

SUBJECT: Interagency council to address racial and ethnic service disproportionality

COMMITTEE: Human Services — committee substitute recommended

VOTE: 7 ayes — Raymond, Morrison, Gonzalez, Hopson, Hunter, Laubenberg,
Naishtat

0 nays

2 absent — Hughes, V. Taylor

WITNESSES: For — Judy Powell, Parent Guidance Center; Carlyne Rodriguez, Casey Family Programs; Kathryn Freeman, Texas Appleseed; Ray Hendricks, Austin Disproportionality Advisory Committee; (*Registered, but did not testify*: Joseph Gagen, Texas CASA, Inc; Diana Martinez, TexProtects, The Texas Association for the Protection of Children; Johana Scot, Parent Guidance Center; Gyl Switzer, Mental Health America of Texas)

Against — None

On — (*Registered, but did not testify*: Joyce James, Health and Human Services Commission; Elizabeth Kromrei, Department of Family and Protective Services; Carl Reynolds, Office of Court Administration)

BACKGROUND: Health and Safety Code, ch. 107 establishes the Health Disparities Task Force. The task force is charged with assisting the Health and Human Services Commission (HHSC) in eliminating health and health access disparities among racial and ethnic populations in Texas. It additionally is responsible for issuing a biennial report on the progress of each health and human services agency in addressing these problems. The report is given to the governor, the lieutenant governor, and the speaker of the House.

DIGEST: CSHB 945 would establish the Interagency Council for Addressing Disproportionality. It would abolish the Health Disparities Task Force and add its mission of assisting HHSC in eliminating health and health access disparities among racial and ethnic populations in Texas to the newly created council. The council would examine racial and ethnic minority children's disproportionate involvement at each stage in the juvenile justice, child welfare, and mental health systems and make

recommendations to reduce these disparities. The council also would have to examine the disproportionate delivery of various educational services to minority children and make recommendations for improvement.

The council would be required to prepare a report for the lieutenant governor, the speaker, and the Legislature containing the council's findings and recommendations on disproportionate use of these various services by minority children by December 1, 2012.

The report would have to review the funding appropriated to address these disparities and best practices for addressing these issues. The council would have to make recommendations for how to train children's service providers and improve use of public and private funds. The council also would also have to recommend whether or not to renew its existence beyond its Sunset date of December 1, 2013.

The council would consist of representatives from the Center for Elimination of Disproportionality and Disparities (formerly the Office for the Elimination of Health Disparities, which the bill would rename), 11 other government entities, a community-based organization, a faith-based organization, and the medical community. It would also include a former foster care youth.

Each council member would have to have a full understanding of his or her agency's mission and complete cultural competency training. The representative from the Center for Elimination of Disproportionality and Disparities would act as presiding officer, and the council would have to meet at least quarterly.

A council member could not receive compensation, but could be reimbursed for travel expenses.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2011.

**SUPPORTERS
SAY:**

The problem of disproportionate outcomes for minorities, particularly children, cuts across many state agencies. The Interagency Council for Addressing Disproportionality would effectively pool resources, knowledge, experience, ideas, and recommendations from state and

judicial agencies, community organizations, medical professionals, and a former recipient of social services. By gathering these various parties, the council would recognize that disproportionate outcomes for minorities within social services are systemic but could be improved with greater collaboration.

African-American children represent 12 percent of the children in Texas but represent about a third of the children living in foster care, about a third of the children being expelled from school, and about a third of the children being disposed to the Texas Youth Commission. Latino children comprise less than half of the Texas public school population, but almost two-thirds of those expelled.

Individual groups and agencies like the Health Disparities Task Force and Child Protective Services (CPS) have made some progress in addressing disproportionality in the past decade, but the problem is still widespread.

**OPPONENTS
SAY:**

While disproportionate outcomes for minorities might seem systemic, their causes and remedies are not uniform and cannot be solved by a one-size-fits-all solution. The Health Disparities Task Force's examination of health and health access differs from the Texas Education Agency's problem with high rates of minority student school expulsion. Efforts by the task force and agencies like CPS have resulted in some progress. These efforts should be continued and expanded on a per-agency basis.

NOTES:

The companion bill, SB 501 by West, passed the Senate by 29-2 (Hegar, Ogden) on April 7 and was reported favorably, without amendment, by the House Human Services Committee on April 26, making it eligible to be considered in lieu of HB 945.