



Cultural and Ethnic Communities Leadership Council (CECLC)

2022 Legislative Report

Community Relations

February 15th, 2022



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Minnesota Department of Human Services

Community Relations

540 Cedar Street, P.O. Box 64998,

St. Paul, MN 55164-0998

(Phone) 651-431-2943

community.relations.dhs@state.mn.us

mn.gov/dhs/general-public/about-dhs/outreach-and-engagement/

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Letter from the Chair Foua Choua Khang

In 2021 communities across Minnesota saw that the state can come together with them to solve for a shared societal problem, the pandemic. Some of the solutions in addressing COVID-19 were informed by communities, and some were driven by those who live in the most affected parts of the state. We do not want to lose that momentum. The Department of Human Services is moving forward with the energy to embed equity in their work, and the Cultural and Ethnic Communities Leadership Council (CECLC) is partnering with DHS to make this work community-informed and advised. The DHS Community Relations team recently hosted their first Community Empowerment Session and heard from people across the state what areas of improvement are needed. The CECLC is a partner in these processes to create solutions that will work for and by our community members.

In the year ahead, the CECLC will continue to work with DHS to embed equity through partnerships with areas such as the DHS Office of Equity and Inclusion, each administration's Equity Director, and program staff across the agency. We will focus on the agency's policy on equity, its work to support anti-racism, and fostering a culture of co-creation with communities across the state.

Equity, to me, is the value and acknowledgement of my people's experiences and their history. Their history reminds us that they too keep data through generations of wisdom and science. As a reflection of this past year and into this new year, I am charging the CECLC to define for themselves what is equity and how it shows up in our work. Knowing and owning our definition will also inform DHS on how the agency can integrate community and equity into its systems. I wish you all joy and time for peace.

Land Acknowledgement

The CECLC collectively acknowledges that every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring this truth: we are standing on the ancestral lands of the Dakota People. We want to acknowledge the Ojibwe, the Ho Chunk and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the tribal nations that entitle non-

Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. And please join us in uncovering such truths at any and all public events.¹

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” ([Laws of Minnesota 2013, chapter 107, article 2, section 1](#)). The CECLC consists of 15-25 members appointed by the commissioner of the Minnesota Department of Human Services (DHS) and must include representation from racial and ethnic minorities, American Indian communities, advocacy groups, human services program participants, members of the faith community, DHS employees, as well as the chairs and ranking minority members of human services legislative committees.

In 2021, the Minnesota Legislature extended the CECLC’s mandate through June 2025. The full text of current CECLC statute is in Appendix A.

This report seeks to fulfill the following mandate outlined in [Minnesota Statutes 2021, section 256.041, subdivision 8](#):

“(11) by February 15 in the second year of the biennium, 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, and recommendations to strengthen equity, diversity, and inclusion within the department. The report must identify racial and ethnic groups' difficulty in accessing human services and make recommendations to address the issues. The report must include any updated Department of Human Services equity policy, implementation plans, equity initiatives, and the council's progress.”

¹ The acknowledgment given in the USDAC Honor Native Land Guide - edited to reflect Minnesota Tribes from Shannon Geshick, MTAG; Executive Director Minnesota Indian Affairs Council

2021 CECLC Activities and 2022 Priorities

2021 provided a big shift in CECLC membership and priorities. While still working and meeting remotely, the council expanded its work within workgroups, strengthened relationships within the Department of Human Services, and transitioned in nineteen appointments this fall.

The CECLC identified the following four major priority areas related to DHS programming and services to focus their efforts for 2021. The council aimed to address disparate outcomes in:

1. Child welfare and social services
2. Juvenile justice and corrections
3. Immigration and refugee services
4. Housing services and homelessness

With the newly appointed members, the CECLC is working to reassess the issue areas of interest.

To further focus their efforts, the CECLC worked across three workgroups:

1. Legislative and Policy Committee
2. Internal Policies and Operations Workgroup
3. Topics/Issues Workgroup

Racial and Ethnic Disparities in Minnesota

In 2021, Minnesota continues to rank worst in the country for racial disparities in a multitude of different measures. Our long history of systemic racism is deeply rooted within our social institutions and has resulted in the perpetuation of significant racial disparities across all fields including health and healthcare, housing, poverty, employment, and education. The disproportionate impact of the COVID-19 pandemic on racial and ethnic minority populations has continued throughout 2021 and the 2020 Deep Poverty Report revealed significant racial disparities in rates of deep poverty and health outcomes related to deep poverty. Without action, the cyclical effects of systemic racism and intergenerational trauma will continue, as will the adverse effects on the health and well-being of BIPOC (Black, Indigenous and People of Color) Minnesotans. It is imperative that state leaders intentionally invest in efforts to address racial disparities and build partnerships with BIPOC communities in order to transform Minnesota's legacy of racial inequities.

2021 Equity Review

The Equity Review is a compilation of projects and efforts occurring at DHS that are aimed at reducing disparities. This year's Equity Review includes information on feedback collected from DHS employees on what is needed to better advance equity at the department and for the communities we serve, and a list of equity projects organized by administration.

- Agency staff shared feedback on supports or resources needed to advance equity at DHS. The major themes included the need for additional investment in equity staff and initiatives, as well as additional investment in specialized training and continued education.
- Administrations reported 246 equity projects for the 2021 calendar year. This includes many new initiatives as well as those that were sustained from prior years.

CECLC Introduction Background, Activities and Strategic Priorities

Introduction

The Minnesota Legislature created the CECLC in 2013 to advise the commissioner on ways to reduce disparities that affect racial and ethnic groups. The CECLC's mission is to work in partnership with DHS to advance equity in health and human services. Their vision is to develop 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. CECLC members work toward this mission by advising DHS on programs and policies across the agency.

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

Core Agreements

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 compassion and withhold judgement.
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 or work with others.
5. Empower people: practice speaking up courageously; reach out to our other communities for input.
6. Name: recognize and name structural racism and how it shows up in our systems and work.
7. Embrace tension: practice addressing issues where there isn't clear agreement, spend time ensuring everyone feels safe to discuss their point of view.
8. Show respect: for members of the council and those from DHS. Move away from blame to focus on fixing the problem that arose.
9. Accountability: Hold agencies accountable for disparities. Sometimes accountability can feel like blame.
10. Truth: Allow people's truth to be their truth.
11. In a respectful way, agree to disagree.

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. The CECLC adopted the following duties in order to fulfill their legislatively mandated purpose of advising DHS on reducing racial and ethnic disparities.

Duties

A primary duty of the Council is to work with the Minnesota Department of Human Services to co-create solutions that advance equity in health and human services. The relationship between the two entities should be mutually beneficial.

The Council shall:

1. Recommend to the commissioner for review Department of Human Services policy, budgetary, and operational decisions and practices that impact racial, ethnic, cultural, linguistic, and tribal disparities;
2. With community input, advance legislative proposals to improve racial and health equity outcomes;

3. Identify issues regarding inequities and disparities by engaging diverse populations in human services programs;
4. Engage in mutual learning essential for achieving human services parity and optimal wellness for service recipients;
5. Raise awareness about human services disparities to the legislature and media; 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. Recommend and monitor training and outreach to facilitate access to culturally and linguistically appropriate, accessible, and cost-effective human services to prevent disparities;
8. 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;
9. Promote information sharing in the human services community and statewide; and
10. By February 15 in the second year of the biennium, 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; and
11. Provide recommendations to strengthen equity, diversity, and inclusion within the department. The report must identify racial and ethnic groups' difficulty in accessing human services and make recommendations to address the issues. The report must include any updated Department of Human Services equity policy, implementation plans, equity initiatives, and the Council's progress.

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. DRAC 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 outcomes and access 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 specific groups. 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 (CECLC). Passage of this proposal by the Minnesota Legislature led to the creation of the CECLC in 2013.

Membership

Council Composition

In alignment with [Minnesota Statutes 2021, section 256.041](#), 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, American Indian communities, advocacy groups, human services program participants, members of the faith community, DHS employees, as well as the chairs and ranking minority members of 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. Community Relations provides the primary staff support for the CECLC.

2021 CECLC Work and Activities

2021 provided a big shift in CECLC membership and priorities. While still working and meeting remotely, the council expanded its work within workgroups, strengthened relationships within the Department of Human Services, and transitioned in nineteen appointments this fall.

The council engaged in many activities throughout the year to strengthen its capacity and further its mission in 2021. Some highlights include:

- Statute updates that extends the Council, provides compensation for community council members, and updates duties of both the commissioner and council members.
- Forming relationships with the DHS Office of Equity and Inclusion as well as the DHS Equity Directors
- Meeting with legislators to prepare for 2022 legislative session

The CECLC identified the following four major priority areas related to DHS programming and services to focus their efforts. The council aims to address disparate outcomes in:

1. Child welfare and social services
2. Juvenile justice and corrections
3. Immigration and refugee services
4. Housing services and homelessness

With the newly appointed members, the CECLC is working to reassess the issue areas of interest.

To further focus their efforts, the CECLC worked across three workgroups:

1. Legislative and Policy Committee
2. Internal Policies and Operations Workgroup
3. Topics/Issues Workgroup

Presentation and Discussion Topics

The council held monthly meetings in 2021 where DHS staff, leadership, or representatives from outside organizations informed the council on the following topics in order to receive the council's advice and feedback.

- DHS Discrimination Policy, Affirmative Action Plan, and Diversity Retention Plan
- Managed Care Procurement and Contracting from the Health Care Administration
- Building on Racial Equity in the Walls of Medicaid: Improving the Health and Opportunity of Black Minnesotans
 - Discussion on improving the health and opportunity of Black & Indigenous Minnesotans on Minnesota Health care Programs
- Integrated Services/Self Service Portal and Social Needs Tool Project Engagement
- Persona Research and Development
- Home and Community-Based Services Enhanced federal FMAP Spending plan Stakeholder Engagement

Workgroup Activities

Workgroups focused on the following areas of collaboration and partnership with DHS:

DHS Office of Equity and Inclusion

- CECLC members reviewed and provided feedback on position descriptions for the Office of Equity and Inclusion.
- CECLC members worked with the Office of Equity and Inclusion to discuss anti-racism training for DHS staff.

Equity Team

- CECLC members are active in working with DHS Equity Directors to zero in on diversity, equity, and inclusion work within administrations.
- DHS Equity Policy: The CECLC (and primarily the DHS Internal Operations and Policies Workgroup) continues to work with DHS to update and implement the agencywide policy on Equity.

Human Resources

- CECLC members continued to meet with the Director of Human Resources to discuss work regarding the DHS retention plan, and data associated with the recruitment and retention of BIPOC staff. This partnership focuses on issues including: human resource guidelines, policy changes to retention, diversity promotion, and respectful workplace tools.
- The Council looks forward to renewing this work with an incoming Director of Human Resources, as well as the Assistant Commissioner of Employee Culture.

African American Child Wellbeing Unit

- The CECLC received regular updates on the work of this unit including work done on legislative policy proposals.

DHS Legislative Affairs Team

- Members of the DHS legislative team continue to partner with the CECLC by providing updates to workgroups and the full council, providing legislative training and updates, and aiding in moving the CECLC legislation through the DHS policy proposal process.
- The legislative team at DHS is continuing to work with council members to increase community engagement around legislative session proposals, process, and attention to equity impacts.

Council Actions

The council engaged in many activities to strengthen its capacity and further its mission in 2021. The following are some highlights of this work.

Throughout the year, the council spent time meeting in workgroups and with legislators to draft language and policy changes to the CECLC statute. In June, the legislature passed the CECLC legislation, extending its sunset to June 2025, authorizing funding, and approving language changes.

The council also worked with DHS program areas to better understand its diversity, equity, and inclusion work. Of particular interest were the affirmative action plan, recruitment and retention plan with a focus on BIPOC staff, updates to the agencywide policy on equity, and more.

As the newly appointed council members are fully oriented, 2022 will see increased action plans and steps toward making meaningful change for cultural and ethnic communities in human services.

CECLC Strategic Priorities for 2022

Members of the CECLC continue to fine-tune the council's priorities, build its strategies, and strengthen its voice. In addition to building deeper connections with one another as council members, they are also developing relationships with key staff and leadership at DHS as well as at the legislature to advance ongoing and future efforts.

Racial and Ethnic Disparities in Minnesota

As described in last year's [report](#), Minnesota continues to rank worst in country for racial disparities. Despite the constant reports on these disparities, Minnesota ranks as one of the lowest states for indicators of racial progress – ranking 43rd in racial progress on overall indicators of employment and wealth, education, social and civic engagement, and health.² A long history of systemic racism is deeply rooted within our social institutions and has resulted in the perpetuation of significant racial disparities across all fields including health and health care, housing, poverty, employment, and education.

Health and Health Care

- A greater percent of American Indian (15.5%), Black (9.9%), and Hispanic (17.2%) Minnesotans under 65 lack health insurance compared to White, non-Hispanic (4.3%) Minnesotans.³
- Black patients who were born in the United States have significantly lower rates of optimal care on most measures compared to Black patients born outside the U.S.⁴

Housing and Homelessness

- BIPOC Minnesotans are disproportionately represented in the state's homeless population.⁵
 - 24% of Homeless shelter population are American Indian/Alaska Native compared to 1% of State population
 - 38% of Homeless shelter population are Black compared to 7% of State population
- Higher percentage of BIPOC households experience housing cost burden than White households in Minnesota.⁶

² Wallet Hub. (2022). [States with the most racial progress](#). Retrieved January 12, 2022.

³³ Minnesota Compass. (n.d.). [Residents under 65 without health insurance by racial and ethnic group, Minnesota, 2019](#). Retrieved January 6, 2022.

⁴ MN Community Measurement. (2021). [Minnesota health care disparities by race, Hispanic ethnicity, language and country of origin](#).

⁵ Minnesota COVID-19 Response. (n.d.). [COVID-19 Data by Race/Ethnicity](#). Retrieved January 6, 2022.

⁶ Minnesota Compass. (n.d.). [Share of households paying 30% or more of their income for housing by race of householder, Minnesota, 2006-2019](#). Retrieved January 6, 2022.

- 49% Black households in Minnesota
- 37% American Indian households in Minnesota
- 38% Hispanic households in Minnesota
- 26% Asian households in Minnesota
- 22% White (non-Hispanic) households in Minnesota
- Minnesota ranks 50th in the nation for homeownership rate gap between White people and People of color.⁷

Poverty

- About 1 in 3 people that identify as American Indian or Alaska Native (31.3%) or as Black or African American (28.6%) live in poverty.⁸
- BIPOC Minnesotans are disproportionately impacted by the experience of living in deep poverty.⁹
 - 16% of American Indians and 13% of Black Minnesotans live in deep poverty compared to only 3.3% of White Minnesotans
- Minnesota is ranked 48th in the nation for the poverty rate gap between White people and People of color.¹⁰

Without action, the cyclical effects of systemic racism and intergenerational trauma will continue, as will the adverse effects on the health and well-being of BIPOC Minnesotans. Leaders and those working in the field of health and human services need to take action to prioritize and invest in efforts to address systemic racism. These efforts must include building trusting partnerships with BIPOC communities and engaging with communities to better inform public policies and programs, in order to transform Minnesota’s legacy of racial inequities.

In addition, it is important to note that in researching for the “Racial and Ethnic Disparities in Minnesota” section for this year’s report, there was limited updated research on racial and ethnic disparities in health and human services programs in Minnesota. Moving forward, better data reporting practices should be implemented to identify areas of intervention and track progress in reducing racial and ethnic disparities in Minnesota.

⁷ Wallet Hub. (2022). [States with the most racial progress](#). Retrieved January 12, 2022.

⁸ Minnesota Department of Health (n.d.) [People in poverty in Minnesota](#). Retrieved January 6, 2022.

⁹ Minnesota Department of Human Services. (2020). [We definitely struggle ... The worry is always there. Improving the health of people living in deep poverty](#).

¹⁰ Wallet Hub. (2022). [States with the most racial progress](#). Retrieved January 12, 2022.

December 2020 DHS Deep Poverty Report

In December 2020, the Department of Human Services released a [report](#) on deep poverty and improving the health of people living in deep poverty. The report highlighted how living in deep poverty is correlated with poor health outcomes and found that there are significant racial disparities in rates of deep poverty. 16 percent of American Indians and 13 percent of Black Minnesotans live in deep poverty compared to only 3.3 percent of White Minnesotans.¹¹

American Indians and US-born African Americans have the highest rates of deep poverty of any adults enrolled in Minnesota's Medical Assistance or Minnesota Care programs and have the worst health disparities of any other racial group in Minnesota. American Indians have higher mortality rates, higher rates of chronic medical conditions, and higher rates of mental health conditions such as Post-Traumatic Stress Disorder.¹² US-born African Americans have the highest prevalence of asthma, hypertension, and heart failure/hospitalized heart problems of any other racial group in Minnesota.¹³

In addition, the report calls attention to the systemic influences on health disparities correlated with deep poverty.

“The American Indian community suffers from chronic intergenerational stress because of historical traumas created by US policies that have baked in racism throughout our existing institutions. On top of the stress of experiencing structural racism and deep poverty, the resources available to American Indians are inadequate in terms of being culturally appropriate, trauma-informed, and geographically accessible. The effects of these multiple stressors and barriers on people throughout their lives as well as the lives of their parents and grandparents may help us to understand the extremely high prevalence of chronic conditions among American Indians.”¹⁴

Chronic stress resulting from experiencing living in poverty (especially deep poverty) and experiencing racial discrimination has significant impacts on BIPOC individual's physical health. Racism and discrimination occurring in the health care system also produces stress and can exacerbate health problems. To address the significant racial disparities in rates of deep poverty and adverse health

¹¹ Minnesota Department of Human Services. (2020). [We definitely struggle ... The worry is always there. Improving the health of people living in deep poverty.](#) p. 15.

¹² Minnesota Department of Human Services. (2020). [We definitely struggle ... The worry is always there. Improving the health of people living in deep poverty.](#) p.44

¹³ Minnesota Department of Human Services. (2020). [We definitely struggle ... The worry is always there. Improving the health of people living in deep poverty.](#) p. 44.

¹⁴ Minnesota Department of Human Services. (2020). [We definitely struggle ... The worry is always there. Improving the health of people living in deep poverty. Research report.](#) p.48.

outcomes associated with deep poverty, it is crucial that we work to improve access in DHS programs and partner with BIPOC communities to address structural racism within DHS policies and Programs.

2021 COVID-19 Continued Impacts

In 2021, the COVID-19 pandemic continues to have devastating disproportionate impacts on racial and ethnic minority populations in Minnesota. As Minnesota saw last year, the disproportionate impacts of the COVID-19 pandemic highlighted the pervasive systemic racism impacting communities. We continue to witness the ongoing effects of systemic racism in which racial and ethnic disparities in our health and social services result in compounding adverse impacts of the COVID-19 pandemic on communities of color. Communities of color and Indigenous communities are at higher risk of multiple health issues such as diabetes, heart disease, severe asthma, and obesity which makes them more susceptible to get infected and more susceptible to die from COVID-19.¹⁵ In addition, communities of color and Indigenous communities have increased exposure to the virus because of work in low-paying essential jobs. Unequal impacts of COVID-19 in Minnesota can further be seen for women of color as Asian women, Native American women, and Black women are disproportionately employed in high-risk essential jobs.¹⁶

Below is a review of some recent findings which highlight the disproportionate impact the COVID-19 pandemic has had on communities of color.

COVID-19 Data by Race/Ethnicity Dashboard

The [COVID-19 Data by Race/Ethnicity Dashboard](#) combines data from various government sources and shows that many communities of color in Minnesota are disproportionately impacted by the COVID-19 pandemic. The information on this dashboard is frequently updated to reflect new data. The following data from the dashboard was retrieved on January 6, 2022.

COVID-19 Case Overview

- Age-adjusted case incidence rates per 100,000 residents show that Native Hawaiian/Other Pacific Islander (OPI), Latinx, and Black Minnesotans are testing positive for COVID-19 at higher rates than white Minnesotans.
- Age-adjusted rates of hospital incidence and ICU admittance per 100,000 residents show that all racial and ethnic groups are more likely to be hospitalized and admitted to the ICU than

¹⁵ Minnesota COVID-19 Response. (n.d.) [COVID-19 Data by Race/Ethnicity](#). Retrieved January 6, 2022.

¹⁶ Ewig, C., Bombyk, M., & Dorman, A. (2020) [COVID-19's Unequal Impact on Minnesota Workers: A Race and Gender Lens](#).

white Minnesotans. Black, American Indian/Alaskan Native, Latinx, and those who identified as multi-racial have the highest hospitalization rates per 100,000 residents.

- Age-adjusted rates of death incidence per 100,000 residents show that rates of COVID-19 deaths are higher for all racial and ethnic groups compared to white Minnesotans. American Indian/Alaskan Native, Black, and Latinx individuals have the highest rates of COVID-19 deaths.
- Indigenous Minnesotans have the highest proportion of positive cases that have been hospitalized or in the ICU and the highest case fatality rate than any other race/ethnic group.

Unemployment Insurance

- 1 of 3 people of color in Minnesota’s labor force have applied for unemployment insurance during the COVID-19 pandemic.
- People of color applied for and continue to need unemployment insurance at higher rates than white Minnesotans. Over 60% of Black workers and over 50% of Indigenous workers filed for unemployment insurance since the beginning of the pandemic in Minnesota.

Worker Characteristics

- People of color and Indigenous communities are more likely to be working in industries identified as “essential services or businesses” which puts them at greater risk for COVID-19 exposure. These settings can include grocery stores, food processing, nursing homes, warehouses, etc. They are also less likely to be able to work from home.
- Black Minnesotans have the highest proportion of essential workers with exposure risk compared to the total population. This higher exposure is due nearly exclusively to the engagement in the healthcare industry.
- Latinx and multiracial Minnesotans are more vulnerable to layoffs.¹⁷

While the full extent of the ongoing pandemic remains uncertain, we can see that COVID-19 continues to have significant current impacts and profound future implications on the health and well-being of communities of color and Indigenous communities in Minnesota, as well as the health and human services field overall. The outcomes and experiences highlighted above are a result of decades of systemic and persistent injustices. Though these problems are deeply rooted, they are also solvable. Now, more than ever, it is necessary that leaders intentionally invest in efforts to address systemic

¹⁷ Information obtained from the [COVID-19 Data by Race/Ethnicity Dashboard](#) was compiled from the Minnesota Department of Health, Minnesota Department of Employment and Economic Development, and the Minnesota Demographic Center. More information about the data can be found in the dashboard’s notes.

racism and partnerships with BIPOC communities in order to transform Minnesota’s legacy of racial inequities.

DHS Policy on Equity Update

In February 2015, the CECLC presented recommendations to the DHS executive team based on an agencywide equity analysis to reduce health and human services disparities and achieve equity. Elements from these recommendations created the DHS Policy on Equity, which provides a foundation to build specific equity-focused initiatives and procedures. The DHS Policy on Equity was approved by former Commissioner Emily Piper on January 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.

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 as well as include authentic community engagement in the planning, implementation, and evaluation of DHS policies and services. Commissioner Piper approved the implementation plan for the Equity Policy in October 2017.

Many structural elements of the Equity Policy, such as the hiring of equity coordinators, equity directors, and establishing equity teams/committees within each DHS administration, are now in practice across the agency. The Equity Policy, established in 2017, became slated for review in 2020. Because of the pandemic, work was delayed on policy reviews and updates for all DHS policies. In 2021 work resumed on the update and mass revision of the Equity Policy. All DHS employees are expected to incorporate equity considerations in actions (policies, practices, procedures, rules, budgets and decision-making) and in their daily work. The revised Equity Policy now contains directive in adhering to the policy for staff. The Equity Policy has major stipulations that now require all DHS employees to approach their work with equity awareness and equity lens. The policy also sets the tone for staff expectations and a charge to DHS to now operationalize equity throughout the agency.

An equity analysis toolkit was created to compliment the revised Equity Policy. The toolkit gives employees a guide and various frameworks in embedding equity awareness and an equity lens into their daily engagement with co-workers, DHS clients and the external community. The revised Equity Policy mandates the following department, divisions and business areas to use the equity analysis toolkit in their work. Equity Analysis Toolkit shall be used in:

- Policy development and revision
- Legislative proposals
- Agencywide and administration budgets
- Strategic planning
- Administrations' leadership decision-making
- Divisional leadership decision-making
- Special projects
- Administrative or division policies and procedures
- IT funding and modernization
- Recruitment, hiring, and onboarding
- Community and stakeholder engagement efforts
- RFPs and contracting
- Business impact analyses and recovery efforts
- Regulatory procedures
- Service-delivery
- Workforce development opportunities (mentorship, sponsorship, reclassification or internal career ladders, work out of class)
- . . . and other opportunities to embed equity as they develop

The CECLC recognizes that reviews and updates to the Equity Policy are necessary. In 2020-2021, the CECLC worked with DHS staff and equity leads to propose updates to the Equity Policy. At the time, the CECLC also requested from DHS the establishment of an agencywide Anti-racism Policy. To date, the DHS Equity Policy is in final review, while the DHS Anti-racism Policy has yet to materialize. These updates will strengthen the focus on measurable outcomes and agency accountability toward equity. This work continues, and the CECLC hopes to have these changes approved and implemented in 2022.

2021 Annual Equity Review

In recognition of the disparities that exist in access, utilization, and outcomes for communities of color, American Indians, veterans, LGBTQ individuals, and persons with disabilities in our human service system and Minnesota at large, the Minnesota Department of Human Services (DHS) has undertaken a wide range of equity projects in an effort to address these inequities. In collaboration across the department and in partnership with stakeholders and communities, DHS is working, in part, to reduce the disparities that exist within our programs and services and advance equity for communities across Minnesota.

This review seeks to fulfill the legislative mandate for the CECLC legislative report to “*the report must include any updated Department of Human Services equity policy, implementation plans, equity initiatives, and the council's progress*” ([Minnesota Statutes 2021, section 256.041, subdivision 8](#)). While statistically valid outcomes cannot be measured due to data limitations, this review intends to provide an update on progress and equity efforts at the department.

Administrations and business areas were asked to identify equity projects that were in effect in 2021. An equity “project” encompasses any project, initiative, program, group, or grant that is intended to reduce disparities for one or more communities experiencing inequities and explicitly addresses equity in its program goals. Communities experiencing inequities are defined in the DHS Equity Policy as communities of color, American Indians, veterans, LGBTQ+ individuals, and persons with disabilities.

This year’s Equity Review is organized into the following sections:

- Part 1 discusses feedback from staff regarding supports or resources needed to better embed and advance equity at DHS.
- Part 2 lists the 246 equity projects that occurred in 2021 organized by administration, as well as summarizes how projects are working to advance equity.

While equity projects are organized by administration or business area, they often happen with significant collaboration across the agency and in partnership with counties, Tribes, stakeholders, and community members.

Part 1. Supports or Resources Needed to Advance Equity at DHS

While DHS is committed to advancing diversity, equity, and inclusion within the agency and throughout its programming and services, many challenges exist along this journey. Identifying what is needed to further this work will inform and strengthen targeted efforts and investment. Agency staff who submitted projects for this review responded to a question regarding what supports or resources are needed to better embed and advance equity efforts at the department. This section outlines this feedback.

Additional investment in equity staff and initiatives

During 2021, several administrations and offices were able to expand their equity work with new staff positions dedicated to equity initiatives. The new Office of Equity and Inclusion was formed this year and has been working on creating and filling new positions for the team. While the Office of Equity and Inclusion continues to grow, as the largest state agency in size and scope of work, capacity limitations remain. One respondent noted several equity projects remain unfunded and additional financial

investment is needed to expand organizational capacity and operationalize equity throughout the agency. Staff, time, and financial constraints are limiting factors to furthering equity efforts.

“Lots of staff are interested and excited about doing the work and engaging but lack the time and bandwidth to fully integrate into daily work.” – DHS employee

“More human resources are needed in order to operationalize equity throughout DHS. Each administration should have an Equity Director, Management Analyst, and Training Specialist assigned to implement equity within the administration and for the broader work across DHS.” – DHS employee

Additional investment in continued education and specialized training

Most respondents mentioned the need for additional equity-focused training to better equip employees to deal with addressing disparities. Respondents highlight that continued education and specialized training is needed to operationalize equity goals and initiatives.

“I think more training and tools to help guide equity analysis would go a long way. Right now, we have a lot of different ways of doing it and a lot of discrepancy in capacity to do this work well. I’d love to see something akin to the data practices trainings or the MMB trainings we all complete each year with a singular focus on building capacity to do our work with an equity lens.” – DHS employee

“We also need to continue education and training for our staff about how equity applies to their work and help them identify tangible ways they can embed an equity lens into everything they do.” – DHS employee

“Additional training budget for our employees so that they will be better equipped to deal with entrenched disparities. – DHS employee

These are the major themes that arose regarding what is needed in order to advance and embed equity at DHS. Other suggestions included improved access to translation services for marketing materials and expanded efforts for public input for legislative proposals.

Part 2. Equity Projects

The 2021 Equity Review identified a total of 246 projects, initiatives, programs, groups, and grants to reduce inequities. The equity projects in this review are at various stages of development. Some projects are ongoing, others may have ended in 2021, and some are still in initial planning stages. These projects address inequities through a number of approaches. In addition to the agencywide initiatives noted above, there were many other new equity efforts in 2021. Some of these new projects included agency-wide implementation of the Intercultural Development Inventory, development of

equity tools, efforts to improve staff development and engagement around equity and inclusion, among many others.

Projects in 2021 also continued to advance equity in the ways noted in in last year's review. These included:

- Simplifying complex practices and increasing flexibility to allow for more culturally responsive providers
- Improving workforce outreach to traditionally underrepresented groups
- Collaborating across our human service system to promote equity
- Developing tools to streamline equity analysis
- Using data to uncover disparities and motivate change
- Engaging clients and eliciting feedback to improve service delivery
- Redesigning processes and service models to increase program access and compliance
- Creating more inclusive environments, programs, and employee engagement
- Addressing service gaps
- Strengthening government-to-government relationships between Tribes and DHS
- Educating communities on the impact of changing policies.

Operations

- I. Agencywide Development and Learning
 1. DHS Employee Engagement Efforts
 2. DHS Employee Learning Plan – Diversity Equity & Inclusion Hours
 3. DHS Mentorship Program
 4. Equity Week
 5. Slice of Autumn
 6. L4 Leadership Development Program
 7. "Transgender 101" training for DHS Managers
 8. Panel discussion on 'Jim Crow of the North' documentary
 9. "Using Video Equitably in the Workplace" presentation for Equity Matters Seminars
 10. Derick Chauvin Verdict Forums for DHS staff
 11. "Minnesota Covid-19 Vaccine Distribution" video presentation by Dr. Nathan Chomilo
- II. Business Solutions Office
 1. Data Standards Community Engagement Project

2. Modernization Strategic Plan
 3. The Integrated Services Business Model – Readiness and Implementation
- III. Communications
1. Multicultural Advertising and Outreach
 2. Culturally Appropriate Messaging/Advertising for preventing adult abuse and neglect
 3. Culturally Appropriate Messaging/Advertising/Outreach for HCA programs
 4. Translation of web content for entry-points to core services
 5. Supporting Accessibility Standards
 6. Website content accessibility audit and auditor training
 7. Improving information management and relationships with tribal partners across CFS
 8. Changing the name of CountyLink
 9. Promotion of "Let's talk" sessions in CFS re: discussions on current issues
 10. Equity emails to staff as events occur
 11. Legislative communication support: using an equity lens in core policy analysis
 12. Extensive training for staff: agencywide communication support
 13. Multicultural media pitches: Medicaid, translated to Spanish
 14. Translated social media posts
 15. Image selection in social media
 16. Texting in native language (P-EBT)
 17. Targeted communications: ex. Afghan evacuees
 18. 3Hmong TV: MA property liens for long-term care, addressing concerns
 19. Pronoun work and establishing
 20. Return to work, hybrid workplace advocacy and communication support
 21. Publications inclusive with stock photos (finding the best find tools)
 22. Publications maintenance regarding accessibility standards
 23. Group Policy Process - Selection and preparation of images of equity and diversity
 24. Monitoring publications up-to-date versions of legal sections - LB, ADA, CB
 25. StART communication committee
 26. Employee culture communications
 27. Office of Equity and Inclusion communications
 28. DHHS outreach to community
 29. Children's mental health summit social marketing with equity focus
 30. News releases: Proactive in identifying, calling out inequity
- IV. Equal Opportunity and Access Division
1. 2018-2020 Affirmative Action Plan
 2. Agency-Wide Accessibility Program
 3. 2020-2022 Affirmative Action Plan
- V. External Relations

1. DHS Response to Federal "Public Charge Rule"
2. Executive Order 19-24 Implementation – Government-to-Government Tribal Relationships
3. Tribal-DHS Legislative Summit
4. Tribal Vulnerable Adult Summit
5. Tribal Modernization Core Team
6. Staffing CECLC
7. SSA Processing Days
8. Community Empowerment Session: The Legislative Budget and How it Impacts Your Community
9. Community Engagement Open Forums
10. Modernization Strategic Plan: Key Initiative Engage Outputs
11. Community Engagement Plan & Guide
12. Community Engagement Practitioners Group

VI. Human Resources

1. Adopt a Multi-rater Feedback Tool
2. Anti-racism interview question to all DHS interviews
3. Created an Effective Onboarding Guidebook
4. Diversity Retention Plan
5. HBCU Connect Partnership
6. Increased Visibility in the American Indian/Alaska Native Community
7. Initiatives to Increase Workforce Diversity
8. Intern Video
9. Recruitment Brochures
10. Revise job posting guidance
11. Revised Compensation Policy
12. DCT Diversity Recruitment Plan
13. DHS Career Day
14. Diversity Recruitment Team Marketing Campaign

VII. Office of Agency Effectiveness

1. Agency-Wide Anti-racist budget proposals: MFIP COLA, 12-month MA coverage for new mothers, grants for underserved communities
2. Equity Director for Operations hired
3. Budget and Finance Equity Team
4. Financial Leadership taking the IDI
5. OCI Strategic Plan
6. BSO Equity Work Group
7. Cultural Intelligence Course

8. Race the Power of an Illusion Workshop
 9. DHS Senior Strategy Team Book Club
 10. Operation Swiss Watch
 11. Circle Conversations
 12. MSD Business Equity Team
 13. Telework Planning Tool
 14. Expand the Reach and Impact of Continuous Improvement (CI) within DHS to better serve MN communities
 15. Create a more equitable and racially diverse Continuous Improvement (CI) community at DHS
 16. Business Equity Team (BET)
- VIII. Office of Equity and Inclusion
1. Develop Antiracism Training
 2. Education Programs
 3. Employee Resource Groups (ERGs)
 4. Gender Identity and Pronouns Workshop
 5. Intercultural Development Inventory (IDI)
 6. Strategic Antiracism Team (StART)
 7. Introduction of shared framework to Anti-Racism Organization Development
 8. Pronoun guidelines
 9. Update Equity Policy
 10. Monthly Career Connect Sessions
 11. Onboarding Book Club
 12. Employee Vision Statement
 13. Mentorship Program
 14. DEI Recruitment Strategic Plan
- IX. Office of Inspector General
1. OIG Equity Committee
 2. Orientation to the Intercultural Development Inventory Framework
 3. Conversation series for OIG Staff during critical events impacting Racial Justice and Equity issues
 4. Implementation of the Intercultural Development Inventory with OIG Staff
 5. Tools to define and develop cultural sensitivity and competence
 6. Tool to develop an Equity Mindset and Lens
 7. Refreshing and educating new staff on DHS Equity Policy
 8. Education and awareness on History and Heritage Months
 9. Introduction to the Racial Equity toolkit from GARE to the Equity committee
- X. Office of Strategy and Performance

1. Equity Partnership
2. Racial Equity Measures

Children and Family Services Administration

1. Accessibility to Professional Development Services and Workforce Supports for the Child
2. African American Child Family Covid-19 Workgroup
3. All Children-All Families Human Rights Campaign
4. American Indian Tribal Child Welfare Initiative
5. Arrears Management Promotion/Campaign
6. BIPOC Staff Meetings
7. CCAP Community Partners workgroup
8. CCDF funding for families experiencing homelessness
9. CFS Equity Committee
10. CFS Division Equity Teams
11. CFS Equity Lab Series
12. CFS Equity Scan
13. CFS Virtual Worlds Fair
14. Child Support Alternative Payment Options
15. Decentering Whiteness
16. Driver's License Innovation Work Group
17. Equity Analysis Toolkit
18. Human Service Programs Transfer to Tribal Nations – Child Care Assistance Program
19. Human Services Transfer Project (SNAP)
20. Indian Child Welfare Act (ICWA) Minnesota Indian Family Preservation Act (MIFPA) Non-com
21. Intercultural Development Inventory Implementation
22. Legislative Equity Analysis Tool 2.0
23. Parent Aware Accessibility for Children and Providers
24. Preschool Development Grant
25. Targeted Request for Proposals for Qualified Applicants to Provide a Response to Unsheltered Homelessness of American Indians in Twin Cities Metropolitan Area
26. Training: MFSRC/NCSEA training, monthly standing Equity Talks
27. Virtual Equity Forum: COVID-19's Impact on Black African American Community
28. Whole Family Systems Grants
29. Zip Codes with Payment center/Calls to Participants for Cash Payers

Community Supports Administration

1. American Sign Language video translation project

2. Community Living Infrastructure Grants
3. CSA Equity Committee
4. Culturally Affirmative, Linguistically Accessible Grant-Funded Services for People who are Deaf, Deaf-Blind, or Hard of Hearing
5. Deaf and Hard of Hearing Mental Health Services
6. DHHS translations
7. Disability Hub MN (TM)
8. DSD Equity Survey
9. DSD Innovation Grants
10. Equity and Diversity Staff Development
11. Housing Stabilization Services
12. Include Equity Toolkit in grant reviews
13. Individuals with a substance use disorder and either at risk or experiencing homelessness
14. Interpreter Services for Greater Minnesota
15. Outreach to diverse communities of people who are deaf, deafblind and hard of hearing
16. Social Security Advocacy Expansion
17. Training video project
18. Virtual Insight Panel
19. Website/app for real-time housing openings
20. Equity Conversations

Continuing Care for Older Adults Administration

1. Cultural Consultants Initiative 2018
2. Minnesota Leadership on Aging & Diverse Elders Coalition Partnership
3. Gaps Analysis
4. Home and Community-Based Services (HCBS) Access Project
5. Live Well at Home Grants
6. MBA Dementia Grants
7. MBA Training Center- Cultural Responsiveness in Dementia Care 2017-2018
8. Older Americans Act Evidence Based Health Promotion
9. Older Americans Act Senior Nutrition
10. Older Americans Act Special Access projects
11. Person Centered Adult Protection Data System
12. Racial/Ethnic Disparities in HCBS Assessments
13. Veterans - Directed Home and Community Based Services Program
14. Vulnerable Adult Act Redesign-Adult Protective Services

Direct Care and Treatment Administration

1. AMRTC Focus Groups with Deputy Inclusion Officer from Office of Governor Tim Walz and Lieutenant Governor Peggy Flanagan
2. Anonymous reporting email or online form
3. CBS Cultural Responsiveness and Diversity Committee
4. CBS Cultural Responsiveness and Diversity Training
5. CRDC Case Consultation
6. CRDC Resource List
7. Culturally and Linguistically Appropriate Services Initiative
8. DCT Equity Analysis in Policy Pilot
9. DCT Equity Assessment
10. DCT Equity Committee
11. DCT Equity Committee Network
12. DCT Inclusion Survey
13. Discussions with Red Cross regarding discriminatory practices to the LGBTQ+ community
14. Dismantling Racism Didactic (Forensics Services)
15. Equity Analysis of Policy Tool
16. Equity in COVID Response
17. Equity Matters Seminar Series
18. Forensic Services Diversity & Inclusion Committee
19. Forensics Services Talking Circle
20. Implement Cultural Assessment in service and treatment planning and evaluation
21. Improving the process to gather meaningful client satisfaction information
22. Legal Support for Committed Individuals Served in DCT Programs
23. Mental Health & Substance Abuse Treatment Services Equity Committee
24. MHSATS Equity Committee Action Teams
25. MHSATS Equity Committee embedded in MHSATS governance structure
26. Minnesota Sex Offender Program Diversity Committee
27. Racial Health Disparities Data Collection
28. Recruiting and Support a Culturally and Linguistically Diverse Workforce
29. Section 1557 of the Affordable Care Act and Civil Rights Coordinators
30. Statewide Medical Executive Committee - Healthcare Disparities Workgroup
31. Unlearning Racism Community
32. Intercultural Development Inventory Implementation

Health Care Administration

1. 2021 MCO Performance Improvement Projects

2. 2021 Risk Corridor Initiative - Quality Measures
3. Behavioral Health Home Services
4. Blue Ribbon Commission on Health and Human Services - Equity Assessment
5. Building Systems for Culturally Responsive Integrated Care (BSCRIC)
6. Community Engagement in Case Management Redesign
7. DHS Equity Policy Implementation Plan
8. Equity Analysis Assessment Tool & Framework
9. Equity Matters: Health Care Literacy
10. Equity Tool for Administrative Policies and Procedures
11. HCA at Home and Connected
12. HCA Equity and Inclusion Action Plan
13. HCA Equity and Inclusion Survey
14. HCA Equity Committee
15. HCA Equity Toolkit
16. HCA Equity Toolkit for Legislative Process
17. Identifying and addressing health disparities in Medicaid recipients
18. Integrated Care for High Risk Pregnancies (ICHRP)
19. Integrated Health Partnerships (IHP 2.0)
20. Minnesota Medicaid Managed Care Procurement and Contracting - Community & Stakeholder Engagement
21. MNMCM Health Disparities Report
22. HCA Equity and Inclusion Action Plan
23. Blue Ribbon Commission on Health and Human Services - Equity Assessment
24. Focus Conversations
25. HCA Equity and Inclusion Action Plan
26. Equity Scorecard - A Cross-sectional Analysis
27. HCA Conversations that Matter to You – Phase 3: Health Equity
28. Intercultural Development Inventory Implementation
29. HCA Equity Committee Recommendations Memo
30. Equity Review - Return to Work Planning
31. HCA Equity Toolkit for Legislative Process
32. Home and Connected: Conversations that Matter to You (Phase 3: Health Equity)
33. Equity Analysis Tool for HCA Administrative/Divisional Policies and Procedures
34. 2021 MCO Performance Improvement Projects
35. 2021 Risk Corridor Initiative - Quality Measures
36. Minnesota Medicaid Managed Care Procurement and Contracting - Community & Stakeholder Engagement
37. Behavioral Health Affinity Group

- 38. Health Plan Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
- 39. 2022 Quality Withhold Measures

Equity Review Conclusion

The results of this review demonstrate that DHS continues its commitment to advancing equity in a variety of ways. Administrations and business areas continue to develop innovative strategies to address the health and social service disparities that racial and ethnic communities experience. However, there is considerable room for improvement.

Despite many efforts, DHS faces a number of internal and external challenges toward reducing disparities in the health and human services system and for communities. Limited resources, particularly the constraints on staff time and budget, create barriers to advancing equity and sustaining this work. Furthermore, in order to effectively operationalize equity, additional training is needed to equip DHS employees with the skills necessary to reducing racial disparities.

Eliminating disparities takes a multi-faced and consistent investment, and it is necessary that DHS continues to take this approach and receives support in these endeavors to achieve equitable outcomes for all communities in Minnesota.

Appendices

Appendix A: Legislation Authorizing Cultural and Ethnic Communities Leadership Council

[2021 Minnesota Statutes, section 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 implementing strategies to reduce inequities and disparities that particularly affect racial and ethnic groups in Minnesota.

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; parent representatives from these communities; and cultural and ethnic communities leadership council members.

(b) In making appointments under this section, the commissioner shall give priority consideration to public members of the legislative councils of color established under section [15.0145](#).

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

(1) racial and ethnic minority groups;

(2) the American Indian community, which must be represented by two members;

(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.

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 accept recommendations from the council to appoint a chair or chairs.

Subd. 5.

MS 2020 [Repealed by amendment, [1Sp2021 c 7 art 14 s 7](#)]

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 in a timely manner, no more than three months after the council reviews panel recommendations.

Subd. 7. Duties of commissioner.

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

- (1) maintain and actively engage with 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, equitable, and culturally responsive models of service delivery including careful adoption of proven services to increase the number of culturally relevant services available to currently underserved populations;
 - (5) based on recommendations of the council, review identified department policies that maintain racial, ethnic, cultural, linguistic, and tribal disparities; make adjustments to ensure those disparities are not perpetuated; and advise the department on progress and accountability measures for addressing inequities;
 - (6) in partnership with the council, renew and implement equity policy with action plans and resources necessary to implement the action plans;
 - (7) support interagency collaboration to advance equity;
 - (8) address the council at least twice annually on the state of equity within the department; and
 - (9) support member participation in the council, including participation in educational and community engagement events across Minnesota that address equity in human services.
- (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 Department of Human Services policy, budgetary, and operational decisions and practices that impact racial, ethnic, cultural, linguistic, and tribal disparities;
- (2) with community input, advance legislative proposals to improve racial and health equity outcomes;
- (3) identify issues regarding inequities and disparities by engaging diverse populations in human services programs;
- (4) engage in mutual learning essential for achieving human services parity and optimal wellness for service recipients;
- (5) raise awareness about human services disparities to the legislature and media;
- (6) 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;
- (7) provide technical assistance to promote statewide development of culturally and linguistically appropriate, accessible, and cost-effective human services and related policies;
- (8) recommend and monitor training and outreach to facilitate access to culturally and linguistically appropriate, accessible, and cost-effective human services to prevent disparities;
- (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 in the second year of the biennium, 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, and recommendations to strengthen equity, diversity, and inclusion within

the department. The report must identify racial and ethnic groups' difficulty in accessing human services and make recommendations to address the issues. The report must include any updated Department of Human Services equity policy, implementation plans, equity initiatives, and the council's progress.

Subd. 9. Duties of council members.

The members of the council shall:

- (1) attend scheduled meetings with no more than three absences per year, 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 inequity and disparity reduction efforts;
- (5) communicate updates of the council's work progress and status on the Department of Human Services website;
- (6) participate in any activities the council or chair deems appropriate and necessary to facilitate the goals and duties of the council; and
- (7) participate in work groups to carry out council duties.

Subd. 10. Expiration.

The council expires on June 30, 2025.

Subd. 11. Compensation.

Compensation for members of the council is governed by section [15.059, subdivision 3](#).

History:

[2015 c 78 art 4 s 50](#); [1Sp2020 c 2 art 1 s 14](#); [1Sp2021 c 7 art 14 s 7](#)

Appendix B: CECLC Bylaws

Cultural and Ethnic Communities Leadership Council (CECLC) Bylaws

Amended by: January 15, 2016; August 21, 2020

ARTICLE I

NAME

The name of this organization shall be the Cultural and Ethnic Communities Leadership Council (CECLC), herein after referred to as Council.

ARTICLE II

PURPOSE

Established by the Minnesota Legislature in 2013 (*Laws of Minnesota 2013, Chapter 107, Article 2*), the purpose of the Council is to *advise the commissioner of human services on reducing disparities that affect racial and ethnic groups in Minnesota.*

The Council's mission is to promote health and human services equity. Working together, the members ensure that their actions are inclusive and productive toward this mission.

The Council's Vision is to develop recommendations that lead to policies and practices that promote equity; offer a broader, authentic perspective in setting priorities; use good measures of equity that are sensitive enough to include the priorities of diverse groups; and influence improved well-being specifically for communities that have experienced disproportionately poor health and access to human services.

Council Core Agreements:

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 compassion 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 for input
6. Name: recognize and name structural racism and how it shows up in our systems and work
7. Embrace tension: practice addressing issues where there isn't clear agreement, spend time ensuring everyone feels safe to discuss their point of view
8. Show respect: for members of the council and those from DHS. Move away from blame to focus on fixing the process that arose
9. Accountability: hold agencies accountable for disparities. Sometimes accountability can feel like blame
10. Truth: allow people's truth to be their truth

11. In a respectful way, agree to disagree

Council 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

**ARTICLE III
MEMBERSHIP**

The Council is comprised of racially and ethnically diverse community leaders and American Indians who are residents of Minnesota and may present with compounded challenges of systemic inequities. Members include people who are refugees, immigrants, and LGBTQ+; people who may have a disability; and people who live in rural Minnesota.

Section 1: Membership Criteria

As outlined in the Council’s enabling legislation, it 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; 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. In making appointments under this section, the commissioner shall give priority consideration to public members of the legislative council of color established under section 15.0145 of Minnesota Statutes.
2. In 2013, the Commissioner of Human Services established the following council positions:
 - a. Five members representing diverse cultural and ethnic communities
 - b. Two members representing culturally and linguistically specific advocacy groups
 - c. Two members representing culturally specific human services providers
 - d. Two members representing the American Indian community
 - e. Two members representing counties serving large cultural and ethnic communities
 - f. One member who is a parent of a human services program participant, representing communities of color
 - g. One member who is a human services program participant representing communities of color
 - h. Two members representing faith-based organizations ministering to ethnic communities

- i. One member who is a representative of a private industry with an interest in equity issues
- j. One member representing the University of Minnesota with expertise on health equity research
- k. Three members who are DHS employees
- l. Representatives from the State Councils: MN Council on Latino Affairs, Council for Minnesotans of African Heritage, Council on Asian-Pacific Minnesotans, and the Minnesota Indian Affairs Council
- m. One representative of the Ombudspersons for Families (rotating)
- n. The chairs and ranking minority members of the committees in the House of Representatives and the Senate with jurisdiction over human services

Section 2: Membership Definition

- 1. Ex-officio members
 - a. These members are direct appointments through the position they hold (State Councils, MIAC, Ombudsperson for Families, legislators, etc.).¹⁸
- 2. Community members
 - a. These members are appointed by the Commissioner of Human Services and apply to the council via the Secretary of State’s Boards and Commissions process. These positions are subject to term limits as specified in statute (Laws of Minnesota 2013, Chapter 107, Article 2).

Section 3: Community Member Appointment Process

- 1. Vacancies are announced via MN Secretary of State (SOS); interested candidates apply through the SOS portal.
- 2. Once candidates apply through the SOS portal, community relations staff sends a supplemental application form to the candidates for additional information for consideration.
- 3. A panel consisting of CECLC members and DHS staff review applications and select top candidates for a brief interview.
- 4. Upon completion of the interviews, the review panel decides on their recommendations, and community relations staff submit the recommendations to the Commissioner of DHS.

Section 4: Terms

¹⁸ Note that the use of ‘ex-officio’ here is to distinguish between those who hold council membership by virtue of their position, and those who are appointed by the commissioner. This does not take away voting rights. Both ex-officio and appointed members are full voting members of the CECLC.

For community positions, a term shall be for two years. Appointees may be reappointed to serve two additional terms. Members seeking to be reappointed must resubmit their application through the Secretary of State's Boards and Commissions process. The commissioner shall make appointments to replace members vacating their positions in a timely manner.

For ex-officio positions, members (or their proxies) may serve as long as they hold the position for which they are a part of the council.

Section 5: Chair

1. The commissioner shall accept recommendations from the Council to appoint a chair.
2. The Council will establish a democratic process for selecting a chair and will notify the commissioner of their recommendation.
3. The term of the chair is for two years, elected biennially in July of even-numbered years. In the case of a vacancy, the chair shall be appointed as soon as possible following the vacancy. In the case of a vacancy, the chair shall serve until the next scheduled chair election. Chairs may run for more than one term as chair.

Section 6: Removal

1. CECLC members are invested in community and as such, should hold each other accountable, and in collective space. The CECLC values include transparency, respectful conversations, and mediation whenever possible. In the event that a member is no longer fulfilling their member duties (as defined in Article IV, Sec. 2 of these bylaws), are not adhering to the Council Core Agreements and Values or the Code of Conduct, or whose actions do not advance the purpose and mission of this council, the following steps shall apply while allowing the individual member involved an opportunity to respond and/or appeal the decision to the next body. The first step is for the Chair to have an individual conversation with the member about a need for changed behavior. If the individual in question is the Chair, a member of the leadership team (the co-leads of the workgroups and the Chair) will hold the initial conversation.
2. If the initial conversation does not remedy the situation, the Chair will bring forth the issue, attempted remedies, and proposed next steps to the council leadership team. The leadership team will develop an improvement plan with concrete deliverables and deadlines, as well as resources as necessary to aid in success of the plan.
3. If the situation is not remedied after the timeline outlined by the improvement plan, a discussion will be scheduled to include the full Council in executive session at a meeting at the call of the chair.
4. As a last step, the Council may vote to request the Commissioner remove the member from the Council.

ARTICLE IV

DUTIES

Section 1: Council Duties

A primary duty of the Council is to work with the Minnesota Department of Human Services to co-create solutions that advance equity in health and human services. The relationship between the two entities should be mutually beneficial.

Duties of council

The Council shall:

1. Recommend to the commissioner for review identified policies in the Department of Human Services policy, budgetary, and operational decisions and practices that maintain impact racial, ethnic, cultural, linguistic, and tribal disparities;
2. With community input, support legislative proposals to improve racial and health equity outcomes;
3. Identify issues regarding inequities and disparities by engaging diverse populations in human services programs;
4. Engage in mutual learning essential for achieving human services parity and optimal wellness for service recipients;
5. Raise awareness about human services disparities to the legislature and media;
6. 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;
7. Provide technical assistance to promote statewide development of culturally and linguistically appropriate, accessible, and cost-effective human services and related policies;
8. Recommend and monitor training and outreach to facilitate access to culturally and linguistically appropriate, accessible, and cost-effective human services to prevent disparities;
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; and

12. Provide recommendations to strengthen equity, diversity, and inclusion within the department. 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, shall identify racial and ethnic groups' difficulty in accessing human services and make recommendations to address the issues. The report must include any updated Department of Human Services equity policy, implementation plans, equity initiatives, and the council's progress.

Section 2: Council Member Duties

The members of the council shall:

1. With no more than three absences per year, attend and participate in scheduled monthly 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 inequity and 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; and
7. Participate in work groups to carry out council duties.

Section 3. Duties of the Council Chair

Responsibilities of the Council chair include:

1. Preside at meetings of the Council;
 - a. Chair the meetings in a fair and balanced manner;
 - b. Lead the Council in adherence to Council goals, agreements, and values;
 - c. Ensure equitable participation of Council members toward advancing the meeting agenda.
2. Serve as the principal contact for the Council;
3. Call special meetings of the Council as necessary;
4. Provide written notice to appointed member/s that have missed three meetings regarding an improved attendance plan and/or possible resignation from Council;
5. Inform the Commissioner of Human Services of Council members that have more than three total absences;
6. Meet with DHS community relations staff at least once per month to discuss and plan for upcoming CECLC meeting agenda items and presentations;
7. Attend legislative meetings as needed;
 - a. In particular, have availability or testimony on CECLC-sponsored legislation in committee hearings, strategy meetings, etc.

8. Participate in external meetings with Council partners, stakeholders, etc.; and
9. Communicate with community relations staff and Council member requests in a timely manner.

Section 4. Duties of the Commissioner

A primary duty of the Commissioner is to work with the Council to co-create solutions that advance equity in health and human services. The relationship between the two entities should be mutually beneficial.

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

1. Maintain the Council;
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;
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; and
6. The commissioner of human services or the commissioner's designee shall consult with the Council and receive recommendations from the Council when meeting these requirements.

ARTICLE V

COUNCIL GOVERNANCE AND DECISION-MAKING GUIDELINES

Section 1. Voting

The Council consists of diverse members representing various communities across Minnesota. The decision-making processes of the Council should make every attempt to be equitable and inclusive, and strive for both consensus and understanding. Council members shall have space to voice their opinions and discuss issues relevant to the Council and their communities. Upon Council decisions, members shall strive to advance the unified messages and decisions of the Council when recognized as a member of the Council, and/or when performing Council duties.

1. The Council will strive to make decisions on a consensus basis.
2. A Parliamentary process will be utilized to memorialize decisions that need Council approval.
3. Decisions and votes will be reflected in the meeting minutes.
4. A quorum is established when a majority (>50%) of the appointed members are present.
5. Decisions will be voted on with a minimum presence of quorum.

Section 2. Communications

1. The Council will speak and be consistent with messaging of the collective. Actions for the Council are a part of a larger strategy that members and workgroups have put forward and agreed to.
2. Council materials and webpage will be accessible, written in plain language, and have available translated materials.
3. The Council agenda and meeting materials, including meeting minutes, will be sent to Council members at least one week prior to scheduled meetings.
4. Agendas, approved meeting minutes, and adopted group documents will be published on the DHS website.

Section 3. Meetings

1. The Chair may call for an executive session that is closed to the public to discuss and address Council matters.
2. While the Council prefers in-person, virtual meeting options shall be available to Council members.
3. CART services for Council meetings are available upon request.
4. Council members will have name cards/tents that include their name and gender pronouns.
5. The Council will meet, at a minimum, monthly.
6. The Chair may call for additional Council meetings to allow time for task completion or assign tasks to relevant workgroups for follow up.

Section 4. Council Workgroups

The purpose of Council workgroups are to help council members focus on specific initiatives and duties between full Council meetings. The workgroups may draft policy responses, hear presentations from DHS policy areas and initiatives, work with partner organizations, and/or other tasks identified by the Council. The Council commits to shared leadership, and along with the Council Chair, will establish workgroup leadership positions.

1. The Chair of the Council may establish workgroups to assist in fulfilling the duties of the Council.
2. At least one workgroup will focus on internal DHS operations and policies.
3. At least one workgroup will focus on legislative initiatives and external relations.
4. One workgroup will be comprised of the Chair of the Council, and the leads of any established workgroup. This Leadership Workgroup will meet at least monthly and collaborate on Council agenda creation, and other executive committee functions.
5. Leadership (chair or co-chairs) of each workgroup will be elected democratically from within workgroup membership.

Section 5. Compensation

While this remains a priority issue for the council, public members of the council shall receive no compensation from the Council for their services unless authorized through statute. The Council recognizes the importance and equity in compensation, including per diem, travel, and childcare, and will prioritize advocacy for this funding.

Section 6. 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.

Section 7. 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.

ARTICLE VI AMENDMENTS

Amendments to the Council Bylaws may be approved by the Council with a **two thirds** vote of the Council. Written notice containing copies of all proposed amendments to the bylaws must be sent electronically to the Council members at least 14 days prior to the Council meeting at which they will be considered. Proposed Bylaws amendments may be further amended at the Council meeting at which they are considered. Such amendment must be germane to the original amendment, must be consistent with the intent of the original amendment, and must not create a greater change in the bylaws than the original amendment. A review of the bylaws shall be conducted every two years, or when a change to the Council's statute occurs, to ensure compliance with the statute and guide Council members in meeting its responsibilities.

Appendix C: Council Membership

January – December 2021

Members representing diverse cultural and ethnic communities:

Raie Gessesse (January – May 2021)

Danisa Farley (January – July 2021)

Foua Choua Khang

Amanda Koonjbeharry

Ken Ujifusa (September – December 2021)

Satasha Green-Stephen (September – December 2021)

Hibaq Dualeh (September – December 2021)

Lolita Davis Carter (September – December 2021)

Members representing culturally and linguistically specific advocacy groups:

Alana Wright (January – August 2021)

Miguel Garate (September – December 2021)

Meagan Hernandez (September – December 2021)

Members representing culturally specific human services providers:

Lucas Peterson (January – August 2021)

Sheree Steele

Jesús Villaseñor (September – December 2021)

Members representing the American Indian Community:

Mariah Norwood

Elizabeth Taylor-Schiro

Members representing counties serving large cultural and ethnic communities:

Adesola Oni (January – August 2021)

Maria Sarabia (January – August 2021)

Sheila Lipsco (September – December 2021)

Shawn Sorrell (September – December 2021)

Member who is a parent of a human services program participant, representing communities of color:

Jenny Srey (January – August 2021)

Larry Yang (September – December 2021)

Member who is a human services program participant member representing communities of color:

TaShonda Williamson (January – August 2021)

Tonia Lofton (September – December 2021)

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:

Sen. Jim Abeler

Sen. John Hoffman

Rep. Jennifer Schultz

Rep. Tony Albright

Members representing faith-based organizations ministering to ethnic communities:

Dr. Russell Porter (January – August 2021)

Paul Slack (September – December 2021)

Wesley Farrow (September – December 2021)

Member who is a representative of a private industry with an interest in inequity issues:

Petronellah Thomas Shanobi (January – August 2021)

Jackie Thomas-Hall (September – December 2021)

Member representing the University of Minnesota program with expertise on health equity research:

Macdonald Metzger (September – December 2021)

Four representatives of the state ethnic councils and the Minnesota Indian Affairs Council

Shannon Geshick

Anjuli Cameron

Linda Sloan

Rosa Tock

One representative of the Ombudsperson for Families (rotating):

Brook Mallak

DHS Employees:

Marcia Soto Bierschenk (January – August 2021)

<i>Kia Moua</i>
<i>Cratè Darden</i>
<i>Jensina Rosen (September – December 2021)</i>

<i>DHS Staff to CECLC</i>	
<i>Nikki Farago</i>	<i>Deputy Commissioner</i>
<i>De Anna Conover</i>	<i>Interim Director of Community Relations (former)</i>
<i>Nicole Juan</i>	<i>Community Relations Specialist</i>
<i>Rebeca Sedarski</i>	<i>Community Engagement Coordinator</i>
<i>Lydia Pfluger</i>	<i>Community Relations Associate (former)</i>
<i>Cathlyn Dymit</i>	<i>Community Relations Intern</i>

