

*Texas Health and Human Services Commission
Center for Elimination of Disproportionality and Disparities
Interagency Council for Addressing Disproportionality
Senate Bill 1, Rider 87, 83rd Legislature, Regular Session Legislative Report
Executive Summary*

The purpose of this document is to address requirements of the Center for Elimination of Disproportionality and Disparities of the Texas Health and Human Services Commission as specified in Rider 87 of Senate Bill 1, 83rd Legislature, Regular Session.

The report shares highlights of research and key points from several disciplines as directed by Rider 87. These disciplines include health, mental health, juvenile justice, education, and child welfare. Each of these areas continues to investigate racial disproportionality and disparities. A few potential strategies to reduce racial disparities are included for each discipline. All of the included strategies are consistent with the *Texas Model: A Framework for Equity* developed by the Center for Elimination of Disproportionality and Disparities to guide remediation planning, strategizing, and efforts.

This report also reviews major activities of the Center for Elimination of Disproportionality and Disparities throughout the current biennium. Some of these include scheduling and planning a forthcoming Cross Systems Summit, to examine best practices across multiple human-serving systems; developing a one-day race equity curriculum; completion of grant activities through the Center's Office of Minority Health and Health Equity; and delivery of numerous trainings, consultations, and technical assistance sessions to partners and stakeholders, within the Health and Human Services Commission, other Health and Human Services agencies, and other stakeholders and partners.

Finally, this report makes five broad recommendations for reducing racial disproportionality and disparities. Those include collaborations across systems; data driven strategies; developing best practices; community engagement; and cultural competency trainings.

This report provides the recommendations of the Interagency Council for Addressing Disproportionality, and therefore expresses the views and opinions of a majority of the Council's membership. Unless

otherwise noted, the views and opinions expressed in these recommendations reflect the positions of the majority of the Council. There are many different perspectives and policy concerns represented by the Council's membership and not all statements made in this report reflect each member's official position. Contents of this report were discussed by and voted upon by the Council's membership. HHSC only provides staff support as directed by Health and Human Services Circular C-022, Enterprise Policy for Advisory Committees

*Texas Health and Human Services Commission
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I. Background

The purpose of this document is to address requirements of the Center for Elimination of Disproportionality and Disparities (CEDD) of the Texas Health and Human Services Commission (HHSC) as specified in Rider 87 of Senate Bill 1, 83rd Legislature, Regular Session.

A. Previous Interagency Council Report

As required by Senate Bill 501, 82nd Legislature, Regular Session, the Interagency Council for Addressing Disproportionality (IC) submitted its report on December 1, 2012 (HHSC CEDD, 2012). The report included recommendations on methods to improve the use of available public and private funds to address disproportionality and the long-term elimination of disproportionality. An update on each of those recommendations follows:

- 1) *“ . . . that the Center for Elimination of Disproportionality and Disparities assume a leadership role in identifying and reporting on the social determinants and health conditions in most need of high impact response to address disproportionality and disparities across health and human services agencies.”*

CEDD, which includes the Texas State Office of Minority Health and Health Equity, continues to examine health disparities for impacted groups across Texas. CEDD has received almost \$500,000 federal grant dollars specifically targeting these issues, including efforts aimed at implementing the Culturally and Linguistically Appropriate Services (CLAS) standards in certain counties.

- 2) *“ . . . that the Center for Elimination of Disproportionality and Disparities assist the Health and Human Services Commission in developing cross systems performance measures aligned with the components of the Texas Model for Addressing Disproportionality and Disparities.”*

CEDD and HHSC will continue to work with other HHS agencies to assess system functioning at key decision points to seek racial equity in service delivery and outcomes.

- 3) *“ . . . that the Interagency Council continue through December 1, 2015.”*

The formal term for the IC expired on December 1, 2013. The IC met on an ad hoc basis solely to discuss, draft, finalize, and submit this report.

- 4) *“ . . . that the Interagency Council prepare and submit by December 1, 2014 to the lieutenant governor, the speaker of the house of representatives, and the legislature, a report on the status of implementation of the Texas Model for Addressing Disproportionality and Disparities and the Interagency Council’s recommendation as to whether to continue the Interagency Council.”*

This recommendation was not supported in statute. However, the CEDD and HHSC are developing plans to form a statewide, cross systems collaborative group to continue analyzing and addressing disproportionality and disparities.

- 5) *“ . . . that the Center for Elimination of Disproportionality and Disparities monitor and report to the executive commissioner of HHSC on implementation plans to address health disparities across HHSC agencies.”*

CEDD provides regular updates to the executive commissioner and deputy executive commissioner regarding all work activities, including those targeting health disparities.

- 6) *“ . . . implementation of the Texas Model for Addressing Disproportionality and Disparities in the juvenile justice, child welfare, health, education, and mental health systems.”*

CEDD continues to explore applications of the Texas Model within HHSC and other HHS agencies. CEDD also collaborates with organizations from each of the systems named here; however, only the Department of Family and Protective has a formal legislative mandate to address disproportionality and disparities within their agency.

B. Development of Current Report

Several members of the IC agreed to continue meeting informally following the expiration of the IC’s legislative authorization to assist in the preparation of this report, required by Rider 87 of SB 1, 83rd Legislature, Regular Session. CEDD and HHSC are grateful for their expertise,

willingness, and contributions to this report and all other work efforts. See Appendix One for a list of contributing IC members and their representatives.

II. Addressing Disproportionality and Disparities

As noted in the *Report to the 83rd Legislature*, racial and ethnic disproportionality and disparities exist within Texas juvenile justice, child welfare, and education systems (HHSC CEDD, 2012, p. 11-16). Data available from the Department of State Health Services (DSHS) provide many other examples of health disparities that dramatically impact racial and ethnic minorities, particularly African Americans. Infant mortality (DSHS, 2009) and HIV infection rates (DSHS, 2012) offer startling examples.

Each of these systems has examined, researched, and attempted to address their racial and ethnic inequities. Thousands of studies on racial disparities exist, and a full review is well beyond the scope of this report. A few key points are noted below:

A. Health

The federal Center for Disease Control's (CDC) Office of Minority Health and Health Equity (OMHHE) celebrates its 25th anniversary in 2014 (CDC, 2014). In 2013 the CDC released a second report focusing on racial disparities, *CDC Health Disparities and Inequalities Report – 2013* (CDC, 2013). The report contains several disturbing findings highlighting persistent racial health disparities, including:

- “Non-Hispanic Black adults are at least 50% more likely to die of heart disease or stroke prematurely . . . than their non-Hispanic White counterparts”
- “The prevalence of adult diabetes is higher among Hispanics, non-Hispanic Blacks, and those of other or mixed races than among Asians and non-Hispanic Whites”
- “The infant mortality rate for non-Hispanic Blacks is more than double the rate for non-Hispanic Whites” (CDC, 2013, p. 1).

Substantial research exists on strategies to address social determinants of health and particular health disparities, such as HIV, diabetes, specific cancers, and many others. *The Community Guide* is a website sponsored by *The Community Preventive Services Task Force*, established in

1996 by the United States Department of Health and Human Services (The Community Guide, 2014). *The Community Guide* uses systematic reviews of peer-reviewed journal articles to highlight “program and policy interventions that have proven effective” (The Community Guide, 2014). These recommendations may be useful to CEDD, its Office of Minority Health and Health Equity, and other health organizations in Texas committed to eliminating racial and ethnic disparities.

The National Prevention Council, created by the Affordable Care Act, developed the National Prevention Strategy (NPS) “to realize the benefits of prevention for all persons in the United States. Eliminating health disparities is one of four strategic directions identified in NPS” (CDC, 2013, p. 185). NPS recommends five strategies to address health disparities. Each of these could be useful in Texas, and the Office of Minority Health and Health Equity already employs some of these strategies in its current grant work:

- 1) focus on communities at greatest risk;
- 2) increase access to quality health care;
- 3) increase workforce capacity to address disparities;
- 4) support research to identify effective strategies to eliminate disparities; and
- 5) standardize and collect data to better identify and address disparities (CDC, 2013, p. 185-186).

Consistent with *The Texas Model: A Framework for Equity*, the CDC recommends that approaches to addressing health disparities include community engagement and collaborations with multiple partners (CDC, 2013, p. 186).

B. Mental Health

The IC examined Texas data related to children’s inpatient and outpatient mental health (HHSC CEDD, 2012, p. 12-14). These data included only referrals to DSHS facilities and results from the Texas Youth Risk Behavioral Surveillance System. Both datasets indicate that African American youth may have more risk of mental health problems (HHSC CEDD, 2012, p. 15).

A 2001 report to the United States Surgeon General found that “. . . racial and ethnic minorities have less access to mental health services than do Whites. They are less likely to receive needed

care. When they receive care, it is more likely to be poor in quality” (USDHHS, 2001, p. 3). This report found that racial and ethnic minorities have greater unmet mental health needs leading to greater losses to health and productivity. The report discusses barriers to mental health treatment:

The foremost barriers include the cost of care, societal stigma, and the fragmented organization of services. Additional barriers include clinicians’ lack of awareness of cultural issues, bias, or inability to speak the client’s language, and the client’s fear and mistrust of treatment. More broadly, disparities also stem from minorities’ historical and present day struggles with racism and discrimination, which affect their mental health and contribute to their lower economic, social, and political status. (p. 4).

Each of these barriers deserves research and attention from the mental health community in Texas. The report concludes with promising practices to address disparities in mental health for racial and ethnic minorities. These include: ensuring that interventions are studied specifically for racial and ethnic minorities, given the wide cultural variance associated with mental health; improve access to treatment; integrating mental health and health care; ensuring language access, a particular concern given Texas’ large share of people that speak languages other than English; coordinating services for high-needs patients; and reducing barriers to treatment, among others (USDHHS, 2001, p. 162-164).

C. Juvenile Justice

Disproportionate Minority Contact (DMC) has been identified as a national issue for more than a quarter century (Soler & Garry, 2009). The IC report found that African American and Hispanic youth were more likely to be referred to juvenile justice authorities (HHSC CEDD, 2012, p. 11). According to the Criminal Justice Division of the Governor's Office (2014), in 2012 African American youth represented 25% of referrals to juvenile justice authorities but only 12% of the overall youth population in Texas.

The Criminal Justice Division of the Governor’s Office commissioned a report from the Public Policy Research Institute (PPRI) at Texas A & M University to examine this issue of DMC. Released in 2010, the report included many qualitative findings relevant for Texas’ juvenile justice authorities.

Addressing Disproportionate Minority Contact: Causes and Solutions from the Community Perspective (PPRI TAMU, 2010) conducted listening sessions with professionals and community members to learn about DMC in five particular counties. Participants offered opinions about why DMC occurs and what solutions might best address the problem. Participants identified five categories of potential solutions: preventive solutions, such as early childhood education and mentoring programs; school-related solutions; family-based solutions, including parenting classes; justice-system solutions, including counseling and behavioral interventions; and community/system solutions, including increasing supports and increasing sanctions (PPRI TAMU, 2010, p. ii-vi). Researchers recommended that cultural competence and community outreach, consistent with *The Texas Model*, be included in any solutions to DMC (p. v).

The Juvenile Justice Information Exchange, based at the Kennesaw State University in Georgia, provides information and articles about juvenile justice and related issues (JJIE, 2014). JJIE advocates the following strategies to address DMC, among others: improving data collection; enhancing cultural and linguistic competence; family engagement; reducing disparities with objective decision-making practices and tools; increasing diversion and community-based alternatives; community collaboration and engagement; racial impact statements for juvenile justice legislation; blocking the “school-to-prison” pipeline; reducing transfer of youth to adult court; and addressing the intersection of gender and racial disparities (JJIE, 2014).

Many of these recommendations are consistent both with the *Texas Model* and the PPRI report (PPRI TAMU, 2010). Given the structure of oversight for juvenile justice in Texas and the numerous affected jurisdictions, collaboration, community engagement, and reliable data analysis will all be critically important. The Office of Juvenile Justice and Delinquency Prevention of the Governor's Office has identified several promising practices through its work in specific target sites, such as Waco, and will continue working with particular counties that exhibit the most dramatic disparities.

D. Education

The IC found racial disparities in education along several metrics (HHSC CEDD, 2010, p. 15-16), while the landmark *Breaking School Rules: A Statewide Study of How School Discipline Relates to*

Students' Success and Juvenile Justice Involvement (Fabelo et al., 2011) found substantial disparities in school discipline, particularly for African American students.

Like other racial disparities discussed in this report, educational disparities have received substantial research attention, yet they continue to persist. The American Psychological Association's (APA) Presidential Task Force on Education Disparities offers several educational practices to address disparities. Practices that could show promise in Texas include: promote cultural competencies of Early Childhood Education providers; train educators to take advantage of Latino students' educational aspirations; offer additional support to boys of racial and ethnic minorities; introduce prospective teachers psychosocial interventions demonstrated to increase achievement among racial and ethnic minority students; and emphasize the unique assets that students from diverse backgrounds bring to each classroom (APA, 2012).

The state's judiciary took note of these trends as well. In his 2013 State of the Judiciary speech, Chief Justice Wallace B. Jefferson condemned the practice of issuing approximately 300,000 non-traffic tickets per year to children for minor misbehavior in schools (2013). The Texas Judicial Council, the policymaking arm of the judiciary, passed resolutions seeking major reforms and the 83rd Legislature enacted Senate Bill 393 which prohibits law enforcement from issuing citations to children for "school offenses." Among other reforms, SB 393 authorizes school districts to implement graduated sanctions or refer a child to a diversion program and creates a rebuttable presumption that children between ages 10 and 15 are incapable of committing most fine-only misdemeanors or violations of municipal penal ordinances.

The Equity Project at Indiana University offers a briefing outlining promising practices within schools to eliminate discipline disparities (Gregory, Bell, & Pollock, 2014). The paper focuses on conflict prevention. All students should be equitably offered: supportive relationships, academic rigor, culturally relevant and responsive teaching, and bias-free classrooms and respectful school environments (p. 3). The paper also offers principles to guide resolutions of conflicts, including: regular inquiry into the causes of conflicts; problem-solving approaches to discipline; recognition of student and family voice; and re-integration after conflict (p. 6). All of these interventions are consistent with the *Texas Model*.

In June, The Council of State Governments Justice Center issued *The School Discipline Consensus Report: Strategies from the Field to Keep Students Engaged in School and Out of the Juvenile Justice System* (Morgan, Salomon, Plotkin, & Cohen, 2014). The report reiterates that a disproportionately large percentage of disciplined students are youth of color and provides recommendations for preventing youth arrests or referrals to the juvenile justice system for minor school-based offenses. The report consists of two dozen policy statements to guide multidisciplinary approaches to the needs of both youth and educators while addressing student misbehavior, and 60 recommendations that explain how to implement these policies.

E. Child Welfare

Child Protective Services (CPS), the Department of Family and Protective Services (DFPS), CEDD, and HHSC have studied disproportionality and disparities in Texas child welfare since Senate Bill 6 was enacted by the 79th Texas Legislature, Regular Session, 2005. DFPS and HHSC prepared reports in January and July 2006 describing disparities for African American, Hispanic, and American Indian children (HHSC CEDD, 2012, p. 19).

The DFPS report *Disproportionality in Child Protective Services: The Preliminary Results of Reform* (DFPS, 2010) found a slight reduction in the disparate rate of removal between African American and White children, likely the results of reforms DFPS implemented beginning in 2005. These reforms ultimately informed the development of the *Texas Model*, and included kinship care, Family Group Decision Making, disproportionality specialists, regional disproportionality Advisory Committees, the Statewide Task Force on Disproportionality, and many others. Sheets et al (2009) found that Family Group Decision Making had positive effects for all children and families served, most notably African American children. This remains one of the few evidence-based studies of interventions that can positively impact disproportionality and disparities in child welfare.

A State Disproportionality Manager and a State Disproportionality Specialist continue to work within CPS and use the *Texas Model* in work with staff, presentations, and technical assistance. CPS and CEDD have a close working relationship and collaborate on many efforts to eliminate disproportionality and disparities for families served by child welfare in Texas.

III. Collaborations Across Systems

CEDD and HHSC develop partnerships with many agencies, organizations, communities, and leaders in efforts to identify and address racial disparities in human services. Some of these groups served on the IC, including the Texas Education Agency, Office of the Governor – Criminal Justice Division, and DFPS. Others have longstanding relationships that developed during the course of work within DFPS, such as the Texas Supreme Court Commission on Children, Youth, and Families; Texas Court Appointed Special Advocates (CASA); The University of Texas at Austin School of Social Work; and the Hogg Foundation for Mental Health.

Since its inception and the creation of the IC, CEDD continues to cultivate new partnerships. These include Prairie View A & M University, the Texas Juvenile Justice Department, and Austin State Hospital. CEDD regional Equity Specialists also partner with local organizations across Texas, including school districts, mental health authorities, police departments, juvenile justice departments, nonprofit organizations, and many others.

CEDD and HHSC are establishing a multi-agency workgroup to support identification of disparities within Health and Human Services agencies and the future development of remediation plans. It is a fact that many of the families that experience racial disparities within Texas public health and human services also access other systems, such as juvenile justice and education. CEDD sees Collaborating Across Systems as a key component of the *Texas Model* and a critical driver of improving service delivery to all Texans.

IV. CEDD Activities

Several members of the IC have met on an ad hoc basis to assist in the preparation of this report. See Appendix One for a complete listing of contributing IC members. CEDD continues to refine its *Texas Model: A Framework for Equity*, which now includes the following five components:

1. Advancing data-driven strategies: strategies to eliminate disparities are informed by reliable data collected and reported by race and ethnicity;
2. Developing leaders: everyone has the opportunity to develop leadership skills to strive for equity in their practice;

3. Collaborating across systems: networks and coalitions of gatekeepers and advocates seek sustainable solutions across institutional lines;
4. Engaging communities: the community is included in dialogues, discussions, planning, and decision-making in efforts that will impact them; and
5. Promoting work defined by anti-racist or race equity principles: concepts of fairness and justice guide all programs, policies, and practices, which are designed to eliminate institutional barriers to equity.

The core of the *Texas Model* includes evaluation and transformation. Reform efforts must be consistently and reliably evaluated to ensure that promising practices deliver improved outcomes to constituents. Transformation of human serving systems is the ultimate goal, with the result being public agencies that equitably serve all Texans with dignity and quality.

Devising and implementing reform efforts consistent with the *Texas Model* will be a lengthy, engaged process. HHS agencies, HHSC, and CEDD are committed to expanding these efforts throughout the system in partnership with each HHS agency, external stakeholders, and communities.

CEDD believes that cultural competency and sensitivity is an important element of effective service delivery. CEDD is developing a one-day curriculum relevant to all staff within HHSC, as well as external stakeholders, community partners, and other agencies and systems. CEDD anticipates finalizing this curriculum in the summer of 2014, then entering a rigorous evaluation phase consistent with the *Texas Model*. CEDD hopes that this curriculum will be effective, sustainable with existing resources, and applicable to all staff. Following evaluation of this curriculum, CEDD anticipates developing facilitators within all Texas HHS agencies, as well as within other partner organizations and communities.

Other activities that CEDD has been involved with over the biennium include:

- Delivery of introductory Courageous Conversations to dozens of stakeholder groups, including Houston Housing Authority, HHS Enterprise staff, DARS staff, and many others;
- Ongoing development of a strategic plan to guide CEDD efforts in the coming years;

- Successful completion of a Children’s Justice Act grant that involved partnering with the Texas Education Agency, training school personnel throughout Texas on Courageous Conversations and mandated reporting, and creation of an online “Improving Child Abuse Reporting in Texas” training;
- Application, planning, and implementation of a three-year federal Office of Minority Health grant targeting improved compliance with National Culturally and Linguistically Appropriate Services standards in Hidalgo and Dallas counties;
- Successful completion of a Coordinated Chronic Disease Program grant through the Centers for Disease Control in partnership with DSHS;
- Successful completion of a Community Transformation Grant through the Centers for Disease Control in partnership with DSHS focused on evidenced-based community-level interventions targeting tobacco-free living, healthy eating and active living, and preventive services for high blood pressure and obesity;
- Successful completion of a health equity conference in August 2013 involving national, state, and local leaders and participants;
- Technical assistance and training to numerous stakeholders on issues of racial disparities, disproportionality, health equity, and the *Texas Model*; and
- Continued collaboration with multiple entities, including other state, county, and local agencies and organizations.

V. Recommendations

Rider 87 requires that “the CEDD and the IC develop and recommend policies for addressing disproportionality and disparities in the education, juvenile justice, child welfare, health and mental health systems, and implement those policies statewide.” Below are broad recommendations consistent with the *Texas Model* that CEDD and participating IC members believe will positively impact racial disproportionality and disparities in each of those systems:

1. Collaborations across systems: Many people and families experience multiple systems, and every Texan participates in the health care system at some point. Continued collaboration across these systems, with multiple stakeholders, is critical to improving service delivery for all. The IC was organized in the spirit of collaboration, and regardless of legislative mandate, IC members commit to continued collaboration in the spirit of improved services and accountability.

2. Data driven strategies: Reform efforts, new programs, and policy reviews should always be considered by race and ethnicity given the pervasive and longstanding disparities as documented in the IC report. Efforts should be continually and rigorously evaluated in partnership with other agencies and communities.
3. Best practices: The systems named above and represented on the IC are complex, with multiple funding streams, responsibilities, legislative requirements, and programs. Each decision point within a system represents a potential disparity. Developing best practices to address those disparities requires a concerted effort by each agency and their stakeholders. Agencies should commit resources to studying racial disparities within their systems and develop remediation plans in partnership with other IC members and communities.
4. Community engagement: CEDD and HHSC anticipate organizing a new collaborative body, to include members of the IC, Advisory Committee representatives, and agency staff. This body will ensure that meaningful collaboration and decision making with communities and across systems continues to occur.
5. Cultural competency training: Upon completion, approval, and evaluation of its new curriculum, CEDD will offer it in a sustainable model to HHS Enterprise agencies, IC members, and other stakeholders. In addition, CEDD will continue to work with and encourage partners to review and evaluate existing policies and procedures that specifically address cultural competency, diversity, and race equity trainings.

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Appendix One
Interagency Council for Addressing Disproportionality
Participating Ad Hoc Members

<u>Name and Title</u>	<u>Agency</u>
Sheila Craig, MA - Associate Commissioner	Center for Elimination of Disproportionality and Disparities, Health and Human Services Commission
Nydia Thomas, JD - Special Counsel	Texas Juvenile Justice Department
Jeff Kaufmann - Manager	Department of Aging and Disability Services
Tamela Griffin - Senior Policy Analyst	Department of Assistive and Rehabilitative Services
Jennifer Sims - Deputy Commissioner	Department of Family and Protective Services
Tina Amberboy - Executive Director	Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families
Lance White	Office of the Governor, Criminal Justice Division
Mena Ramon	Office of Court Administration, Supreme Court of Texas