



Cultural and Ethnic Communities Leadership Council (CECLC)

2021 Legislative Report

Community Relations

February 2021

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Letter from the Chair-elect

Being elected as the Cultural and Ethnic Communities Leadership Council (CECLC) – Chair-elect, August of 2020, has been both honorable and notable. Serving as a council member, to being elected as the primary communicator and facilitator of the council within exactly one year is a testament of community leadership in true form. As with any leadership transition, necessary time for changing of the guards (where applicable), evaluation of what has been working – with equal evaluation of what has not – with intentionality behind any immediate changes or clarification of strategy going forward are to be expected with success. I am very happy to report that the council has a more diverse leadership team, and continues to welcome diverse opinions about how to reach our goals in ways that are both supportive and promote accountability.

We will continue to look for ways to work with teams within the department to positively impact the department and support Commissioner Harpstead’s leadership agenda.

In addition to monthly full-council meetings, this year the council has worked remotely via workgroups to dive deeper into priority areas.

The CECLC is proud to continually aim to address disparate outcomes regarding: child welfare and social services, juvenile justice and corrections, immigration and refugee services, housing services and homelessness. Especially with all the historical, antiquated, siloed, and present-day systemic racism. The events surrounding COVID-19, the dehumanizing murder of Mr. George Floyd and community uprising and – the council is determined to fulfill its charge, as we have been appointed, to advise the Minnesota Department of Human Services how to dismantle systemic disparities amongst humans – as it pertains to all staff, all participants, and all communities. I believe the full CECLC council would agree with me in stating that we stand in support of the Minnesota House Select Committee on Racial Justice in recently declaring “Racism as a Public Health Emergency in the state of Minnesota”.

According to the committee findings they have determined that:

1. Systemic racism exists.
2. Systemic racism is harmful.
3. Systemic racism must be addressed.¹

¹ Minnesota Legislature House Select Committee on Racial Justice. (2020). [House Select Committee on Racial Justice: Report to the Legislature](#).

From various topic discussions, testimonies, and presentations – the committee defines racism as a system. The system of racism can include: internalized racism, institutional racism, equity vs equality, inclusion, social justice, racial privilege, social determinants of health, health equity and environmental justice. Including a host of racial disparities amongst the state of Minnesota which would include but are not limited to: health and human services inequities, racial wealth and Minnesota’s wage gap, housing, education, dental care, family separation and public safety as it relates to the system of policing and an exacerbation of disparities from the COVID-19 pandemic. Eliminating disparities would overall aid in the state having economic success as well as cultivating the brilliance of former, current, and future Minnesotans toward continuous innovation and prosperity for all.

I want to thank the Minnesota Legislature for establishing the CECLC in 2013, the Department of Human Services for its cooperative partnership and willingness to allow staff to devote time to share in problem-solving and especially to CECLC members for your leadership, passion and valuable perspectives you bring to our discussions. We are always better together.

In partnership,

TaShonda Williamson
CECLC Chair-elect

Land Acknowledgement

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

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

displacement, migration, and settlement that bring us together here today. And please join us in uncovering such truths at any and all public events.²

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, American Indian communities, advocacy groups, human services program participants, members of the faith community, DHS employees, as well as the chairs and ranking minority members of human services legislative committees.

In 2020, the Minnesota Legislature extended the CECLC’s mandate through June 2022. The full text of current CECLC statute is in Appendix A.

This report seeks to fulfill the following mandate outlined in [Minnesota Statutes 2020, section 256.041, subdivision 8](#):

“(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.”

2020 CECLC Activities and 2021 Priorities

2020 again brought many changes and transitions within the Minnesota Department of Human Services (DHS) as well as the CECLC. The COVID-19 pandemic prompted a quick transition from the in-person business of the council to virtual meetings for the remainder of the year.

The council engaged in many activities throughout the year to strengthen its capacity and further its mission in 2020. 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

² The acknowledgment given in the USDAC Honor Native Land Guide - edited to reflect Minnesota Tribes from Shannon Geshick, MTAG; Executive Director Minnesota Indian Affairs Council

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. In the end, the legislature voted to extend the council sunset to June 2022, but was not able to take up the other policy language changes or financial support of council members. The council continues to work on the proposal for the 2021 legislative session, which is traveling through the DHS legislative proposal process.

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

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

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

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

Racial and Ethnic Disparities in Minnesota

The events of 2020 have highlighted and exacerbated what has always been true: racism is deeply woven into the fabric and history of Minnesota and profoundly affects the wellbeing of Black, Indigenous, and People of Color (BIPOC) communities. The disproportionate impact of the COVID-19 pandemic on racial and ethnic minority populations, and the tragic killing of George Floyd at the hands of police in Minneapolis, forced to the limelight the structural and persistent racism that has plagued the livelihood BIPOC communities for decades in Minnesota. It is imperative that state leaders intentionally invest in efforts to address systemic racism and partnerships with BIPOC communities in order to transform Minnesota's legacy of racial inequities.

2020 Equity Review

The Equity Review is a compilation of projects and efforts occurring at DHS that are aimed at reducing disparities. This year's Equity Review includes information on the agencywide antiracism efforts that DHS undertook in 2020, feedback on what is needed in order for DHS to better advance equity at the department and for the communities we serve, and a list of equity projects organized by administration.

- Growing into an antiracist organization was a priority for DHS in 2020. DHS hired a Chief Equity Officer to lead and coordinate equity activities at the agency and created the Strategic Antiracism Team (StART) to operationalize the agency’s antiracism plan. DHS began to more critically assess agency decisions and the COVID-19 response through an equity lens, as well as update or create policies to better uphold equity. Staff have also increased their awareness and attention toward addressing inequities.
- Agency staff shared feedback on supports or resources needed to advance equity at DHS. The major themes included the need for additional investment in equity staff and initiatives, as well as increased collaboration between DHS administrations and with our partners and communities.
- Administrations reported 177 equity projects for the 2020 calendar year. This includes many new initiatives as well as those that were sustained from prior years.

CECLC Introduction, Background, Activities and Strategic Priorities

Introduction

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

Core Agreements

1. Everyone is heard: practice active listening, build connections to others before and after meetings, and include opportunities for stakeholder input.
2. All voices are honored: practice compassion and withhold judgement.
3. Have integrity: practice honesty, put aside personal gain, prioritize attending meetings.
4. Be transparent: practice sharing information, describe your own experiences to give context, explain expectations for participation, share or work with others.

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

Values

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

Duties

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

The Council shall:

1. Recommend to the commissioner for review identified policies in the Department of Human Services policy, budgetary, and operational decisions and practices that maintain impact racial, ethnic, cultural, linguistic, and tribal disparities;
2. With community input, support legislative proposals to improve racial and health equity outcomes;
3. Identify issues regarding inequities and disparities by engaging diverse populations in human services programs;

4. Engage in mutual learning essential for achieving human services parity and optimal wellness for service recipients;
5. Raise awareness about human services disparities to the legislature and media;
6. Provide technical assistance and consultation support to counties, private nonprofit agencies, and other service providers to build their capacity to provide equitable human services for persons from racial, ethnic, cultural, linguistic, and tribal communities who experience disparities in access and outcomes;
7. Provide technical assistance to promote statewide development of culturally and linguistically appropriate, accessible, and cost-effective human services and related policies;
8. Recommend and monitor training and outreach to facilitate access to culturally and linguistically appropriate, accessible, and cost-effective human services to prevent disparities;
9. Form work groups to help carry out the duties of the council that include, but are not limited to, persons who provide and receive services and representatives of advocacy groups, and provide the work groups with clear guidelines, standardized parameters, and tasks for the work groups to accomplish;
10. Promote information sharing in the human services community and statewide; and
11. By February 15 each year, prepare and submit to the chairs and ranking minority members of the committees in the house of representatives and the senate with jurisdiction over human services a report that summarizes the activities of the council, identifies the major problems and issues confronting racial and ethnic groups in accessing human services, makes recommendations to address issues, and lists the specific objectives that the council seeks to attain during the next biennium; and
12. Provide recommendations to strengthen equity, diversity, and inclusion within the department. The report must also include a list of programs, groups, and grants used to reduce disparities, and statistically valid reports of outcomes on the reduction of the disparities, shall identify racial and ethnic groups' difficulty in accessing human services and make recommendations to address the issues. The report must include any updated Department of Human Services equity policy, implementation plans, equity initiatives, and the council's progress.

History of the Council

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

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

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

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

Membership

Council Composition

In alignment with [Minnesota Statutes 2020, section 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, American Indian communities, advocacy groups, human services program participants, members of the faith community, DHS employees, as well as the chairs and ranking minority members of human services legislative committees. More specifically, the CECLC consists of the following members:

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

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

DHS Staff Support

DHS is responsible for providing staff support to maintain the CECLC and assist in its operation. Community Relations provides the primary staff support for the CECLC.

2020 CECLC Work and Activities

2020 again brought many changes and transitions within DHS as well as the CECLC. The COVID-19 pandemic marked a transition from the in-person business of the council moving to virtual meetings for the remainder of the year. Additionally, there were transitions with leadership in External Relations and Community Relations over the course of the year. In July, CECLC Chair Maria Sarabia stepped down in her leadership position, while remaining a council member, in order to encourage shared leadership on the council. The CECLC held an election in August 2020 and recommended TaShonda Williamson for appointment as CECLC Chair. Heartfelt gratitude and appreciation to Maria Sarabia for the work she put in to transition the council through most members' first terms, and the change to virtual meetings.

The council engaged in many activities throughout the year to strengthen its capacity and further its mission in 2020. 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. In the end, the legislature voted to extend the council sunset to June 2022, but was not able to take up the other policy language changes or financial support of council members. The council continues to work on the proposal for the 2021 legislative session, which is traveling through the DHS legislative proposal process.

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3. Topics/Issues Workgroup

Presentations and Discussion Topics

The council held monthly meetings in 2020 where DHS staff, leadership, or representatives from outside organizations informed the council on the following topics in order to receive the council's advice and feedback.

- CECLC discussion with members of Minnesota Legislature's People of Color and Indigenous (POCI) Caucus
- Presentation on Census 2020 (Minnesota Department of Administration)
- Integrated Care for High Risk Pregnancies (ICHRP)
- COVID-19 conversations: impact on communities
- DHS Blue Ribbon Commission
- DHS Equity Partnership
- Integrated Services Screening and Referral Engagement
- CECLC discussion and approval of revised CECLC bylaws
- Training: Fostering Equity and Belonging
- DHS Legislative Policy Proposals for 2021 session

Workgroup Activities

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

CECLC Bylaws Update

- After a year of work within the CECLC, the council reviewed and updated its internal governing documents (its bylaws) to better reflect current practices, goals, and accountabilities for the council.

Equal Opportunity and Access

- The Director of the Equal Opportunity and Access Division (EOAD) partnered with the CECLC to discuss the statutory requirements of the DHS 2020 Affirmative Action Plan, and how protected classes and reporting are determined. This work will lead into CECLC collaboration to prepare for and strengthen the next agencywide affirmative action plan.

Human Resources

- CECLC members met with the Director of Human Resources to discuss work regarding the DHS retention plan, and data associated with the recruitment and retention of BIPOC staff. This partnership focuses on issues including: human resource guidelines, policy changes to retention, diversity promotion, and respectful workplace tools.

Equity Team

- CECLC members are active in an Equity Umbrella Group, primarily consisting of DHS staff, who are focused on updating the DHS Policy on Equity and establishing an Antiracism policy for the agency.

Housing Support Services

- Housing Stabilization Services worked with the CECLC Topics/Issues Workgroup on the Housing Stabilization Conflict of Interest Form.

African American Child Wellbeing Unit

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

Business Solutions Office

- The Business of Solutions Office team partnered with the CECLC to obtain input on the Screening and Referral Tool they are developing. Council members also participated in focus groups with this team.

DHS Legislative Affairs Team

- Members of the DHS legislative team continue to partner with the CECLC by providing updates to workgroups and the full council, providing legislative training and updates, and aiding in moving the CECLC legislation through the DHS policy proposal process.

Council Actions

The council engaged in many activities to strengthen its capacity and further its mission in 2020. The following are some highlights of this work.

Throughout the year, the council spent time meeting in workgroups and with legislators to draft language changes to the CECLC statute. In June, the legislature extended the CECLC sunset to June 2022. However, other policy changes to the statute, including removal of the sunset, were not included. The legislative workgroup continues to pursue the 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 2020, section 15.059](#)), as well as reimbursements for travel to council meetings.

The council also identified needed updates to the department's 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 2021.

CECLC Strategic Priorities for 2021

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

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

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

Racial and Ethnic Disparities in Minnesota

Across most indicators of wellbeing, many BIPOC communities are likely to fare worse than white individuals in Minnesota. Overall, BIPOC communities are more likely to be in poverty,³ have lower median household income,⁴ be in cost-burdened households,⁵ experience homelessness,⁶ and be without health care coverage compared to people who are white.⁷ They are less likely to graduate high school on time,⁸ attain a bachelor's degree,⁹ be in the labor force,¹⁰ and own their own home.¹¹ BIPOC communities also often have health care outcomes that are below statewide averages.¹²

Despite consistently ranking one of the best places to live,¹³ Minnesota has some of the worst disparities in the nation. For example, Minnesota has one of the largest gaps in employment between white individuals and communities of color – ranking 45th,¹⁴ and has one of the largest gaps in homeownership rates between white individuals and households of color – ranking 46th.¹⁵ Minnesota has also been ranked the 47th state in terms of racial integration and 45th in racial progress on overall indicators of employment and wealth, education, social and civic engagement, and health.¹⁶

These are only some examples of the inequities that BIPOC communities experience in Minnesota, and due to these challenges, communities of color are often overrepresented in the human services system. Additionally, these overarching statements overshadow the stark differences in outcomes that exist among Minnesota's diverse cultural and ethnic communities. Black and Indigenous communities in particular experience some of the greatest disparities.

³ Minnesota Compass. (n.d.). [Individuals below the poverty level by race, Minnesota, 1999-2019](#). Retrieved December 30, 2020.

⁴ Minnesota Compass. (n.d.). [Median household income by race of the householder, Minnesota, 1989-2019](#). Retrieved December 30, 2020.

⁵ Minnesota Compass. (n.d.). [Share of households paying 30% or more of their income for housing by race of householder, Minnesota, 2006-2019](#). Retrieved December 30, 2020.

⁶ Minnesota Compass. (n.d.). [Rate of homelessness per 10,000 adults \(18+\) by race, Minnesota, 2003-2018](#). Retrieved December 30, 2020.

⁷ Minnesota Compass. (n.d.). [Residents under 65 without health insurance by race, Minnesota, 2009-2019](#). Retrieved December 30, 2020.

⁸ Minnesota Compass. (n.d.). [High school students graduating on time by race, Minnesota, 2012-2019](#). Retrieved December 30, 2020.

⁹ Minnesota Compass. (n.d.). [Percent \(age 25+\) with a bachelor's degree or higher by race, Minnesota, 2000-2019](#). Retrieved December 30, 2020.

¹⁰ Minnesota Compass. (n.d.). [Proportion of adults \(age 16-64\) working by race, Minnesota, 2008-2019](#). Retrieved December 30, 2020.

¹¹ Minnesota Compass. (n.d.). [Homeownership rate by race, Minnesota, 1990-2019](#). Retrieved December 30, 2020.

¹² MN Community Measurement. (2020). [Minnesota health care disparities by race, Hispanic identity, language and country of origin](#).

¹³ U.S. News and World Report. (n.d.). [Best states rankings](#).

¹⁴ Minnesota Compass. (n.d.). [Employment gap \(white - of color\): Rank of states, 2015-2019](#). Retrieved December 30, 2020.

¹⁵ Minnesota Compass. (n.d.). [Homeownership gap: Rank of states, 2019](#). Retrieved December 30, 2020.

¹⁶ Wallet Hub. (2021). [States with the most racial progress](#). Retrieved January 14, 2021.

A Focus on 2020 and COVID-19

The events of 2020 have highlighted and exacerbated what has always been true: racism is deeply woven into the fabric and history of Minnesota and profoundly affects the wellbeing of BIPOC communities. The disproportionate impact of the COVID-19 pandemic on racial and ethnic minority populations, and the tragic killing of George Floyd at the hands of police in Minneapolis, forced to the limelight the structural and persistent racism that has plagued the livelihood of BIPOC communities for decades in Minnesota. The racial inequities and violence against BIPOC communities have long been established. Years of disinvestment, inattention, and disregard for the experience of BIPOC communities in Minnesota have allowed disparities to persist without meaningful action – despite the sustained advocacy and outcries from communities to address racism and its impacts.

The wide ranging inequities across a variety of domains of life noted above play out in what is seen in the COVID-19 data – BIPOC communities are more deeply impacted by the pandemic. Below is a review of some recent findings which highlight the disproportionate impact the COVID-19 pandemic has had on communities of color. However, it must be noted that despite the challenges, heartbreak, and distress 2020 has brought, BIPOC communities have shown incredible adaptability, resiliency, perseverance, and innovation this year to take care of their communities and advocate for racial justice.

High Risk of Severe COVID-19

- Early in the pandemic, Minnesota Compass and WCCO TV news mapped the areas of the Twin Cities that had the highest risk of experiencing severe COVID-19 based on the prevalence of underlying health conditions. These included asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease, diabetes, kidney disease, obesity, and stroke. The results showed that the neighborhoods most at risk tended to be communities that have greater concentrations of BIPOC residents, as well as those that struggle with a host of other social and economic challenges.¹⁷

COVID-19 Data by Race/Ethnicity Dashboard

The [COVID-19 Data by Race/Ethnicity Dashboard](#) combines data from various government sources and shows that many communities of color in Minnesota are disproportionately impacted by the COVID-19 pandemic. The information on this dashboard is frequently updated to reflect new data. The following data from the dashboard was retrieved on January 8, 2021.

¹⁷ Hollis, J. & Liuzzi, A. (2020). [Which neighborhoods are at high risk for COVID-19?](#) Minnesota Compass.

Positive Cases

- Age-adjusted case incidence rates per 100,000 residents show that Latinx and Native Hawaiian/Other Pacific Islander (OPI) Minnesotans are testing positive for COVID-19 at nearly 3 times the rate of white Minnesotans.
- Black Minnesotans are testing positive for COVID-19 at nearly twice the rate of white Minnesotans.

Hospitalizations and Intensive Care Unit (ICU) Admissions

- Age-adjusted rates of hospital incidence and ICU admittance per 100,000 residents show that all racial and ethnic groups are more likely to be hospitalized and admitted to the ICU than white Minnesotans. Black, Latinx, and those who identified as multi-racial have the highest hospitalization rates per 100,000 residents.
- Of all American Indian/Alaska Native (AIAN) individuals who test positive for COVID-19, 10% are hospitalized and 3% go to the ICU. These are the highest percentages among any racial/ethnic group.

Deaths

- Age-adjusted rates of death incidence per 100,000 residents show that rates of COVID-19 deaths are higher for all racial and ethnic groups compared to white Minnesotans. AIAN, Black, and Latinx individuals have the highest rates of COVID-19 deaths. Latinx individuals have the highest rate.

Unemployment Insurance

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

Worker Characteristics

- BIPOC communities are more likely to be working in industries identified as "essential services or businesses" which puts them at greater risk for COVID-19 exposure. These settings can include grocery stores, food processing, nursing homes, warehouses, etc. They are also less likely to be able to work from home.

- BIPOC communities are more likely to be vulnerable to layoffs.¹⁸

Additional COVID-19 Findings

There is other evidence that shows that COVID-19 has also put BIPOC communities at risk of experiencing the pandemic's adverse consequences.

Workplace Industry

- Some communities of color and foreign-born individuals in Minnesota are more likely to work in non-essential accommodation and food service jobs, which have been greatly impacted by the pandemic.¹⁹

Housing Insecurity

- According to results from the U.S. Census Bureau's Household Pulse Survey, a survey that provides information on the impact of COVID-19 on households, a greater share of households of color are experiencing housing insecurity compared to non-Hispanic white households in Minnesota.²⁰

Food Insecurity

- According to results from the U.S. Census Bureau's Household Pulse Survey, Minnesotans of color are experiencing food insecurity at higher rates than non-Hispanic white Minnesotans.²¹

Education

- Advocates argue that COVID-19 could widen achievement gaps that exist in Minnesota due to the challenges of distance learning.²²

Although the full extent of the ongoing pandemic is uncertain, it is clear that COVID-19 will continue to have profound implications for the future health and wellbeing of BIPOC communities in Minnesota, as well as the health and human service field overall. The outcomes and experiences highlighted above

¹⁸ Information obtained from the [COVID-19 Data by Race/Ethnicity Dashboard](#) was compiled from the Minnesota Department of Health, Minnesota Department of Employment and Economic Development, and the Minnesota Demographic Center. More information about the data can be found in the dashboard's notes.

¹⁹ Wolter, E. (2020, September 15). [Minnesota's workers of color and immigrants bear the brunt of COVID-19's impact](#). Minnesota Compass.

²⁰ Minnesota Compass. (n.d.). [Percentage of households experiencing housing insecurity by race, Minnesota, 8/19/2020 – 10/26/2020](#). Retrieved December 30, 2020.

²¹ Minnesota Compass. (n.d.). [Percentage of people experiencing food insecurity by race, Minnesota, 4/23/2020 – 10/26/2020](#). Retrieved December 30, 2020.

²² Spewak, D. (2020, November 12). [COVID-19 and distance learning could widen achievement gap](#). KARE 11.

are a result of decades of systemic and persistent injustices. Though these problems are deeply rooted, they are also solvable. Now, more than ever, it is necessary that leaders intentionally invest in efforts to address systemic racism and partnerships with BIPOC communities in order to transform Minnesota's legacy of racial inequities.

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

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 2021 are necessary. In 2020, the CECLC worked with DHS staff and equity leads to propose updates to this policy, along with the establishment of an agencywide Antiracism Policy. These updates will strengthen the focus on measurable outcomes and agency accountability toward equity. This work continues, and the CECLC hopes to have these changes approved and implemented in 2021.

2020 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 2020, section 256.041, subdivision 8](#)). While statistically valid outcomes cannot be measured due to data limitations, this review intends to provide an update on progress and equity efforts at the department.

Administrations and business areas were asked to identify equity projects that were in effect in 2020. An equity “project” encompasses any project, initiative, program, group, or grant that is intended to reduce disparities for one or more communities experiencing inequities and explicitly addresses equity in its program goals. Communities experiencing inequities are defined in the DHS Equity Policy as communities of color, American Indians, veterans, LGBTQ+ individuals, and persons with disabilities.

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

- Part 1 offers an overview of the antiracism initiatives DHS undertook in 2020 to address inequities.
- Part 2 discusses feedback from staff regarding supports or resources needed to better embed and advance equity at DHS.
- Part 3 lists the 177 equity projects that occurred in 2020 organized by administration, as well as summarizes how projects are working to advance equity.

While equity projects are organized by administration or business area, they often happen with significant collaboration across the agency and in partnership with counties, Tribes, stakeholders, and community members. Additionally, due to the prioritization of the response to the COVID-19 pandemic and its impact on service delivery, it is likely that not all projects happening at DHS in 2020 were captured in this review.

Part 1. Agencywide Equity and Antiracism Initiatives in 2020

2020 was a year of profound distress, reflection, and change. In response to the events that transpired in 2020, including the COVID-19 pandemic, the killing of George Floyd, and the ensuing calls to upend systemic racism and its impact, DHS continued its work to embed equity into its programs, policies, and operations. Additionally, DHS took further steps in 2020 to move towards becoming an antiracist organization.

DHS began the year with hiring a Chief Equity Officer, Dr. Karen McKinney. This position was vacant for several years, and prior to filling this position, there was no centralized force to move DHS forward and hold the agency accountable. An equity presence at the assistant commissioner level has built momentum and increased cross-agency collaboration around equity. In 2019, DHS staff and CECLC members identified this absence of leadership as a challenge to advancing equity at the agency; this change is seen as a significant step forward in 2020. Furthermore, DHS hired equity directors in both the Office of Inspector General (OIG) and in the Direct Care and Treatment (DCT) Administration, bringing additional leadership to this work at the agency. Since DCT makes up two thirds of DHS staff, filling this director role is an important accomplishment.

In order to embed and build antiracism efforts at DHS, Dr. McKinney created a Strategic Antiracism Team (StART) which is comprised of approximately 30 staff from across the agency. This group is working to operationalize the antiracism plan created in collaboration with StART and DHS leadership. Action steps include: antiracism training for DHS leadership and staff, aligning equity efforts across the agency, and administering the Intercultural Development Inventory (IDI) to the top 380 leaders at DHS, among other initiatives.

During the response to COVID-19, each administration used an equity review process to integrate considerations of racial equity and inclusion into waivers and decisions to effectively respond to the pandemic and the needs that arose, particularly the needs of underrepresented and oppressed communities. The changes to service delivery in 2020 created an opportunity to evaluate the impact of these changes through an equity lens to reduce disparities, with a specific focus on those disproportionately impacted by COVID-19.

2020 saw increased awareness and acknowledgement of inequities that exist within our system and operations at DHS. Staff across all levels of the agency stepped up to support one another and the agency in challenging systemic injustices, strengthening antiracism efforts, bringing attention to concerns, as well as advocating for intentional investment to address inequities – both internally at the agency and in community. The Employee Resource Groups (ERGs) at DHS played an increasingly important role in the work of equity and employee engagement. The ERGs provide support for employees, feedback on rapidly changing COVID-19 policies, and leadership in the creation of new policies, including the new diversity retention plan, as well as other equity efforts.

Antiracism and equity are topics now regularly discussed at leadership meetings, and buy-in for this work is increasing. This work involves a substantial culture shift for DHS, and perseverance and accountability is required in order to attain meaningful, long-lasting change.

Part 2. Supports or Resources Needed to Advance Equity at DHS

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

Additional investment in equity staff and initiatives

Nearly all individuals mentioned the need for additional dedicated staff focused on this work. Many also stressed the importance of more financial investment in diversity, equity, and inclusion work. While there are now equity coordinators or directors embedded across each administration, as the largest state agency in size and scope of work, capacity limitations remain. The small number of equity staff are unable to attend to the breadth of internal and external work necessary to address inequities. Staff, time, and financial constraints are limiting factors to furthering equity efforts.

“In order to help DHS progress along the continuum to become a truly antiracist agency, we need more people whose primary focus is on antiracist equity efforts. Relying only on the handful of Equity Directors/Leads for an agency of thousands who serve millions, is inevitably going to leave gaps in any comprehensive equity effort. If we are committed to embedding antiracist equity into our practices, policies and programs, we need more people power. This will not only show our staff and the people we serve that we are serious about antiracism, but will also make our internal and external equity efforts more impactful.” – DHS employee

“We are so overloaded that there is never enough time to give things the attention and focus they need. Being in a rush is an enemy to equity.” – DHS employee

Increased collaboration and engagement

Multiple respondents noted the importance of devoting more energy and resources into both internal and external collaboration efforts. More intentional and robust outreach and partnerships with communities, stakeholders, and human service entities are needed in order to make progress on advancing equity across our systems. Additionally, a focus on shared decision-making, transparency, and lived-experience is needed in all aspects of this work.

“Provide community greater ability to influence decisions, access, and build relationships with DHS staff to help guide inclusive engagement efforts.” – DHS employee

“Develop a unified vision and plan that incorporates all of the major players in the Human Services system so that we are working in alignment instead of taking on projects in different areas.” – DHS employee

“Increased shared decision making, transparency across divisions, and more ongoing communication channels.” – DHS employee

These are the major themes that arose regarding what is needed in order to advance and embed equity at DHS. Other suggestions included stronger messaging from leadership on the importance of equity work, a more inclusive agency culture and hiring practices, among others.

Part 3. Equity Projects

The 2020 Equity Review identified a total of 177 projects, initiatives, programs, groups, and grants to reduce inequities. The equity projects in this review are at various stages of development. Some projects are ongoing, others may have ended in 2020, and some are still in initial planning stages. These projects address inequities through a number of approaches. In addition to the agencywide initiatives noted above, there were many other new equity efforts in 2020. Some of these new projects included efforts to simplify the agency’s website and make it accessible in multiple languages, update agency policies and procedures, improve staff development and engagement around equity and inclusion, among many others.

Projects in 2020 also continued to advance equity in the ways noted in in last year’s review. These included:

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

- Educating communities on the impact of changing policies.

Although projects are organized by administration, they often happen with significant collaboration across the agency and in partnership with counties, Tribes, stakeholders, and community members. The number of projects within each administration or business area is not necessarily an indicator of the area's commitment to equity, nor should the number of projects imply project effectiveness. Lastly, due to the prioritization of the response to the COVID-19 pandemic and its impact on service delivery, it is likely that not all projects happening at DHS in 2020 were captured in this review.

Operations

- I. Agencywide Development and Learning
 1. DHS Employee Engagement Efforts
 2. DHS Employee Learning Plan – Diversity Hours
 3. DHS Mentorship Program
 4. Equity Week
 5. Slice of Autumn
 6. Focus on equity in managers conferences and director's meetings
- II. Business Solutions Office
 1. Data Standards Community Engagement Project
 2. Modernization Strategic Plan
 3. The Integrated Services Business Model – Readiness and Implementation
- III. Communications
 1. Multicultural Media Outreach
 2. Website Simplification and Translation
- IV. Equal Opportunity and Access Division
 1. 2018-2020 Affirmative Action Plan
 2. Agency-Wide Accessibility Program
- V. External Relations
 1. 2020 Census
 2. DHS Response to Federal "Public Charge Rule"
 3. DHS Response to Refugee Resettlement Developments
 4. Executive Order 19-24 Implementation – Government-to-Government Tribal Relationships
 5. Policy on Equity
 6. Staffing CECLC
 7. Tribal Vulnerable Adult Summit
- VI. Human Resources
 1. Adopt a Multi-Rater Feedback Tool

2. Antiracism interview question to all DHS interviews
 3. Created an Effective Onboarding Guidebook
 4. DCT Diversity Recruitment Plan
 5. DHS Career Day
 6. Diversity Recruitment Team Marketing Campaign
 7. Diversity Retention Plan
 8. HBCU Connect Partnership
 9. Increased Visibility in the American Indian/Alaska Native Community
 10. Initiatives to Increase Workforce Diversity
 11. Intern Video
 12. Recruitment Brochures
 13. Revised job posting guidance
 14. Revised Compensation Policy
- VII. Office of Equity and Inclusion
1. Develop Antiracism Training
 2. Education Programs
 3. Employee Resource Groups (ERGs)
 4. Gender Identity and Pronouns Workshop
 5. Launched the Intercultural Development Inventory (IDI)
 6. Strategic Antiracism Team (StART)
- VIII. Office of Inspector General
1. OIG Equity Committee
- IX. Office of Strategy and Performance
1. Equity Partnership
 2. Racial Equity Measures

Children and Family Services Administration

1. Accessibility to Professional Development Services and Workforce Supports for the Child
2. African American Child Family COVID-19 Workgroup
3. All Children-All Families Human Rights Campaign
4. American Indian Tribal Child Welfare Initiative
5. Arrears Management Promotion/Campaign
6. BIPOC Staff Meetings
7. CCAP Community Partners Workgroup
8. CCDF funding for families experiencing homelessness
9. CFS Equity Committee
10. CFS Division Equity Teams
11. CFS Equity Lab Series

12. CFS Equity Scan
13. CFS Virtual Worlds Fair
14. Child Support Alternative Payment Options
15. Decentering Whiteness
16. Driver's License Innovation Workgroup
17. Equity Analysis Toolkit
18. Expedited application for families experiencing homelessness
19. Human Service Programs Transfer to Tribal Nations – Child Care Assistance Program (CCAP)
20. Human Services Transfer Project (SNAP)
21. Indian Child Welfare Act (ICWA) and Minnesota Indian Family Preservation Act (MIFPA)
22. Intercultural Development Inventory (IDI) Implementation
23. Legislative Equity Analysis Tool 2.0
24. Parent Aware Accessibility for Children and Providers
25. Preschool Development Grant
26. Targeted Request for Proposals for Qualified Applicants to Provide a Response to Unsheltered Homelessness of American Indians in Twin Cities Metropolitan Area
27. Training: MFSRC/NCSEA training, monthly standing Equity Talks
28. Virtual Equity Forum: COVID-19's Impact on Black African American Community
29. White Earth SNAP E&T
30. Whole Family Systems Grants
31. Zip Codes with Payment Center/Calls to Participants for Cash Payers

Community Supports Administration

1. American Sign Language video translation project
2. Community Living Infrastructure Grants
3. CSA Equity Committee
4. Culturally Affirmative, Linguistically Accessible Grant-Funded Services for People who are Deaf, Deaf-Blind, or Hard of Hearing
5. Deaf and Hard of Hearing Mental Health Services
6. DHHS translations
7. Disability Hub MN™
8. Distribution of clear masks
9. DSD Equity Survey
10. DSD Innovation Grants
11. Equity and Diversity Staff Development
12. Housing Stabilization Services
13. Housing Support, Long Term Homeless Supportive Services Grants, SOAR Grants
14. Include Equity Toolkit in grant reviews

15. Individuals with a Substance Use Disorder and either at risk or experiencing homelessness
16. Interpreter Services for Greater Minnesota
17. Outreach to diverse communities of people who are deaf, deafblind and hard of hearing
18. Social Security Advocacy Expansion
19. Training video project
20. Virtual Insight Panel
21. Website color contrast and font size adjuster
22. Website/app for real-time housing openings

Continuing Care for Older Adults Administration

1. Area Agencies on Aging Area plans
2. Assisted living report card
3. Cultural Consultants Initiative 2018
4. Direct Support Connect
5. Diverse Elders Coalition Partnership
6. Gaps Analysis
7. Home and Community-Based Services (HCBS) Access Project
8. Increase language options
9. Live Well at Home Grants
10. Long-Term Services and Supports (LTSS) Demographic Dashboards
11. MBA Dementia Grants
12. MBA Training Center-Cultural Responsiveness in Dementia Care 2017-2018
13. MinnesotaHelp.info Home and Community-Based Services Finder
14. MIPPA Grant
15. MN2030 Looking Forward – Governor’s Council for Age-Friendly Minnesota
16. Money Follows the Person Tribal Initiative
17. National Core Indicators – Aging and Disabilities for Older Adults™
18. NIA/NIMHD Grant: System Factors and Racial Disparities in Nursing Home Quality of Life and Care
19. Older Americans Act Evidence-Based Health Promotion
20. Older Americans Act Senior Nutrition
21. Older Americans Act Special Access projects
22. Person Centered Adult Protection Data System
23. Racial/Ethnic Disparities in HCBS Assessments
24. Results Based Accountability for Quality of Life for Nursing Facilities and Home and Community-Based Services
25. Senior LinkAge Line®
26. Study of racial disparities in nursing homes and the relationship to quality of life

27. Tribal LTSS and Vulnerable Adult Workgroup
28. Veterans – Directed Home and Community-Based Services Program
29. Vulnerable Adult Act Redesign – Adult Protective Services

Direct Care and Treatment Administration

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

Health Care Administration

1. 2021 MCO Performance Improvement Projects
2. 2021 Risk Corridor Initiative – Quality Measures
3. Behavioral Health Home Services
4. Blue Ribbon Commission on Health and Human Services – Equity Assessment
5. Building Systems for Culturally Responsive Integrated Care (BSCRIC)
6. Community Engagement in Case Management Redesign
7. DHS Equity Policy Implementation Plan
8. Equity Analysis Assessment Tool & Framework
9. Equity Matters: Health Care Literacy
10. Equity Tool for Administrative Policies and Procedures
11. HCA at Home and Connected
12. HCA Equity and Inclusion Action Plan
13. HCA Equity and Inclusion Survey
14. HCA Equity Committee
15. HCA Equity Toolkit
16. HCA Equity Toolkit for Legislative Process
17. Identifying and addressing health disparities in Medicaid recipients
18. Integrated Care for High Risk Pregnancies (ICHRP)
19. Integrated Health Partnerships (IHP 2.0)
20. Minnesota Medicaid Managed Care Procurement and Contracting – Community & Stakeholder Engagement
21. MNMCM Health Disparities Report

Equity Review Conclusion

The results of this review demonstrate that DHS continues its commitment to advancing equity in a variety of ways. The events of 2020 implored DHS to enhance and increase efforts to uphold equity and improve access and outcomes for the diverse communities the agency serves. Administrations and business areas continue to develop innovative strategies to address the health and social service disparities that racial and ethnic communities experience. However, there is considerable room for improvement.

Despite many efforts, DHS faces a number of internal and external challenges toward reducing disparities in the health and human services system and for communities. Limited resources, particularly the constraints on staff time and budget, create barriers to advancing equity and sustaining this work.

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

Appendices

Appendix A: Legislation Authorizing Cultural and Ethnic Communities Leadership Council

2020 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, 2022.

Appendix B: CECLC Bylaws

Cultural and Ethnic Communities Leadership Council (CECLC)

Bylaws

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

ARTICLE I

NAME

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

ARTICLE II

PURPOSE

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

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

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

Council Core Agreements:

1. Everyone is heard: practice active listening, build connections to others before and after meetings, and include opportunities for stakeholder input
2. All voices are honored: practice compassion and withhold judgment
3. Have integrity: practice honesty, put aside personal gain, prioritize attending meetings
4. Be transparent: practice sharing information, describe your own experiences to give context, explain expectations for participation, share our work with others
5. Empower people: practice speaking up courageously; reach out to other communities for input

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

Council Values:

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

**ARTICLE III
MEMBERSHIP**

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

Section 1: Membership Criteria

As outlined in the Council's enabling legislation, it must consist of:

1. The chairs and ranking minority members of the committees in the house of representatives and the senate with jurisdiction over human services; no fewer than 15 and no more than 25 members appointed by and serving at the pleasure of the commissioner of human services, in consultation with county, tribal, cultural and ethnic communities; diverse program participants; and parent representatives from these communities. In making appointments under this section, the commissioner shall give priority consideration to public members of the legislative council of color established under section 15.0145 of Minnesota Statutes.
2. In 2013, the Commissioner of Human Services established the following council positions:
 - a. Five members representing diverse cultural and ethnic communities
 - b. Two members representing culturally and linguistically specific advocacy groups

- c. Two members representing culturally specific human services providers
- d. Two members representing the American Indian community
- e. Two members representing counties serving large cultural and ethnic communities
- f. One member who is a parent of a human services program participant, representing communities of color
- g. One member who is a human services program participant representing communities of color
- h. Two members representing faith-based organizations ministering to ethnic communities
- i. One member who is a representative of a private industry with an interest in equity issues
- j. One member representing the University of Minnesota with expertise on health equity research
- k. Three members who are DHS employees
- l. Representatives from the State Councils: MN Council on Latino Affairs, Council for Minnesotans of African Heritage, Council on Asian-Pacific Minnesotans, and the Minnesota Indian Affairs Council
- m. One representative of the Ombudspersons for Families (rotating)
- n. The chairs and ranking minority members of the committees in the House of Representatives and the Senate with jurisdiction over human services

Section 2: Membership Definition

- 1. Ex-officio members
 - a. These members are direct appointments through the position they hold (State Councils, MIAC, Ombudsperson for Families, legislators, etc.).²³
- 2. Community members
 - a. These members are appointed by the Commissioner of Human Services and apply to the council via the Secretary of State's Boards and Commissions process. These positions are subject to term limits as specified in statute (Laws of Minnesota 2013, Chapter 107, Article 2).

Section 3: Community Member Appointment Process

- 1. Vacancies are announced via MN Secretary of State (SOS); interested candidates apply through the SOS portal.

²³ Note that the use of 'ex-officio' here is to distinguish between those who hold council membership by virtue of their position, and those who are appointed by the commissioner. This does not take away voting rights. Both ex-officio and appointed members are full voting members of the CECLC.

2. Once candidates apply through the SOS portal, community relations staff sends a supplemental application form to the candidates for additional information for consideration.
3. A panel consisting of CECLC members and DHS staff review applications and select top candidates for a brief interview.
4. Upon completion of the interviews, the review panel decides on their recommendations, and community relations staff submit the recommendations to the Commissioner of DHS.

Section 4: Terms

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

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

Section 5: Chair

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

Section 6: Removal

1. CECLC members are invested in community and as such, should hold each other accountable, and in collective space. The CECLC values include transparency, respectful conversations, and mediation whenever possible. In the event that a member is no longer fulfilling their member duties (as defined in Article IV, Sec. 2 of these bylaws), are not adhering to the Council Core Agreements and Values or the Code of Conduct, or whose actions do not advance the purpose and mission of this council, the following steps shall apply while allowing the individual member involved an opportunity to respond and/or appeal the decision to the next body. The first step is for the Chair to have an individual conversation with the member about a need for changed behavior. If the individual in question is the Chair, a member of the leadership team (the co-leads of the workgroups and the Chair) will hold the initial conversation.
2. If the initial conversation does not remedy the situation, the Chair will bring forth the issue, attempted remedies, and proposed next steps to the council leadership team. The leadership

team will develop an improvement plan with concrete deliverables and deadlines, as well as resources as necessary to aid in success of the plan.

3. If the situation is not remedied after the timeline outlined by the improvement plan, a discussion will be scheduled to include the full Council in executive session at a meeting at the call of the chair.
4. As a last step, the Council may vote to request the Commissioner remove the member from the Council.

ARTICLE IV DUTIES

Section 1: Council Duties

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

Duties of council

The Council shall:

13. Recommend to the commissioner for review identified policies in the Department of Human Services policy, budgetary, and operational decisions and practices that maintain impact racial, ethnic, cultural, linguistic, and tribal disparities;
14. With community input, support legislative proposals to improve racial and health equity outcomes;
15. Identify issues regarding inequities and disparities by engaging diverse populations in human services programs;
16. Engage in mutual learning essential for achieving human services parity and optimal wellness for service recipients;
17. Raise awareness about human services disparities to the legislature and media;
18. 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;
19. Provide technical assistance to promote statewide development of culturally and linguistically appropriate, accessible, and cost-effective human services and related policies;
20. Recommend and monitor training and outreach to facilitate access to culturally and linguistically appropriate, accessible, and cost-effective human services to prevent disparities;
21. 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;

22. Promote information sharing in the human services community and statewide; and
23. By February 15 each year, prepare and submit to the chairs and ranking minority members of the committees in the house of representatives and the senate with jurisdiction over human services a report that summarizes the activities of the council, identifies the major problems and issues confronting racial and ethnic groups in accessing human services, makes recommendations to address issues, and lists the specific objectives that the council seeks to attain during the next biennium; and
24. Provide recommendations to strengthen equity, diversity, and inclusion within the department. The report must also include a list of programs, groups, and grants used to reduce disparities, and statistically valid reports of outcomes on the reduction of the disparities, shall identify racial and ethnic groups' difficulty in accessing human services and make recommendations to address the issues. The report must include any updated Department of Human Services equity policy, implementation plans, equity initiatives, and the council's progress.

Section 2: Council Member Duties

The members of the council shall:

1. With no more than three absences per year, attend and participate in scheduled monthly meetings and be prepared by reviewing meeting notes;
2. Maintain open communication channels with respective constituencies;
3. Identify and communicate issues and risks that could impact the timely completion of tasks;
4. Collaborate on inequity and disparity reduction efforts;
5. Communicate updates of the Council's work progress and status on the Department of Human Services website; and
6. Participate in any activities the Council or Chair deem appropriate and necessary to facilitate the goals and duties of the Council; and
7. Participate in work groups to carry out council duties.

Section 3. Duties of the Council Chair

Responsibilities of the Council chair include:

1. Preside at meetings of the Council;
 - a. Chair the meetings in a fair and balanced manner;
 - b. Lead the Council in adherence to Council goals, agreements, and values;
 - c. Ensure equitable participation of Council members toward advancing the meeting agenda.
2. Serve as the principal contact for the Council;
3. Call special meetings of the Council as necessary;

4. Provide written notice to appointed member/s that have missed three meetings regarding an improved attendance plan and/or possible resignation from Council;
5. Inform the Commissioner of Human Services of Council members that have more than three total absences;
6. Meet with DHS community relations staff at least once per month to discuss and plan for upcoming CECLC meeting agenda items and presentations;
7. Attend legislative meetings as needed;
 - a. In particular, have availability or testimony on CECLC-sponsored legislation in committee hearings, strategy meetings, etc.
8. Participate in external meetings with Council partners, stakeholders, etc.; and
9. Communicate with community relations staff and Council member requests in a timely manner.

Section 4. Duties of the Commissioner

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

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

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

ARTICLE V

COUNCIL GOVERNANCE AND DECISION-MAKING GUIDELINES

Section 1. Voting

The Council consists of diverse members representing various communities across Minnesota. The decision-making processes of the Council should make every attempt to be equitable and inclusive, and strive for both consensus and understanding. Council members shall have space to voice their

opinions and discuss issues relevant to the Council and their communities. Upon Council decisions, members shall strive to advance the unified messages and decisions of the Council when recognized as a member of the Council, and/or when performing Council duties.

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

Section 2. Communications

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

Section 3. Meetings

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

Section 4. Council Workgroups

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

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

Section 5. Compensation

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

Section 6. Code of Conduct

1. Council members will adhere to the DHS standards of Ethics and Conflict of Interest and will comply with all pertinent state laws and regulations.
2. If a Council member has a conflict of interest in a matter before the Council, the member shall declare the conflict, refrain from discussion and will not vote on the matter.

Section 7. Data Practices and Open Meeting Law

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

ARTICLE VI AMENDMENTS

Amendments to the Council Bylaws may be approved by the Council with a **two thirds** vote of the Council. Written notice containing copies of all proposed amendments to the bylaws must be sent electronically to the Council members at least 14 days prior to the Council meeting at which they will be considered. Proposed Bylaws amendments may be further amended at the Council meeting at

which they are considered. Such amendment must be germane to the original amendment, must be consistent with the intent of the original amendment, and must not create a greater change in the bylaws than the original amendment. A review of the bylaws shall be conducted every two years, or when a change to the Council's statute occurs, to ensure compliance with the statute and guide Council members in meeting its responsibilities.

Appendix C: Council Membership

January – December 2020

<i>Five members representing diverse cultural and ethnic communities:</i>
<i>Maret Banks (January – August 2020)</i>
<i>Marquita Cammon (January – March 2020)</i>
<i>Raie Gessesse</i>
<i>Danisa Farley</i>
<i>Emilia Jackson Kalley (January – March 2020)</i>
<i>Foua Choua Khang (October – December 2020)</i>
<i>Amanda Koonjbeharry (October – December 2020)</i>

<i>Two members representing culturally and linguistically specific advocacy groups:</i>
<i>Sarah Clyne</i>
<i>Alana Wright</i>

<i>Two members representing culturally specific human services providers:</i>
<i>Lucas Peterson</i>
<i>Sheree Steele</i>

<i>Two members representing the American Indian Community:</i>
<i>Mariah Norwood</i>
<i>Elizabeth Taylor-Schiro</i>

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 (January – August 2020)

Four representatives of the state ethnic councils:

Shannon Geshick

Anjuli Cameron

Justin Terrell (January – August 2020)

Rosa Tock

One representative of the Ombudspersons for Families (rotating):

Jill Kehaulani Esch

Muriel Gubasta

Ann Hill

One representative of the Ombudspersons for Families (rotating):

Bauz Nengchu

Three DHS Employees:

Marcia Soto Bierschenk

Kia Moua

Rebeca Sedarski (January-February 2020)

Cratè Darden (October-December 2020)

DHS Staff to CECLC

Charlene Briner

Deputy Commissioner (former)

Nikki Farago

Interim Deputy Commissioner

Roberta Downing

*Assistant Commissioner for External Relations
(former)*

Helly Lee

Director of Community Relations (former)

De Anna Conover

Interim Director of Community Relations

Nicole Juan

Community Relations Specialist

Rebeca Sedarski

Community Engagement Coordinator

Elizabeth Stein

Community Relations Project Manager (former)

Lydia Pfluger

Community Relations Associate

Beth Dansie

Administrative Specialist Principal