman	Fort Wayne Community Schools
Ms. Nancy Jewell	Indiana Minority Health Coalition
Ms. Tanya Johnson**	Indiana Criminal Justice Institute
Dr. James Kenny	Psychologist, Foster and Adoptive Parent
Ms. Barbara Malone	Indiana Civil Rights Commission
Ms. Pam McConey	National Alliance on Mental Illness of Indiana
Mr. Kevin Moore*	Indiana Department of Corrections
Ms. Geneva Osawe	Family Matters Institute
Dr. Russell Skiba	Indiana University Center for Evaluation and Education Policy
Ms. Cookie Purvis	Indiana Foster Care and Adoption Association
Mr. Adolfo Solis	Hispanic/Latino Affairs Commission
Ms. Erika Stallworth	LaPorte County Juvenile Services
Mr. Roderick Wheeler	Central Indiana Community Foundation

\* Represented by Ms. Kellie Whitcomb, Department of Correction

\*\* Represented by Ms. Jennifer Darby and Ms. Ashley Barnett, Indiana Criminal Justice Institute

### Research Consultants:

Dr. Jacquelyn F. Green, Green Enterprizes

Ms. Charlene Hederick, Hederick Partnerships, LLC

### Staff:

Mr. Rodnie Bryant, Indiana Department of Child Services

Ms. Kimberley Hinds, Indiana Department of Child Services

Ms. Margie Lee-Szymanski, Sequoia Consulting Group

Mr. Rob Schneider, Indiana University School of Social Work

Website: <http://socialwork.iu.edu/site/indexer/1598/content.htm>

## Letter From Co-Chairs

The Commission on Disproportionality in Youth Services was created by the 2007 Indiana General Assembly (P.L. 234-2007) and appointed by the Governor, Senate, and House of Representatives. After 10 months of work, the Commission is pleased to present this report to the citizens of Indiana.

This Commission was formed to develop and provide an implementation plan to evaluate and address disproportionate representation of youth of color in Indiana's child welfare, education, juvenile justice and mental health service systems. The Commission performed its work with one goal in mind – to provide a roadmap for the state's leaders to advance efforts to ensure that all children can thrive, with the specific emphasis on children of color. From its initial meeting in January 2008, the Commission was committed to the highest degree of transparency possible. The Commission established a web page, <http://socialwork.iu.edu/site/indexer/1598/content.htm>, where the dates and locations of upcoming meetings were posted, as well as the minutes of Commission meetings and its four working committees.

In an effort to ensure as many people as possible could participate in the Commission's work, a series of public forums and stakeholder meetings were held across the State to gather citizenry input from rural and urban areas. Public forums provided an opportunity for youth, parents and community-based advocates to share personal experiences and make suggestions for change. Stakeholder meetings enabled professionals from all four disciplines (including judges, attorneys, foster parents, educators, providers of child welfare, mental health and addiction services, medical professionals and clergy) to share best practices, resources and ideas for addressing disproportionality issues in Indiana. More than 500 people participated in one or more of these events across the state. All were generous in sharing their thoughts and expertise, and their contributions were significant in shaping the direction and scope of this report.

After the Commission developed its first draft of recommendations, another state-wide public forum was held at the same locations via a live internet broadcast and the public had an opportunity to make comments on these recommendations. In addition, all stakeholder and public forum participants were sent the draft recommendations by email and were invited to submit comments in writing.

This critical review of existing practices and necessary supports to address disproportionality concerns is meant to provide statewide strategies that will ensure the continual development of timely, appropriate, and culturally responsive services for young people of color. It has been an honor and a privilege to participate in such a worthy cause, with a diverse team of youth and adults determined to improve both the potential and possibilities for youth of color throughout Indiana.

It has been a privilege to serve as Co-Chairs of the Commission and to lead its efforts. We personally want to thank everyone who was involved in the work of the Commission and we are grateful to the public who served to remind us of the critical work we were undertaking. We are pleased with this report and the work of the Commission.

The next step is for policy makers, legislators and service providers to implement the recommendations of the Commission. Indiana's youth deserve the best and we believe by implementing the recommendations of this report they will be better served.

We look forward to watching the Commission's recommendation come to life and lead to meaningful changes in the lives of Indiana's youth of color.

Sincerely,

Angela Green, MSW, Co-Chair, Indiana Department of Child Services  
Michael A. Patchner, Ph.D., Co-Chair, Indiana University School of Social Work

## Executive Summary

Legislation by the Indiana General Assembly in 2007 created the Commission on Disproportionality in Youth Services “to develop and provide an implementation plan to evaluate and address disproportionate representation of youth of color in the use of youth services in juvenile justice, child welfare, education and mental health services.” The Commission was to report to the Executive and Legislative branches originally by August 15, 2008, a deadline later extended to October 15. Thirty-two commissioners were appointed by the Governor, Speaker of the House, and President Pro Tempore of the Senate to carry out the legislation’s charge.

The Commission approached its charge by first asking what is the extent of disproportionality in youth services in Indiana? And secondly, what evidence-based, best/promising practices are there to eliminate or significantly reduce disproportionate representation? Finally, why do disproportionality and disparity occur? Any serious attempt to identify solutions will consider all three questions.

An analysis of the currently available data tells us that there is over- and under-representation of youth of color in Indiana’s child welfare, education, juvenile justice, and mental health systems. This is manifested in the way decisions are being made about youth of color at initial contact points and throughout the different stages of cases in all systems. How decisions are made results in disparities in the dispositions of cases. Some examples of data demonstrating disproportionality and/or disparate outcomes in the four systems are:

- African Americans are over-represented in foster care, comprising approximately 28% of those in care in Indiana, even though they constitute 8.9% of the state’s youth population. Latino youth are slightly over-represented, comprising 5% of the foster care population, compared with 4.3% of the general youth population. (Indiana Department of Child Services ICWIS Year End Reports, 2005)
- African American students are 3.4 times more likely than White students to be suspended out-of-school and over twice as likely to be expelled. Native American, Latino, and Multiracial students are also over-represented in statewide rates of out-of-school suspension (IDOE, Suspension/Expulsion Report 2006-07)
- African American youth are 2.64 times more likely to be arrested than other youth and .52 times less likely to be diverted to alternative programs than other youth. (Skiba, R., Rausch, K., Abbott, D., & Simmons, A. 2007).
- Youth with undiagnosed or misdiagnosed mental health challenges are more likely to experience school expulsions, juvenile detention, or placement in other settings that may be unresponsive to their needs. African Americans tend to be over-represented in each of the situations described above, yet are under-represented among those obtaining mental health services. (NAMI, 2007. African American Community Mental Health Fact Sheet).

The Commission sought input by listening to more than 500 individuals and organizations across the state, in addition to conducting research of the literature and analyzing state and national programs for best/promising practices. These recommendations reflect a process that was inclusive of a wide range of perspectives. Every effort was made to ensure that the views of those who participated at public forums and numerous stakeholder meetings received consideration in the final recommendations and plans of the Commission.

After months of intensive work, the Commission is making these recommendations to the Governor and the General Assembly in order to create an environment in our state where every child will receive appropriate and culturally-competent services that are delivered in a timely manner, devoid of racial and cultural bias and respectful of the rights of all youth and parents who are in need of services and care.

The recommendations of the Commission address specific programs and practices in each system as they currently exist. They also present challenges for those systems to do things differently for the good of children. Extensive consideration was given to issues that applied across all disciplines, because disparate impact in one area can increase the risk of a child's contact with another. So, in addition to recommendations specific to each discipline, several overarching recommendations are included. The complete list of the Commission's recommendations can be summarized in these broad categories:

- Data-driven, objective decision making in a culturally competent manner at all decision points and interactions with youth.
- Standardized, disaggregated race-specific data collection that instills system accountability and responsiveness to youth of color.
- Cultural competency training and systemic responsiveness to the needs of youth.
- Diverse and bi-lingual workforce reflecting the youth populations being served.
- Provision of timely, evidence-based services to keep youth of color in home and in school, and prevent their contact with other more restrictive systems.
- Child-serving agencies using best/promising practices that eliminate disparities in treatment and provision of services for the youth they serve.
- Inter-agency, intra- and cross-system coordination and collaboration to implement recommendations.
- Provision of sufficient resources to implement and sustain programming.

Much work lies ahead to meet the challenges before us. The well-being of our children demands no less. This report constitutes a beginning toward achieving a state where children of color thrive.

# Introduction

## *Commission Mandate*

The Indiana Commission on Disproportionality in Youth Services was established in Public Law 234-2007. The purpose of the commission is to develop an implementation plan to evaluate and address disproportionate representation of youth of color in Indiana's juvenile justice, child welfare, education and mental health service systems (see Appendix 2, Commission Legislation).

Commissioners were appointed by the President Pro Tempore, the Speaker of the House and the Governor with the legislative mandate to meet the following responsibilities (see Appendix 3, Commission Appointments Pursuant to Legislation):

- Review Indiana's public and private child welfare, juvenile justice, mental health, and education service delivery systems to evaluate disproportionality rates.
- Review federal, state and local funds appropriated to address disproportionality.
- Review best practice standards addressing disproportionality.
- Examine the qualifications and training of youth service providers and make recommendations for training curriculum and other necessary changes.
- Recommend methods to improve use of available public and private funds.
- Provide information about unmet needs and make recommendations to develop resources to meet identified needs.
- Suggest policy, program and legislative changes related to youth services to accomplish the following:
  - Enhancement of the quality of youth services.
  - Identification of resources to promote change to enhance youth services.
  - Reduction of the disproportionality in the use of youth services by youth of color.
- Preparation of a report of the commission's findings and recommendations, and the presentation of an implementation plan to address disproportionate representation of youth of color.

## *Process*

Commission members started working in January 2008. Under the leadership of Co-Chairs Michael Patchner and Angela Green, the Commission on Disproportionality in Youth Services met monthly as a collective. To surmount the magnitude and complexity of the responsibility, the Commission organized into four subcommittees: Child Welfare, Education, Juvenile Justice, and Mental Health. Each subcommittee, led by two co-chairs, expanded to include community participants to assist in examining disproportionality issues and typically met twice per month. The subcommittees reviewed funding, best practices, training needs and unmet needs in their designated areas. Critical findings, trends and areas of significance were reported at the

Commission meetings. Co-chairs frequently participated in additional meetings, as a group, to coordinate the process. Due to the extent of outreach activities desired, an additional group, the Stakeholder Subcommittee was formed to focus on broad community outreach. To promote transparency and public access to the Commission's work, meeting notices, agendas and minutes were posted at the Commission website: <http://socialwork.iu.edu/site/indexer/1598/content.htm>.

### *Outreach Efforts*

The Commission recognized immediately that its charge could not be fulfilled without the active engagement of professional stakeholders from each discipline and of youth and families affected by the systems being examined. To secure as much stakeholder and public input as possible, the Commission planned and executed a number of outreach activities (See Appendix 4, Commission Events and Public Participation).

- Subcommittees held a series of stakeholder meetings, both statewide and community-focused.
- The Commission held eight public forums at seven locations across the state.
- All public forums were web-cast live then posted on the Commission's website. One was televised on the local government cable television station in Marion County.
- Attendees of stakeholder meetings and public forums were invited to participate in a statewide interactive teleconference, which followed the first release of the draft recommendations.
- Media and marketing efforts included radio appearances, press releases and meetings with public and private groups.
- Commission members made presentations or exhibited displays at state and local conferences such as IARCCA, an Association of Child and Family Services; Indiana Black Expo; and the Indiana Council of Community Mental Health Centers.

Realizing that the Commission's efforts were having limited success in reaching some critical groups, special outreach efforts were made to insure their inclusion:

- Three youth forums were held to secure young people's perspectives.
- Foster parents were surveyed to add their knowledge and experience (results posted on website).
- The full Commission held a special stakeholder meeting for Latino citizens.
- Latino/Hispanic attendees were surveyed at the Indiana State Fair (results posted on the Commission's website)
- A special public forum was held in a community church in an effort to engage the faith community.
- The faith community received invitations to both stakeholder and public forums.
- Psychologists who serve foster children were surveyed.
- American Sign Language and Spanish interpreters were present at public forums.

At all of these junctures, stakeholders and public forum attendees were invited and encouraged to provide written or verbal feedback on the Commission's draft recommendations.

## *Indiana's Strengths*

Research for this report has revealed that Indiana has taken significant steps toward understanding and addressing disproportionality and disparities in systems that directly affect youth of color. Although some practices and reforms were not put in place to specifically address disproportionality, they are recognized by national authorities as efforts that show promise for addressing the issue.

The 2004 report, "Putting Children First, Recommendations from the Indiana Commission on Abused and Neglected Children and Their Families," encouraged the immediate implementation of efforts to address over-representation of children of color in the child welfare system. In December of that same year, the Indiana Disproportionality Committee (IDC) began a process for ongoing examination of this issue, which included collaboration with key stakeholders and legislative offices; presentations at workshops and conferences; creating, sharing and updating an annotated bibliography; development of a survey to assess cultural competency training practices; development of Indiana Cultural and Linguistically Appropriate Training Standards (CLAT); and development of a publication, "Addressing Disproportionality: A Collaborative Community Approach." From the beginning, key collaborators in IDC included the Department of Child Services and the Indiana Criminal Justice Institute. The work of that committee provided the foundation for the Commission on Disproportionality in Youth Services.

The Department of Child Services (DCS) has implemented major changes in organizational structure, programs, services and practices to provide more effective services to youth and families. A significant change was the legislation that created a separate department, the Department of Child Services in 2005 to give specific emphasis to the unique needs of children in Indiana. Specific changes initiated by DCS include increased emphasis on prevention, early intervention and community-based, family-focused services initiated consistently across the state. Additional funding has been provided to increase the number of case-managers who are able to deliver timely services more efficiently. DCS has also worked to initiate more efficient standards for record keeping and data collection.

DCS and the Division of Mental Health and Addiction (DMHA) have initiated a statewide, routine mental health screening, assessment and treatment initiative for children in the child welfare system. In January 2005 this initiative received three years of funding from the Indiana Criminal Justice Institute Office of Juvenile Justice Delinquency Prevention (OJJDP) formula grant.

Indiana's DMHA has undertaken an initiative to transform the way mental health and addiction services are delivered throughout the state. A major focus of these transformation activities has been to obtain full participation of families and consumers in the development, delivery and evaluation of mental health and addiction services. Among many topics, emphasis has been given to integration of primary health and mental health/addiction, anti-stigma information targeted to adolescent and culturally

appropriate and competent service provision. An additional transformation activity has addressed the need for behavioral health assessment of youth using the Child and Adolescent Needs and Strengths Assessment (CANS), a standardized assessment tool that can be implemented across the multiple child-serving systems in the state. The CANS was adopted in 2004 by a multi-disciplinary team representing Indiana's child welfare, juvenile justice, mental health, and education systems as well as academia and consumers of services. This team recognized that children with behavioral health needs are identified and served through many child-serving systems. The decision to recommend the CANS for cross-system use was later confirmed by a sub-committee of the Juvenile Justice Commission and the cross-system work group that developed Indiana's Social, Emotional and Behavioral Health Plan recommendations which were submitted to the Board of Education and the Mental Health Commission in 2007. Statewide implementation of the CANS began with DMHA behavioral health providers in 2007. In January 2008, DCS required that residential providers begin using the CANS.

DMHA has led the development of systems of care teams in many counties throughout Indiana, providing community-based, wrap-around mental health services for youth and families. The state has established a collaborative statewide process to develop an Early Childhood Comprehensive Systems (ECCS) plan to improve resource coordination among key stakeholders and develop partnerships for training and technical assistance.

Indiana is one of only a few states that received approval for the Home and Community-Based Waiver (Title IV-E), which allows flexible spending for the option of more intensive services. These efforts have enhanced family reunification and preservation outcomes. Indiana has also implemented an early identification and intervention program to screen and assess treatment needs of children entering the child welfare system. Indiana's Community Alternative to Psychiatric Residential Treatment Facility Medicaid Demonstration Grant is a 5-year grant that will help the state develop intensive community-based services for youth residing or eligible for admission into a Psychiatric Residential Treatment Facility (PRFT).

The IARCCA Outcomes Project released a special report on disproportionality in 2007 that reviews outcomes for youth in out-of-home placements by race, gender and age.

Indiana Black Expo released reports on the State of the Black Youth in 2005 and 2008, which delineate the status of African American youth in communities with dense African American populations.

A statewide pilot project funded by the Indiana Criminal Justice Institute (ICJI) was launched in 2008 in six counties--Marion, Lake, Bartholomew, Johnson, Clark and Porter--to address the need for systematic, routine mental health screening, assessment and treatment of children entering the juvenile justice system through detention. This mental health initiative allows for more timely identification and interventions with youth in the juvenile justice system, and the collection and assessment of prevalence data aggregated by race and gender for youth at key entry points.

Marion County is one of approximately 100 sites nationally to become an Annie E. Casey Foundation Juvenile Detention Alternatives Initiative (JDAI) site. JDAI is a collaborative, data-driven effort to bring about juvenile detention reform. Now in its third year, Marion County has decreased detention admissions by 60%, average daily population by 40%, and probation violation admissions by 25%. Marion County has also developed and piloted a validated Risk Assessment Instrument (RAI) and a collaboratively-based reception center to divert low risk offenders from the juvenile justice system. Reducing racial disparities and disproportionality is a cornerstone objective of the initiative.

In 2007, ICJI funded a study by the Center for Evaluation and Education Policy (CEEP) to analyze data extracted from the QUEST case management system from seven Indiana counties to determine racial/ethnic representation at eight key decision points in the juvenile justice system. These seven counties represent 70% of the youth of color in Indiana. This report confirms that over-representation of Black youth at arrest is a strong contributor to Disproportionate Minority Contact (DMC) in Indiana.

The Indiana Supreme Court Commission on Race and Gender Fairness held a diversity summit in 2005 and issued a report with recommendations that address recruitment and retention of people of color in the judicial system; the impact of race, ethnicity and gender in the criminal justice system; language and cultural barriers in the legal system; and racial/gender issues in civil, domestic and family law. Over the last several years, the Commission has implemented a Certified Court Interpreter program for Indiana Courts and promoted policies that address cultural and linguistic barriers in the courtroom.

One area in which there has been a most consistent and advanced effort in Indiana is addressing disproportionality in special education. In 1997, Congress added provisions to federal special education legislation that required states to monitor disproportionality. The Indiana Department of Education Center for Exceptional Learners developed a state response to those provisions in collaboration with the Equity Project at Indiana University. That collaboration resulted in a system for monitoring the extent of racial and ethnic disparities and criteria for identifying disproportionality in school corporations. The collaboration resulted in a statewide program, the Local Equity Action Development (LEAD) project to address disproportionality at the local level. Ten school corporations across the state have participated in that effort, and the districts with the highest levels of involvement have reduced disproportionality by as much as 20%. More recently, as federal regulations have continued to focus on disproportionality, Indiana has developed criteria for identifying school corporations with significant disproportionality and, in conjunction with the Equity Project, is providing technical assistance to help school corporations address disproportionality at the local level.

The Indiana Civil Rights Commission's Education Steering Committee began working in 2006 to develop public policies that ensure equal opportunity in education for all students. The focus of the Education Steering Committee is to find ways to reduce racial/ethnic/disability disparities in school-administered discipline; reduce the number

of school-administered suspensions/expulsions overall; and reduce the number of school discipline referrals overall.

The Indiana Commission on the Social Status of Black Males continues to address the challenges and disproportionality confronting African American males while trying to aid in decreasing the problems they face in the areas of criminal justice, education, employment, health, and social factors. This Commission has partnered with elected officials, community leaders, policy makers and the faith-based community to resolve issues in these focus areas. This Commission also partners with the nine local Commissions across the state of Indiana addressing concerns of African American males.

The above discussion provides an overview of recent efforts made within Indiana's child-serving systems to build capacity in the provision of services for children, and these initiatives show promise as building blocks toward a comprehensive effort to reduce or eliminate disparities for youth of color. Even so, many of these programs and services are still inconsistently available throughout the state, and most are recent initiatives that must become sustained and expanded as outcomes are validated.

### ***The Intersection: Child Welfare, Education, Juvenile Justice and Mental Health***

While the Commission's charge was to examine disproportionality in four distinct areas of youth services, one of the most notable findings concerns the degree to which these systems overlap.

- African Americans are over-represented in the foster care system, constituting 28% of out-of-home placements though only 8.9% of the general population (Indiana Department of Child Services, SFY 2005). Children who have been removed from their homes through child protection services experience significant rates of mental health issues such as depression, anxiety and behavioral health concerns. School transfers that often accompany out-of-home placement exacerbate the difficulties these children experience in school and result in loss of academic achievement due to the disruption in educational services. When mental health issues are not addressed in a timely manner, children experience difficulties in school.
- The adoption of zero tolerance policies by school districts has contributed to disproportionate rates of school failure for children of color. Research consistently finds that students of color are disciplined more harshly than their white peers; in Indiana they are more than three times more likely to be suspended and more than two times more likely to be expelled from school. Behavioral problems which are troublesome but developmentally predictable were at one time routinely addressed within the educational setting. These same behaviors are now increasingly referred to the juvenile justice system. (American Psychological Association, 2006)

- When youth of color do not succeed in school, the juvenile justice system often becomes the default “service provider.” The term “school to prison pipeline” (Wald & Losen, 2007) aptly describes the path of many youth of color as they move from the educational system to the juvenile justice system. Yet the juvenile justice system is not designed nor prepared to meet the needs of young people who enter with mental health problems. The quote from Kurt Kumli (District Attorney, California) regarding juvenile justice is both vivid and fitting “We are not a safety net. We are the cold, hard floor that kids hit after every other safety net has failed.” (ISBA 2004).
- African American youth tend to be incarcerated or detained rather than offered the option of mental health services (Kids Count, 2008). It is estimated that upwards of two-thirds of young people in detention centers could meet the criteria for having a mental disorder and that a little more than a third need ongoing clinical care – a figure twice the rate of the general adolescent population. (Annie E. Casey, Kids Count Book 2008).
- While youth of color are over-represented in out-of-home care and in juvenile justice systems, avenues for mental health and/or addiction care are under-utilized by youth of color. Researchers have noted a link between the number of children underserved by the mental health system and the number involved in the juvenile justice system.

It is clear that these four youth services disciplines are closely inter-woven. The systems serve many of the same children. Problems experienced by children in one system follow those children into the next, often without the benefit of inter-agency information sharing or problem-solving. For too many youth of color, the lack of early access to culturally competent services places them on a path toward failure.

Yet despite this inter-relatedness, the four youth services delivery systems continue to operate in “silos” of funding, programming and philosophy. Essentially, the systems do not communicate and collaborate sufficiently and/or consistently with each other to ensure that the unique needs of each child are addressed in a holistic, multi-disciplinary manner.

## **Vision**

The vision of the Commission on Disproportionality in Youth services is:

**“Children of Color Thrive in Indiana.”**

## **Mission**

The mission of the Commission on Disproportionality in Youth Services has been to develop a blueprint that will, within five years, ensure that Indiana’s child welfare, juvenile justice, education and mental health systems are fully responsive to the unique needs and circumstances of children of color.

This will be accomplished through a service delivery system that is coordinated, accountable, accessible and culturally and linguistically responsive.

The Vision and Mission can be accomplished through the execution of the recommendations of this Commission, which follow.

# Recommendations

## *Overarching Recommendations*

This first section of recommendations reflects common themes that affect youth of color involved in the child welfare, education, juvenile justice and/or mental health systems in Indiana. Although these systems are different in fundamental ways, they share surprisingly similar issues, and proven approaches that can help remediate disparities in each of them have much in common. The commonality of these approaches demonstrates the significance of collaboration and coordination in achieving consistency in treatment for all children. The goals for children of color should be to provide them with a safe environment, where their developmental needs are met, creativity nurtured and individuality respected. To meet these goals, children must have continuity in supervision and interactions with caring adults, whether they live at home with their families, or find themselves in substitute care. Each overarching recommendation requires state agency leadership and those which require legislation are identified below.

### **Recommendation # 1**

Review and create, where necessary, risk/needs assessment tools used in each child serving system, and make recommendations for statewide use of standardized assessments in a format that supports cultural sensitivity, consistency, and objectivity in evaluation. These assessments should be utilized at each critical decision making point in work with youth and families of color.

#### *Action Steps to Support Recommendation*

- Building upon current efforts, appoint a statewide, representative group of youth serving organizations, including representatives from communities of color, as a review panel to evaluate existing and identify new assessment tools, using a culturally sensitive lens, and make recommendations for use throughout the state
- Appoint a statewide, representative group of youth serving organizations, including representatives from communities of color, as a review panel to evaluate existing and identify new assessment tools, using a culturally sensitive lens and make recommendations for use throughout the state.
- Develop procedures and practices for implementation, accountability and evaluation of the instrument.
- Develop a process which includes use of the tool in the initial contact stage, as well as during all critical, decision making points in work with youth.

### **Recommendation # 2**

Create a central data warehouse to serve as a system for standardized, disaggregated, race-specific data collection, with benchmarks, rapid accessibility and accountability measures. This system should be designed to allow for quick, efficient, data retrieval

and comparison across service systems and across geographic regions throughout the state.

*Action Steps to Support Recommendation*

- Designate a cross disciplinary committee to design and implement a data collection and sharing system which takes into account various agency requirements for data collection and reporting.
- Develop a mechanism to report data gathered and accountability measures to encourage organizational participation in this process. Ensure that data is “user friendly.”
- Establish measures that will ensure the collection of consistent information which will allow comparative racial and age data.
- Use consistent, standardized reporting measurements (i.e., point in time, fiscal year, quarterly, etc).
- Train staff at every level in procedures, format and forms utilized, and how to use data to inform practice and program development.
- Evaluate and enhance current internal analytic capacity to produce and absorb policy-relevant research studies and make recommendations as needed.
- Use existing models (e.g. Minnesota Department of Human Services, Multnomah County Oregon – cited in Kid Count [2008]) as templates for change.
- Consider county, regional, and state disparity issues/rates as context when evaluating level of disparity in Indiana.

**Recommendation # 3**

Require mandatory ongoing cultural competency training for individuals working with children and families of color. Require monitoring of service delivery practices and outcomes to ensure that such training is implemented into policies and practices.

*Action Steps to Support Recommendation*

- Target judges, attorneys, mental health providers, CPS workers, substance abuse providers, juvenile justice, staff of child and family serving agencies, law enforcement officers and educators to participate in training to better understand assessments of youth of color and to increase awareness regarding community alternatives, differences and trust issues, to better identify effective alternatives for youth of color. Involve youth in training programs as resources for better understanding of this population group.

- Provide inclusive (race, ethnicity, socio-economic status,) cultural competency training to reduce bias, prejudice or racism for all administrators and service providers.
- Design a variety of training courses to be responsive to new and long term employees.
- Provide ongoing, outcome- based, training tied to employee performance appraisal.
- Agency values of "empathy, compassion and professionalism" should provide the foundation for training.
- Provide training for supervision regarding creating an environment for growth.
- Provide opportunities for employees to participate in self-evaluations to raise consciousness of their cultural and gender behaviors and assumptions and their effects on peers, youth, and the families served.
- Develop and enhance, as needed, the use of screening and assessment tools for professional use in the following areas: strengths, natural supports, substance abuse, mental health, educational needs and learning disabilities.
- Each child-serving service delivery system should develop basic standards for the evaluation of culturally competent care, and a protocol for determining whether those standards are met.

**Recommendation # 4**

Develop a strategic plan to recruit and retain diverse (including bi-lingual) professionals and para-professionals in all child service systems to work with youth and families of color.

*Action Steps to Support Recommendation*

- Establish a cross-disciplinary task force to review existing staffing patterns in education, mental health, child welfare and juvenile justice.
- Include educators at several levels (high school, college, technical schools) on the task force to develop strategies for developing increased awareness of and interest in these areas.
- Review existing literature and develop best practices and a plan for the recruitment of diverse (including bilingual) mentors, tutors, volunteers, and advocates, Court-Appointed Special Advocates (CASAs), potential foster, adoptive and kinship parents.
- Ensure that diverse resources (books, video, pamphlets, translated materials, and materials representing varied educational levels) are available for youth and parents.

**Recommendation # 5**

Coordinate inter-agency cross-system efforts, including boards and commissions, to further develop, administer, and monitor the implementation of the recommendations made by the Indiana Commission on Disproportionality in Youth Services including the ongoing review and evaluation of recommended programs, practices and procedures described in this report as mandated by the enacting legislation Public Law 234-2007.

*Action Steps to Support Recommendation*

- Legislation should be passed to define the membership of this inter-agency cross-system effort, ensuring executive and legislative collaboration.
- Effective solutions will require adequate time, attention and resources. The situations leading to disproportionality among youth of color are complex and did not occur overnight. The development of strategic long and short term goals is necessary.
- Participants should include but not be limited to Indiana Judicial Center, DOE, DMHA, DCS, IDOC, ICJI, ICRC, Commission on Latino/Hispanic Affairs, Commission on Social Status of Black Males, faith- and community- based organizations, professional associations, providers and consumers of services.

**Recommendation # 6**

Ensure the provision of sufficient resources to implement and sustain programs and initiatives that are presented in this report to reduce the level of disproportionality and disparities experienced by youth of color in Indiana, consistent with the provisions of Public Law 234-2007.

*Action Steps to Support Recommendation*

- Designate adequate funding for services to youth of color, who are disproportionately represented in mental health services, for the provision of educational information to increase access to services, reduce stigma, and ensure equity in service delivery.
- Mandate alternative methods of funding programs which will contribute to equal access to mental health care regardless of geographical location.
- Research and identify new funding streams which support collaborations rather than service silos.
- Provide adequate funding at every point of entry into mental health, child welfare, education or juvenile justice.

**Recommendation # 7**

Implement effective proven prevention strategies that will reduce the involvement of youth of color in child welfare and juvenile justice systems and will ensure that educational and mental health needs are met in an appropriate and timely fashion.

*Action Steps to Support Recommendation*

- Provide information, support, and resources to circumvent the need to remove children from the home, expel students from school, hospitalize or incarcerate young people.
- Initiate outreach efforts by culturally responsive staff and/or staff that reflect the culture of the targeted population.
- Implement strategies of particular relevance with families of color, as partners, that include alternative response systems, family group conferencing, and community-based family support.
- Link families with responsive, community-based, programs (formal or informal institutions) with a particular interest in serving unique ethnic groups.
- Develop and/or enhance supportive community-based resources that can be accessed by parents and youth to assist with the development of parenting skills or other skills, such as Parents as Teachers (PAT).
- Work with local governments and not-for-profit youth development groups to enhance readily accessible, age appropriate recreational and support resources at low or no cost (e.g., child care, fees for “Y” memberships).

**Recommendation # 8**

Develop, support and monitor early intervention processes that will allow for early and quick responses to address child welfare, education, juvenile justice, and mental health issues for youth of color.

*Action Steps to Support Recommendation*

- Develop and implement the use of a quick response team to allow prompt intervention, while reviewing the combined and most appropriate resources available.
- Use thorough, culturally sensitive assessment tools to quickly and appropriately assess situations.

**Recommendation # 9**

Support, implement and monitor the use of strength-based interventions as a preferred approach to engage and promote positive outcomes in working with youth and families of color and provide in-home services and community-based wrap-around services to

model and teach parenting skills, coping mechanisms and advocacy strategies for youth and families of color.

*Action Steps to Support Recommendation*

- Provide information, resources and interactive training on strength-based approaches for all systems touching the lives of children of color and all levels of staff and administrators.
- Model strength-based practices in agencies and in work with youth and families.
- Incorporate culturally competent training strategies and information in utilizing strength-based practices with youth and families.
- Incorporate strength-based components and requirements in contracts for services.

**Recommendation # 10**

Expand and support existing programs or create new ones that show positive outcomes for youth of color, their families and communities and demonstrate an impact on the disproportionate number of youth of color in an effort to adequately respond to a growing population in need of additional, and more rapid, services, including the provision of in-home services and community-based wrap-around services, and utilizing strength-based strategies in the delivery of services.

*Action Steps to Support Recommendation*

- Establish wrap-around services to high risk children and families to circumvent involvement in child welfare or juvenile justice systems.
- Provide services that will promote educational advocacy and opportunities for the development of positive linkages with schools.
- Promote services that will allow for adequate screening and referrals if mental health services are needed.

**Recommendation # 11**

Develop a collaborative structure to support additional linkages and relationships among community, faith-based and private/public organizations serving youth of color and to provide avenues for increased communication, record sharing and funding among these agencies.

*Action Steps to Support Recommendation*

- Establish collaborations of public and private professionals (including health care providers, schools, child welfare workers, juvenile justice and community representatives) to respond to complex family problems.

- Develop and support cross-disciplinary teams to share information, resources, and to collaborate regarding children served.
- Utilize the California Permanency for Youth Project (2005) and/or Cuyahoga model as examples of effective collaboratives.
- Develop a notification process whereby each agency is informed when a child or youth has current involvement with the other agencies in the collaborative.
- Include parents, families, and consumers in the development and implementation of plans through involvement with the collaborative, partnering with parent advocates to convene listening sessions, and providing reports to parent advocacy groups.
- Evaluate policies and programs, using the results to provide programs, policies, and services to meet diverse ethnic and cultural needs of youth of color and their families.
- Include colleges and universities in collaboratives to encourage research/evaluation and training partnerships and encourage improved training of new professionals entering the field. This involvement serves to inform institutions about the youth and family needs and also provides information which might benefit classroom instruction and service provision.

## *Child Welfare*

The course of Indiana's child welfare system was changed when Governor Mitch Daniels, in 2005, established Indiana's Department of Child Services (DCS) as a separate cabinet level agency. National and local organizations were engaged for guidance and support in establishing a new administration to oversee child welfare services and child support enforcement. This collaboration marked the beginning of Indiana's practice reform efforts. The centerpiece for Indiana's practice reform included infrastructural and systematic changes, staff expansion and training, policy making and revisions, and most importantly the new Practice Model TEAPI (Teaming, Engaging, Assessing, Planning, and Intervening). This model provides strategies for working with families including 1) engaging the role and voice of parents/family members, 2) teaming collaboratively with all key case stakeholders, 3) assessing for strengths and underlying needs throughout the life of the case, 4) planning for transitions and 5) intervening to ensure sustainable safe case closure. This Commission seeks to reinforce and encourage the use of promising practices that fully construct positive opportunities and futures for youth of color.

To this end, the Commission's recommendations are based on three dominant theories that prevail in national research regarding disproportionality among youth of color in the child welfare system. These include: (1) poverty, (2) bias and or cultural misunderstandings, and (3) a lack of resources or limited adoptive homes available to this population (GAO, 2007, Roberts, 2002). The first theory regarding disproportionality identifies poverty as a significant factor. The level of poverty among African American youth and families has been well documented (U.S. Census Data, 2005). Income challenges are particularly pervasive for African American youth in Indiana, who constitute nearly half of the youth living in poverty in this state. Fred Wulczyn (2007) suggests that the problem is not poverty, but the factors associated with poverty. Limited education, unemployment, low income and minimal access to health care contribute to life stresses, which in turn may jeopardize parenting abilities and practices.

A second theory regarding disproportionality associates differential treatment with a lack of cultural awareness or cross cultural experience (Boyd-Franklin, 2003, Devore & Schlesinger, 1996, Rolock & Testa, 2001). This lack of understanding or objectivity may be based on racial or socio-economic factors (USDHHS, 2008). Caseworker bias may result in misinterpretation of behavior or the application of harsher penalties to members of particular population groups. A Government Accountability Office (GAO) study of African American children in foster care (2007) found that caseworker bias and cultural misunderstandings contributed to greater numbers of referrals of African American children into foster care.

A third factor, the lack of available foster, adoptive, and/or kinship homes disproportionately affect African American youth, who constitute nearly 57% of the children in out-of-home care (GAO, 2007). The identification of additional suitable

homes for children of color could result in fewer placements as well as an increased potential for permanency.

The identification of available relatives is indicated as a best practice strategy. Single female relatives adopted 62% of the African American youths adopted in 2004 (Maza, 2005). Kinship care is of particular relevance to the African American community, in which extended family networks are favored. This less disruptive placement strategy allows young people to retain their racial, ethnic, religious and cultural identity (AFCARS, 2003). A study by Testa (2001) suggested that foster care placement rates and lengths of stay could be modified by shifts in kinship placement policies. When the state of Illinois created subsidized guardianship and adoption options for relatives of children in the child welfare system, racial disparities in foster care placement and length of stay were substantially decreased.

Latino families, while also experiencing a high poverty rate, are more likely to have two parents in the household (Davis, 2008). This family connection may reduce the involvement of Latinos in the child welfare system. Another factor affecting current findings regarding Latino involvement in child welfare system in the state may be the lack of bilingual and/or Latino service providers. The underpowered cultural responsiveness, particularly during the assessment process, may diminish the ability to accurately assess and respond to family challenges and needs. Effective implementation of systemic and direct service level, cultural competency practices and recruitment procedures have been found to reduce racial and ethnic disparities (Betancourt, Green & Carrillo, 2002).

A review of youth in substitute care in Indiana (Indiana Department of Child Services, SFY 2005) revealed that 11,954 youth were placed in foster or relative care, institutions, group homes, hospital/ nursing homes, guardian facilities or other placement centers. Further analysis indicated that Whites were under-represented at nearly 62% of the youth placed. African Americans were over-represented at nearly 30% of those placements. Research has indicated that family leadership in identifying youth and family strengths and needs contributes to positive outcomes. Family-centered approaches, partnering with parents, and strength-based approaches are common practices today (Shore, Wirth, Cahn, Yancey, & Gunderson, 2005). Family solutions are more meaningful and less disruptive than agency solutions. The primary mission of the DCS is to protect children from abuse and neglect by partnering with families and communities to provide safe, nurturing, and stable homes. The recommendations put forth by the Commission will advance efforts that ensure protection for youth of color and that disparities reflected in current data will be eliminated or reduced.

## Child Welfare Recommendations

Key:

- *Legislative (Legislative action is required).*
- *Training*
- *Other: (Programs, organizations or agencies needed to implement practices are indicated).*

### *Immediate Action Required*

#### **Recommendation # 12**

Targeted recruitment efforts are needed to increase the pool of available foster adoptive and kinship families of color. Recommendations toward that end include:

#### *Legislative*

- Fully implement a kinship program by (1) critical review and evaluation of criminal check requirements and impact on selection process, (2) begin with young person's identification of kin, (3) Adopt the Child Welfare League of America (CWLA) definition of kinship, and (4) provide identical financial and clinical supports that are available to non-relative care providers.
- Modify criminal history check requirements based on length of time and type of offense to increase pool of available mentors or significant adults; consideration should be given to the type of offense and length of time since the offense occurred.
- Ensure the provision of adequate resources and expand the pilot Kinship Navigator program to other areas of the state that have large populations of youth of color.

#### *Other: DCS*

- Develop a separate system for recruiting permanent homes for foster children age 10 and older. Model this effort on the evidence-based, best practice such as "YOU GOTTA BELIEVE!" developed in New York State.
- Implement strategies to increase and retain an increased number of foster families, kinship families and adoptive families of color.
- Initiate searches to locate caring adults for every youth.
- Encourage the use of relative placement when appropriate and possible. When relative placement is not recommended, the family case manager shall provide to the court the rationale in a written format.
- Creative and early searches are needed to increase the pool of alternatives for youth in need of services (e.g. Cuyahoga County, Ohio). Incentives and rewards may increase efforts to locate family members.

**Recommendation # 13**

Make every reasonable effort to avoid placement outside of the home, while ensuring that the health and safety of children remain paramount when appropriate. Toward this end, five strategies are recommended.

*Legislative*

- Provide preventative in home wrap-around services that model and teach parenting skills to families identified as at risk of CPS involvement.

*Other: DCS*

- Ensure that all child and family team members or critical decision making individuals have an updated listing of information regarding all known programs that provide intensive, individualized, wrap-around services to prevent the necessity of restrictive, out-of-home placements.
- Define and provide enhanced training on “reasonable efforts.”
- Evaluate and address financial incentives that promote removal and discourage reunification.
- Explore development of family financial supports and other resources needed to maintain children in their homes.

**Recommendation # 14 Training**

Provide training for all CPS workers, child welfare attorneys, child advocates and juvenile court judges regarding cultural competency and the criteria regarding a preponderance of evidence to verify allegations.

**Recommendation # 15**

Provide supportive practices to assist youth in transitioning to independence.

*Legislative*

- Pass legislation to cover tuition, fees, and a living stipend for foster youth with a 2.0 G.P.A. in college.
- Extend Medicaid to age 23 for foster youth still in college or vocational training.
- Implement a plan, such as Michigan has, to provide drivers’ education and the possibility of a drivers’ license to foster children in the same manner as their peers.
- Ensure provision of sufficient resources to support the basics of obtaining employment and housing for youth in transition.

*Other: DCS*

- Gain collaborative working agreements with the Department of Workforce Development, Division of Vocational Rehabilitation, Division of Developmental and Rehabilitative Services and similar employment agencies to provide job search and job readiness training for youth transitioning independence. Services will be initiated six months prior to emancipation for those about to be emancipated.
- Develop mechanisms for academic and emotional support of foster youth in post secondary education, including during breaks and summer.
- Implement accountability measures to ensure that life skills and independent living skills are covered (case managers, foster parents and service providers).

*Training*

- Implement plan for teaching independent living skills and age appropriate life skills in homes to foster youth.

**Recommendation # 16** *Other: DCS*

A culturally sensitive, standardized risk/needs assessment tool is needed for utilization at the beginning of the assessment (investigation) and throughout the decision making process to assist in reducing disproportionality.

**Recommendation # 17** *Other: DCS*

Create a Child and Family Team which includes a review of child's history, needs and appropriate available settings. The team should participate in development of recommendations which include a treatment plan, anticipated length of stay and discharge plan.

**Recommendation # 18**

Effective data collection, evaluation, accountability and reporting tools and methods are needed at each decision making point to adequately assess and address disproportionality levels.

*Other: DCS*

- Establish reporting requirements that will demonstrate numbers of children in relative care or non-family placements.
- Measures should be implemented that ensure that practice reflects policy.
- Produce data regarding the length of out-of-home stay for children of color in order to identify, evaluate and address the decision process used for children who linger in the foster care system. Determine the resources needed to reduce length of stay for children of color and decrease time to permanency.

- Effectiveness of referred services for children of color should be measured and data compiled for evaluation. Data outcomes should be used to direct funding and service availability.

**Recommendation # 19**

The planning process in foster care, kinship care, and/or adoption should be revised to align with best practices in addressing disproportionality. This includes:

*Other: DCS*

- Implement concurrent planning strategies to reduce the number of placements before adoption.
- A planning process should be designed to include youth, parents, foster parents, kinship and/or adoptive parents.
- All race and cultural factors must be assessed, understood and accommodated throughout each intervention strategy.
- Evaluate the effects of current Multi-Ethnic Placement Act and Inter-Ethnic Adoption Provisions (MEPA and IEP) practices on the recruitment and placement of children of color in Indiana.
- Aggressively work with the Indiana Congressional delegation and other national groups to reform the MEPA & IEP regulations to match best practices in finding permanent homes for children of color.

**Recommendation # 20**

Media relations and community education are needed to inform the media and communities of color of DCS focus on “helping to keep families together,” provide information regarding strengths of child welfare, and inform the community of progress made on addressing disproportionality.

*Other: DCS*

- Build relationships with the media to provide information and education regarding child welfare resources and processes.
- The DCS Communication Director shall send a quarterly media release to the Governor, Legislature and media outlets on progress made in reducing or addressing disproportionality in the Department of Child Services.
- Develop a process to evaluate community confidence in DCS.

**Recommendation # 21**

DCS shall contract with minority owned agencies and minority faith-based organizations at a percentage level that is proportionate to the youth of color in out-of-home placement and/or the service delivery system.

*Other: DCS*

- Develop and support a group of faith-based and minority-led organizations that meets monthly to address issues and concerns.
- Provide ongoing opportunities to share information, review available resources and to identify challenges faced by African American and minority owned businesses with other minority and majority providers.

**Recommendation # 22** *Other: DCS*

DCS will ensure that bilingual case managers and/or interpreters are accessible at any point of contact with DCS.

**Recommendation # 23** *Other: DCS*

African American families are more likely to be reported for alleged substance abuse than white families presenting similar situations. DCS shall explore mandated reporter bias (e.g., hospitals, schools) and address its effect on disproportionality.

***Child Welfare Long Term Recommendation*****Recommendation # 24** *Other: DCS*

DCS will collaborate with licensed child placing agencies (LCPAs) and Court Appointed Special Advocates (CASAs) to explore avenues that encourage positive relationships between foster parents and parents.

## *Education*

Racial and ethnic disparities that leave students of color behind remain ubiquitous in American education. Increasing attention has been paid to these disparities as they manifest themselves in the achievement gap (Ladson-Billings, 2006), disproportionality in special education ((Donovan & Cross, 2002), dropout and graduation rates (Wald & Losen, 2007), racial disparities in school suspension and expulsion (Skiba et al, 2002), and eligibility for gifted/talented programs (Milner & Fore, 2007).

Statistics describing disparities in the education of students of color in the state of Indiana present an alarming picture. In the state of Indiana:

- African American students are 2.6 times more likely than White students to be identified as Mentally Disabled, and 1.6 times more likely than White students to be identified with an Emotional Disability. (IDOE Center for Exceptional Learners – CODA Project , 2007-08)
- In a rapidly changing field in which inclusion is the norm, African American and Latino students are more likely than other students to be served in separate classes, and less likely to be served in general education classes, and more likely to be placed in alternative educational programs. (IDOE Center for Exceptional Learners – CODA Project , 2007-08)
- African American students are 3.4 times more likely than White students to be suspended out of school and over twice as likely to be expelled. Native American, Latino, and Multiracial students are also over-represented in statewide rates of out-of-school suspension. (IDOE Suspension/Expulsion Report , 2006-07)

These sources of disproportionality are related to substantial racial and ethnic disparities in Indiana in both achievement and dropout/graduation rates.

Researchers in the field of education attempting to describe the causes of this complex issue have identified several possible contributing factors, including:

- *Poverty:* Family and community poverty, affecting students of color to a disproportionate degree, clearly creates educational disadvantage. But poverty does not fully explain racial and ethnic disparities in education.
- *Deficit Thinking and Lowered Expectation:* Our history is replete with examples of deficit thinking about under-represented groups, resulting in lowered expectations for individuals from those groups (Valencia & Solarzano, 1997), that in turn impacts the school achievement of those students (Weinstein et al., 2004).
- *Educational Opportunity:* The educational opportunities of students of color are often limited by poor facilities and inadequate resources, under-representation of people of color in curriculum, and fewer highly qualified teachers.

- *Special Education Eligibility Process:* It is unclear to what extent special education decision making contributes to disproportionality, but the system is often geared to providing services only after children fail.
- *Testing Bias:* Although there is not extensive evidence of test bias, some studies have shown the possibility of bias due to administration or language issues.
- *Behavior and Discipline:* Although consistently disciplined at a higher rate, there is no evidence that students of color engage in higher rates of disruptive behavior.
- *Cultural Mismatch:* In schools that are becoming highly diverse, Indiana's teaching force, like most of the nation's, remains predominantly white, raising concerns that cultural mismatch may contribute to disparate outcomes.

### **Funding and Institutional Structures for Addressing Disproportionality**

Federal and state regulations mandate that states monitor special education disproportionality, identify districts with significant disproportionality, and require those districts to re-allocate funds to reduce disproportionality. States, including Indiana, are currently identifying districts with disproportionality in special education and assisting those districts in addressing such disproportionality.

Federal education legislation, No Child Left Behind (NCLB), requires disaggregation of achievement data as part of school progress monitoring. Yet insufficient federal funds to assist schools that fail to make Adequate Yearly Progress means that NCLB sometimes simply penalizes communities with inadequate schools, rather than improving those schools to close the achievement gap. There appear to be no federal or state criteria or funding outside special education to address disproportionality in other areas, such as suspension/expulsion, alternative programs, or gifted/talented programs.

If there is a responsibility for educating Indiana's children, then there is also responsibility to ensure that education resources are fair and adequate for all children. The Education subcommittee believes that the accountability model currently used in special education must be generalized to other areas. That is, local data on disproportionality must become the basis for an accountability system, including minimum criteria and mandated corrective action plans for school corporations failing to reach those criteria. Such a system cannot be simply an unfunded mandate, however. Rather, schools and school districts must be supported in putting into place practices, policies, and procedures that hold promise for reducing racial and ethnic disparities.

## Best Practices

Fortunately, there is a substantial knowledge base regarding best practices to address disproportionality, including:

- *Targeting Early Literacy Skills:* With early detection and intervention, the proportion of children with reading difficulties can be significantly reduced.
- *Implementing a Response to Intervention (RtI) Framework:* RtI is an emerging model in which students exhibiting academic or behavioral difficulties receive evidenced-based interventions at the first sign of difficulty.
- *Utilizing Cultural Responsive Pedagogy and Classroom Management:* Culturally responsive curriculum, instruction, and classroom management incorporate the knowledge and experiences of diverse learners, making learning more relevant and effective, enhancing instruction and promoting achievement.
- *Strengthening Family-School Partnerships:* Increased parent involvement is associated with improved achievement and attendance, more positive behavior, and reduction in drop-out rates.
- *Designing a comprehensive educational program:* Emphasizing the origin of prejudice against racial, religious and ethnic groups in the state of Indiana, in accordance with Indiana Code 22-9-1-7, Section 7, as amended by PL-1984.

## Education Recommendations

Key:

- *Legislative (Legislative action is required).*
- *Training*
- *Other: (Programs, organizations or agencies needed to implement practices are indicated).*

### *Immediate Action Required*

#### **Recommendation # 25** *Legislative*

Re-establish an Office of Educational Equity in the Indiana Department of Education (IDOE) headed by a new position at the Associate Superintendent level, to coordinate and monitor issues of disproportionality across achievement, discipline, special education, alternative programs, dropout and graduation, and gifted and talented programs.

The Associate Superintendent for Educational Equity will:

A.) Establish a framework to assist the state and school corporations to recognize and respond to disproportionality in education by:

- Ensuring a data system is in place that can provide statewide and corporation level data on the extent of disproportionality in:
  - i.) Achievement,
  - ii.) Discipline,
  - iii.) Special education,
  - iv.) Alternative programs,
  - v.) Dropout and graduation and
  - vi.) Gifted and talented programs.
- Establishing a statewide advisory board to advise IDOE on issues relevant to addressing disproportionality and achieving equity.
- Working with the relevant departments at the IDOE to establish regulatory mechanisms to ensure accountability.

B.) Work with other departments at the IDOE to develop, within two years, a mechanism for monitoring and program development that will include at a minimum:

- A yearly report on the extent of racial and ethnic disparities in all areas, and a process for disseminating those data statewide, especially to the Governor's Office and Indiana General Assembly.
- Criteria for determination of disproportionality at the state and school corporation level in each area of disproportionality.
- A notification process for school corporations that are found to have disproportionate representation.
- A process for the development of an improvement plan for school corporations that are out of compliance with respect to criteria for disproportionate representation.
- A process to provide technical assistance for helping school corporations meet targets to reduce disproportionality.

C.) Disseminate information including:

- Easily accessible information regarding how to determine disproportionate patterns of assignment.
- Information on factors that may contribute to disproportionality, including a) the influence, or lack of influence, of poverty on disproportionality, b) inadequate resources to create educational opportunity, c) decision making processes resulting in disparate outcomes, and d.) cultural mismatch and cultural representation.
- Internet links to organizations that are committed to eliminating disproportionality.

D.) Work with Indiana's Institutions of Higher Education (IHEs) and other research institutions in the state to fund ongoing research that can improve methods of describing disparity, improve our understanding of why disparities exist, and identify and improve the implementation of effective and evidence-based procedures for reducing disproportionality.

**Recommendation #26** *Legislative*

Pass legislation that mandates cultural competency standards for education that includes the following components:

A.) The Indiana Department of Education and state level teacher certification bodies shall establish standards for use by accredited teacher education institutions and departments in preparing individuals to successfully teach in a manner that serves the diverse needs of all students, including:

- a. Racial minority students.
- b. Students of all socioeconomic levels.
- c. Students of various ethnic groups.

B.) These standards must include courses and methods that assist individuals in developing cultural competency (as defined in IC 20-31-2-5).

Each teacher training institution shall put forth a plan for training in cultural competence by developing standards for use by all of its teacher training programs and departments in preparing individuals to successfully teach in a manner that serves the diverse needs of all students, including those identified as a member of one (1) or more of the following classifications:

- a. Racial minority students.
- b. Students of all socioeconomic levels.
- c. Students of various ethnic groups.

These standards must provide for multicultural courses and culturally responsive methods that assist individuals in developing cultural competency.

C.) Ensure that all schools, as a part of the Public Law 221 school improvement plan, implement a process that addresses training in cultural competence. In developing a school's plan, the school's committee shall consider methods, resources, and evaluation instruments to improve the cultural competency of the school's teachers, administrators, staff, parents, and students. The school improvement committee shall:

- a. Identify the racial, ethnic, language-minority, cultural, exceptional learning, and socioeconomic groups that are included in the school's student population.
- b. Monitor school data on disproportionality and use those data to guide improvement planning.
- c. Incorporate or adopt culturally appropriate teaching strategies for increasing educational opportunities and educational performance for each group in the school's plan.

- d. Recommend professional development to increase cultural competency in the school's educational environment.
- e. Ensure that the school completes a self-assessment for cultural competence in the following areas: School Governance; Organization and Policy; Family Involvement; Curriculum and Instruction; Organization for Learning; Special Education Pre-Referral and Referral Processes and Programs; School Discipline and School Climate/Culture.
- f. Update the school's plan annually for all information identified above.

D.) All public school teachers shall participate in multicultural training. The training must directly correlate with the school's improvement plan and accreditation process described in section C.

E.) Each governing body shall ensure cultural competency accountability by developing a policy that includes procedures for determining whether a school is making progress toward improving the cultural competency of the school's teachers, administrators, and staff, and whether such progress is impacting students.

**Recommendation # 27** *Legislative*

The State of Indiana must ensure that its school funding formula guarantees adequacy of resources across school corporations for addressing racial/ethnic disparities, English Language Learners, and children living in poverty. All schools should be comparable in the provision of facilities, technology, and instructional resources, providing all students in Indiana with access to smaller class sizes; higher paid and more experienced teachers; highly qualified teachers; educational specialists; high-quality instructional resources, such as textbooks; up-to-date tests, libraries, computers, and equipment; and high-quality upper level courses.

**Recommendation # 28** *Legislative*

Increase the availability of quality early childhood opportunities in order to improve school readiness for students who may be at-risk for school failure. In particular, require and fund Pre-K and full day kindergarten in Indiana's public schools.

**Recommendation # 29** *Legislative*

Provide funding for grants and technical assistance to school corporations to use best and promising practices to increase the number of students from racial and ethnic groups who have been under-represented in gifted and talented programs.

**Recommendation # 30** *Legislative*

Expand statutory language regarding school discipline to allow and encourage a broader range of disciplinary options so that schools have a greater variety of resources at their disposal for addressing student discipline.

The following changes to the current disciplinary code, IC 20-33-8 are recommended:

- The language of Indiana Code (IC) 20-33-8-25 should be rewritten to better reflect the intent of the law. From "Sec. 25 (b) An individual may take disciplinary action in

addition to suspension and expulsion ...” to read “Sec. 25 (b) An individual may take an alternative disciplinary action instead of or in addition to suspension and expulsion ...”

- A requirement that, in addition to defining infractions and possible consequences, disciplinary codes also list the preventive strategies that proactively maintain an orderly and effective learning environment. These may include, but are not limited to:
  - Bullying prevention
  - Conflict resolution
  - Positive Behavior Supports
  - Anger management
  - Mentoring
  - Life skills
  - Functional behavioral assessment
  - Social skills training
  
- A requirement that school corporations define a graduated code of discipline that defines a set of interventions and consequences proportionately in relation to the seriousness of the disciplinary infraction.

**Recommendation # 31** *Legislative*

Indiana should immediately make a statewide commitment to reduce Indiana’s dropout rate, and in particular address disproportionality in dropout through an initiative that requires and provides a dropout prevention fund available to school corporations for:

A) The establishment of an “early warning system” at the local school level to identify students who may be at-risk for dropping out, in order to provide early intervention to prevent dropout including a data and tracking system that:

- Tracks individual student attendance, grades, promotion status, and engagement indicators, such as behavioral marks, as early as fourth grade.
- Establishes criteria for identifying students who may be off-track for graduation and a continuum of appropriate interventions for those students.
- Identifies ninth grade students who miss 10 days or more of school in the first 30 days (Neild & Balfanz, 2006).
- Monitors first quarter freshman grades, paying particular attention to failures in core academic subjects.
- Monitors end-of-year grades.
- Tracks students who have failed too many core subjects to be promoted to tenth grade.

B.) A variety of evidence-based practices designed to address the educational needs of students identified as at-risk for dropping out. These may include:

- Mentoring/Tutoring
- Service Learning
- Alternative Schooling
- After School Opportunities
- Early Childhood Education
- Family Engagement
- Early Literacy Development
- Professional Development
- Active Learning
- Educational Technology
- Individualized Instruction
- Systemic Renewal
- School-Community Collaboration
- Career and Technical Education
- Safe Schools

**Recommendation # 32** *Training*

School corporations should appoint and train diverse teams of teachers, administrators, parents, and students to assess disproportionality by utilizing data from local assessments, rubrics, and state data banks, and to use that information to improve corporation practices and inform professional development.

- Identify areas of specific concern for disproportionality including over- and under-representation in educational programs.
- Minimize disproportionate and inappropriate identification and referral.
- Ensure availability of appropriate special education referral processes.
- Ensure collaboration between general education and special education staff on instructional practices and alignment of grade-level curriculum.

**Recommendation # 33** *Training*

In order to better ensure the cultural responsiveness of all school personnel in Indiana's schools, Indiana's colleges and universities should:

- Provide increased teacher training and practicum experiences for preservice teachers (freshman through senior year) in urban environments.
- Ensure that students graduating from Indiana's teacher training programs have the knowledge, skills, and disposition to be responsive to Indiana's increasingly diverse student population.

**Recommendation # 34 *Other: Indiana DOE***

The Indiana Department of Education should collect and monitor educational data on disproportionality from every school and school corporation. This data should be accurate, use uniform definitions and calculations and be current. This data should be made easily accessible to and understandable by the general public.

**Recommendation # 35 *Other: Indiana DOE***

The Indiana Department of Education should adopt methods, for use at the local level, that provide guidelines on how educators and the community can evaluate the cultural bias in instructional materials, and use such guidelines as part of each school corporation's textbook adoption procedure.

**Recommendation # 36 *Other: Indiana DOE***

For over 30 years, the issue of due process rights with respect to exclusion from school for disciplinary reasons through suspension and expulsion has been a source of controversy in the State of Indiana. In order to resolve this controversy, the Indiana Department of Education should convene a task force of school leadership associations, parents and parent advocates, youth, the legal community, and other key stakeholders in order to find a solution to the issue of due process in a way that both preserves the right and responsibility of school administrators to maintain a safe and orderly school environment, and protects federally and state-guaranteed rights of parents and students to due process in cases of school exclusion.

**Recommendation # 37 *Training***

As part of a planning process to improve cultural responsiveness, school corporations, local schools and their communities, should be encouraged to directly address issues of race and ethnicity, and engage in a continuing dialogue about the reality of racial disparities. Issues to examine include:

- The reality of disproportionality at national, state and local levels, and the acknowledgment that not all racial/ethnic disparities have been resolved.
- Recognition that people from various racial and ethnic backgrounds may view identical situations from different perspectives.
- Discussion of racial stereotyping and generalizations often made about children of color.
- Exploring the extent of, and where necessary addressing, inaccurate or biased perceptions at the individual or systemic level about students of color or students and/or economically disadvantaged families.
- Learning and practicing more effective patterns of communication with parents and students from all cultures.
- Moving beyond simplistic understandings of culture based on single-day or even single-month appreciations of diversity, to an understanding of cultural

responsiveness as a school-wide value to be integrated continuously across all instructional, classroom management and institutional practices.

- Engagement in in-depth efforts to help teachers and administrators understand the ways in which race, ethnicity, culture, social class, gender bias, and language influence learning and student achievement, while recognizing these elements should not serve as an excuse for low student expectations.

**Recommendation # 38**

The State of Indiana should address the critical shortages of teachers of color in Indiana’s public schools by:

*Legislative*

A.) Increasing the availability of scholarship opportunities for minority students to enter the teaching profession:

- Increase the annual allocation for the Minority Teacher/Special Services Scholarship fund.
- Allow students to apply for the Minority Teacher/Special Services Scholarship prior to enrolling in a higher education institution.
- Provide information about Minority Teacher/Special Services Scholarship to minority students during recruitment, application and financial aid process.

*Training*

B.) Representatives of teacher training institutions in the state of Indiana should: Meet annually to consider the status of and develop creative strategies for minority recruitment, enhancing diversity climate, and teacher preparation and support in the area of cultural competence.

- Monitor the intended and unintended consequences of using the PRAXIS I exam on minority populations in teacher training programs, and develop methods to provide support for students to pass such entrance exams. Provide increased teacher training practicum experiences for preservice teachers (freshman through senior year) in urban environments.

**Recommendation # 39** *Other: Indiana DOE, other agencies, local school corporations*  
School corporations and local schools in collaboration with parent associations/groups, students, parent training organizations and the Indiana Department of Education, should improve parent involvement in the educational process.

A.) Increase parents’ understanding of their rights and responsibilities within the educational system, and empower them to advocate and work together effectively with

schools for their children when educational issues arise. In particular, increase parent/school communication regarding student discipline issues by:

- Supporting agencies, initiatives and partnerships that can provide support and training to parents.
- Ensuring that parents, students, and community members are represented in the development of student handbooks.
- Establishing channels of communication with parents regarding discipline concerns involving school staff.
- Providing immediate notification of parents/guardians concerning serious misconduct.
- Disseminating the manual developed by the Indiana Department of Education (IDOE) and the Indiana Youth Law Team advising parents on their legal rights in understandable terms.

B.) Increase the presence and active involvement of parent and community volunteers at every school. Towards that end the IDOE and the Parent Information and Resource Center should:

- Explore promising strategies to increase the presence and active participation of parents and community members in schools.
- Provide technical assistance to school corporations to increase meaningful involvement of parent and community members.
- Ensure monitoring and enforcement mechanisms to provide a standard of accountability at the local level for meaningful involvement of parents and community members in schools.

C.) Increase collaboration with parents and students as partners in the educational process. The state should monitor the extent to which parents and students are provided with adequate training in order to be able to be effective participants in the decision making process of Site-Based Management Teams (Public Law 221). Possible parent involvement activities might include:

- Parent participation in developing curriculum.
- Parent recognition programs each school year.
- Volunteer child advocacy corps at every school.
- Open community forums discussing educational issues.

- Supporting parental initiatives that target meeting the needs of under-achieving students.

### *Education Long Term Recommendations*

#### **Recommendation #40** *Legislative*

The General Assembly should pass legislation, provide resources, and advise the Indiana Department of Education to provide guidance to shift the focus of instruction and intervention from a “wait-to-fail” approach to proactive intervention and instructional strategies that prevent school failure:

- Require and fund evidence-based, early interventions (including Pre-K settings), e.g., Title I, Reading Recovery, that are implemented at the local level and target students of color who may be at risk for disproportionate representation without such services. These interventions should also assist parents in developing literacy strategies in the home.
- Ensure that best practice instructional approaches (e.g., Response to Intervention), providing proactive interventions are available to prevent academic failure for all students and create a full range of remediation opportunities for students needing support to achieve academic success.
- The Indiana Department of Education and Indiana’s colleges/universities should be directed to provide training to pre-service and veteran teachers on early literacy strategies and interventions to help under-achieving students recognize that focusing on reading and writing skills is the foundation for effective learning in all subjects.

#### **Recommendation # 41** *Other: DOE*

In order to address disproportionality in the availability of highly qualified teachers in the state of Indiana, the Indiana Department of Education should develop, gather, analyze, and disseminate data in that area.

- An annual report should be disseminated on the status of highly qualified teachers in Indiana, current enrollment and graduation rates of students from under-represented groups in teacher training institutions, and current figures on the numbers and percentage of minority teachers in Indiana's schools. This report should include the numbers and locations (e.g., school corporation and school) of non-qualified teachers and the percentage of time that students spend with them.
- This data should be used to develop standards concerning the appropriate ratio of highly qualified teachers and to monitor the availability of highly qualified teachers across Indiana's school corporations, especially in high poverty urban and rural settings.

**Recommendation # 42**

School corporations, local schools, community- and faith-based organizations, civic groups, businesses, and labor unions should work to improve the collaboration of education and other youth-serving agencies to better meet the needs of children and youth.

A.) School social workers or other school professionals should assess the status of culturally responsive wrap-around services in the local community and the extent of educational involvement with those services. If there is no formal collaboration process, school social workers should begin meetings with other social service agencies to establish such a process.

B.) Local and state commissions on the status of Black and Latino males should work to create more school/community partnerships that target children of color ages one through five.

C.) Increase collaboration of schools with community- and faith-based organizations.

- Make connections with the church community to promote educational goals.
- Disseminate information about and partner with faith-based organizations in promoting literacy centers in local churches.

**Recommendation # 43** *Other: Indiana DOE*

School corporations and local schools should be provided expanded resources and guidance regarding issues of problem or disruptive behavior in order to reduce disproportionality in school discipline and expand the options of schools for maintaining safe and orderly learning environments.

- Technical assistance to help schools establish an orderly and effective learning environment and when necessary to address problem or disruptive behavior, and provide systems of support for students who exhibit such behavior.
- Clear guidelines for and examples of alternatives to suspension and expulsion.
- Technical assistance for schools in establishing proactive and comprehensive school disciplinary systems, such as positive behavior supports.
- Workshops on effective classroom management and positive discipline for all educators and staff.
- Statewide forums on a wide variety of positive discipline approaches so that successful strategies used by schools and school corporations to reduce rates of school exclusion and racial disparities in discipline can be more widely shared with other schools and school corporations seeking to learn more effective methods of school discipline.

- Offer programs on conflict resolution skills for all students, especially those most at-risk for suspension and expulsion.

**Recommendation # 44** *Other: Indiana DOE*

School corporations, local schools, community- and faith-based organizations, in conjunction with the Indiana Department of Education, should develop programs that can ensure that students of color have the resources needed in order to be able to meet high academic and behavioral expectations and become more engaged in their educational program:

- Develop programs to provide and support role models/mentors targeting preschool children of color, ages one through five.
- Create a pilot program through the Indiana Department of Education (IDOE) that provides grants and technical assistance to school corporations to utilize proven screening tools to identify more students of color to participate in gifted and talented programs.
- Develop networks created and driven by students in order to increase meaningful communication between students and staff.
- Increase the involvement of students in school-related decision making.
- Explore models for increasing the democratic participation of students in their education.
- Offer after-school programs promoting self-awareness through socially acceptable behaviors.
- Develop programs for unattended, or latchkey, children and youth of color.
- IDOE will review a variety of behavioral and cognitive models of discipline.

**Recommendation # 45** *Other: Local School Corporations*

School corporations and local schools should ensure that there are multiple forms of authentic, culturally responsive assessments (see e.g., NEA, AFDC, Wiggins) that go beyond current ISTEP testing, e.g., formative assessments, quarterly assessments, benchmarks, to measure student academic success and identify students at risk and in need of intervention.

**Recommendation # 46** *Legislative*

The state of Indiana should address the critical shortages of teachers of color in Indiana's public schools by:

- A.) Providing full funding from the public and private sector for both the planning phase and implementation of the TEACH INDIANA CENTER, a result of collaborative efforts by multiple educational and civil rights groups in the state of Indiana to create a

specific initiative focusing on the recruitment and retention of highly qualified educators from under-represented populations. The mission of the Center is to achieve a demographically proportional number of educators in the state of Indiana from under-represented groups. Activities of the Center would include:

- Development of a recruitment plan for under-represented groups.
- Production of a website as a communication tool that provides resource information and scholarship opportunities about careers in education.
- Development of a strong support system at each university to remove barriers and challenges and use best practices to recruit, retain and graduate under-represented students.
- Development of a research agenda and a network of Indiana higher learning institutions to increase support for under-represented groups of students.

**Recommendation # 47** *Legislative*

Provide an expanded range of effective alternative options and vocational programs for those students who are at risk for failure in mainstream settings:

A.) Provide funding to sustain a range of traditional and non-traditional educational settings, including alternative schools and vocational training programs, to ensure all students achieve academic success and have sufficient skill readiness to enter Indiana's workforce. These education settings could include vocational programs, courses for college credit, community-based learning, evening classes, flexible scheduling, and alternative settings that satisfy different learning styles or provide an alternative to suspension and expulsion.

B.) The Indiana General Assembly should fund a comprehensive review, to be conducted by the Indiana Department of Education, of community and school-based alternative programs, in order to identify those programs that are most effective in increasing graduation rates and improving educational achievement for all students, with the goal of replicating effective programs in other corporations.

C.) The Indiana General Assembly should amend its statute to allow school corporations to establish proactive ("Type 5") learning alternatives for students, teachers, and families within their corporation.

D.) Since students of color are typically disproportionately represented in placement in alternative programs, the Office of Educational Equity at the Indiana Department of Education should monitor disaggregated enrollment data in all such alternative programs in order to monitor the extent of disproportionality and, where necessary, make recommendations to address disproportionality.

**Recommendation # 48** *Legislative*

Ensure the cultural responsiveness of school disciplinary systems through:

- The inclusion, in School Improvement Plans, Public Law 221, of a section on culturally responsive proactive discipline plans to reduce suspension and expulsion rates and racial and ethnic disproportionality in discipline.
- Regulations to ensure that culturally responsive proactive systems (e.g., culturally responsive Positive Behavior Supports, Response- to-Intervention, evidence-based early intervention services) are implemented with professional development and technical supports.

**Recommendation # 49** *Legislative*

In order to better ensure the cultural responsiveness of all school personnel in Indiana's schools, Indiana's colleges and universities should:

- Develop and present curriculum for administrators that provides training concerning causes of disproportionality and strategies for identifying and eliminating it.
- Provide training for school administrators and other relevant school personnel in developing school improvement plans that include assessments, audits, staff surveys, and continuous professional development to address racial and ethnic disparities.

**Recommendation # 50**

Ensure the availability of personnel support in school to better meet the needs of students who are at-risk of failure through:

*Legislative*

A.) Expanding funding for related Student Services professionals (e.g., guidance counselors, school psychologists, school social workers) so that Indiana meets or exceeds the national standards of professional-to-student ratios in all K-12 schools.

Recommended ratios are:

- School Counselor Ratios: Maximum – 1 to 250 students
- School Psychologist Ratios: Maximum – 1 to 1,000 students
- School Social Worker Ratio: Maximum – 1 to 400 students

Other: Indiana DOE and local school corporations

B.) Increasing the capability of student support personnel to provide preventive and early intervening services by:

- Redefining and expanding the duties of the counselor to include counseling time not directed toward scheduling and attendance.

- Redefining and expanding the role of the school psychologist away from a solely psychometric assessment role to an expanded role in supporting other education professionals in meeting student needs (e.g., functional behavioral assessment, positive behavior interventions and supports, behavioral consultation, school violence prevention, and conflict resolution).

## *Juvenile Justice*

Each year, approximately 34,000 arrests of children occur in Indiana. Two-thirds of these arrests result in children being detained in secure facilities. For example, in 2002, 33,841 arrests were made and there were 25,418 instances of children securely detained. (ICJI, FY 2006-2008). In 2006, Indiana detained or committed 183 per 100,000 youth ages 10-15, exceeding the national rate of 125 per 100,000 youth; 74% of those in custody committed non-violent offenses (Annie E. Casey, Kids Count Book 2008). Recent research supports that children of color are disproportionately impacted by these arrest, detention and confinement practices in our juvenile justice system.

A report commissioned by the Indiana Criminal Justice Institute (ICJI) in 2007 using 2005 data examined disproportionate minority contact (DMC) in seven Indiana counties (Skiba, R., Rausch, K., Abbot, D., & Simmons, A., 2007). These seven counties represented 37.5% of the estimated youth population in Indiana and 70.1% of the population of youth of color (using the U.S. Department of Census (2006), Population Estimates Program, April 1, 2000 to July 1, 2005). The report found that African-American youth were:

- 2.64 times more likely to be arrested than other youth.
- 0.52 times less likely to be diverted to alternative programs than other youth.
- 2.06 times more likely to be transferred/waived to adult court as other youth.
- 1.22 times more likely to be committed to secure confinement.

Systemically addressing DMC as a state will require further research that is supported by concerted and sustained commitment and action by policymakers and public officials. These recommendations recognize the importance of identifying and targeting the policies and practices that underlie decision making at the various stages and points of contact in the juvenile justice system. The way in which youth of color enter the juvenile justice system and decisions made regarding alternatives to arrest, detention and confinement are important considerations in each juvenile jurisdiction. Cultural competency/sensitivity training, linguistic diversity, cultural diversity in juvenile justice professions, professional practice standards, legislative changes impacting policies and practices at both the local and state levels, improvements in data collection disaggregated by race/ethnicity/gender, and data-driven systems change are recommended.

Juvenile justice systems vary from state to state and from locality to locality. DMC reduction efforts must occur at both the state and local level. Efforts must be based on the data collected regarding the existence, extent and nature of DMC; resource availability versus resource gaps; and a resultant, comprehensive DMC reduction plan. The research indicates that utilizing evidence-based, best/promising practices to keep youth in community-based settings are the most effective means to reduce the absolute numbers of youth (including minority youth) entering the juvenile justice system; and when carried out in a culturally competent manner using data-driven, culturally-

sensitive decision making models, DMC is reduced. Indiana's youth of color deserve an equitable opportunity to become healthy, productive, law-abiding adults.

Key:

- *Legislative (Legislative action is required).*
- *Training*
- *Other: Systems (Programs, organizations or agencies needed to implement practices are indicated).*

### ***Immediate action required***

#### **Recommendation # 51**

Review and amend the Indiana Juvenile Code to include a non-discrimination principle.

#### *Legislative*

- Amend the preamble/purpose section of the Juvenile Code, Indiana Code 31-10-2-1, to provide that "it is the policy of this state and the purpose of this title to:
  - Use culturally competent diversion programs and appropriate alternatives to confinement.
  - Provide a judicial procedure that ensures that children and parents are not subjected to bias, discrimination or harassment on the basis of race, ethnic group identification, ancestry, national origin, or color.
  - Provide a continuum of culturally competent services developed in a cooperative effort by local governments and the state.
  - Provide children with fair and equal access to all available services, placement, care, treatment, and benefits regardless of race, ethnic group identification, ancestry, national origin, or color."
- Amend the Indiana Code 31-37-18-6 to include new language that requires the juvenile court to make a finding that the dispositional decree satisfies the purpose of non-discrimination as set forth above.

#### **Recommendation # 52**

Each juvenile justice professional discipline and its direct service providers should make reducing DMC a priority and should develop their own pre-service and ongoing cultural competency training based on best practices and standards adopted by the legislature.

#### *Training*

This recommendation applies to law enforcement, prosecutors, public defenders, attorneys, judiciary, probation departments, detention staff, the Department of

Correction, Department of Child Services, and all state agencies associated with the juvenile justice system.

- Each professional discipline should amend their certification/continuing education process accordingly.
- All line staff should receive such training prior to assessing needs and delivering services.

**Recommendation # 53**

Each Indiana county should create a community juvenile justice council or expand an existing countywide group that will implement the mandate in the Recommendation 54.

*Other: System*

- Juvenile Court judges should take the lead in development of local community juvenile justice councils involving a broad range of juvenile justice officials collaboratively addressing disproportionality and disparity across the county.
- The composition of the council would include stakeholders such as but not limited to, the juvenile court judge (as chairperson), the prosecutor, the public defender, law enforcement, school police and/or school resource officers, school personnel, Department of Correction, community-based service providers, faith-based organizations, higher education/university representatives, parents, youth and others as defined by the local community.
- Each Council will:
  - Gather and analyze data on disproportionality using the Relative Rate Index (RRI) to measure over/under-representation of youth of color.
  - Identify the points of contact where disproportionality occurs, and review and recommend best/promising practices to reduce disproportionality at those points of contact.
  - Develop and implement collaboratively targeted strategies to reduce racial disproportionality and disparity at the local level.
  - Monitor progress by juvenile justice agencies toward reducing disproportionality over time.
  - Identify funds for a local coordinator in counties with significant minority representation (that meet federal guidelines of 1%).
  - Identify funds for local juvenile justice jurisdictions to develop innovative, culturally appropriate court programs, such as restorative justice, community restitution, truancy courts and diversion programming.
- The Indiana Criminal Justice Institute should assist in identifying training and funding opportunities to support local councils and reduction activities.
- Provide an adequate level of funding for counties to collect and analyze data using the Relative Rate Index (RRI), and to implement best/promising DMC practices.

- Every Indiana county with a 1% or greater population of youth of color between the ages of 10-17 should adopt a collaboratively-based, data driven alternatives to incarceration model similar to the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI).

**Recommendation # 54**

All agencies and courts associated with the juvenile justice system should make preventing and reducing disproportionate minority contact (DMC) a priority goal through the development and implementation of best practice prevention and intervention strategies for all points of contact. Local juvenile justice agencies should work collaboratively with each other and systemically within their agencies to identify and address policies, practices and procedures that contribute to disparate treatment and disproportionate impact on youth of color.

*Other: System*

- Every Indiana County should develop a race-neutral, objective risk assessment instrument to ensure that only youth who pose a public safety threat are held in secure detention. Each county's instrument should be developed in collaboration with community stakeholders and should be researched and validated.
- Each juvenile justice jurisdiction and all detention centers should develop culturally appropriate alternatives to detention consistent with public safety for low and medium level risk youth.
- Each juvenile justice jurisdiction and all detention centers should adopt reform measures that will minimize the length of stay.
- All detention centers and the Department of Correction should thoroughly review for and eliminate disparities in programming, services, disciplinary practices and other conditions of confinement for youth of color.
- Every Indiana Juvenile Court should critically examine the filing of each delinquency petition, as required by Indiana Code 31-37-10-2, to help guard against bias in decision making and to ensure the constitutional rights of youth of color.
- Every juvenile justice jurisdiction, through their community juvenile justice council, should work collaboratively with school systems, mental health professionals, child welfare agencies and community leaders to limit inappropriate referrals of youth of color to the juvenile justice system.

**Recommendation # 55**

The Department of Child Services (DCS), through its Regional Service Councils (RSCs), should provide an adequate level of funding opportunities in order to address, as a priority goal, reducing disproportionality and disparity in the child welfare and juvenile justice systems in their service delivery efforts.

*Other: DCS, System*

Each RSC should:

- Fund the county level collection and analysis of data using the Relative Rate Index (RRI) (See the following Recommendation).
- Evaluate local child welfare needs, including the needs of youth alleged to be Children In Need of Services (CHINS) or adjudicated as delinquent, and determine appropriate delivery mechanisms, as provided by Indiana Code 31-26-6, Section 571.
- Incorporate DMC reduction priorities and activities into the strategic plans that each Regional Service Council is mandated to develop pursuant to Indiana Code 31-26-6-5.
- Include in all service contracts a focus on outcomes for youth of color, and require collection of race and ethnicity data related to outcomes.

**Recommendation # 56**

The Indiana Supreme Court, in collaboration with juvenile justice courts, practitioners and stakeholders, should develop a statewide juvenile justice data collection system that disaggregates data based on race/ethnicity at all decision points throughout the juvenile justice system. Data collection systems at the county level must be consistent with uniform collection and reporting systems implemented at the state level and should be easily accessible to juvenile justice practitioners and the public.

*Other: System*

- Creation of this data system should be expedited, building on current efforts to achieve reliable and consistent data across judicial jurisdictions.
- This system would include mandating the use of common definitions and terminology when collecting, recording and analyzing data in the juvenile justice system, including but not be limited to, the requirement of using definitions as outlined by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP), and common definitions of all "points of contact" within the system.
- All data collected should be transparent and real-time.
- Every county and trial court should be mandated to collect, at a minimum, data regarding each youth's race, ethnicity, gender, geography and offense (REGGO). Counties currently using the QUEST data management system should report REGGO data to the Indiana Criminal Justice Institute using uniform definitions and terms, until such time as all counties are using a uniform data management system.

### **Recommendation # 57**

Incorporate into the inter-agency cross-system efforts an advisory panel to the Indiana legislature, judiciary and executive branches on public policy initiatives and legislation involving juvenile justice, delinquency prevention, DMC, and equal access to services for youth of color in the juvenile justice system. Specifically, the advisory group should:

#### *Legislative*

- Include but not be limited to representation from: judicial, legislative and executive branches of government; juvenile justice agencies; families and youth of color; child advocates and professional associations.
- Work with the Indiana Criminal Justice Institute (ICJI) and other criminal justice agencies to develop targeted and collaborative efforts to reduce racial disparity.
- Review the application of current direct file and discretionary transfer/waiver provisions for disparate racial impact. An evaluation should be made regarding whether to cut back or eliminate adult jurisdiction for certain offenses, and consideration made toward raising the floor-age for potential adult criminal responsibility. The once waived, always waived provision should be reviewed and changed to keep youth under the age of 18 in juvenile court jurisdiction whose adult charges are dismissed or end in acquittal.
- Undertake a complete review to understand the policies and practices that underlie drug enforcement, prosecution, sentencing, and their disparate impact on youth of color.
- Review and modify practices that result in high rates of waiver of counsel, to encourage youth and families to retain counsel while in the juvenile justice system.
- Conduct a comprehensive review of the juvenile code in an effort to:
  - Ensure legislative policies support DMC systems change at the state and local level.
  - Incorporate language that reflects the principles embodied in the Juvenile Justice recommendations and the non-discrimination principle (see the following recommendation).
  - Integrate accountability clauses into the revised juvenile code.
  - Identify and address legislative factors contributing to disparities, disproportionality and negative outcomes for youth of color in the juvenile justice system.

### **Recommendation #58**

Provide sufficient resources to the Indiana Criminal Justice Institute (ICJI) for the reduction of DMC in order to increase their internal capability to oversee and deliver technical assistance to counties and other juvenile justice agencies and organizations. ICJI is the state planning agency for criminal justice, juvenile justice, traffic safety, and victim services, and is the pass-through agency for federal delinquency prevention/law enforcement funding opportunities. It is the primary agency responsible for overseeing the state's obligation under federal law to reduce DMC in the juvenile justice system. Along with the heightened state and local activities envisioned by these recommendations, this agency will need additional resources to help it carry out the following responsibilities:

#### *Legislative*

- Develop technical assistance activities supporting new strategies that reduce disproportionality, e.g., establishing pilot programs to create objective screening and assessment tools, using community restitution and restorative justice programs, using alternatives to drug prosecution, and improving traditional case processing.
- Provide funding for incentives to counties to develop county level community juvenile justice councils or to expand existing county level groups. Funding should also be made available from the Department of Correction, Department of Child Services, Indiana Supreme Court, and/or private funds.
- Provide funding for training and programs for School Resource Officers/School Police Departments, which focus on the reduction of DMC and the use of alternatives to juvenile court referral and/or arrest for low- and medium-risk youth.
- Provide funding for a promising practice model program, e.g., the Street Law, that assists families and youth in understanding the implications of interacting with law enforcement and the juvenile justice system and teaches them how to interact appropriately with law enforcement to decrease the opportunity for negative outcomes from such encounters. Promising practice programs should be developed to examine the street-level contact that law enforcement has with youth and the disposition of each contact, particularly in terms of age, race, ethnicity, gender, geography/location, reason for contact and the immediate outcome of the contact.
- Develop an online statewide database to collect and disseminate information on alternative justice programs, cultural competency best practices and standards, and DMC reducing strategies.
- Periodically convene a state-organized, major conference with representatives from all juvenile justice agencies and counties along with community partners to highlight the issue of racial disparity, share technical information and data on disproportionality, and seek and evaluate collaborative solutions.

**Recommendation # 59**

Provide increased state funding to the Department of Correction for community correction opportunities at the local level that will reduce disproportionality, e.g. alternatives to arrest, detention and incarceration, including the development of culturally competent diversion and re-entry programs for youth of color. Designate a specific amount or percentage of community correction funding to juvenile services, or create a separate line item for juvenile services.

**Recommendation # 60** *Other: System*

Every juvenile court should, in accordance with best practice standards, work with juvenile justice agencies to increase the number of qualified interpreters available to youth, families and court personnel at all points of contact.

**Recommendation # 61**

Juvenile justice agencies and courts should work with the mental health community to ensure access to services in a culturally competent manner for all youth of color at each point of contact in the juvenile justice system.

*Other: System*

- Continue efforts underway to institutionalize systematic screening and assessment of youth of color at all entry points into the juvenile justice system, and collect aggregated, prevalence data based on race and ethnicity, to determine appropriate funding and programming needs.
- Develop minimum standards for screening and assessment instruments at each particular stage of the juvenile justice process.
- Review and evaluate mental health services during the screening, assessment and treatment phases in juvenile justice facilities for appropriate levels of staffing and care.
- Increase monitoring and involvement by outside health-related agencies and advocacy groups to prevent inadequate care and institutional abuse of youth of color.

**Recommendation # 62** *Other: System*

Increase the recruitment of minority and bi-lingual staff within all juvenile justice agencies and professional disciplines, to ensure that they are representative of the youth populations they serve. This would include but not be limited to all personnel within law enforcement, prosecutors, public defenders, attorneys, judiciary, probation departments, detention centers, direct service providers, Department of Correction, Department of Child Services, and all state agencies interacting with the juvenile justice system.

**Recommendation # 63**

Juvenile justice agencies should incorporate the crucial role of families and positive youth development approaches into all juvenile justice strategies and programming.

*Other: System*

- Utilize family-focused, strength-based, youth-centered blueprint model treatment programs that intensively involve youth and families in diversion programming, dispositional planning options and transitional planning.
- Involve families in care decisions and ensure that they receive frequent communication about their child's progress and status while in outside placement or secured confinement.
- Provide families with adequate support during a youth's reintegration from secure confinement.
- Develop exemplary family advocate programs and parental training programs to help families of color navigate the court and probation systems and understand available options for advocating for their children.

*Juvenile Justice Long Term Recommendations***Recommendation # 64** *Training*

All disciplines in the juvenile justice system should, in accordance with best practice standards, develop and train all involved in decision making about youth on professional practice guidelines in order to reduce or eliminate racial and ethnic biases.

## *Mental Health*

The complexity of unmet mental health needs of children has been long documented (Katoaka et al 2002; ISBA 2004; U.S. Department of Health and Human Services, Surgeon General Report 2001). Youth with undiagnosed or misdiagnosed mental health challenges are more likely to experience school expulsions, juvenile detention or placement in other settings that may be unresponsive to their needs. African Americans tend to be over-represented in each of those situations described above, yet are under-represented among those obtaining mental health services.

Several explanations exist regarding this under-representation. Stigma is a primary issue. Young people (and their families) may fear being stereotyped as “crazy (Task Force on Early Mental Health Intervention, 2003; NAMI, 2007).” Reluctance to “label” a young person may be an inhibiting factor. While nearly 20% of African Americans lack insurance (NAMI, 2007), among those who have insurance, there is a lack of parity in reimbursement for physical health versus mental health services. Many mental health services are only partially covered; others may not be covered at all. Some people in need of services, as another youth noted, may be unaware of services that might be available (Task Force on Early Mental Health Intervention, 2003; NAMI, 2007).

African Americans have typically relied on their own families, churches and communities to address mental health and addiction issues. As a result of this approach, many conditions are left untreated until behaviors progress to an unmanageable stage and/or a crisis occurs. An additional factor which may affect access to mental health care is the limited number of African American service providers. Nationally, African Americans comprise only 2% of psychologists, 2% of psychiatrists and 4% of social workers (U.S. Department of Health and Human Services, 2001 Mental Health: Culture, Race and Ethnicity). This limited representation of people of color may contribute to cultural misunderstandings. A history of distrust, misdiagnosis and inadequate treatment may further discourage African Americans from seeking treatment (NAMI, 2007).

External factors may also influence mental health access issues. African Americans in the juvenile justice system tend to be incarcerated or detained rather than offered the option of mental health services (Kids Count, 2008). Societal bias may exist regarding mental health. While the Surgeon General (2007) views mental health as just as critical to individual functioning as physical health, there is no mental health equivalent to the priority given childhood immunizations.

The mental health service delivery system has experienced massive structural changes during the past 30 to 40 years. Prior to 1950, all mental health facilities were state owned and received state and federal funding. Mental health clinics emerged in the 1950s, which were primarily supported by grants. Community health centers followed in the 1960s. Ninety-five percent of the beds available in 1955 are no longer available to people in need of hospitalization for long term or acute mental health care. This change in available services has led to an increase in homeless, incarcerated, and/or violent

individuals, who tend to frequent emergency rooms to address mental health issues (DHHS, 1999). Points of access may appear more confusing to those currently seeking services.

The incidence of mental illness among youth is startling. Indiana Youth Institute president, Bill Stanczykiewicz, estimates that nearly 80% of young people entering the child welfare system have developmental, emotional or behavioral problems. A similar finding applies to the juvenile justice system, with estimates of up to 70% of that population having a mental health or substance abuse disorder (Cocozza, J. & Skowrya, K., 2000). While youth of color are over-represented in out-of-home care and in juvenile justice systems, avenues for mental health and/or addiction care are under-utilized by youth of color. Researchers have noted a link between the number of children underserved by the mental health system and the number involved in the juvenile justice system (ISBA, 2004). Early, appropriate access to mental health care may circumvent referrals of many youth of color to detention centers.

Two model programs are identified here which address access issues. The Starting Early Starting Smart program is a collaborative partnership funded by Substance Abuse and Mental Health Services Administration (SAMHSA) and the Casey Family program. The goal of this collaborative is to deliver integrated behavioral health services in early child care and primary health care settings. Another model program, the Vermont Children's Upstream Services (CUPS), promotes existing community partnerships among organizations serving school-age children with emotional disturbance and their families with early childhood settings.

Recommended best practices in mental health services include: (1) utilization of person centered, strength-based approaches, (2) provision of accessible services, (3) the ability to respond to multiple challenges that may be associated with mental illness including addictions, physical health, spirituality, employment, family, and social networks (National Summit on Recovery Conference Report, 2005). The Surgeon General's agenda on mental health in children includes: (1) promotion and recognition of mental health care as critical to the development of healthy children and youth, and (2) integration of family, child and youth centered mental health services into the system serving those populations (US Public Health Service, 2000). Recommendations in the mental health section of this report are consistent with these prescribed practices and models.

## **Mental Health Recommendations**

Key:

- *Legislative (Legislative action is required).*
- *Training*
- *Other: (Programs, organizations or agencies needed to implement practices are indicated).*

### ***Immediate Action Required***

#### **Recommendation # 65:**

Provide adequate resources to ensure parity so that any child in the state, particularly children of color, receives needed mental health and addiction services and treatment. Funding is needed to address prevention, early intervention, increased access to services, service delivery and follow up needs.

*Legislative*

- Provide early intervention for youth, who are not involved with CHINS (Children in Need of Services), but beginning to exhibit behavioral health problems at school and/or at risk of contact with the juvenile justice system.
- Provide youth and families the opportunity to participate in the selection process of mental health and addiction providers that will be working with their family.

**Recommendation # 66**

Reduce stigma, which is a significant barrier among people of color in need of mental health services, using the following strategies:

*Other: Systems (DCS, DMHA, DOE, DOC, DOH)*

- Hold public education campaigns to address stigma via partnerships with media, youth, faith-based programs, public health systems, health professionals, communities, families, and advocacy groups.
- Utilize schools, primary care facilities and other settings where youth at risk for mental illness are located, as places for delivery of mental health care.
- Implement DMHA's Transformation Plan to integrate behavioral health services with primary care: develop "Area Health Centers" that integrate behavioral health with primary health by combining health, substance abuse and mental health services in existing community locations (e.g., YMCA, YWCA, community centers, universities, learning centers). This will increase access for youth of color who are disproportionately underserved among those with mental health issues.

**Recommendation # 67**

All programs in each child serving system should make every effort to provide access to mental health assessment and treatment prior to involving children in the juvenile justice system.

*Other: Systems (DCS, DMHA, DOE, DOC, judges)*

- Encourage the use of alternative, community-based programs as viable alternatives to juvenile justice involvement.
- Encourage financial and programmatic options which do not require juvenile justice or child welfare services as prerequisites for mental health care.

- Efforts should be made to keep children with mental health disorders out of the juvenile justice system whenever possible by utilization of alternative, community-based programming.

**Recommendation # 68** *Legislative*

Provide adequate resources to create educational information to youth and families of color. Educational information will assist families in knowing what services are available to them, reduce stigma, promote early intervention, and contribute to equity in service delivery.

*Other: DMHA, public and private mental health organizations and agencies*

- Provide parents with needed information regarding mental health and addiction treatment options and provide assistance with accessing systems, as needed.
- Identify and promote the use of Parent Advocacy Groups, Parent Education Groups, and ASK (About Special Kids).

**Recommendation # 69** *Legislative*

Provide sufficient resources to support the expansion of qualified service providers and eliminate barriers to care for youth and families of color in need of mental health and addiction treatment. The lack of available service providers often delays treatment and requires youth/families to remain involved with the legal or child welfare system for a longer period of time contributing to disproportionality.

**Recommendation # 70**

Ensure sufficient resources at each point of entry into mental health and addiction, child welfare, education, or juvenile justice. Establish “braided funding” (all state agencies working together sharing funds to benefit the child) efforts to eliminate funding and service silos.

*Legislative*

- Pass legislation that mandates braided funding coordination among child-serving agencies.
- Remove administrative and legislative barriers to Medicaid care for youth confined in detention or correctional facilities.
- Include the Office of Medicaid Office of Policy and Planning and Medicaid Contracted Managed Care Organization(s) as stakeholders by utilizing the Care Select Advocacy Committee as a resource.

**Recommendation # 71** *Training*

Require strength-based approaches that have been identified as best practices in working with diverse populations to be utilized in working with youth of color. Evidence-based programs using strength-based approaches should be used as models to change the culture of agencies providing services. (DOC, DOE, DMHA, DCS)

**Recommendation # 72**

Mandate cultural competency and other training so that the following audiences are better able to recognize potential mental health issues: juvenile court judges, attorneys, mental health providers, substance abuse providers, juvenile justice professionals, law enforcement officers, educators and line staff at points of entry in the decisions making process regarding youth of color.

*Training*

- In addition to providing information on recognizing mental health issues, include in the training extensive information regarding the variety of community alternatives, as well as distrust issues, to best provide effective alternatives for youth of color. The training should provide participants with CLE's, CEU's or other professional continuing education credits.
- Work with credentialing organizations to develop certification processes for probation officers, attorneys, judges or magistrates, sentencing consultants and guardian ad litem who handle CHINS and delinquency cases.

**Recommendation # 73**

Create a listing of service providers and organizations that identifies specific cultural areas of expertise to assist in the referral process for youth of color with mental health and addiction needs.

*Other: DMHA*

- Maintain a pool of individuals who can provide translation services.
- Compile a list of mental health individuals and providers who have successfully completed cultural competency training.
- Develop a list of culturally specific programs and/or culturally diverse service providers.

**Long Term Recommendations**

**Recommendation # 74** *Other: System*

Develop memorandums of understanding (MOUs) to support additional linkages and collaborative relationships among organizations serving youth and provide avenues which support additional communication and record sharing among organizations serving youth. (DOE, DOC, DMHA, DCS, OMPP)

## Conclusion

The Indiana Commission on Disproportionality in Youth Services was charged with describing the current status of racial and ethnic disproportionality in the state of Indiana, examining best/promising practices and offering recommendations to address those issues. The results of our work have led us to understand that disproportionality is broad and complex. A number of key themes emerged from our consideration that we believe must guide this work:

*Disproportionality is present in all systems.*

The problem of disproportionality is far-reaching, affecting all social systems in the state of Indiana. As one undergraduate student studying disproportionality with a member of the Commission noted “Folks of color get more of the bad things, and less of the good things.” Finding a way to change this state of affairs will require considerable attention across all systems.

What happens in one system also affects outcomes in other systems. When a child or family needing child welfare or mental health services fails to receive those services, it will impact that child’s educational performance. When a student of color becomes disengaged in school and is suspended or expelled, that student is at increased risk for contact with juvenile justice. Such youth are also less likely to continue their education, which limits their capacity to become independent, productive members of society.

*Disproportionality is complex; there are no simple solutions.*

There is no single cause, but rather many factors that interact to create racial and ethnic disparities. Poverty indeed leaves many children unprepared for school and more likely to need mental health services. It is also true that child-serving professionals in all our social systems are less diverse than our population, and those professionals may or may not have received sufficient cultural competency training. Disruptions in families and communities undoubtedly create negative peer groups (gangs) that place children and youth at increased risk for suspension and arrest. The fact that disproportionality is greatest in the areas of minor misbehavior or status offenses suggests that system responses to youth of color must also be examined to ensure that our practices and procedures are truly fair and unbiased.

*Disproportionality requires a consistent effort over time.*

Given inevitable political and economic constraints, this document might well be considered a blueprint for action over time towards the reduction of disproportionality. If Indiana is to make progress in reducing disproportionate outcomes, these actions must be made a high priority and pursued consistently over time.

The seriousness of our purpose in addressing the critical issue of disproportionality will be demonstrated by the quality of our effort, and by the extent to which we hold ourselves accountable.

*Disproportionality in our social systems is a product that took many years to create. It will not be erased without serious and sustained effort.*

Accountability is the watchword of our age. We have learned that setting high expectations and providing resources for meeting those high expectations can create progress. If we as a state intend to impact disproportionate representation in our social systems, we will set measurable goals and provide resources that will enable those who work in those systems to meet those goals.

In conclusion, our work over the last nine months has disclosed the extent and impact of disproportionality in services and options offered to youth of color across child welfare, education, juvenile justice, and mental health systems. Disparities grow deeper and more complex as children of color move from one child serving system to another. A consistent, dedicated and well-coordinated effort will be necessary as we move forward to provide greater equity in our social systems. These recommendations are offered as an opportunity, creating the right time for all of us to work together to initiate changes and improve the outcomes for children and families of color in Indiana. That will enable us to realize our vision: “All children of color will thrive in Indiana.”

## Bibliography

AFCARS (2004). National Data Archive on Child Abuse and Neglect. New York: Cornell University.

Annie E. Casey, (2008). *Kids Count Data Book*. Baltimore: Annie E. Casey Foundation.

Annie E. Casey, (2007). Lifelong Family Connections: Supporting Permanence for children in Foster Care. *Kids Count Data Book*. Baltimore: Annie E. Casey Foundation.

American Academy of Child and Adolescent Psychiatrists. (2003). Policy Statement on Mental Health and Use of Alcohol & other Drugs, Screening and assessment of children in foster care.

American Psychological Association (1994). *Children's mental health needs. Reform of the current system*. Washington, D.C.: American Psychological Association.

American Psychological Association (2006). Are zero tolerance policies effective in the schools? An evidentiary review and recommendations. (Report of the APA Zero Tolerance Task Force). Washington, DC: Author. Retrieved March 22, 2008 from <http://www.apa.org/ed/cpse/zttfreport.pdf>.

Baird, C., & Wagner, D. (2000). The relative validity of actuarial and consensus based risk assessment systems. *Children and Youth Services Review*, 22 (11/12), 839-871.

Betancourt, J.R., Green, A.R., & Carrillo, J.E. (2002, October). *Cultural competence in health care: Emerging frameworks and practical approaches. Field Report*. Retrieved from [www.cmwf.org](http://www.cmwf.org)

Blackman, L.C. (1999). The UMOJA principle in action: African American men and women pulling together to forge 21st century families. *Journal of African American Men*, 4 (1), 53-70.

Boyd-Franklin, N. (2003). Race, class, and poverty. In F. Walsh (Ed.), *Normal family processes: a growing diversity and complexity* (pp. 260-279). New York: Guilford Press.

Byers, S. (2002). Eliminate the achievement gap in Seattle public schools: Presentation to the Council for Exceptional Children, An Action Plan Report Retrieved October 14, 2008, from Seattle Public Schools Web site, [http://www.seattleschools.org/area/eag/action\\_2003.pdf](http://www.seattleschools.org/area/eag/action_2003.pdf)

Casey Family Programs (2002). *Understanding the difference between over-representation and disproportionate representation*. Adapted from a paper developed by Casey family Programs. Paper presented at Race Matters II Forum, Chicago, March 2002.

Casey Family Programs (2003). Practices that mitigate the effects of racial ethnic disproportionality in the child welfare system. Washington D.C.: Annie E. Casey Foundation.

Center for the Study of Social Policy (2004). The race & child welfare project. Fact Sheet 2: State by state statistical profile of racial overrepresentation in foster care. Washington, DC: Center for the Study of Social Policy.

Child Welfare League of America (2001). *Values and Principles for Mental Health and Substance Abuse Services and Supports for Children in Foster Care (2001) Preamble*. Retrieved October 14, 2008, from Child Welfare League of America Web site, <http://www.cwla.org/programs/bhd/mhvaluesandprinciples.htm>

Chibnall, S., Dutch, N., Jones-Harden, B., (2003). Children of Color in the Child Welfare System: Perspectives from the Child Welfare Community. Washington, D.C.: Howard University.

Clark, K., & Gehshan, S. (2006) *Meeting the health needs of youth involved in the juvenile justice system*. Washington, D.C.: Joint Center Health Policy Institute.

Clifford, S. (2004). Report to the Indiana Commission on Mental Health: Mental health and addiction recovery & resilience in Indiana.

Cocozza, J. & Skowrya, K. (2000). Youth with Mental Health Disorders: Issues and Emerging Reports. *Juvenile Justice* 7:6. Washington D.C.: Office of *Juvenile Justice and Delinquency Prevention Journal*, 7(1), 3-13, from <http://www.ojjdp.ncjrs.org>.

Day, J. & Newburger, E. (2002). The big payoff, Educational attainment and synthetic estimates of work life earnings. Washington, D.C.: U.S. Census Bureau.

De la Rosa, M.R. and White, M.S. (2001). A review of the role of social support systems in the drug use behavior of Hispanics. *Journal of Psychoactive Drugs*, 33(3): 233-240.

Department of Education, (2006). Q and A: Questions and Answers On Response to Intervention (RTI) and Early Intervening Services (EIS)Early Intervening Services. Retrieved October 14, 2008, from [www.http://idea.ed.gov/explore/view/p/,root,dynamic,QaCorner,8](http://www.idea.ed.gov/explore/view/p/,root,dynamic,QaCorner,8)

Dept. of Health & Human Services (2001). *Child Care & Development Fund: Report of State Plan*. Retrieved October 14, 2008, from <http://www.nccic.org/pubs/CCDFStat.pdf>

Derezotes, D.M., & Poertner, J. (2001). Factors contributing to the overrepresentation of African American children in the child welfare system. In M.F. Testa & J. Poertner (Eds). *Race matters: The overrepresentation of African Americans in the child welfare System* (pp. 1-40). Illinois: Children & Family Research Center.

- Devore, W., & Schlesinger, E.G. (1996). *Ethnic-sensitive social work practice (4th Ed.)*. Boston: Allyn & Bacon.
- Donovan, M. S., & Cross, C. T. (Eds.). (2002). *Minority students in special and gifted education*. Washington, D.C.: National Academies Press.
- Drug Policy Alliance (2003). *Bush Aims Money at Faith-Based Treatment Programs: May Face Legal Challenges*. Retrieved October 14, 2008, from [http://www.drugpolicy.org/news/01\\_30\\_03bush.cfm](http://www.drugpolicy.org/news/01_30_03bush.cfm)
- Eyenet, (2005). *Rescuing kids earlier from mental anguish*. Retrieved October 14, 2008, from <http://www.cyc-net.org/features/ft-screeningprogram.html>
- Geen, R. (2003). *Foster Children Placed with Relatives Often Receive Less Government Help*. Washington, D.C.: Urban Institute. Retrieved October 14, 2008, from <http://www.urban.org/urlprint.cfm?ID=8366>.
- Gibb, A., & Skiba, R. (2008). *Using data to address equity issues in special education*. Indiana: Center for Evaluation and Education Policy.
- Government Accountability Office (2007). *African American Children in Foster Care*. GA-01-816 Report to the Chairman of the Ways and Means Committee.
- Halfon, M. & Inkelas, M. (2003). Optimizing the health and development of children, *Journal of the American Medical Association* 290, 23. 3136-3138.
- Hartmann, T.A. (2003). *Moving Beyond the Walls: Faith and Justice Partnerships Working for High-Risk Youth*. Retrieved October 14, 2008, from Public/Private Ventures Web site, <http://www.ppv.org/pdffiles/beyondwalls1.pdf> (last accessed Dec 12, 2003).
- Health, C. (2001). *Best practices treatment and rehabilitation for youth with substance abuse problems*. Prepared for Office of Alcohol, Drugs and Dependency Issues, Health Canada. Ministry of Public Works and Government Services.
- HHS (2000). Report to the Congress on Kinship Foster Care Part I. Research Review Washington, D.C.
- Hill, R. (2005). Overrepresentation of children of color in foster care in 2000, revised working paper.
- Hill, R. (1999). *The strengths of black families: 25 years later*. Maryland: University Press of America, Inc.
- Hill, R. (2006). Synthesis of Research on Disproportionality in Child Welfare: An Update. Casey-CSSP Alliance for Racial Equity in the Child Welfare System. Casey-CSSP Alliance for Racial Equity. Maryland: Casey Family Programs.

Holman, B., & Ziedenberg, J. The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities. Washington D.C.: Justice Policy Institute.

Hoytt, E., Schiraldi, V., Smith, B., & Ziedenberg, J. *Pathways to Juvenile Detention Reform: Reducing Racial Disparities in Juvenile Detention*. Baltimore: Annie E. Casey Foundation.

Indiana Department of Education (IDOE). Suspension/Expulsion Report 2006-07.

Indiana Department of Education (IDOE). Center for Exceptional Learners – CODA Project 2007-08.

Indiana Department of Child Services. *Demographic Trends Report (SFY 2005)* Retrieved October 14, 2008, from <http://www.in.gov/dcs/files/demtrendsreports2005.pdf>

Indiana Department of Child Services. *Demographic Trends Report (2004-2005)* Retrieved October 14, 2008, from <http://www.in.gov/dcs/files/demtrendsreports2005.pdf>

Indiana Disproportionality Committee (2007). Annual Report: January 1-2007- December 31, 2007. Retrieved October 14, 2008, from <http://www.in.gov/cji/files/IDC2007AnnualReport.pdf>

Indiana State Bar Association (ISBA) Civil Rights of Children Committee (2004). Official Report and Recommendations: Children, Mental Health and the Law Summit.

Jacobsen, E., McCloskey, S., Kennedy, E., Sloan, M., Anderson. (2007). Summary Of Promising Practices to Eliminate Racial and Ethnic Health Disparities. Delaware: Institute for Public Administration,

Johnson, K.; Strader, T.; Berbaum, M.; Bryant, D.; Bucholtz, G.; Collins, D.; & Noe, T. (1996). Reducing alcohol and other drug use by strengthening community, family, and youth resiliency: An evaluation of the Creating Lasting Connections program. *Journal of Adolescent Research*, 11(1): 36-67.

Johnson, W. (2004). Effectiveness of California's Child Welfare Structured Decision Making Model: A Prospective Study of the Validity of the California Family Risk Assessment.

Katoaka, S.H., Zhang, L., & Wells, K.B. 2002. Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159(9), 1548-155.

Kumli, K. (2004). Children, Mental Health and the Law Summit. Indianapolis, Indiana.

Kutter, C.J. & McDermott, D.S. (1997). Role of the church in adolescent drug education. *Journal of Drug Education*, 27(3): 293-305.

- Ladson-Billings, G. (2006). From the achievement gap to the education debt: Understanding achievement in U. S. schools. *Educational Researcher*, 35 (7), 3-12.
- Levinson, B., Bucher, K., Harvey, L. Martinez, R., Perez, B., Skiba, R., Harris, B., Cowan, & Chung, C., (2007), *Latino Language Minority Students in Indiana: Conditions and Challenges*. In a Special report of the Center for evaluation and Education Policy.
- Martinez, M.D., (2003). Missing in action: Restructuring hope and possibility among Latino students placed and youth. *Journal of Latinos and Education*, 2 (1), 13-21.
- Louisell, M., (2004). *Model Programs For Youth Permanency: California Permanency For Youth Project. California*. Retrieved October 14, 2008, <http://www.cyp.org/Files/ModelPrograms.pdf>
- McCord, J., Widom, C., & Crowell, N. (Eds.) (2001). *Juvenile Crime, Juvenile Justice*. Washington, D.C.: National Academy Press.
- McRoy, R. (2004). The Color of Child Welfare. In K. Davis & T. Bent- Goodley (Eds.) *The Color of Social Policy*. Virginia: Council on Social Work Education.
- Michigan Record Review (2004). Early On Monitoring standards. Retrieved October 14, 2008, from [http://www.mi.gov/documents/EOMonitoringStandards\\_108972\\_7.pdf](http://www.mi.gov/documents/EOMonitoringStandards_108972_7.pdf)
- Miller, O., & Gaston, R. (2003). A Model of Culture-Centered Child Welfare Practice. *Child Welfare*, 82(2). 235-249.
- Milner, H. R., & Ford, D. Y. (2007). Cultural considerations in the underrepresentation of culturally diverse elementary students in gifted education. *Roeper Review*, 29, 166-173.
- Myers, P.L. (1991). Cult and cult-like pathways out of adolescent addiction. In: Sweet, E.S. (ed) *Special Problems in Counseling the Chemically Dependent Adolescent* (pp.115-137). New York: The Haworth Press.
- National Alliance on Mental Illness, (2007). *African American Community Mental Health Fact Sheet*. Retrieved October 14, 2008, from [http://www.nami.org/Content/NavigationMenu/Find\\_Support/Multicultural\\_Support/Annual\\_Minority\\_Mental\\_Healthcare\\_Symposia/AA\\_MH\\_Disparities\\_04.pdf](http://www.nami.org/Content/NavigationMenu/Find_Support/Multicultural_Support/Annual_Minority_Mental_Healthcare_Symposia/AA_MH_Disparities_04.pdf)
- National Association of Children's Hospitals, (NACH) (2007) Medicaid Facts: Indiana.
- National Association of Social Workers. (2001). *NASW Standards for Cultural Competence in Social Work Practice*. Washington DC: NASW Press.
- National Association of State Alcohol and Drug Abuse Directors(2000). Letter to Congress regarding Faith-based Addiction Programs. Retrieved October 14, 2008, from <http://www.tgorski.com/faith->

based%20programs/nasadad\_letter\_to\_congress\_regarding\_faith-based\_addiction\_programs.htm

National Center for Children in Poverty. (2008). *Indiana: Demographics of Low Income Children*. Retrieved October 14, 2008, from [http://www.nccp.org/profiles/IN\\_profile\\_6.html](http://www.nccp.org/profiles/IN_profile_6.html)

National Center for Educational Statistics. (2004). Drop out rates in the Retrieved October 14, 2008, from <http://nces.ed.gov//pubs2007/dropout/>

National Center on Addiction and Substance Abuse (2001). *So help me God: Substance abuse, religion and spirituality*. New York: National Center on Addiction and Substance Abuse at Columbia University.

National Council on Crime and Delinquency (2007). *And Justice for some: Differential treatment of youth and color in the Justice system*. Oakland, CA: National Council on Crime and Delinquency. Retrieved October 14, 2008, from [www.nccd-crc.org/nccd/pubs/2007jan\\_justice\\_for\\_some.pdf](http://www.nccd-crc.org/nccd/pubs/2007jan_justice_for_some.pdf)

National Mental Health Association (2000). *Stealth Legislation that Compromises Substance Abuse Treatment Speeding Toward Enactment*. Retrieved October 14, 2008, from <https://secured.nmha.org/newsroom/system/news.vw.cfm?do=vw&rid=242>

National Technical Assistance and Evaluation Center for Systems of Care. (2008). *Individualized, Strengths-Based Approach in Public Child Welfare Driven Systems of Care*. Retrieved October 14, 2008, from <http://www.childwelfare.gov/pubs/acloserlook/strengthsbased/>

O'Connor, T., Ryan, P., & Parikh, C. (1998). Model program for churches and ex-offender reintegration. *Journal of Offender Rehabilitation*, 28(1/2): 107-126.

Pardini, D.A., Plante, T.G., Sherman, A., & Stump, J.E. (2000). Religious faith and spirituality in substance abuse recovery: Determining the mental health benefits. *Journal of Substance Abuse Treatment*, 19(4): 347-354.

Peck, N., Law, A., & Mills, R. (1987). *Dropout Prevention: What We Have Learned*. Educational Resources Information Center/Counseling and Personnel Services Clearinghouse (ED 279 989).

Pew Foundation on Children in Foster Care. (2004). *Fostering The Future, Safety, Permanence And Well-Being For Children In Foster Care*. Washington, D.C.: The Pew Commission on Children in Foster Care.

Prevent Child Abuse America. (2001). *Fact Sheet: Cost of Child Abuse & Neglect in the U.S.* Illinois: Prevent Child Abuse America.

Rausch, M. & Skiba, R. (2006). *Discipline, Disability and Race: Disproportionality in Indiana Schools*. Indiana: Center for Evaluation and Education Policy.

Roberts, D.E. (2002). Racial Disproportionality in the U.S. Child Welfare System: Documentation, Research on Causes, and Promising Practices. Working Paper #4. Prepared for the Annie E. Casey Foundation. Northwestern University School of Law: Institute for Policy Research.

Roberts, R., Roberts, C., & Chen, Y. (1997). Ethnocultural differences in prevalence of adolescent depression. *American Journal of Community Psychology*, 25, (95-110).

Rolf, J.E.; Johnson, J.L. (1999). Opening doors to resilience intervention for prevention research. In: Glantz M.D.; Johnson J.L. (eds.) *Resilience and Development: Positive Life Adaptations* (pp. 231-249). New York: Kluwer Academic/Plenum Press.

Rolock, N., & Testa, M. (2001, January). *Indicated Child Abuse and Neglect Reports: Is the Investigation Process Racially Biased?* Paper presented at the Race Matters Forum: Examining the Over Representation of African Americans in the Child Welfare System, Washington, DC: Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign.

Saunders, D.M. (1999). Religious approaches to the secondary and tertiary prevention of substance abuse: Their efficacy in reducing risk factors among late adolescents and young adults. *Dissertation Abstracts International*, 59(11): 4070-A.

Shore, N. Wirth, J, Cahn, K. Yancey, B. and Gunderson, K. 2001. Long-term and immediate outcomes of Family Group Conferencing in Washington State. At: International Institute for Restorative Practices. Last accessed 9/16/05.

Shufelt, J., & Cocozza, J. (2006). Youth with Mental Health Disorders in the Juvenile Justice System: Results From a Multi-State Prevalence Study. New York: National Center for Mental Health & Juvenile Justice.

Skiba, R.J., Michael, R.S., Nardo, A.C. & Peterson, R. (2002). The color of discipline: Sources of racial and gender disproportionality in school punishment. *Urban Review*, 34, 317-342.

Skiba, R., Michael, R., & Nardo, A. (2000). The color of discipline: Sources of racial and gender disproportionality in school discipline. Bloomington, IN: Indiana Education Policy Center.

Skiba, R., Rausch, K., Abbot, D., & Simmons, A. (2007). *Disproportionate Minority Contact in Indiana: Quantitative Analysis*. Presented to the Indiana Criminal Justice Institute.

Skiba, R. J., Simmons, A. D., Ritter, S., Gibb, A., Rausch, M. K., Cuadrado, J., & Chung, C. G. (2008). Achieving equity in special education: History, status, and current challenges. *Exceptional Children*. Vol. 74 (3) pp. 264-288.

Smith, C., & Devore, W. (2004). African American Children in the Child Welfare and Kinship System. From Exclusion to over-inclusion, *Children and Youth Services Review* 26 (5) 427-446.

Stack, C. (1974). *All our kin: Strategies for survival in a black community*. California: Harper & Row.

Teplin, L.A. (2002). Psychiatric Disorders in Youth in Juvenile Detention. *Archives of General Psychiatry*, 59 (12): 1133-1143.

Texas Health and Human Services Commission and Department of Family and Protective Services (2006). *Disproportionality in Child in Protective Services Policy Evaluation and Remediation Plan*. Retrieved October 14, 2008, from [http://www.dfps.state.tx.us/Documents/about/pdf/2006-07-01\\_Disproportionality.pdf](http://www.dfps.state.tx.us/Documents/about/pdf/2006-07-01_Disproportionality.pdf)

Testa, M. (2001). *The Changing Significance of Race and Kinship for Achieving Permanency for Foster Children*. Paper presented at The Race Matters Forum sponsored by the University of Illinois at Urbana-Champaign, Chevy Chase, MD.

Testa, M. , Poertner P., & Derezotes, D. (2005). *Race Matters in Child Welfare: The Overrepresentation of African American Children in the System*. Washington D.C.: Child Welfare League of America.

Toppo, F., Lochner, L., & Moretti, E. (2003). *The effect of education on crime: Evidence from prison inmates arrests and self-reports*. Retrieved October 14, 2008, from <http://www.econ.berkeley.edu/~moretti/lm46.pdf>

Twenge J., & Nolen-Hoeksema, S, (2002). Age, gender, race, socio-economic status and birth cohort differences on the children's depression inventory. *Journal of Abnormal Psychology*, 111, 578-588

UNICEF. (1990). UN Convention on the Rights of the Child.

United States Bureau of the Census. (2001). Poverty statistics. Washington, DC.: U.S. Government Printing Office.

U.S. Census Bureau, 2005, American Community Survey. Washington, DC.: U.S. Government Printing Office.

U.S. Census Bureau, 2006 American Community Survey. Washington, DC.: U.S. Government Printing Office.

U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, Race, and Ethnicity – A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

U.S. Department of Health & Human Services. (1998) *Trends In The Well-Being of America's Children and Youth*. Washington DC: U.S. Department of Health & Human Services.

United States Department of Health and Human Services, Administration for Children and Families. (2003). *The Adoption And Foster Care Analysis And Reporting System*. Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. Results of the 2005 National Survey on Drug Use and Health National Findings. Rockville Maryland: HHS, SAMHSA, Office of Applied Studies.

United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. National Summit on Recovery Conference Report. (2005)

Valencia, R. R., & Solarzano, D. (1997). Contemporary deficit thinking. In R. R. Valencia, R. R. (Ed.) *The evolution of deficit thinking : educational thought and practice*. Washington, D.C. : Falmer Press.

Villarreal, F., & Walker, N,. (2002). *Donde Esta La Justicia: A Call to Action on Behalf of Latino and Latina Youth in the U.S. Justice System*. Washington, D.C.: Building Blocks for youth.

Wald, J. & Losen, D. J. (2007). Out of sight: The journey through the school-to-prison pipeline. In S. Books (Ed.) *Invisible children in the society and its schools* (3rd Ed.) (pp. 23-27). Mahwah, NJ: Lawrence Erlbaum Associates.

Weinstein, R. S., Gregory, A., & Strambler, M. J. (2004). Intractable self-fulfilling prophecies: *Brown v. Board of Education*. *American Psychologist*, 59 (6), 511-520/

Wilkerson, D.; Sherrill, E.; & Sherrill, J. (1986). *The Cross and the Switchblade*. New York: Berkeley Publishing Group.

Williams, C. (1999) Statement on Meeting the Needs of Older Youth in Foster Care by Carol W. Williams before the House Committee on Ways and Means, Subcommittee on Human Resources. Retrieved October 14, 2008, from <http://www.os.dhhs.gov/asl/testify/t990309a.html>

Wulczyn, F. (2007). *Child Welfare Watch* 14, Summer.

Yzaguirre, R. (2005). *Educational Status on Latino Children*. Washington, D.C.: National Council of LaRaza.

Zimmer, B. (2002). Effect of The Teen Challenge Faith-Based Program in Reducing Recidivism and Substance Abuse as Perceived by Adult Male Ex-Offenders in Texas. *Dissertation Abstracts International*, 62(11): 3731A.

# Appendices

## *Appendix 1: Glossary of Terms*

Due to the complexity of this issue, several key terms warrant explanation. This cross-disciplinary study involves several distinct disciplinary areas. Developing common language around key terms will contribute to greater consistency in interpretation and enhanced dialogue regarding disproportionality issues and solutions which address the needs of youth of color.

### **Adjudication**

Adjudication is the final judgment that a juvenile is delinquent based, at least in part, on a finding that the youth committed an act that would be a crime if committed by an adult, or an act that is a status offense, such as truancy, etc. Although an adjudication is not a criminal conviction, it is a legal finding of responsibility. If adjudicated a delinquent, youth generally proceed to disposition (which is equivalent to adult sentencing) hearings where they may be placed on probation, committed to residential facilities, be ordered to perform community service, or various other sanctions. Dispositions have a rehabilitative purpose and may result in a court-ordered intervention into family life in order to prevent the child from committing future delinquent acts.

### **Arrest**

A youth may be taken into custody (“arrested”) by a law enforcement officer under an order of the court, or when a law enforcement officer acts with probable cause (believe more likely than not) that the youth has committed a delinquent act. There are two categories of delinquent acts: (1) acts that would be a crime if the youth was an adult; and (2) status offenses. Status offenses are acts that a youth is in trouble for because of the youth’s age, such as running away, truancy, disobedience, etc.

### **Authentic Assessment**

Authentic assessment is a form of assessment in which students are asked to perform real-world tasks that demonstrate meaningful application of essential knowledge and skills.

### **Best Practice**

A best practice is a methodology that is generally accepted as a successful intervention currently believed to improve consumer outcomes. Evidence-based practices are a type of best practice that has been established and supported by scientific evidence. The terms "best practice" and "evidence-based practice" are often used interchangeably. Another similar descriptor is promising practices which refers to interventions or services that have shown benefit to consumers, but have not yet been established as evidence-based practices through rigorous scientific research.

**Children of Color**

Children of color that are disproportionately affected in Indiana's child serving systems include, but are not limited to, African-American, Hispanic/Latino, Asian-American, Native-American and Hawaiian or Pacific Islanders.

**Confinement in Secure Correctional Facilities**

Confinement cases are those in which youth are placed in secure residential or correctional facilities for delinquent offenders following a court disposition. The confinement population should NOT include all youth placed in any form of out-of-home placement.

**Cultural Competence**

The ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions-in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each. Cultural competence is a continuous process of learning about the cultural strengths of others and integrating their unique abilities and perspectives into our lives. Cultural competence is a vehicle used to broaden knowledge and understanding of individuals and communities. Cultural competence or the lack of it will be reflected in how communities relate to and/or interact with service providers and their representatives. (2000 Census: Quick Facts, U.S. Department of Commerce, Census Bureau (2001). Adapted by CWLA (1981) revised 2001).

**Cultural Sensitivity**

Cultural sensitivity refers to an awareness that cultural differences and similarities exist and have an effect on values, learning, and behavior.

**Detention**

Detention refers to youth held in secure detention facilities at some point during court processing of delinquency cases- i.e., prior to disposition. In some jurisdictions, the detention population may also include youth held in secure detention to await placement following a court disposition. For the purposes of DMC, detention may also include youth held in jails and lockups.

**Differentiated Instruction**

Differentiated instruction is a process to approach teaching and learning for students of differing abilities in the same class. The intent of differentiating instruction is to maximize each student's growth and individual success by meeting each student where he or she is, and assisting in the learning process

**Disparity**

Disparity refers to unequal or differential treatment when comparing a person of color with a member of the majority population in the United States. This may be evidenced at multiple decision making points in a child-serving system (for example, in the child welfare system--reporting, investigation, substantiation, foster care placement, exit, treatment, services or resources). (Adapted from Casey Family Programs).

## Dispositions

Dispositions are the values, commitments and professional ethics that influence behaviors toward students, families, colleagues, and communities and affect student learning, motivation, and development as well as the educator's own professional growth. Dispositions are guided by beliefs and attitudes related to values such as caring, fairness, honesty, responsibility, and social justice. For example, they might include a belief that all students can learn, a vision of high and challenging standards, or a commitment to a safe and supportive learning environment. (NCATE, 2002, p. 53)

## Disproportionality

Disproportionality or disproportionate representation refers to the situation in which members of a particular race or ethnic group in the United States are represented at a higher percentage (over-representation) or lower percentage (under-representation) than their representation in the general public. The focus of this report is upon disproportionality in the areas of child welfare, education, juvenile justice and mental health (Adapted from Casey Family Programs).

## Disproportionality Measurements

- **Composition Index\***: The composition index describes the percentage of students in a program or category represented by a given racial/ethnic group. For example, if we were to calculate the composition index for African American students in special education, the formula would be:

$$\frac{\text{Number of African American Students in Special Education}}{\text{Total Number of Students in Special Education}}$$

In order to be meaningful, the composition index must be compared to the group's representation in the entire population (e.g., African American students represent 25% of those in special education, but only 11% of the population).

- **Risk Index\***: The risk index is the percentage of a given racial/ethnic group in a program or category. For example, the formula for calculating the risk index for suspension for Latino students is:

$$\frac{\text{Number of Latino Students Suspended}}{\text{Total Enrollment of Latino Students}}$$

This formula allows us to determine what percentage of Latino students are suspended, that is, their risk for being suspended (e.g., 10% of Latino students are suspended out-of-school). To interpret the risk index, it is compared to the risk ratio of other groups through the risk ratio (below).

- **Risk Ratio\***: The risk ratio is a comparison of the risk indices of different groups. To calculate a group's risk ratio, their risk index is divided by the risk index for all other groups. For example, the formula for the risk ratio for Latino suspensions is:

$$\frac{\text{Risk Index of Latinos Students' Suspension}}{\text{Risk Index for All Other Groups for Suspension}}$$

That is, if 10% of Latino students are suspended, but only 5% of students in other racial/ethnic groups are suspended, the risk ratio is 2.0, signifying that Latino students are 2 times more likely to be suspended than other students.

\* Further information on the calculation of disproportionality statistics in education may be found in: Gibb, A.C., & Skiba, R.J. (2008). *Using Data to Address Equity Issues in Special Education*. Bloomington, IN: Center for Evaluation & Education Policy. Downloadable from the Equity Project website: [ceep.indiana.edu/equity](http://ceep.indiana.edu/equity).

### **Disproportionate Minority Contact (DMC)**

Amendments to the Juvenile Justice and Delinquency Prevention Act in 2002 require states to measure racial and ethnic disproportionality in contact points throughout the juvenile justice system, and develop intervention plans for addressing DMC. The Act makes disproportionality one of four core requirements and ties 25 percent of state's formula grants allocation to their compliance plans. States are required to report data disaggregated by race and ethnicity at nine decision points in the juvenile justice system: arrest, juvenile court referral, pre-adjudication detention, pre-petition diversion, petition filing, transfer/waiver to adult court, adjudication, post-adjudication probation and post-adjudication secure confinement.

### **Diversion**

Youth referred to juvenile court for delinquent acts are screened by an intake department (either within or outside the court). The intake department may recommend one of four options: (1) that the case be dismissed for lack of legal sufficiency; (2) that the case be resolved informally (without the filing of charges); (3) that the case be resolved formally (with the filing of charges); or (4) that the case be referred to another agency. The diversion population includes all youth handled informally without filing of a formal petition with the court. Those cases that were recommended for referral to another agency or for dismissal are not included in the diversion population.

### **Formative Assessment**

A formative assessment is an ongoing evaluation of student learning to provide continuous feedback about performance to both learners and instructors. Highly qualified teachers –According to the Indiana Department of Education, a highly qualified elementary teacher must hold a valid Indiana elementary school education teaching license or a special education license that includes elementary school grades and passed the PRAXIS II elementary education licensing exam entitled “Elementary Education: Curriculum, Instruction and Assessment.” A highly qualified teacher for junior high or middle school (grades 6-8) must hold a valid Indiana teaching license appropriate for grades 6-8 or a special education license that includes middle grades and must have accomplished one of the following: passed the required PRAXIS II licensing exams for each core subject taught, hold a bachelor's degree in each core subject taught, completed coursework equivalent to an academic major (24 credit hours) in each core subject taught, or earned a master's degree in each core subject taught. A highly qualified secondary teacher (grades 9-12) must hold a valid Indiana secondary education teaching license or a special education license (grades 9-12) and have accomplished at

least one of the following: passed the required PRAXIS II licensing exams for each core subject taught, hold a bachelor's degree in each core subject taught, completed coursework equivalent to an academic major (24 credit hours) in each core subject taught, or earned a master's degree in each core subject taught.

When data on the numbers of highly qualified teachers is released to the public, the Education Subcommittee recommends that it should include data on the following characteristics as well:

- Experience (number of years full-time teaching)
- Demonstrated success as a classroom teacher (as measured by student performance/achievement – both on standardized tests and classroom assessments)
- Possessing empathic disposition (as demonstrated by developing caring relationships with students)
- Out-of-field teaching assignments (teachers who are assigned to teach a subject that they are not highly qualified in)
- Numbers of new teachers (first two years) that have access to a state certified mentor

### **Kinship Care**

Kinship care is the full time care, nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child. This definition is designed to be inclusive and respectful of cultural values and ties of affection. It allows a child to grow to adulthood in a family environment (Child Welfare League of America).

### **Multi-Ethnic Placement Act/Interethnic Adoption Provisions**

The Multi-Ethnic Placement Act (MEPA) was passed in 1994 to enhance the placement of children from foster care. It specifically prohibited the delay of a child's placement solely on the basis of race, color or national origin. It required that states make diligent efforts to recruit foster and adoptive parents who reflected the racial and ethnic backgrounds of the children needing placement. In 1996 MEPA was amended to delete the word "solely" from the Act to create the Removal of Barriers to Interethnic Adoption Provisions, IEP. IEP prohibits agencies who receive federal funds from considering race in decisions on foster and adoptive placements.

### **Permanency**

Permanency for a child means a safe, stable and secure home and family, love, unconditional commitment, and lifelong support in the context of reunification, adoption or legal guardianship, where possible. Every youth exiting foster care should have at a minimum a permanent connection with one caring, committed adult who will provide them with guidance and support as they make their way into adulthood. Whatever the permanency arrangement, youth must have the opportunity to maintain contact, as appropriate, with people who are most important to them, especially siblings.  
Indiana Department of Child Services

### **Petitioned/Charge Filing**

The prosecuting attorney may file a petition with the juvenile court alleging that a youth is a delinquent child. The delinquency petition is not formally "filed" until the juvenile

court “approves” the petition. The juvenile court then considers whether the case should go to fact finding (trial) or be handled informally, or whether there are not sufficient facts in the police report to allow the case to proceed, and thus the case is dismissed. The filing of the petition will be approved if the court finds that there is probable cause to believe that the youth is a delinquent child and that it is in the best interests of the child or the public that the petition be filed. If the court does not approve the petition alleging delinquency, the case will not go through the formal court process.

### **Positive Behavior Supports (PBS)**

Positive Behavior Supports is the application of a behaviorally-based systems approach to enhance the capacity of schools, families, and communities to design effective environments that improve the link between research-validated practices and the environments in which teaching and learning occur.

### **Probation**

Probation cases are those in which a youth is placed on formal or court-ordered supervision following a juvenile court disposition. Note: youth on "probation" under voluntary agreements without adjudication should not be counted here, but should be part of the diverted population instead.

### **Referral Juvenile Justice**

Referral is the process that starts a potentially delinquent youth into the legal process at the request of a law enforcement agency or the complaint of a citizen or school. The youth’s case is given to an intake officer. The intake officer then begins the preliminary inquiry process to make a recommendation on how the case should be developed.

### **Relative Rate Index**

The Relative Rate Index (RRI) is the standard measurement put forth by the Office of Juvenile Justice and Delinquency Prevention for measuring disproportionate minority contact (DMC). It is typically used to compare the rates of racial and ethnic groups to the White rate (however, it can also be used to compare the rates of one race/ethnic group with all other race/ethnic groups) throughout the juvenile justice continuum. For instance, a ratio greater than 1.0 of African American detention rate to the White detention rate indicates the degree to which African American youth are over-represented in detention when compared with White youth.

### **Response-to-Intervention (RtI) or One Plan for Student Success**

RtI is a framework for prevention and early intervention, which involves determining whether all students are learning and progressing adequately when provided with high quality instruction and intervention. Data on the effects of implementation of a RtI framework has been positive, especially as it relates to addressing achievement gaps and rates of disproportionality.

### **Risk Assessment Instrument (RAI)**

An objective, culturally sensitive Risk Assessment Instrument (RAI) is an important strategy in detention admissions reform. A RAI is a screening tool to guide detention personnel making the critical decision of whether to detain or release a referred youth,

using reliable, standardized techniques. Effective admissions policies and practices that control entry to detention rely on objective criteria to distinguish among youth who are likely to flee or commit new crimes, and those who are not. The RAI should be based on objective criteria that defines eligibility and administered with appropriate data-driven monitoring and oversight. It determines the extent of detention service necessary to accomplish the purposes of detention (appearance in court or prevent re-offending). *Pathways to Juvenile Detention: Controlling the Front Gates*, Annie E. Casey Foundation (1999).

### **Rubrics**

Rubrics are explicit summaries of the criteria for assessing a particular piece of student work, plus levels of potential achievement for each.

### **Social Pedagogy**

Social pedagogy is a branch of upbringing, education, and interventions used by social workers. This holistic practice approach to working with children and families, emphasizing personal and social responsibility, is person-focused and strength-based, not procedure or problem-focused.

### **Student Services**

Student services include school psychology, school social work, counseling and guidance, and health services provided to students within the school setting.

### **Transfer (Waiver) to Adult Court**

Waiver refers to the process during which the juvenile court decides whether to keep the youth's case in juvenile court or waive jurisdiction and transfer the youth's case to the adult criminal court. The process begins when the prosecuting attorney requests that the juvenile court waive jurisdiction over the child, which means that the juvenile court will no longer handle the case. A formal hearing is held during which the juvenile court judge considers whether the child is beyond the rehabilitative purview of juvenile court and whether the youth and community are best served for the child to be tried as an adult. If the juvenile court waives jurisdiction and transfers the case to adult criminal court, the criminal court processes the case in the same way as any other adult defendant and the youth may be transferred to the adult jail. In Indiana, once a youth is waived (transferred) to adult criminal court, the youth remains in adult criminal court and cannot be transferred back to juvenile court.

There is another process that results in a youth's case being handled in adult criminal court and not in the juvenile court, which happens when a youth commits certain specific crimes. For these crimes, no waiver (transfer) from juvenile court is necessary because the case is automatically filed in the adult criminal court and is never filed in the juvenile court.

### **Universal Design for Learning (UDL)**

UDL is a framework for designing curricula that enables all individuals to gain knowledge, skills, and enthusiasm for learning. UDL provides rich supports for learning

and reduces barriers to the curriculum while maintaining high achievement standards for all.

**Wrap-around Services**

Wrap-around services are support networks that are characterized by the creation of constructive relationships to assist youth, their families, and others, using a strength-based philosophy to guide service planning. The wrap-around team identifies strengths, needs, interests and limitation of families and service providers.

(Eber, Nelson & Miles, 1997)

## ***Appendix 2: Commission Legislation***

Commission on Disproportionality in Youth Services  
Legislation passed by the Indiana General Assembly  
Budget bill, Section 173  
2007

NAME: The Commission on Disproportionality in Youth Services

PURPOSE: The commission is established to develop and provide an implementation plan to evaluate and address disproportionate representation of youth of color in the use of youth services in juvenile justice, child welfare, education and mental health services.

MEMBERSHIP: 33 members appointed by the Governor, Speaker of the House and President Pro Tempore of the Senate. These appointments must be made no later than August 15, 2007.

RESPONSIBILITIES:

1. Review Indiana's public and private child welfare, juvenile justice, mental health, and education service delivery systems to evaluate disproportionality rates.
2. Review federal, state and local funds appropriated to address disproportionality.
3. Review best practice standards addressing disproportionality.
4. Examine the qualifications and training of youth service providers and make recommendations for training curriculum and other necessary changes.
5. Recommend methods to improve use of available public and private funds.
6. Provide information about unmet needs and make recommendations to develop resources to meet identified needs.
7. Suggest policy, program and legislative changes related to youth services to accomplish:
  - a. Enhancement of the quality of youth services.
  - b. Identify resources to promote change.
  - c. Reduction of the disproportionality in the use of youth services by youth of color.
8. Prepare a report of the commission findings and recommendations, and the presentation of an implementation plan to address disproportionate representation of youth of color.

The commission shall submit the report to the governor and the legislative council not later than August 15, 2008. The report shall be made available to the public by December 1, 2008.

APPROPRIATION: \$125,000.00 for the period of July 1, 2007 and ending December 31, 2008, to carry out the purposes of this law, including the hiring by the chairperson of an individual to serve only to assist the chairperson and members with research, statistical analysis, meeting support and drafting of the report.

MEMBERSHIP OF THE COMMISSION:

1. The dean or faculty member of an Indiana accredited graduate school of public administration, social work, education, mental health or juvenile justice, who shall serve as chairperson for the commission.
2. The Superintendent of public instruction or the superintendent's designee

3. Director of the Division of Mental Health and Addictions or the director's designee
4. The executive Director of Indiana Criminal Justice Institute or the director's designee
5. The Director of the Indiana Department of Child Services or the director's designee
6. Commissioner of the Indiana Department of Correction or the commissioner's designee
7. DCS County Director from one of the most densely populated Counties
8. One Faculty member from an accredited Indiana college or university that offers degrees in public administration, social work, education, mental health or juvenile justice.
9. Prosecuting Attorney.
10. A Juvenile Court Judge.
11. An attorney who specializes in Juvenile Law.
12. A representative of the Indiana Minority Health Association.
13. A health care provider who specializes in pediatric or emergency medicine.
14. A Public Agency Family Case Manager.
15. A Private Agency Children's Service Social Worker.
16. A School Counselor or Social Worker.
17. A representative of Law Enforcement.
18. A Guardian Ad Litem, Court Appointed Special Advocate or other child Advocate.
19. The Chairperson of an established advocacy group in Indiana that has previously investigated the issue of disproportionality in use of youth services.
20. A young adult who has had previous involvement with one (1) youth service.
21. A representative of foster parents or adoptive parents.
22. A representative of a state teachers association or a public school teacher.
23. A child psychologist or child psychiatrist.
24. a representative of a family support group
25. A representative from National Alliance on Mental Illness.
26. A representative of the Commission on the social status of Black males.
27. A representative of Indiana Juvenile Detention Association.
28. A representative of the Commission on Hispanic/Latino affairs.
29. A representative of Indiana Civil Rights Commission.
30. Two members of House (not from same political party). Two members of Senate (not from the same political party).

The Governor shall appoint the members under subdivisions 1, 7, 10, 13, 16, 19, 22, 25, 28, & 29.

The speaker of the house of representatives shall appoint the members under subdivisions 8, 11, 14, 17, 20, 23, 26, and 30.

The president pro tempore of the senate shall appoint the members under subdivisions 9, 12, 15, 18, 21, 24, 27, and 31.

EXPIRATION: The legislation for this commission expires January 1, 2009.

### *Appendix 3: Commission Appointments Pursuant to the Legislation*

1. The dean or faculty member of an Indiana accredited graduate school of public administration, social work, education, mental health or juvenile justice, who shall serve as chairperson for the commission: Michael Patchner, PhD, Dean IU School of Social Work
2. The Superintendent of public instruction or the superintendent's designee: Dallas Daniels, Department of Education
3. Director of the Division of Mental Health and Addictions or the director's designee: Rebecca Bruhner, Department of Mental Health and Addiction
4. The executive Director of Indiana Criminal Justice Institute or the director's designee: Ashley Barnett, ICJI Youth Division Director and Jennifer Darby, ICJI DMC Coordinator
5. The Director of the Indiana Department of Child Services or the director's designee: Angela Green, Deputy Director of Practice Support, DCS
6. Commissioner of the Indiana Department of Correction or the commissioner's designee: Kevin Moore, Executive Director of Juvenile Services, DOC
7. DCS County Director from one of the most densely populated Counties: Rhonda Allen, Marion County Director, DCS
8. One Faculty member from an accredited Indiana college or university that offers degrees in public administration, social work, education, mental health or juvenile justice: Russ Skiba, CEEP, Indiana University, Bloomington
9. Prosecuting Attorney: Peter Haughan, Marion County Prosecutor's Office
10. A Juvenile Court Judge: Mary Beth Bonaventura, Judge Lake County Superior Court
11. An attorney who specializes in Juvenile Law: JauNae Hanger, Waples & Hanger, Attorneys at Law
12. A representative of the Indiana Minority Health Association: Nancy Jewell, President, Indiana Minority Health Coalition
13. A health care provider who specializes in pediatric or emergency medicine: Donald Brake, M.D., St. Mary's Family Practice Center
14. A Public Agency Family Case Manager: Erica Stallworth, LaPorte County Juvenile Services Center, Michigan City, IN
15. A Private Agency Children's Service Social Worker: Geneva Osawe, Family Matters Institute, Gary, IN
16. A School Counselor or Social Worker:
17. A representative of Law Enforcement: Reggie Moore, Ft. Wayne, IN
18. A Guardian Ad Litem, Court Appointed Special Advocate or other child Advocate: Gregg Ellis, Child Advocates, Indianapolis, IN
19. The Chairperson of an established advocacy group in Indiana that has previously investigated the issue of disproportionality in use of youth services: Clara Anderson, Indiana Disproportionality Committee, Children's Bureau
20. A young adult who has had previous involvement with one (1) youth service: Roderick Wheeler, Indianapolis, IN
21. A representative of foster parents or adoptive parents: James Kenny, PhD, Foster & Adoptive Parent

22. A representative of a state teachers association or a public school teacher: Julia Hyndman, Fort Wayne Community Schools
23. A child psychologist or child psychiatrist: Renae Figgins-Azziz, Indiana State University, Blumberg Center
24. A representative of a family support group: Cookie Purvis, Indiana Foster Care and Adoption Association
25. A representative from National Alliance on Mental Illness: Pam McConey, NAMI
26. A representative of the Commission on the social status of Black males: James Garrett, Commission on the Social Status of Black Males
27. A representative of Indiana Juvenile Detention Association: Bill Glick, Juvenile Justice Task Force
28. A representative of the Commission on Hispanic/Latino affairs: Adolfo Solis, Portland, IN
29. A representative of Indiana Civil Rights Commission: Barbara Malone, Indiana Civil Rights Commission

Two members of House (not from same political party)

- Rep. William Crawford
- Rep. Sean Eberhart

Two members of Senate (not from the same political party)

- Sen. Ron Alting
- Sen. Jean Breaux

The Governor appointed the members under subdivisions 1, 7, 10, 13, 16, 19, 22, 25, 28, & 29.

The speaker of the House of Representatives appointed the members under subdivisions 8, 11, 14, 17, 20, 23, 26, and 30.

The president pro tempore of the Senate appointed the members under subdivisions 9, 12, 15, 18, 21, 24, 27, and 31.

## *Appendix 4: Public Forum and Stakeholder Activity Schedule*

### **Public Forums**

Marion County Ivy Tech Community College - Indianapolis	Tuesday, May 20, 2008
Howard County Ivy Tech Community College - Kokomo	Wednesday, May 28, 2008
Allen County Ivy Tech Community College - Fort Wayne	Tuesday, June 3, 2008
Floyd County Indiana University Southeast-New Albany	Wednesday, June 11, 2008
Lake County Ivy Tech Community College - Gary	Thursday, June 19, 2008
Vanderburgh County Ivy Tech Community College - Evansville	Tuesday, June 24, 2008
Marion County Greater St. Mark's Missionary Baptist Church-Indianapolis	Monday, June 30, 2008
St. Joseph County Indiana University South Bend	Tuesday, July 1, 2008
Seven Locations Statewide Teleconference - Kokomo, Fort Wayne, New Albany, Gary, Evansville, Indianapolis, and South Bend	Wednesday, August 27, 2008

## Stakeholder Meetings

Statewide Gathering of Mental Health Stakeholders at the Offices of the Indiana Minority Health Coalition - Indianapolis	March 27, 2008
Statewide Gathering of Education Stakeholders at the Indiana Government Center - Indianapolis	May 22, 2008
Lake County Gathering of Juvenile Justice and Child Welfare Stakeholders - Hammond	May 29, 2008
Youth Summit, IPS Office of Multicultural Education - University of Indianapolis	June 7, 2008
LaPorte County Gathering of Juvenile Justice Stakeholders - LaPorte	June 25, 2008
Youth Forum at Forest Manor Multi-Service Center - Indianapolis	June 30, 2008
Statewide Gathering of Juvenile Justice Stakeholders at the Indiana Government Center - Indianapolis	July 22, 2008
Statewide Gathering of Child Welfare Stakeholders at the Grace Missionary Baptist Church - Indianapolis	July 24, 2008
Statewide Gathering of Stakeholders Held in Conjunction With the Commission on Hispanic/Latino Affairs at the Indiana Government Center - Indianapolis	August 6, 2008
Lake County Gathering of Juvenile Justice Law Enforcement Officers at the Offices of the Lake County Prosecutor - Crown Point	September 3, 2003

## **Local Meetings, Presentations and Focused Discussions**

Indiana Judicial Center Juvenile Justice Improvement Committee - Indianapolis	May 2, 2008
Radio Interview: Afternoon with Amos Brown	May 13, 2008
Marion County City County Council, Community Affairs Committee - Indianapolis	May 14, 2008
Marion County, Annie E. Casey Foundation JDAI Community Summit - Indianapolis	May 15, 2008
Marion County City County Council, Criminal Justice Committee - Indianapolis	May 21, 2008
Indiana Criminal Justice Institute State Advisory Group - Indianapolis	May 27, 2008
Commission on Hispanic/Latino Affairs - Indianapolis	May 29, 2009
Model Court Project, Marion County Juvenile Court	June 5, 2008
Indiana State Bar Association Luncheon - Indianapolis	June 18, 2008
Juvenile Judges Symposium - Indianapolis	June 18, 2008
Indiana Supreme Court Commission on Racial and Gender Fairness - Indianapolis	June 27, 2008
Indiana Black Expo - Indianapolis	July 18-20, 2008
Child Welfare Foster Parent Survey	July 24, 2008
Indiana Community Latino Fair at the Indiana State Fair- Indianapolis	August 10, 2008
Indiana Black Legislative Caucus - Indianapolis	September 5, 2008
IARCCA Annual Conference - Indianapolis	September 18, 2008
IN Assoc. on Adoption and Child Care Services Adoption Forum - Indianapolis	September 19, 2008

## ***Appendix 5: Commission Sub-Committees***

### **Child Welfare Sub-Committee**

Ms. Angela Green, Indiana Department of Child Services, co-chair  
Dr. James Kenny, Psychologist and Foster/Adoptive Parent, co-chair  
Ms. Rhonda Allen, Indiana Department of Child Services  
Ms. Clara Anderson, Children's Bureau Inc.  
Judge Mary Beth Bonaventura, Lake County Superior Court  
Ms. Felicia Boyd-Smith, Indiana Department of Child Services  
Ms. Barbara Clements, Lake County Public Defender's Office  
Rev. CL Day, N.O.A.H. Inc.  
Mr. Gregg Ellis, Child Advocates, Inc.  
Mr. Jim Gregory, Indiana Department of Child Services  
Mr. Peter Kenny, Adoption in Child Time  
Ms. Geneva Osawe, Family Matters Institute  
Ms. Cookie Purvis, Indiana Foster Care and Adoption Association  
Mr. Eddie Rivers, Kids' Voice of Indiana  
Ms. Kathryn Schlafer, Children's Bureau Inc.  
Dr. Alton Strange, Lutheran Child and Family Services  
Mr. Roderick Wheeler, Central Indiana Community Foundation

### **Education Sub-Committee**

Mr. Dallas Daniels, Indiana Department of Education, co-chair  
Dr. Russell Skiba, Indiana University Center for Evaluation and Education Policy, co-chair  
Ms. Renae Azziz, Virtuoso Education Consulting  
Ms. Kristin Effner, Children's Bureau Inc.  
Mr. James Garrett, Indiana Commission on the Social Status of Black Males  
Ms. Julia Hyndman, Fort Wayne Community Schools  
Ms. Gwen Kelley, Dawning Horizons Educational Services, NAACP, Gr. Indianapolis Chapter; NCEBC Representative  
Katherine Lee, Indiana Civil Rights Commission  
Mr. John Loflin, Black and Latino Policy Institute  
Mr. Adolfo Solis, Hispanic/Latino Affairs Commission  
Ms. Lisa Stocks, Department of Child Services

### **Juvenile Justice Sub-Committee**

Mr. Bill Glick, Juvenile Justice Task Force, co-chair  
Mr. Dave Rozzell, Indianapolis Commission on African American Males, co-chair  
Ms. Ashley Barnett, Indiana Criminal Justice Institute  
Judge Mary Beth Bonaventura, Lake County Superior Court  
Capt. Lloyd E. Crowe, Indianapolis Metropolitan Police Department  
Ms. Jennifer Darby, Indiana Criminal Justice Institute  
Ms. Tanya Douglas-Cain, Indiana Public Schools  
Ms. JauNae Hanger, Waples and Hanger, Attorneys at Law  
Mr. Peter Haughan, Marion County Prosecutor's Office  
Ms. Tanya Johnson, Indiana Criminal Justice Institute

Mr. Kevin Moore, Indiana Department of Corrections, Juvenile Division  
Ms. Erika Stallworth, LaPorte County Juvenile Services Center  
Ms. Stacy Uliana, Indiana Public Defender Council  
Ms. Kellie Whitcomb, Indiana Department of Corrections, Juvenile Division

**Mental Health Sub-Committee**

Ms. Nancy Jewell, Indiana Minority Health Coalition, co-chair  
Ms. Pam McConey, National Alliance on Mental Illness Indiana, co-chair  
Dr. Donald Brake, St. Mary's Family Practice Center  
Sen. Jean Breaux, Indiana Senate  
Ms. Rebecca Buhner, Indiana Division of Mental Health and Addiction  
Ms. JauNae Hanger, Waples and Hanger, Attorneys at Law  
Ms. Barbara Malone, Indiana Civil Rights Commission  
Mr. Dan Navarro, The Children's Bureau  
Mr. Calvin Roberson, Indiana Minority Health Coalition  
Dr. L. Wayne Smith, New Directions, Crime Victim Care of Monroe County

**Stakeholder Sub-Committee**

Ms. Clara Anderson, Children's Bureau Inc., co-chair  
Ms. JauNae Hanger, Waples and Hanger, Attorneys at Law, co-chair  
Ms. Angela Green, Indiana Department of Child Services  
Dean Michael Patchner, Indiana University School of Social Work  
Ms. Jennifer Darby, Indiana Criminal Justice Institute  
Ms. Renae Azziz, Virtuoso Education Consulting  
Ms. Barbara Malone, Indiana Civil Rights Commission  
Mr. Rob Schneider, Indiana University School of Social Work  
Ms. Hope Tribble, State of Indiana House of Representatives, Ways & Means Committee