



## Racial Differences in Service Placement Patterns

Source: Sheppard, V.B., & Benjamin-Coleman, R. (2001). Determinants of service placement patterns for youth with serious emotional and behavioral disturbances. *Community Mental Health Journal*, 37(1), 53-65.

Although system of care principles suggest that youth with emotional and behavioral difficulties should be placed in the least restrictive setting possible, many youth continue to receive out-of-home placements that may not be clinically necessary. Of particular concern is the possibility that racial and demographic variables may influence treatment placement in the absence of clinical determinants. This research examines service utilization patterns among 2,803 black and white Virginia youth with emotional and behavioral disturbances and describes factors associated with the type of out-of-home placements youth received.

Data for this study came from the 1993 to 1996 records of the Virginia mental health department's management information system and include demographic, placement history, referral source, educational placement, and presenting problem information. All youth served by this system have emotional and behavioral difficulties that "persist over a significant period of time, are critical in nature and warrant intervention, are disabling, and are present in several settings" (p. 55). Descriptive data were analyzed to investigate differences in presenting problems between black and white youth and regression analyses were conducted to estimate the impact of a variety of variables (race, sex, age, geographic region, and presenting problem) on type of placement outcome.

Results revealed that black youth were over represented in the sample (41%) as compared to the state's distribution (23%) and that significantly more black than white youth were urban residents. Significantly more black youth were referred for services by a social/legal agency, while significantly more white youth were referred by schools. Presenting problems were grouped into six categories (abuse, cognitive, delinquency, emotional, health, & substance abuse) for analysis. Overall, results showed a high degree of similarity in prevalence of presenting problems between black and white youth, although white youth had a significantly higher prevalence of emotional problems ( $p < .01$ ) and substance abuse problems ( $p < .01$ ).

More black (55%) than white (48%) youth received an out-of-home placement. Regression analysis, controlling for other determinants of placement, revealed that black youth were more likely to receive a detention center placement ( $p < .05$ ) or a foster care placement ( $p < .001$ ), while white youth were more likely to be hospitalized ( $p < .001$ ). Beyond race, other factors also were significant predictors of out-of-home placement. For instance, older youth (15 to 19 years) were significantly more likely to receive residential, foster care, and detention center placements than youth in the 10 to 14 range and youth from urban areas were significantly more likely to receive any kind of out-of-home placement than those from rural areas. In general, type of problem was inconsistently predictive of out-of-home placement, with the exception of abuse, which was significantly associated with all types of out-of-home placement.

These findings present cause for concern, given that "blacks were 3 times as likely as whites to have detention center placements rather than hospitalization although there was little difference in prevalence of presenting problems by race" (p. 61). This is particularly disturbing when considering that the juvenile justice system may not adequately provide mental health treatment (see for example [Data Trends 31](#)). The authors note, "such inequity in care suggests that white youth may be more likely to receive treatment for their mental health problems while black youth are likely to receive punishment" (p. 61). Despite being somewhat limited by the authors' inability to assess the severity of the sample's presenting problems, these findings suggest the need for standardized guidelines to limit disparities in placement decisions based on race and other non-clinical variables. Such guidelines, the authors note, "will promote a uniform assessment process to identify appropriate levels of care and ensure that youth receive necessary services that are in the least restrictive environment that is clinically appropriate" (p. 63).