



Cultural and Ethnic Communities Leadership Council (CECLC)

2024 Legislative Report

Community Relations

February 2024

For more information contact:

Minnesota Department of Human Services
Office of the Deputy Commissioner for Agency Culture and Relations
Nikki Farago, Deputy Commissioner
P.O. Box 64998
St. Paul, MN 55164-0998



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 651-431-4670, or use your preferred relay service. ADA1 (2-18)

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Department of Human Services
Community Relations Division
540 Cedar Street
St. Paul, MN 55101
651-431-2000
community.relations.dhs@state.mn.us.

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Note from the Co-Chairs Foua Choua Khang and Shawn Sorrell

In 2023, communities across Minnesota saw that state legislators and administrators could come together with community members to solve our shared societal problems. Many of these solutions were informed by communities; some were driven by those who live in the most affected parts of the state or representatives from marginalized or underrepresented communities of color. We desire to use this momentum to increase community collaboration with the Department of Human Services (DHS) towards increasing equity within their administration and service provision.

Some of our successes within the past two years consist of participating in DHS Community Relations' Transforming Systems with Community Summit held in December 2022; developing and creating the Guiding Principles; hosting the CECLC's first retreat in Duluth; and onboarding 15 new members for the 2023-2025 cohort of leaders. A highlighted suggestion for improvement shared by community members and organizations from across the state, after the Community Relations Transforming Systems with Community held in December 2022, was to foster partnership with Community Relations staff to help develop solutions that will advance our members and the communities they represent.

As CECLC co-chairs, we believe that equity is the value and acknowledgment of people's individual and collective experiences throughout history, where our oral history informs through generations of wisdom and science. Through reflections from this past year, we encourage the CECLC to define what equity is and how it will be actualized within our communities. The CECLC is continuous in its work to define how to apply equity tangibly, with hopes to inform DHS on strategies that help them integrate equity into the community and within their administrations of service delivery.

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

In 2013, the Minnesota Legislature established the Cultural and Ethnic Communities Leadership Council (CECLC) 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 a richly diverse array of members appointed by the commissioner of human services representing racial and ethnic minorities, Tribal Nations and people, 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.

This report, in accordance with [Minnesota Statutes 2023, section 256.041, subdivision 8](#), provides a summary of the council's actions and accomplishments over the past two years as well as identifies priorities for the next biennium within the context of the highlighted systemic racial inequities and issues confronting racial and ethnic groups in accessing human services. In addition, the report includes an overview of updates to the Department of Human Services equity policy, implementation plans, and equity initiatives to further inform recommendations to increase equity with DHS programs.

CECLC Activities and Accomplishments

The CECLC spent the last two years working to build both its internal capacity as well as the capacity of DHS to meaningfully engage with community leaders on a deeper level. Through its work as a full council as well as its multiple workgroups, the CECLC established a set of internal guiding principles and shared agreements for its work together. The CECLC collaborated with multiple areas of DHS on specific programs and services, engaged with DHS on legislative and budget proposals, helped shape the DHS strategic plan, and were integral contributors to the agency's 2022 Community Empowerment Summit. In addition, the council went through a significant transition, onboarding 15 new members in October 2023. This report highlights these activities in further detail and outlines the CECLC's priorities and recommendations for the next biennium.

Racial and Ethnic Disparities in Minnesota

The priorities and actions of the council are reflective of the significant challenges and inequities racial and ethnic communities throughout Minnesota face within our social institutions. Minnesota continues to hold some of the country's worst racial disparities. 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. Several issue areas highlighted in this report with disparate outcomes for racial and ethnic communities include healthcare

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

access, behavioral health, child out-of-home placement and permanency, economic status, housing status, and poverty.

2023 Equity Update

The Equity Update section of this report includes a compilation of projects and efforts occurring at DHS between January 2022-December 2023 that were aimed at reducing disparities for communities experiencing inequities.

- **Part 1: Agencywide Efforts** provides an update on agencywide equity initiatives including updates to the Equity Policy and rollout of the Equity Analysis toolkit led by agency Equity Directors as well as DHS antiracism efforts led by the Office of Equity and Inclusion.
- **Part 2: 2022-2023 Administration-Specific Equity Review Highlights** discusses significant equity projects that have occurred within DHS business areas and their impact on communities experiencing inequities internally and externally at DHS. This section also captures recommendations that have emerged from highlighted efforts to better advance equity at DHS.

Reported equity projects highlighted key recommendations to better embed and advance equity efforts at DHS. These recommendations include:

- Adequate investments toward external relations efforts, targeted capacity building, and leadership accountability and support be prioritized and aligned with the department's strategic priorities.
- Investment for greater resources, including staffing, to implement community-based participatory and service-learning approaches to community engagement.
- Investment in translation and interpretation services.
- Additional resourcing for teams administering grants to provide necessary technical assistance needed to ensure successful implementation.

CECLC Recommendations and Conclusion

From the examination of racial and ethnic disparities in Minnesota and current DHS equity initiatives, the CECLC recognizes a need for equitable reform to DHS policy and procedures to address the structural patterns perpetuating health and human service disparities. These reforms must be led in collaboration with community partners including the sub-groups of communities of color, Tribal governments and people, providers, and agencies. In the next biennium, the CECLC will focus on advancement of equitable reform to DHS programs and policies, with emphasis on community outreach and engagement, equitable investment, building strategic partnerships, evaluation of DHS internal structures, access to culturally responsive service providers, establishing sustainable council processes, and continued support of CECLC community partner's equity initiatives.

In this report, members of the council offer the following recommendations for the Commissioner of the Department of Human Services to support the council's priorities for the next biennium:

1. Increase DHS Community Relations resources to better support community engagement activities and build team capacity. This includes, but is not limited to staffing, community events, equipment, and other needs.
2. Fund CECLC member development under a dedicated annual line item in the Community Relations Division budget.
3. Increase access to funding for community led initiatives within marginalized communities of color and Tribal communities. Example: Cultural and Ethnic Minority Infrastructure Grant (CEMIG) program.
4. Support the efforts of the Council on Minnesotans of African Heritage in pursuing the African American Family Preservation Act.

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. Its 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 its mission and vision, the CECLC operates within the following agreements in accordance with the following values: See Appendix B for CECLC Bylaws.

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 is not 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 its 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 nations 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.
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 DHS 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 who are adversely 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 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 2023, 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: **See Appendix C: for specific details of CECLC membership.**

- Six 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 American 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.
- Three members who are DHS employees.
- One member representing the University of Minnesota program with expertise on health equity research.
- 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.
- One representative of the Ombudspersons for Families (rotating).

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.

2022 and 2023 CECLC Activities

2022 and 2023 provided a big shift within the CECLC's membership and priorities. In October 2022, as the COVID-19 Pandemic emergency began to subside, the council transitioned its monthly meetings to a hybrid format. Meeting in person and online enabled the council to utilize its workgroups to enhance the focus of their objectives and meeting structure. The CECLC strengthened relationships within DHS and transitioned nineteen

member appointments in fall of 2023. The council engaged in many activities throughout the past two years to strengthen its capacity and further its mission throughout 2022 and 2023.

Highlighted accomplishments of the council include:

- Elected its first Co-Chair, shifting the council's operating structure to a format more supportive of community needs.
- Developed Guiding Principles to assist with engagement and collaboration.
- Facilitated its first in-person fall retreat to reflect, develop and implement strategies that enable the CECLC to strengthen relationships within the CECLC and DHS staff.
- 2023 Appointment Process consisted of Commissioner Jodi Harpstead appointing 19 CECLC members, (15 new members and 4 reappointed members) for a total of 23 member appointments.
- Ongoing collaborations with DHS Child Welfare Training Academy team on identifying opportunities for embedding equity in mandatory reporter training.
- Collaborations with DHS Foster Care Licensing team on new Child Foster Care Licensing Guidelines project and developed set of Equity Reflection Questions
- Collaborations with the DHS Legislative team to identify and inform DHS legislative priorities for the 2023 session.
- The council engaged with the DHS Strategic Planning team to provide feedback on the 2023-2027 Agency Strategic Plan.

To enhance focus within their strategic efforts, the CECLC work objectives spanned across the following three workgroups:

1. Legislative and External Workgroup
2. Internal Policies and Operations Workgroup
3. Topics and Issues Workgroup

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

Council Accomplishments and Actions

Development of CECLC Guiding Principles

In fall of 2022, the CECLC received funding from the Office of Equity and Inclusion to support the development of the council and training opportunities for council members. The council identified establishing guiding principles as a priority to further develop its infrastructure and support its sustainability. Guiding principles can

be used to inspire and motivate groups, prioritize choices and help make challenging decisions, direct groups on how they want to interact with one another and the broader community, and help assess and evaluate impact.

The CECLC contracted with an external facilitator over a five-month period (October 2022-February 2023) for the development of guiding principles. During this time, the council participated in a series of facilitated workshops and relationship building activities to establish trust amongst council members, connectivity, alignment on shared values, and to discuss best practices for networks and coalition building. Harvestings from discussions held in October and November 2022 informed the first draft of the guiding principles reviewed in January 2023. In February 2023, the council approved the working version of its guiding principles to implement in its work moving forward.

Since the guiding principles were developed, the council has dedicated time during its monthly meetings to discuss how council members have lived the principles as well as reference the principles for guidance on prioritizing issue areas and opportunities to partner with DHS.

Figure 1: Cultural and Ethnic Communities Leadership Council (CECLC) Guiding Principles

Core Value	Guiding Principle
Antiracism	<p><i>We are an antiracist sustainable system that validates experiences, acknowledges trauma, and uncovers root causes that will impact the lives of both present and future generations.</i></p> <ul style="list-style-type: none"> • We define antiracism as taking actions and modeling behaviors that both disrupt racism and promote racial equity. • We commit to practicing antiracism as both individuals in this space and as a group. • We prioritize actions that explicitly address how to change issues of social and economic injustice and structural racism for our Black and Indigenous communities and other communities of color.
Thriving Communities	<p><i>We prioritize decisions that support thriving sustainable communities.</i></p> <ul style="list-style-type: none"> • We champion actions that will sustain our communities for future generations. • We ask thoughtful questions that challenge the deeper 'why' to push programs towards a thriving not only surviving approach. • We ask everyone who interacts with CECLC to explicitly address how its initiatives and efforts can move communities from surviving to thriving.

Person-Centered	<p><i>We honor our lived experiences as central to our successful collaboration and as how we model person-centered programs.</i></p> <ul style="list-style-type: none"> ● We remember that the programs and services we are here to discuss affect real people with real stories, and we center those stories through our actions. ● We make time during meetings to learn each other's stories in order to support full participation by all council members. ● We move at the speed of trust; we commit to taking time to build that trust, prioritizing relational work over 'do it now.' ● We take a trauma-informed, holistic approach, by showing up for each other's feelings, well-being, and experiences. ● In relationship with each other, we all create and experience belonging.
Collaboration	<p><i>We prioritize reaching decisions and taking action together in a collaborative, respectful, and affirming environment that acknowledges differences in lived experiences.</i></p> <ul style="list-style-type: none"> ● We will use shared decision-making processes to move work forward or provide direction to DHS. ● We commit to action and ask that people remember the CECLC is not only a space for learning. ● We respect and acknowledge differences in where people are in terms of antiracism, cultural competency, and lived experience, in totality. ● Everyone will be heard and received in a respectful manner. ● We do not demand perfection, and we model apology and repair when mistakes happen. ● We disagree civilly and engage in critical conversations in a safe and respectful manner.
Commitment	<p><i>Persistence and showing up matters for our success as a CECLC.</i></p> <ul style="list-style-type: none"> ● We practice showing up ready to participate and engage with the agenda. ● We communicate clearly with Chairs and DHS staff on how to make meetings engaging and inclusive. We ask for help when we need it from others on how we can engage more. ● We commit as members of the CECLC to attending DHS events or programs to represent the views of the council. We ask for

reciprocity from DHS staff in attending CECLC-related events and programs to show mutuality and support.

- We respect each other's time and make the effort to prioritize discussion, collaboration, relationship-building, and shared decision-making during meetings.
- We honor the time each person commits and with compassion we ask for follow-through from each other.

CECLC 2023 Retreat

In fall of 2023, the CECLC hosted their first in-person retreat in Duluth on September 21-23, at the Child Welfare Training Academy. The purpose of the retreat was for council members to gather and celebrate milestones as well as develop a framework to help determine the direction and evolution of the council as it expands, grows, and transitions. Goals of the retreat included:

1. To identify strengths, weaknesses, opportunities, and threats within the structure of the CECLC.
2. To develop a product that can be shared with future cohorts of the CECLC.

An external facilitator was brought in to facilitate discussions throughout the CECLC Retreat, utilizing the Technology of Participation (ToP) facilitation method to help the council develop priority areas and complete a SWOT (Strengths, Weaknesses, Opportunities, and Threats) Analysis in addition to discussing patterns and reflections. Conducting the SWOT analysis has assisted the CECLC with developing a framework for creating workplan goals and priority objectives. This retreat provided an opportunity to help the CECLC plan for the succession and transition of current and future CECLC members. The external facilitator provided a comprehensive summary at the full CECLC retreat at the December 2023 council meeting.



Figure 2: Photograph from the CECLC 2023 Fall Retreat

CECLC Shared Agreements

Shared agreements were identified at the beginning of the retreat by council members to set ground rules and develop shared commitments. The shared agreements were used throughout the retreat and referenced repeatedly to affirm the feelings and voice of the members who were present, both in-person and virtually. The

agreements were also used as shared values to guide the SWOT Analysis and helped to deepen conversations amongst council members and identify emerging themes from the analysis.

Figure 3: Cultural and Ethnic Communities Leadership Council (CECLC) 2023 Retreat Shared Agreements



Authenticity: We embrace everyone's uniqueness and create space for people to show up within their own authenticity.

Diverse Opinions: Are welcome. We encourage people to share their perspectives about concerns and their thoughts about solutions.

Clear Goals: We agree on goals and develop collective strategies to accomplish them.

Focus on Outcomes: Goals are outcomes that advance equity and justice in specified ways within communities. We evaluate to see if the desired outcomes are achieved.

2023 Council Appointment Process

In October 2023, Commissioner Jodi Harpstead appointed 19 CECLC members, consisting of 15 new members and 4 reappointed members. These appointments included:

- Two Advocacy Group representatives members
- One American Indian representative member
- Four Community Members representing Diverse Cultural and Ethnic Communities
- Two County Providers serving large cultural and ethnic communities representatives.
- Two Faith-based/Spiritual Organization representative members
- One Parent of Child/Adolescent Program Participant representative member
- One Private Industry Representative member
- One U of M Health Equity Research Representative member
- Two Culturally Specific Human Services Providers
- One Human Services Program Participant representing communities of color
- Two Department of Human Services employee Program Participant representing communities of color

CECLC 2023 Racial-Ethnic Demographics

The CECLC has a total of 23 appointed members and is comprised of great diversity within the ethnic and racial backgrounds of the members. The appointed members bring a variety of lived experiences and occupy various fields of employment serving various racial and ethnic groups in Minnesota.

- 57% of council members identify as Blacks/African American
- 9% of council members identify as American Indian
- 17% of council members identify as Mixed Heritage
- 4% of council members identify as Asian/Pacific Islander
- 9% of council members identify as Hispanic/Latino
- 4% of council members identify as White/Caucasian

Collaboration with DHS Child Safety and Permanency and Workforce Development and Training Team on Mandatory Reporter Training

In 2022, the Topics and Issues Workgroup identified racial disparities in child out-of-home placement as a key issue area to focus on. Throughout the past two years, the workgroup has engaged with the DHS Child Safety and Permanency Workforce Development and Training team to discuss strategies for addressing racial disparities within the child welfare system. The initial discussion started broad and transitioned to focus on developing strategies to support family reunification. The workgroup discussed significant issues impacting racial and ethnic communities in the child welfare system including racial biases within mandated reporting and training materials. The workgroup identified a need for standardized accountability for mandatory reporter training implementation statewide.

The CECLC is continuing to support the DHS Child Safety and Permanency team with developing strategies for tracking mandated reporters' utilization of the Minnesota Child Welfare Training Academy culturally responsive training. The workgroup identified existing challenges to tracking and measuring frequency and content of mandatory report training. The workgroup recommended statewide mandatory reporter training address issues of poverty, cultural humility and implicit bias on reporting.

DHS Child Foster Care Licensing Guidelines Equity Reflection Questions

In 2021, the legislature directed Minnesota Department of Human Services to develop [Child Foster Care Licensing Guidelines](#). The purpose of the guidelines is to ensure that children and youth who are in foster care consistently experience safety and well-being regardless of what county or Tribe has placed them, and regardless of which applicable agency is supporting their foster parents. The DHS Foster Care Guidelines Unit approached the council to collaborate on the development of Equity Reflection Questions as an effort to ensure equity was embedded into the guidelines. The Topics and Issues workgroup developed four equity reflection questions to be evaluated by for the DHS Foster Care Guidelines Unit. The Equity Reflection questions were comprised from conversations and workgroup discussions. The equity reflection questions were built into the guidelines to help their processes become more equitable when licensing people. The guidelines have been developed and will apply to county, private, and Tribal agencies designated or licensed by the department's commissioner to perform licensing functions and activities. The guidelines will not apply to Tribally licensed foster homes.

Objectives of the new Child Foster Care Licensing Guidelines:

- Make the standards for the assessment and licensing process consistent and clear.
- Clarify the standards for on-going support and accountability for licensed child family foster homes.
- Reduce barriers for families trying to get licensed.

CECLC Recommended Equity Reflection Questions:

1. What biases or assumptions are showing up for you when determining if the applicant gets a license? How do these biases or assumptions impact your understanding of safety as opposed to how the applicant and their cultural experience understands safety?
2. What are the strengths this applicant brings to fostering a child/ren? What are the cultural assets they bring, and how does this applicant actively support cultural assets, considerations, and needs?
3. How is this decision anti-racist toward the applicant seeking licensure? We want to re-examine the bigger picture through looking at the best interest of the children and not ruling relatives out because of a background and other factors.
4. How will this license lessen trauma for the child/ren?

CECLC Legislative Priorities for 2023

Over the past two years, the council has collaborated with the DHS Legislative team to develop a better understanding of the DHS legislative proposal development process and identify and inform DHS legislative priorities for the 2023 session.

The CECLC identified the following major priority areas related to DHS programming and services to focus their efforts for the 2023 session and future legislative priorities. An asterisk is at the end of all achieved priorities:

1. Modify mandatory reporters and child protection investigators training content and requirements.
2. Pass African American Family Preservation Act
3. Strengthen Minnesota Indian Family Preservation Act (MIFPA)*
4. Extend Cultural and Ethnic Minority Infrastructure Grant (CEMIG)*
5. Support access to healthcare for undocumented individuals and families*
6. Increase harm reduction strategies – needle exchange, Narcan and fentanyl test strips distribution. *
7. Modify membership of the Opioid Epidemic Response Advisory Council (OERAC) to add a member from each sovereign tribal nation and two members representing American Indians who reside in urban areas of the state.
8. Support family reunification strategies*
9. Repeal CECLC sunset*

**All legislative priorities marked with asterisk were achieved in the 2023 legislative session.*

In June 2023, the DHS Legislative team attended the monthly CECLC meeting to share outcomes from the 2023 legislative session and One Minnesota Budget that closely aligned with the council's priorities.

Feedback on 2023-2027 DHS Agency Strategic Plan

In July 2022, the DHS Strategic Planning team and Commissioner Harpstead engaged the council in a discussion on the development of a new agencywide strategic plan. The purpose of the engagement was to gather initial input on what council members would like to see included in the DHS Strategic Plan for the next four years. The council's feedback emphasized the following:

- Need to continue to embed equity in DHS operations and understand culturally specific communities in the delivery of services.
- Addressing language barriers to accessing services
- Need for a DHS commitment to recruiting people of color, reflecting the communities and people they serve as well as sustain and retain workers with opportunities for career development.
- Develop impact measures and transparent reporting back to community; metrics that measure the progress and impact of outcomes, centering equitable outcomes.
- Communication as a key priority in the strategic plan

- Implement equitable processes to obtain community input including compensating community members for their time and expertise.

The DHS Strategic Planning team returned in September 2022 to provide an update on the agency strategic plan development process, and in April 2023, the team looped back with the council to share the drafted plan for additional feedback from members.

The [2023-2027 DHS Agencywide Strategic Plan](#) was released as a working document in August 2023. CECLC brought several initiatives forward in the early phase of development, which was then incorporated and reflected in the final plan. The DHS Strategic Planning team will continue to stay connected with the council on implementation of the strategic DHS.

Partnership for DHS Community Engagement Summit

In December 2022, DHS, in partnership with many others, hosted the first DHS Community Engagement Summit bringing together over 170 participants virtually and in person, including community leaders, advocates, community-based organizations, culturally specific service providers, agency staff, and leadership. Members of the CECLC were a key partner in the planning and execution of the summit. Members of the CECLC participated in the summit steering committee, served as featured panelists during the summit as well as facilitated a learning session on building true partnerships with community from best practices to practical impact. The summit centered people's lived experience, making space for storytelling and centered discussions on community-centered models of engagement, true partnership and relationship building, equitable investments, community-driven solutions, and innovative practices for policy and systems change. The Community Engagement Summit kicked off a call to action for a statewide effort to prioritize and invest in community engagement and act on community guidance for equitable systems change.

Figure 4: 2022 Community Engagement Summit Agenda

2022 Community Engagement Summit Agenda
Opening Plenary
Transforming Systems with Community



Key learnings that emerged from the summit to inform DHS in building an infrastructure to support community-led solutions include:

- Build Relationships
 - Invest time and resources in developing trusting relationships.
 - Be present in the spaces where community is already established and be a supportive partner in the work that is already in motion.
- Embody Change
 - Practice cultural humility and language accessibility when engaging and forming partnerships.
 - Do the work internally that is needed to transform the way we view community.
- Design With Community
 - Establishing a framework for consistent and continuous engagement and reporting back
 - Exercise humility and sharing power with community.
 - Measure community impact with community input
- Center Community Voices
 - Make space for authentic conversations, highlighting diverse perspectives and value lived experiences.

Members from the community organizations present shared additional recommendations for how DHS can improve relations with the community; build a trusted, collaborative network; and better address community needs. These include recognizing the barriers communities face in accessing resources from DHS and building relationships to identify needed supports; acknowledging historical trauma and being trauma-informed; working in collaboration to reduce administrative burden and competition between community organizations; and incorporating cultural practices and responsiveness into programs and services.

CECLC Learning and Development Opportunities:

In 2023, the DHS Office of Equity and Inclusion set aside funding for CECLC Learning and Development opportunities. These funds were utilized for the following learning and development opportunities:

- Contract with an external facilitator to assist with development of the CECLC Guiding Principles.
- Registration for the 15th Annual Community Empowerment Black Men's Healing Conference. This conference provided an opportunity for men, women, health care professionals, public officials, community practitioners, local and national educators, and anyone working with African American men and their families to discuss and introduce practical culturally sensitive trauma informed, outcome-driven methods, and services.
- Contract with an external facilitator for the 2023 CECLC Retreat.

2022 and 2023 Presentation and Discussion Topics

The council held monthly meetings in 2022 and 2023 where DHS staff, leadership, or representatives from outside organizations informed the council on the following topics to receive guidance and feedback from the council.

- Introduction to DHS Equity Directors and Overview of the Updated DHS Equity Policy
- Presentation from DHS Grants, Equity, Access, and Research (GEAR) Division on Community Engagement for Home and Community Based Services (HCBS) Spending Plan and HCBS Provider Capacity Grants
- Discussion on CECLC Leadership Development Opportunities supported by the Office of Equity and Inclusion
- Presentation from DHS Medicaid Medical Director Dr. Nathan Chomilo on update on the Building Racial Equity into the Walls of Minnesota Medicaid: U.S.-Born Black Minnesotans report
- Discussion on the Department of Homeland Security's Public Charge policy with DHS Director of Federal Relations
- Presentation from DHS Deputy Assistant Commissioner of Children and Family Services (CFS) and Director of Child Support and CFS Business Integration Division Director on the development of a DHS Equity Accountability Team.
- Discussion on CECLC Work Priorities for 2023
- Presentation on DHS Legislative Process and Updates from the DHS Legislative Team (including the legislative proposal development process for 2023 and 2023 budget planning overview)
- DHS Strategic Plan Discussions and updates from Commissioner Jodi Harpstead to discuss CECLC council recommendations for the DHS Strategic Plan for the next four years.
- Discussion with Commissioner Jodi Harpstead on agencies priorities for 2023 legislative session
- Appointment of two members on the Minnesota Department of Health [Task Force on Pregnancy Health and Substance Use Disorders](#).

- DHS Strategic Planning team presented on Strategic Plan frameworks and provided guidance to the council on developing a strategic plan for the September CECLC Retreat.
- Presentation from the Department of Children Youth and Families (DCYF) Implementation Team to provide overview of the new agency transition plan.

Workgroup Activities 2022 and 2023

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

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

The purpose of council workgroups is to help council members focus on specific initiatives and duties between full council meetings. The workgroups may draft policy responses, attend presentations from DHS policy areas and initiatives, work with partner organizations, and/or advance other tasks identified by the council.

Legislative and External Workgroup

The Legislative and External Workgroup identified the council's legislative priorities for the 2022 and 2023 session in partnership and collaboration with the Minnesota State Ethnic Councils, the Minnesota Indian Affairs Council, and the DHS Legislative team. In June 2022, the workgroup elected new co-leads.

The workgroup identified the following legislative priorities to advance for addressing disparities impacting racial and ethnic communities within human services:

- Develop strategies to extend the Cultural and Ethnic Minority Infrastructure Grant (CEMIG).
- Support access to healthcare for undocumented individuals and families.
- Increase promotion and utilization of harm reduction strategies – needle exchange, Narcan, and fentanyl test strips.
- Identify systemic racial barriers to increase equity within the Child Welfare System through modifying the Mandatory Reporters and Child Protection investigators training content and requirements.
- Eliminate CECLC sunset. Since its inception, the CECLC had a legislative sunset of two years. As its statute was updated over time, the sunset was extended, but only by a couple of years each time. The council found much of its capacity and energy in these years taken up by efforts to continue to exist and extend the sunset. After years of advocacy to change this, the CECLC was successful in eliminating its sunset through its repeal in the Human Services Omnibus Policy Bill (HF 1403) in the 2023 legislative session.
- Support statutory changes for community health workers (CHWs) – care coordination to systems navigation.
 - The proposal to change the terminology is to help CHWs expand billable services, which has limited their ability to bill for specified services beyond health care and education.

- Support of the African American Family Preservation Act the CECLC Legislative Workgroup engaged with the Council on Minnesotans of African Heritage (CMAH) around efforts to eliminate racial disparities within the child welfare system.
 - The Council on Minnesotans of African Heritage seeks active efforts to build support from the government and community agencies with hopes to reduce higher rates of racial inequities within termination of parental rights, specifically within the African American Community.
 - The focus of the bill includes:
 - Systemic racial disparities within the Child Welfare System
 - Arbitrary removal of black children from black families
 - Inadequate cultural and financial resources for Black Families

Internal Operations and Policies Workgroup

In 2022, the Internal Operations and Policies Workgroup strengthened the council's internal infrastructure, including updating the council's bylaws, as well as focused on the following topics in collaboration and partnership with DHS to strengthen equity, diversity, and inclusion within the department:

- Partnered with DHS Equity Directors to provide feedback on agencywide equity initiatives including operationalizing DHS Equity Policy and development of Equity Analysis Toolkit.
- Collaborated with the Office of Equity and Inclusion and the Office of Employee Culture to promote diversity, recruitment, and retention strategies to participate in equity and antiracism trainings.
- Provided feedback on development of an Equity Accountability Team within Children and Family Services Administration.
- Updated the CECLC Bylaws to include an additional chair for support to the council.

For 2023, the Internal Operations Workgroup defined its goals of advising DHS on building equitable outcomes through practicing intentionality when it comes to community outreach, diverse recruitment, hiring and retention practices, and developing tools and resources to encourage DHS to improve equity within their internal practices which in turn will lead to equitable outcomes for all diverse racial and ethnic communities.

- Discussed developing intentional strategies and objectives to help the work move to the next level through promoting Diversity, Equity, Accountability, in conjunction with Recruitment and Retention for staff and community from ethnic communities.
- Developed strategies and objectives to help the CECLC become a conduit for sharing information about transformational change.
- Developed an intentional comprehensive onboarding/orientation process for new CECLC Members.
- Discussed developing strategies to evaluate the council's Guiding Principles.

- Partnered with DHS Equity Directors to provide feedback on agencywide equity initiatives including operationalizing DHS Equity Policy and development of Equity Analysis Toolkit.
- Planned and collaborated with the Office of Equity & Inclusion to plan CECLC participation within equity and antiracism trainings at DHS.
- Provided input on DHS 2023-2027 Strategic Plan to incorporate community perspective and equitable outcomes.

Topics and Issues Workgroup

The Topics and Issues Workgroup identified priority issue areas for 2022-2023 and focused on the following topics in collaboration and partnership with DHS:

- Family Unification and Reunification: addressing Racial Disparities in Out-of-Home Placement.
- Cultural Competency in Child Welfare Investigations.
- Mandatory Reporter Training.
- Provided recommendations and insight to ensure that equity is being embedded within the Department of Children Youth and Families (DCYF).
- Discussed access to SSIS for Ombudspersons for transparency and oversight.
- Collaborated with other task forces/committees to coordinate efforts to improve child welfare system.

Workgroup members assisted the DHS Child Safety and Permanency Team with modifying mandatory reporter and child protection investigators training content and requirements to increase equity and decrease racial disparities.

Partnering with the Child Welfare Training Academy (CWTA) developed as an interest within the Topics and Issues workgroup in 2022. Topics and Issues Workgroup discussions consisted of addressing racial disparities within the child welfare system, with out-of-home placement. The initial focus started very broad and transitioned to a narrower focus of developing strategy around family reunification with intentions to develop proactive strategies to unify families. There is great impact of racial biases within the mandated reporter training materials. Realization that standardized accountability has yet to be created for the mandatory reporter training. There is a great need for simple standardized newly revised curriculum materials, and developing content that is culturally inclusive and designed through an equity lens, through the Child Welfare Training Academy. The CECLC desires to help the CWTA create accountability through designing one training to become mandated. The CECLC is continuing to support the Child Safety Permanency team with developing strategies for how to track if all reporters will utilize the most culturally responsive training. It is very difficult to track and measure the frequency and content because there are various standards of mandatory reporter training and specific guidelines within training has not been developed. The workgroup recommends informative training be developed around issues of poverty, and how it is oftentimes compared to child neglect which is overemphasized within these disparities.

Collaboration with Transition to the Department of Children Youth and Families (DCYF)

In 2023, the Topics and Issues Workgroup expressed vested interest within the council's role of the transition of the new Department of Children, Youth, and Families (DCYF). The workgroup has a vested interest with ensuring that when a council is created in the new agency, it is comprised of people from cultural and linguistically diverse communities. The CECLC met with Elizabeth Ebot, the Equity and Engagement Lead from the new DCYF transition team and discussed collaborating to enable the CECLC to provide recommendations that help ensure equity is being embedded within the full structure of the new agency and to build intentional engagement that extends further than policies and strategies on paper. The CECLC is hoping to provide insights to helping DCYF design, build, and implement a new council, while building strategies and relationships with key transition leaders. DCYF transition staff leaders have agreed to rotate and have a continued presence at CECLC monthly meetings.

Establishing CECLC 2024-2025 Workgroup Priorities:

After the CECLC Fall Retreat and the appointment of 19 CECLC members, workgroup priorities for 2024-2025 needed to be established. During the December 2023 CECLC full council meeting, members brainstormed to develop workgroup priorities for the next two years. The Technology of Participation (ToP) facilitation method was utilized to create the overarching themes and help develop the council's priorities. The CECLC referenced the SWOT analysis developed during the fall retreat to inform top priority areas. Council members gained consensus within the shared common themes and the conclusion of the priorities were developed by the end of the meeting.

CECLC Strategic Priorities for 2024-2025

The CECLC believes that:

- Structural patterns perpetuating health and human service disparities will be reformed by incorporating equitable practices into existing DHS rules, policies, and procedures.
- Collaboration with all communities including the sub-groups of communities of color, providers, agencies, Tribal governments and people, and interested parties is necessary to coordinate policies and programs effectively.

CECLC 2024-2025 priorities are:

- Increase DHS community outreach and engagement.
- Promote equitable DHS investments in marginalized communities of color and Tribal governments and people.
- Build strategic community partnerships with state government, including the Minnesota Legislature, and Tribal governments.
- Ensure the intentional advancement of racial equity throughout DHS programs.
- Evaluate DHS internal structures towards advancing equity.

- Assess DHS's investment in client's access to culturally responsive service providers.
- Establish sustainable CECLC processes.
- Support CECLC community partners' equity initiatives.

CECLC Activities and Accomplishments Conclusion

The CECLC outlined its numerous accomplishments over the course of the last two years, along with a set of their strategic priorities to guide their work with DHS and where they would like to direct their work in the coming biennium. Below are recommendations the council proposes for DHS moving forward.

CECLC Recommendations for the Commissioner

The CECLC will continue to define how to apply equity, advise the Commissioner, and inform DHS staff on strategies towards reducing disparities and inequities that affect racial and ethnic groups within DHS programs. The CECLC believes that structural patterns perpetuating health and human service disparities will be reformed by incorporating equitable practices into existing DHS rules, policies, and procedures. DHS must collaborate with all communities including the sub-groups of underrepresented communities of color, providers, agencies, Tribal Nations, and interested parties, to coordinate policies and programs effectively. The CECLC 2024-2025 priorities will guide this work as the council increases collaboration with DHS staff.

The members of the Cultural and Ethnic Communities Leadership Council offer the following recommendations for the Commissioner of the Department of Human Services:

1. Increase DHS Community Relations resource to better support community engagement activities and build team capacity. This includes, but is not limited to staffing, community events, equipment, and other needs,
2. Fund CECLC member development under a dedicated annual line item in the Community Relations Division budget,
3. Increase access to funding for Community led initiatives within marginalized communities of color and Tribal communities. Example: Cultural and Ethnic Minority Infrastructure Grant (CEMIG) program.
4. Support the efforts of the Council on Minnesotans of African Heritage in pursuing the African American Family Preservation Act.

Racial and Ethnic Disparities in Minnesota

Health and Health Care

Racial health disparities exist in both health outcomes and access to health care for our racial and ethnic communities in Minnesota.

A greater percent of American Indian (15.5%), Hispanic (16.7%), Black (7.3%), and Asian (5.8%) Minnesotans under 65 do not have health insurance compared to 3.9% of White, non-Hispanic Minnesotans.²

The 2022 MN Community Measurement report documented Minnesotans who are Black, American Indian, and Hispanic/Latinx are far more likely than others to experience gaps in health care quality and less than optimal health outcomes compared to the statewide average.³

The 2022 report *Building Racial Equity into the Walls of Minnesota Medicaid: A focus on U.S.-born Black Minnesotans* brings to light the racial health disparities impacting U.S.-born Black Minnesotans. Compared to Black Minnesotans born outside the country, Black Minnesotans born in the United States have three times the rate of asthma, depression, and heart failure and heart conditions leading to hospitalization. Minnesota's Medicaid health care system plays an instrumental role in addressing racial inequities in health care access and health outcomes as a larger percentage of Minnesotans of color, especially children, get their health care through Medicaid program compared to white Minnesotans.

- Percent of MN population <65 relying on Medicaid for health care coverage⁴
 - 42% Black
 - 39% American Indian
 - 30% Hispanic
 - 20% Asian
 - 9% White
- Percent of MN children relying on Medicaid for health care coverage⁵
 - 64% Black
 - 59% American Indian
 - 49% Hispanic
 - 33% Asian

The report presents recommendations on how Medicaid can address racial equity making it easier to enroll and renew coverage, expanding access to culturally relevant care, and engaging the community in the process of creating policy for Minnesota's Medicaid programs, Medical Assistance, and MinnesotaCare.

² Minnesota Compass. (n.d.) [Residents under 65 without health insurance by racial and ethnic group, Minnesota, 2022](#). Accessed October 27, 2023.

³ MN Community Measurement. (2022). [Minnesota Health Care Disparities By Race, Hispanic Ethnicity, Language And Country Of Origin](#). Accessed October 2023.

⁴ Minnesota Department of Human Services. (2022). [Building Racial Equity into the Walls of Minnesota Medicaid](#). Accessed October 2023.

⁵ Minnesota Department of Human Services. (2022). [Building Racial Equity into the Walls of Minnesota Medicaid](#). Accessed October 2023.

Child Welfare System

Within the human services system, families and children of color and American Indian families and children are disproportionately impacted by the child welfare system.

According to the 2021 Minnesota's Child Maltreatment Report⁶,

- American Indian children and children who identify as two or more races in Minnesota were disproportionately more likely to be involved in a report of maltreatment.
- Children identified as African American/Black or as Hispanic are more likely relative to their population size to be reported to child protection.
- American Indian/Alaska Native and African American/Black children, children who identify as two or more races or as Hispanic continue to disproportionately be represented in completed maltreatment assessments and investigations.

The 2021 Minnesota's Out-of-home Care and Permanency report highlights significant racial and ethnic disparities for children in out-of-home placement and permanency outcomes⁷.

- American Indian children were 16 times more likely than white children to be in out-of-home care.
- African American children and children who identified as Hispanic, of any race, were both two times more likely than white children to be in out-of-home care, while children who identify as two or more races were 7 times more likely.
- Reunification is the most common permanency outcome among White children with 58.1% of placement episodes ending in reunification, whereas children of color experience significantly lower rates of placement episodes ending in reunification:
 - 47.8% of African American / Black children permanency outcomes end in reunification.
 - 46.9% of American Indian children permanency outcomes end in reunification.
 - 42.2% of Asian/Pacific Islander children permanency outcomes end in reunification.

The report also noted that in the past five years, reduction rates for children in out-of-home placement reflected that little has been effective in reducing the disproportionality between white children and nearly every other racial or ethnic population.

⁶ Minnesota Department of Human Services. (2021). [Minnesota's Child Maltreatment Report](#). Accessed October 2023.

⁷ Minnesota Department of Human Services. (2021). [Minnesota's Out-of-home Care and Permanency Report](#). Accessed October 2023.

Children's Mental Health

In January 2022, MN Department of Human Services hosted a Children's Summit that brought together experts from across Minnesota including young people, providers, advocates, parents, caregivers and more to create solutions for issues facing the state's behavioral health system for young people. The four-day summit called attention to the racial, cultural, and socio-economic inequities in Minnesota's behavioral health system. Some major themes related to racial and cultural inequities in Minnesota's behavioral health system that arose from the summit include⁸:

- Lack of a common definition of mental health and well-being across communities, populations, and agencies.
- Lack of culturally responsive care, especially in the juvenile justice system.
- Lack of understanding of how to access existing mental health supports, especially for underrepresented and marginalized communities of color as well rural communities."
- Burdensome processes for families to access services for their children.
- Difficulty in accessing funds and opportunities by small and culturally specific providers due to unnecessarily burdensome application practices.
- Need for inclusion of those impacted by children's mental health concerns in legislation and the development of solutions.

Income and Poverty

The Economic Status of Minnesotans 2023 report looked at the economic status of Minnesotans for the largest cultural groups based on several measures and showed significant disparities across cultural groups in homeownership, median income, labor force participation, and educational attainment.⁹

- Minnesota's Somali, American Indian, and African American households have the lowest median income of any cultural group represented at about \$29,000-\$38,000.
- Ojibwe, "Other American Indian," African American, and Somali adults have elevated rates of unemployment, roughly 4 times higher than Asian Indian, Chinese, Filipino, Lao, Vietnamese, Puerto Rican, and White Minnesotans.
- Minnesota's American Indian, Somali, and African American households experience the highest rates of poverty (income <100% Federal Poverty Line) of any cultural group represented.
 - 46% of Somali Minnesotans are living in poverty.

⁸ Minnesota Department of Human Services. (2022). [2022 Children's Mental Health Summit Summary Report](#). Accessed November 2023.

⁹ Minnesota State Demographic Center. (2023). [The Economic Status of Minnesotans 2023](#). Accessed November 2023.

- 36% of “Other American Indian” Minnesotans are living in poverty.
- 31% of Ojibwe Minnesotans are living in poverty.
- 31% of Dakota Minnesotans are living in poverty.
- 23% of African American Minnesotans are living in poverty.

Poverty in Minnesota is associated with a higher risk of poor health, food insecurity, chronic stress, living in unsafe and under-resourced neighborhoods, substandard housing, and more frequent moves. Deep poverty is closely linked to chronic stress and to its negative health effects. Those living in deep poverty are more likely to have a variety of chronic conditions than are those with slightly higher income.¹⁰

- 16% of American Indian Minnesotans and 13% of Black Minnesotans live in deep poverty compared to 3% of White Minnesotans.

Homelessness Mortality

In January 2023, Minnesota Department of Health released the Minnesota Homeless Mortality Report, 2017-2021 highlighting the devastating mortality rates for people who experience homelessness and disparities across racial and ethnic groups. The report revealed the rate of death is 3 times higher among people who experience homelessness (PEH) in Minnesota than the general population.¹¹

- Mortality across each racial and ethnic group including Black or African American, American Indian or Alaskan native, Asian or Pacific Islander, Hispanic, and Multiracial is higher among PEH than in the general Minnesota population.
- American Indian PEH have 1.5 times higher rates of death than other PEH and 5 times higher rates of death than the general Minnesota population.

Substance Use Disorder

Communities across the state have felt the impacts of rising rates of substance use disorders, disproportionately impacting American Indian and Black Minnesotans. In 2021, American Indian Minnesotans were ten times as likely to die from a drug overdose than white Minnesotans and Black Minnesotans were more than three times as likely to die from drug overdose than white Minnesotans.¹²

In January 2023, DHS hosted the Minnesota SUD Shared Solutions Summit bringing together government representatives, people in recovery, DHS program staff, advocates, concerned community members, family, and friends of people with a SUD and many others. The summit was held to discuss need improvements to

¹⁰ Minnesota Department of Human Services. (2020). [We definitely struggle ... The worry is always there. Improving the health of people living in deep poverty](#). Accessed October 2023.

¹¹ Minnesota Department of Health. (2023). [Minnesota Homeless Mortality Report, 2017-2021](#). Accessed October 2023.

¹² Minnesota Department of Health. (n.d.). [MDH Drug Overdose Dashboard](#). Accessed on November 22, 2023.

Minnesota's SUD policies and practices to address record high deaths due to drug overdoses in Minnesota. Key takeaways from breakout session discussions that occurred throughout the summit included a need for more culturally responsive treatment options, a need for increased access to housing and transportation, a desire for more streamlined funding, a desire for early prevention curriculum that includes family and youth in decision-making, and a need for simpler pathways for people to become licensed drug and alcohol counselors, among others.¹³

DHS Equity Update

In recognition of the disparities that exist in access, utilization, and outcomes for communities of color, multi-racial individuals, American Indians, veterans, LGBTQIA2S+ individuals, and individuals with disabilities in our human service system and Minnesota at large, DHS has undertaken a wide range of equity projects to address these inequities. In collaboration across the department and in partnership with community partners, DHS is working, in part, to reduce the disparities that exist within our programs and services and advance equity for communities across Minnesota.

This section seeks to fulfill the legislative mandate for the CECLC legislative report to *“include any updated Department of Human Services equity policy, implementation plans, equity initiatives, and the council’s progress as well as and recommendations to strengthen equity, diversity, and inclusion within the department”* ([Minnesota Statutes 2023, Chapter 256, Section 256.041](#)).

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

- **Part 1: Agencywide Efforts** provides an update on agencywide equity initiatives including updates to the Equity Policy and rollout of the Equity Analysis toolkit led by agency Equity Directors as well as DHS antiracism efforts led by the Office of Equity and Inclusion.
- **Part 2: 2022-2023 Administration-Specific Equity Review Highlights** discusses significant equity projects that have occurred within DHS business areas and their impact on communities experiencing inequities internally and externally at DHS. This section also captures recommendations that have emerged from highlighted efforts to better advance equity at DHS.

¹³ Minnesota Department of Human Services. (n.d.). [Minnesota SUD Shared Solutions Summit](#). Accessed November 22, 2023.

Part 1: Agencywide Efforts

Equity Director Role, Resources and Sustainability

From 2022-2023, DHS hired five new employees to the team of seven equity directors, who each serve an administration within the department. With this influx of fresh ideas and perspectives came the need to embrace the philosophy of [Sankofa](#), a word derived from the Akan Tribe in Ghana meaning, “it is not taboo to fetch what is at risk of being left behind.” The guiding premise is that new learning and progress must happen, but the past cannot be forgotten in the process. For equity directors, this meant taking an intentional pause to reflect on the past to guide work for the future.

Immediately following onboarding, the team of equity directors engaged in a series of grounding exercises that included revisiting the origin and evolution of the role over time with the Cultural and Ethnic Communities Leadership Council (CECLC). Equity directors then conducted a gap analysis of the 2018 Equity Policy implementation plan, administered a scan of the implementation plan with agencywide Directors and Senior Strategy Team, and developed a Gantt chart mapping the work moving forward. These activities, along with the development of an agencywide Equity Analysis Toolkit, has provided clarity and direction for the role of equity directors in implementing DHS Equity Policy.

The equity director’s revitalized role is to collaboratively operationalize the DHS Equity Policy to build capacity and implement systemic interventions that advance equity. The policy and toolkit are designed to increase accountability and collective capacity to integrate an equity lens in everyone’s everyday work. Despite tremendous challenges with scope creep, turnover and attrition, and no specified (or limited) budget for these efforts, the team continues to strive forward. This year, the team of equity directors developed recommendations and submitted them to the group of Assistant Commissioners and Deputy Commissioners who supervise them for the first time since the inception of the role. Together, they identified key threats and opportunities to directly impact attrition of the role, and to improve sustainability of the agency’s efforts overall.

Enhanced Equity Policy and Automated Toolkit

Following a gap analysis, the DHS Equity Policy has been revised from its original version to directly address accountability and oversight. There will be an annual required training for all staff, and equity directors will facilitate team debriefs, ongoing training, and a policy attestation. All employees need to use a required agencywide equity analysis per the DHS Equity Policy.

The purpose of the Equity Analysis Toolkit is to minimize unanticipated adverse consequences in a variety of contexts, including the analysis of proposed policies, institutional practices, programs, plans and budgetary decisions. To optimize the use of an agencywide tool, the equity directors partnered with internal teams to automate the tool, creating greater visibility, practicing of transparency, and asserting that equity is truly “everyone’s job.”

To effectively integrate use of the Equity Analysis Toolkit, in compliance with the DHS Equity Policy, the equity directors have developed an implementation plan and phased roll out. The key action items for each phase include:

- Phase 1: Launch and socialization – this includes the official launch of the updated policy and automated Equity Analysis Toolkit to all DHS staff. Equity directors shared an article in the internal DHS newsletter and meetings with internal (Executive Management Team, Senior Strategy Team, Directors, Managers and supervisors, and other DHS employees) and external partners (Cultural and Ethnic Communities Leadership Council, the state’s Office of Inclusion, the Governor’s Office of Equity, Opportunity and Access, and the Implementation Office established for the new Department of Children, Youth, and Families).
- Phase 2: Acclimation and assessment – this phase includes training on the DHS Equity Analysis Toolkit, providing technical assistance to employees using the toolkit to examine current actions (projects, proposals, policies, budgets, decisions, and plans), and readiness assessments.
- Phase 3: Administration implementation – the equity directors are working with their specific administrations and areas to develop and implement an operating plan for use in specific actions of each function. This will also include greater planning and accountability for each area to better understand the role of equity in their work and to advance equitable outcomes to best serve the needs of communities and partners.
- Phase 4: Managing compliance – the equity directors will work with the compliance office, human resources, and internal audits to ensure compliance with the DHS Equity Policy. The automated toolkit will allow equity directors to capture and analyze data from completed equity analyses and scans to better understand and address needs and opportunities ongoing. Progress in this area will include dashboards and ongoing reporting.

Ultimately, the intention of the equity directors is to increase internal capacity and maturity improve the quality and impact of the work being done to improve the conditions for those that are part of our ecosystem. This work also provides strategy and institutionalization that creates continuity within our system regardless of who is in the equity director role.

DHS Antiracism Efforts

In 2022-2023, the Office for Equity and Inclusion (OEI) focused its efforts on moving the Department of Human Services (DHS) forward on the [Continuum on Becoming an Antiracism Multicultural Organization](#). The office’s growth over the past two years is reflective of the agency’s commitment to that work. In 2023, OEI hired an Intercultural Development Inventory (IDI) coordinator to assess agencywide IDI results and help staffers design and implement their individual Intercultural Development Plan (IDP). OEI is also in the process of hiring a fourth education specialist to support the development of new culturally responsive learning curriculums as agencywide education continues to be a priority.

OEI continues to support learning and development opportunities to advance equity and inclusion across the agency. Since May 2022, more than 3,500 DHS employees have completed the Orientation to Antiracism (OAR) course. The OAR training provides staff an overview of the historical origins of race, racism, and racial disparities in the United States; explores how racism operates on different levels; and empowers attendees to work towards antiracism.

OEI also hosted its annual Equity Week conference in November 2023 with over 4,900 registrations. DHS Equity Week 2023 consisted of over 30 presentations, panel discussions, and workshops that centered diversity, equity, inclusion, and antiracism (DEI-AR). In addition to Equity Week, the office planned and hosted several agencywide events for Black History Month, Juneteenth, Pride, Native American History Month, and Disability Awareness Month.

Additional actions from the Office of Equity and in 2022-2023 include:

- OEI supported the creation and/or re-launch of several new Employee Resource Groups (ERG) including Latinos Unidos, Men of African Heritage, Parents at Work and Veterans, Military Service members, and Allies.
- The Strategic Antiracism Team (StART) Legislative Policy subcommittee is in the late stages of developing an agencywide Antiracism policy to replace current guidelines.

The efforts reflect a small fraction of the work needed to continue moving the agency forward on the Continuum on Becoming an Antiracism Multicultural Organization, but capacity remains a major barrier. Fatigue also plays a factor. This work is emotionally exhausting; staff get overwhelmed. They show up for training but struggle to apply those lessons into their daily work.

DHS on the Continuum

The 2022 Agencywide Cultural Assessment suggested DHS was in the third phase of the Continuum, “Symbolic Change.” According to the framework, organizations in the “Symbolic Change” phase will make “official policy pronouncements regarding multicultural diversity” and view itself as “non-racist.” However, there is “little or no contextual change in culture, policies and decision making,” and the agency is, as a whole, “still relatively unaware of continuing patterns of privilege, paternalism, and control.”

DHS is working to move into the fourth phase, “Identity Change,” and while shifting an organizational culture takes time, especially when addressing and undoing centuries-worth of systemic racism and inequity, DHS maintains commitment to becoming an anti-racist organization.

Part 2: 2022-2023 Administration-Specific Equity Review Highlights

Over the past two years, the work of the agency and administrations has been guided by the 2020-2022 Agencywide Strategic Plan to achieve the State’s shared vision for [One Minnesota](#) and focus on following key initiatives and goals:

DHS Strategic Plan 2020-2022

- 1. Our Stand—Better health, fuller life and lower cost for Minnesotans working to achieve their highest potential.**
 - Goal 1: Extend the reach and impact of our programs across all communities.
 - Goal 2: Reduce disparities and make access to services easy.
 - Goal 3: Increase partnership, engagement, and public confidence in our services.
- 2. Culture of Equity—Commitment to a culture of equity that advances equitable outcomes for communities across Minnesota.**
 - Goal 1: Institutionalize equity practices across the agency.
 - Goal 2: Provide employees with the tools and skills to establish equity in the workplace.
- 3. Operational Excellence—National ranking as a well-run state agency.**
 - Goal 1: Rebuild trust with our partners, with the people we serve, and with all Minnesotans.
 - Goal 2: Improve workplace culture and employee experience.
 - Goal 3: Improve the delivery of technology across the human services system.
 - Goal 4: Enhance DHS' Environmental Sustainability.

For this section of the report, in alignment with DHS agencywide commitment to advancing equity, administrations and business areas were asked to identify and report on equity projects that were in effect in January 2022 to December 2023, focusing on their impact on communities and addressing inequities both internally and externally across DHS. 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, multi-racial individuals, American Indians, veterans, LGBTQIA2S+ individuals, and individuals with disabilities.

The work featured below are highlights of key equity initiatives that occurred over the past two years across the various administrations within the agency. This section does not provide a comprehensive list of all projects and work that has occurred, but highlights select projects that have aimed to address disparities in the human services system and advance equitable outcomes in DHS programs and services for historically marginalized and disadvantaged communities.

Operations

Once the equity director was hired, operations business areas needed a significant degree of structure developed to better understand, adjust, and support equity efforts underway. Throughout the year, several individual contributors within operations took on extra projects to support development of the following key deliverables:

- Q1: Environmental assessment, development of business area equity team priorities that align with core functions of the offices and divisions, launched the operations equity committee.
- Q2: Creation of business area equity workplans, leadership readiness, and alignment dialogue.
- Q3: Developed operations dashboard, and cross functional information hub via SharePoint site
- Q4: Developed equity priority progress tracker, and year in review lookback form, introducing the first operations wide tools to share across business areas and administrations.

In addition to the agency wide equity policy and toolkit rollout and foundational equity structure development, several offices and divisions made significant strides in their efforts to design functions and processes through an equity lens. The most critical operations decisions, projects, and initiatives with a specific identified need and goals with an equity focus are:

Agency Effectiveness

- **Business Solutions Office:** In collaboration with the equity directors, Kim Carlson of the office developed the automated equity analysis tool for the agency. This individual project could be considered the most critical of the past several years, as it resulted in the tool the agency will adopt to analyze and mitigate inequities.
- **Central Grants Office:** DHS created a centralized grants office, to streamline tools and guidance, increase collaboration among all business areas involved in grant administration and grant management, and implement and operationalize the Contracts Integration System (CIS). The team led an agency wide grants equity workgroup, which applies a continuous improvement lens on efforts such as:
 - Define definitions of terms such as “culturally specific organization” or “community-based providers” so we can have consistent criteria for grantees.
 - Engage community in the RFP evaluation process.
 - Establish equity measures (both qualitative and quantitative).
 - Improve community engagement and streamline the grantmaking process.
- **Management Service Division (MSD):** applied the equity analysis to several projects, the most impactful being the DHS incident command manual. The discoveries made will assist the agency during potential business disruptions. MSD supported operations wide equity policy implementation, by developing a progress tracking tool to bring visibility and a record of equity workplans creating a system of transparency and accountability. This tool will encourage collaboration across different business areas and improve data collection.
- **Office of Strategy and Performance (OSP):** The office led efforts to develop an agencywide Strategic Plan, emphasizing intentional engagement. It is the first plan to include staff and external partners outside of senior leadership. Input from staff over multiple rounds of surveys and division meetings, external partners, existing input from community empowerment sessions, data from the BREW report,

Deep Poverty Report and other previous strategic plan metrics, Tribal Consultations, and input received during the legislative proposal processes were critical in shaping “how” we do the work and led to the creation of what is now the guiding principles. OSP team members were instrumental in developing the operations equity environmental assessment, which provide the first ever baseline to illuminate cultural, technical, and leadership support gaps across all business areas.

- **Compliance:** the compliance team provided invaluable guidance and support to the equity director team, to ensure policy revisions were aligned with agency best practices and were best positioned for optimal adoption. Once formally approved and published, the compliance office also reiterated the equity policy requirements, by requiring that all administrative policies include an equity analysis when being reviewed. This critical decision provides a reminder to all employees who participate in policy efforts and re-enforces the equity policy expectation of analysis use more directly.

Agency Culture & Relations

- **Office of Indian Policy:** in collaboration with Agency Effectiveness, the Office of Indian Policy has been leading a project focused on improving the grant contracting process with Tribal Nations. A workgroup was tasked with improving the contracting process between DHS and the Leech Lake Band of Ojibwe and identified an umbrella agreement approach as the preferred first step toward simplifying the contracting process. This approach significantly reduces the administrative burden for both the Tribal Nation and DHS by decreasing the need for legal review, streamlining the monitoring requirements, and establishing a single contact for contract questions and changes, legal needs, and technical assistance. The lessons learned from this effort would not have been possible without the wisdom, contributions, and steadfast commitment of our tribal partners. The impact of these learnings will inform and help shape continued efforts by the agency to make grantmaking more equitable for people across Minnesota.
- **Legislative and Policy team:** led a workgroup to identify and address internal process barriers and increase access to the agency's legislative process. Over the year, the team led by the department's state government relations director, worked collaboratively across the agency to develop and implement enhanced assets and processes responding directly to requests for easier tools and opportunities to participate from community members. This led to intentional engagement with tribal nations, counties and community leaders with budget and policy proposal packages.

Operations business areas have developed an incredible foundation to understand and manage their own functions through an equity lens. Additionally, operations contributed heavily to advancing agency wide progress by leveraging existing resources. It is critical to note most of the above efforts were tremendous undertakings added to full calendars and workloads. Operations does not have same resource mechanisms to elevate alongside the administrations. In order to better embed and advance equity efforts at DHS, it is recommended that adequate investments towards external relations efforts, targeted capacity building, and leadership accountability and support be prioritized and aligned with the department's strategic priorities.

Health Care Administration

Focus on Racial Equity for Minnesota's Medicaid

Building Racial Equity into the Walls of Minnesota Medicaid: A focus on U.S.-born Black Minnesotans

In 2021, staff from the DHS' Medicaid Agency sought guidance for a report focused on answering the following questions:

- What policies or structural changes should be prioritized to improve the access to healthcare and life expectancy for U.S. born Black Minnesotans enrolled within Minnesota Health Care Programs (Medicaid/MA and MinnesotaCare)?
- How can MN Medicaid intentionally add value and support for what Black communities are already doing to help members realize their full health and potential?

The 2022 report *Building Racial Equity into the Walls of Minnesota Medicaid: A focus on U.S.-born Black Minnesotans* (BREW) was developed to provide a roadmap for those within MN DHS, legislators, other elected officials, health care leaders, clinicians, communities that DHS serves, with focus on the steps that DHS can take to continue to improve racial equity within Minnesota's Medicaid program, specifically for the U.S.-born Black community. The report focused on four key levers, centering community strength, to improve racial equity within the Medicaid program: Eligibility and enrollment, access, quality, and early opportunities.

The Office of the Medicaid Medical Director organized a series of community conversations with Medicaid enrollees, as well as officials and administrators from counties, managed care organizations, health care systems, clinics, and public health academics to get their input on the draft calls to action for the report.

The report included **calls to action** for three broad focus areas including: increasing enrollment and eligibility, increasing access to culturally responsive care, and engaging directly and often with the people whom Medicaid serves. In the 2023 Legislative Session, several of the report's recommendations were passed including:

- Continuous Medicaid eligibility for children 0-6 years old
- 12-month continuous eligibility for children 6-21 years old
- Simplified enrollment and renewal processes in Medical Assistance and MinnesotaCare
- Increased support for community-based navigator organizations
- Increased doula reimbursement rates
- Establishment of Minnesota Department of Health Office of African American Health and Equitable Health Care Task Force

Pathways to Racial Equity in Medicaid: Improving the Health and Opportunity of American Indians in Minnesota

In August 2022, the Office of the Medicaid Medical Director started meeting with Tribal Nations and urban American Indian community organizations seeking guidance on co-creating a report focused on answering these questions:

- What policies or structural changes should be prioritized in order to improve the health and opportunity of American Indians on Minnesota Health Care Programs (Medicaid/MA and MinnesotaCare)?
- How can MN Medicaid more truly add value and support what Tribal Nations and American Indian communities are already doing to help members realize their full health and potential?

The goal of the next report is to identify and put forward policies or structural changes that should be prioritized to improve the health and opportunity of American Indians on Medicaid in Minnesota. Similar to the BREW report, this report will focus on Medicaid levels for racial equity including Eligibility/enrollment, Access, Quality, Early opportunities, and Intersection of Indian Health Service (IHS) & Medicaid.

Resuming Public Health Care Program Renewals

Renewal Dashboard

During the COVID-19 pandemic, Minnesota maintained health care coverage for its Medicaid (called Medical Assistance or MA in Minnesota) enrollees through continuous coverage. In Spring 2023, Congress passed legislation requiring states to return to standard Medicaid eligibility procedures, which includes an annual eligibility review through a renewal process.

As part of DHS effort to center equity within the approach to supporting the renewals process, the Health Care Administration created a public [dashboard](#) displaying the total number of enrollees and total number of household due for renewal each month that can be filtered by age group, race/ethnicity, social vulnerability index (SVI), renewal date, and major program. The dashboard was developed in effort to have public transparency of Medicaid renewal outcome results by social vulnerability index, race and ethnicity and region. Disaggregated Medicaid program enrollment data was also utilized to support targeted outreach strategies to reduce loss of coverage in historically disadvantaged communities.

Community Outreach Efforts

DHS Health Care Administration and Community Relations Division implemented a targeted community outreach strategy to engage priority populations most impacted by renewals process to address disparities in disenrollments. The community outreach team utilized Medical Assistance and MinnesotaCare enrollment data disaggregated by SVI, race and ethnicity, age as well as geographic location to identify priority enrollee populations for targeted outreach efforts. The outreach team then worked to build partnerships with trusted community partners to help reach individuals and families renew their public health insurance. Focused renewal outreach efforts included partnering with community-based organizations and faith-based leaders, attending community events, partnering with local radio and news outlets, and collaborating with other state agencies to develop outreach materials, disseminate information, and increase access to reenrollment resources.

Equity Partnership

In May 2021, the Minnesota Department of Human Services, Minnesota Department of Health and the managed care organizations that contract to serve Minnesotans on Minnesota Health Care Programs along with the MN Council of Health Plans and the MN Association of County Health Plans formed a [COVID-19 vaccine equity partnership](#) to address widening disparities seen during the state's COVID-19 vaccination campaign. Through this partnership data on vaccination was shared along with consistent messaging and Minnesotans who lived in areas of high social disadvantage (as indicated by CDC's Social Vulnerability Index or SVI) and those on Medicaid were actively reached out to and assisted in accessing COVID-19 vaccines.

Over the past two years, the partnership has expanded to include the Minnesota Association of Community Health Centers and community enrollment navigator organizations. In February 2023, DHS held an Equity Forum to discuss efforts to mitigate disparities in reenrollment during resumption of eligibility renewals for Minnesota Medicaid and MinnesotaCare.

Integrated Care for High-Risk Pregnancies (ICHRP)

In 2022, DHS expanded funding for the [Integrated Care for High-Risk Pregnancies \(ICHRP\) program](#) and contracted with two new American Indian organizations. The ICHRP grant program is a low birthweight and preterm birth focused initiative that addresses African American and American Indian pregnancy-related disparities.

Minnesota Cultural and Linguistically Appropriate Service (CLAS) Standards Statewide Plan and Implementation Grants

In 2021, the legislature directed DHS to develop a statewide implementation and transition plan for culturally and linguistically appropriate services (CLAS) national standards, including technical assistance for providers to transition to CLAS standards and to improve disparate treatment outcomes. Since, DHS has entered into contracts with 25 small culturally specific providers across the State and is working closely with them to integrate CLAS standards into their functioning. In November 2023, the Office of the Medicaid Medical Director organized a state-wide CLAS conference.

Telehealth

In August 2023, DHS released the first [report](#) on utilization of telehealth. The study found most individuals who have used telehealth services are generally satisfied with the health or behavioral health care they have gotten through a video conference or phone call. The study also found that telehealth has the potential to increase access to care by removing barriers such as transportation issues.

DHS, in partnership with Wilder Research, is conducting the second part of the study to analyze the effectiveness of "audio-only" modality of telemedicine, especially for the enrollees whose preferred language is not English. Final report will be issued in 2024.

Managed Care Organizations (MCO) Performance Improvement Projects

In 2021, DHS implemented a requirement for Managed Care Organizations (MCO) apply an equity lens to their contracted performance improvement projects including 2021-2023 cycle addressing diabetes for seniors, Special Needs Basic Care, Maternal and Infant Care for Prepaid Medical Assistance Program (PMAP), and MinnesotaCare. The purpose of this project was for Managed Care Organizations design quality improvement interventions to improve maternal and infant health outcomes, and quality of care for people with diabetes. Through this project, DHS also introduced requirements for MCO improvement projects to use community informed measures.

2023 Quality Withhold Measures

In 2022, the Healthcare Program Quality Division developed financial impacts for quality results on nine different health care measures based on improving rates by decreasing gap between population average and Black, Native American, Asian, and Hispanic enrollees. Results from this project vary by measure and population. A final report on outcomes will be released at the end of June 2024.

Integrated Health Partnership Program

As an ongoing effort since 2018, Care Delivery and Payment Reform Division has supported the Integrated Health Partnership Program which supports health care providers in addressing social risk factors that contribute to poor health outcomes by providing a risk adjusted population-based payment and providing quality data stratified by race and ethnicity. Equity is incorporated into quality framework and payment of shared savings and incorporates accountability for addressing disparities. This project intends for Integrated Health Partnerships to propose health equity measures that address social risk factors and facilitate integration of clinical and social health. The inclusion of equity interventions in payment ensures its part of ongoing discussion in organizations around resourcing and strengthening connections to community providers.

This project intends for Integrated Health Partnerships to propose health equity measures that address social risk factors and facilitate integration of clinical and social health. Achieving specific measurable results from this project was challenged by impact of COVID on care delivery.

Race and Ethnicity Standardization in Reporting

In August 2023, Research and Data Analysis Division developed a common data table in data warehouse and documented processes for use of race and ethnicity data when aggregating across data sources to support data analytic staff in producing consistent and reliable results for equity analysis of health care data. The project was a result of increased demand for results stratified by race and ethnicity but inconsistent approaches depending on project.

Children and Family Services Administration

In 2022, the Children and Family Services administration hired an equity director after this role had been vacant for nearly a year. The key work of this equity director in 2022 includes:

- Building rapport with staff and learning about the work of the divisions in Children and Family Services.
- Conducting a comprehensive Equity Needs Assessment designed to understand the needs, challenges, and gaps in the experiences and work of employees. This assessment included an administration-wide survey, semi-structured interviews with leadership (Directors and above) and focus groups with employees.
- Recruiting and onboarding 15 new Qualified Administrators of the Intercultural Development Inventory and establishing a Community of Practice. Leading the work of the Equity Committee and providing support and advising to Division Equity Teams.

The current core equity and inclusion initiatives within Children and Family Services includes:

- Inclusive Development – build internal capacity of staff to improve the quality of their equity work, which includes the Intercultural Learning and Development Initiative, an Assistant Commissioner Equity Forum, and unit-level consultation.
- Strategy and Consultation – develop a strategic roadmap for the administration and share guidance for divisions (and units) to advance equity within their work.
- Equity Committee and Division Equity Teams – lead the administration’s Equity Committee and guide the committee to work through four goals addressing gaps and needs in bias reporting, cross-division collaboration, community engagement, and hiring.
- Employee Support and Resources – to support the creation of a culture of belonging where employees feel affirmed, valued, and respected. This includes providing support and guidance to those facilitating critical conversations, team building and culture, performance, and access to resources.
- Equity Policy – ensure compliance and implementation of the DHS Equity Policy and Equity Analysis Toolkit by providing an operational plan, technical assistance, and ongoing training.

The Children and Family Services administration, among others, is currently in the process of transition to a new cabinet-level department with a specific focus on improving outcomes for children, youth, and families. The equity director has been involved in this work through the co-development and utilization support of an enterprise-wide equity tool, membership on two workstreams and helping to develop an equity framework and governance structure for an equity and inclusion function in the new agency. The equity director also led the development of six key recommendations for the Implementation Office to integrate equity into the creation of the new agency.

Within the Children and Family Services Administration, several offices and divisions made significant strides in their efforts to design functions and processes through an equity lens.

Child Care Services – Parent Aware Racial Equity Action Plan

Parent Aware is Minnesota’s quality rating and improvement system for childcare and early education programs. In 2021, the Minnesota Department of Human Services engaged in efforts to better understand and address inequities within Parent Aware. As part of this effort, the department collaborated with Parent Aware partners through the Parent Aware Racial Equity Action Plan workgroup and engaged with hundreds of childcare programs across the state to identify and report on barriers and to create a plan for improvement. This is documented in the [2022 Parent Aware Equity Report](#).

Child Care Services is currently working with nearly 300 Ambassadors (made up of advocates, childcare providers, and others) who are providing feedback and helping shape the Parent Aware Redesign. They are also working with a newly formed Parent Aware Advisory Committee, which is made up of parents, partners and community members, providers, and early educators from licensed childcare, Head Start, and prekindergarten programs along with state staff.

DHS is now moving into the next phase of this work: gathering additional data and community input and implementing recommendations through the Parent Aware Redesign. This multi-year effort includes multiple projects and centers best practices and racial, cultural, linguistic, ability, and geographic equity.

The project is ongoing, but it is anticipated that the Parent Aware system will be redesigned to center best practices and racial, cultural, linguistic, ability, and geographic equity.

Economic Assistance and Employment Supports – Whole Family System Initiative

Since 2019, Children and Family Services Administration has administered the Whole Family Systems Initiative, providing resources to seven community partners for new local program design to address racial disparities in important human services and outcomes.

By working with community partners and co-designing prototypes to eliminate barriers for our families, the vision of the Whole Family System Initiative is to shift and change the system across government and organizations so that it truly enables and supports whole family approaches and responses to families’ challenges that encompass all aspects of their lives, including well-being, family preservation, housing, childcare, health, and economic stability.

The project aims to address the disconnect between the problems that communities and families experience and the current solutions and programs “the system” has in place, including:

- The state’s current funding system is siloed but families’ experiences and challenges are not; instead, they are broad and interconnected.
- Communities of color and indigenous communities are particularly negatively affected by the failures of the system.
- The current system is transactional rather than adaptive, transformative, and innovative.

Through this project, DHS has built unique relationships with seven community partners to identify program, practice, and policy barriers for change and to enable systems change grounded in local realities. Each partner has a DHS/BUILD site team collaborating with them to bring the learnings back to DHS on a regular basis. These seven community partners include:

- NorthPoint Inc focusing on maternal health for African American families,
- Comunidades Latinas Unidas En Servicio (CLUES) working with our Latino community and focusing on Early Learning with parents and children,
- People Serving People (PSP) working with African American and Native families to decrease homelessness,
- Minneapolis American Indian Center working with Native families who are experiencing substance use and involvement with child protection,
- Intercultural Mutual Assistance Association (IMAA) working with immigrants and refugees in their community and working on digital equity and literacy as well as early childhood education,
- Fond du Lac Tribal College and Ojibwemotaadidaa Omaa Gidakiiminaang (OOG) (Granma's House) working with Native families in a multi- generational approach to language revitalization,
- City of St. Paul working with families under 300% of poverty, with a special focus on African American and Native families with College Savings Accounts and a Guaranteed Income pilot.

A process has been implemented for funding these partners for five-year funding periods. Additional impacts of this project include:

- Minneapolis American Indian Center is working with Hennepin County to provide culturally relevant early intervention support to help keep families together for Native mothers who are in recovery or experiencing substance use disorders who are currently pregnant or have recently given birth.
- City of St. Paul and DHS worked to get policy clarifications around unearned income and not counting Guaranteed Income toward cash and food benefits.
- CLUES and OOG are Identifying the changes needed in the Family Friends and Neighbors processes and policies to allow for cultural inclusion of providers.
- NorthPoint Health and Wellness is working to receive Medicaid reimbursement for Community Health Workers for supporting black maternal health.
- PSP and DHS are conducting employment pilots for entry level positions for people who receive or have recently received public benefits. PSP's pilot includes wrap around support services when entering workforce after homelessness.
- DHS, the Minnesota Department of Education (MDE) and OOG are investigating ongoing funding for language revitalization efforts for Ojibwe language.

- IMAA and DHS are learning from digital equity and literacy prototypes designed to address the needs of immigrant and refugee families to inform similar efforts at the state level and deciding whether to do a resource hub for families to help navigate access to Early Childhood Learning.

Child Support – DEI Learning Series

The Child Support Division launched a Diversity, Equity, and Inclusion (DEI) Learning Series. This series includes three eLearning modules on foundational concepts, two live practice discussion sessions, and a newsfeed/blog with news and activities to keep the conversation going. In Fall 2023, an additional two eLearning modules were released on individual and systemic bias. The desired outcomes for this action to provide ongoing cultural competency/DEI learning for state and county child support professionals. The training is for state and county child support staff. It is an opportunity to address individual and systemic bias; therefore, impacting all those delivering and receiving child support services. With the initial implementation of the learning session, as of August 1, 2023, there were 128 participants in the eLearning series and 60 participants in the live discussions. The project was informed by the finding that many county staff do not have DEI or cultural competency training offered in their county. This affords the necessary training.

Management Operations – Equity contacting with small community-based organizations.

In 2023, Management Operations for the Children and Family Services Administration started an on-going initiative to reduce barriers for small community-based organizations to contract with DHS with the intent to increase access to DHS funding opportunities for minoritized communities. The administration has worked on identifying barriers for small community-based organizations to enter contracts with DHS, determine where inequities are perpetuated within the contracting process, and ensure that organized conversations continue at an administrative-level.

Office of Inspector General

Starting in later 2023, the Equity Director for the Office of Inspector General (OIG) has provided OIG-specific training, technical assistance, and readiness assessments for DHS Equity Policy and Toolkit within OIG. Through these ongoing efforts, staff will gain the competencies and skills to leverage data analysis, participatory community engagement, to conduct equity project planning, development, monitoring, and evaluation to substantiate successes and identify more opportunities to advance equity.

These efforts have highlighted the need for greater resources, including personal, to implement a community-based participatory and service-learning approach to community engagement is needed to better embed and advance equity efforts at DHS.

Child Care Assistance Program (CCAP) – Early and Often Project

The Office of Inspector General Program Integrity Oversight Division established the Early and Often initiative as a response to providers' feedback on the difficulty of the application process and their difficulty with navigating

government systems and regulations. The Early and Often project increased engagement with first year childcare providers, providing enhanced technical assistance and support with the goals of:

1. Ensure safe and quality childcare for Minnesota children.
2. Improve childcare access for children with service authorization and are from minoritized communities.
3. Support successes of new providers in meeting regulatory requirements.

The Early and Often project includes a commitment to more frequent communication from the Licensing Division with new providers and enhanced assistance throughout the licensing application process; quarterly site visits during the first year of licensure to provide technical assistance and guidance to new providers and support their success, including ensuring the health and safety of children and the importance of CCAP program integrity.

752 children with service authorization received childcare from providers that received enhanced support through the Early and Often project. Of the 752 children, 88% identified as from a community of color:

- 631 (84%) were Black or African American
- 50 (7%) were White (non-Hispanic)
- 42 (6%) were unknown or unable to determine
- 13 (2%) were multiple races
- 13 (2%) were Hispanic
- 2 (<1%) were Asian
- 1 (<1%) was American Indian/Alaskan Native

The Early and Often project has contributed to increased access to healthy and safe childcare providers for families and children that received service authorization.

Modernizing Child Care Regulations with an Equity Lens

Recognizing that:

- Children receiving childcare assistance are disproportionately from minoritized populations.
- Child Care Assistance Program (CCAP) participants are racially and ethnically diverse and there are waiting lists and unmet needs in the CCAP.
- Minnesotans of color and Minnesotans in rural communities face inequitable access to childcare programs.
- Single-parent households have compounding barriers in childcare access.
- Outside the 7-county metro area, Northern Minnesota has several counties with very low opportunity for childcare. Followed by Western and Southern Minnesota. Minnesotans who self-identified as

American Indian/Alaska Native or Hispanic tend to be one of the larger communities, behind White, in the counties with very low childcare opportunity.

Licensing Division is integrating community-based participatory engagement and policy analysis into updating licensing standards and data-driven tools as part of the Child Care Regulations Modernization project. The project team is actively identifying opportunities to mitigate disparate impact and advance equity for children and families. Through the Child Care Regulations Modernization project, licensors and providers will find it easier to navigate regulations and have more consistency with the licensing actions process across Minnesota. Highly compliant providers will receive shortened licensing reviews, which will allow licensors more time to provide technical assistance. Parents and families will know that childcare licensing state law is updated and have confidence in its ability to protect the health and safety of children. Policymakers will receive recommendations for DHS to implement new licensing standards and tools.

The Child Care Regulations Modernization project is ongoing, and results have yet to be realized. The project team is incorporating an equity lens, to ensure that many diverse perspectives have input into changes to licensing standards, to make the outcomes as equitable as possible.

Better translation and interpretation services for those with accessibility issues (e.g. visual impairments) or those with limited English proficiency are needed in order to better embed and advance equity efforts within this project.

Equity Capacity Building Plan

Beginning in late 2023, the Office of Inspector General has begun developing an Equity Capacity Building Plan that will provide capacity building of DHS staff through individual and group learning opportunities. Topics will include community-based participatory and service-learning models for community engagement, servant leadership, policy and plausibility analysis, qualitative and quantitative data analysis, and social determinants of health. Through this project, staff will gain the competencies and skills to integrate and advance equity in all critical decision making and internal and external community impact work. This project began in late 2023 and will continuously monitor and evaluate beginning in mid-2024.

Aging and Disability Services Administration

In late June 2022, Continuing Care for Older Adults hired an equity director. In July 2023, a new administration was created to merge Continuing Care for Older Adults with Disability Services, which became the Aging and Disability Services Administration.

The equity director spent the first 90 days meeting with leadership and staff to learn about the work of each division, develop relationships while attending leadership meetings and helping advise equity implications specific to one area. Additional work of the equity director included:

- Leading the work of the equity committee and framing priorities for the work.

- Identifying the top priority areas that the administration should focus on and aligning them to the DHS Equity Policy.
- Along with the rest of DHS equity directors, worked on updating, editing, and informing the latest version of the equity policy and toolkit.
- Participated in and supporting the administration's strategic planning efforts.
- Supporting the administration in streamlining our community engagement efforts.

The equity director focused on these areas to socialize and operationalize equity across the administration, ensuring that equity is at the top of mind and included in all the work by implementing an equity plan with an immediate focus on communication, learning and development, and impact assessment.

Communication

- Socialize and instill equity as part of the work and not an afterthought.
- Send out administration wide equity communication focusing on equity engagements and updates, notable dates on the calendar, and highlighting observances that impact marginalized employees, and corresponding short on demand resources to learn about those dates and observances.

Learning and Development

- Created an Intercultural Development Inventory implementation plan for the administration leadership to complete per the equity strategy in the DHS Strategic Plan.
- Leadership (directors and above) team completed phase 1: IDI assessment, individual debrief, group debrief, and quarterly group development workshops to work on their developmental plans.
- Recruitment of additional employees to become IDI Qualified Administrators is currently underway. To ensure the IDI implementation plan is completed for the rest of the leadership by June 2024.
- Established an Equity Forum that takes place every other month. The aim of the Forum is to combine equity learning with actions that impact outcomes. During the forum presentations focus on equity related issues following the format of identifying an issue, sharing what was done to address the inequity, sharing the current state of the issue.

Impact Assessment

- The administration is currently working on creating an equity dashboard to capture the impact of their equity efforts, with specific attention to the five focus areas of the equity policy.

In addition, the equity director has led the socializing and operationalizing of the equity policy and toolkit by delivering several trainings on the proper and appropriate use of the toolkit and supporting divisions on utilization of the equity analysis toolkit.

Within the Aging and Disability Administration, several offices and divisions made significant strides in their efforts to design functions and processes through an equity lens. One significant project with a specific identified equity focus, amongst many other efforts highlighted below, is the Aging and Disability Services Provider Capacity Grants.

Aging and Disability Services Provider Capacity Grants (GEAR Division)

In August 2022, approximately 20 million dollars in grant funding was granted to over 160 organizations to provide home and community-based services to rural and underserved communities. This project aimed to increase the number of culturally specific providers and/or providers offering culturally specific services to older adults and people with disabilities across Minnesota.

Community engagement was conducted to inform both rounds of the grants. Community engagement was done by community-based organizations rooted in the communities intend to fund.

Over 60% of the grantees had never held a state grant before. Over 25% of the grantees are using the funds to become HCBS providers themselves. 70% of grantees will be serving people in greater Minnesota. 45% of grantees will be serving people who are Black American born. 42% of grantees will be serving people who are African born, 23% of grantees will be serving people who are American Indian. 20% of grantees will be serving people who are Latino. 30% of grantees will be serving people who are LGBTQIA+, 14% of grantees will be serving people who are Asian American and Pacific Islander. 25% of grantees culturally reflect the people they serve.

The area implementing these grants is under resourced for grant funding and necessary technical assistance needed to ensure successful implementation.

HCBS Evaluation of the Assessment for Racial and Ethnic Disparities (HEARD)

HEARD is a multi-stage project that uses a combination of quantitative and qualitative methods to examine and understand how people access Medical Assistance home and community-based services (MA HCBS). Phase 2 of the HEARD project is focused on listening. DHS partnered with a research consulting group to lead a community-participatory approach by conducting listening sessions with American Indian, US-born Black, Somali, Hmong, and Hispanic/Latino communities. The results of phase 2 will be used to: identify positive practices, make policy/operational recommendations, and champion ongoing measurement to monitor disparities over time.

Results from the literature review of Phase 1 of the project indicate that there are different patterns of use by race/ethnicity: white people are more likely to use home care while BIPOC people are more likely to use HCBS. Among HCBS users, Black users were more likely to be hospitalized than their white counterparts. While receiving HCBS, Medicaid HCBS spending was higher for white users than for BIPOC users. Having access to affordable services increased African Americans' chances of receiving HCBS services.

Results and recommendations from phase 2 of the project will inform policy and operational changes and champion the development of ongoing measurement instruments to track disparities over time.

Temporary extension of ability to pay parents of minors and spouses with Medicaid funds for Personal Care Assistance Services

Federal law typically prohibits Medicaid funds to be used to pay for Personal Care Assistance (PCA) services when those services are delivered by parents of minors or the spouse of the PCA recipient. This prohibition was removed temporarily during the Public Health Emergency (PHE). When the PHE ended, the Centers for Medicare and Medicaid (CMS) allowed this particular flexibility to continue for states that applied for the flexibility. Based on feedback from recipients and the diversity of both providers and recipients of this program, DHS applied to CMS for the ability to continue using Medicaid to pay parents of minors and spouses after the PHE for the longest period allowed by federal regulations (through November 15, 2023).

Allowing for the payment of wages to parents of minor and spouses for the delivery of PCA services means additional income to the family and ensures that the person receiving services has a reliable caregiver that knows their individualized preferences and delivers services in a culturally appropriate manner. Taking advantage of additional, although time-limited, federal flexibilities was intended to prolong these outcomes for as long as possible until a permanent solution is established through the implementation of Community First Services and Supports (CFSS).

The PCA/CFSS program is one of the most diverse long-term service and support programs in Minnesota and has been growing more diverse over time. In January of 2021, 55% of home care (PCA) participants were people of color or Native American. Approximately 36% of home care (PCA) recipients were non-Hispanic white, compared to an estimated 80% of Minnesotans statewide.

Home care workers, of which PCA workers represent the largest share of workers, themselves are overrepresented by women, people of color and people who have immigrated to the United States. An evaluation of home care workers in 2022 found that 85% of home care workers nationally are women, often single mothers. And while people of color make up roughly 40% of the US workforce, nearly 63% of the home care worker labor force versus 40%. The same data found that immigrants make up roughly 16% of the workforce yet constitute nearly 31% of the home care workforce. Nationally, home care workers earn a median annual income of \$19,100 and 1 in 6 homecare workers live below the federal poverty line. This project reveals the fragility of the availability of traditional PCA providers and the need to continue to find permanent strategies to compensate family members some of the time they provide care to their loved ones.

Because the PCA program is one of the most diverse programs in terms of who receives it and who provides it, this effort likely avoided the recipient from having to access more formalized, less culturally responsive services. Some families were able to retain income from these payments that started during the public health emergency (PHE) waivers.

Time limited; the federal prohibition was re-instated on through November 15, 2023. Minnesota is poised to implement CFSS, which is a re-design of the PCA program that uses different federal authority (e.g., 1915k, 1915i), which do allow for paying of parents of minors and spouses currently. Implementation of CFSS is targeted for June of 2024.

Diversity, Equity, Inclusion and Staff Retention in Minnesota Nursing Facilities

DHS' Nursing Facility Performance-based Incentive Payment Program (PIPP) strives to improve nursing home quality and to increase the quality improvement capacity of nursing facility staff. PIPP has dedicated \$18 million annually, available in increased payments given to nursing facilities that develop and successfully implement QI projects after a competitive selection process. As of January 2021, DHS has given special consideration to projects focusing on diversity, equity, and inclusion (DEI) efforts, and has funded several projects with this focus to date.

Participating facilities have taken multiple actions, including but not limited to: Updating policies and practices to focus on quality healthcare and services to underrepresented racial and ethnic resident populations in the nursing home; developing training and programming that recognizes DEI, unconscious bias, and culturally appropriate care; hiring DEI directors to champion diversity for the organization; and updating employment policies and hiring practices to better develop a diverse, equitable, and inclusive workforce, including frontline and leadership roles.

Participating facilities are working to improve their staff retention and residents' feelings of connectedness to staff and other residents. Projects are adjusting their services to better embrace diversity and accommodate the cultural differences of both employees and the populations being served. For instance, a project collaborated with their scrub vendor to explore the customization of skirts and Hijabs as part of the standard scrub uniform. Additionally, a project introduced the concept of pronoun utilization by including them on employee name tags.

Many nursing homes are challenged to retain their staff, producing environments where residents feel disconnected from staff and each other. These initiatives have taken significant steps to build community, in towns and cities throughout the state. They actively involve individuals with diverse backgrounds, encompassing differences in race, ethnicity, gender, religion, socioeconomic status, physical abilities, mental health, veteran status, age, etc. The aim is to foster a deeper understanding of people with diverse norms and promote a heightened sense of belonging within their respective communities.

While final outcomes are in progress, the projects have had positive responses within the larger communities they serve. There is increased recognition and celebration of all cultural holidays. Some facilities have established a DEI YOUNique Coffee Hour with a weekly theme, delving into diverse cultures, values, and beliefs. One project involves community engagement through social media channels. Additionally, active participation in the Community Diversity Coalition in Faribault, MN, has been a notable aspect. Collaboration with external consultants, such as the University of Minnesota and the Pride Institute, along with visibility in the community such as at county fairs, have been part of the projects' approach.

Expanding the Minnesota Indian Area Agency on Aging (MIAAA)

The purpose of this project is to support Indian elders throughout the State of Minnesota and meet Older Americans Act tribal coordination requirements. This project also included welcoming 6 additional tribes to join MIAAA. As part of the PSA expansion to include 7 additional Tribes, staff presented at various Tribal meetings to

provide data updates, updates on the process, and receive feedback. Tribal leaders were also contacted through multiple letters notifying them of the process and intent to expand MIAAA.

Regular meetings have been established with each of the 4 tribes currently a part of MIAAA and will be expanded to the incoming 6 tribes. Policies and procedures are being put into place; and staff are providing technical assistance.

MIAAA now represents 10 out of the 11 federally recognized tribes in Minnesota.

Review and Updating of the Intrastate Funding Formula

The purpose of this project is to provide an updated Intrastate Funding Formula based on the most recent data available. The intended impact is to provide dollars to the areas that have highest need based on the formula. Regular meetings were conducted with Area Agencies on Aging and their boards, the Minnesota Board on Aging, PSC the contractor, and the public through public meetings and public comment opportunities.

Because the metro area has a larger population, they receive a large amount of funding. However, this does not account for the vast distances between services for those in rural areas. Funding has not kept up with growing demands for services. Due to the small population of tribal nations, not all population data is available.

The metro area, which has the largest population of people of color, will receive an increase in funding.

Behavioral Health, Housing, and Deaf & Hard of Hearing Services:

Housing and Support Services

As part of an effort to deepen staff understanding on equity and antiracism priorities and elevate commitment toward embedding equity practices in everyday work, Housing and Support Services Division initiated small group reading and discussions using the book *How to Be an Anti-racist* by Ibram X. Kendi. The coordination of group discussions, interactive sessions, and additional monthly forums are intended to inform decision-making on their operating procedures, and strategic partnerships with stakeholders. Additionally, this process addresses levels of experiential learning within their individual's own equity journeys so that staff can provide more responsive services for the communities served based on enhancing our knowledge. The division is still in the implementation stage of this activity and will provide impact statements upon evaluation.

Deaf and Hard of Hearing Services

The Deaf and Hard of Hearing Services Division initiated monthly equity meetings to discuss a wide spectrum of equity-related issues addressing deaf, deafblind, hard of hearing, and late-deafened communities through intersectionality lens. The original objectives and outcomes for this meeting series were to expand staff's professional development and understanding of the state-wide gaps and trends through equity lens addressing deaf, deafblind, hard of hearing, and late-deafened communities. The division intended to utilize monthly meetings to incorporate new and improved practices in their programs' direct services and communications for the communities served.

The Deaf and Hard of Hearing Services Division has four program units: Mental Health Program, Regional Services, Telephone Equipment Distribution (known as TED), and Operations. Each program unit have encountered such wide range of equity-related issues and gaps in the staff's line of work. The division staff have discussed on how to expand access and resources for people who are deaf, deafblind, hard of hearing and late deafened and who are also underrepresented through an equity lens. From this effort, a learning emerged that the division has limitations and needs increased resources, staffing, and funding to expand services statewide for people who have hearing loss and who struggle to gain access to services. In addition, the division has been working on tailored branding, communications, and outreach to increase awareness on the available programs, services, connections, and referrals.

This is an ongoing practice for the division, and they will continue to utilize new information to assess, consider, and explore new and current avenues and practices for providing services to the communities they work with.

Equity Review Conclusion

The work featured above reflects various equity initiatives being implemented across the agency to advance equitable outcomes in DHS programs and services. 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.

Emerging from the reported equity project highlights of each administration were key recommendations to better embed and advance equity efforts at DHS. These recommendations include:

- Adequate investments toward external relations efforts, targeted capacity building, and leadership accountability and support be prioritized and aligned with the department's strategic priorities.
- Investment for greater resources, including staffing, to implement community-based participatory and service-learning approaches to community engagement.
- Investment in translation and interpretation services.
- Additional resourcing for teams administering grants to provide necessary technical assistance needed to ensure successful implementation.

Looking ahead to the next biennium, DHS must continue to invest in efforts centering impacts for communities experiencing inequities that, in turn, achieve the outcomes and goals outlined in the 2023-2027 Agencywide Strategic Plan:

A. People in Minnesota thrive.

- Goal A.1: Advance policy and programs that support equity, justice and stability in food, housing, income, childcare, and health care.
- Goal A.2: Promote adult and children's safety and wellbeing with easy access to behavioral health supports and optimal living situations.

- Goal A.3: Champion a service continuum that centers justice, equity, and choice supporting people with disabilities and older adults to lead meaningful lives in community.
- Goal A.4: Invest in home, community, and facility-based care workforce and strengthen Minnesota's network of caregiving.

B. People experience high-quality human services.

- Goal B.1: Transform and strengthen the service delivery experience to be equitable, accessible, caring, and responsive.
- Goal B.2: Administer programs effectively and efficiently through streamlined processes and reduction of errors, fraud, and waste.
- Goal B.3: Build capacity to partner with Tribal Nations and counties to envision a human services system that works for the people in Minnesota.
- Goal B.4: Build capacity to engage with community and amplify voices in decision making processes.
- Goal B.5: Equip partners and providers, with resources and technical assistance to maintain program integrity and deliver better services.

C. People at DHS thrive in an inclusive environment.

- Goal C.1: Become an anti-racist/multicultural organization and build equity into everything we do.
- Goal C.2: Create an organizational culture where employees experience inclusion, psychological safety, respect, wellbeing, and joy.
- Goal C.3: Build career pathways and create ways for staff to grow in their job.
- Goal C.4: Be a collaborative partner in the creation of separate state agencies while supporting employees and continuity of operations.
- Goal C.5: Enhance DHS's environmental sustainability.

Appendices

Appendix A: Legislation Authorizing Cultural and Ethnic Communities Leadership Council

2023 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. MS 2022 [Repealed, [2023 c 50 art 1 s 38](#)]

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 Jan. 15, 2016; Aug. 21, 2020; Nov. 18, 2022

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 implementing strategies to reduce inequities and disparities that particularly 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 may 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; parent representatives from these communities, and Cultural and Ethnic Communities Leadership Council members. 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.). Note: 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.

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 Minnesota Statutes, section 256.041.

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

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, no more than three months after the Council review panel submits their recommendations.

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(s)

1. The commissioner shall accept recommendations from the Council to appoint a chair or chairs.
2. The Council will select a chair or chairs to recommend to the commissioner using a process of nominations and a majority vote of a quorum of the Council at a regular meeting. Community relations staff will notify the Commissioner of the Council's recommendation.
3. The term of a chair is for two years, elected biennially. In the case of two chairs, the terms will be staggered, with one chair election each year. If there is no acting chair, one chair shall be appointed as soon as possible following the vacancy. Chairs may serve 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(s) to have an individual conversation with the member about a need for

changed behavior. If the individual in question is a Chair, a member of the leadership team (either a co-lead of a workgroup or the other Chair) will hold the initial conversation and continue duties as outlined below.

2. If the initial conversation does not remedy the situation, a 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, the chair (or other designated member of the leadership team) will schedule a call, during a full meeting of the council, in an executive session that is closed to the public for preliminary consideration of the matter
4. If the member is in a community member position (not an ex-officio member), as a last step, the Council may vote to request the Commissioner remove the member from the Council.

ARTICLE IV

DUTIES

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

Section 1: Duties of the 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.
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.
12. 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.

Section 2: Council Member Duties

The members of the Council shall:

1. Attend scheduled meetings with no more than three absences per year 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(s) deem appropriate and necessary to facilitate the goals and duties of the Council.
7. Participate in work groups to carry out Council duties.

Section 3. Duties of the Council Chair(s)

Responsibilities of the Council chair(s) 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. Meet with DHS community relations staff at least once per month to discuss and plan for upcoming CECLC meeting agenda items and presentations.
6. Attend legislative meetings as needed.
 - a. In particular, have availability for testimony on CECLC-sponsored legislation in committee hearings, strategy meetings, etc.
7. Participate in external meetings with Council partners, stakeholders, etc.
8. 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 advance 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 and actively engage with 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, equitable, and culturally responsible 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 the agency 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.
9. Support member participation in the Council, including participation in educational and community engagement events across Minnesota that address equity in human services.
10. 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 made by a majority vote of the members present at a meeting with a 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

5. A CECLC member may call for an executive session that is closed to the public to discuss and address Council matters as authorized or required under the Minnesota Open Meeting Law, Minnesota Statutes, Chapter 13D. The Council will then vote to go into executive session.
6. “The Council may conduct meetings using telephone or interactive technology as authorized by the Minnesota Open Meeting Law, Minnesota Statutes, Chapter 13D.” Communication Access Realtime Translation (CART) services for Council meetings are available upon request.
7. Council members will have name cards/tents that include their name and, if desired, gender pronouns.
8. The Council will meet, at a minimum, monthly.
9. A Chair, or a workgroup (by a majority vote of the respective body) 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 is 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(s), will establish workgroup leadership positions.

1. The Chair(s) 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(s) 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 (workgroup co-chairs) of each workgroup will be elected democratically from within workgroup membership.

Section 5. Compensation

Compensation for members of the Council is governed by Minnesota Statutes, section 15.059, subd. 3. The following constitutes a day spent on Council or workgroup activities for purpose of making daily payments under that subdivision: participation in either one workgroup or one monthly CECLC meeting in any month. The Council may vote to include additional eligible days (for retreats or other council activities) as needed.

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, remove themselves from the 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, Chapter 13 governs 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 as required or authorized by law. Observers at all meetings will be given an opportunity to provide input for Council consideration.

ARTICLE VI

AMENDMENTS

Notwithstanding Article V, Section 1, amendments to the Council Bylaws may be approved by the Council with a **two-thirds** vote of the full 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 2022 to December 2023

<i>Members representing diverse cultural and ethnic communities:</i>
<i>Foua-Choua Khang (September 2020-September 2024)</i>
<i>Lolita Davis Carter (September 2021-September 2025)</i>
<i>Micaela Schuneman (October 2023-October 2025)</i>
<i>Pachua Vang (October 2023-October 2025)</i>
<i>Abdirahman Ali-Mumin (October 2023-October 2025)</i>
<i>Alex Abraha (October 2023-October 2025)</i>
<i>Rosalva Hernandez (September 2022-October 2023)</i>
<i>Satasha Green-Stephen (September 2019-September 2023)</i>
<i>Hibaq Dualeh (September 2021-September 2023)</i>

<i>Members representing culturally and linguistically specific advocacy groups:</i>
<i>Philip Seton Gaye (October 2023-October 2025)</i>
<i>Kimetha Johnson (October 2023-October 2025)</i>
<i>Miguel Garate (September 2019-December 2023)</i>
<i>Meagan Hernandez (September 2019-December 2023)</i>

Members representing culturally specific human services providers:

Joanna Rosa (October 2023-October 2025)

Mozana Ebrahim (October 2023-October 2025)

Sheree Steele (March 2021- September 2023)

Jesús Villaseñor (September 2021-December 2023)

Members representing the American Indian Community:

Margarita Ofelia Ortega (October 2023-October 2025)

Becca Graves (September 2022-September 2024)

Mariah Norwood (January 2020-January 2022)

Elizabeth Taylor-Schiro (January 2020-January 2022)

Members representing counties serving large cultural and ethnic communities:

Sheila Lipsco (September 2021-December 2025)

Shawn Sorrell (September 2021-December 2025)

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

Farhia Said (October 2023-October 2025)

Larry Yang (September 2021-September 2023)

Tonia Lofton (September 2019-October 2025)

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:

Rep. Tina Liebling

Rep. Mohamud Noor

Rep. Dave Pinto

Sen. Melissa Wiklund

Sen. John Hoffman

Rep. Deb Kiel

Rep. Anne Neu

Rep Brian Daniels

Sen. Jim Abeler

Sen. Paul Utke

Rep. Jennifer Schultz (former)

Rep. Tony Albright (former)

Members representing faith-based organizations ministering to ethnic communities:

Lashalle Campbell (October 2023-October 2025)

Paul Slack (September 2019-October 2025)

Wesley Farrow (September 2021-September 2023)

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

Christopher Green (October 2023-October 2025)

Jackie Thomas-Hall (September 2021-December 2023)

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

Josefina Geronimo (October 2023-October 2025)

Macdonald Metzger (September 2021-October 2023)

Representatives of the state ethnic councils and the Minnesota Indian Affairs Council:

Shannon Geshick

Anjuli Cameron (former)

Linda Sloan

Rosa Tock

One representative of the Ombudspersons for Families (rotating):

Manuel Zuniga (2023)

Brook Mallak (former)

DHS Employees:

Lizette Banini (October 2023-October 2025)

Nelly Torori (October 2023-October 2025)

Cratè Darden (September 2022-September 2024)

Jensina Rosen (September 2021-August 2023)

DHS Employees:*Kia Moua (July 2017-September 2023)***DHS Staff to CECLC:**

<i>Nikki Farago</i>	<i>Deputy Commissioner</i>
<i>Helen Ghebre</i>	<i>Director of Community Relations</i>
<i>Nina Harris</i>	<i>Community Relations Specialist</i>
<i>Rebeca Sedarski</i>	<i>Community Engagement Coordinator</i>
<i>Cathlyn Dymit</i>	<i>Community Relations Project Coordinator</i>
<i>Nicole Juan</i>	<i>Community Relations Specialist (Former)</i>