



Cultural and Ethnic Communities Leadership Council (CECLC)

2020 Legislative Report

Community Relations

February 2020

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Table of Contents

Cultural and Ethnic Communities Leadership Council (CECLC)	1
2020 Legislative Report	1
Letter from the Chair	5
Cultural and Ethnic Communities Leadership Council Members – Power & Partnership	5
Centering the CECLC in Collective Expertise & Shared Responsibility	5
Racialized Systems & Root Cause Analysis for Targeted Investments	6
Shared Humanity & Sparking Change	6
Land Acknowledgement	8
Executive Summary	8
2019 CECLC activities and 2020 priorities	8
DHS Equity Policy updates	10
2019 Equity Review	10
CECLC Introduction, Background, Activities and Strategic Priorities	11
Introduction	11
History of the Council	14
Membership	14
2019 CECLC Work and Activities	15
CECLC Strategic Priorities for 2020	21
Racial and Ethnic Disparities in Minnesota	22
Poverty, Income, and Employment	24
Housing and Homelessness	25
Health	26
Human Services	28
Agencywide initiatives and actions to address disparities	30
DHS Policy on Equity	30
Bush Community Innovation Grant	31
2019 Annual Equity Review	33
Part 1. Institutionalizing a Commitment to Equity at DHS	34
Part 2. Opportunities and Challenges to Advancing Equity	44

Part 3. Equity Projects	46
Conclusion	51
CECLC Recommendations	52
1. Awareness goal:	52
2. Leadership goal:	52
3. Community Health and Health Systems goal:	53
4. Culturally and Linguistically Competent Services goal:	53
5. Research and Evaluation goal:	54
Appendices	54
Appendix A: Legislation Authorizing Cultural and Ethnic Communities Leadership Council	54
Appendix B: CECLC Bylaws	58
Appendix C: DHS Policy on Equity	64
Appendix D: Council Membership	70
Appendix E: Council Photos	78

Letter from the Chair

Cultural and Ethnic Communities Leadership Council Members – Power & Partnership

As the newly appointed Chair for the Cultural and Ethnic Leadership Council (CECLC), it is my duty and honor to lift up the value, wisdom, and strength of current and past members of the CECLC. The CECLC's function and purpose are grounded in our commitment to address social and political determinants of health for racial and ethnic groups who utilize and receive DHS programs and services across all 87 counties in Minnesota.

The CECLC is a rich collective of racial and ethnically diverse community leaders and American Indians who are residents of Minnesota. We are also refugees, immigrants, LGBTQ+, and people who may have a disability or live in rural Minnesota. Our shared humanity fuels our efforts to serve as a touchstone for DHS and to co-create solutions in partnership with DHS leaders, community partners, and the Minnesota Legislature.

Our strength is rooted in our lived experiences, professional knowledge, and our rich diversity. We are leaders and advocates. We present with great resilience. Our families and ancestors have collectively experienced the compounded challenges of systemic inequities and racialized power constructs. We aim to reduce race-based disparate outcomes, through deconstructing structural and systemic barriers in policies, budgetary, and operational decisions and practices. We seek to work in true partnership to increase efficiency, effectiveness, and equity. We aim to be focused and push for accountability.

We work to re-envision the health and human service system. Let us be committed and unified in working with many to help all people meet their basic needs so we can all live in dignity and achieve our highest potential.

Centering the CECLC in Collective Expertise & Shared Responsibility

The CECLC embarks on a new phase of challenges, as well as growth and opportunity. We must acknowledge we are in relationship. We must build trust, extend grace, and stand in our truth. The CECLC centers both lived and professional expertise to help analyze the root-cause blockers that prevent our great state of Minnesota from achieving health equity, in a racial and ethnic context - so race, culture, and ethnicity can no longer be a predictor of health outcomes and better outcomes for all Minnesotans can be achieved. This work is a shared responsibility and a collective effort. Equity can only be achieved when health and human services operations and processes are assessed and prioritized to better serve racial and ethnically diverse communities and families.

The CECLC aims to further elevate and support the DHS strategic plan and the organizational strategy to implement the DHS Policy on Equity. A key initiative of the plan is to “Advance equity and reduce disparities by establishing an environment in human services that engages all people.” The first goal of the strategy is to: Institutionalize an approach to decision-making, program and policy development, implementation, and evaluation that improves outcomes and reduces health and human services disparities and inequities for the people we serve.

The CECLC seeks to share our power and wisdom so DHS can be more inclusive and improve decision making that impact cultural and ethnic communities and families. We seek to sustain and enhance key leadership positions and create a balance at the executive level as well as provide coverage to frontline staff who work to advance equity across DHS and the state of Minnesota. We aim to work in partnership with DHS and counties to re-imagine and re-design service delivery; and promote culturally and linguistically appropriate, accessible, and effective human services.

Racialized Systems & Root Cause Analysis for Targeted Investments

Minnesota must acknowledge that the concept of race and whiteness has been baked into our society and systems over many years, decades, and generations. Race and culture influence our personal understanding of power and privilege. This plays out within our organizations and communities. Race and culture impact how we all experience the world today. Unpacking the authorities that govern DHS programs and services within a historical, racial, and fiscal context can help remove organizational blockers that impede our ability to eliminate racial and ethnic based disparities in the State of Minnesota. The CECLC implores DHS and all executive branches of state government, as well as local government entities, to better understand and apply Targeted Universalism in policy and business operation decisions. The CECLC seeks to work in cooperation and serve as community experts to advise DHS on targeted investments that prioritize the modernization of legacy systems; as well as focus on revising policies and procedures to better serve racial and ethnic communities and families. Some focus areas for the CECLC include addressing disparate outcomes in:

- Child Welfare & Social Services
- Juvenile Justice & Corrections
- Immigration & Refugee Services
- Housing Services & Homelessness

Shared Humanity & Sparking Change

All public servants have a duty to be good stewards of the public dollar. Public servants who are in leadership roles also hold a heightened responsibility to better serve communities, families, and individuals who have disproportionately negative outcomes. These poor outcomes are not due to

circumstance. There are public policies and programs that have historically traumatized racial and ethnic communities and families within Minnesota and beyond. The result has been health disparities, racial inequities, and generational traumas that present today. These challenges must be addressed and energies must be focused for the betterment of all Minnesotans.

We must explore how trauma and resilience lives within each of us due to our shared humanity. Together, we can analyze our truths and increase our own self-awareness about power, privilege, culture, ethnicity and race. We can agree that when some of us suffer – it is bad for all of us. Now is the time to spark change!

The potential of Minnesota cannot fully be achieved without the courageous leadership and priority investments to correct past wrongs. We want to call folks in, not out – and work in cooperation. Our journey has already set a precedent and serves as a case study. Further research shows there is a fiscal and human costs to disparities. We must pivot and change the trajectory of our state. It is with great hope and deep commitment that the CECLC moves forward to address social and political determinants of health for racial and ethnic communities and families who utilize and receive DHS programs and services across all eighty-seven counties of Minnesota. The CECLC has organized itself to lead in collective with council members, DHS leadership, and the Legislature. When we help each other, we truly do work to create a brighter future for all Minnesotans.

Sincerely,

Maria Sarabia, Chair

Land Acknowledgement

The CECLC collectively acknowledges that the state of Minnesota is located on the traditional land of indigenous people that once and still is occupied by the Ojibwe, Dakota, and other Native peoples from the time immemorial. These lands hold great historical, spiritual, cultural, and personal significance for these Native nations. We recognize, support and advocate for the sovereignty of these nations in this territory and beyond. By offering this land acknowledgement, we affirm tribal sovereignty and will hold ourselves accountable to the American Indian people and nations.

Executive Summary

The Minnesota Legislature established the Cultural and Ethnic Communities Leadership Council (CECLC) in 2013 to “advise the commissioner of human services on reducing disparities that affect racial and ethnic groups” ([Laws of Minnesota 2013, chapter 107, article 2, section 1](#)). The CECLC consists of 15-25 members appointed by the commissioner of human services and must include representation from racial and ethnic minorities, tribal service providers, advocacy groups, human services program participants, and members of the faith community, as well as the majority chairs and minority lead of the human services legislative committees.

In 2015, the Minnesota Legislature extended the CECLC’s mandate through June 2020. The full text of current CECLC statute is in Appendix A and may be referenced at [the Office of the Revisor of Statutes website](#).

This report seeks to fulfill the following mandate outlined in [Minnesota Statutes 2019, section 256.041](#):

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

2019 CECLC activities and 2020 priorities

2019 brought many changes and transitions within the Minnesota Department of Human Services (DHS) as well as the CECLC. Since its inception, the council has maintained a core membership of longstanding advocates for equity. 2019 marked the first major transition of the council, as these

longstanding members reached their term limits and council chair Vayong Moua ended his term. In March, the Commissioner of DHS appointed three new community members to the council to fill vacancies. Between the July 2019 meeting and August 2019 CECLC meeting, the Commissioner of DHS appointed 17 new members to the council, as the terms of previous members expired. The Commissioner also appointed two additional members to fill vacancies in December 2019. Three returning community members, as well as the ex-officio positions, joined the newly appointed members to take a look at how they can build off of the strong, existing foundation of the council and prioritize the work ahead. In October 2019, the council selected and the Commissioner appointed Maria Sarabia to be the next chair of the council. Heartfelt gratitude and appreciation for the expertise, time, and passion of those council members who transitioned off of the CECLC in 2019.¹

The council engaged in many activities throughout the year to strengthen its capacity and further its mission in 2019. Some of the more visible highlights were that the council members spent time meeting in workgroups and with legislators to draft language changes to the CECLC statute to remove the council's sunset, strengthen the charge of the council, update the required elements in the CECLC legislative report, and request compensation for council member time and travel. The language is traveling through the DHS legislative proposal process for the 2020 legislative session. Earlier in the year, the council participated in collaborative discussions with the Minnesota Department of Health (MDH) Health Equity Advisory and Leadership Council (HEAL), a similar community advisory council. Council members continued to advocate for filling the position of Chief Equity Officer throughout numerous leadership transitions at DHS. The council also worked to identify needed updates to the DHS agencywide Equity Policy.

Since the appointment of new council members in August of 2019, the council has dedicated its time to connecting with one another, developing a better understanding the work of the agency and its organizational structure, identifying program and policy focus areas, and honing their strategic direction. The council has been engaged in providing input and guidance to the Blue Ribbon Commission as well as giving feedback to the DHS legislative proposals for 2020.

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

1. Child Welfare & Social Services
2. Juvenile Justice & Corrections
3. Immigration & Refugee Services
4. Housing Services & Homelessness

¹ For a full list of council members, see Appendix D

To further focus their efforts, the CECLC devised three workgroups (focused on internal DHS issues, external and legislative issues, and program or pressing topic-specific issues as identified in the focus areas above) that meet outside of regular CECLC meetings in order to advance their work and priorities.

DHS Equity Policy updates

The CECLC was instrumental in the development of the DHS Policy on Equity, which was approved in 2017 to institutionalize an approach to decision-making, program and policy development, implementation, and evaluation that improves outcomes and reduces health and human services disparities for the people DHS serves. As many structural elements of the Equity Policy (equity lead positions and equity committees, for instance) are now in practice across the agency, the CECLC recognizes that reviews and updates to the Equity Policy in 2020 are necessary. The CECLC will work with DHS equity leads, Community Relations staff, and others throughout 2020 to modify the existing policy and update it to focus on measurable outcomes and agency accountability that can further the work.

2019 Equity Review

The Equity Review is a compilation of projects occurring at the department that are aimed toward the reduction of disparities. While initiatives to build performance measures and evaluation plans to better capture qualitative and quantitative indicators are ongoing, this Equity Review identifies projects and provides evidence that demonstrates how these projects are having an equity impact both internally and externally.

Through the process of conducting the 2019 Equity Review:

- DHS reported 137 projects in the 2019 calendar year, an increase from 115 projects in 2018. Many projects have been sustained from year to year, showing committed efforts to reduce disparities in human services. Among this list of equity projects, 43 projects were newly reported in 2019. Many projects listed in previous year's reports were removed, with direction from equity leads and project staff.
- Administrations and business areas were asked to highlight projects within their respective areas that demonstrate equity progress, impacts, and outcomes. Through reviewing the submitted projects, we found that equity projects are institutionalizing a commitment to equity at DHS by:
 - Simplifying complex practices and increasing flexibility to allow for more culturally responsive providers

- Improving workforce outreach to traditionally underrepresented groups
 - Collaborating across our human service system to promote equity
 - Developing tools to streamline equity analysis
 - Using data to uncover disparities and motivate change
 - Engaging clients and eliciting feedback to improve service delivery
 - Redesigning processes and service models to increase program access and compliance
 - Creating more inclusive environments, programs, and employee engagement
 - Addressing service gaps
 - Strengthening government-to-government relationships between Tribes and DHS
 - Educating communities on the impact of changing policies
- Agency staff shared feedback on progress and challenges to equity efforts at the department. Through the compilation of their responses, we found that a barrier to advancing equity that has been overcome is that there has been increased attention and awareness of equity at various levels within the department. While equity is receiving increased attention, more staff time and resources allocated to this work as well as leadership and agency prioritization of equity are needed in order to more deeply institutionalize equity. Additionally, embedding an equity lens in all efforts at the department has been a continued challenge.

CECLC Introduction, Background, Activities and Strategic Priorities

Introduction

The Minnesota Legislature created the CECLC in 2013 to advise the commissioner on ways to reduce disparities that affect racial and ethnic groups. The CECLC's mission is to work in partnership with DHS to advance equity in health and human services. Their vision is to develop community-supported policy recommendations that work to achieve health and human services equity for cultural and ethnic communities and all those who call Minnesota home. CECLC members work toward this mission by advising DHS on a number of programs and policies.

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

2019 Core Agreements

1. Everyone is heard: practice active listening, build connections to others before and after meetings, and include opportunities for stakeholder input.
2. All voices are honored: practice compassion and withhold judgement.
3. Have integrity: practice honesty, put aside personal gain, prioritize attending meetings.
4. Be transparent: practice sharing information, describe your own experiences to give context, explain expectations for participation, share or work with others.
5. Empower people: practice speaking up courageously; reach out to our other communities for input.
6. Name: recognize and name structural racism and how it shows up in our systems and work.
7. Embrace tension: practice addressing issues where there isn't clear agreement, spend time ensuring everyone feels safe to discuss their point of view.
8. Show respect: for members of the council and those from DHS. Move away from blame to focus on fixing the problem that arose.
9. Accountability: Hold agencies accountable for disparities. Sometimes accountability can feel like blame.
10. Truth: Allow people's truth to be their truth.
11. In a respectful way, agree to disagree.

Values

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

Duties

1. Recommend to the commissioner for review identified policies in the Department of Human Services that maintain and create, magnify, etc. racial, ethnic, cultural, linguistic, and tribal inequities and advance and promote health equity.

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

² For full text of CECLC bylaws, see Appendix B

History of the Council

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

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

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

DRAC members requested that DHS change the scope of the work of the group by establishing a more formal presence in the state agency. In response, DHS developed the legislative proposal to establish the Cultural and Ethnic Communities Leadership Council (CECLC). Passage of this proposal by the legislature led to the creation of the CECLC in 2013.

Membership

Council Composition

In alignment with [Minnesota Statutes 2019, sec. 15.059](#), the CECLC consists of “15-25 members appointed by the commissioner of human services, in consultation with county, tribal, cultural, and ethnic communities; diverse program participants; and parent representatives from these communities. Appointments must include representation from racial and ethnic minorities, tribal service providers, advocacy groups, human services program participants, and members of the faith community, as well as the majority chairs and minority lead of the human services legislative committees.” More specifically, the CECLC consists of the following members:

- Five members representing diverse cultural and ethnic communities
- Two members representing culturally and linguistically specific advocacy groups
- Two members representing culturally specific human services providers

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

DHS Staff Support

DHS is responsible for providing staff support to maintain the CECLC and assist in its operation. In 2019, the Assistant Commissioner for External Relations Roberta Downing, Community Relations Director Helly Lee, along with Community Relations Specialist Nicole Juan, Project Manager Elizabeth Stein, Star of the North Fellow Lydia Pflugger, and Administrative Specialist Principal Beth Dansie, provided the primary DHS staff support.

2019 CECLC Work and Activities

2019 brought many changes and transitions within the Department of Human Services, as well as the CECLC. Since its inception, the council has maintained a core membership of long-standing advocates for equity. 2019 marked the first major transition of the council, as these long-standing members reached their term limits. In their final meeting, DHS leaders and staff, and the out-going council chair thanked members for their dedication to addressing health disparities and advancing equity at the Department of Human Services. Along with council member transitions, council chair Vayong Moua

ended his term. Heartfelt gratitude and appreciation for the expertise, time, and passion of those council members who transitioned off of the CECLC in 2019.³

In March, the Commissioner of DHS appointed three new community members to the council to fill vacancies. Between the July 2019 meeting and August 2019 CECLC meeting, the Commissioner of DHS appointed 15 new members to the council, and in December two additional vacancies were filled. The newly appointed council members joined three returning community members as well as ex-officio members to take a look at how they can build off of the strong foundation the original council members have built. In October 2019, the council selected, and Commissioner Harpstead appointed Maria Sarabia to be the next chair of the council.

Presentations and Discussion Topics

The council held monthly meetings in 2019. DHS staff, leadership, or representatives from outside organizations informed the council on the following topics in order to receive the council's advice and recommendation:

- Presentation on the Minnesota Department of Health's Health Equity Advisory and Leadership (HEAL) Council and opportunities for partnership.
- Addressing Minnesota's child welfare and foster care overrepresentation and outcome inequities.
- Updates on equity initiatives from DHS administrations.
- Community input on the Women's Economic Security Act 2.0 from Minnesota Women's Consortium.
- Updates on the 2020 Federal Budget and potential impacts on DHS programs.
- Presentation on the 2018 Equity Review.
- Presentation on the community engagement efforts employed through the DHS Child Support Online Communication tool.
- Presentation and discussion on equity, diversity, and inclusion in contracting and grant-making at DHS.
- Presentation on recommendations made by DHS's Child Support Task Force.
- Discussion and presentation from Dr. Antonia Wilcoxon on the history of the CECLC.

³ For a full list of council members, see Appendix D.

- Updates on DHS’s legislative goals and discussion of how the CECLC and communities can be better incorporated into DHS’s legislative process.
- Presentations on the Families First Prevention Services Act and an invitation to participate in an advisory committee.
- Ongoing discussions about the proposed federal rule to restrict the use of broad-based categorical eligibility.
- Ongoing discussions about the proposed federal public charge rule and its impact on immigrant communities.
- Presentation from DHS Equity Directors on their equity work within the Children and Family Services Administration and the Health Care Administration.
- Ongoing discussions with DHS legislative staff regarding the department’s legislative priorities for the 2020 legislative session.
- Presentation on the efforts of the joint Minnesota Department of Health (MDH) and DHS Blue Ribbon Commission and discussion on CECLC partnership in community engagement and equity review efforts.
- Update on the U.S. Department of Agriculture’s (USDA) proposed rule to revise the calculation of standard utility allowances (SUA’s) in the Supplemental Nutrition Assistance Program (SNAP) benefits.

Council Actions

The council engaged in many activities to strengthen its capacity and further its mission in 2019. The following are some of the more visible highlights.

Throughout the year, the council spent time meeting in workgroups and with legislators to draft language changes to the CECLC statute. First and foremost, the council’s priority is to remove the sunset on the council which is currently June 2020. In addition to the sunset, the workgroup identified language changes in its statute to strengthen the charge of the council, update the required elements in the CECLC legislative report, and ask for funding to compensate council members for their time (stipends as outlined in [Minnesota Statutes 2019, sec. 15.059](#)), as well as reimbursements for travel to council meetings.

In early 2019, the council met with the Minnesota Department of Health (MDH) Health Equity Advisory and Leadership Council (HEAL), a similar community council, to discuss each council’s duties, priorities, and to identify where and when the councils should work together. After that meeting, the CECLC drafted a letter of support to the HEAL council as they provided Commissioner Malcom with recommendations to improve equity work at MDH.

As noted below in the report, the council also identified needed updates to the DHS agencywide Equity Policy. The current council is in the process of taking those recommendations and working in partnership with DHS equity leads and other staff to update the policy in 2020.

In the spring of 2019, council members advocated to DHS leaders for the creation of a position that reports to the Commissioner that is focused on advancing equity agencywide. The council has continued to push for this agencywide position and is encouraged by Commissioner Harpstead's recent appointment of a Chief Equity Officer to fill this role.

Given that the council now has several new members, the group has been dedicating time to connecting with one another, understanding the work and structure of DHS, identifying topic areas of interest, and determining what impact they would like to make on the agency. Recently, the council discussed their engagement with DHS's work on the Blue Ribbon Commission and their efforts to engage communities as well as provided input to DHS legislative ideas for the 2020 legislative session. For the first time, the council got the opportunity to review DHS's full list of legislative policy and budget ideas for the upcoming session and met with DHS legislative staff to discuss, at high level, major policy ideas that impact equity. This effort is the first step in a long-term relationship with DHS on its legislative policy proposal process.

Participation in Workgroups, Advisory Bodies, Conferences or Exhibits

In 2019, council members participated in a number of events outside of the council meetings to build connections with others working toward systems change and connect with communities and various community organizations:

- Minnesota Department of Health (along with sponsorship from DHS and the Program for Health Disparities Research at the University of Minnesota) hosted a health equity summit in March 2019. CECLC members participated in the summit and added to the discussion on systems change and equity in Minnesota.
- DHS Community Relations sponsored an International Women's Day event on March 8, 2019 organized by Isuroon, a local organization committed to the support and empowerment of Somali women. DHS staff and CECLC members were in attendance.
- Harlem Renaissance event at WE WIN Institute: council members and Community Relations staff attended the event. The event was a production by the students of WE WIN to share their knowledge of artists and figures in the Harlem Renaissance. They performed poetry, sang, danced, and told stories inspired by and from the Harlem Renaissance. The event was organized by CECLC council member Titlayo Bediako (2014-2019), and assisted by Tonia Hughes, Nothando Zulu, and Christian Adeti.

- DHS Community Relations sponsored the Overcoming Racism Conference, a conference held Nov. 15-16, 2019, where CECLC members and DHS staff attended and facilitated workshops about reducing racial disparities and undoing structural racism.
- Council member Serena Xiong participated in the DHS/MDH Culturally Responsive Integrated Care Workgroup. The purpose of this initiative is to support the capacity of Minnesota providers to deliver integrated care to increase health equity and improve the health and wellness for all individuals and communities in Minnesota. Her participation continues into 2020 and she provides updates on this work to the full council regularly.
- WE WIN Institute’s annual Kwanzaa event in December 2019 was a city-wide event that used African-American culture as a vehicle for all cultural peoples to express their heritage. Council members and Community Relations staff attended.
- The Blue Ribbon Commission was created by the legislature in 2019 to establish a commission whose charge is to create an action plan to improve program efficiencies, produce savings, and promote better outcomes in health and human services. As DHS begins efforts to support this commission and its efforts, staff presented a background of the Blue Ribbon Commission to the CECLC in December 2019 and invited council participation in the internal planning for community engagement and equity assessment components of the work. Council member Jean Lee has, to date, participated in the discussions around community engagement and along with council member Kia Moua, contributed to the first equity assessment of proposals.

Awards

CECLC Chair (2013-2019) Vayong Moua received the DHS Outstanding Refugee Award for Civic Engagement.



The 2019 Outstanding Refugee Awards, presented by the DHS Commissioner and the DHS Refugee Resettlement Programs Office, recognized refugees for making the state a better place. In 2018, Minnesota welcomed 663 refugees from 22 countries. Refugees come to the United States to rebuild a new life after fleeing socio-political persecution in their home countries, often, preciously because of

their alliances with the United States. The **Civic Engagement Award** recognizes individuals making communities stronger through civic participation. From the DHS press release:

Vayong Moua, Director of Health Equity Advocacy at [Blue Cross Blue Shield of Minnesota](#), and chair of the CECLC was recognized for his commitment to equity, multicultural unity, and the elimination of health disparities in Minnesota. Moua has helped change policy to support healthy foods, advocated against child hunger, chaired CECLC, and equitable transportation.

Vayong Moua was born in Laos and spent the first year of his life in a refugee camp before landing in Eau Claire, Wis. The ripple effects of being a refugee and being born at the outset of the Hmong Diaspora, instills him with intergenerational advocacy. Following receipt of this award, Moua shared how he honors his Hmong history and family legacy while forging his own notable path today.



Moua family photo: Vayong's mother holds him, his father holds his older brother, Vameng, and his sister KaShia is in the womb.

Vayong says: "Often a metaphor, but I actually came to this county with no shoes, and was one of the lucky ones."

CECLC member Ann Hill (2013-present) won the Lifetime Achievement award at Women in Public Service Conference



Hill was honored for her commitment to public service at the annual conference hosted by Hamline University’s School of Business. From her nominator, “Jettie Ann Hill is a passionate public servant and community volunteer. She’s been active in fighting for families and against disparities in child protection for decades at the state with the Office of Ombudsperson for Families. She’s been an instrumental leader in Minnesota Association of Professional Employees (MAPE) where she has held many leadership positions.”

Hill has one son, Amir, who lives with his wife and two daughters in Columbus, Ohio. According to Hill, her six-year-old granddaughter Zuri “loves to Facetime with me. She was so excited and told me how proud she was of me when I showed her the Women in Public Service Award.”

CECLC Strategic Priorities for 2020

As a majority-new cohort, members the CECLC continues to fine-tune the council’s priorities, build its strategies, and strengthen its voice. In addition to building deeper connections with one another as council members, they are also developing relationships with key staff and leadership at the Department of Human Services as well as at the legislature to advance ongoing and future efforts.

To be impactful in this work, the council knows it must be focused and strategic. The council identified four major focus areas related to DHS programming and services. The council aims to address disparate outcomes in:

1. Child Welfare & Social Services
2. Juvenile Justice & Corrections

3. Immigration & Refugee Services
4. Housing Services & Homelessness

The council also identified interests in community engagement, voting & census work, addressing structural racism, and advancing the DHS Equity Policy.

To further focus their efforts, the CECLC devised three workgroups that meet outside of regular CECLC meetings in order to advance their priorities:

1. External/Legislative Workgroup
 - a. Focused on the CECLC legislative policy proposal, DHS policy proposals, and other legislative activity as it relates to health and human services (in)equities.
2. DHS Internal Policies & Operations Workgroup
 - a. Focused on the DHS Policy on Equity, CECLC Bylaws, and other internal issues and accountabilities within DHS.
3. Issues/Topics
 - a. Formed to take a deeper dive on DHS programmatic policy and/or service areas, as prioritized the above.

Racial and Ethnic Disparities in Minnesota

Minnesota continues to rank among one of the best and healthiest states to live in the United States (U.S.). Minnesota was ranked the 3rd best state to live in 2019 in an overall assessment of health care, crime, economy, education, and other indicators.⁴ Minnesota was also ranked the 4th healthiest state for seniors and the 6th healthiest state for women, infants and children in 2019.⁵ Despite this achievement for the state overall, these numbers overshadow the substantial inequities that exist in our state across racial and ethnic lines.

Minnesota is home to some of the worst racial disparities in outcomes and access throughout its systems in the U.S. In 2019, Minnesota was ranked the 47th state in terms of racial integration and 44th in racial progress between Black and Whites on indicators of employment and wealth, education, social and civic engagement, and health.⁶ A separate analysis ranked the Twin Cities metro area as the 4th worst city for Black Americans through the measurement of disparities in socioeconomic outcomes.⁷ Although these studies focused on disparities between Black and White Americans, these glaring

⁴ U.S. News and World Report. (2019). [Best states rankings](#).

⁵ America's Health Rankings. (2019). [Health of women and children report](#). *United Health Foundation*.

⁶ Wallet Hub. (2019). [States with the most racial progress](#).

⁷ Comen, E. (2019). [The worst cities for black Americans](#). *24/7 Wall St*.

inequities are prevalent between Minnesota’s White population and many racial and ethnic communities across the state, particularly the American Indian population in addition to African American populations.

As these inequities persist, Minnesota continues to become more racially and ethnically diverse. From 2010 to 2018 the state has seen a 29% increase in persons of color.⁸ Current estimates show that this diverse group of individuals represent 20.5% of the state’s population – over 1.1 million individuals.⁹ This number is expected to rise to nearly 25% by 2030.¹⁰ As of 2018, the breakdown of the state’s population by race ethnicity is as follows:¹¹

- American Indian - 1.1%*
- Asian - 5.1%
- Black - 6.6%
- Hispanic - 5.5%
- Two or more races - 2.3%
- White - 79.5%

*[Minnesota’s Cultural Communities data](#) estimate there to be 168,465 individuals who identify as Native American, the fourth largest cultural community in Minnesota. Compared to 2018 population estimates, individuals who identify as Native American represent approximately 3.0% of Minnesota’s population.

The state’s youth population is even more diverse - approximately 31% of youth are Non-White.¹² This number reaches nearly 41% in the Twin Cities metro area.¹³

Minnesota is home to several immigrant and refugee communities. In 2018, an estimated 8.6% of the population was foreign-born, several of whom are from Somalia, Mexico, India, and the Hmong community born primarily in Laos and Thailand.¹⁴ Many of the state’s youth are either children of immigrants or foreign-born themselves. Estimates from 2013 - 2017 indicate that over 18% of Minnesota’s youth under age 20 are a child of an immigrant or are foreign-born themselves.¹⁵

⁸ Minnesota Compass. (n.d.). [Population change by race, Minnesota and U.S., 2010-2018](#). Retrieved December 20, 2019.

⁹ Minnesota Compass. (n.d.). [Persons of color as a percent of the total population, Minnesota and U.S., 1960-2035](#). Retrieved December 20, 2019.

¹⁰ Minnesota Compass. (n.d.). [Persons of color \(number\), Minnesota and U.S., 1960-2035](#). Retrieved December 20, 2019.

¹¹ Minnesota Compass. (n.d.). [Population by racial and ethnic group, Minnesota, 2018](#). Retrieved December 20, 2019.

¹² Minnesota Compass. (n.d.). [Population under age 20 by race, Minnesota, 2000-2018](#). Retrieved December 20, 2019.

¹³ Minnesota Compass. (n.d.). [Population under age 20 by race, Twin Cities 7-county region, 2000-2018](#). Retrieved December 20, 2019.

¹⁴ Minnesota Compass. (n.d.). [Foreign born population by birthplace, Minnesota, 1870-2017](#). Retrieved December 20, 2019.; Minnesota Compass. (n.d.). [Population by nativity, Minnesota and U.S., 1850-2018](#). Retrieved December 20, 2019.

¹⁵ Minnesota Compass. (n.d.). [Population by age and nativity, Minnesota, 2013-2017](#). Retrieved December 20, 2019.

In some local areas, racial and ethnic communities are the majority populations. In Minnesota's capitol city, St. Paul, residents who are people of color reached 50.2% in 2017.¹⁶ In addition, Brooklyn Center, a suburb of Minneapolis, and its neighbor, Brooklyn Park, are now over 59% and nearly 55% people of color, respectively.¹⁷

As the diversity of our state grows, we are challenged now more than ever with addressing the disproportionalities that exist between Whites and racial and ethnic communities in Minnesota. While the origins and causes of racial disparities are multifaceted, we continue to operate in systems where policies, practices, and cultural norms are deeply entrenched with historical and structural racism – perpetuating inequity and marginalization of communities of color and native communities in Minnesota. The following are some examples of the disparities racial and ethnic communities continue to endure in Minnesota that intersect with our human services system.

Poverty, Income, and Employment

Minnesotans of color and American Indians have higher poverty rates, unemployment rates, and earn less income in comparison to Whites.

- Although poverty rates have lowered in recent years, approximately 20% of people of color live below the poverty level in comparison to 7% of Whites.¹⁸ The percent of individuals who lived below the poverty level in each racial and ethnic category in 2018 were as follows:¹⁹
 - American Indian – 34%
 - Asian – 13%
 - Black – 27%
 - Hispanic (may include any race) – 19%
 - Other – 15%
 - Two or more – 15%
 - White – 7%
- Many American Indian households and households of color earn significantly less than the average median household income of \$70,315 in the state. For example, Blacks and American

¹⁶ Brower, S. (2019). [Demographic report to St. Paul City Council](#). Minnesota State Demographic Center.

¹⁷ Minnesota Compass. (n.d.) [City of Brooklyn Center](#). Retrieved December 20, 2019.; Minnesota Compass. (n.d.) [City of Brooklyn Park](#). Retrieved December 20, 2019.

¹⁸ Minnesota Compass. (n.d.). [Percent of the population below the federal poverty level in the past 12 months by race, Minnesota and U.S., 1999-2018](#). Retrieved December 20, 2019.

¹⁹ Minnesota Compass. (n.d.). [Individuals below the poverty level by racial and ethnic group, Minnesota, 2018](#). Retrieved December 20, 2019.

Indian households earn approximately half of this income, while American Indians earn slightly less.²⁰

- Female-headed families of color in particular suffer high poverty rates. Latina, African Immigrant, and American Indian female-headed households have the highest poverty rates – estimates from 2011 – 2015 show that over 40% live in poverty.²¹
- Unemployment rates are high within communities of color and American Indian communities. The unemployment rate for Whites is 3%, for American Indians 14%, Asians 14%, Blacks/African Americans 8%, and Hispanics at 6%.²²

Housing and Homelessness

Housing is one of the issues that communities consistently share as being a barrier to their stability and economic success. Non-White individuals are more likely to be homeless, spend a greater share of income on housing, and are less likely to own their own home. Minnesotans of color and American Indians are deeply affected by rising housing costs and discriminatory housing practices.

- Minnesota has the 4th highest gap in homeownership between Whites (77%) and persons of color (41%) in the country.²³
- Households headed by individuals of color pay a higher share of their income on housing than Whites. For example, approximately a quarter of White headed-households spend more than 30% of their income on housing, whereas, over half of Black headed households spend this amount.²⁴ Furthermore, female-headed households of color spend a significant share of their income on housing. Approximately 4 in 10 Asian American, Latina, and African American female-headed renting households spend more than 50% of their earnings on rent.²⁵
- Individuals of color are overrepresented in the homeless population. While Blacks/African Americans make up 6.6% of Minnesota's population, they represent 37% of the homeless adult

²⁰ Minnesota Compass. (n.d.). [Median household income by racial and ethnic group of the householder, Minnesota, 2018](#). Retrieved December 20, 2019.

²¹ Women's Foundation of Minnesota & The Center on Women, Gender and Public Policy – University of Minnesota. (2018). [2018 status of women & girls in Minnesota](#).

²² Minnesota State Demographic Center. (2019). [Key findings for Minnesota in 2018](#).

²³ Minnesota Compass. (n.d.). [Homeownership rate by race, Minnesota and U.S., 2018](#). Retrieved December 20, 2019; Minnesota Compass. (n.d.). [Homeownership gap, rank of states, 2018](#). Retrieved December 20, 2019.

²⁴ Minnesota Compass. (n.d.). [Share of households paying 30% or more on their income for housing by race and ethnicity of the head of household, Minnesota 2013-2017](#). Retrieved December 20, 2019

²⁵ Women's Foundation of Minnesota & The Center on Women, Gender and Public Policy – University of Minnesota. (2018). [2018 status of women & girls in Minnesota](#).

population. American Indians make up 1.1% of the population, but they represent 12% of homeless adults. Those who identify as LGBTQ are also overrepresented, 22% of homeless youth and 10% of homeless adults identify as LGBTQ.²⁶

Health

There are profound racial disparities in health outcomes and access for individuals of color and American Indians in Minnesota. For example:

- American Indian/Alaskan Native (AIAN) (29%), Hispanic (27%), and Black (16%) populations all have a greater likelihood of being in fair or poor health than Whites (11%) in Minnesota. They also often have more poor physical or mental health days. For example, the AIAN population experiences an average of 6 poor mental health days per week in comparison to 3.2 days for Whites.²⁷
- Children of color are more likely to report not being in excellent or very good health. Only 7% of White children do not report “excellent” or “very good” health, whereas, rates for children of color range from 11-16%.²⁸
- Individuals whose preferred language is not English have health outcomes that are below state-wide averages.²⁹
- Some adults of color ages 18-64 have higher rates of having a disability. For example, an estimated 18-22% of American Indians, 19% of African American Blacks, and 10% of Hmong individuals have a disability in comparison to 8% of Whites.³⁰
- The Non-White adult population in Minnesota is more likely to be uninsured. Nearly 14% of Non-White adults were uninsured, whereas 4% of Whites were uninsured. They are also less likely to have access to employer-sponsored health insurance coverage – approximately 61% of Non-White individuals have access, whereas, 78% of Whites have access to this health coverage.³¹

²⁶ Wilder Research (2019). [2018 Minnesota homeless study fact sheet](#).

²⁷ University of Wisconsin Population Health Institute (2019). [Minnesota 2019 County Health Rankings State Report](#).

²⁸ KIDS COUNT Data Center. (n.d.). [Children who are not in excellent or very good health by race and ethnicity in the Minnesota, 2016-2017](#). The Annie E. Casey Foundation. Retrieved December 20, 2019.

²⁹ MN Community Measurement. (2019). [2018 Minnesota health care disparities by race, Hispanic ethnicity, language and country of origin](#).

³⁰ Egbert, A. (2017). [Minnesotans with disabilities: Demographic and economic characteristics](#) (OSD-17-153). Minnesota State Demographic Center.

³¹ Minnesota Department of Health (2017). Uninsurance rates by race and ethnicity. [Minnesota Health Access Survey](#).

- There are substantial inequities in drug overdose deaths. American Indians are nearly six times more likely and African Americans two times more likely to die of a drug overdose than Whites in Minnesota. This report notes that Minnesota had the greatest overdose rate disparity between American Indians and Whites in the country and the second greatest for African Americans.³²

Racial disparities in health outcomes exist within programs serving lower-income Minnesotans.

- Many differences exist in health outcomes by race among individuals enrolled in Minnesota Health Care Programs (MHCP), which serves individuals of lower socioeconomic status. Notable differences by race are:³³
 - Breast cancer screening rates are lower for AIANs, Black/African Americans, and those who identify as multiracial in comparison to Whites.
 - Colorectal cancer screening rates are lower for all individuals of color than Whites.
 - Optimal diabetes care rates are lowest for AIANs and Multi-racial individuals.
 - Optimal Vascular care rates are lowest for AIANs, Black/African Americans, and Multi-racial individuals.
 - Optimal childhood asthma control rates are lowest for AIANs and Blacks/African Americans.
- Significant racial disparities are present among U.S.-born Minnesotans enrolled in Medical Assistance (MA).
 - The American Indian population enrolled in MA has drastically worse health outcomes than any other racial demographic in the program. In comparison to Whites (who had the third worst health outcomes), American Indians are:
 - 100% more likely to have Substance Use Disorder
 - 1.5 times more likely to have Diabetes
 - 87% more likely to have HIV or Hepatitis-C
 - 16% more likely to have an injury due to accident or violence
 - The Black/African American population enrolled in MA has the second worst health outcomes. For example, in comparison to Whites they are:
 - 56% more likely to have Type 2 Diabetes
 - 80% more likely to have Hypertension

³² Minnesota Department of Health. (2018). [Race rate disparity in drug overdose death](#).

³³ Minnesota Community Measurement. (2019). [2018 Minnesota health care disparities by insurance type](#).

- The Asian population has the lowest rate of preventative care receipt.
- Further analyses showed that when these health outcomes were adjusted for social risk factors, their outcomes became much less severe, indicating that social issues experienced by these individuals play an important role in these health outcomes.³⁴

Human Services

The opportunities to advance equity through DHS policies and services are especially critical as human service programs are basic resources for supporting families and individuals, many of whom are from communities of color and American Indian communities.

- Approximately 17% of children in Minnesota receive public assistance, with White children representing the largest number of children receiving benefits. However, participation rates relative to their total population are much higher for children of color. Children in families that received public assistance in 2017 (Supplemental Security Incomes, cash public assistance income, or Food Stamps/SNAP) by race and ethnicity were as follows:³⁵
 - Asian or Pacific Islander - 31%
 - Black or African American - 52%
 - Hispanic or Latino - 29%
 - Whites - 9%
 - Two or more races - 24%
- 67.5% of children in the Child Care Assistance Program in 2018 were children of color, American Indian, or those who identified as two or more races.³⁶
- 41% of individuals enrolled in General Assistance in 2018 were individuals of color or American Indian, and an additional 3% identified as Multi-racial or their race was unknown.³⁷
- 48% of individuals receiving Minnesota Supplemental Aid in 2018 were individuals of color, American Indian, or Multi-racial.³⁸

³⁴ Minnesota Department of Human Services. (2018). [Accounting for social risk factors in Minnesota health care program payments](#) (DHS-7834-ENG).

³⁵ KIDS COUNT Data Center. (2019). [Children in families that receive public assistance by race and ethnicity in Minnesota](#). *The Annie E. Casey Foundation*. Retrieved December 20, 2019.

³⁶ Minnesota Department of Human Services. (2019). [Minnesota Child Care Assistance Program: State fiscal year 2018 family profile](#) (DHS-6664F-ENG).

³⁷ Minnesota Department of Human Services. (2019). [December 2018 General Assistance report: Households and enrollees](#) (DHS-6128K-ENG).

³⁸ Minnesota Department of Human Services. (2019). [December 2018 Minnesota Supplemental Aid: Households and enrollees](#) (DHS-6143I-ENG).

- 44% of those receiving the Supplemental Nutrition Assistance Program (SNAP) funds in 2018 were individuals of color or individuals who identified as two or more races. Additionally, most of those who received benefits had income, and those who identified as Asian had the lowest rate of reporting no income.³⁹
- Vast racial and ethnic disparities exist in our child welfare programs. American Indian children were five times more likely than Whites to be the subject of child protection maltreatment assessments or investigations in 2018; African American/Black children and those who identified as two or more races were three times more likely.⁴⁰
- Non-White children with disabilities are more likely to be involved in the child protection system (CPS) than White children with disabilities. Minnesota’s overall CPS involvement since birth for second and third graders with Autism Spectrum Disorder (ASD) was 18% in the 2015-2016 school year. However, when examined by race/ethnicity, significant disparities were found. Approximately 17% of White children with ASD had been involved in CPS, whereas 48% of AIAN and 30% of Black (Non-Hispanic, Non-Somali) children had been involved.⁴¹

Once involved in our social service systems, Non-White individuals can experience inequitable treatment and outcomes.

- American Indian children and children of color are more likely to experience more severe child welfare system responses than Whites. All Non-White children and those who identify as two or more races are assigned to family investigations (vs. family assessments – a less severe response path) for discretionary reasons at a higher rates in 2017.⁴² Furthermore, American Indians were 18.5 times more likely to be placed in out-of-home care than Whites in 2017. African American children and those who identified as two or more races were five times more likely.⁴³
- There are racial disparities in health outcomes for older adults receiving public-funded long-term services and supports in Minnesota, a contracted service of DHS. An analysis of 2015 data showed that Non-White individuals were more likely to say that services do not meet their needs and goals and not know who to call if they have a complaint about services.⁴⁴

³⁹ Minnesota Department of Human Services. (2018). [Characteristics of people and cases on the Supplemental Nutrition Assistance Program](#) (DHS-5182M-ENG).

⁴⁰ Minnesota Department of Human Services. (2019). [Child protection in Minnesota: Keeping children safe](#) (DHS-4735-ENG).

⁴¹ DeZelar, S. M. (2019). [Children with Autism Spectrum Disorder in Child Protection: Disparities, Allegations and Services](#) (Minn-LinK Brief No. 40). Center for Advanced Studies in Child Welfare, University of Minnesota.

⁴² Minnesota Department of Human Services. (2018). [Minnesota’s child maltreatment report, 2017](#) (DHS-5408J-ENG).

⁴³ Minnesota Department of Human Services. (2018). [Minnesota’s out of home care and permanency report, 2017](#) (DHS-5408Ja-ENG).

⁴⁴ Shippee, T. P. (2017). NCI-AD data analyses: Focus on racial disparities for aging programs.

As demonstrated by the breadth of examples, racial disparities in Minnesota are both pervasive and indisputable. Racial and ethnic communities experience substantial opportunity gaps throughout our state. The data outlined above signify how historical and structural racism continue to have profound consequences for communities of color and American Indians that undermine their quality of life and potential for success. It is also evident that these long-standing disparities are not diminishing as quickly as we would like them to, despite an increased and more intense focus to advance equity in many sectors, including state agencies. Therefore, as a council, our charge to advise the commissioner of DHS and advance equity within the department's programs is one of great importance and necessity. The lack of community involvement and intentional impact on equity in the design and implementation of social services contributes to the persistence of these inequities. If DHS wants to ensure that positive outcomes are realized for all people in Minnesota, it is imperative that the perspectives of communities experiencing inequities are at the forefront of change efforts.

Agencywide initiatives and actions to address disparities

DHS Policy on Equity

In February 2015, the CECLC presented recommendations to the DHS executive team based on an agencywide equity analysis to reduce health and human services disparities and achieve equity. Elements from these recommendations created the DHS Policy on Equity, which provides a foundation to build specific equity-focused initiatives and procedures. The DHS Policy on Equity was approved by former Commissioner Emily Piper on January 6, 2017. The goal of the Policy on Equity is to institutionalize an approach to decision-making, program and policy development, implementation, and evaluation that improves outcomes and reduces health and human services disparities for the people DHS serves. DHS recognizes that in order to reduce inequities, it is necessary to address broad social, economic, and political factors that result in systemic disadvantages for communities experiencing inequities through developing policies, investments, and procedures that advance equity.

The Policy on Equity addresses both internal and external processes to reduce health and human services inequities and create a more equitable and inclusive culture within DHS. The policy calls on all DHS divisions to build tools, expertise, and cultural change and include authentic community engagement in the planning, implementation, and evaluation of DHS policies and services. Commissioner Piper approved the implementation plan for the Equity Policy in October 2017.

As many structural elements of the Equity Policy (including equity positions and equity committees within administrations, for instance) are now in practice across the agency, the CECLC recognizes that

reviews and updates to the Equity Policy in 2020 are necessary. The CECLC will work with DHS equity leads, Community Relations staff, and others throughout 2020 to update and modify the current policy to strengthen its focus on measurable outcomes and agency accountability toward equity.

Bush Community Innovation Grant

In the Department's efforts to grow capacity for authentic community engagement, the Community Relations Office managed a Bush Foundation Community Innovation Grant.⁴⁵ The objective of the grant was to introduce community engagement practices into the department's culture. In 2015, the Bush Foundation awarded DHS the grant, with leveraged funding from DHS, and the agency completed the grant-based projects in 2019.

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

The grant project is in alignment with the CECLC mission of "working together to advance health and human services equity," and [the governor's Executive Order 19-01](#) establishing the One Minnesota Council on Diversity, Inclusion, and Equity, which states, "Our State must be a leader in ensuring that everyone has an opportunity to thrive... As long as inequities impact Minnesotans' ability to be successful, we have work to do. Our state will recognize its full potential when all Minnesotans are provided the opportunity to lead healthy, fulfilled lives. Diversity, inclusion, and equity are therefore essential core values and top priorities to achieve One Minnesota."

The initial phase of the Bush Core Team/Cohort included a focus on building awareness and historical context in which disparities exist and on building capacity in two participatory leadership techniques: The Art of Participatory Leadership/Art of Hosting and Technology of Participation. Grant participants, who were nominated from across DHS, joined by some community members, applied their learning by

⁴⁵ The Bush Foundation Community Innovation Grants support communities to use problem-solving processes that lead to more effective, equitable and sustainable solutions. Community Innovation Grants support communities to use problem solving processes that are inclusive, meaningfully engaging key stakeholders, collaborative, a true joint effort with partners willing to share ownership and decision-making in order to pursue innovation together, and resourceful, using existing resources and assets creatively to make the most of what a community already has. Visit the [Bush Foundation Website](#) for more information.

organizing a series of authentic community engagement events with communities affected by disparities (across five administrations at DHS). These events took place in 2016-2017.

In December 2017, the Bush Cohort underwent sustainability planning to carry forward the practices and lessons learned and continue this work beyond the life of the grant. The grant work in 2018 included:

- Information gathering and a proposal for agencywide training and development of staff to help shift the culture of DHS and further the understanding of equity across the agency.
- A community engagement plan, toolkit and agencywide guide incorporating best practices.
- A discussion with the CECLC about drafting equity standards for DHS leadership.
- A recommendation to incorporate accountability on equity issues by instilling equity within DHS employees' performance reviews.
- A presentation by DHS leadership to the community (at a CECLC regular meeting) on the state of equity at DHS and each administrations' efforts to implement the Equity Policy.

A follow-up planning session to these recommendations took place January 2019. The cohort focused on moving forward with the identified areas and intentionally integrating its work with the work of strategic plan action teams, equity committees, and other areas in the agency actively focused on community engagement.

In May and June 2019, the Bush Cohort hosted a series of grant close-out events to share lessons learned through these series of projects. The intention was to host community initiatives at DHS, to host a DHS-led community meeting, and to share space with community at community events. The cohort:

- Hosted two close-out discussions using a world café facilitation method at each of the DHS central offices: Anderson and Lafayette. These events discussed the work of the cohort with other DHS staff.
- Hosted a close-out event for community members at Hallie Q. Brown where cohort members shared about the work that had been done.
- Sponsored two screenings of [Rondo Beyond the Pavement](#) for DHS staff, along with a panel of Rondo community members and youth filmmakers to discuss the impacts of policy on community.
- Sponsored and participated in the Annual Community Peace Celebration at Ober Community Center.

- Hosted a community engagement event in Austin, MN focused on immigration and human services access.

This work reaffirmed the need for more authentic and meaningful engagement with communities in order to close the disparities gap in human service programs and policies. It gave DHS staff and executive-level leaders an opportunity to engage with communities of color in truthful and often emotional conversations about trauma and differential experiences between communities that lead to inequities. Building capacity for community engagement and understanding of racial justice issues are essential to addressing inequities. These conversations have led to positive responses from DHS employees and are a first step towards establishing a deeper culture of community engagement at DHS.

While the cohort focused on these practices and methodologies in the agency, they do not stop with the closing of the grant. The Bush Foundation's Community Innovation grant gave DHS a path to approach community engagement in a different way. It offered funding to implement best practices in community engagement that are often dismissed or delayed due to funding or because it has not been traditional practice (providing food, compensation, and a welcoming atmosphere at community events). The funding trained a group of community engagement practitioners in methodologies of facilitated conversation that continue to be used across the agency, internally and externally. The lessons learned and community recommendations from the original events help to inform community engagement activities and practices, and community engagement is now embedded in the DHS agencywide Equity Policy as well as the DHS agencywide strategic plan. There are multiple pathways forward to continue the work of the cohort, with strategic directions for further institutionalizing these community engagement methods. The work completed through the Innovation grant helped DHS develop and grow lasting relationships between DHS staff and community members who joined the cohort, and their related administrations, organizations, and community groups. The relationships across DHS through the continued work and growth of the cohort help break down silos in this work and provide more comprehensive understanding of each other's role in eliminating inequities in human services.

2019 Annual Equity Review

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

This review seeks to fulfill the legislative mandate for the CECLC legislative report to “include a list of programs, groups, and grants used to reduce disparities, and also statistically valid reports of outcomes on the reduction of the disparities”(Minnesota Statutes 2019, sec. 15.059, subdivision 8, paragraph 11). For the seventh year, administrations were asked to submit new equity projects undertaken in 2019, as well identify ongoing projects that were submitted in previous years. An equity “project” encompasses any project, initiative, program, group, or grant that has been undertaken by the department 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 Policy on Equity as, “...communities of color, American Indians, veterans, LGBT, and persons with disabilities”. An equity project included in this report may also be one that is not explicitly focused on equity or on reducing disparities, but the project’s results show a significant impact on communities experiencing inequities.

This review provides a list of 137 equity projects that occurred in 2019, many of which are continuing to operate into 2020. It is evident that these projects are having an important impact – not only in outcomes, but in our attention inequities, and recognition of the human service system’s role in closing the gaps in disparities. The following are the results of the Equity Review in the following order:

- Part 1 demonstrates how these efforts are making progress towards equity in the programs, policies, and operations of DHS by highlighting a number of projects.
- Part 2 discusses feedback we received from staff regarding challenges to advancing equity.
- Part 3 provides a list of all the equity projects organized by administration which are working to advance equity through a number of internal and external avenues.

It should be noted that while these efforts are led by certain administrations, they are often happening with significant collaboration across the agency and in partnership with counties, Tribes, stakeholders, and community members. In particular, the External Relations team which consists of the Office of Indian Policy, Federal, County, and Community Relations, is engaged with many projects across the agency that have an impact on these constituencies. These partnerships and collaborations are necessary and are becoming more common across the department as External Relations now has a full team that is actively engaging both internally and externally to ensure that DHS’s impact on Tribes, counties, and community are thought out.

Part 1. Institutionalizing a Commitment to Equity at DHS

Diversity, equity and inclusion work are happening across the institution in different ways. While there may be progress and deeply embedded equity efforts in some areas, other areas may be experiencing more challenges. Although not all-encompassing, below is a list of ways in which equity projects are

addressing inequities both internally and externally across DHS, followed by brief narratives of specific projects that address these themes.

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

Simplifying complex practices and increasing flexibility to allow for more culturally responsive providers

Traditional Healing

Under the direction of the Minnesota American Indian Mental Health Advisory Council, the Behavioral Health Division at DHS is working to identify and develop a sustainable funding stream for traditional healing. The council is made up of representatives of 9 Tribal Nations and Urban Indian representation and is intended to integrate traditional healing into Minnesota's behavioral health continuum of care. In its early stages of implementation, the division was forced to look at the grant processes in a different way in order to have a more culturally appropriate process. In many instances, our processes and requirements directly conflicted with the cultural values and practices of tribal communities. One of the lessons learned is that there is a need to allow flexibility for each community to implement traditional healing in the way they naturally do it. None of the communities do it the same way. Definitions need to be flexible and outcomes need to be common enough to be able to account for the differences across communities to measure whether the traditional healing grants are working. This project is one way DHS is committed to improving relationships with the tribal and urban communities. Division staff are truly partners with them, and the work is guided around the principles these communities have outlined.

Social Security Advocacy Expansion

In the summer of 2018, the Social Security Advocacy team issued its bi-yearly Request for Proposal (RFP) to increase the number of Social Security advocates that DHS contracts with who help disabled, homeless, and low income people apply for Social Security disability benefits. The goal of the 2018 RFP was to secure more culturally specific advocates/grantees as well as increase the number advocates/grantees in areas of the state that are currently underserved by contracted DHS Social Security advocates. The Social Security Advocacy team developed a shortened RFP (6 pages) that was able to attract small, culturally specific grantees who may not have otherwise applied, either due to the enormity of DHS's standard RFP template or other requirements, such as the insurance policy standards set by the Department of Administration. Initially, the division received push back from DHS's contracts division about a shortened RFP and decreased requirements. However, the new RFP format was proven to be successful in its intent and was able to add 20 new grantees. Some of these grantees serve under-resourced communities including American Indians, African Immigrants, Oromo refugees, Somali refugees, African Americans, people leaving correctional facilities, individuals experiencing homelessness, those with low incomes, and individuals with criminal backgrounds. The project allowed staff to think "out of the box" and they were able to select grantees who may not have been able to apply previously. In return, by entering into a contract with these new grantees, the expansion is able to serve different communities and stakeholders than had been served in the past. Through this effort's success, the division expects to be able to do a similar RFP again in 2020.

Improving workforce outreach to traditionally underrepresented groups

Historically Black Colleges and Universities (HBCU) Connect Partnership

At the beginning of 2019, DHS signed an annual contract with HBCU Connect to assist in increasing the diversity of staff at the agency. HBCU Connect operates the single largest online access point for employers to connect with over 1 million professional members and a network targeting African American degree holders. Since partnering with HBCU Connect, the diversity recruitment team has seen an increase of 5% in the number of applications from applicants who identify as African American and either attended or is currently attending a HBCU. This project has reinforced the agency's commitment to ensuring diversity within all ranks of the DHS workforce.

Increased Visibility in the American Indian/Alaska Native Community

In March 2019, the DHS American Indian and Alaska Native Employee Resource Group partnered with the DHS Diversity Recruitment team to host the first American Indian Recruitment Day event, held in the community at the Minneapolis American Indian Center. The goal of this event was to increase DHS's visibility in the American Indian and Alaska Native Communities and provide access and exposure to the community regarding career opportunities at DHS. In a partnership effort, the two

teams led the planning, organizing, and outreach. The team engaged with community members, helped them apply for jobs and answered questions about open positions and working at DHS. As a result of this event, DHS hired two job seekers who applied onsite as well as increased visibility in the American Indian and Alaska Native communities.

Collaborating across our human service system to promote equity

Equity Partnership

DHS staff and county representatives from the Minnesota Association of County Social Service Administrators (MACSSA) joined together in a collaborative effort called the Equity Partnership in January 2019. The Partnership's purpose is to improve the lives of people of color and American Indians by advancing equity and eliminating racial and ethnic disparities in Minnesota. To that end, it will develop, propose, and advocate for improvements to a Human Services system that operates more equitably for all people in Minnesota across all the systems that provide human services. The Partnership has formed four "action teams" to develop and implement activities that advance the group's purpose. These include teams that coordinate partnership business, identify or facilitate cross-cultural development activities for members, develop an inclusive approach for authentically partnering with stakeholder communities, and a team to identify specific gaps in Equity Policy or existing policy that reinforce disparities and proposing appropriate solutions. Moving forward, the partnership hopes to include American Indian representation.

Developing tools to streamline equity analysis

Equity analysis tools are being developed and used in various administrations. Below are a few examples of this work.

Equity Analysis of Policy Tool

The Direct Care and Treatment (DCT) Administration is developing a tool and structured process to support policy drafting chairs and committees in building equity into their policies whenever possible, called "A 7 Step Equity Analysis Tool for Policy Development or Review". Two DCT divisions are currently piloting use of the tool and providing feedback to improve it. The project has stimulated helpful and respectful conversations about equity and how we can influence it through policy. The project has led to several drafts of the tool to improve reviewer effectiveness. Users have provided some helpful feedback to enhance policies from an equity perspective. As the two pilots continue, the number of discussions about how to reduce service disparities and enhance equity are expected to increase.

Equity Analysis Assessment Tool & Framework

The Health Care Administration (HCA) Equity Team developed, piloted, and implemented a toolkit and structured process to support the implementation of equity analyses in policy, program, and service development. Input from staff collected during this process was integrated into modifications. Once finalized, monthly trainings on the tool and framework were offered in partnership with the DHS learning center. Training sessions were available to everyone at DHS. Thanks to staff participation, HCA was able to gather more feedback that will help advance their equity analysis review process.

Using data to uncover disparities and motivate change

Results Based Accountability for Quality of Life for Nursing Facilities and Home and Community-Based Services

Results from the Nursing Resident Quality of Life (QOL) and National Core Indicators for Aging and Disabilities™ (NCI-AD) survey have shown disparities in experience and quality of life by race and ethnicity for older adults served in Minnesota nursing facilities and various home and community-based services settings. Staff from the Continuing Care for Older Adults (CCOA) Administration attended a Results Based Accountability (RBA) workshop to explore options for turning the curve on these disparities. An action plan has since been developed and includes a variety of activities, such as educating partners on the disparities, promoting quality improvement within service delivery and coordination, promoting Long Term Services and Supports career pathways for people of color, and providing trainings, among other efforts. Implementation of these activities has the ability to positively affect care in a number of ways and potentially lead to equitable change in how older adults experience aging services in Minnesota. Although this project recently started in 2019, there has been increased collaboration across programs and staff have been able to consider and actually use an equity lens for policies and programs that they may not have considered as having anything to do with equity.

Racial/Ethnic Disparities in HCBS Waiver Assessments

Research across home and community-based services (HCBS) show clear differences in patterns of enrollment, service use, and self-reported satisfaction by race/ethnicity, suggesting the existence of disparities among people of color and American Indians who are enrolled in HCBS programs. Since the formal and informal assessment process is the first doorway to services, further understanding of how communities of color and American Indians experience assessment will inform policy and operational efforts to reduce potential disparities in the HCBS program. This is a new multi-phase project that will use a combination of quantitative and qualitative methods to examine the assessment process, understand disparities, examine institutional biases built into policies and practices, and make recommendations to address them. Once underway, this project plans to have an impact on

addressing disparities in the HCBS waiver assessment process by using information from analysis of assessment data and community and stakeholder engagement to champion ongoing measurement to monitor disparities over time, identify positive practices, and make policy/operational recommendations and changes. The final phase of the project will be working to embed the findings into operations by developing systematic measures to examine and evaluate disparities in the assessment process and develop recommendations that identify potential methods to address disparities. The project plans to partner with communities and people requesting HCBS services to understand their experiences, collaborate with lead agencies to systematically review assessment processes with an equity lens, and engage with stakeholders providing HCBS services.

Engaging clients and eliciting feedback to improve service delivery

Improving the process to gather meaningful client satisfaction information

This project is a current Strategic Improvement Green Belt project that is using the Lean Six Sigma DMAIC problem-solving method (Define, Measure, Analyze, Improve, Control) to define the issues related to client experience, determine what to focus on, analyze root causes, test out and implement improvement strategies, and find ways to sustain improvements over time. A significant component of this project is to understand client's experience from a cultural perspective to better meet client's needs. The project, focused on one service line as a pilot project, will be designed to result in a greater understanding of our system of care and its shortcomings, improve service delivery, and ultimately improve outcomes for the people we serve. The project will likely be completed in early 2020. It is expected that this project will improve patient care and service delivery at the Mental Health & Substance Abuse Treatment Services division.

Virtual Insight Panel

The Virtual Insight Panel (VIP) is a collaboration between the Disability Hub MN and DHS's Disability Service Division (DSD). The VIP is comprised of a diverse group of Minnesotans who volunteer to directly inform communications and programs for people with disabilities. An outreach strategy has been implemented to ensure that VIP members are a representative group of individuals from across the state, cultural/ethnic groups, and a wide range of disability groups in Minnesota to ensure unbiased feedback is being received. Since the summer of 2018, the VIP workgroup has implemented six web based surveys to ensure that the voice of individuals who identify as having a disability, their families, and their guardians are heard. Through these efforts, a wider cross-section of this diverse group of individuals have provided feedback on DSD messaging. For example, their feedback has informed the redesign of online resources such as the Autism Resource Portal, Direct Support Connect, and the Disability Hub MN to ensure accessibility, the utilization of plain language, and increased access to resources to ensure more people are able to consume and act on information. In April and May of 2019, VIP workgroup members proposed edits to the Positive Support Transition Plan (PSTP)

DHS forms. As a result of their feedback, the forms will become more user friendly and a question will be added as to whether PSTP is being implemented successfully in the opinion of the individual receiving services. This effort enacts Person Centered Principals by including the voices of these individuals and their guardians into the decision making process to inform the communication and programs which impact their lives. Slowly, a system change is taking place so that more communication is run past stakeholders before the information is released to a wider audience. Even if services still have inequities, this purposeful effort to include diverse communities is very important to the work moving forward.

Redesigning service models to increase program access and compliance

Human Services Transfer Project (SNAP)

The purpose of this project is to work in partnership with both Mille Lacs band of Ojibwe and Red Lake Nation to be meritoriously recognized (a federal requirement) to administer the Supplemental Nutrition Assistance program (SNAP). This effort will increase American Indians and tribal members' access to SNAP services by having local culturally relevant locations and culturally affirming social service engagement. DHS will recognize and honor Tribal sovereignty by working in partnership with the Tribes to ensure staff are adequately trained to administer SNAP and to determine how the Tribes would like to move forward with serving their members in equitable and culturally appropriate ways. This effort will include conversations and partnerships with the surrounding counties to ensure a smooth transition of services.

Child Support Alternative Payment Options

The purpose and intent of this project was to impact underbanked and unbanked non-custodial parents who face barriers in their ability to pay their support by traditional means and access points. Pay-Near-Me and MoneyGram© centers and Pay-Near-Me-Apps, Casey Stores, Dollar General Stores, and Walmart Stores were developed as alternative payment options for child support payees creating ease in mobility, access, and alternative options in the payment process. By providing convenient access points for child support payment, participants no longer have to make a trip to their county office just to pay their child support, but it can be paid while doing other errands. The operating hours of the alternative payment centers are longer than the operating hours at county offices and the lines are much shorter than at peak hours in government centers. The alternative payment options advances equity by allowing payees adhere to the policy and government requirement in their community without interrupting their job, or family routines.

Integrated Services Business Model

In 2017-2018, a group from across DHS, counties, and White Earth Nation developed an integrated services business model that provides guiding principles, goals, and a prototype for how systems,

process and people can work together to provide integrated, person-centered services. This business model is the guiding vision for human services modernization efforts going forward. Efforts to implement the vision of the model are underway, including planning, research, simplification of statute and policy, communication and engagement with partners and communities – the first, preliminary stages of design for policy, processes and products. Woven throughout is a commitment to equity and to valuing the direct experiences of people and communities served in the design process. Beginning spring 2020, community and stakeholder engagement via human-centered design approaches will be underway. The model was the driving force for the development of a new, shared strategic plan owned collectively by counties, tribal nations, DHS and MNIT. The plan will broaden understanding and effort around integrated service delivery, and contains several actionable strategies focused on equity that will launch in 2020.

Creating more inclusive, environments, programs, and employee engagement

All Children-All Families Human Rights Campaign

The purpose of this project is to implement and improve non-discrimination policies and practices by providing critical staff training, and revising forms and messages to include the LGBTQ+ community. The Children and Family Services (CFS) Administration has made the Lafayette building at DHS a welcoming space for visitors and co-workers through the inclusive campaign signage throughout the building. Through this campaign, we have also claimed a restroom in the building as an "all gender" restroom facility. CFS staff are encouraged to list their pronouns with their email signature and state their pronouns in their introductions at meetings. This project has the potential of impacting staff at DHS, the LGBTQ+ community, visitors to the inclusive space, and the many LGBTQ+ adolescent youth and families in our programs. The Child Safety and Permanency Division received the national "Building Foundation for Inclusion" tier of recognition from the All Children – All Families Human Rights Campaign for their work to improve policies and practices that impact the LGBTQ+ community, one of only two entities in the State of Minnesota to receive this recognition.

Gender Identity and Pronoun Workshop

The Gender Identity and Pronoun workshop explores how staff can be more inclusive of Trans and gender non-binary people they encounter. Created by diversity, equity, and inclusion staff in collaboration with the LGBTQ Employee Resource Group (ERG), this workshop has been offered to over 100 people at DHS. This workshop has opened up a space for departments to have conversations about the forms they create, the way they address clients during the appeals process, how we use pronouns in our public communications, and more. Work is underway in collaboration with the facilities team to update the signage on the single stall bathrooms to show they are inclusive of all genders, and talks are underway to build new single stall bathrooms in Lafayette.

Employee Resource Groups

DHS currently supports 8 Employee Resource Groups (ERGs): American Indian and Alaska Native, Black Women, Employees with Disabilities, LGBTQ, Men of African Heritage, Parents at Work, People of Color, and Veterans. ERGs are voluntary, employee-led groups, often from traditionally underrepresented and marginalized groups, who meet for the purpose of serving as a business resource, supporting each other, and advancing the mission, values and goals of DHS. A big accomplishment of 2019 was the passing of the new ERG guidelines, which increased the time and money that DHS is spending on ERGs. Membership of ERGs continues to grow, and these groups are seen as leaders at DHS. Recently, HR began meeting with ERG members to discuss how to make DHS a more inclusive work place and boost retention, which led DHS to change its job offer letters to include language about accommodations and accessibility. Additionally, ERGs host events to educate DHS staff, and regularly participate in community events such as Rondo Days, POC Career Fair, and Pride.

Health Care Administration Equity Committee

As part of a number of efforts to promote equity within the Health Care Administration (HCA), the HCA Equity Committee hosted the Gray Area Thinking: Human Inclusivity training session provided by a recognized national speaker, Ellie Krug. This training took place in August and had an attendance of over 100 people. The training included a set of modules that promoted staff's ability to become more welcoming, inclusive, and respectful individuals. DHS staff engaged in scenarios where they had difficult conversations, discussed vulnerabilities and inherent biased tendencies, and learned how to overcome tribalism within organizations. This training provided a space where participants felt comfortable to share meaningful experiences and discover shared identities with their peers. Positive feedback was received from staff after the training was completed. In addition, spearheaded by HCA's Equity Committee, the HCA Equity and Inclusion Survey was created to provide HCA employees an avenue to express their diverse perspectives and opinions on equity as well as evaluate the internal culture of HCA. The results from this survey are being used to assess what additional tools and supports might be needed to promote a more equitable and inclusive workplace and to create a plan that will help reduce and eliminate disparities among HCA staff and ultimately recipients of Medicaid and Minnesota Care coverage.

Addressing service gaps

Culturally Affirmative, Linguistically Accessible Grant-Funded Services for People who are Deaf, Deaf-Blind, or Hard of Hearing

Mandated and funded by the Minnesota Legislature, the primary goal of this ongoing project is to provide statewide grant-funded services and programs for people who are deaf, deafblind, hard of hearing and others with hearing loss. These services and programs are designed to address identified service gaps as well as be specialized, culturally affirmative, and linguistically accessible. People with

hearing loss belong to low-incidence disability groups with diverse needs. Most agencies are not knowledgeable about their needs and are not capable of providing culturally affirmative and linguistically accessible services and programs to them. Recipients of division grants are required to hire and develop staff who have specific knowledge, experience, and training to meet the identified needs of these population groups. This often includes staff members who are themselves deaf, deafblind, and hard of hearing. These specialized agencies provide supportive environments and customized services that enable people with hearing loss to effectively seek and receive needed services – including but not limited to support, interpreting, mentoring, and psychiatric services. The division works with its grantees to measure and report quantitative performance measures along with periodic community feedback to ensure that people with hearing loss who would otherwise fall through the cracks are receiving needed services in an efficient and effective manner.

Strengthening government-to-government relationships between Tribes and DHS

Executive Order 19-24 Implementation – Government-to-Government Tribal Relationships

The Office of Indian Policy (OIP) is working to implement EO 19-24 throughout DHS. “This order ensures the State of Minnesota and the eleven Tribes engage in true government-to-government relationships built on respect, understanding, and sovereignty,” said Governor Walz. Many aspects of EO 19-24 have previously been implemented through OIP, such as, having a designated Tribal Liaison, assisting leadership and staff at DHS to attend the Tribal State Relations Training as well as participating in the training as panelists. More recently, OIP has created the Tribal Consultation Policy which lays out guidelines and interactions between DHS and the Tribal Nations. This Tribal Consultation Policy has been signed by the Commissioner at DHS and the Elected Officials of the Grand Portage, Red Lake, Leech Lake, White Earth, Fond du Lac & Mille Lacs. The remaining meetings with nations have been scheduled out and will be complete by the end of 2019. OIP also held the first annual Tribal Legislative Priorities Summit on August 21st, 2019 with Elected Officials from many of the Tribal Nations or delegates as well as DHS Leadership and legislative staff. This all day Summit gave the Tribal Nations an opportunity to bring forth their legislative priorities and share them with DHS. A workgroup was formed to incorporate these priorities into DHS’s legislative proposals for 2020 session and identify priorities that DHS is able to implement internally.

Educating communities on the impact of changing policies

Responding to Refugee Resettlement, Public Charge, and 2020 Census Outreach

The Federal Relations Director who is a part of the External Relations team, in collaboration with staff across DHS, has undertaken a number of efforts to increase outreach and education around federal policy changes that are expected to deeply affect diverse communities across Minnesota. Efforts have centered around refugee resettlement, the federal public charge rule, and the 2020 Census. Recent

refugee resettlement developments include a presidential executive order requiring state and local governments to provide written consent to the federal government before approved refugees can be resettled in their jurisdictions. Additionally, adjustments to the refugee admissions cap were set to 18,000 in 2020 - the lowest in U.S. history. As the home of the state's Resettlement Programs Office, DHS is working to inform discussions around refugee resettlement, provide services which help refugees successfully resettle into their new communities, and educate communities on what a decrease in refugee resettlement means to the state. Furthermore, the Department of Homeland Security's "public charge rule" would make it easier to deny an immigrant's application to enter the United States, obtain a visa, or adjust their immigration status to lawful permanent residency (green card) on the grounds that they are likely to become a public charge if they are likely to use certain public benefits. External Relations has taken several steps to educate its staff, partners, county staff, and the public about the rule to minimize fear and confusion which may unnecessarily reduce participation among those who are eligible for services but may forego them for fear of the immigration impact. Additionally, the 2020 Census count influences the allocation of more than \$15 billion in federal funding to the state. Because many of DHS's programs serve the populations who are historically undercounted in the census, the External Relations team is working to encourage participation through existing channels and relationships to help engage, educate, and count the state's population in the upcoming 2020 Census.

Part 2. Opportunities and Challenges to Advancing Equity

While DHS is committed to advancing diversity, equity and inclusion within the agency and through its programming and services, many challenges exist along this journey. Understanding what challenges exist can create opportunities for continued and targeted efforts to promote equity. Agency staff who submitted projects for this review provided responses to questions regarding challenges to advancing equity at the department as well as barriers that have been overcome. This section outlines this feedback. Common themes are grouped and include quotes from staff to contextualize responses.

Barriers to advancing equity that have been overcome

Increased attention and awareness

Discussions about equity, institutional racism, power and privilege, and culture are increasing in duration and frequency throughout the agency. Staff and leadership are developing a deeper understanding of what equity means for the agency and the communities we serve. While continued progress is necessary, decisions are now considering equity more than ever before.

"Before a long-term Equity Coordinator was hired, equity efforts were slim to none, since there was nobody to champion the work, collaborate equity activities, and help guide and provide

advice to Leadership. Equity is now recognized within the Administration; the administration's Equity Committee has a solid number of members, and leadership and the Equity Coordinator interact on a frequent basis so that equity is woven throughout and an equity lens is used for decision making."

"Reclassifying the Equity Coordinator position to Equity Director was an important change. Most people understand that our equity work is not a phase, there is an intention to make it a part of how we do business."

Challenges that remain to advancing equity

Embedding an equity lens in all efforts

Although efforts to advance diversity, equity, and inclusion are increasing, there are continued challenges toward embedding a consistent equity lens across the department.

"Getting people to see that equity does really relate to their jobs, even if indirectly, can be challenging."

"The challenge that we continue to face is the lack of a single vision for enacting equity projects across the human services system. There is loose collaboration among the various DHS administrations and counties, but there is no agreed upon strategy and priorities for moving this work forward."

Additional supports and resources needed

Staff time and resources

Time and resources are limiting factors to furthering equity efforts. While there are now equity coordinators or directors embedded across each administration, as the largest state agency in size and scope of work, there remains significant resource and capacity needs to address the internal and external efforts to advance equity.

"More staff dedicated to doing this work would be important. The focus has been mainly on the internal culture of DHS, and I have had little time to do work with our external partners, grant recipients, or community."

"At this time we have one staff person in the equity unit. We need a dedicated trainer, and a community/employee engagement staff person."

Leadership and prioritization

An agencywide lead for equity work is needed in order to support the coordination of equity efforts across administrations, streamline a vision for equity, and ensure that equity is a foundational component that is prioritized in all of DHS's functions and decision making.

“Development of a DHS enterprise lead for equity activities would help facilitate a unifying vision for equity activities across DHS.”

“For equity to move forward in a sustainable way, we need a person with positional power to be in the spaces where leadership is making important decisions.”

“There is a need for more support and leadership in the organization to provide the resources and commitment to make equity a priority.”

The role of a Chief Equity Officer would be a significant contribution to addressing many of these challenges agencywide. Commissioner Harpstead is committed to supporting and growing the equity efforts within DHS and to bringing in a leader at this level to support this work. Commissioner Harpstead just announced the appointment of an experienced leader for this role in January 2020.

Part 3. Equity Projects

A total of 137 projects, initiatives, programs, groups, and grants that address the reduction of inequities across the agency were identified for the 2019 Equity Review, an increase from 115 projects in 2018. There were 43 newly reported projects in this review, and 94 projects were sustained from 2018 into 2019. These efforts are at various stages of development, as some projects are ongoing, others may have ended in 2019, and some are still in initial planning stages.

Although projects are led by certain administrations, they are often happening with significant collaboration across the agency and in partnership with counties, Tribes, stakeholders, and community members.

It should be noted that the number of projects within each administration or business area alone may not necessarily be the only indicator of the area's commitment to equity, nor should this number imply project effectiveness.

Agencywide Operations

- I. Business Solutions Office
 1. Data Standards Community Engagement Project
 2. Integrated Services Business Model - Readiness and Implementation

II. Chief Compliance Office

1. Diversity and Inclusion in DHS Contracting and Grant-Making

III. Equal Opportunity and Access Division

1. 2018-2020 Affirmative Action Plan
2. Agencywide Accessibility Program
3. Education Programs*
4. Employee Resource Groups (ERG)
5. Gender Identity and Pronouns Workshop*

IV. External Relations

1. 2020 Census outreach*
2. Bush Community Innovation Grant
3. DHS response to federal "Public Charge Rule"*
4. DHS response to refugee resettlement developments*
5. Policy on Equity
6. Staffing CECLC
7. Executive Order 19-24 Implementation – Government-to-Government Tribal Relationships*
8. Tribal Vulnerable Adult Summit*

V. Human Resources

1. Candidate Experience Survey for Diverse Candidates
2. Diversity Sources Metric Project
3. HBCU Connect Partnership*
4. Increased Visibility in the American Indian/Alaska Native Community*
5. Initiatives to Increase Workforce Diversity
6. Intern Video*
7. Paid Diversity Recruitment Requirement for DCT All Positions
8. Recruitment Brochures
9. DCT Diversity Recruitment Plan*
10. DHS Career Day*
11. Diversity Recruitment Team Marketing Campaign*

VI. Office of the Inspector General

1. Equity Learning Engagement Series*
2. OIG Equity Committee

VII. Office of Strategy and Performance

1. Equity Partnership*
2. Intercultural Development Inventory Pilot
3. Modernization Strategic Plan*
4. Racial Equity Measures

Child and Family Services Administration

1. Accessibility to Professional Development Services and Workforce Supports for the Child
2. All Children-All Families Human Rights Campaign*
3. American Indian Tribal Child Welfare Initiative
4. CCAP Community Partners workgroup*
5. CFS Equity Committee*
6. CFS Division Equity Teams*
7. Child Protection Grants to address Child Welfare Disparities
8. Child Support Alternative Payment Options
9. Driver's License Innovation Work Group
10. Early Childhood Systems Reform
11. Equity Analysis Toolkit*
12. Expedited application for families experiencing homelessness*
13. Human Service Programs Transfer to Tribal Nations – Child Care Assistance Program
14. Human Services Transfer Project (SNAP)*
15. Indian Child Welfare Act (ICWA) Minnesota Indian Family Preservation Act (MIFPA) Non-compliance
16. Intercultural Development Inventory Implementation*
17. Parent Aware Accessibility for Children and Providers
18. Targeted Request for Proposals (RFP) for Qualified Applicants to Provide a Response to Unsheltered Homelessness of American Indians in Twin Cities Metropolitan Area*
19. White Earth SNAP E&T*
20. Whole Family Systems Grants*

Community Supports Administration

1. AIAC-American Indian Advisory Council
2. Certified Community Behavioral Health Clinics (CCBHC)
3. Children's Mental Health Respite Care Tribal Pilot
4. Community Living Infrastructure Grants
5. Continuous Improvement and Encouraging Cultural Practices in ARMHS
6. Culturally Affirmative, Linguistically Accessible Grant-Funded Services for People who are Deaf, Deaf-Blind, or Hard of Hearing
7. Culturally Specific Behavioral Health Supports & Services and/or Workforce Development within Cultural and Ethnic Minorities
8. Deaf and Hard of Hearing Mental Health Services
9. Disability Hub MN (TM)
10. Early Childhood Mental Health Consultation System

11. Early Intensive Developmental and Behavioral Intervention (EDBI) multi-cultural videos
12. Family-Centered Framework for Community Supports Care
13. Fast-Tracker for Substance Use Disorder
14. Federal Block Grant
15. Group Residential Housing, Long Term Homeless Supportive Services Grants, SOAR grants
16. Individuals with a Substance Use Disorder and either at risk or experiencing homelessness
17. Individuals with an SUD and Justice Involved
18. Interpreter Services for Greater Minnesota
19. Lao Community Survey and Capacity Development on Problem Gambling
20. Minnesota Ryan White Centralized Eligibility (CE)
21. National Core Indicators Survey
22. Person & Family-Centered Approaches in Mental Health and Co-Occurring Disorders
23. Recovery Support Services to Deaf, Deafblind and Hard of Hearing
24. Social Security Advocacy Expansion
25. Traditional Healing
26. Tribal Mobile Mental Health Crisis Teams
27. Virtual Insight Panel
28. Website/app for real-time housing openings

Continuing Care for Older Adults Administration

1. Alzheimer's Disease Working Group
2. Area Agencies on Aging Area plans*
3. Assisted living report card*
4. Diverse Elders Coalition Partnership*
5. Gaps Analysis
6. Home and Community-Based Services (HCBS) Access Project
7. Increase language options*
8. Live Well at Home Grants
9. Long-Term Services and Supports (LTSS) Performance and Demographic Dashboards
10. MBA Dementia Grants
11. MBA Training Center- Cultural Responsiveness in Dementia Care 2017-2018
12. MinnesotaHelp.info Home and Community-based Services Finder
13. MIPPA Grant
14. MN2030 Looking Forward
15. Money Follows the Person Tribal Initiative
16. National Core Indicators- Aging and Disabilities for Older Adults
17. Older Americans Act Evidence Based Health Promotion
18. Older Americans Act Senior Nutrition

19. Older Americans Act Special Access projects
20. Person Centered Adult Protection Data System
21. Racial/Ethnic Disparities in HCBS Assessments*
22. Results Based Accountability for Quality of Life for Nursing Facilities and Home and Community-based Services*
23. Senior LinkAge Line®
24. Study of racial disparities in nursing homes and the relationship to quality of life
25. Tribal LTSS and Vulnerable Adult Workgroup
26. Tribal Vulnerable Adults
27. Veterans - Directed Home and Community Based Services Program

Direct Care and Treatment Administration

1. Access to Language Policy
2. CBS Cultural Responsiveness and Diversity Committee
3. Cultural Responsiveness in Treatment Planning and Data Collection
4. Culturally Responsive Assessment within MHSATS
5. Culturally Responsive Services Training
6. DCT Equity Committee*
7. Equity Analysis of Policy Tool*
8. Forensic Services Diversity & Inclusion Committee*
9. Identify Disparities in Outcomes for Patient Populations
10. Implement Cultural Assessment in service and treatment planning and evaluation
11. Improving the process to gather meaningful client satisfaction information*
12. Mental Health & Substance Abuse Treatment Services Equity Committee*
13. Minnesota Sex Offender Program Diversity Committee*
14. Nondiscrimination Policy & Diversity Plan*
15. Recruiting and Support a Culturally and Linguistically Diverse Workforce
16. Stakeholder Relationships to Achieve Equitable Outcomes for People We Support

Health Care Administration

1. Behavioral Health Home Services
2. Community Engagement in Case Management Redesign
3. DHS Equity Policy Implementation Plan
4. Equity Analysis Assessment Tool & Framework
5. HCA Equity Committee
6. Equity Matters: Health Care Literacy*
7. HCA Equity and Inclusion Survey*
8. HCA Equity Toolkit*

9. Health Equity Project
10. Identifying and addressing health disparities in Medicaid recipients
11. Integrated Health Partnerships (IHP 2.0)
12. MNMCM Health Disparities Report
13. Red Lake

*Project was newly reported in 2019

Conclusion

DHS continues its commitment to advancing diversity, inclusion and equity. This is shown in the growing trend of the number of equity projects that have been submitted for this report. Even with the elimination of a number of previously reported programs that are no longer in effect or are not explicitly aimed at advancing equity, 137 projects were submitted for this 2019 period compared to 115 projects in 2018, 111 in 2017, and 82 in 2016. While these numbers help us track initiatives from year to year, numbers alone do not necessarily convey the scope of projects listed, which range from department-specific to agency-wide initiatives. In addition to an increase in the number of overall projects, administrations continue to develop innovative strategies to address the health and social service disparities that racial and ethnic communities continue to experience.

This review of DHS disparities reduction efforts in 2019 reflects an increased focus on capacity building - both within DHS and with partners and communities. There has been a growth in the number of equity committees, analysis tools, and trainings internally to improve staff awareness and attention to equity. Externally, DHS has been engaging in more partnerships and local engagement to support culturally responsive service delivery. Toward this end, the Community Relations team continues to lead a community engagement strategy of the agencywide strategic plan and has been engaged in a number of efforts across administrations seeking to better align their efforts in community. Working to solidify what authentic community engagement is, which voices are heard or have been missing, and how to appropriately incorporate community voice into service implementation will support the growth and embed equity as a central part of DHS culture.

Despite many efforts, DHS continues to face a number of challenges toward reducing disparities in health and human services outcomes and advancing equity. Limited resources, particularly the constraints on staff time and budgetary resources both internally as well as externally, create a barrier to efforts to advance equity and challenges to sustaining this work. Just as challenging are the efforts to impact the culture of practice in a large institution where change takes time. In recognition of the need for increased attention and coordination of equity efforts, Commissioner Harpstead is committed to bringing in a leader to support agencywide equity initiatives.

Finally, in 2019 the council experienced many transitions with new leadership on the Community Relations team that supports the council’s work and vision, a transition of members who have met their term limits and the appointment of new members, as well as the appointment of a new council chair and the formation of workgroups to structure the work going forward. With renewed energy, and a deep commitment to the empowerment of council members to impact systems change, we look forward to setting high goals and engaging DHS throughout 2020.

CECLC Recommendations

The CECLC provides DHS with ongoing equity analysis and specific recommendations on a project-by-project basis at their monthly meetings and in the recently formed workgroups. The recommendations below are central to the CECLC’s work. The recommendations for DHS have largely been incorporated into the DHS Policy on Equity, and the council continues to monitor and push for its full implementation. The council will also be working with DHS to modify and update the existing Policy on Equity in 2020.

1. Awareness goal:

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

- Community Engagement
- Community Empowerment
- Community and DHS Collaboration

2. Leadership goal:

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

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

3. Community Health and Health Systems goal:

Families are well. They receive collaborative care giving; they trust and are comfortable with their providers. They actively engage in their health care. Providers are capable and have appropriate resources to provide services that address complex needs, cultural beliefs, and practices are embedded in healing. In 2019, the CECLC engaged with DHS legislative directors on their list of legislative policy ideas for the very first time. We anticipate that this is the beginning of establishing a long term relationship and practice between the council and DHS to move the needle on addressing equity in policy making.

- Modify rules, regulations and incentives relating to equity/disparities reduction
- Increase recognition of foreign trained health care professionals
- Improve understanding of the cultural perspective in understanding complex issues such as a mental health diagnosis in the Western world
- Establish gender-specific fitness programs
- Develop ongoing relationships with cultural communities
- Require managed care organizations to contract with culturally specific providers
- Redefine access to care
- Repeal Child Care Assistance Program statute related to restrictions on relatives providing child care

4. Culturally and Linguistically Competent Services goal:

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

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

- Culturally and linguistically appropriate services (CLAS) standards

5. Research and Evaluation goal:

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

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

Appendices

Appendix A: Legislation Authorizing Cultural and Ethnic Communities Leadership Council

2019 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 reducing disparities that affect racial and ethnic groups.

Subd. 2. Members.

(a) The council must consist of:

- (1) the chairs and ranking minority members of the committees in the house of representatives and the senate with jurisdiction over human services; and

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

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

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

- (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 appoint a chair.

Subd. 5. Terms for first appointees.

The initial members appointed shall serve until January 15, 2016.

Subd. 6. Terms.

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

Subd. 7. Duties of commissioner.

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

- (1) maintain the council established in this section;
- (2) supervise and coordinate policies for persons from racial, ethnic, cultural, linguistic, and tribal communities who experience disparities in access and outcomes;
- (3) identify human services rules or statutes affecting persons from racial, ethnic, cultural, linguistic, and tribal communities that may need to be revised;
- (4) investigate and implement cost-effective models of service delivery such as careful adaptation of clinically proven services that constitute one strategy for increasing the number of culturally relevant services available to currently underserved populations; and
- (5) based on recommendations of the council, review identified department policies that maintain racial, ethnic, cultural, linguistic, and tribal disparities, and make adjustments to ensure those disparities are not perpetuated.

(b) The commissioner of human services or the commissioner's designee shall consult with the council and receive recommendations from the council when meeting the requirements in this subdivision.

Subd. 8. Duties of council.

The council shall:

- (1) recommend to the commissioner for review identified policies in the Department of Human Services that maintain racial, ethnic, cultural, linguistic, and tribal disparities;
- (2) identify issues regarding disparities by engaging diverse populations in human services programs;
- (3) engage in mutual learning essential for achieving human services parity and optimal wellness for service recipients;
- (4) raise awareness about human services disparities to the legislature and media;
- (5) provide technical assistance and consultation support to counties, private nonprofit agencies, and other service providers to build their capacity to provide equitable human services for persons from racial, ethnic, cultural, linguistic, and tribal communities who experience disparities in access and outcomes;

- (6) provide technical assistance to promote statewide development of culturally and linguistically appropriate, accessible, and cost-effective human services and related policies;
- (7) provide training and outreach to facilitate access to culturally and linguistically appropriate, accessible, and cost-effective human services to prevent disparities;
- (8) facilitate culturally appropriate and culturally sensitive admissions, continued services, discharges, and utilization review for human services agencies and institutions;
- (9) form work groups to help carry out the duties of the council that include, but are not limited to, persons who provide and receive services and representatives of advocacy groups, and provide the work groups with clear guidelines, standardized parameters, and tasks for the work groups to accomplish;
- (10) promote information sharing in the human services community and statewide; and
- (11) by February 15 each year, prepare and submit to the chairs and ranking minority members of the committees in the house of representatives and the senate with jurisdiction over human services a report that summarizes the activities of the council, identifies the major problems and issues confronting racial and ethnic groups in accessing human services, makes recommendations to address issues, and lists the specific objectives that the council seeks to attain during the next biennium. The report must also include a list of programs, groups, and grants used to reduce disparities, and statistically valid reports of outcomes on the reduction of the disparities.

Subd. 9. Duties of council members.

The members of the council shall:

- (1) attend and participate in scheduled meetings and be prepared by reviewing meeting notes;
- (2) maintain open communication channels with respective constituencies;
- (3) identify and communicate issues and risks that could impact the timely completion of tasks;
- (4) collaborate on disparity reduction efforts;
- (5) communicate updates of the council's work progress and status on the Department of Human Services website; and
- (6) participate in any activities the council or chair deems appropriate and necessary to facilitate the goals and duties of the council.

Subd. 10. Expiration.

The council expires on June 30, 2020.

Appendix B: CECLC Bylaws

Bylaws of the Cultural and Ethnic Communities Leadership Council

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

Part 1. General Provisions

Section A. Mission/Vision/Values of the Council

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

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

Core Agreements are:

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

Values:

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

Section B. Creation of the Council.

Laws of Minnesota 2013, Chapter 107, Article 2, Section 1, established the Cultural and Ethnic Communities Leadership Council for the Department of Human Services (DHS). The purpose of the Council is to advise the commissioner of human services on advancing health equity and reducing disparities that affect racial and ethnic groups.

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

1. The chairs and ranking minority members of the committees in the House of Representatives and the Senate with jurisdiction over human Services; and
2. No fewer than 15 and no more than 25 members appointed by the commissioner of human services, in consultation with county, tribal, cultural, and ethnic communities; diverse program participants; and parent representatives from these communities. In making appointments under this subdivision, the commissioner shall give priority in consideration to public members of the legislative councils of color established under chapter 3.

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

1. The chairs of the House of Representatives and Senate committees with jurisdiction over Human Services; and
2. County, tribal, and cultural communities and program participants from these communities.

Section D. Duties of the Council.

The Cultural and Ethnic Communities Leadership Council shall:

1. Recommend to the commissioner for review identified policies in the Department of Human Services that maintain and create, magnify, etc. racial, ethnic, cultural, linguistic, and tribal inequities and advance and promote health equity;
2. Identify issues regarding disparities by engaging diverse populations in human services programs;
3. Engage in mutual learning essential for achieving human services parity and optimal wellness for service recipients;
4. Raise awareness about human services disparities and health equity needs to the legislature and media;
5. Provide technical assistance and consultation support to counties, private nonprofit agencies, and other service providers to build their capacity to provide equitable human services for

persons from racial, ethnic, cultural, linguistic, and tribal communities who experience disparities in access and outcomes;

6. Provide technical assistance to promote statewide development of culturally and linguistically appropriate, accessible, and cost-effective human services and related policies;
7. Provide training and outreach to facilitate access to culturally and linguistically appropriate, accessible, and cost-effective human services to prevent disparities;
8. Facilitate culturally appropriate and culturally sensitive admissions, continued services, discharges, and utilization review for human services agencies and institutions;
9. Form work groups to help carry out the duties of the council that include, but are not limited to, persons who provide and receive services and representatives of advocacy groups, and provide the work groups with clear guidelines, standardized parameters, and tasks for the work groups to accomplish;
10. Promote information-sharing in the human services community and statewide; and
11. By February 15, 2014, and annually thereafter, prepare and submit a report to the chairs and ranking minority members of the committees in the house of representatives and senate with jurisdiction over human services that summarizes the activities of the council, identifies the major problems and issues confronting racial and ethnic groups in accessing human services, makes recommendations to address issues, and list the specific objectives that the council seeks to attain during the next biennium. The report must also include a list of programs, groups, and grants used to reduce disparities, and also statistically valid reports of outcomes on the reduction of the disparities.

Section E. Governance and Decision-Making Guidelines

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

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

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

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

Section G. Distribution of Meeting Materials

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

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

Part 2. Council Members.

Section A. Council Membership

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

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

Section B. First appointments and first meeting.

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

Section C. Terms for first appointees.

Seven of the first members shall serve until January 15, 2015. The remainder of the first members shall serve until January 15, 2016.

Section D. Terms.

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

Section E. Compensation.

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

Section F. Duties of council members.

The members of the council shall:

1. Attend and participate in at least 8 scheduled meetings and be prepared by reviewing meeting notes;
2. Maintain open communication channels with respective constituencies;
3. Identify and communicate issues and risks that could impact the timely completion of tasks;
4. Collaborate on disparity reduction efforts;
5. Communicate updates of the council's work progress and status on the Department of Human Services website; and
6. Participate in any activities the council or chair deem appropriate and necessary to facilitate the goals and duties of the council.

Section G. The Chair of the Council.

The commissioner shall appoint a chair. Overall responsibilities of the chair are to:

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

Part 3. Duties of the Commissioner

Section A.

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

1. Maintain the council established in this section;
2. Supervise and coordinate policies for persons from racial, ethnic, cultural, linguistic, and tribal communities who experience disparities in access and outcomes;

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

Part 4. Code of Conduct.

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

Part 5. Data Practices and Open Meeting Law

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

Appendix C: DHS Policy on Equity

Overview

Description:

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

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

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

Reason for Policy:

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

Failure to Comply:

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

Policy

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

The agency shall:

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

Procedure(s) that Apply:

- I. Equity Committee
 - The person overseeing each administration will work on establishing an equity committee. This equity committee will be charged with advising the responsible leadership of that administration on advancing equitable outcomes for all people we serve and DHS employees.
- II. Equity Analysis
 - DHS managers and supervisors should consult their equity committee when reviewing administrative policies for renewal.
 - Employees who are involved in developing legislative proposals will engage in an equity analysis and consult with equity liaisons when evaluating potential equity impact.

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

III. Workforce and Leadership Development

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

II. Contracting and Procurement

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

III. Community Engagement and Inclusion

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

IV. Enhanced Cultural and Linguistic Appropriate Services (CLAS) Standards

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

Forms that Apply:

N/A

Training:

DHS is developing required training.

Standards:

- I. The following are standards to advance equity and disparity reduction work at DHS:
- II. DHS will regularly engage persons from communities experiencing inequities during the agency’s planning, program development, program evaluation, and decision-making process.

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

Definition(s):

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

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

- **People of Color:** individuals of non-Caucasian heritage who identify as non-white. Houghton Mifflin Company (2005). *The American Heritage Guide to Contemporary Usage and Style*. Houghton Mifflin Harcourt. p. 356.
- **American Indians:** Decedents of the native people of North America who identify as American Indian
- **Persons with Disabilities:** Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.

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

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

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

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

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

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

- What groups are impacted by the proposed policy or budget item? (Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans) What is the nature of the impact? Have representatives from these groups been consulted and collaborated with in order to determine how to address these impacts;
- Is the proposed item submitted to reduce or eliminate any disparities for Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans? Please explain how implementation of the proposed item(s) will reduce or eliminate these disparities;
- Are there potential positive or negative impacts on the identified groups? Explain those impacts. If negative, please adjust the proposal to achieve a more equitable outcome.

- Can the policy or budget idea be sustainably successful? Discuss the on-going funding, implementation strategies/opportunities, and performance measures/accountability mechanisms.

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

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

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

Appendix D: Council Membership

The commissioner of human services appointed members of the Cultural and Ethnic Communities Leadership Council (CECLC). Changes to the council’s membership occurred in 2019. Below are tables which outline the appointed members in the 2019 calendar year between January – July and August – December.

January 2019 – July 2019

<i>Five members representing diverse cultural and ethnic communities:</i>
<i>Rev. Dr. Jean Lee</i>
<i>Sharon Lim</i>
<i>Nyagatare Valens</i>
<i>Dr. Pahoua Yang</i>

<i>Two members representing culturally and linguistically specific advocacy groups:</i>
<i>Michael Birchard</i>

Two members representing culturally and linguistically specific advocacy groups:

Vayong Moua

Two members representing culturally specific human services providers

Titilayo Bediako

Vacant

Two members representing the American Indian Community:

Beverly Bushyhead

Aaron Wittnebel

Two members representing counties serving large cultural and ethnic communities:

Adesola Oni

Vacant

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

Saciido Shaie

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

Vacant

The chairs and ranking minority members of the Health and Human Services Committees in the House of Representatives and the Senate with jurisdiction over human services:

Sen. Jim Abeler

Sen. Michelle Benson

Sen. Jeff Hayden

Rep. Debra Kiel

Rep. Tina Liebling

Sen. John Marty

Rep. Rena Moran

Rep. Joe Schomacker

Two members representing faith-based organizations ministering to ethnic communities:

Pastor Emory Dively

Pastor Brian C. Herron, Sr.

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

Dr. Nkem Chirpich

One member representing the University of Minnesota program with expertise on health equity research

Vacant

Four representatives of the state ethnic councils

Sia Her, Anjuli Mishra Cameron

Henry Jimenez, Rosa Tock

Justin Terrell, Patrice Bailey

Vacant

One representative of the Ombudspersons for Families (rotating):

Muriel Gubasta

Ann Hill

Jill Kehaulani Esch

Bauz Nengchu

Three DHS Employees

Kia Moua

Brendabell Njee

Vacant

August 2019 – December 2019

Five members representing diverse cultural and ethnic communities:

Maret Banks

Marquita Cammon

Raie Gessesse

Five members representing diverse cultural and ethnic communities:

Danisa Farley

Emilia Jackson Kalley

Two members representing culturally and linguistically specific advocacy groups:

Sarah Clyne

Alana Wright

Two members representing culturally specific human services providers

Lucas Peterson

Sheree Steele

Two members representing the American Indian Community:

*Note: Two members representing the American Indian community were approved in December and will be appointed by the January 2020 CECLC meeting.

Two members representing counties serving large cultural and ethnic communities:

Adesola Oni

Maria Sarabia

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

Jenny Srey

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

TaShonda Williamson

The chairs and ranking minority members of the Health and Human Services Committees in the House of Representatives and the Senate with jurisdiction over human services:

Sen. Jim Abeler

Sen. Michelle Benson

Sen. Jeff Hayden

Rep. Debra Kiel

Rep. Tina Liebling

Sen. John Marty

Rep. Rena Moran

Rep. Joe Schomacker

Two members representing faith-based organizations ministering to ethnic communities:

Rev. Dr. Jean Lee

Dr. Russell Porter

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

Petronellah Thomas Shanobi

One member representing the University of Minnesota program with expertise on health equity research

Serena Xiong

Four representatives of the state ethnic councils

Shannon Geshick

Sia Her; Anjuli Mishra

Justin Terrell

Rosa Tock

One representative of the Ombudspersons for Families (rotating):

Jill Kehaulani Esch

Muriel Gubasta

Ann Hill

Bauz Nengchu

Three DHS Employees

Marcia Soto Bierschenk

Kia Moua

Three DHS Employees

Rebeca Sedarski

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

Appendix E: Council Photos



CECLC Council Members at the July 2019 Meeting. Many long-serving members cycled off of the council after this meeting. Front row, left to right: Vayong Moua, Michael Birchard, Lucas Peterson, Kia Moua. Middle row, left to right: Jettie Ann Hill, Jean Lee. Back row, left to right: Nicole Juan, Patrice Bailey, Nkem Chirpich, Adesola Oni, Titilayo Bediako, Beverly Bushyhead, Rosa Tock, Sacido Shaie.



CECLC Member Titilayo Bediako addresses the crowd at WE WIN Institute's Kwanzaa: Passing the Torch Student Learning through the lens of Kwanzaa event, December 2019.