

Chris Steller

From: Kochanski, Alexis R (DHS) <Alexis.Kochanski@state.mn.us>
Sent: Friday, March 15, 2019 2:51 PM
To: Rep.Rena Moran; Rep.Tina Liebling; Rep.Dave Pinto; Rep.Debra Kiel; Rep.Joe Schomacker; Rep.Mary Franson
Cc: James Nobles; Chris Steller; Chris McCall; Danyell Punelli; Doug Berg; Elisabeth Klarqvist; Joe Durham; Pat McQuillan; Randall Chun; Sarah Sunderman
Subject: DHS Submission of Legislative Reports 3.15.19
Attachments: DHS CWD 2017-2018 report.pdf; 2019 Combined Problem Gambling Legislative Report 1-16-19.pdf; Homeless Youth Act Report 03132019.pdf; 2019LegislativeReportCECLC.pdf

Dear Legislators,

Please find the following Department of Human Service's legislative mandated reports attached:

1. 2017-2018 Child Welfare Disparity Grants Evaluation Report
2. Cultural and Ethnic Communities Leadership Council (CECLC) 2019 Legislative Report (I want to flag page 43 of the report, "Sustain and Enhance Chief Inclusion Officer Role." Is this consistent with your current practice? Please compare with what the report is recommending and let me know.)
3. A Report on the State's Progress in Addressing the Problem of Compulsive Gambling and on the Percentage of Gambling Revenues that Come From Problem Gamblers
4. Homeless Youth Act

Please let me know if you have any questions.

Thank you.

Best,

Alexis Russell Kochanski, MPH
Director of State Legislative Relations | External Relations

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Chris Steller

From: Kochanski, Alexis R (DHS) <Alexis.Kochanski@state.mn.us>
Sent: Friday, March 15, 2019 3:35 PM
To: 'Sen. Michelle Benson'; 'Sen. Jim Abeler'; Sen. Karin Housley;
'sen.jeff.hayden@senate.mn'; 'sen.john.marty@senate.mn'; Sen. Kent Eken
Cc: Chris Steller; James Nobles; Andrea Todd-Harlin; Dennis Albrecht; Katie Cavanor; LaRissa Fisher; Liam Monahan; Patrick Hauswald
Subject: DHS Submission of Legislative Reports 3.15.19
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Cultural and Ethnic Communities Leadership Council (CECLC)

Community Relations

2019 Legislative Report

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Letter from Chair Vayong Moua

The inequities we face in Minnesota across issues, sectors, and communities are not inevitable. They are created by a wicked combination of design, deliberation, invisibility, and ultimately inequities in power. Science offers evidence that these are unnatural causes, in the sense that they were decided upon rather than innately existing. This disturbing recognition also provides us insight into eliminating inequities. If they are social constructs, they can be deconstructed by humans, too. We see that different societies have varying levels of inequities and prosperity. This tells us advancing equity across diverse cultural and ethnic communities is within our ability and collective decision making. This creative and promising insight is why the CECLC's commitment and strategy is to integrate equity into governance and transform both agency culture and structure.

Precisely because the CECLC focuses on embedding equity throughout DHS, we experience awesome growing pains and evolution. 2018 was laden with worthy tension and inspiring partnership. DHS partnered with us to organize the Equity Descendants Summit, a gathering of varied thought and action leaders, focused on embracing our ancestral power to shape matters seven generations forward and beyond. We also clash on the ongoing harmful treatment of strong equity champions within DHS. The gap between equity policy, implementation, and praxis challenges our process of building durable trust and resilience. Our relationship with DHS, like our movement, requires both joyful resistance and furious wisdom for sustainability and deep impact. With eyes on the prize, we can't easily be deterred by the layers of complexity, non-closure, conflict, and collaboration needed for the CECLC's legislative and movement charge.

The CECLC's mantra on equity is "all levels all the time." We know equity is only truly actualized from an ecological approach. It calls for critical self-study, cultivating interpersonal relationships, meaningful structural change, and powerful community connections. No one level or strategy can do it alone. That's why the CECLC is digging deep and expanding work with Commissioner Lourey, Governor Walz's administration, the People of Color and Indigenous (POCI) Caucus within the Minnesota Legislature, as well as community partners to eradicate these preventable inequities. The newly formed political and policy landscape and One Minnesota platform bode well for the CECLC's principles and priorities. Even with alignment and promise of an equitable Minnesota, we're keen on being unrelenting. As the "dream of our ancestors," we know the sacrifices made, high stakes, and noble responsibility to make equity a reality all levels all the time.

In Solidarity,



Vayong Moua

Remembering Dr. Marilyn S. ‘Susie’ Nanney

Dr. Marilyn S. “Susie” Nanney and her husband, Police Officer Steve Nanney, tragically died in June 2018 after a vehicular accident. Dr. Nanney was a cherished member of the Cultural and Ethnic Communities Leadership Council after being appointed by the commissioner of Human Services in 2015. She worked as an associate professor at the University of Minnesota where she founded the Health Equity in Policy Initiative for the Program in Health Disparities Research and co-founded the Healthy Eating and Activity across the Lifespan program. Dr. Nanney’s research heavily focused on obesity prevention, hunger relief and health disparities research, which she used while championing authentic engagement practices to create healthier communities. The enthusiasm, passion, and generosity she instilled in her work and in those around her served as a beacon of inspiration and encouragement. Her countless contributions to the CECLC and our collective communities as a fierce advocate for health equity will not be forgotten.

Executive Summary

The Minnesota Legislature established the Cultural and Ethnic Communities Leadership Council (CECLC) in 2013 to “advise the commissioner of human services on reducing disparities that affect racial and ethnic groups.” In 2015, the Minnesota Legislature extended the CECLC’s mandate through 2020. The full text of current CECLC statute is in Appendix A and may be referenced at the Office of the Revisor of Statutes website.

This report seeks to fulfill the following mandate:

“(11) by February 15 each year, prepare and submit to the chairs and ranking minority members of the committees in the house of representatives and the senate with jurisdiction over human services a report that summarizes the activities of the council, identifies the major problems and issues confronting racial and ethnic groups in accessing human services, makes recommendations to address issues, and lists the specific objectives that the council seeks to attain during the next biennium. The report must also include a list of programs, groups, and grants used to reduce disparities, and statistically valid reports of outcomes on the reduction of the disparities.”

In January 2017, The Minnesota Department of Human Services approved the Policy on Equity, which contains a combination of the recommendations advanced by the council. CECLC members provided guidance and feedback to numerous requests from the agency and community at large on issues of disparities reduction, cultural and linguistic appropriate ways of working with communities, and performed “equity audits” on programs and services to make them more equitable in design and outcome. In October 2017, an implementation plan was approved for the policy and included performance measures for each strategy.

This Policy on Equity and its implementation plan are embedded into the agencywide 2018-2020 DHS Strategic Plan. The development of the agencywide Strategic Plan was a collaboration from over 100 DHS and MNIT staff in coordination with executive leadership and senior management. Implementing the Policy on Equity is a specific goal of this plan, and equity measures have been integrated throughout the initiatives in People, Services, Finance and Technology.

A significant portion of this report is the annual equity review. One of its purposes is to identify and report the efforts in disparities reduction in a statistically valid manner. The Minnesota Department of Human Services (DHS) continues to lack statistically meaningful updates in this area due to limitations in its data systems. While initiatives to build performance measures to better capture qualitative and quantitative indicators are underway, DHS does not currently have the capacity to fully understand the impact of its programs and services on people experiencing inequities at this time.

Through the process of conducting the 2018 equity review:

- DHS reported 115 projects, with 80 being updates on continuing projects; this number increased from last year (111 projects), showing committed efforts on disparities reduction work.
- There was an increase in projects that cited the standards outlined in the DHS Policy on Equity as a tool used to guide or inform their work.
- The review found continued barriers toward realizing equity or disparities reduction including: limited funding, limited data and technology capabilities, and a lack of community member involvement in the design, implementation and evaluation process.

The Cultural and Ethnic Communities Leadership Council (CECLC) identifies the following developmental goals:

- A. Prioritize DHS areas to narrow focus, identify clear steps and strategies.
- B. Monitor implementation of the policy on equity.
- C. Engage in collaboration to find common purpose with allies.
- D. Increase public awareness, find new ideas, work with new people, build a network of human connection and experiences.
- E. Organize to influence and create accountability — become informed to be an effective member and share information, show up in the community for one another.
- F. Measure the impact, lead the effort in measuring success, and create durable lasting systemic equity response.

Progress toward these priority areas include:

1. Leveraging DHS to influence other agencies and jurisdictions:
 - a. Providing consultative support and collaboration with the Minnesota Department of Health's Health Equity Advisory and Leadership Council (HEAL)
 - b. Meeting with leadership of the board of the Metropolitan Council (Chair Alene Tchourumoff and Mr. Wes Kooistra) to discuss the work of the CECLC and the equity policy adopted by DHS

- c. Collecting letters of support and purpose/value proposition for the continuation of the CECLC existence (in perpetuity)
 - d. Meeting with leadership in MNsure to support funding and grants for navigators and advocating for translation of Minnesota Health Care Program applications and notices.
2. Creating collaborations with organizations that members of the council work with or have identified areas where issues of interest intersect:
- a. Voices for Racial Justice
 - b. Take Action Minnesota
 - c. Amherst H. Wilder Foundation
 - d. POCI Caucus of the Minnesota Legislature
 - e. Nexus Community Partners
3. Collecting stories to put the “human face” and relevancy to examples that educate through letters/communication to legislators

The Community Relations Office at DHS continues to find resources in short-term interns seeking to complete their required field experience. Once these interns graduate, they leave. The office’s lack of resources hampers future work and real progress in the agency’s commitment to equity and follow-through on the policies described within this report.

Introduction, Background and CECLC Recommendations

Introduction

The Minnesota Legislature created the Cultural and Ethnic Communities Leadership Council (CECLC) in 2013 to advise the commissioner on ways to reduce disparities that affect racial and ethnic groups. The CECLC's mission is working together to advance health and human services equity. CECLC members work toward this mission through the development of community-supported policy recommendations that work to achieve equity in health and human services for cultural and ethnic communities and all those who call Minnesota home.

Pursuant to their mission and vision, the CECLC operates within the following *agreements* in accordance with the following *values*:

Agreements

- Everyone is heard: practice active listening, build connections to others before and after meetings, and include opportunities for stakeholder input
- All voices are honored: practice compassionate accountability and withhold judgment
- Have integrity: practice honesty, put aside personal gain, prioritize attending meetings
- Be transparent: practice sharing information, describe your own experiences to give context, explain expectations for participation, share our work with others
- Empower people: practice speaking up courageously; reach out to other communities and each other for input
- Embrace tension: practice addressing issues where there isn't clear agreement, spend time and opportunity ensuring everyone feels safe to discuss their point of view

Values:

- BE consistent, proactive, and represent diverse communities
- KNOW that within communities there is a lot of diversity; that there is a big task ahead because we are talking about ambitious changes; all the facts that inform our work; and that there are good practices we can draw on
- DO reach out to a broader community to make sure they are represented and dig deep into the root issues and possible solutions The CECLC adopted the following duties in order to fulfill their legislatively mandated purpose of advising DHS on reducing racial and ethnic disparities.

Duties:

1. Recommend to the commissioner for review identified policies in the Department of Human Services that maintain and create, magnify, etc. racial, ethnic, cultural, linguistic, and tribal inequities and advance and promote health equity
2. Identify issues regarding disparities by engaging diverse populations in human services programs
3. Engage in mutual learning essential for achieving human services parity and optimal wellness for service recipients
4. Raise awareness about human services disparities and health equity needs to the legislature and media
5. Provide technical assistance and consultation support to counties, private nonprofit agencies, and other service providers to build their capacity to provide equitable human services for persons from racial, ethnic, cultural, linguistic, and tribal communities who experience disparities in access and outcomes
6. Provide technical assistance to promote statewide development of culturally and linguistically appropriate, accessible, and cost-effective human services and related policies
7. Provide training and outreach to facilitate access to culturally and linguistically appropriate, accessible, and cost-effective human services to prevent disparities
8. Facilitate culturally appropriate and culturally sensitive admissions, continued services, discharges, and utilization review for human services agencies and institutions
9. Form work groups to help carry out the duties of the council that include, but are not limited to, persons who provide and receive services and representatives of advocacy groups, and provide the work groups with clear guidelines, standardized parameters, and tasks for the work groups to accomplish
10. Promote information-sharing in the human services community and statewide
11. Prepare and submit an annual report to the chairs and ranking minority members of the committees in the House of Representatives and Senate with jurisdiction over human services that summarizes the activities of the council, identifies the major problems and issues confronting racial and ethnic groups in accessing human services, makes recommendations to address issues, and list the specific objectives that the council seeks to attain during the next biennium. The report must also include a list of programs, groups, and grants used to reduce disparities, and also statistically valid reports of outcomes on the reduction of the disparities.

See Appendix B for full text of CECLC bylaws.

History of the Council

The CECLC was preceded by a 30-member committee known as the Disparities Reduction Advisory Committee (DRAC) which was formed in 2010 and concluded its work in the summer of 2013. That committee provided the senior management team at DHS with recommended issues to identify and track the gaps in results experienced by populations in Minnesota.

Its purpose was to engage the communities impacted by disparities in access and outcomes to DHS services. The meetings engaged a diverse group of people, including recipients of services, advocates and providers who sought to deliver culturally and linguistically appropriate services to their specific cultural groups. Over a 4-year period, the committee discussed programs funded by DHS and engaged with a group of DHS employees appointed by their assistant commissioners in an effort to develop recommendations that promised more enduring results than previous efforts to address disparities.

Several employees from DHS, including leadership, regularly visited the monthly meetings to gain a better understanding of community issues and get feedback and advice from DRAC members on programs and policies that might impact a specific group. Members were consulted on a range of issues including aging services, medical homes, client outreach, chemical health and contracting.

DRAC members requested that DHS change the scope of the work of the group by establishing a more formal presence in the state agency. In response, DHS developed the legislative proposal to establish the Cultural and Ethnic Communities Leadership Council. Passage of this proposal by the legislature led to the creation of the CECLC.

Membership

Council composition

The CECLC consists of 15-25 members appointed by the commissioner of human services, in consultation with county, tribal, cultural, and ethnic communities; diverse program participants; and parent representatives from these communities. Appointments must include representation from racial and ethnic minorities, tribal service providers, advocacy groups, human services program participants, and members of the faith community, as well as the majority chairs and minority lead of the human services legislative committees. More specifically, the CECLC consists of the following members:

- Five members representing diverse cultural and ethnic communities
- Two members representing culturally and linguistically specific advocacy groups
- Two members representing culturally specific human services providers
- Two members representing the America Indian community
- Two members representing counties serving large cultural and ethnic communities
- One member who is a parent of a human services program participant, representing communities of color
- One member who is a human services program participant representing communities of color

- The chairs and the ranking minority members of the committees in the House of Representatives and the Senate with jurisdiction over human services
- Two members representing faith-based organizations ministering to ethnic communities
- One member who is a representative of a private industry with an interest in inequity issues
- One member representing the University of Minnesota program with expertise on health equity research
- Four representatives of the state ethnic councils
- One representative of the Ombudspersons for Families (rotating)
- Three members who are DHS employees

DHS Staff Support

DHS is responsible for providing staff support to maintain the CECLC and assist in its operation. In 2018, Dr. Antonia Wilcoxon, in her role as director of Community Relations, along with Community Relations project managers Nicole Juan and Kevin Murray, consultant Sarah Thompson, Star of the North fellow Elizabeth Stein and interns Hani Ahmed, Sophie Bentson, Mariana Tuttle and Allison Strand provided the primary DHS staff support. Deputy Commissioner Santo Cruz joined the CECLC as a representative of executive level DHS leadership in early 2018. Following his departure, Wendy Underwood and Roberta Downing served in this role as assistant commissioners of external relations at DHS.

2018 CECLC work and activities

Presentations and discussion topics

The council held monthly meetings in 2018. DHS staff, leadership, or representatives from outside organizations informed the council on the following topics in order to receive the council's guidance or recommendation:

- DHS Case Management Redesign and Community Engagement Plan
- Updates on equity initiatives by each DHS administration
- Equity impact of possible ACA repeal on MinnesotaCare
- Integration of the Mental Health Division and the Alcohol and Drug Abuse Division at DHS
- Equity impact of proposed work requirements for Medicaid and SNAP; changes at state and federal levels
- Changes to the U.S. Census questionnaire regarding immigration status
- Presentation on racial justice and health equity by Voices for Racial Justice by Racial Justice and Health Equity Organizer Mónica Hurtado
- Proposed rule changes for public charge (federal)
- Presentation on DHS Performance and Measurement Improvement project

- Update on possible federal opioid legislation
- Presentation on DHS's 2018 Affirmative Action Plan
- DHS L4 Leadership Program Cohort presentations: Policy on Equity World Café Discussion
- Presentation on Statewide Quality Reporting and Measurement Systems framework project through at the Minnesota Department of Health with Safety Net Coalition Members
- Update on fraud investigations at DHS within the Child Care Assistance Program and their impact on equity by the Office of the Inspector General
- Innovation Project in Mental Health: Creating community co-facilitators to develop person centered mental health trainings
- Presentation on Racial and Health Equity Framework in Decision Making initiative at St. Paul Ramsey County Public Health
- Presentation from "Kids Count on Us" on the relationship between child care providers and DHS
- Update on Employee Resource Groups at DHS
- Update on the equity impact of the elimination of Federal Cost Plans
- Update on the status of DHS's Policy on Equity Implementation
- Presentation on Quality Medical Interpreting Legislation through the Council of Latino Affairs and the Asian and Pacific Islander Council

Council actions

While the council engaged in many activities to strengthen the capacity of the council and further its mission in 2018, below are some of the more visible highlights:

- Members of this council collaborated on the 2018 Blue Cross Blue Shield report: The Cost of Health Inequities in Minnesota and the Economic benefit of Achieving Health Equity in Minnesota technical report.¹
- The council submitted a letter to the U.S. Department of Homeland Security condemning the "public charge" proposed rule change.²

¹ Allen M, Myers S, Ahmed H, Durfee T, Kent K, Moua V, Xu M, Wilcoxon, A, Nanney MS. (2018). Economic Benefit of Achieving Health Equity in Minnesota (Technical Report). University of Minnesota Health Equity in Policy Initiative. healthdisparities.umn.edu/policy/hepi.

² Inadmissibility on Public Charge Ground Grounds, Notice of proposed rulemaking.

<https://www.federalregister.gov/documents/2018/10/10/2018-21106/inadmissibility-on-public-charge-grounds>

- The council submitted comments on proposed rulemaking to the Supplemental Nutrition Assistance Program (SNAP) requirements and services for able-bodied adults without dependents.
- Members of the council have volunteered to support Ramsey County's Advancing Racial and Health Equity in all Decision-Making project.
- Council Chair Vayong Moua, along with council members Rosa Tock and Beverly Bushyhead, worked with the MNsure board of directors on behalf of the CECLC to support funding and grants for Navigator Outreach and Navigator Effort. Chair Moua also submitted comments to the MNsure board to advocate for the ongoing prioritization of the translation of Minnesota Health Care Program applications and notices into languages other than English.
- The council submitted recommendations to Governor Dayton's office to strengthen and prioritize equity integration efforts across the executive and judicial branches of government
- Council members met with "Kids Count on Us," a group of child care providers who are working with DHS to have a more collaborative relationship, to see how the council can help facilitate meaningful conversation.
- Council members represented the CECLC at DHS's Federal Human Services Work Group led by Assistant Commissioner of External Relations, Roberta Downing.
- The council met with legislators from both parties while hosting a yearly legislative open house at the Capitol and met with the People of Color and Indigenous (POCI) Caucus during 2017 session to foster a shared equity agenda.
- The CECLC co-sponsored the "Equity Descendants Summit" hosted by Chair Vayong Moua in partnership with the Coalition of Asian American Leaders, Common Cause Minnesota, and the Change Network. Those with an interest in driving equity forward in their work and communities were invited to build connections and listen to panels: "Solidarity is Action – Cross Cultural Alliances and Untapped Power," "From the Mekong to Mississippi- Hmong Americans Transforming the Common Good," and "Equity Across Sectors- Hearts, Minds, and Structures." The panels consisted of and were moderated by council members, equity-rooted advocates, policy makers, and representatives of coalitions and organizations.
- CECLC members again facilitated sessions at the annual Overcoming Racism Conference in St. Paul, where they hosted a discussion on the process of implementing the DHS Policy on Equity.
- A panel including council members and DHS staff reviewed applications for vacant council positions and shared their recommendations for appointment with the Commissioner's Office.

- Council Chair Vayong Moua co-authored the Mitchell Hamline Law Review Article “Changing Hearts, Minds, and Structures: Advancing Equity and Health Equity in State Government Policies, Operations, and Practices in Minnesota and Other States.”³

Participation in Workgroups, Advisory Bodies, Conferences or Exhibits

In 2018, council members participated in a number of events, including the following along with various community organizations:

- Power of Partnerships, an event sponsored by the University of Minnesota Program in Health Disparities Research, Feb. 5, 2018
- MNxMN 2018: Beyond Resistance, an organizing event bringing together activists from around the state to focus on issues facing Minnesotans, Jan. 28, 2018
- Girls Rock! The Capitol, an event at the Minnesota Women’s Consortium, Feb. 19, 2018
- Day on the Hill, Council on Asian Pacific Minnesotans, April 2, 2018
- Black Investor’s Night - We Win Institute, March 27, 2018
- DHS/CECLC hosted the 2018 Health Equity Leadership Institute (along with the Center for Health Equity and the University of Minnesota Medical School Program for Health Disparities Research) in April 2018.
- Equity Descendants Summit, an event that included CECLC, Coalition of Asian American Leaders, Common Cause Minnesota, and the Change Network, September 13, 2018.
- Overcoming Racism, a conference held Nov. 2 to 3, 2018, where CECLC members and DHS staff discussed the process and progress of the policy on equity at DHS.
- Facing Race: A National Conference, held Nov. 8 to 10, 2018, with community relations staff attending.
- The 5th World Conference on Remedies to Racial and Ethnic Economic Inequality, Sept. 26 to 29, 2018
 - Dr. Antonia Wilcoxon served as a collaborating partner to bring the 5th World Conference to her hometown of Vitória, Brazil. The Roy Wilkins Center for Human Relations and Social Justice of The University of Minnesota co-hosted the conference. The conference, held on a primarily Afro-Brazilian University campus, encompassed disparities in public health, education, civic engagement, socioeconomic standing, and representation.

³ Weisman, Susan R.; Helmy, Ayah; Moua, Vayong; and Aoki, Julie Ralston (2018) "Changing Hearts, Minds, and Structures: Advancing Equity and Health Equity in State Government Policies, Operations, and Practices in Minnesota and Other States," Mitchell Hamline Law Review: Vol. 44 : Iss. 4 , Article 4. Available at: <https://open.mitchellhamline.edu/mhlr/vol44/iss4/4>

Awards

- Dr. Antonia Wilcoxon was given the “International Social Justice Citizen Award” from the International Leadership Institute.

CECLC Strategic Priorities for 2019

Council members spent time at their final meeting of 2018 to reflect on this progress over the past year and set priorities for 2019. The first priority highlighted by members is to establish the CECLC in perpetuity, as current legislation sunsets this council in 2020. Additionally, a key goal of the CECLC in 2019 is to re-examine the DHS Policy on Equity and look for ways it can be strengthened and further implemented. The council also expressed an interest in exploring topics such as food insecurity, disparities within the child protection system and affordable housing through their work in the upcoming legislative session. Furthermore, the council continues to use the following strategies to guide their work in the upcoming year:

- A. *Prioritize* DHS areas to narrow focus, identify clear steps and strategies.
- B. *Monitor* implementation of the Policy on Equity.
- C. *Engage* in collaboration to find common purpose with allies.
- D. *Increase public awareness*, find new ideas, work with new people, build a network of human connection and experiences.
- E. *Organize* to influence and create accountability – become informed to be an effective member and share information, show up in the community for one another.
- F. *Measure*: measure the impact, lead the effort in measuring success, and create durable lasting systemic equity response.

Urgency for Addressing Disparities

Background

While all communities can experience poor health outcomes, systemic inequities lay the heaviest burden on communities of color and our American Indian community. Minnesota consistently ranks among the healthiest states in the country, with low unemployment, high insurance rates, and overall low poverty rates. A 2018 study by U.S. News & World Report ranked Minnesota as the second-best state in the nation, and the 2018 America’s Health Ranking report listed Minnesota as the seventh healthiest state. Despite these successes, alarming disparities remain between white Minnesotans and Minnesotans of color and American Indian populations. Notably, Minnesota consistently ranks among the worst in the nation in racial equity, particularly in areas like unemployment, income, chronic health outcomes and overall life expectancy.

It is vital that we do not hide the significant differences between white Minnesotans and Minnesotans of color and American Indians by simply looking at state averages. While these disparities are distressing, they also provide clear guidance on where to focus equity efforts and the importance of engaging with community to tackle these often multi-faceted inequities. The gains from instilling a structure of equity in Minnesotan institutions and systems would not only serve our most vulnerable populations, but lift all Minnesotans. Equity-rooted policies that include a focus on prevention are necessary to eliminate health inequities and their associated human and fiscal costs. With the populations of Minnesota becoming more racially, ethnically, and culturally diverse, changes must be made so that institutions throughout Minnesota reflect and embrace the population's diversity. The data below details only a fraction of the startling disparities in health and economic outcomes for populations of color and American Indians in Minnesota.

Sources:

[Department of Administration: Minnesota State Demographic Center. \(2018\). Age, race, & ethnicity.](#)

[United Health Foundation. \(2018\). America's health rankings.](#)

[U.S. News & World Report. \(2018\). Best States 2018: Ranking performance throughout all 50 states.](#)

Data

Economic Benefit of Achieving Health Equity in Minnesota (2018)

This report, submitted to the Center for Prevention at Blue Cross and Blue Shield of Minnesota, examines the financial cost of health disparities that affect minority populations in Minnesota and calculates the economic gain if these disparities were eliminated.

- Up to *766 lives per year could be saved* if minority populations had the same death rates as Non-Hispanic Whites in Minnesota.
- Racial health disparities *cost Minnesota \$2.26 billion* dollars per year in lives lost, unemployment, and decreased productivity due to illness.
- While this report does not address the structural barriers or other determinants of health, the report notes that these health disparities impact not only individual lives, but entire communities in Minnesota.

Source:

Allen M, Myers S, Ahmed H, Durfee T, Kent K, Moua V, Xu M, Wilcoxon A, Nanney MS. (2018). [Economic Benefit of Achieving Health Equity in Minnesota \(Technical Report\)](#). University of Minnesota Health Equity in Policy Initiative.

The Economic Status of Minnesotans 2018 Report

Using census data to examine the economic experiences of 17 of Minnesota's cultural groups, this report found that populations of color are more likely to be living near or below the poverty threshold, less likely to own their home, and more likely to be unemployed or not in the labor force. Those living in poverty may struggle to afford

the cost of basic needs, and are more likely to be in poor health, food insecure, experience chronic stress, live in unsafe and under-resourced neighborhoods, and live in substandard housing.

- 8 percent of non-Hispanic White populations in Minnesota are living in poverty compared to over 30% of African-American and American Indian populations.
- 40 percent of African American children (under age 18) are living in poverty, with the percentage increasing to 57 percent for those identifying as Somali. 39 percent of Ojibwe children and nearly 30 percent of Hmong and Mexican-identified children are living in poverty, compared to 8% of non-Hispanic white children.
- The percent of African American and American Indian populations who are unemployed or not in the workforce is double that of non-Hispanic whites.

Source:

Department of Administration: Minnesota State Demographic Center. (2018). [The Economic Status of Minnesotans 2018: A Chartbook with Data for Minnesota's Largest Cultural Groups.](#)

2017 Minnesota Statewide Health Assessment

The inequities that persist in our state challenge the assumption that Minnesota is doing so well. In fact, Minnesota is doing well for some, but not for everyone. This report offers a comprehensive look at inequities in social determinants of health and health outcomes for populations of color and American Indians in Minnesota. For example:

- Minnesotans of American Indian, African-American, Hispanic, Asian, and African descent experience worse educational and economic outcomes, and consequently health outcomes, relative to white Minnesotans.
- “Racism is one of the most powerful exclusionary forces,” the report says. Racism experienced over generations and lifetimes increases stress hormones in the body, resulting in a toxic effect on health and the health of future generations. This can be seen by the disparities in low birth weight and infant mortality for American Indian and African-American babies, which persist even when accounting for factors such as mother’s education, income, and access to health care. African-American and American Indian women are less likely to get prenatal care, and African-American women are less likely to access education and resources that support breastfeeding.
- There is a larger proportion of American Indian children in foster care in Minnesota than in any other state, reinforcing historical and lived traumas of family separation.
- Black, American Indian, Hispanic and Hmong households have the highest poverty rates of all populations in Minnesota.

Source:

Minnesota Department of Health. (2017). [2017 Minnesota Statewide Health Assessment.](#) Produced in collaboration with the Healthy Minnesota Partnership. St. Paul, MN. Available at

2018 County Health Rankings Report: Minnesota

- There are fewer opportunities and resources for better health among groups that have been historically marginalized including people of color, people living in poverty, people with physical or mental disabilities, LGBTQ persons and women.
- In Minnesota, there are differences in length and quality of life between racial/ethnic groups that are masked by only looking at geography.
 - American Indians/Alaskan Natives (AI/AN) are less healthy than those living in the bottom ranked county in Minnesota based on measures of length and quality of life. Black and Hispanic Minnesotans are most similar in health to those living in the least healthy quartile of counties.
- Rates of AI/AN and black children living in poverty rates are over four times as high than rates for white children.
- Black, Hispanic, and AI/AN high school graduation rates in Minnesota are significantly lower than rates for white and Asian/Pacific Islanders.
- Uninsured rates for Hispanic and black Minnesotans are higher than both white Minnesotans and the national uninsured rate.

Source:

University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation. (2018). [County health rankings report 2018](#).

2017 Health Care Disparities Report for Minnesota Health Care Programs

- While white and Asian patients had higher rates of clinical quality measures, Asian patients reported less positive patient experiences than whites. American Indian or Alaskan Native and black or African American patients had the lowest rates of clinical quality measures. Patients born in Laos, Somalia, and Mexico generally had worse outcomes across quality measures, and those who prefer speaking Hmong, Somali, and Spanish had lower rates compared to other preferred language groups.
- African American patients had above average results in positive patient experience measures, but below average results for most clinical quality measures. Health care and public health professionals note that clinical care is only one small portion of the factors impacting health. Additional resources to address institutional policies and historically structural inequities are required as well as improved clinical care.
- Patients enrolled in Minnesota Health Care Programs (Medical Assistance and MinnesotaCare) are disproportionately of lower socioeconomic status and persons of color, American Indian or Alaskan Natives, persons with disabilities, and elderly adults. While certain performance measure rates are improving, others have decreased, and the gaps between Minnesota Health Care Programs and other insurance purchasers have widened.

Source:

Minnesota Community Measurement. (2017). [2017 Health Care Disparities Report For Minnesota Health Care Programs](#).

Metropolitan Council-Regional Racial Disparities Report

- A recent Met Council analysis of the most recent U.S. Census American Community Survey (ACS) data shows there have been no changes to racial and ethnic disparities in the Twin Cities metro, despite gains in areas such as employment and homeownership rates.
- The analysis shows that eliminating racial disparities by 2040 would result in 181,000 fewer people living in poverty, nearly 187,000 more homeowners, and more than \$35 billion dollars earned in taxable income.

Source:

Metropolitan Council. (2018). [Twin cities metro area stands to gain by eliminating racial and ethnic disparities](#).

2018 Minnesota Adolescent Sexual Health Report

- Birth rates for American Indian youth are nearly five times greater than those of white youth. Birth rates for black and Latinx youth are over three times greater than those of white youth.
- Pregnancy, birth and Sexually Transmitted Infections (STI) rates among youth vary across racial and ethnic groups in Minnesota, as well as by socioeconomic status and geography. Special attention must be paid to social determinants of health (i.e. poverty, racism, residential segregation, and unequal access to health care and education), which effect health of young people of color distinctively.
- Sexually Transmitted Infections (STI) rates are disproportionately high for populations of color in Minnesota. The rates for both chlamydia and gonorrhea were highest among black youth, following Hispanic/Latinx, and American Indian youth. The gonorrhea rate is 33 times higher for black youth and chlamydia rate is 9 times higher for black youth when compared to the rate for white youth.

Source:

Farris, J., & Austin, J., & Brown, C. (2018). [2018 Adolescent Sexual Health Report](#). Minneapolis, MN: University of Minnesota Healthy Youth Development- Prevention Research Center.

Agencywide initiatives and actions to address disparities

While the urgency for addressing disparities is addressed above, the following section outlines work DHS is undertaking to address these disparities and institute practices that advance equity across the agency.

DHS Policy on Equity

In February 2015, the CECLC presented recommendations to the DHS Executive Team based on an agency wide equity analysis to reduce health and human services inequities and achieve equity. Elements from these recommendation were used to create the DHS Policy on Equity, which provides a foundation on which to build specific equity-focused initiatives and procedures. The DHS Policy on Equity was approved by Commissioner Emily Piper on Jan. 6, 2017. The goal of the Policy on Equity is to institutionalize an approach to decision-making, program and policy development, implementation, and evaluation that improves outcomes and reduces health

and human services disparities for the people DHS serves. DHS recognizes that in order to reduce inequities it is necessary to address broad social, economic, and political factors that result in systemic disadvantages for communities experiencing inequities through developing policies, investments, and procedures that advance equity. For the purpose of this policy, communities experiencing inequities refers to communities of color, American Indians, veterans, LGBT populations and individuals with disabilities.

The Policy on Equity addresses both internal and external processes to reduce health and human services inequities and create a more equitable and inclusive culture within DHS. The policy calls on all DHS divisions to build tools, expertise, and cultural change based on authentic community engagement in the planning, implementation, and evaluation of DHS policies and services. The implementation plan, found in Appendix D, was approved in October 2018 and includes strategies for carrying out each objective and performance measures that can be used for evaluation. An abbreviated description of the six objectives outlined in the policy are shown in the table below along with high level updates on progress made in 2018.

Additionally, the Mitchell Hamline Law Review published an article in 2018 titled “Changing Hearts, Minds and Structures: Advancing Equity and Health Equity in State Government Policies, Operations, and Practices in Minnesota and Other States”.⁴ This article, written in part with CECLC Chair Vayong Moua, describes policy and programmatic approaches to equity advancement and disparities reduction in four states, with a focus on the DHS Policy on Equity.

⁴ Weisman, Susan R.; Helmy, Ayah; Moua, Vayong; and Aoki, Julie Ralston (2018) "Changing Hearts, Minds, and Structures: Advancing Equity and Health Equity in State Government Policies, Operations, and Practices in Minnesota and Other States," *Mitchell Hamline Law Review*: Vol. 44 : Iss. 4 , Article 4. Available at: <https://open.mitchellhamline.edu/mhlr/vol44/iss4/4>

Table 1. DHS Policy on Equity

Objective	Description	2018 Progress
<p><i>Equity Committees and coordinators</i></p>	<p>The person overseeing each administration will work on establishing an equity committee. This equity committee will be charged with advising the responsible leadership of that administration on advancing equitable outcomes for all people we serve and DHS employees.</p>	<p>In 2018, three administrations established equity committees: Children and Family Services (CFS), Health Care Administration (HCA), and Direct Care and Treatment (DCT).⁵</p> <ul style="list-style-type: none"> • CSA identified staff as equity champions in each division. • DCT has an equity or similarly titled committee within each service division. • CFS has an equity team in each division; the chairs of each equity team are members of the CFS equity committee. <p>Positions exist in CSA, CFS, HCA, Continuing Care for Older Adults (CCOA), and the Office of the Inspector General (OIG).</p> <ul style="list-style-type: none"> • CSA, CFS, HCA positions are filled.⁶ • OIG is in the hiring process to fill the position. • CCOA is in the hiring process to fill the position. <p>DCT has a special projects director where equity coordination is in the position description. Additionally, MHSATS is in the process of hiring a full time position for equity coordination (title TBD).</p>

⁵ The Community Supports Administration (CSA) equity committee was established in 2008. It was originally named the Chemical and Mental Health Services Diversity Council.

⁶ HCA equity coordinator position created and filled in 2017.

Objective	Description	2018 Progress
<i>Equity Analysis</i>	Employees who are involved in developing legislative proposals and administrative policies will engage in an equity analysis and consult with equity liaisons when evaluating potential equity impac	<p>Equity Analysis toolkits and framework exist. Equity coordinators are creating agency-wide and administration specific training and implementation strategies.</p> <p>Equity Coordinator Leads are developing an agency-wide training strategy (as well as administration-specific) for the equity analysis tools for program and policy development.</p>
<i>Workforce and Leadership Development</i>	<ol style="list-style-type: none"> 1) Affirmative Action officer will provide hiring supervisors and senior management with data and advice to help them increase the number of underrepresented group members in all levels of workforce. 2) Hiring manager shall make every reasonable effort to include at least one underrepresented group member on interview panels <p>Human Resources and the Affirmative Action Officer will track and monitor data on employee separations and develop and implement interventions if statistically significant disparities exist.</p>	<p>DHS Human Resources has expanded its Diversity and Inclusion team: There is a director of diversity, equity, and inclusion; a diversity talent specialist; an internship recruiter; and an employee engagement coordinator.</p> <p>The DHS Affirmative Action officer produces quarterly reports on the number of underrepresented group members at all levels of the DHS workforce.</p> <p>DHS Human Resources is developing new instruments for “stay interviews” in the agency to check-in with new employees to see how they are doing and why they choose to stay at the agency.</p>

Objective	Description	2018 Progress
<i>Contracting and Procurement</i>	The director of Contracts, Procurement, and Legal Compliance will develop and apply equity criteria throughout the contracting, grants, and procurement process, while maintaining compliance with local, state and federal contracting regulations, in order to increase vendor diversity.	A Grants Council was established in Contracting, Procurement, and Legal Compliance at DHS and processes for contracts and procurement are under review to include more community involvement and engagement.
<i>Community Engagement and Inclusion</i>	DHS managers and supervisors will ensure that communities experiencing inequities are engaged through the planning, program development, budgeting, program evaluation and decision-making process when developing strategic initiatives and work plans.	The Community Relations Division and the Bush Community Innovation Grant Cohort at DHS are developing an agencywide community engagement plan/guidelines document that includes a tool kit, best practices, minimum standards, and other resources for implementing authentic community engagement practices across DHS. A draft will go through review with community members and other stakeholders both internal and external to DHS. This work is happening in conjunction with the strategic plan action team on community engagement. DHS staff across the agency regularly participated in the Department of Human Rights Civic Engagement Practitioners group to share best practices in engagement enterprise-wide.
<i>Enhanced Cultural and Linguistic Appropriate Services (CLAS) Standards</i>	The enhanced National CLAS standards are intended to advance health equity, improve quality and help eliminate disparities in health care. DHS will endeavor to pilot and implement CLAS standards in the delivery of human services.	CLAS Standards trainings are under development; roll out expected in 2019.

Bush Community Innovation Grant

One of the goals in the recommendations of the CECLC for Awareness is: “DHS moves to action to achieve equity utilizing: community engagement, community empowerment and community and DHS collaboration.” As a response, then Community Relations Director Dr. Antonia Wilcoxon applied to a Community Innovation Grant.⁷ The grant was submitted with the objective of introducing community engagement practices into the department’s culture. In 2015, the Bush Foundation awarded DHS the grant, with leveraged funding from DHS.

The community engagement process means working with and through constituents to achieve common goals. The process demands that those implementing the engagement effort communicate with community leaders and members who have diverse backgrounds, values, priorities, and concerns. It is at this point that the principles and organizing concepts underlying community engagement come together with real-world activities.

The grant project is in alignment with the CECLC mission of “working together to advance health and human services equity,” and the governor’s Executive Order 19-01 establishing the One Minnesota Council on Diversity, Inclusion, and Equity, which states, “Our State must be a leader in ensuring that everyone has an opportunity to thrive... As long as inequities impact Minnesotans’ ability to be successful, we have work to do. Our state will recognize its full potential when all Minnesotans are provided the opportunity to lead healthy, fulfilled lives. Diversity, inclusion, and equity are therefore essential core values and top priorities to achieve One Minnesota.” The initial phase of the Bush Core Team/Cohort included a focus on building awareness and historical context in which disparities exist and on building capacity in two participatory leadership techniques: The Art of Participatory Leadership/Art of Hosting and Technology of Participation. Grant participants, who were nominated from across DHS, joined by some community members, applied their learning by organizing a series of authentic community engagement events with communities affected by disparities (across five administrations at DHS). These events took place in 2016-2017.

In December 2017, the Bush Core Team/Cohort underwent sustainability planning to carry forward the practices and lessons learned and continue this work beyond the life of the grant. They sought to answer the question: “How can inclusive, collaborative, resourceful community engagement and community voice be integrated into our work at DHS in the next 3-5 years?” The team identified four strategic directions and created workgroups to plan and carry out the activities set to accomplish advancing those directions for 2018. The four directions are:

⁷ The Bush Foundation Community Innovation Grants support communities to use problem-solving processes that lead to more effective, equitable and sustainable solutions. Community Innovation Grants support communities to use problem solving processes that are inclusive, meaningfully engaging key stakeholders, collaborative, a true joint effort with partners willing to share ownership and decision-making in order to pursue innovation together, and resourceful, using existing resources and assets creatively to make the most of what a community already has. Visit the [Bush Foundation Website](#) for more information.

1. Intentionally Building Trusting Relationships
2. Building Understanding of Community Needs and Preferences and Shifting Internal Culture
3. Developing & Measuring an Equity Based System to Gain A Clear Picture of Disparities, and
4. Expanding Accountability of Leadership to Ensure Community Impact on Decision Making

The work of these directions in 2018 included information gathering and a proposal for agencywide training and development of staff to help shift the culture of DHS and further the understanding of equity across the agency; a community engagement plan and toolkit are in development for an agencywide guide incorporating best practices; a discussion with the CECLC about drafting equity standards for DHS leadership; A recommendation to incorporate accountability on equity issues by instilling equity within DHS employees' performance reviews; and organizing a presentation by DHS leadership to the community (at a CECLC regular meeting) on the state of equity at DHS and each administrations' efforts to implement the equity policy. A follow up planning session will take place in January 2019 where the group will focus on moving forward with its projects and intentionally integrating its work with the work of strategic plan action teams, equity committees, and other areas in the agency actively focused on community engagement.

2018 DHS Annual Equity Review

The council's enabling legislation requires a review of DHS programs, groups and grants used to reduce inequities, including any available outcome data on the reduction of inequities. For ease of language, the term "project" is used throughout this report to encompass these types of activities. This summary provides an overview of the agency's projects aimed at inequities reduction and the promotion of equity for 2018, including several highlighted project descriptions showcasing activities throughout DHS. Although the bill language requires DHS to report "statistically valid measures and outcomes," more coordination and resources are necessary to measure and report at a statistically valid level on the outcomes for populations targeted by these projects.

In 2018, DHS engaged in its sixth annual equity review where all administrations were asked to submit any *project, initiative, program, group, or grant* that had been undertaken to promote equity or reduce disparities. Numerous projects were initiated during 2018 while others are continued efforts beginning prior to 2018 and may have been included in previous reports. Administrations were asked to detail the purpose, activities, level of community involvement, tools to guide development and implementation, potential impacts, barriers and any evaluation measures for each submission.

This review seeks to meet the bill requirement that the CECLC "*include a list of programs, groups, and grants used to reduce disparities, and also statistically valid reports of outcomes on the reduction of the disparities*"(subdivision 8, paragraph 11).

Summary of Projects

A total of 115 projects, initiatives, programs, groups, and grants that address the reduction of inequities were reported across the agency for the 2018 Equity Review. Of these submissions, 80 were updates of projects submitted to the 2017 Equity Review, indicating ongoing efforts that were sustained through 2018. The remaining projects are new submissions. These efforts are at various stages of development, as some projects are ongoing, others ended in 2018 and while many are still in initial planning phases. Below are the number of projects and a listing of projects submitted by DHS administrations.

Table 2. Number of projects by administration

Administration	Children and Family Services	Community Supports	Continuing Care for Older Adults	Direct Care and Treatment	External Relations	Health Care	Policy and Operations	Total
Number of submissions	9	43	24	10	2	12	15	115

Project listing by administration⁸

Children and Family Services

1. Driver's License Innovation Work Group*
2. American Indian Tribal Child Welfare Initiative
3. Child Care Provider Outreach
4. Child Protection Grants to Address Child Welfare Disparities
5. Human Service Programs Transfer to Tribal Nations-Child Care Assistance Program
6. Indian Child Welfare Act (ICWA) Minnesota Indian Family Preservation Act (MIFPA)
7. Tribal State Training of DHS Staff
8. Accessibility to Professional Development Services and Workforce Supports for the Child
9. Early Childhood Systems Reform Project

Community Supports

1. Waiver Reimagine*
2. Continuous Improvement and Encouraging Cultural Practices in ARMHS*
3. Social Security Advocacy Expansion*
4. Grants for Adult Mental Health Residential Treatment Delivery*
5. Tribal Mobile Mental Health Crisis Teams*

⁸ Project titles with an asterisk indicate a "new" project submitted in 2018

6. Virtual Insight Panel*
7. Disability Hub MN™*
8. Early Intensive Developmental and Behavioral Intervention (EDBI) multi-cultural videos*
9. Interpreter Services for Greater Minnesota*
10. Minnesota Ryan White Centralized Eligibility (CE) *
11. Fast-Tracker for Substance Use Disorder*
12. Build Community Capacity to Address Adverse Childhood Experiences
13. Early Childhood Mental Health Consultation System
14. Cultural and Ethnic Minority Infrastructure Grant (Workforce Development)
15. First Episode Psychosis Services
16. Group Residential Housing, Long Term Homeless Supportive Services Grants, SOAR grants
17. Model of Care Pilot Project
18. National Core Indicators Survey
19. AIAC-American Indian Advisory Council
20. Behavioral Health Planning Council (BHPC)
21. Certified Community Behavioral Health Clinics (CCBHC)
22. Children’s Mental Health Respite Care Tribal Pilot
23. Community Living Infrastructure Grants
24. Culturally Affirmative, Linguistically Accessible Grant-Funded Services for People who are Deaf, Deaf-Blind, or Hard of Hearing
25. Culturally Specific Behavioral Health Supports & Services and/or Workforce Development within Cultural and Ethnic Minorities
26. Deaf and Hard of Hearing Mental Health Services
27. Department of Corrections Pilot Project
28. External Program Review Committee
29. Family-Centered Framework for Community Supports Care
30. Individuals with a Substance Use Disorder and Justice Involved
31. Individuals with a Substance Use Disorder and Either at Risk of Experiencing Homelessness
32. Lao Community Survey and Capacity Development on Program Gambling
33. Person & Family-Centered Approaches in Mental Health and Co-Occurring Disorders
34. Primary Prevention Planning and Intervention (P&I) Grants
35. Recovery Support Services to Deaf, Deafblind, and Hard of Hearing
36. Social Security Advocacy, Incentive Payment Data Sharing Project
37. State Advisory Council on Mental Health and Subcommittee on Children’s Mental Health
38. Strategic Prevention Framework Prevention Programs
39. The Olmstead Plan
40. Incorporating Traditional Healing Practices in Behavioral Health Services
41. Website/Application for Real-Time Housing Openings
42. Housing with Supports for Adults with Serious Mental Illness (HSASMI) Grant

Continuing Care for Older Adults

1. Alzheimer’s Disease Working Group*
2. MN2030: Looking Forward*

3. Home and Community-Based Services (HCBS) Access Project*
4. Long-Term Service and Support Demographic Dashboards*
5. Veterans- Directed Home and Community Based Services Program*
6. Caregiving for Older Adults: A Part of Our Culture
7. Direct Support Connect
8. Gaps Analysis Study
9. Older Americans Act Evidence Based Health Promotion Project
10. Live Well at Home Grants
11. MBA Dementia Grants
12. MinnesotaHelp.info Home and Community Based Services Finder
13. MIPPA Grant
14. Money Follows the Person Tribal Initiative
15. National Core Indicators-Aging and Disabilities for Older Adults
16. Older Americans Act Senior Nutrition
17. Older Americans Act Special Access Projects
18. Person Centered Adult Protection Data System
19. Senior LinkAge Line[®]
20. Study of Racial Disparities in Nursing Homes and the Relationship to Quality of Life
21. Tribal Vulnerable Adults Project
22. Cultural Consultants Initiative 2018
23. MBA Training Center-Cultural Responsiveness in Dementia Care 2017-2018
24. Tribal LTSS and Vulnerable Adult Work Group

Direct Care and Treatment

1. Implement Cultural Assessment in Service and Treatment Planning and Evaluation*
2. Identify Disparities in Outcomes for Patient Populations*
3. Stakeholder Relationships to Achieve Equitable Outcomes for People We Support*
4. Recruiting and Support a Culturally and Linguistically Diverse Workforce*
5. Access to Language Policy
6. CBS Cultural Responsiveness and Diversity Committee
7. Cultural Responsiveness in Treatment Planning and Data Collection
8. Culturally Responsive Services Training
9. Culturally Responsive Assessment within MHSATS
10. DCT Equity Review Project

External Relations⁹

1. Bush Community Innovation Grant
2. Policy on Equity Implementation

⁹ External Relations includes all areas that report to the Assistant Commissioner for External Relations: County Relations, Federal Relations, Legislative Affairs, Communications, Office of Indian Policy, and Community Relations

Health Care

1. Equity Committee*
2. Equity Analysis Assessment Tool*
3. DHS Equity Policy Implementation Plan*
4. Red Lake Medical Assistance and MNsure Access*
5. Health Equity in Health Care Delivery Project*
6. Behavioral Health Home Services Delivery Systems
7. Identifying and Addressing Health Disparities in Medicaid Recipients
8. Integrated Care for High Risk Pregnancies (ICHIRP)
9. Community Engagement in Case Management Redesign
10. Integrated Health Partnerships (IHP 2.0)
11. Joint Asthma Report
12. MNMCM Health Disparities Report

Policy and Operations¹⁰

1. Diversity and Inclusion in DHS Contracting and Grant-Making (Compliance Office)*
2. Agency-Wide Accessibility Program (Compliance Office)*
3. OIG Equity Committee (Office of the Inspector General)*
4. Candidate Experience Survey for Diverse Candidates (Human Resources)*
5. Paid Diversity Recruitment Requirement for DCT All Positions (Human Resources)*
6. Diversity Sources Metric Project (Human Resources)*
7. The Integrated Services Business Model-Readiness and Implementation (Business Solutions Office)*
8. Data Standards Community Engagement Project (Business Solutions Office)*
9. Child Support Out of Home Placement Cost Analysis (Human Services Performance Measurement)*
10. Initiatives to Increase Workforce Diversity (Human Resources)
11. Recruitment Brochures (Human Resources)
12. 2018-2020 Affirmative Action Plan (Office for Equity, Performance and Development)
13. Racial Equity Measures (Office for Equity, Performance and Development)
14. Employee Resource Groups (Office for Equity, Performance and Development)
15. Intercultural Development Inventory Pilot (Office for Equity, Performance and Development)

Overview of Projects

For purposes of analysis and reporting, projects were broken into two groups:

¹⁰ Policy and Operations includes all areas of that report to the Chief of Staff and include projects from the Office for Equity, Performance, and Development, Human Resources, Compliance Office, Office of Inspector General, Agency-wide Learning and Development, Business Solutions Office and Human Services Measurement and Performance

- Projects with a *DHS organizational focused*- projects that were directed at DHS’ internal organizational capacity to promote equity and address inequities at the agency-wide level or across a division or administration.
- Projects with a *programmatic or policy focus*- projects that were directed at externally-facing services, initiatives and policies of our program areas that are intended to more directly impact the people we serve.

Table 3: Number of projects by project focus and DHS administration

Administration	Children and Family Services	Community Supports	Continuing Care for Older Adults	Direct Care and Treatment	External Relations	Health Care	Policy and Operations	Total
DHS Organizational Focus	1	1	0	5	2	2	12	23
Programmatic or Policy Focus	8	42	24	5	0	10	3	92

Projects with a DHS organizational focus

Twenty-three projects included in this year’s review focused on internal organizational practices and the capacity of DHS to address inequities. This is an increase from the 2017 Equity Review, which contained 15 internal-facing projects. Twenty of the projects included in this year’s review are ongoing, and two projects are time limited, ending at the end of 2018 or in early 2019. Projects largely fell under the scope of the DHS Policy on Equity, Affirmative Action Policy, or Executive Order 13-10 which affirms government to government relationships between Minnesota state agencies and Tribal Nations.

Over half of these projects cited using the DHS Policy on Equity as a tool to guide their work. For example, the projects in Human Resources and the Office of Equity and Performance Development both cited criteria under Workforce and Leadership Development standards that inform their activities. Equity committees being established in Health Care and the Office of Inspector General fulfill components of the Policy on Equity as well. Other tools used in these internal-facing projects include the Intercultural Development Inventory (IDI), facilitation methods such as SWOT analysis, and tools for accessibility.

Project Highlight: Diversity and Inclusion in DHS Contracting and Grant-Making

(Compliance Office)

The Contracts, Procurement, and Legal Compliance Division has undertaken an initiative to improve compliance with the Office of Grants Management (OGM) policies, promote tools developed by the Office of Equity in Procurement, and support the DHS Policy on Equity. This project is guided by the Contracting and Procurement standards for the DHS Policy on Equity. Through this project, they will:

- 1) Improve access to DHS's contracting process for diverse providers, and to ensure that the voices of our diverse beneficiaries are reflected RFPs, contracts, and in all stages of decision-making in the contracting process
- 2) Make equity in contracting easier for DHS staff by providing databases for potential contractors, developing agency-wide grants council, and encouraging the use of equity tools and community reviewers or advisors
- 3) Empower DHS staff to support equity, diversity, and inclusion by developing and promoting tools and strategies

Project Highlight: Candidate Experience Survey for Diverse Candidates

(Human Resources)

Human Resources developed a candidate experience survey to learn about the hiring experience at DHS for underrepresented candidates in order to address key themes and make improvements to the process. This project is guided by the DHS Affirmative Action Plan and Workforce and Leadership standards from the DHS Policy on Equity to make sure equity is ingrained throughout the hiring process.

Projects with a programmatic or policy focus

The remaining 92 projects included in this year's review had a programmatic or policy focus. This is a slight decrease from the 97 external-facing projects included in last year's review. Out of the 92 submissions in 2018, 66 of them are ongoing projects. The remaining 26 projects have end dates, ranging from 2018 to 2020.

Twenty-eight of these submissions cited the DHS Policy on Equity as a tool used to inform their work. Under the policy, Community Engagement and Inclusion standards and Equity Analysis standards were most commonly referenced. Eighteen projects also report an understanding of the Social Determinants of Health Framework as foundational in integrating equity, as it expands the definition of health and what creates it.

Projects with a programmatic or policy focus were further categorized into one or more of the following subcategories:

1. **Provider development and capacity:** Thirty-three projects focused on building the capacity of service providers through training and workforce development in order to provide culturally and linguistically appropriate services. Some of these projects were focused on increasing cultural and linguistic competencies among providers while others were aimed at recruitment, training, and support of providers in target communities.

Project Highlight: Build Community Capacity to Address Adverse Childhood Experiences

(Community Supports)

This projects works with communities and offers facilitated conversation for the training “Understanding Adverse Childhood Experiences: Building Self-Healing Communities” throughout the state of Minnesota. These trainings increase collaborative leadership, development and community capacity with the goal of decreasing the incidence of ACEs in children’s lives and increasing resilience in children, families and communities. In 2018, 37 presentations were provided to over 1,200 participants in 22 counties. A diverse group of participants were given the support and resources to become Community Resilience Coaches, ACEs & Resilience Master Trainers, and Community Presenters.

2. **Culturally-specific services:** Fifty-one projects targeted dedicating or prioritizing resources to develop new strategies for providing culturally-appropriate services for specific communities. In many cases, projects in this category included the administration of DHS grants to providers and community partners to create or improve culturally responsive initiatives.

Project Highlight: Tribal Mobile Mental Health Crisis Teams

(Community Supports)

This project provides grant funding to tribal communities, who then design, implement and evaluate their own mobile teams to help people cope with mental health crises and reduce hospitalization or out of home placements. This initiative addresses gaps in service for mobile crisis teams which are not covered by Medicaid and other insurance. The Native American Crisis Response Teams are overseen by tribal entities, which provide cultural training and consultation to team members when providing services. Currently the White Earth Nation and Becker County are participating in the program, though other Tribal Nations have expressed an interest in the development of similar programs. Since these teams began, the number of commitments has decreased from thirty per year in 2007, to seven in the year 2017.

3. **Measurement, research & evaluation:** Thirty-seven projects used measurement, research or evaluation to define and address inequities that exist in the populations served by DHS programs.

Project Highlight: Minnesota Community Measurement (MNCM) Health Disparities Report

(Health Care)

The Health Disparities Report utilizes 12 population level measures to evaluate inequities reduction for Minnesota Health Care Program (MHCP) enrollees versus other purchasers in Minnesota. This data allows a comparison by race/ethnicity and geographic region, among other categories. This annual report can serve as a platform to develop continual plans of action for disparities reduction.

4. **Community engagement:** Thirty-nine projects specifically focused on engaging communities in the planning, design, administration and evaluation of DHS programs and initiatives.

**Project Highlight: Driver’s License Innovation Work Group
(Children & Family Services)**

This group has examined disparities within the state’s child support program, particularly within African-American and American Indian communities, who are further impacted by driver’s license suspensions and credit bureau reporting from past-due child support payments. The project team has engaged with frontline staff from nine counties, as well as parents involved in the FATHER Project in Minneapolis to identify barriers and establish focus groups within these communities to generate solutions for policy and programming change. The project has placed an emphasis on including community in the planning, development and design cycles to ensure sustainable work.

5. **Service model development or redesign:** Thirty-five projects that include new service models that have inequities reduction built into the design.

**Project Highlight: The Integrated Services Business Model- Readiness and Implementation
(Business Solutions Office)**

This model will serve as a guiding framework for an integrated, person-centered human services delivery system and was developed by a partnership between the Minnesota Association of County Social Service Administrators (MACSSA) and the White Earth Tribal Nation. The goal of this model is to provide holistic, culturally appropriate human services to meet individual and family needs in order to reduce disparities and inequities with in the human services system. Activities in the 2018-2019 phase for this project include continued development of the model to enhance specificity, governance and resourcing activities, begin policy analysis and documentation, engage and communicate with stakeholders, and develop data and measurement strategies, all in compliance with the DHS Policy on Equity.

Target populations

Project submissions were asked to specify the target community or communities of the project. These populations included specific cultural and ethnic populations, as well as other populations experiencing disparities as outlined in the DHS Policy on Equity, such as veterans, LGBT populations, and persons with disabilities.

Similar to the 2017 Equity Review, this year’s submissions included several projects focusing on services for aging populations, people with disabilities, and individuals experiencing mental health disorders, substance use disorders, or homelessness. In many cases, projects did not focus on a specific racial or ethnic community, but rather on these circumstances as a distinct category with a focus on equity.

**Project Highlight: Fast Tracker for Substance Use Disorder
(Community Supports)**

This program seeks to increase access to substance use disorder treatment to reduce opiate overdose and opiate deaths in Minnesota, with a focus on American Indian and African American populations through the use of an online search tool. This website can be used to find culturally-specific substance use disorder treatment services in Minnesota or at border-state programs who work with Minnesota funding. Currently, 375 out of a potential 480 DHS, tribal, and border-state licensed programs are registered on the site. This program is for the general public, and can be used by individuals or families in need, health assessors, health care and mental health professionals, correctional staff, or others who are looking for quicker access to services.

Visit [Fast Tracker](#) for more information.

**Project Highlight: Direct Support Connect™
(Continuing Care for Older Adults)**

This project includes a website which allows people with disabilities to self-direct some of their services and choose who they work with based on their needs and wants. This project also includes outreach throughout the state to educate people on the job opportunities in this field to counteract the national and statewide direct support professional worker shortage. This year the work has focused on increasing the site's functionality and accessibility in response to stakeholder feedback, as well as increasing the number of website users, including direct support workers and those who want to hire a worker.

Visit [Direct Support Connect](#) for more information.

Given the cross-sectional nature of these disparities, many projects are not easily classified by a racial or ethnic category. Those that specifically indicated a focus on cultural and ethnic communities are tallied in the table below by target population.

Table 4: Number of projects indicating a focus on a target community

Target Community ¹¹	Number of Projects
African/African American	20
American Indian/Native American	22
Asian/Pacific Islander	15

¹¹ Table 4 tallies every mention of a cultural/ethnic community listed in the projects' target population. Submissions indicating populations of color or diverse communities as a target were tallied under "All cultural/ethnic communities." Projects that did not specifically indicate a cultural/ethnic community as a target population were tallied under "No target cultural/ethnic group listed."

Target Community ¹¹¹	Number of Projects
Hispanic or Latinx	15
All cultural/ethnic communities	22
No target cultural/ethnic group listed	15
Other	Russian (3) Kosher (1)

Project Highlight: Lao Community Survey and Capacity Development on Problem Gambling (Community Supports)

This project works with the Lao Assistance Center of Minnesota to develop awareness and culturally appropriate resources to address problem gambling and at-risk gambling. Through direct input from listening sessions and focus groups within this community, an educational campaign and a culturally specific Public Service Announcement video telling a true story of a family experiencing gambling addiction were created. The next phase of this project will be a research study to better understand existing rates of gambling addiction in Southeast Asian immigrant communities.

Monitoring impact and evaluation

DHS administrations were asked to report on any performance measures or evaluation strategies that would be used to gauge the impact of their projects. In almost all cases, projects reported process or outcome evaluation measures, often using a mix of quantitative and qualitative indicators to evaluate the impact and inform the work of their activities specific to disparities reduction. Several projects indicated that they were too early in implementation and have not yet developed measures, either at the process or population level, but plan to in the future. The majority of projects included in this year’s review are using or plan to use quantitative data in their evaluation, such as looking at the number of people served, the number of employees trained, results of client satisfaction surveys or report cards, and so on. Several projects are also looking at quantitative metrics to evaluate any changes that may be attributed to their work, such as an increase in the number of underrepresented employees hired at DHS, or a decrease in the number of childcare expulsions.

Projects that reported qualitative measures often reported using a combination of surveys, focus groups, and stakeholder interviews. A number of submissions also report using community engagement events and listening sessions to guide their work. Over half of the submissions have developed or plan to develop qualitative measures as part of their evaluation. The use of qualitative data is increasingly important, particularly when working with cultural and ethnic communities. As one project indicated, some communities they work with often do not report on quantitative data to indicate success, but rely on the stories that emerge from qualitative data when reporting.

Fourteen projects noted they were not using quantitative or qualitative measures to evaluate projects at this time. When asked if there is anything they would like to measure but are not currently able to, projects

expressed an interest in using more population measures to evaluate disparities reduction, but noted limitations in the technology and data warehouses available to DHS, as well as other funding and time constraints hindering their evaluation. Notably, there are initiatives in the Office for Equity, Performance and Development, Continuing Care for Older Adults and Community Supports administrations, and the Business Solutions Office that are developing improved equity metrics to better identify racial categories, disparities and demographic data. The goal of these projects is to improve decision making and policy development at DHS, as well as to support streamlined data collection efforts.

**Project Highlight: Long-term service and support demographic dashboards
(Continuing Care for Older Adults)**

This project provides demographic data to county lead agencies administering home and community-based waivers. The data from these dashboards not only describe the current population, but also how it is changing over time. This is a first step in identifying disparities and supports data-driven decision making when looking at equitable policy and programming.

Community involvement

Projects that have been ongoing prior to 2018 were asked to comment on any significant lessons they have learned so far to address equity in future projects. Twenty-three projects highlighted the importance of prioritizing community engagement and community partnered decision making in the planning and implementation phases of their initiatives. Obtaining buy-in, not only from leaders at DHS who can push their projects forward, but with community leaders and those they serve is vital when addressing equity through programming and policy. The quote below outlines the importance of authentic community engagement:

**Quote: Child Care Provider Outreach
(Children and Family Services)**

Engagement isn't "one and done." Just as continuous quality improvement is ongoing, so must stakeholder engagement be ongoing. Relationships matter. Those working together will not always agree, but it is important to keep the dialogue going in order to build trust over time. If you meaningfully engage, and use the feedback to make changes, trust goes up. Process and outcomes are equally important, especially when working on issues related to equity and inclusion. Both must be strong. Change cannot happen without trust, trust will not happen without change."

As mentioned earlier, 39 projects reported using the Community Engagement and Inclusion standards from the DHS Policy on Equity as a tool to inform their work. Over half of the new projects that began in 2018 reported engaging with members of the target community at least once during the development, implementation, or evaluation phases.

The most commonly reported method for engaging and incorporating the target community was through feedback and discussion from community members and other stakeholders. In addition, five projects reported

engaging with the CECLC for guidance, support or feedback and to further comply with the Policy on Equity's standards and procedures.

Gaps exist in capacity and infrastructure when it comes to authentic community engagement. For example, one project noted that the contracting process makes it difficult to adequately reimburse community members for their participation in the work, limiting engagement efforts. Additionally, other projects expressed an interest in gaining more input from stakeholders and community members, and said they would benefit from a defined process for engaging community organizations and populations of color.

**Project Highlight: Community Engagement in Case Management Redesign
(Health Care Administration)**

Authentic stakeholder and community engagement is central to this project, as those working on this initiative organize conversations throughout the state and coordinate events with local partners and Tribal Nations, providing food, childcare, and transportation to those in attendance. The goal of this project is to build trust through meaningful conversation and ongoing relationships, leading to a community-informed plan for redesigning case management services.

**Project Highlight: Early Childhood Systems Reform Project
(Children and Family Services)**

This interagency project works with the Minnesota Department of Health and Minnesota Department of Education has been adopted by the Minnesota Governor's Children's Cabinet to develop an equitable system that supports pregnant and parenting families with young children. This project has included community voices since its inception to develop recommendations and a framework for goal areas in early learning, health & wellbeing, economic security and safe, stable, nurturing relationship. Next steps for this project include conducting a community-based needs assessment and strategic plan to create a racially equitable birth to 5 service delivery system.

Barriers to inequities reduction

Administrations described the barriers they believe hinder their respective equity or disparities reduction goals, as well as what internal and external supports would be helpful to their work. While we received a range of program-specific and agency wide barriers that complicate equity initiatives, the most commonly identified barriers were limitations in funding, data and technology, and community involvement.

Funding limitations

Many projects reported having limited stable funding and were concerned about the sustainability of equity initiatives. Numerous projects, including several of those highlighted earlier in this report, are financially supported by time-limited grants or inconsistent appropriations instead of dedicated funding streams. Submissions reported that a lack of funding can result in inadequate resources or staff capacity to do this work in a way that guarantees all people affected by disparities will have access to equitable services that are specialized, culturally affirmative, and linguistically accessible.

Data-sharing and technology limitations

Another commonly reported barrier was limitations in the utility of data and technology. Several projects highlighted obstacles that stem from a lack of person-centered data and integrative data-sharing practices, both internally and when working with external partners. Other submissions remarked on inconsistent data collection on demographic measures such as race, ethnicity, and primary language due to data system limitations. The absence of standardized quality measures for equity principles was also cited as a barrier. One program remarked that these gaps “limit[s] our ability to understand the extent of the disparities this population faces, and the extent to which our efforts to address disparities are making a difference.”

Technology restrictions were often tied to reported issues in data monitoring and sharing. Additionally, several projects commented on the need for more internal capacity for technical assistance, particularly when working with culturally-specific organizations, county agencies, and Tribal Nations.

Inadequate community involvement

While many projects included in this review used community engagement strategies, a lack of trust in relationships between DHS and communities we serve persists, particularly for communities of color and American Indian communities. This was frequently highlighted in the submissions’ perceived barriers to equity initiatives. Many projects reported a limited capacity for effective, ongoing engagement and involvement to build trust with communities and partner organizations. Funding and time limitations, as well as a lack of education surrounding cultural awareness and engaging with cultural and ethnic communities, were concerns of administrations who commented on the challenges of authentic community engagement.

Many projects reported an interest in more agency-wide processes, trainings, and resources for engaging with culturally specific communities, providers, and Tribal Nations. One submission stated that this barrier “creates inconsistent communication and interaction with the groups we are trying to reach, since it is dependent upon individual staff or areas to establish and maintain the mechanisms/processes.” Several projects noted that with additional support, they would like to engage community more, not just to identify a need, but in the development of effective and sustainable programs and policies. Creating and maintaining an internal culture of equity at DHS along with capacity building are important ways to prioritize authentic community engagement.

Internal and external support for equity work

Many projects commented that they had all of the support they needed at this time to continue their equity initiatives. These projects typically mentioned having support or champions within their administration’s leadership to encourage and sustain their work. Other projects detailed the capacity to collaborate within divisions or with external partners as a strength towards equity work at DHS. A few submissions stated the continued implementation of the DHS Policy on Equity also supports their activities through the standards and culture change required.

When asked what internal or external supports would be useful to their work, we saw similar themes related to funding, improvements in data systems, and enhanced cultural engagement processes. While some projects said they had the support they needed from DHS executives and senior level management, continued support from leadership was commonly reported as a vital requirement when pursuing equity initiatives, particularly

when there is a change in leadership. Additionally, several submissions saw a need for robust evaluation resources such as a dedicated DHS Evaluator to help look at the impact and outcomes of these equity projects. Other projects requested more flexibility and equity considerations in the contracting and grant-making process. One submission suggested “including equity language in requests for proposals (RFPs) and application scoring criteria, bias training for reviewers and facilitators in competitive review processes, [and] strategic RFP outreach to communities experiencing inequities.”

Conclusion

In the past few years there has been an increasing trend in the number of project submissions. This year’s report includes 115 project submissions, compared to 111 projects in 2017 and 82 projects in 2016. While these numbers help us track initiatives year to year, numbers alone do not necessarily convey the scope of projects listed, which range from department-specific to agency-wide initiatives. In addition to an increase in the number of overall projects, administrations continue to develop innovative strategies to address the health disparities that racial and ethnic communities experience. Notably, the majority of projects were included in previous analyses; this is a strong indication of committed efforts on behalf of administrations and the agency as a whole to make equity work sustainable.

This review of DHS disparities reduction efforts also reflects an increased use of the DHS Policy on Equity as a tool informing equity work to provide more effective services that better meet the needs of target populations. Moreover, there was also a focused effort on community engagement to inform DHS’ understanding of community needs and preferences to better utilize the strengths of the target community in project development and implementation. Continually working to define what authentic engagement is, which voices are heard, and how to appropriately incorporate these voices into service implementation will support the growth of community engagement as part of the DHS culture.

Despite these efforts, DHS continues to face a number of challenges towards disparities reduction. Limited resources, particularly the constraints on financial, evaluation and human capital resources, provide a barrier to achieving sustainable equity promotion. This requires prioritization and ongoing support of equity promotion across all levels of DHS.

Recommendations

The CECLC provides DHS with ongoing equity analysis and specific recommendations on a project-by-project basis at their monthly meetings. In addition, the below recommendations are central to the CECLC’s work. The recommendations for DHS have largely been incorporated into the DHS Policy on Equity, and the council continues to monitor and push for its full implementation. The council forwarded a set of recommendations in 2018 to Governor Walz. Those recommendations are included below.

For the Department of Human Services

1. Awareness goal:

DHS increases awareness of the significance of inequities, impact on the state's cultural populations and moves to action to achieve equity.

- Community Engagement
- Community Empowerment
- Community and DHS Collaboration

2. Leadership goal:

Strengthen relations among the council and state entity to promote clear and meaningful dialogue about equity in a governmental structure.

- Equity Analysis
- Accountability of Existing Leadership
- Support of New Leadership
- Hiring and Retention
- Contracting

3. Community Health and Health Systems goal:

Families are well. They receive collaborative care giving; they trust and are comfortable with their providers. They actively engage in their health care. Providers are capable and have appropriate resources to provide services that address complex needs, cultural beliefs, and practices are embedded in healing.

- Modify rules, regulations and incentives relating to equity/disparities reduction
- Increase recognition of foreign trained health care professionals
- Improve understanding of the cultural perspective in understanding complex issues such as a mental health diagnosis in the Western world
- Establish gender-specific fitness programs
- Develop ongoing relationships with cultural communities
- Require managed care organizations to contract with culturally specific providers

- Redefine access to care
- Repeal Child Care Assistance Program statute related to restrictions on relatives providing child care

4. Culturally and Linguistically Competent Services goal:

Vendor selection is rigorous to meet the needs of the community; there is transparent eligibility determination. Community-based organizations are partners and powerful allies supporting the health of their communities. Utilization of community health workers is the norm.

- Improve interpreter training and add certification as a requirement
- Vendor selection
- Services and eligibility at the county level
- Community Health Workers
- More effective system of health and human services delivery
- Culturally and linguistically appropriate services (CLAS) standards

5. Research and Evaluation goal:

Change attitudes about data: data must explain the whole persons. Develop measurement strategies to best obtain most appropriate data with community-defined cultural and ethnic groups' input. Promotion of evidence-based research into practice

- Establish mechanism for obtaining detailed data
- Educate communities about the importance of race/ethnicity and language data collection
- Coordination of data activities
- DHS Equity Dashboard is more detailed with race/ethnicity/language data
- Evidence-based practices and research
- Community Based Participatory Research

Equity Integration Recommendations for Governor Walz

1: Equity Integration in Governor's Appointments and Leadership Team

To achieve health, racial and economic equity both within state government and community, Governor Walz prioritizes appointments with demonstrated equity, diversity, and inclusion capabilities and experience. This

practice can be sustained by creating and systemically embedding equity criterion into the appointment process across the executive bodies of the state leadership enterprise. Equity competencies will be assessed from a range of interpersonal to structural capacity. This will apply to cabinet, judicial, boards, commissions, councils, and all appointments within the Governor's scope of authority. Provide boards, commissions, and appointed leaders training and capacity building around equity competencies. At a minimum, this can be achieved through the Governor's discretion or strengthen current appointment statutes, as well as building in policies and procedures within various departments of the appointing authorities and agencies which will live past this current administration.

2: Evolve Executive Order on Diversity and Inclusion toward Equity

Enhance the current executive order on Diversity and Inclusion to cover state all agency budgeting, policy analysis, research/evaluation, and communications functions. The current coverage of contracting/procurement, hiring/retention, and civic engagement are foundational levels for equity but require integration to key functions and decisions making processes of agencies. The enhanced executive order can require agency wide equity policies to institutionalize equitable practice and prioritization (See DHS equity policy as template).

3: Sustain and Enhance Chief Inclusion Officer Role

Preserve and strengthen the role of Chief Inclusion Officer to encompass equity integration for the full administration. Diversity can improve composition of people and inclusion can improve practices. However, equity targets prioritization, key decision making, and power within structures. Equity creates scope for influencing systems and policy, where inequities are often rooted and therefore need to be addressed. Provide this role/office with adequate budget, personnel, and authority to advance equity priorities. Ensure that this position's capacity is always adequately maintained, and, that the position is both high profile and reports directly to the Governor.

4: Establish and support CECKC and Equity Integration for entire Walz Administration

Equity-based policies and practices are needed across all state agencies. Our meetings with MMB, Met Council, MNsure, and MDH magnify how cross cutting the opportunity for the state to deeply engage with communities experiencing inequities and to implement equity. There is great variance in frequency and form of community engagement across the administration. The work of a CECLC must be sourced and solved by policy change, rather than staff discretion. This can be done through an executive order or subcabinet, but focused on community based leadership applied across sectors and agencies

5: Structure Equity into Core Budgets and Policy

Require equity-based budget/policy proposals from all state agencies in addition to equity analysis section of proposals. While equity funding packages are impactful during state budget surpluses, equity funding should be required within base budgets of agencies. Strengthen equity analysis section of agency proposals to include how resources and decisions include impacted communities. Additionally, Minnesota Management and Budget (MMB) and all agencies generating fiscal notes, can incorporate an equity impact analysis. Exhaust what can be done within administrative authority to highlight equity benefit/cost, while working with the legislature to reform fiscal note formula. This prioritizes equity as mission critical rather than an amenity. Minnesota has some of the worst inequities across sectors, so financial and administrative investment is essential.

6: Support CECLC's Capacity with the Department of Human Services

CECLC's impact greatly surpasses resources currently allocated by DHS. We need funding for statewide community engagement, per diems for members, and more FTE's support. Our members are focused and effective on moving a powerful equity agenda, yet lack the human, financial and organizational resources to match the challenges faced. Given the severity of Minnesota's inequities, we recommend prioritizing CECLC's impact and longevity with commensurate funding and extending our term in perpetuity.

Appendices

Appendix A: Legislation Authorizing Cultural and Ethnic Communities Leadership Council¹²

The Minnesota Legislature established the Cultural and Ethnic Communities Leadership Council (CECLC) in 2013 in order to “advise the commissioner of human services on reducing disparities that affect racial and ethnic groups.” In 2015, the legislature extended the CECLC’s mandate through 2020. The full text of current CECLC statute is found in Appendix A.

Council members represent Health and Human Services committees at the Legislature; racial and ethnic minority groups; tribal service providers; culturally and linguistically specific advocacy groups and service providers; human services program participants; public and private institutions; parents of human services program participants; members of the faith community; and DHS employees

256.041 CULTURAL AND ETHNIC COMMUNITIES LEADERSHIP COUNCIL.

Subdivision 1. Establishment; purpose.

There is hereby established the Cultural and Ethnic Communities Leadership Council for the Department of Human Services. The purpose of the council is to advise the commissioner of human services on reducing disparities that affect racial and ethnic groups.

Subd. 2. Members.

(a) The council must consist of:

(1) The chairs and ranking minority members of the committees in the House of Representatives and the senate with jurisdiction over human services; and

(2) no fewer than 15 and no more than 25 members appointed by and serving at the pleasure of the commissioner of human services, in consultation with county, tribal, cultural, and ethnic communities; diverse program participants; and parent representatives from these communities.

(b) In making appointments under this section, the commissioner shall give priority consideration to public members of the legislative councils of color established under chapter 3.

(c) Members must be appointed to allow for representation of the following groups:

¹² [Legislation available online](#)

- (1) Members representing counties serving large cultural and ethnic communities;
 - (2) American Indian community representatives;
 - (3) Representatives of culturally and linguistically specific advocacy groups;
 - (4) Representatives of diverse cultural and ethnic communities;
 - (5) Private industry representative;
 - (6) Parents of human services program participants;
 - (7) Representatives of faith-based organizations ministering to ethnic communities;
 - (8) Department of Human Services employees;
 - (9) Representatives of culturally specific human services providers;
 - (10) Representative of the University of Minnesota program with expertise on health equity research
- Any other group the commissioner deems appropriate to facilitate the goals and duties of the council.

Subd. 3. Guidelines.

The commissioner shall direct the development of guidelines defining the membership of the council; setting out definitions; and developing duties of the commissioner, the council, and council members regarding racial and ethnic disparities reduction. The guidelines must be developed in consultation with:

- (1) The chairs of relevant committees; and
- (2) County, tribal, and cultural communities and program participants from these communities

Subd. 4. Chair.

The commissioner shall appoint a chair.

Subd. 5. Terms for first appointees.

The initial members appointed shall serve until January 15, 2016

Subd. 6. Terms.

A term shall be for two years and appointees may be reappointed to serve two additional terms. The commissioner shall make appointments to replace members vacating their positions by January 15 of each year.

Subd. 7. Duties of commissioner.

- (a) The commissioner of human services or the commissioner's designee shall:

- (1) Maintain the council established in this section;
 - (2) Supervise and coordinate policies for persons from racial, ethnic, cultural, linguistic, and tribal communities who experience disparities in access and outcomes;
 - (3) Identify human services rules or statutes affecting persons from racial, ethnic, cultural, linguistic, and tribal communities that may need to be revised;
 - (4) Investigate and implement cost-effective models of service delivery such as careful adaptation of clinically proven services that constitute one strategy for increasing the number of culturally relevant services available to currently underserved populations; and
 - (5) Based on recommendations of the council, review identified department policies that maintain racial, ethnic, cultural, linguistic, and tribal disparities, and make adjustments to ensure those disparities are not perpetuated.
- (b) The commissioner of human services or the commissioner's designee shall consult with the council and receive recommendations from the council when meeting the requirements in this subdivision.

Subd. 8. Duties of council.

The council shall:

- (1) Recommend to the commissioner for review identified policies in the Department of Human Services that maintain racial, ethnic, cultural, linguistic, and tribal disparities;
- (2) Identify issues regarding disparities by engaging diverse populations in human services programs;
- (3) Engage in mutual learning essential for achieving human services parity and optimal wellness for service recipients;
- (4) raise awareness about human services disparities to the legislature and media;
- (5) provide technical assistance and consultation support to counties, private nonprofit agencies, and other service providers to build their capacity to provide equitable human services for persons from racial, ethnic, cultural, linguistic, and tribal communities who experience disparities in access and outcomes;
- (6) Provide technical assistance to promote statewide development of culturally and linguistically appropriate, accessible, and cost-effective human services and related policies;
- (7) Provide training and outreach to facilitate access to culturally and linguistically appropriate, accessible, and cost-effective human services to prevent disparities;
- (8) Facilitate culturally appropriate and culturally sensitive admissions, continued services, discharges, and utilization review for human services agencies and institutions;

(9) form work groups to help carry out the duties of the council that include, but are not limited to, persons who provide and receive services and representatives of advocacy groups, and provide the work groups with clear guidelines, standardized parameters, and tasks for the work groups to accomplish;

(10) Promote information sharing in the human services community and statewide; and

(11) by February 15 each year, prepare and submit to the chairs and ranking minority members of the committees in the house of representatives and the senate with jurisdiction over human services a report that summarizes the activities of the council, identifies the major problems and issues confronting racial and ethnic groups in accessing human services, makes recommendations to address issues, and lists the specific objectives that the council seeks to attain during the next biennium. The report must also include a list of programs, groups, and grants used to reduce disparities, and statistically valid reports of outcomes on the reduction of the disparities.

Subd. 9. Duties of council members.

The members of the council shall:

(1) attend and participate in scheduled meetings and be prepared by reviewing meeting notes;

(2) maintain open communication channels with respective constituencies;

(3) identify and communicate issues and risks that could impact the timely completion of tasks;

(4) collaborate on disparity reduction efforts;

(5) communicate updates of the council's work progress and status on the Department of Human Services Web site; and

(6) participate in any activities the council or chair deems appropriate and necessary to facilitate the goals and duties of the council.

Subd. 10. Expiration.

The council expires on June 30, 2020

Appendix B: CECLC Bylaws

Bylaws of the Cultural and Ethnic Communities Leadership Council

Approved by the Council on: January 17, 2014, Amended 2016.

Part 1. General Provisions

Section A. Mission/Vision/Values of the Council

The Cultural and Ethnic Communities Leadership Council (Council) mission is “working together to advance health and human services equity.

The Vision is “the council develops community-supported policy recommendations that work to achieve health and human services equity for cultural and ethnic communities and all those who call Minnesota home.”

Core Agreements are:

1. Everyone is heard: practice active listening, build connections to others before and after meetings, and include opportunities for stakeholder input
2. All voices are honored: practice compassionate accountability and withhold judgment
3. Have integrity: practice honesty, put aside personal gain, prioritize attending meetings
4. Be transparent: practice sharing information, describe your own experiences to give context, explain expectations for participation, share our work with others
5. Empower people: practice speaking up courageously; reach out to other communities and each other for input
6. Embrace tension: practice addressing issues where there isn't clear agreement, spend time and opportunity ensuring everyone feels safe to discuss their point of view

Values:

1. BE consistent, proactive, and represent diverse communities
2. KNOW that within communities there is a lot of diversity; that there is a big task ahead because we are talking about ambitious changes; all the facts that inform our work; and that there are good practices we can draw on
3. DO reach out to a broader community to make sure they are represented and dig deep into the root issues and possible solutions

Section B. Creation of the Council. *Laws of Minnesota 2013, Chapter 107, Article 2, Section 1*, established the Cultural and Ethnic Communities Leadership Council for the Department of Human Services (DHS).

The purpose of the Council is to advise the commissioner of human services on advancing health equity and reducing disparities that affect racial and ethnic groups.

Section C. Cultural and Ethnic Communities Leadership Council. The council must consist of:

1. The chairs and ranking minority members of the committees in the House of Representatives and the Senate with jurisdiction over human Services; and
2. No fewer than 15 and no more than 25 members appointed by the commissioner of human services, in consultation with county, tribal, cultural, and ethnic communities; diverse program participants; and parent representatives from these communities. In making appointments under this subdivision, the

commissioner shall give priority in consideration to public members of the legislative councils of color established under chapter

3. The commissioner shall direct the development of guidelines defining the membership of the council; setting out definitions; and developing duties of the commissioner, the council, and council members regarding racial and ethnic inequities reduction. The guidelines must be developed in consultation with:
 - a. The chairs of the House of Representatives and Senate committees with jurisdiction over Human Services; and
 - b. County, tribal, and cultural communities and program participants from these communities.

Section D. Duties of the Council. The Cultural and Ethnic Communities Leadership Council shall:

1. Recommend to the commissioner for review identified policies in the Department of Human Services that maintain and create, magnify, etc. racial, ethnic, cultural, linguistic, and tribal inequities and advance and promote health equity'
2. Identify issues regarding disparities by engaging diverse populations in human services programs;
3. Engage in mutual learning essential for achieving human services parity and optimal wellness for service recipients;
4. Raise awareness about human services disparities and health equity needs to the legislature and media;
5. Provide technical assistance and consultation support to counties, private nonprofit agencies, and other service providers to build their capacity to provide equitable human services for persons from racial, ethnic, cultural, linguistic, and tribal communities who experience disparities in access and outcomes;
6. Provide technical assistance to promote statewide development of culturally and linguistically appropriate, accessible, and cost-effective human services and related policies;
7. Provide training and outreach to facilitate access to culturally and linguistically appropriate, accessible, and cost-effective human services to prevent disparities;
8. Facilitate culturally appropriate and culturally sensitive admissions, continued services, discharges, and utilization review for human services agencies and institutions;
9. Form work groups to help carry out the duties of the council that include, but are not limited to, persons who provide and receive services and representatives of advocacy groups, and provide the work groups with clear guidelines, standardized parameters, and tasks for the work groups to accomplish;
10. Promote information-sharing in the human services community and statewide; and
11. By February 15, 2014, and annually thereafter, prepare and submit a report to the chairs and ranking minority members of the committees in the house of representatives and senate with jurisdiction over human services that summarizes the activities of the council, identifies the major problems and issues confronting racial and ethnic groups in accessing human services, makes recommendations to address issues, and list the specific objectives that the council seeks to attain during the next biennium. The report must also include a list of programs, groups, and grants used to reduce disparities, and also statistically valid reports of outcomes on the reduction of the disparities.

Section E. Governance and Decision-Making Guidelines

The council will strive to make decisions on a consensus basis.

1. A motion-second-pass/fail process will be utilized to memorialize all decisions.
2. Decisions that are required to approve group deliverables will be noted in advance on the meeting agenda.
3. Decisions and votes will be reflected in the meeting minutes.
4. Decisions will be voted on, with a minimum presence of at least 51% of members present.

Section F. Meeting Schedule. The council will meet monthly:

1. Minimum of monthly meetings through expiration date
2. At the call of the chair; meeting schedule will attempt to allow time for task completion.
3. A quorum is established when a majority (>50%) of the appointed members are present.
4. The agenda and meeting materials, including meeting minutes, will be sent to council members at least one week prior to scheduled meetings

Section G. Distribution of Meeting Materials

1. Quarterly updates of group progress and the year-long work schedule will be reported on the DHS website
2. Agendas, approved meetings and adopted group documents will be published in the DHS website

Section H. Expiration. The council expires on June 30, 2020.

Part 2. Council Members.

Section A. Council Membership

Members must be appointed to allow for representation of the following groups:

1. Racial and ethnic minority groups;
2. Tribal service providers;
3. Culturally and linguistically specific advocacy groups and service providers;
4. Human services program participants;
5. Public and private institutions;
6. Parents of human services program participants;
7. Members of the faith community;
8. Department of Human Services employees; and
9. Any other group the commissioner deems appropriate to facilitate the goals and duties of the council.

Section B. First appointments and first meeting. The commissioner shall appoint at least 15 members by September 15, 2013, and shall convene the first meeting of the council by November 15, 2013.

Section C. Terms for first appointees. Seven of the first members shall serve until January 15, 2015. The remainder of the first members shall serve until January 15, 2016.

Section D. Terms. A term shall be for two years and appointees can be appointed to serve two terms. The commissioner shall make appointments to replace vacating members by January 15 every year.

Section E. Compensation. Public members of the council shall receive no compensation from the council for their services.

Section F. Duties of council members. The members of the council shall:

1. Attend and participate in at least 8 scheduled meetings and be prepared by reviewing meeting notes;
2. Maintain open communication channels with respective constituencies;
3. Identify and communicate issues and risks that could impact the timely completion of tasks;
4. Collaborate on disparity reduction efforts;

5. Communicate updates of the council's work progress and status on the Department of Human Services website; and
6. Participate in any activities the council or chair deem appropriate and necessary to facilitate the goals and duties of the council.

Section G. The Chair of the Council. The commissioner shall appoint a chair. Overall responsibilities of the chair are to:

1. Preside at meetings of the council.
2. Serve as the principal contact for the Council.
3. With approval of council members, appoint committees and committee chairs to carry out the duties of the council.
4. Call special meetings of the council as necessary.
5. Inform the commissioner of human services of a council member missing three consecutive meetings.
6. Attend regularly (quarterly at a minimum) scheduled meetings with DHS commissioner or designees for stronger collaboration and relationship-building.

Part 3. Duties of the Commissioner

Section A. The commissioner of human services or the commissioner's designee shall:

1. Maintain the council established in this section;
2. Supervise and coordinate policies for persons from racial, ethnic, cultural, linguistic, and tribal communities who experience disparities in access and outcomes;
3. Identify human services rules or statutes affecting persons from racial, ethnic, cultural, linguistic, and tribal communities that may need to be revised;
4. Investigate and implement cost-effective models of service delivery such as careful adaptation of clinically proven services that constitute one strategy for increasing the number of culturally relevant services available to currently underserved populations; and
5. Based on recommendations of the council, review identified department policies that maintain racial, ethnic, cultural, linguistic, and tribal disparities, and make adjustments to ensure those disparities are not perpetuated.
6. The commissioner of human services or the commissioner's designee shall consult with the council and receive recommendations from the council when meeting the requirements in this subdivision.

Part 4. Code of Conduct.

1. Council members will adhere to the DHS standards of Ethics and Conflict of Interest and will comply with all pertinent state laws and regulations.
2. If a Council member has a conflict of interest in a matter before the Council, the member shall declare the conflict, refrain from discussion and will not vote on the matter.
3. If a council member misses three meetings or more consecutively, the council staff will so note and inform the council chair. The council chair will contact the member and discuss the potential dismissal of the member.
4. The council chair will inform the commissioner, as the appointing authority, the member's separation from the council membership.
5. Staff will notify the Office of the Secretary of State for posting vacancy.

Part 5. Data Practices and Open Meeting Law

1. The Minnesota Government Data Practices Act, Minnesota Statutes, and Chapter 13 govern the collection, creation, receipt, maintenance and dissemination of data maintained by the Council and DHS.
2. All meetings of the Council and its committees are subject to the Minnesota Open Meeting Law, Minnesota Statutes, Chapter 13D, and shall be open to the public, unless closed is required or authorized by law. Observers at all meetings will be given an opportunity to provide input for Council consideration.

Appendix C: DHS Policy on Equity

Policy Number 01

Overview

Description:

DHS is committed to advancing equity, reducing disparities in DHS program outcomes, and improving access to human services for communities experiencing inequities. For the purpose of this policy, communities experiencing inequities refers to communities of color, American Indians, veterans, LGBT, and persons with disabilities.

DHS acknowledges and embraces the role we can play in developing policies and procedures to advance equity. DHS will utilize a health in all policies (HiAP) approach. This “is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy area. ... Ultimately the Health in All Policies approach seeks to institutionalize considerations of health, equity, and sustainability as a standard part of decision-making processes across a broad array of sectors.” ([Healthy Decisions Health Places](#)). In this context, health does not refer merely to the absence of disease, but to a complete state of physical, mental, and social wellbeing. Recognizing that Minnesota’s structural inequities cut across sectors, DHS’s HiAP approach will require solutions that both focus within DHS and also cut across agency and public-private sector boundaries and address the broad factors that make up the determinants of health ([Healthy People 2020](#)).

This policy requires that communities experiencing inequities be consulted when programs are designed, implemented, and evaluated. This policy aims to incorporate equity department-wide, ensuring that we will consider equity in all aspects of our business.

Reason for Policy:

In order to reduce inequities, it is necessary to address broad social, economic, and political factors that result in systemic disadvantages as well as the needs, assets, and challenges of communities experiencing inequities. The Department acknowledges and embraces the role it can play in developing policies, investments, and procedures that advance equity.

Failure to Comply:

The Department shall develop measures, monitor implementation, and enforce the policy on equity across the agency. The Department expects all department employees to comply with relevant provisions, but the policy is not intended to be punitive. The Department views this policy as a mechanism for all DHS employees to better understand and incorporate equity into their work.

Policy

The Minnesota Department of Human Services (DHS) will provide resources to make equity an integral part of all programs, policies and procedures it implements. This policy requires that considerations of equity, that is, fairness and justice, are embedded in decisions at all levels of DHS, including leadership, operations, programming, investments, and policy development. The goal of this policy is to institutionalize an approach to decision-making, program and policy development, implementation, and evaluation, which improves outcomes and reduces health and human services disparities and inequities for the people we serve.

The agency shall:

- I. Engage and empower all agency employees to advance equity through their daily work;
- II. Identify standards, processes, metrics and systems of accountability to advance equity goals, including:
 - Link agency service delivery of human services programs to the determinants of health;
 - Institutionalize an equity focus in decision-making;
 - Promote fairness and opportunity in agency practices;
 - Collaborate across program areas; and
 - Build community trust and capacity.
 - Invest in human, capital and infrastructures to meet the needs of communities experiencing inequities

Procedure(s) that Apply:

I. Equity Committee

- The person overseeing each administration will work on establishing an equity committee. This equity committee will be charged with advising the responsible leadership of that administration on advancing equitable outcomes for all people we serve and DHS employees.

II. Equity Analysis

- DHS managers and supervisors should consult their equity committee when reviewing administrative policies for renewal.

- Employees who are involved in developing legislative proposals will engage in an equity analysis and consult with equity liaisons when evaluating potential equity impact.
- Agency staff shall analyze equity impact when preparing legislative proposals, using the following questions contained in the Governor’s 2018-2019 Change Item Template. Specific questions analyzed may be modified based on direction from the Governor’s office and DHS’s understanding of analyzing equity impact:
 - What groups are impacted by the proposed change item? (Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans) What is the nature of the impact? Have representatives from these groups been consulted and collaborated with in order to determine how to address these impacts?
 - Is the proposed change item submitted to reduce or eliminate any disparities for Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans? Please explain how implementation of the proposed item will reduce or eliminate these disparities;
 - Are there potential positive or negative impacts on the identified groups? Explain those impacts. If negative, please adjust the proposal to achieve a more equitable outcome.
 - Can the change item be sustainably successful? Discuss the on-going funding, implementation strategies/opportunities, and performance measures/accountability mechanisms.

III. Workforce and Leadership Development

- Affirmative Action Officer will provide hiring supervisors and senior management with data and advice to help them increase number of underrepresented group members in all levels of workforce.
- Human Resources Office will utilize data to inform hiring managers to increase members of underrepresented groups employed by DHS in all levels of workforce.
- Hiring Manager shall make every reasonable effort to include at least 1 underrepresented group member on interview panels.
- Human Resources and the Affirmative Action Officer will track and monitor data on employee separations and develop and implement interventions if there are statistically significant disparities in separation numbers between majority member employees and employees from communities experiencing inequities in all levels of workforce.

- Enterprise Learning and Development, in collaboration with Human Resources and others, will track and monitor participation of employees from communities experiencing inequities in agency and state-sponsored leadership development opportunities.

IV. Contracting and Procurement

- The Director of Contracts, Procurement, and Legal Compliance will develop and apply equity criteria throughout the contracting, grants, and procurement process, while maintaining compliance with local, state and federal contracting regulations, in order to increase vendor diversity
- “Equity select” procurement, authorized by 2016 MN Statute 16C.08 and 16C.16, shall be utilized in order to directly select vendors owned by targeted groups for procurement up to a value of \$25,000.
- DHS employees who engage in contracts and procurement should (a). be trained in applying an equity analysis or (b.) consult with an individual or equity committee that have been trained in applying equity analysis

V. Community Engagement and Inclusion

- When developing strategic initiatives and work plans, DHS managers and supervisors will ensure that communities experiencing inequities are engaged through the planning, program development, budgeting, program evaluation and decision-making process.
- Managers and supervisors who oversee staff who plan community engagement activities should consult with the Director of Community Relations for support and resources, when appropriate.

VI. Enhanced Cultural and Linguistic Appropriate Services (CLAS) Standards:

- The enhanced National CLAS standards are intended to advance health equity, improve quality, and help eliminate disparities in health care. DHS will endeavor to pilot and implement CLAS standards in the delivery of human services.

Forms that Apply:

N/A

Training:

DHS is developing required training.

Standards:

The following are standards to advance equity and disparity reduction work at DHS:

- DHS will regularly engage persons from communities experiencing inequities during the agency's planning, program development, program evaluation, and decision-making process.
- DHS human resources department, managers, and supervisors will recruit, hire, welcome, develop, promote and support a workforce, which is diverse and inclusive of people from communities that experience inequities. This includes leadership development and promotion of people from communities that experience inequities into positions of formal leadership at all levels within the agency.
- When contracting for services DHS managers, supervisors, and staff will conduct outreach, welcome, develop, promote and nurture a diverse group of vendors capable of meeting the needs of DHS clients and in accordance with Executive Order 15-2 and recommendations of the Governor's Diversity and Inclusion Council.
- DHS will incorporate equity analysis into the development of policies, rules, procedures, budget, and legislative proposals, as well as program design and implementation.
- DHS will continue to provide staff support to the Cultural and Ethnic Communities Leadership Council (CECLC) in advising the agency on equity and disparity reduction efforts.
- DHS recognizes the variety of ways that human services programs impact the social determinants of health and the role that addressing them will have in improving equity.

Definition(s):

Community Engagement: process of co-creating solutions in partnership with people, who through their own experiences, know the barriers to opportunity best. It is grounded in building relationships based on mutual respect and that acknowledge each person's added value to the developing solutions (Voices for Racial Justice).

Communities Experiencing Inequities: consist of the communities made of up the following populations:

- *People of Color:* individuals of non-[Caucasian](#) heritage who identify as non-white. *Houghton Mifflin Company (2005). [The American Heritage Guide to Contemporary Usage and Style](#). Houghton Mifflin Harcourt. p. 356.*
- *American Indians:* Decedents of the native people of North America who identify as American Indian

- *Persons with Disabilities:* Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.

Determinants of Health: structural determinants and conditions in which people are born, grow, live, work and age.”⁶ They include factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care.

Disparity: difference in health that is closely linked with social, economic, or environmental disadvantage. Health disparities impact groups that systematically experience greater obstacles including communities of color, American Indians, and persons with disabilities.

Engagement: process of collaboration and inclusion in which entities build ongoing relationships for the purpose of applying a collective vision to solve complex problems.

Enhanced National Culturally and Linguistically Appropriate Standards (CLAS: A series of standards that are intended to advance health equity, improve quality, and help eliminate health care disparities. Beyond healthcare delivery, CLAS standards should be understood as applicable to public institutions addressing individual, family, or community health, health care or well-being (National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice, HHS 2014).

Equity: achieved when every person in a community has the opportunity to reach their full health potential and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

Equity Analysis: An analysis of the impact of proposals, policies, and programs on various populations, with a particular focus on impact on communities experiencing inequities. The analysis shall address the following questions, contained in the Governor’s 2018-2019 Change Item Template. Specific questions analyzed may be modified based on direction from the Governor’s office and DHS’s understanding of analyzing equity impact

- What groups are impacted by the proposed policy or budget item? (Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans) What is the nature of the impact? Have representatives from these groups been consulted and collaborated with in order to determine how to address these impacts;
- Is the proposed item submitted to reduce or eliminate any disparities for Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans? Please explain how implementation of the proposed item(s) will reduce or eliminate these disparities;

- Are there potential positive or negative impacts on the identified groups? Explain those impacts. If negative, please adjust the proposal to achieve a more equitable outcome.
- Can the policy or budget idea be sustainably successful? Discuss the on-going funding, implementation strategies/opportunities, and performance measures/accountability mechanisms.

Health: Health encompasses many aspects, including physical, mental, social, and spiritual well-being (HHS IHS, n.d.; HHS OSG et al., 2012; WHO, 1946). Health is “not merely the absence of disease or infirmity” (WHO, 1946). How individuals experience health and define their well-being is greatly informed by their cultural identity.

Health in All Policies: “Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas...Ultimately the Health in All Policies approach seeks to institutionalize considerations of health, equity, and sustainability as a standard part of decision-making processes across a broad array of sectors.”

Inequities: Differences in outcomes that are systematic, avoidable and unjust.

Appendix D: Equity Policy Implementation Plan

Introduction

DHS is committed to addressing health and human services inequities and has undertaken initiatives to reduce them. In 2009, the DHS Disparities Reduction Advisory Committee (DRAC) met with numerous DHS employees to discuss disparities and recommended that DHS improve its understanding of cultural community members' needs and preferences for quality service and culturally responsive care.¹³ In 2013, the Cultural and Ethnic Communities Leadership Council (CECLC) was established by the Minnesota Legislature to represent people in communities experiencing health and human services access and outcome disparities. The CECLC analyzes input from many sources and advises the commissioner of DHS on ways to address those disparities.

The CECLC performed an equity analysis to evaluate what DHS was doing in its programs to address health and human services disparities. While many DHS focus areas showed some alignment, other areas of need had to be addressed.¹⁴ In February 2015, the CECLC presented recommendations to the DHS Executive Team for reducing health and human services inequities and achieving equity at DHS. Elements from the recommendations were used to create the DHS Policy on Equity, an agencywide equity policy that creates a foundation on which to build specific equity-focused initiatives and procedures. Commissioner Emily Piper approved the policy in January 2017. This document recommends a course of implementation steps.

Goal

The goal of the Policy on Equity is to institutionalize an approach to decision-making, program and policy development, implementation, and evaluation that improves outcomes and reduces health and human services disparities and inequities for the people DHS serves.¹⁵ The agency places a focus on communities of color, American Indians, and other groups in Minnesota experiencing disparities.¹⁶ For the purpose of this policy, communities experiencing inequities refers to communities of color, American Indians, veterans, LGBT, and persons with disabilities.

The overall goal of this Equity Stewardship Working Group (ESWG) is to implement the DHS Policy on Equity into actionable steps.

¹³ 2015 Legislative Report, page 15

¹⁴ 2015 Legislative Report, page 6

¹⁵ DHS Policy on Equity, page 1

¹⁶ 2016 Legislative Report, page 13

Current situation and context

The DHS Policy on Equity addresses both internal and external processes to reduce health and human services inequities and create a more equitable and inclusive culture within DHS. It calls on all DHS divisions to build tools, expertise, and cultural change based on authentic community engagement in the planning, implementation, and evaluation of DHS' policies and services.

Although Minnesota is among the healthiest states in the nation — ranking fourth in both 2015 and 2016 — these strong rankings are not consistent across all communities. Certain populations experience significant and persistent disparities that need to be addressed, and efforts need to be made to reduce them. In 2016, DHS performed its third annual equity review in which all business areas were asked to submit information about projects, initiatives, programs, groups and/or grants. Of these projects, 11 had an internal focus on DHS's organizational practices and the capacity of the agency to address inequities. These projects sought to use an equity lens in the assessment and influencing of agency policy and practices, increasing workforce diversity and staff development. Although the focus of these projects was on the internal organizational capacity of DHS, they all have the ultimate goal of reducing inequities for the people served by DHS' programs and the broader communities in Minnesota.

In addition to the internally focused projects, the review included some projects that were focused more directly on reducing inequities in collaboration with the people served by DHS programs. For example, the director of community relations obtained a grant from the Bush Foundation to carry out work to build and sustain authentic community engagement at DHS. The project focused on building awareness of the social and historical context in which inequities exist. Other examples include projects to increase culturally responsive services and increase the number of culturally specific providers.

Stakeholder expectations

DHS's implementation of the Policy on Equity is an internal policy implementation, and the implementers of this project are DHS leaders and staff. While they are the primary implementers, counties, local governments, health plans, communities of color, American Indians, and other underserved and underrepresented populations experiencing inequities, form the circle of stakeholders and program participants who will be affected by the policy. Only through collaboration with all of these groups can DHS effectively implement the policy and revise its processes to reduce health inequities. Stakeholders will expect the following:¹⁷

¹⁷ 2016 Legislative Report, page 77

- A. **Collaboration and inclusion:** Program participants will expect to be engaged with DHS in shared decision-making about changes to DHS processes and practices that impact their populations. Inclusion of communities of color, American Indians, veterans, LGBT, and persons with disabilities, and other impacted communities in DHS design and planning is especially important to address the significant health and human service inequities they experience.
- B. **Awareness:** Program participants will expect DHS to increase awareness of the significance of inequities, their impact on all Minnesotans and on specific populations, and move to action to reduce inequities and achieve equity.
- C. **Leadership:** Program participants will expect DHS to strengthen relations among the CECLC and state agencies to promote clear and meaningful dialogue about equity.
- D. **Community health and health systems:** Program participants expect that implementation efforts will lead to a health and human services system that addresses complex needs, respects cultural beliefs, and imbeds cultural practices in healing. Provider selection, preparation, and funding should be robust to meet the needs of the community and eligibility determination should be transparent. Community-based organizations should be seen as partners and powerful allies supporting the health of their communities. Utilization of community health workers should become the norm.
- E. **Data and research:** Program participants expect that DHS will collect, analyze, and share data that reflect characteristics and distinctions that are most important to their communities. Data should reflect the whole person, and DHS should adopt measurement strategies to obtain the most appropriate data with community-defined cultural and ethnic groups' input. DHS should promote both evidence-based research and practice-based evidence.
- F. **Performance management:** Program participants expect that DHS will undertake systematic performance improvement of DHS staff and service providers through creation and implementation of a department wide accountability system and cultural competency/anti-racism trainings.
- G. **Equity analysis:** Program participants expect that DHS will create and implement an analysis process to identify and reform statutes, rules, policies, and operating procedures that perpetuate health and human service inequities. Members of the CECLC should work in partnership with DHS in this analysis process.

Possible barriers

Under funding from the Bush Foundation, DHS leaders and employees, as well as community members, were surveyed to gauge how prepared the agency is to deal with matters of equity. Possible barriers identified from these surveys, as well as barriers described by administrations, are as follows: ^{18,19}

1. Limited resources, which impede the sustainability of program impacts.
2. Lack of continued and authentic community engagement and support.
3. Lack of staff diversity and inclusion of staff from diverse backgrounds in decision-making processes at DHS.
4. Failure to implement mechanisms for accountability.
5. Lack of available data disaggregation challenges DHS' efforts to focus on inequities reduction by race, ethnicity, language or other factors.
6. Lack of trust.
7. Lack of equity awareness and skills. The majority of community members do not believe that DHS leaders and staff have intermediate or advanced skills to address barriers to equity.
8. Community leaders do not feel they are part of the planning process because most meetings are held at DHS.
9. Community leaders do not believe that DHS recognizes assets of cultural and ethnic communities.

Proposed strategies

To move forward, DHS will provide the proper training and resources to employees to ensure that the agency is well-equipped to deal with matters related to equity. There is also a recommendation from the CECLC on the need to improve trust with communities of color, due to past historical issues of exclusion and discrimination in need of redress.

Objective 1: Equity committees

- Each administration establishes an equity committee.

¹⁸ 2017 Legislative Report Draft, page 29

¹⁹ 2017 Legislative Report Draft, page 42

- Each administration commits to resourcing the equity committee to meet the goals of its strategic plan and implementation.
- It is highly recommended that an equity director be appointed to coordinate the work of the equity committee.
- Equity directors will receive support and guidance from the CECLC members as appropriate. The community relations division director will establish a path to information, training, development and monitoring.
- The equity committee is charged with advising administration leadership on advancing equitable outcomes for all people we serve and DHS employees.
- An Equity Stewardship Leadership Committee will coordinate equity efforts agencywide. This group will consist of the equity directors facilitated by the community relations director. This group makes regular reports to SMT.

Objective 2: Equity analysis

- All administrative and policy proposals will undergo an “equity analysis” to assess their potential impact on health inequities and on equity and inclusion both inside and outside DHS
- Staff in the Community Relations Division are prepared to provide training on the Equity Analysis package developed by the L-4 Group who presented to the CECLC and received good reviews. The CECLC chair sent a letter to the commissioner recommending that she consider endorsing the training to prepare DHS to utilize the tool.
- DHS managers and supervisors consult with their equity committee when reviewing administrative and policy proposals.
- DHS employees maintain ongoing relationships with communities to ensure that staff understand the circumstances and concerns of stakeholders. Staff who are involved in legislative proposals engage in equity analysis when evaluating potential impacts.
- With information from the equity analyses, managers will be accountable for ensuring that administrative and policy proposals are designed to maximize their impact on the reduction of health inequities.
- Yearly responses to the survey for the Equity Review will reflect efforts and use of an equity analysis.

Objective 3: Workforce and leadership development

- DHS focuses on the inclusion of communities experiencing disparities in DHS’s recruitment, hiring, and retention process for a more diverse and inclusive workforce. Because this policy was

created to help improve the quality of services delivered to communities experiencing inequities, it is critical to include them in the process.

- The affirmative action officer provides hiring managers and Senior Management Team members with data and advice on increasing the number of underrepresented group members at all levels of the DHS workforce.
- The human resources director makes every reasonable effort to include at least one underrepresented group member in interview panels.
- The human resources director and affirmative action officer monitor data on employee separation and develop interventions for cultural majority member employees and members from communities experiencing disparities.
- The Enterprise Learning and Development director monitors participation of employees from communities experiencing inequities in agency and state-sponsored leadership development opportunities.
- Leaders and staff at DHS participate in regular assessments of their awareness and capacity to promote equity and inclusion. Aggregated data from these assessments is used to plan training and professional development for leaders and staff at all levels.
- Administrations' equity committees make recommendations for professional development programs and other activities to help build equitable and inclusive cultures within their workplaces.

Objective 4: Contracting and procurement

- The director of Contracts, Procurement and Legal Compliance develops and applies equity criteria in all contracts, grants, and procurement processes while maintaining compliance with local, state, and federal contracting regulations in order to increase vendor diversity.
- The director of Contracts, Procurement and Legal Compliance develops and applies equity criteria in all grants working with administrations to target resources, reach out to new/different organizations and increase the number of diverse providers. Equity committees in each administration may be resources in this activity.
- DHS staff responsible for managing request for proposals, managing grants and funded programs will receive training on how the equity analysis can be a useful tool to assess application of equity policy.

Objective 5: Enhanced Cultural and Linguistic Appropriate Services (CLAS) standards

- The enhanced national CLAS standards are intended to advance health equity, improve quality, and help eliminate disparities in health care. DHS will pilot and implement CLAS standards in the delivery of human services.

- Enterprise Learning and Development develops an assessment for employees, and managers to determine training needs.
- Enterprise Learning and Development develops training tailored to the identified training needs.
- Enterprise Learning and Development develops agency-wide training to improve agency's knowledge, understanding and utilization of the CLAS standards.

Objective 6: Engagement and collaboration

- The community engagement process means working with and through constituents to achieve common goals. The process demands that those implementing the engagement effort communicate with community leaders and members who have diverse backgrounds, values, priorities and concerns. It is at this point that the principles and organizing concepts underlying community engagement come together with real-world activities. To support collaboration and inclusion, the practice of authentic community engagement is of critical importance.
- Engagement is the process of collaboration and inclusion in which entities build ongoing relationships for the purpose of applying a collective vision. To support agencywide efforts the Bush Foundation Community Innovation cohort is planning long-term sustainability of engagement agencywide.
- The Community Relations Division will develop and circulate guidelines for stakeholder engagement.
- The Enterprise Learning and Development Division will develop a set of courses to help staff and managers develop capacity to better engage stakeholders, including identifying appropriate stakeholder groups, designing welcoming meetings, facilitating effectively, Art of Hosting techniques, etc.
- DHS will partner with the Civic Engagement Committee of the Governor's Diversity and Inclusion on how to implement their civic engagement plan at DHS.

DHS Performance Measures

The following are suggested measurements; it is expected that each responsible area/division within DHS will develop a tracking/monitoring system and to regularly update it. CECLC members are interested in supporting DHS's efforts in this process and can provide culturally relevant input and feedback at its monthly meetings or at other times, as DHS leadership/staff deems appropriate. Progress in the implementation of the policy on equity is expected to be an element in the yearly legislative report submitted by CECLC to the health and human services committees in the House and Senate of the Minnesota Legislature. The legislative report contains a segment titled Equity Review detailing DHS's activities on disparities reduction. Communities experiencing inequities in access and outcomes to DHS services wish to see a marked decline in disparities in access and outcomes in their receipt and experience of such services.

Objective 1: Equity committees at DHS

Number of equity committees are operating at the end of year one

Number of equity committees in development to operation

Improved population satisfaction in culturally and linguistically appropriate services.

Objective 2: Equity analysis

1. Number of training presentations per division
2. Number of requests for training presentations per administration at the end of each year
3. Number of evidence of use of equity analysis in yearly equity review
4. Percentage of proposals which include equity analysis in detail.

Objective 3: Workforce and leadership development

1. Percentage of underrepresented group members at all levels of DHS
2. Percentage of underrepresented group members participating in job interviews
3. Human resources director and affirmative action officer provide regular reporting to senior management team on separation information and remedies applied
4. Enterprise Learning and Development director regularly reports to Senior Management Team on percentage of underrepresented group members in leadership development programs.

Objective 4: Contracting and procurement

1. The director of Contracts, Procurement, and Legal Compliance regularly reports on application of equity criteria in its contracts, grants and procurement processes and resulting change in vendor diversity.

Objective 5: Culturally and Linguistically Appropriate Services (CLAS) standards

1. Enterprise Learning and Development director develops a training needs assessment for all DHS employees.
2. Based upon results of assessment a training plan is developed to deliver training to all employees on the CLAS standards.
3. Enterprise Learning and Development director updates senior management team on progress of trained staff to achieve 50 percent or more employees trained.
4. Improved population satisfaction in culturally and linguistically appropriate services is reported.

5. Equity Review shows evidence of improved use of culturally and linguistically appropriate methods in program planning, design and funding.
6. Disparities reduction in certain areas of the agency show signs of change.

Objective 6: Stakeholder engagement and collaboration

1. To support collaboration and inclusion, the practice of authentic community engagement is endorsed in every DHS administration.
2. Review of the Bush Foundation Community Innovation Grant evaluation and lessons learned report (currently being prepared) inform implementation of this objective.
3. Approaches utilized in the Bush Grant are expanded in the agency.
4. Staff is hired to lead efforts of community engagement throughout the agency and is supported by Bush Cohort meetings and Stakeholders Engagement Community of Practice.
5. The agency is recognized for its inclusion and access to communities it serves as gauged by community surveys.
6. Processes of community engagement are inclusive, resourceful and collaborative: they invite the population affected by the problems to co-create solutions; community resources are recognized as critical as DHS resources, and community and DHS enjoy equal partnership and share power.
7. Real-world activities relevant to the communities DHS serves are examined jointly utilizing principles and organizing concepts of community engagement (diverse perspectives are negotiated to achieve common goals).

Equity Stewardship Working Group

The Equity Stewardship Working Group (ESWG) will be created to guide the implementation of the DHS Equity Policy through establishing action plans, monitoring administration activities, collaborating with outside stakeholder groups, and serving as both an internal and internal resource for the equity policy.

Commissioner Piper will oversee the implementation of the DHS Policy on Equity, and the director of community relations will serve as the project director for the ESGW. The CECLC will provide review and advice to Commissioner Piper, the SMT, the director of community relations, and a new working group as the implementation is rolled out. For more information about the ESGW, see the companion document, "A Plan for the Equity Stewardship Working Group." (Excerpt found directly below).

A Plan for the Equity Stewardship Working Group

Authority

- The implementation of the DHS Policy on Equity will be overseen by the Commissioner of DHS and the Senior Management Team (SMT). Project leader for the implementation will be the Director of Community Relations.
- The CECLC will provide review and advice to the Commissioner, the SMT, the Director of Community Relations, and a new working group as the implementation is rolled out.
- A new working group, the Equity Stewardship Working Group (ESWG), will be established. Its primary role will be to develop action plans and guide the implementation of activities related to the equity policy, and it will be coordinated by the Community Relations Director (Project Director).

Scope and Relationships

- Working group members develop action plans and work under the general direction of the Director of Community Relations.
- Working group members consist of DHS employees, managers and CECLC members, or other cultural communities and other stakeholder group members.
- Working group guides the implementation of activities as approved by the commissioner and members of the senior management team.
- Working group members will collaborate with other department projects, as appropriate, that involve implementation of elements of the equity policy.
- Working group members seek input from various cultural communities and other stakeholders and serve as a resource both internally and externally on an ongoing basis.
- Working group members, who are not DHS employees, will be funded at the rate of \$55.00 per meeting plus expenses. Resources are requested for this purpose.

Logistics and Resources

- This working group is staffed by the Director of Community Relations, two members of the community relations division staff, student interns, and other DHS employees representing various administrations.
- The working group will meet quarterly.
- The commissioner and senior management team will provide ongoing monitoring to approve, identify, discuss, and resolve resources, including structural challenges.

- The Director of Community Relations, or Project Director, will provide quarterly progress reports to the senior management team.
- The Project Director will coordinate resource needs as identified and make requests to the Project Sponsor, the Commissioner.
- Working group members will:
 - Plan to spend a minimum of three to five hours a month on this project.
 - Understand the project charter.
 - Communicate availability with Project Director.
 - Contribute and report progress to Project Director.
 - Participate in the resolution process when issues arise.
- This implementation project will require commitment of SMT staff appointments from the Community Supports, Children and Family Services, Health Care, Continuing Care for Older Adults, Direct Care and Treatment, and Operations administrations.
- Appointed DHS staff/managers may be requested to contribute to activities by joining goal-specific groups, by providing content expertise; and giving information that advances the work of this implementation team.

Working Group Performance Measures

- Appointed DHS staff/managers may be requested to contribute to activities by joining goal-specific groups, by providing content expertise; and giving information that advances the work of this implementation team.
- ESWG members may identify additional indicators of progress.
- Participation of at least 85% of membership as resources for DHS internal work groups, committees, advisory committees.
- DHS staff and leadership report satisfaction in 90% of partnership as productive.
- Training, support and guidance on culturally related matters are delivered and deemed 90% satisfactory.
- Publication on DHS Today of specific progress achieved, after careful review and approval by project sponsor.

Appendix E: Council Membership

The commissioner of human services appointed members of the Cultural and Ethnic Communities Leadership Council (CECLC).²⁰ The membership list below is updated as of January 1, 2019.

Five members representing diverse cultural and ethnic communities:	Affiliation & term
<i>Nyagatare Valens</i>	<i>Minnesota Department of Education Term Expires: 7/20/19</i>
<i>Rev. Dr. Jean Lee</i>	<i>Children's Hope International Term Expires: 7/20/19</i>
<i>Sharon Lim</i>	<i>Council on Asian Pacific Minnesotans Term Expires: 7/20/19</i>
<i>Dr. Pahoua Yang</i>	<i>Amherst Wilder Foundation, VP, Community Mental Health and Wellness Term Expires: 7/20/19</i>

<i>Two members representing culturally and linguistically specific advocacy groups:</i>	Affiliation & term
<i>Michael Birchard</i>	<i>North Hennepin community College, Chief Diversity and Affirmative Action Officer Term Expires: 7/20/19</i>
<i>Vayong Moua</i>	<i>Center for Prevention, Blue Cross and Blue Shield of Minnesota, Senior Advocacy and Health Equity Principal Term Expires: 7/20/19</i>

²⁰ For more information, visit the [CECLC Website](#)

<i>Two members representing culturally specific human services providers</i>	Affiliation & term
<i>Titilayo Bediako</i>	<i>WE WIN Institute, Inc. Founder/Executive Director Term Expires: 7/20/19</i>
Vacant	

<i>Two members representing the American Indian Community:</i>	Affiliation & term
<i>Beverly Bushyhead</i>	<i>Program Director, Non-profits Assistance Fund Greater Minneapolis-St. Paul Area Term Expires: 8/3/19</i>
<i>Aaron Wittnebel</i>	<i>A Wittnebel Consulting, LLC Term Expires: 7/20/19</i>

<i>Two members representing counties serving large cultural and ethnic communities:</i>	Affiliation & term
<i>Adesola Oni</i>	<i>Hennepin County Corrections, Train Coach Practice Unit Term Expires: 7/20/19</i>
Vacant	

<i>One member who is a parent of a human services program participant, representing communities of color:</i>	Affiliation & term
<i>Saciido Shaie</i>	<i>Ummah Project, Co-founder, President and Executive Director Term Expires: 7/20/19</i>

<i>One member who is a human services program participant member representing communities of color</i>	Affiliation & term
Vacant	

<i>The chairs and ranking minority members of the Health and Human Services Committees in the House of Representatives and the Senate with jurisdiction over human services:</i>	Affiliation & term
<i>Rep. Tina Liebling</i>	<i>House Health and Human Services Finance, Chair</i>
<i>Rep. Joe Schomacker</i>	<i>Health and Human Services Finance, Ranking Minority Member</i>
<i>Rep. Rena Moran</i>	<i>Health and Human Services Policy, Chair; Author of CECLC Legislation</i>
<i>Rep. Debra Kiel</i>	<i>Health and Human Services Policy, Ranking Minority Member</i>
<i>Sen. Michelle Benson</i>	<i>Health and Human Services Finance and Policy, Chair</i>
<i>Sen. John Marty</i>	<i>Health and Human Services Finance and Policy Ranking Minority Lead</i>
<i>Sen. Jim Abeler</i>	<i>Health and Human Services Reform Finance and Policy, Chair</i>

<i>The chairs and ranking minority members of the Health and Human Services Committees in the House of Representatives and the Senate with jurisdiction over human services:</i>	Affiliation & term
Sen. Jeff Hayden	Health and Human Services Reform Finance and Policy, Ranking Member; Author of CECLC Legislation; Assistant Minority Leader

<i>Two members representing faith-based organizations ministering to ethnic communities:</i>	Affiliation & term
Pastor Brian C. Herron, Sr.	Zion Baptist Church, Senior Pastor Term Expires: 7/20/19
Pastor Emory Dively	Deaf Life Church, Co-Pastor Term Expires: 7/20/19

<i>One member who is a representative of a private industry with an interest in inequity issues:</i>	Affiliation & term
Dr. Nkem Chirpich	TAP Diversity Navigators, President & CEO Term Expires: 7/20/19

<i>One member representing the University of Minnesota program with expertise on health equity research</i>	Affiliation & term
Vacant	

<i>Four representatives of the state ethnic councils</i>	Affiliation & term
<i>Justin Terrell, Patrice Bailey</i>	<i>Council for Minnesotans of African Heritage</i>
<i>Sia Her, Anjuli Mishra Cameron</i>	<i>Council on Pacific Islanders Minnesotans</i>
<i>Henry Jimenez, Rosa Tock</i>	<i>Minnesota Council on Latino Affairs</i>
<i>Vacant</i>	<i>Minnesota Indian Affairs Council</i>

<i>One representative of the Ombudspersons for Families (rotating):</i>	Affiliation & term
<i>Bauz Nengchu</i>	<i>Ombudspersons for Families</i>
<i>Muriel Gubasta</i>	<i>Ombudspersons for Families</i>
<i>Jill Kehaulani Esch</i>	<i>Ombudspersons for Families</i>
<i>Ann Hill</i>	<i>Ombudspersons for Families</i>

<i>Three DHS Employees</i>	Affiliation & term
<i>Kia Moua</i>	<i>DHS, Income Maintenance Program Advisor Term Expires: 7/20/19</i>
<i>Brendabell Njee</i>	<i>DHS, Mental Health Program Assistant Term Expires: 7/20/19</i>
<i>Vacant</i>	

<i>DHS Staff to CECLC</i>	
<i>Roberta Downing</i>	<i>Assistant Commissioner for External Relations</i>
<i>Nicole Juan</i>	<i>Community Relations Project Manager</i>
<i>Elizabeth Stein</i>	<i>Star of the North Fellow, Community Relations</i>
<i>Beth Dansie</i>	<i>Administrative Specialist Principal</i>

Appendix J: Council Photo Gallery



Above: CECLC Chair Vayong Moua hosting the Equity Descendants Event, September 2018.



Above: Panel from Equity Descendants Event September 2018. From left: Anastasia Belladonna-Carrera, Representative Nick Zerwas, Representative Rena Moran, Representative Fue Lee, Senator Bobby Joe Champion, CECLC Member Titilayo Bediako; foreground, Dr. Antonia Wilcoxon.



Cultural and Ethnic Communities Leadership Council Chair Vayong Moua, right, leads the year-end meeting at the Wilder Center in St. Paul as DHS employees Kia Moua, left, and Nicole Juan, center, listen.



Sida Ly-Xiong, from the Minnesota Department of Health, addresses the Cultural and Ethnic Communities Leadership Council meeting. At left is council member Jean Lee and at right is community member Melvin Giles.



Cultural and Ethnic Communities Leadership Council member Michael Birchard, left, speaks at the council's Dec. 7 meeting as council member Titilayo Bediako, right, listens.



Cultural and Ethnic Communities Leadership Council member Dr. Pahoua Yang, left, speaks at the council's Dec. 7 meeting as Madison Olmstead, Minnesota Department of Health, center, and council member Nyagatare Valens, right, listen.