Equitable Practices for Texas Systems

As Required By
Senate Bill (S.B.) 1
84th Legislature, Regular Session, 2015
(Article II, Health and Human Services Commission, Rider 64)

Center for Elimination of Disproportionality and Disparities

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Executive Commissioner

Texas Health and Human Services
# Table of Contents

## Executive Summary
- Introduction ............................................. 4
- About the Center ........................................ 5
- About the Coalition ...................................... 6
- Texas Model: A Framework for Equity ............... 7
- Texas Model: A Framework for Equity with Descriptions 8
- Recommendations ...................................... 9

## Equitable Practices for Texas Systems
- A Diverse Texas ......................................... 14
- Center Regional Representation ..................... 17

## Recommendations by System
- Mental Health ........................................... 20
  - Mental Health Data ................................... 22
  - Mental Health Workforce and Peer Supports ..... 23
  - Mental Health Recommendations ................. 24
- Health ...................................................... 25
  - Healthcare Workforce ................................ 26
  - Infant and Maternal Health ......................... 31
  - Health Recommendations .......................... 36
- Education ............................................... 38
  - Education Recommendations ....................... 42
- Juvenile Justice ......................................... 43
  - Juvenile Justice Recommendations ............... 45
- Child Welfare ............................................ 46
  - Child Welfare Recommendations .................. 48
- Employment for People with Disabilities and Minorities 49
  - Employment for People with Disabilities and Minorities Recommendations 53

## Closing

## Appendices
- Appendix 1: Terms, Definitions, and Acronyms ..... 55
- Appendix 2: Center's Trainings ....................... 57
Executive Summary

Pursuant to Senate Bill (S.B.) 1, Article II, Rider 64, 84th Texas Legislature, Regular Session, 2015, this document serves to report on the collaborative efforts to implement and evaluate policies and practices to create an equitable Texas Health and Human Services (HHS) system. Additionally, this report proposes recommendations provided and researched by the Center for Elimination of Disproportionality and Disparities (Center) and the Texas HHS State Advisory Coalition for Addressing Disproportionality and Disparities (Coalition).

The Center has made tremendous strides since its creation in 2011 by continuing to drive system improvements through collaborative efforts. Examples include providing cultural competency training with an equity lens; evaluating Texas’ Children’s Health Insurance Program Medicaid Managed Care Organizations' plans for culturally and linguistically appropriateness; and providing system staff, interns from academic institutions and community members the opportunity to develop into transformative leaders. These actions ensure more communities have access to programs and services that strengthen opportunity for all Texans.

In the report, the Center highlights barriers to opportunity and proposes policy and practice recommendations for the following Texas systems: mental health, education, juvenile justice, child welfare, health, and employment for people with disabilities and minorities. Extensive considerations were taken to ensure the Center's recommendations were consistent with proposals and goals made by other state entities.

For consistency with the Center's operational approach, recommendations are presented in a streamlined manner organized using the Texas Model: A Framework for Equity within the Executive Summary. The Recommendations by System section of this report provides an in-depth look at the different Texas systems and policy recommendations.

The Center continues to drive systems improvements ensuring more communities have access to programs and services that strengthen opportunity for all Texans.
Center Mission

In partnership with communities and systems, drive policy and practice improvements to eliminate disproportionality and disparities and improve outcomes through equitable delivery of HHS programs.

Center Vision

A consumer-focused and equitable Texas HHS system where all people receive the highest quality services to attain their fullest potential. The Center was created by S.B. 501, 82nd Texas Legislature, Regular Session, 2011, and designated as the Texas State Office of Minority Health. The Center works to identify systemic factors and practice improvements that address disproportionate representation and disparate outcomes impacting vulnerable Texans.

About the Center

Currently, the Center administers support at the state, regional, and local levels through Equity Specialists located across Texas. Effective September 1, 2016, the Office of Border Affairs moved to the Department of State Health Services (DSHS) merging with the Office of Border Health to create the Office of Border Services. However, the Center will continue collaborative efforts with all HHS staff as this is essential in promoting race equity work along the Texas-Mexico border regions.
Coalition Mission

Work with communities to identify and eliminate root cause of disproportionality and disparities within systems.

Coalition Vision

Elimination of disproportionality and disparities across systems so that all people in Texas have equitable access to needed services.

About the Coalition

The HHS Statewide Advisory Coalition for Addressing Disproportionality and Disparities was established in August 2014. The Executive Commissioner identified members of the Coalition, including community partners, to provide support for race equity work in Texas.

Members of the Coalition include representatives from each HHS agency, including HHSC and DSHS; community members from each Regional Disproportionality and Disparities Advisory Committee; additional community members, including faith-based, Texas Disproportionality and Disparities Council, and subject-matter experts; and representatives from other child- and family-serving agencies, including Texas Juvenile Justice Department (TJJD), Texas Education Agency (TEA), and the Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families.

The findings and strategies in this report reflect the robust collaboration between the members of the Coalition and staff at the Center for Elimination of Disproportionality and Disparities.

The three focus areas of the Coalition are Mental Health, Infant Mortality, and Employment for People with Disabilities and Minorities. Coalition recommendations are included in this report.
Texas Model:
A framework for equity

Note: The Texas Model is not a linear process; instead, each component supports the others.
Texas Model: A framework for equity

- **Advancing data-driven strategies**
  - Strategies to eliminate disparities are informed by reliable race and ethnicity data.

- **Developing leaders**
  - Everyone has the opportunity to develop leadership skills to strive for equity in their practice.

- **Collaborating across systems**
  - Networks and coalitions of gatekeepers and advocates seek sustainable solutions across institutional lines.

- **Engaging communities**
  - The community is included in dialogues, discussions, planning and decision-making in efforts that will affect them.

- **Promoting work defined by race equity principles**
  - Concepts of fairness and justice guide all programs, policies and practices, which are designed to eliminate institutional barriers to equity.

- **Evaluation & transformation**
  - Every initiative, program and policy is evaluated for equity and effectiveness leading to system transformation.

*Note: The Texas Model is not a linear process; instead, each component supports the others.*
Recommendations

The following recommendations are streamlined using the Center's Texas Model: A Framework for Equity. Statements in italicized fonts reference proposals and goals made by other state entities that support recommendations made by the Center and Coalition. Several common themes emerge: collecting and reporting data by race and ethnicity, ensuring cultural competency trainings include an equity component and are incorporated throughout all Texas systems, and including diverse stakeholders in decision-making processes by approaching communities in a culturally and appropriate manner.

The Center is charged to work “with HHS agencies and programs to ensure that accurate and reliable demographic data are collected, shared, and used to inform program and service delivery." For Texas systems to understand and be responsive to the diverse needs and outcomes of all Texans, it is paramount that all data are collected, disaggregated, and analyzed by race and ethnicity.

Advancing Data-Driven Strategies
Strategies to eliminate disparities are informed by reliable race and ethnicity data.

- Require all entities providing mental health services to collect data by race and ethnicity at each decision point in treatment. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 1, 2, 3, & 5; Statewide Health Coordinating Council Mental Health Workforce Recommendation 7*

- Authorize the Center to access and analyze behavioral health data and report whether disproportionality and disparities exist. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 1, 2, 3, & 5; Statewide Health Coordinating Council Mental Health Workforce Recommendation 7*

- Develop a guide explaining what mental health data is being collected by HHS systems; Distribute guide to state entities in order to inform evidence based practices. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 1, 3, & 5; Statewide Health; Coordinating Council Mental Health Workforce Recommendation 7; Coalition Recommendation*

- Ensure collected statewide mental health data is transparent, accessible, and obtainable to the public on an annual basis. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 1, 3, & 5; Statewide Health Coordinating Council Mental Health Workforce Recommendation 7; Coalition Recommendation*

- Collect data by race and ethnicity for all Women’s Health Initiatives to determine access and use of services and areas for intervention. *Supports Better Birth Outcomes Workgroup Initiatives 8, 10, 11, & 12; Maternal Mortality and Morbidity Task Force Recommendation 5; Coalition Recommendation*

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1 Texas Health and Human Services (HHS). *HHS System Strategic Plan 2017-2021: Volume 1.* Pg. HHSC-19
Authorize the Center to have access to juvenile justice data from the state, county, and local levels to determine if disproportionate and disparate outcomes are present. *Supports Goals 3.4.a & 3.4.d of 2017-2021 TJJD Strategic Plan

Require TJJD and local juvenile probation departments to collect data by race and ethnicity at all decision points. *Supports Goals 3.4.a & 3.4.d of 2017-2021 TJJD Strategic Plan

Collect, disaggregate, and analyze data for individuals with disabilities by race and ethnicity employed by HHS and share publicly. *Supports Texas Employment First Task Force Report; Coalition Recommendation

Require HHSC, TWC, and TEA to report the number of employed individuals with disabilities by race and ethnicity on an annual basis and publish on the HHS website. *Coalition Recommendation

Direct all entities that contract with state agencies to report the number of employed individuals with disabilities by race and ethnicity. Supports the U.S. Department of Labor’s Office of Federal Contract Compliance Programs Requirements; Coalition Recommendation

Developing Leaders

Everyone has the opportunity to develop leadership skills to strive for equity in their practice.

Increase, enhance, and support the role of peer specialists, family partners, and community health workers or promotoras in mental health settings. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 2 & 3; Statewide Health Coordinating Council Policy Consideration; Coalition Recommendation

Increase, enhance, and support the role of community health workers or promotoras in health settings. *Recommendation by Statewide Health Coordinating Council

Incorporate cultural competence training that includes race equity principles in the Equitable Access to Excellent Educators program, specifically providing training and mentoring for first-year educators.

Ensure cultural competence training includes race equity principles and is required by all school administrators, teachers, and support staff on a regular basis rather than pre-service only. *Coalition Recommendation

Incorporate cultural competency training that includes race equity principles into the TJJD Mentor program and all levels of staff. *Supports Goal 4 of 2017-2021 TJJD Strategic Plan

Identify and promote businesses that implement best practices for recruiting, hiring, and retaining employees with disabilities. *Supports Recruiting, Hiring, Retaining, and Promoting People with Disabilities: A Resource Guide for Employers; Texas Governor's Committee on People with Disabilities Policy Recommendations 10.3 & 10.5; Coalition Recommendation
Collaborating Across Systems
Networks and coalitions of gatekeepers and advocates seek sustainable solutions across institutional lines.

- Engage with systems and community stakeholders to determine needs and provide guidance and feedback on implementation of better birth outcome initiatives. *Supports Better Birth Outcomes Workgroup Initiative 5: Preconception and Interconception Health and Interconception Health and Maternal Mortality and Morbidity Task Force recommendation 1; Coalition Recommendation*
- Require a representative of the Center to be included in the continued development and implementation of Texas’ plan for Every Student Succeeds Act.
- Promote collaborative partnerships between Center staff and local education authorities in the development and implementation of Improvement Plans.
- Encourage collaborative partnerships between the Center, TJJD, and local probation departments to work towards including race equity principles in cultural competency training. *Supports Goal 4 of 2017-2021 TJJD Strategic Plan*

Engaging Communities
Community members are included in dialogues, discussions, planning and decision-making in efforts that will affect them.

- Continue to support the HHS Statewide Advisory Coalition for Addressing Disproportionality and Disparities.
- Develop partnerships with communities to explore and create culturally and linguistically appropriate interventions which address barriers associated with mental and behavioral health. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 1, 2, & 3; Statewide Health Coordinating Council Mental Health Workforce Recommendations 3, 4, & 5; Coalition Recommendation*
- Create forums, at the local and state levels, to have dialogue and increase awareness about the impact of infant mortality on African American women, children, and families-who experience the highest disparity rates related to infant mortality issues-and gather data on individual and community-level risk and protective factors to inform program development and service delivery. *Supports Better Birth Outcomes Workgroup Initiatives 1, 3, & 6 and Interconception Health and Maternal Mortality and Morbidity Task Force recommendation 1; Coalition Recommendation*
- Increase awareness and knowledge about programs available in order for women to make informed decisions about their health and pregnancies. *Supports Better Birth Outcomes Workgroup Initiatives 1, 3, & 6 and Maternal Mortality and Morbidity Task Force recommendation 2; Coalition Recommendation*
- Provide a list of services, programs, and service delivery locations to all women of childbearing age and mothers to increase access to needed services and care. *Supports Better Birth Outcomes Workgroup Initiatives 8, 10, 11, & 12; Coalition Recommendation*
- Require communication methods with stakeholders and partners to be culturally acceptable to communities of color, such as community conversations or town hall meetings to: build trust; improve community-system engagement and collaboration; and help inform healthcare systems and providers on culturally proficient practices. *Supports Better Birth Outcomes Workgroup Initiatives 8, 10, 11, & 12 and Maternal Mortality and Morbidity Task Force recommendation 2; Coalition Recommendation*
Promoting Work Defined by Race Equity Principles

Concepts of fairness and justice guide all programs, policies and practices, which are
designed to eliminate institutional barriers to equity.

- Require ongoing cultural competency training, which includes race equity principles, for
  all peer specialists, family partners, promotoras, and state employees working within
  mental and behavioral health programs. *Supports Coordinated Statewide Behavioral
  Health Expenditure Proposal Goals 2 & 3; Statewide Health Coordinating Council
  Mental Health Workforce Recommendation 4 & 5

- Encourage diverse and inclusive interdisciplinary teams in all healthcare settings.
  *Recommendation by Statewide Health Coordinating Council

- Enhance the recruitment and retention of a diverse workforce in healthcare and mental

- Utilize group prenatal care models which have been shown to improve birth outcome as
  well as patient satisfaction. *Coalition Recommendation

- Identify and treat underlying maternal medical conditions prior to conception. Screen and
  treat maternal post-partum depression. *Coalition Recommendation

- Identify health disparities and understand how social support (partner, family, and
  community support) and social and environmental factors contribute to birth outcomes.
  *Coalition Recommendation

- Increase breastfeeding in black women via baby-friendly hospital and birthing centers,
  encouraging promotion and support for breastfeeding beyond the first days of life;
  Provide access to Black lactation counselors throughout the first year of an infant's life.
  *Coalition Recommendation

- Apply a Life Course Perspective to program and service delivery and develop strategies
  aimed at improving the quality of preconception, prenatal care, and inter-conception
  health that is culturally appropriate for women of color. *Coalition Recommendation

- Further support Trauma Informed Care trainings and initiatives that also address toxic
  stress, social determinants of health, and race equity principles. *HHSC CEDD
  Recommendation

- Support Family Group Decision-Making (FGDM) through increased funding and training
  for dedicated FGDM staff. *HHSC CEDD Recommendation

- Require all school districts and charter schools to provide mental health services that are
  accessible by all students. *HHSC CEDD Recommendation

- Allow funding for kinship respite care that would provide kinship caregivers access to the
  same respite care available to foster parents. *Recommendation by Department of Family
  and Protective Services (DFPS)

- Continue Permanency Care Assistance (PCA) program that is set to expire in August
  2017. *Recommendation by DFPS

- Increase kinship payments to $1,000 per child. Kinship payments were a key strategy to
  addressing disproportionality in child welfare ensuring relatives had opportunity to
  financial assistance similar to licensed foster parents. *Recommendation by DFPS
Expand programs for kinship caregivers after Permanent Managing Conservatorship (PMC), supporting long-term placement stability. *Recommendation by DFPS

Provide flexible funding for use in non-traditional services that support kinship caregivers. *Recommendation by DFPS

Support efforts by Prevention and Early Intervention (PEI) to address identified geographic-, race- and ethnicity-based inequities in resource allocation and service delivery. *Supports PEI Five-Year Strategic Plan Goal 1.1.3

**Evaluation and Transformation**

Every initiative, program and policy is evaluated for equity and effectiveness leading to system transformation.

- Review all women and infant health documents and websites for cultural competency to ensure they are culturally and linguistically appropriate. *Supports Better Birth Outcomes Workgroup Initiatives 1, 3, & 6; Coalition Recommendation*
- Require TEA "Report Cards" to be culturally and linguistically appropriate.
- Require training curriculum in development for judges and prosecutors working juvenile justice cases to be culturally competent. *Supports Goal 1.2 of 2017-2021 TJJD Strategic Plan*
- Investigate how race, ethnicity, and disability affect the recruitment, hiring, and retention of employees. *Supports Texas Employment First Task Force Report; Coalition Recommendation*
Texas is becoming more diverse as time progresses. The rate of diversification is also increasing. Growth trends from the State Demographic Center between 2017 and 2021 include:

- The Anglo population is projected to grow from 11.8 to 12.0 million, with a growth rate of 1 percent.
- The African-American population is projected to grow from 3.3 to 3.5 million, with a growth rate of 7 percent.
- The Hispanic population is projected to grow from 11.8 to 13.4 million, with a growth rate of 13 percent.
- The population of all the other population groups, combined, is projected to grow from 1.9 to 2.3 million, with a growth rate of 19 percent.

Given the changing demographics, communities of color are critical to our state's economic well-being. Understanding the diversity of Texas - with different cultures, language, and traditions - is the first step in HHS and other state agencies knowing how to tailor programs and services to better suit the needs of consumers. The following figures describe the 2014 ethnicity percentage of Texas Hispanic or Latino, Asian, and Native Hawaiian and Pacific Islander, respectively.

Percentage of Ethnic Make-up of Texas Hispanic or Latino Population, 2014

- Mexican: 86.8%
- Puerto Rican: 0.7%
- Cuban: 1.7%
- Other Hispanic or Latino: 10.8%

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2 HHS. HHS System Strategic Plan 2017-2021: Volume II. Pg. E-10
The figure on the following page shows the racial and ethnic population changes in Texas from 2010 to 2014. There was a slight increase among most race and ethnic categories except for White alone.
Texas Population By Race and Ethnicity

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>37.7%</td>
<td>38.1%</td>
<td>38.2%</td>
<td>38.4%</td>
<td>38.6%</td>
</tr>
<tr>
<td>White alone</td>
<td>45.2%</td>
<td>44.7%</td>
<td>44.3%</td>
<td>43.9%</td>
<td>43.4%</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>11.5%</td>
<td>11.5%</td>
<td>11.6%</td>
<td>11.6%</td>
<td>11.7%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>3.8%</td>
<td>3.8%</td>
<td>4.0%</td>
<td>4.1%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1.3%</td>
<td>1.4%</td>
<td>1.5%</td>
<td>1.6%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Center Regional Representation
Role Descriptions

OMHHE State Partnership Initiative strategy involves community-based projects, mobile health promotion, Health Disparities Profiles, and a Project Advisory Committee to improve community-clinical linkages.
Mental Health

Over the past few years, leaders have made the behavioral health needs of adults and children in Texas a priority through increased funding, expanded programming, and increased coordination across agencies. In the 84th Texas Legislature, 2015, lawmakers provided an additional $150 million across all agencies for mental health services and called for the coordination of behavioral health services across all systems, including both mental health and substance abuse. The recently released Texas Behavioral Health Strategic Plan highlights a five-year plan to increase strategic efforts to address behavioral health needs of individuals across all agencies and ensure all individuals in Texas have access to appropriate, timely, and effective care.

Additionally, the primary goal in the HHSC Agency Strategic Plan is to “provide efficient and effective medical and behavioral health services.” This shows the high importance that Texas legislature and HHS leadership have placed on behavioral health initiatives working towards improving outcomes for all Texans living with mental illness. Despite these improvements, more work needs to be done to ensure all Texans experiencing mental illness have access to appropriate and effective mental health services that they need to be healthy and successful. As highlighted in the strategic plan, our state's population is more diverse and "requires community-based and culturally sensitive behavioral health service options."

According to the HHSC Office of Mental Health Coordination:

- 1 in 5 adult Texans will experience a mental health concern at some point each year.
- Over 20 percent of children ages 9-17 have a diagnosed mental illness.

The figure, on page 21, represents the estimated prevalence for Texas Populations by Behavioral Health Condition in Fiscal Year 2014. Refer to Appendix 1 for definitions.

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3Texas Health and Human Services (HHS). *HHS System Strategic Plan 2017-2021: Volume 1*. Pg. HHSC-1
4Statewide Behavioral Health Coordinating Council. (May 2016). *Strategic Plan Fiscal Years 2017-2021*. Pg. 8
6Statewide Behavioral Health Coordinating Council. (May 2016). *Strategic Plan Fiscal Years 2017-2021*
While the numbers represented in the above figure are effective at estimating the prevalence in Texas overall, information regarding mental illness prevalence by race and ethnicity were not reported. In order to address the needs of our communities and ensure our systems are effectively providing treatment to diverse Texas populations, behavioral health systems and providers must first make efforts to quantify needs.

Certain racial and ethnic groups are less likely to seek out and receive treatment for a variety of reasons, including cost, stigma, discrimination, structural barriers, and the belief that treatment would not help. Among young adults aged 18 to 34, “mental health professional visit rates were 68 percent lower for blacks and 62 percent lower for Hispanics than for Whites.” The figure, on page 22, provides additional information regarding reasons why racial and ethnic groups do not access mental health treatment. It is possible that the belief that treatment is not helpful could stem from past experiences including trauma from medical professionals, or a lack of culturally appropriate services.

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FIGURE 3.6 Reasons for Not Using Mental Health Services among Adults Who Had an Unmet Need for Services in the Past Year, by Race/Ethnicity, 2008-2012

* Low precision; no estimate reported.

For Texas to provide equitable mental health services, programs must accurately identify where gaps persist, such as access to care, the location of culturally appropriate services, and the cultural competence of the workforce. Much research has been conducted to determine existing gaps for veterans, men versus women, urban versus rural, and age. However, data must also be collected, disaggregated, and reported at each critical decision point in treatment by race and ethnicity to ensure all individuals are appropriately identified and benefiting from available services. Texas systems should not only be vigilant about tracking race and ethnicity of consumers, but also comparing these numbers to community prevalence. This information can help create accountability and awareness as to the level to which the populations in need in the community are accessing care.
Additionally, the collection, evaluation, and reporting of this data will help inform culturally appropriate evidence-based practice, tailor prevention and stigma-reducing initiatives, advise future mental health policy and research, and, ultimately, lead to improved outcomes for Texans affected by mental illness.

As noted in the Texas Statewide Behavioral Health Plan and consistent with HHS values, programs and services must be "culturally and linguistically sensitive with agencies, programs and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve." Moreover, Texas mental health systems need to be “targeting interventions to address the stigma surrounding behavioral health care providers available to racial/ethnic minorities.”

Texas mental health systems should seek to recruit a diverse base of providers who can competently address the needs of diverse communities. The use of certified peer services, such as peer specialists and family partners, and promotoras have been found to break structural and cultural barriers leading to improved outcomes for individuals and families, including decreased substance use and reduced utilization of costly inpatient treatment and emergency room care.

Peer services and promotoras, if adequately funded and supported, have the potential to link Texans to needed resources, and care reducing the gaps in service utilization of mental health treatment stemming from stigma and lack of culturally appropriate and linguistically sensitive services.

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11Texas Statewide Behavioral Health Coordinating Council. (May 2016). Strategic Plan Fiscal Years 2017-2021
Mental Health Recommendations

Advancing Data-Driven Strategies
- Require all entities providing mental health services to collect data by race and ethnicity at each decision point in treatment. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 1, 2, 3, & 5; Statewide Health Coordinating Council Mental Health Workforce Recommendation 7
- Authorize the Center to access and analyze behavioral health data and report whether disproportionality and disparities exist. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 1, 2, 3, & 5; Statewide Health Coordinating Council Mental Health Workforce Recommendation 7
- Develop a guide explaining what mental health data is being collected by HHS systems; Distribute guide to state entities in order to inform evidence based practices. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 1, 3, & 5; Statewide Health Coordinating Council Mental Health Workforce Recommendation 7; Coalition Recommendation
- Ensure collected statewide mental health data is transparent, accessible, and obtainable to the public on an annual basis. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 1, 3, & 5; Statewide Health Coordinating Council Mental Health Workforce Recommendation 7; Coalition Recommendation

Developing Leaders
- Increase, enhance, and support the role of peer specialists, family partners, and community health workers or promotoras in mental health settings. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 2 & 3; Statewide Health Coordinating Council Policy Consideration; Coalition Recommendation

Engaging Communities
- Develop partnerships with communities to explore and create culturally and linguistically appropriate interventions which address barriers associated with mental and behavioral health. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 1, 2, & 3; Statewide Health Coordinating Council Mental Health Workforce Recommendations 3, 4, & 5; Coalition Recommendation

Promoting Work Defined by Race Equity Principles
- Require ongoing cultural competency training, which includes race equity principles, for all peer specialists, family partners, promotoras, and state employees working within mental and behavioral health programs. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 2 & 3; Statewide Health Coordinating Council Mental Health Workforce Recommendation 4 & 5
The Center strives to advance equity practices in Texas systems and health care settings so that all Texans have the opportunity to achieve their maximum health potential. Equity in health care means that everyone has access and receives high-quality and safe health care, regardless of cultural, linguistic, religious, and socio-economic considerations. While access to health care has increased through improved health system management and e-health, telemedicine and translation services initiatives, continued improvements are needed to ensure all communities are given a fair chance to be healthy.

As reported in HHS Strategic Plan Volume II using information from Department of State Health Services (DSHS), the following table represents the 10 leading causes of deaths in Texas in 2013. "Cardiovascular disease includes heart disease, stroke, and congestive heart failure." Texas ranks tenth in the nation, along with Missouri, with 32.4 percent of the adult population being obese.

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Disease</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Disease of the Heart</td>
<td>22.5%</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms (Cancer)</td>
<td>21.5%</td>
</tr>
<tr>
<td>3</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>5.5%</td>
</tr>
<tr>
<td>4</td>
<td>Accidents (Unintentional Injuries)</td>
<td>5.2%</td>
</tr>
<tr>
<td>5</td>
<td>Cerebrovascular Diseases</td>
<td>5.1%</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer's Disease</td>
<td>3.0%</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes</td>
<td>2.9%</td>
</tr>
<tr>
<td>8</td>
<td>Septicemia</td>
<td>2.2%</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Diseases)</td>
<td>2.1%</td>
</tr>
<tr>
<td>10</td>
<td>Chronic Liver Disease and Cirrhosis</td>
<td>1.9%</td>
</tr>
<tr>
<td>All Other Causes</td>
<td></td>
<td>28.1%</td>
</tr>
<tr>
<td>Total Deaths in 2013</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

Collection measures and research have shown that individuals of different racial and ethnic groups experience significant barriers to optimal health.

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12Texas Health and Human Services System. *Strategic Plan 2017-2021; Volume II.* E-16
For example:

- The Centers for Disease Control and Prevention reports that Hispanics and African Americans in Texas have higher risks and death rates for chronic diseases, such as diabetes, specific cancers, heart disease and cardiovascular disease\textsuperscript{15}.
- In 2012, the rate of African Americans living with diabetes was 14.8 percent compared to 7.9 percent among Whites\textsuperscript{16}.
- South Asian American immigrants are 7.8 times more likely to have type 2 diabetes than the general population\textsuperscript{17}.
- In 2011, the death rate for cervical cancer was 3.1 per 100,000 for Hispanics or Latinos compared to 2.3 per 100,000 for Whites\textsuperscript{18}.

Even though mental health is not listed among the top ten leading causes of death in Texas, there is an interconnection between mental and physical health. For example, people with depression often have worse physical health and have higher risk for some chronic diseases\textsuperscript{19}.

Compared with Whites, racial and ethnic minority groups in the United States are less likely to have access to mental health services\textsuperscript{20}, less likely to use community mental health services\textsuperscript{21}, more likely to use inpatient hospitalization and emergency rooms, and more likely to receive lower quality care\textsuperscript{22}.

The consequences of racial and ethnic disparities can range from greater financial burden to decreased activity on the part of the individual and substantial economic cost to society. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is $1.24 trillion\textsuperscript{23}.

Research shows that the lack of cultural and linguistic competence of healthcare systems can lead to poor health outcomes and health disparities\textsuperscript{24}. To promote health among diverse populations, healthcare settings need to be culturally diverse as well as culturally competent.

\begin{itemize}
\item DSHS: The Health Status of Texas, 2014
\item DSHS: The Health Status of Texas, 2014
\item DSHS: The Health Status of Texas, 2014
\item Kolappa et al. (2012). No physical health without mental health: lessons unlearned? http://www.who.int/bulletin/volumes/91/1/12-115063
\end{itemize}
The following figures\textsuperscript{25}, reported by the Statewide Health Coordinating Council, compare the ethnicity of the Texas population to the ethnicity of primary care physicians, general practitioners, internal medicine physicians, pediatricians, obstetricians/gynecologists, and community health workers (CHWs).

\textsuperscript{25} Statewide Health Coordinating Council. 2015-2016 Update to the State Health Plan.
To address the lack of racial and ethnic diversity in the health care workforce, several recommendations were made in the National Prevention Strategy: Elimination of Health Disparities. These include:

- Conduct outreach to increase diversity (e.g., racial/ethnic, income, disability) in health care and public health careers.
- Train and hire more qualified staff from underrepresented racial and ethnic minorities and people with disabilities.
- Increase the cultural and communication competence of health care providers.
- Support health center service delivery sites in medically underserved areas and place primary care providers in communities with shortages.

Ensuring the cultural diversity of interdisciplinary teams in healthcare settings is critical. CHWs, including promotoras, can lead to improved connection to and understanding of the healthcare system for consumers. The use of CHWs to serve as liaisons between health care systems and communities has been shown to enhance cultural interactions between patient and providers and improve health outcomes of patients. CHWs bring individuals to health care systems who may not have sought care, provide cultural and community linkages, mitigate distrust, and contribute to provider-patient communication, increasing the likelihood of patient follow-up and providing cost-effective health services to isolated communities that may have traditionally lacked access.

In 2015, there were 3,457 actively licensed CHWs in Texas. Relative to population growth, the size of the CHW workforce has increased by 71.6 percent over the past ten years. Despite these improvements, Texas still has slightly fewer CHW's than the national average. CHWs are not evenly distributed throughout the state. More CHWs are found in metropolitan and border areas and are more likely to be Hispanics females.

Although autonomy is seen as the core of health care service delivery in the United States, including family and/or community members have been shown to be acceptable and effective in some cultures for relaying serious or life-threatening diagnosis, health care decision making and adherence to treatment.

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Additional actions that could improve diversity among healthcare staff include:

- Increase the use of community health workers, doulas/birth attendants and lactations counselors in the care of childbearing women and families. These evidence-based paraprofessionals significantly reduce inter and intra partum maternal stress resulting in fewer peri-partum complications. They also provide ongoing support and health surveillance, enabling ongoing health support and preventive care.

- Aggressively recruit black obstetricians and midwives. Incorporating midwives into the standard of perinatal care is important since the midwifery model of care has been shown to reduce the rates of labor induction, cesarean section, assisted delivery (forceps) traumatic birth (intra partum hemorrhage as well as perineal trauma) and medication use during labor and delivery.

The Center and Coalition's efforts aim to ensure all babies are born healthy, to healthy parents in healthy and safe communities, and are given equitable opportunities to develop to their fullest potential. Our state is stronger when parents and babies get what they need before, during, and after pregnancy. Healthy birth outcomes can be affected by the social determinants of health, which include economic stability, education, neighborhood and built environment, health and health care, and social and community context. These suggest that protective factors can significantly impact infant mortality rates. Poor health outcomes for new mothers and babies also result in increased costs to our state.

Maternal health— including obesity, poor nutrition, and type 2 diabetes—can increase risk for miscarriages, birth defects, slow fetal growth, prematurity, and low birth-weight babies. However, Texas must also identify the underlying causes of health disparities and understand how social support and social and environmental factors, such as stress and racial inequities, contribute to poor birth outcomes.

Lack of comprehensive reproductive health education results in women having pregnancies too close together. Family planning suggests that pregnancies be spaced at least 18 months apart to give women’s bodies time to recover from the rigors of pregnancy, labor, delivery, and breastfeeding. Additionally, evaluating a woman’s health prior to conception, intervening as needed to stabilize chronic health problems, addressing the social determinants of health, and seeking assistance as indicated all contribute to better birth outcomes. One in nine children in the United States is born prematurely (before 37 weeks of gestation of 3 weeks early) and costs the country $26.2 billion annually, or $51,600 per baby, in direct medical and lifetime added costs.

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Although infant mortality deaths have generally declined in Texas, not all babies survive their first year of life. The infant mortality rates for African Americans remain persistently high, being more than twice that of White and Hispanic babies. Furthermore, rates for African Americans have climbed in recent years. The following figures, presented to the House Committee on Public Health, show components of birth outcomes disaggregated by race and ethnicity.

![Infant Mortality Rate in Texas by Race/Ethnicity, 2005-2013](chart)

Source: 2005-2013 Birth & Death Files
Prepared by: Office of Program Decision Support
Sept 2015

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Percent of Live Births Born Preterm (less than 37 weeks) in Texas by Race/Ethnicity Using Obstetric Estimate of Gestation, 2005-2014

Percent of Live Births

*2014 Texas data are preliminary
Source: 2005-2014 Texas Birth Files
Prepared by: Office of Program Decision Support
Sept 2015

Percent of Births that are Low Birth Weight (less than 2500 g) in Texas by Race/Ethnicity, 2005-2014

Percent of Live Births

*2014 Texas data are preliminary
Source: 2005-2014 Birth Files
Prepared by: Office of Program Decision Support
Sept 2015
New mothers are also at risk of dying after giving birth. There has been an increase in focus on maternal deaths in Texas resulting in the creation of the Maternal Mortality and Morbidity Task Force with S.B. 495, 83rd Texas Legislature, Regular Session, 2013. Their reported findings concluded that:

1) Black women bear the greatest risk for maternal death.
2) Cardiac events, overdose by licit or illicit prescription drugs, and hypertensive disorders are the leading causes of maternal death.
3) A majority of maternal deaths occur more than 42 days after delivery.
4) Data quality issues related to the death certificate make it difficult to identify a maternal or “obstetric” death.

Black women in Texas accounted for 22.8 percent of all maternal deaths despite representing only 11.4 percent of all births, as represented by the following figure.

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**Figure 1. Percentage of Texas maternal deaths and births in 2011-2012 by mother’s race/ethnicity.**

- **Maternal deaths:**
  - White: 37.8%
  - Black: 34.8%
  - Hispanic: 30.8%
  - Other: 2.6%

- **Texas births:**
  - White: 5.8%
  - Black: 11.4%
  - Hispanic: 48.1%
  - Other: 5.8%

Source: CHS Birth and Death Files, 2011-2012

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“Hispanic women had the lowest rates of diagnosed mental illness during pregnancy, although the highest proportion of maternal deaths by suicide was observed with this race and ethnicity group in 2011-2012\textsuperscript{40}.” Hispanic and Black women had the highest rates of pre-pregnancy obesity as shown in the figure below.

Maternal Pre-pregnancy Obesity by Race/Ethnicity, 2005-2014

*2014 Texas data are preliminary
Source: 2005-2014 Birth Files
Prepared by: Office of Program Decision Support
Sept 2015

\textsuperscript{40}DSHS. (July 2016). Maternal Mortality and Morbidity Task Force and DSHS Joint Biennial Report. Pg 13
Health Recommendations

Advancing Data-Driven Strategies
- Collect data by race and ethnicity for all Women's Health Initiatives to determine access and use of services and areas for intervention. *Supports Better Birth Outcomes Workgroup Initiatives 8, 10, 11, & 12; Maternal Mortality and Morbidity Task Force Recommendation 5; Coalition Recommendation

Developing Leaders
- Increase, enhance, and support the role of community health workers or promotoras in health settings. *Recommendation by Statewide Health Coordinating Council

Collaborating Across Systems
- Engage with systems and community stakeholders to determine needs and provide guidance and feedback on implementation of better birth outcome initiatives. *Supports Better Birth Outcomes Workgroup Initiative 5: Preconception and Interconception Health and Interconception Health and Maternal Mortality and Morbidity Task Force recommendation 1; Coalition Recommendation

Engaging Communities
- Increase awareness and knowledge about programs available in order for women to make informed decisions about their health and pregnancies. *Supports Better Birth Outcomes Workgroup Initiatives 1, 3, & 6 and Maternal Mortality and Morbidity Task Force recommendation 2; Coalition Recommendation
- Provide a list of services, programs, and service delivery locations to all women of child-bearing age and mothers to increase access to needed services and care. *Supports Better Birth Outcomes Workgroup Initiatives 8, 10, 11, & 12; Coalition Recommendation
- Require communication methods with stakeholders and partners to be culturally acceptable to communities of color, such as community conversations or town hall meetings to: build trust; improve community-system engagement and collaboration; and help inform healthcare systems and providers on culturally proficient practices. *Supports Better Birth Outcomes Workgroup Initiatives 8, 10, 11, & 12 and Maternal Mortality and Morbidity Task Force recommendation 2; Coalition Recommendation

Promoting Work Defined by Race Equity Principles
- Encourage diverse and inclusive interdisciplinary teams in all healthcare settings. *Recommendation by Statewide Health Coordinating Council
- Enhance the recruitment and retention of a diverse workforce in healthcare and mental healthcare settings. *Supports Coordinated Statewide Behavioral Health Expenditure Proposal Goals 2 & 3; Statewide Health Coordinating Council Mental Health Workforce Recommendation 4 & 5
- Utilize group prenatal care models which have been shown to improve birth outcome as well as patient satisfaction. *Coalition Recommendation
- Identify and treat underlying maternal medical conditions prior to conception. Screen and treat maternal post-partum depression. *Coalition Recommendation
- Identify health disparities and understand how social support (partner, family, and community support) and social and environmental factors contribute to birth outcomes. *Coalition Recommendation
- Increase breastfeeding in black women via baby-friendly hospital and birthing centers which
promote and support breastfeeding only in the first days of life; Provide access to Black lactation counselors throughout the first year of an infant's life. *Coalition Recommendation

- Apply a Life Course Perspective to program and service delivery and develop strategies aimed at improving the quality of preconception, prenatal care, and inter-conception health that is culturally appropriate for women of color. *Coalition Recommendation

**Evaluation & Transformation**

- Review all women and infant health documents and websites for cultural competency to ensure they are culturally and linguistically appropriate. *Supports Better Birth Outcomes Workgroup Initiatives 1, 3, & 6; Coalition Recommendation*
Education

Education is a key determinant of health and well-being. Texas children today are Texas’ future tomorrow. As such, Texas systems must do everything possible to promote academic achievement for all children to ensure that Texas’ future is bright.

Texas schools are becoming more ethnically and culturally diverse, creating a rich environment of learning and opportunities for continued improvements. There were a total of 5,299,728 Texas students enrolled in schools during the 2015-2016 school year. The following figure compares the number of students enrolled by race and ethnicity during the 2014-2015 and 2015-2016 school years.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>660,952</td>
<td>668,338</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>21,480</td>
<td>20,917</td>
</tr>
<tr>
<td>Asian</td>
<td>202,229</td>
<td>213,394</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2,722,272</td>
<td>2,767,747</td>
</tr>
<tr>
<td>Native Hawaiian/Other or Pacific Islander</td>
<td>7,112</td>
<td>7,406</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>102,467</td>
<td>108,899</td>
</tr>
<tr>
<td>White</td>
<td>1,515,553</td>
<td>1,513,027</td>
</tr>
</tbody>
</table>

41 Texas Education Agency (TEA). 2015-2016 Student Enrollment Statewide Totals. [https://rptsvr1.tea.texas.gov/cgi/sas/broker](https://rptsvr1.tea.texas.gov/cgi/sas/broker)
42 TEA. 2014-2015 Student Enrollment Statewide Totals by Ethnicity. [https://rptsvr1.tea.texas.gov/cgi/sas/broker](https://rptsvr1.tea.texas.gov/cgi/sas/broker)
43 TEA. 2015-2016 Student Enrollment Statewide Totals by Ethnicity. [https://rptsvr1.tea.texas.gov/cgi/sas/broker](https://rptsvr1.tea.texas.gov/cgi/sas/broker)
According to the Texas Education Agency (TEA), “Analysis of program participation reveals that the racial/ethnic compositions of some instructional programs tends to differ from that of the student population as a whole.”  

Several highlights specific to the increasing diversity of Texas children and education include:

- The percentage of students participating in bilingual/English as a Second Language programs increased from 14.4 percent in 2004-05 to 17.8 percent in 2014-15.
- The number of students identified as English Language Learners (ELL) increased by 264,904, or 38.7 percent, between 2004-05 and 2014-15. In the 2014-15 school year, 18.1 percent of students were identified as ELL, compared to 15.5 percent in 2004-05.
- The percentage of students served in special education programs decreased from 11.7 percent in 2004-05 to 8.6 percent in 2014-15.
- In 2014-15, African Americans accounted for 12.6 percent of the total student population. In contrast, African Americans made up 16.0 percent of students served in special education and 6.5 percent of students enrolled in gifted and talented programs.

The figure, on page 40, shows the enrollment for instructional programs and special populations by race and ethnicity for the 2014-2015 school year.

Title I programs are local education agencies that have high numbers or percentages of children of low-income families. Look at data comparing Title I programs to gifted and talented programs with a focus on Hispanics, as the largest student population in Texas.

Hispanic representation was smaller in gifted and talented programs (41.4 percent) and larger in Title I programs (62.2 percent) than in the overall student population in 2014-15 (52.0 percent). Conversely, White, Asian, and multiracial representation was larger in gifted and talented programs (39.8 percent, 9.4 percent, and 2.5 percent, respectively) and smaller in Title I programs (19.7 percent, 2.1 percent, and 1.5 percent, respectively) than in the overall student population (29.0 percent, 3.9 percent, and 2.0 percent, respectively).

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44TEA, Division of Research and Analysis, Department of Assessment and Accountability. (April 2016). *Enrollment in Texas Public Schools 2014-15*
45TEA, Division of Research and Analysis, Department of Assessment and Accountability. (April 2016). *Enrollment in Texas Public Schools 2014-15*
46TEA, Division of Research and Analysis, Department of Assessment and Accountability. (April 2016). *Enrollment in Texas Public Schools 2014-15*
48TEA, Division of Research and Analysis, Department of Assessment and Accountability. (April 2016). *Enrollment in Texas Public Schools 2014-15*
A well-trained, diverse, and culturally competent educational workforce in school settings is critical to student achievement. Unfortunately, not all schools have access to qualified teachers and other school support staff critical to a student's future success.

A recent report by the U.S. Department of Education’s Office for Civil Rights reported the following regarding teacher and staffing equity at the national level:

- 10 percent of the teachers in schools with high numbers of Black and Latino student are in their first year of teaching, compared to only 5 percent in schools with low numbers of black and Latino students.
- 11 percent of Black students, 9 percent of Latino students, and 7 percent of American Indian or Alaska Native students attend schools where more than 20 percent of teachers are in their first year of teaching, compared to 5 percent of white students.
- More than 20 percent of high schools lack any school counselors.
- 1.6 million students attend a school with a sworn law enforcement officer but not a school counselor.

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49U.S. Department of Education. (June 2016). *Persistent Disparities Found Through Comprehensive Civil Rights Survey Underscore Need for Continued Focus on Equity*
Many Texas children experience traumatic events in their homes and neighborhoods impacting their ability to effectively respond, learn, and interact in the school setting. Educators and other school staff must be given effective trainings, tools, and supports necessary to contribute to the successful growth and development of children.

The Trauma Informed Care framework, which is encouraged in school districts and charter schools, is an example of a critical and effective tool for addressing the needs of all students. Trauma Informed Care consists of understanding, recognizing and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological, and emotional safety and helps survivors rebuild a sense of control and empowerment. Expansion of trauma informed care trainings in schools will ensure educators and support staff have the tools needed to effectively respond to their students and ensure their social and emotional needs are met, ultimately, improving a student's learning and overall success in the school environment.

Other trainings that are necessary to addressing the diverse needs of Texas schools are the modularized trainings provided by education service centers (ESC) such as the Responding Educationally to All Learners (REAL) program. These Statewide Multicultural and Diverse Learner's modules include:

- Developing Cultural Proficiency
- Designing Instruction for Diverse Learners
- Language Variations
- Systems of Support
- Family-School Partnerships

Additionally, providing a mentor or coach for each first year teacher, such is stated within the Equitable Access to Excellent Educators program, which has experience with the demographics of the school serves as an example of providing educators with needed guidance and support. Given the increasing diversity of Texas children, ongoing cultural competency training that incorporates race equity principles throughout should be integrated into educators’ professional development. In order to be effective, this type of professional development must extend beyond pre-service.
Per Rider 64, the Center is required to provide policy recommendations aimed at addressing disproportionality and disparities within the education system. These recommendations were developed with and vetted by Coalition members, some of who represent education systems. Given that HHS programs and agencies interact with external agencies directly or indirectly in providing services to the same population groups, the Center intends to work collaboratively across all systems, including programs involved in the education system, to address disproportionality and disparities.

**Developing Leaders**
- Incorporate cultural competence training that includes race equity principles in the Equitable Access to Excellent Educators program, specifically providing training and mentoring for first-year educators.
- Ensure cultural competence training includes race equity principles and is required by all school administrators, teachers, and support staff on a regular basis rather than pre-service only. *Coalition Recommendation*

**Collaborating Across Systems**
- Require a representative of the Center to be included in the continued development and implementation of Texas’ plan for Every Student Succeeds Act.
- Promote collaborative partnerships between Center staff and local education authorities in the development and implementation of Improvement Plans.

**Promoting Work Defined by Race Equity Principles**
- Further support Trauma Informed Care trainings and initiatives that also address toxic stress, social determinants of health, and race equity principles.
- Require all school districts and charter schools to provide mental health services that are accessible by all students.

**Evaluation & Transformation**
- Require TEA "Report Cards" to be culturally and linguistically appropriate.
Over the last few years, Texas has made great strides to keep more youth in their communities and schools and on a path to success. Building on previous efforts, lawmakers decriminalized truancy in the 84th Texas Legislature, 2015, requiring schools to create prevention and intervention plans and promoting efforts to keep youth out of the juvenile justice system and on a path to success. While Texas has worked to provide a less punitive approach to youth delinquency, more work is needed to ensure all children and young adults are treated fairly and have the opportunity to grow up and become responsible and productive adults.

Often, children and young adults end up in the juvenile system when they reside in communities with high unemployment, underachieving schools, and lack other resources and social supports. Moreover, school discipline practices often serve as an entry point to the juvenile justice system and later, adult criminal adult system, a devastating and costly outcome for Texas. A report by the U.S. Department of Education released earlier this year shows that black students, including those in preschool, face harsher school discipline than other students50.

Though the Juvenile Justice Alternative Education Program (JJAEP) student population overall has declined in past years, "students of African-American descent continued to be overrepresented51."

While race and ethnicity data are collected at JJAEP intake, it is not collected or reported for each critical decision point affecting a child's involvement, including: disposition; detention; adjudication; term of probation; secure and non-secure placement; adult certification; specific programming; and average length of stay.

For example, while 59 percent of students who exited a JJAEP in the 2014-2015 school year did not have re-contact with a probation department52, it is not known which racial and ethnic student groups this represents. The following table, on page 44, compares the race and ethnicity distribution within certain programs during the 2014-2015 school year.

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50U.S. Department of Education. Office for Civil Rights (2016). A First Look: Key Data Highlights on Equity and Opportunity Gaps in our Nation’s Public Schools

51TJJD. (May 2016). Juvenile Justice Alternative Education Programs; Performance Assessment Report; School Year 2014-2015. Pg. i

Comparison of Race/Ethnicity Distributions Within Systems

<table>
<thead>
<tr>
<th>Student Count:</th>
<th>Entries</th>
<th>African-American</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile Justice Alternative Education Programs (all student entries)</td>
<td>2,799</td>
<td>22%</td>
<td>56%</td>
<td>20%</td>
<td>2%</td>
</tr>
<tr>
<td>District Alternative Education Program (all entries)</td>
<td>93,798</td>
<td>24%</td>
<td>53%</td>
<td>20%</td>
<td>3%</td>
</tr>
<tr>
<td>Texas Public Schools (student count)</td>
<td>5,215,282</td>
<td>13%</td>
<td>52%</td>
<td>29%</td>
<td>7%</td>
</tr>
<tr>
<td>Statewide Referrals to Juvenile Probation (all referrals)</td>
<td>53,218</td>
<td>26%</td>
<td>50%</td>
<td>23%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Another example of reported data by race and ethnicity: TJJD reported 3,355 youth participated in a prevention and intervention program in fiscal year 2015 and that 52 percent were Hispanic and 22 percent were African American. Reported figures shown below also show the number of youth who began, exited, and completed the prevention and intervention program. However, data by race and ethnicity on those who completed the program is not reported.

If collected, TJJD would be more informed of program effectiveness for diverse populations leading to more cost effective and impactful programming that meets the diverse needs of youth served. Ultimately, meaningful collection of data and evaluation may determine a need for more culturally appropriate prevention and intervention programs.

Youth Beginning and Exiting Prevention and Intervention Programs

<table>
<thead>
<tr>
<th>Fiscal Year 2014 and Fiscal Year 2015</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Beginning a Program</td>
<td>2,099</td>
<td>2,221</td>
</tr>
<tr>
<td>Youth Exiting a Program</td>
<td>2,143</td>
<td>2,185</td>
</tr>
<tr>
<td>Youth Completing a Program</td>
<td>1,917</td>
<td>1,999</td>
</tr>
<tr>
<td>Percent Completing the Program</td>
<td>90%</td>
<td>91%</td>
</tr>
</tbody>
</table>

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54TJJD. (December 2015). Annual Report to the Governor and Legislative Budget Board. Community Juvenile Justice Appropriations, Riders and Special Diversion Programs
TJJD collaborates with county and local boards and departments providing technical assistance and training in addition to funding. The TJJD Juvenile Probation Training Academy is responsible for providing quality training for increasing professional development with two full-time and four part-time employees. Cultural and language barriers can make the juvenile justice system difficult to navigate for some youth and their families. Given the diverse population of youth served by the juvenile justice system and disparate outcomes of youth of color, collaborative efforts with the Center could enhance cultural competency of juvenile justice staff while providing an opportunity for TJJD staff responsible for training to build capacity and sustainability for cultural proficiency.

These efforts may result in more young people navigating the system successfully, including prevention programming and effective intervention services.

**Juvenile Justice Recommendations**

Per Rider 64, the Center is required to provide policy recommendations aimed at addressing disproportionality and disparities within the juvenile justice system. These recommendations were developed with and vetted by Coalition members, some of who represent juvenile justice systems. Given that HHS programs and agencies interact with external agencies directly or indirectly in providing services to the same population groups, the Center intends to work collaboratively across all systems, including programs involved in the juvenile justice system, to address disproportionality and disparities.

**Advancing Data-Driven Strategies**
- Authorize the Center to have access to juvenile justice data from the state, county, and local levels to determine if disproportionate and disparate outcomes are present. *Supports Goals 3.4.a & 3.4.d of 2017-2021 TJJD Strategic Plan*
- Require TJJD and local juvenile probation departments to collect data by race and ethnicity at all decision points. *Supports Goals 3.4.a & 3.4.d of 2017-2021 TJJD Strategic Plan*

**Developing Leaders**
- Incorporate cultural competency training that includes race equity principles into the TJJD Mentor program and all levels of staff. *Supports Goal 4 of 2017-2021 TJJD Strategic Plan*

**Collaborating Across Systems**
- Encourage collaborative partnerships between the Center, TJJD, and local probation departments to work towards including race equity principles in cultural competency training. *Supports Goal 4 of 2017-2021 TJJD Strategic Plan*

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TJJD. (December 2015). Annual Report to the Governor and Legislative Budget Board. Community Juvenile Justice Appropriations, Riders and Special Diversion Programs
Children do best when they grow up in safe, stable, and loving environments. For Texas children who are not safe from abuse and neglect, Child Protective Services (CPS) is responsible for ensuring their safety and permanency. Unfortunately, involvement in the child welfare system does not result in the same outcomes for all children and families, leaving some children in unsafe environments at risk for abuse and neglect and others more likely to face disparate outcomes, including removal from their own home, multiple placements, and long-term foster care.

The figure below shows existent disproportionality and disparities in Texas:
- African American children are more likely to be removed from their own home.
- African American children stay in the system longer without achieving permanency, including adoption or legal permanency.
While the overrepresentation of certain children in child welfare is a complex issue that takes a holistic and systemic approach to solving, strengths-based family-centered practices have been found to level the playing field and improve outcomes for children and families\textsuperscript{56}. Since 2005, CPS has worked to address disproportionality and disparities by promoting family-driven planning and ensuring children remain connected to their culture, communities, and families.

Family Group Decision Making (FGDM) describes a variety of collaborative practices to work with and engage children, youth, and families in safety and service planning and decision-making.

CPS began using FGDM in 2003 and has since expanded across all stages of service. A 2010 study by Texas Tech University found that FGDM practices by DFPS, reduced the odds of removals, increased reunification and relative placement, and expedited permanency for children\textsuperscript{57}. In order for FGDM practices to remain effective, continued support for the program, including increased training and supervision of dedicated FGDM staff is needed.

CPS has made greats strides to place children with family when possible and safe. In FY 2015, 27,895 children were in foster care and 39 percent were placed with kinship caregivers. Adoptions by kinship caregivers in Texas have more than doubled since 2005 and account for almost 50 percent of adoptions that are completed by CPS\textsuperscript{58}. While kinship placement is the preferred short-term placement alternative for children who cannot remain in their own home, many relatives experience barriers to providing placement for a child\textsuperscript{59}.

Often, kinship caregivers take in a child during a time of crisis and are not prepared financially to care for additional children in their home. The Permanency Care Assistance (PCA) and Relative and Other Designated Caregiver Assistance programs (RODCAP) are two programs that provide financial assistance to relative caregivers. While these programs do offer some assistance to kinship caregivers, verified foster parents receive more financial support from the state than relatives.

Licensed foster parents in Texas receive monthly payments of at least $693 per child compared to $400 a month to relatives who are eligible for PCA.


\textsuperscript{57}Wang, Eugene. (2010). Family group decision-making: Impact on removals and permanency in Texas


\textsuperscript{59}Texas DFPS. (2012). Relative and Other Designated Caregiver Assistance Program Evaluation
**Child Welfare Recommendations**

**Promoting Work Defined by Race Equity Principles**

- Allow funding for kinship respite care that would provide kinship caregivers access to the same respite care available to foster parents. *Recommendation by DFPS*

- Continue Permanency Care Assistance (PCA) program that is set to expire in August 2017. *Recommendation by DFPS*

- Increase the one-time kinship payments to $1,000 per child. Kinship payments were a key strategy to addressing disproportionality in child welfare ensuring relatives had opportunity to financial assistance similar to licensed foster parents. *Recommendation by DFPS*

- Expand programs for kinship caregivers after Permanent Managing Conservatorship (PMC), supporting long-term placement stability. *Recommendation by DFPS*

- Provide flexible funding for use in non-traditional services that support kinship caregivers. *Recommendation by DFPS*

- Support efforts by Prevention and Early Intervention (PEI) to address identified geographic-, race- and ethnicity-based inequities in resource allocation and service delivery. *Supports PEI Five-Year Strategic Plan Goal 1.1.3*
Employment provides individuals with income, benefits, and stability needed to lead a healthy and productive life. Texas Workforce Solutions reports that, "Although people with disabilities were rated by consumers as providing customer service that was 'as good or better' than service provided by people without disabilities, and employers rate the performance of employees with disabilities as being 'as good or better' than the performance of employees without disabilities and consumers reported a greater willingness to buy goods or services from a company that has employees with disabilities, individuals with disabilities still face significant barriers to employment, including increased wages and full-time opportunities.

Roughly 12 percent of the Texas population is living with a disability. The figure below shows the number and percentage of individuals with a disability versus without a disability by race and ethnicity. The figure mentions American Community Survey (ACS) of the Census Bureau.

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Total in each Race / Ethnicity Category</th>
<th>With a Disability</th>
<th>Without a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>African American</td>
<td>3,125,453</td>
<td>422,849</td>
<td>13.5%</td>
</tr>
<tr>
<td>White</td>
<td>19,949,166</td>
<td>2,392,261</td>
<td>12.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10,264,753</td>
<td>978,202</td>
<td>9.5%</td>
</tr>
<tr>
<td>Other</td>
<td>1,468,522</td>
<td>131,875</td>
<td>9.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>1,155,999</td>
<td>64,338</td>
<td>5.6%</td>
</tr>
<tr>
<td>Total</td>
<td>26,485,838</td>
<td>3,101,039</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Table notes: 2014 ACS microdata. Percentages indicate the portion of each race/ethnicity category with and without disabilities. The race and ethnicity categories are mutually exclusive and include: Hispanics of one or more races, Whites (exclusive), African Americans (exclusive), Asians (exclusive), and other (more than one race not including Hispanic).

60Texas Workforce Solutions Vocational Rehabilitation Services. Fiscal 2015 Data
61Texas HHS System. Strategic Plan 2017-2021; Volume II
62Texas Workforce Investment Council (TWIC), (June 2016) June 2016 Update: People with Disabilities: A Texas Profile
The Texas Workforce Investment Council reports, “The unemployment rate for individuals with disabilities is higher than for individuals without disabilities. Additionally, individuals with disabilities are more likely to work part time and, on average, earn less than individuals without disabilities at every level of educational attainment." The first figure below provides numbers and percentages on types of disability reported by individuals age 16 and over by labor force participation in 2014. The following figure provides information on the race and ethnicity of Texas labor force participants with and without disabilities in 2014.

Table 13: Types of Disabilities Reported by Individuals Age 16 and over by Labor Force Participation, 2014

<table>
<thead>
<tr>
<th>Disability</th>
<th>Full-Time Workers</th>
<th>Part-Time Workers</th>
<th>Not in Labor Force</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Ambulatory difficulty</td>
<td>227,202</td>
<td>37.7%</td>
<td>109,985</td>
</tr>
<tr>
<td>Independent living difficulty</td>
<td>62,451</td>
<td>10.4%</td>
<td>41,301</td>
</tr>
<tr>
<td>Cognitive difficulty</td>
<td>124,718</td>
<td>20.7%</td>
<td>75,600</td>
</tr>
<tr>
<td>Hearing difficulty</td>
<td>192,680</td>
<td>32.0%</td>
<td>61,392</td>
</tr>
<tr>
<td>Self-care difficulty</td>
<td>32,722</td>
<td>5.4%</td>
<td>17,610</td>
</tr>
<tr>
<td>Vision difficulty</td>
<td>136,394</td>
<td>22.7%</td>
<td>45,901</td>
</tr>
</tbody>
</table>

*Table notes: 2014 ACS microdata. The same individual may report multiple disabilities.*

Table 11: Race and Ethnicity of Texas Labor Force Participants with and without Disabilities, 2014

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total Labor Force Participants in each Race/Ethnicity Category</th>
<th>Labor Force Participants With a Disability</th>
<th>Labor Force Participants Without a Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>White</td>
<td>5,160,952</td>
<td>375,549</td>
<td>7.3%</td>
</tr>
<tr>
<td>African American</td>
<td>1,595,998</td>
<td>100,887</td>
<td>6.3%</td>
</tr>
<tr>
<td>Other</td>
<td>1,064,159</td>
<td>66,850</td>
<td>6.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4,785,096</td>
<td>260,884</td>
<td>5.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>614,107</td>
<td>16,394</td>
<td>2.7%</td>
</tr>
<tr>
<td>Total</td>
<td>13,220,312</td>
<td>820,564</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

*Table notes: 2014 ACS microdata. The race and ethnicity categories are mutually exclusive and include: Hispanics of one or more races, Whites (exclusive), African Americans (exclusive), Asians (exclusive), and other (more than one race not including Hispanic).*

6TWIC. (June 2016). June 2016 Update: People with Disabilities: A Texas Profile. Pg. 1
64TWIC. (June 2016). June 2016 Update: People with Disabilities: A Texas Profile
65TWIC. (June 2016). June 2016 Update: People with Disabilities: A Texas Profile
“Many students with disabilities are leaving secondary school without competitive integrated employment or being enrolled in postsecondary education, and there is a need to support such students as they transition from school to postsecondary life.” Efforts to bring people with disabilities into the workforce would not only result in improved health and well-being of individuals but also reduced costs to the state. Working individuals pay taxes and are more likely to have the resources needed to lead a healthy, productive and independent life, decreasing their reliance on costly services and supports.

The following figure shows the self-identified number of HHSC employees by race, ethnicity, and gender who have self-reported having a disability. As these are data self-reported by the employee, representation may not be fully inclusive.

<table>
<thead>
<tr>
<th>RACE / GENDER</th>
<th>DISAB COUNT</th>
<th>AGENCY COUNT</th>
<th>% OF AGENCY</th>
<th>% OF HHSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Total</td>
<td>1204</td>
<td>54,798</td>
<td>--</td>
<td>2.20%</td>
</tr>
<tr>
<td>AMIND</td>
<td></td>
<td></td>
<td></td>
<td>0.02%</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>284</td>
<td>3.87%</td>
<td>0.01%</td>
</tr>
<tr>
<td>FEMALE</td>
<td>5</td>
<td>200</td>
<td>2.50%</td>
<td>0.01%</td>
</tr>
<tr>
<td>MALE</td>
<td>6</td>
<td>84</td>
<td>7.14%</td>
<td>0.01%</td>
</tr>
<tr>
<td>ASIAN</td>
<td>15</td>
<td>1,346</td>
<td>1.11%</td>
<td>0.03%</td>
</tr>
<tr>
<td>FEMALE</td>
<td>7</td>
<td>886</td>
<td>0.79%</td>
<td>0.01%</td>
</tr>
<tr>
<td>MALE</td>
<td>8</td>
<td>460</td>
<td>1.74%</td>
<td>0.01%</td>
</tr>
<tr>
<td>BLACK</td>
<td>266</td>
<td>15,617</td>
<td>1.70%</td>
<td>0.49%</td>
</tr>
<tr>
<td>FEMALE</td>
<td>203</td>
<td>12,338</td>
<td>1.65%</td>
<td>0.37%</td>
</tr>
<tr>
<td>MALE</td>
<td>63</td>
<td>3,279</td>
<td>1.92%</td>
<td>0.11%</td>
</tr>
<tr>
<td>HISPANOLIC</td>
<td>308</td>
<td>16,321</td>
<td>1.89%</td>
<td>0.56%</td>
</tr>
<tr>
<td>FEMALE</td>
<td>203</td>
<td>12,186</td>
<td>1.67%</td>
<td>0.37%</td>
</tr>
<tr>
<td>MALE</td>
<td>105</td>
<td>4,136</td>
<td>2.54%</td>
<td>0.19%</td>
</tr>
<tr>
<td>WHITE</td>
<td>604</td>
<td>21,230</td>
<td>2.85%</td>
<td>1.10%</td>
</tr>
<tr>
<td>FEMALE</td>
<td>405</td>
<td>15,378</td>
<td>2.63%</td>
<td>0.74%</td>
</tr>
<tr>
<td>MALE</td>
<td>199</td>
<td>5,852</td>
<td>3.40%</td>
<td>0.36%</td>
</tr>
</tbody>
</table>

Note: Data in the above figure is self-reported by employees and does not reflect confirmed disabilities of employees of the HHSC workforce.

Texas leaders have recognized the value of a more inclusive and diverse workforce and promotes employment opportunities for working-age individuals with disabilities through the Texas Governor’s Committee on People with Disabilities, the implementation of the Texas Employment First Policy, and bipartisan policy surrounding the Texas Achieving a Better Life Experience (ABLE) program.

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66 Title IV of the Workforce Innovation and Opportunity Act. (2014)
67 HHSC, Texas Workforce Commission, and TEA. _Employment-First Policy_.

Additionally, the Texas Governor's Committee on People with Disabilities outlines support for full, integrated employment opportunities for people with disabilities in the public and private sectors\textsuperscript{68}.

To better understand unemployment trends and barriers to workforce inclusion for people with disabilities and minorities, Texas must move to disaggregate and analyze data by race and ethnicity to determine where disparities are present and report findings on a regular basis. Without disaggregated data, Texas cannot effectively determine population gaps, target areas of improvement, identify best practices and model agency employers, and ultimately, increase the number of individuals with disabilities who are working. For example, if disparities are found to exist in a local workforce development area, additional targeted strategies and initiatives could be incorporated to employ individuals identifying with the target population.

If disparities in the recruiting, hiring, and retention of individuals with disabilities are found, alternative human resource strategies should be incorporated to eliminate such disparity. Additionally, state agencies should uphold the same standard for all contracted entities. Contracted entities, historically underutilized businesses, and companies that represent best practices in hiring individuals with disabilities should be acknowledged as leaders in Texas communities. Examples of promoting best practices is the Employment Recruitment Coordinator project and the resource guide for employers\textsuperscript{69}. These actions further Texas Employment First policies, a priority of HHS leaders, and elevate Texas systems to serve as models of inclusive human resource reporting measures and practices.

\textsuperscript{68}Texas Governor's Committee on People with Disabilities. \textit{Policy Recommendations for 84\textsuperscript{th} Legislative Session, January 2015}

Advancing Data-Driven Strategies

- Collect, disaggregate, and analyze data for individuals with disabilities by race and ethnicity employed by HHS and share publicly. *Supports Texas Employment First Task Force Report; Coalition Recommendation*
- Require HHSC, TWC, and TEA to report the number of employed individuals with disabilities by race and ethnicity on an annual basis and publish on the HHS website. *Coalition Recommendation*
- Direct all entities that contract with state agencies to report the number of employed individuals with disabilities by race and ethnicity. *Supports the U.S. Department of Labor's Office of Federal Contract Compliance Programs Requirements; Coalition Recommendation*

Developing Leaders

- Identify and promote businesses that implement best practices for recruiting, hiring, and retaining employees with disabilities. *Supports Recruiting, Hiring, Retaining, and Promoting People with Disabilities: A Resource Guide for Employers; Texas Governor's Committee on People with Disabilities Policy Recommendations 10.3 & 10.5; Coalition Recommendation*

Evaluation & Transformation

- Investigate how race, ethnicity, and disability affect the recruitment, hiring, and retention of employees. *Supports Texas Employment First Task Force Report; Coalition Recommendation*
This report broadly discussed critical issues impacting Texas communities and priorities of Texas systems, such as mental health, education, juvenile justice, child welfare, health including infant and maternal health, and employment for people with disabilities and minorities. The recommendations outlined in the report reflect the priorities of partner agencies, the Center, and Coalition members.

The Center for Elimination of Disproportionality and Disparities and the Texas HHS Statewide Coalition Addressing Disproportionality and Disparities remain committed to improving policies and practices ensuring more communities have access to HHS programs and services that strengthen opportunity for all Texans.

Ensuring all Texans have their best chance in life should be our top priority. For our state's future growth and success, our systems must be inclusive and responsive to the needs of all Texans and attention must be called on data, treatments, approaches, and communications that are culturally and linguistically appropriate. Moving forward, the Center will continue to build collaborative partnerships across communities, agencies, and programs of the Texas HHS system in order to influence and contribute to positive systemic change for all of our customers.
Appendix 1: Terms, Definitions, & Acronyms

ABLE: Achieving a Better Life Experience
Achievement Gap: When one group of students outperforms another group and the difference in average scores for the two groups is statistically significant.

ACS: American Community Survey
Center: Center for Elimination of Disproportionality and Disparities
CHW: Community Health Worker
CLAS: Cultural and linguistic appropriate services
Coalition: Statewide Advisory Coalition for Addressing Disproportionality and Disparities
CPS: Child Protective Services
Disparity: The condition or fact of being unequal and refers to the difference in outcomes and conditions that exist among specific population groups as compared to other groups due to unequal treatment or services.
Disproportionality: The over- or under-representation of certain groups in a public agency relative to the group’s proportion in the general population. Disproportionality is caused by disparities.
Disproportionate Minority Contact: The disproportionate number of minority youth that come into contact with the juvenile justice system.

DFPS: Department of Family Protective Services
DSHS: Department of State Health Services
ELL: English Language Learners
Equality: The quality or state of being unequal
Equity: Everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential if it can be avoided.
ESC: Education service center
Ethnicity: Of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background.
FGDM: Family Group Decision Making
Health Equity: The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focuses and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.
Health Disparity: a particular type of health difference that is closely linked with social, economic, and/or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristic historically linked to discrimination or

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70 NAEP. http://nces.ed.gov/nationsreportcard/studies/gaps/
71 Agency for Healthcare Research and Quality, US Department of Health & Human Services
73 OJJDP (2011).
Race: A category of humankind that shares certain distinctive physical traits.

Racial Equity Lens: Brings into focus the ways in which race and ethnicity shape experiences with power, access to opportunity, treatment, and outcomes, both today and historically. Assessing racial equity in our institutions involves analyzing data and information about race and ethnicity; understanding disparities and learning why they exist; looking at problems and their root causes from a structural standpoint; and naming race explicitly when talking about problems and solutions.

REAL: Responding Educationally to All Learners

RODCAP: Relative and Other Designated Caregiver Assistance

Serious Mental Illness: A diagnosable mental, behavior, or emotional disorder that causes serious functional impairment among people who are age 18 and older that substantially interferes with or limits one or more major life activities.

Serious and Persistent Mental Illness: Inclusive of people with diagnoses such as schizophrenia, bipolar disorder, major depression, post-traumatic stress disorder, schizoaffective disorder, obsessive-compulsive disorder, anxiety disorder, attention deficit disorder, delusional disorder, and eating disorders; individuals with SPMI experience significant functional impairment due to a mental health disorder that requires crisis resolution or ongoing, long-term support and treatment.

Severe Emotional Disturbance: Severe mental health needs for children ages 17 years and younger; diagnosable mental, behavioral, or emotional disorders in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

SPIAHBD: State Partnership Initiative to Address Health Disparities

Substance Use Disorder: Occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work school, or home.

TEA: Texas Education Agency

TJJD: Texas Juvenile Justice Department

TWC: Texas Workforce Commission

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EQUITY: Together We Can Achieve It (8 hours) Minimum 12 – Maximum 24 participants
The Equity Curriculum is designed to define and understand race and ethnicity, systemic racial inequities, share data, and examine the impact of historical and current policies and laws that impact disproportionate and disparate outcomes for individuals served in our systems. This interactive workshop presents an opportunity for professionals, community members, and anyone else interested in improving service delivery to collaborate and learn more about these issues in a nonthreatening, productive environment, and to identify ways of working differently to address them. The curriculum gives you concrete tools that can be used in your programs.

Courageous Conversations (4 hours) Minimum 12 – 45 Maximum participants
In this introductory course, training participants will establish a common language to inform work to address racial disproportionality and disparities. The power of socialization will be examined and participants will review local data for powerful evidence of racial inequities within our systems. Participants will have courageous conversations about race, consider resources for supporting positive change, and learn the importance of having community members inform decision making within agencies and systems.

Poverty Simulation (4 hours) Minimum 40 – Maximum 80 participants
Poverty Simulation is a role playing experience. At this training you will experience a day in the life of an individual receiving or accessing services, you get to be that person, using Supplemental Nutrition Assistance Program (SNAP) benefits or go and apply for a job using public transportation. The poverty simulation experience is designed to help participants begin to understand what it might be like to see what those we serve experience every day.

Life-Course Workshop: A Path Toward Equity (4 hours) Minimum 15 – Maximum 30 participants
Using the Life Course Game, created and developed by CityMatCH, as a framework for health equity this workshop is designed to lead participants through an interactive experience on the influence of systemic racial inequities on health and disease patterns across the life span. Participants will examine the impact of health disparities across populations overtime and will be guided in developing strategies applicable to their communities and systems to transform policies and practices to improve overall outcomes for racial and ethnic minorities.
**CLAS module (on-line - 1.5 hours)**


CLAS online training was developed by the Center's Office of Minority Health and Health Equity (OMHHE) and provides an understanding of the National Culturally and Linguistically Appropriate Standards (CLAS). The modules' aim is to improve health care quality and health equity in communities. This online training is designed for health care providers, such as physicians, nurses, social workers, community health workers, Promotoras, and other professionals. The goal of this module is to improve cultural proficiency among physicians and other health-care professionals with practical guidance about how to advance health equity by adopting and implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

**Mental Health First Aid (8 hours) Minimum 20 – Maximum 30 participants**

Mental Health First Aid is a public education program that introduces participants to risk factors and warning signs of mental illnesses, builds understanding of their impact, and overviews common supports. This 8-hour course uses role-playing and simulations to demonstrate how to offer initial help in a mental health crisis and connect persons to the appropriate professional, peer, social, and self-help care. The program also teaches the common risk factors and warning signs of specific types of illnesses, like anxiety, depression, substance use, bipolar disorder, eating disorders, and schizophrenia.