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DEPARTMENT OF HUMAN SERVICES

Cultural and Ethnic Communities Leadership Council (CECLC)

Community Relations Division

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For more information contact:

Minnesota Department of Human Services

Office of the Assistant Commissioner for External Relations

Antonia Wilcoxon, Community Relations Director

P.O. Box 64998

St. Paul, MN 55164-0998

651-431-3301

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Letter from the Chair

These are tumultuous times for cultural and ethnic diversity across the country and here in Minnesota. Implicit bias and structural racism persist across sectors and jurisdictions, but so does overt racism. We have always faced opposition to health and racial equity, but current public discourse now, often frames anti-racism as political correctness or identity politics. Policies at multiple jurisdiction levels are introduced, unchecked, and advanced to further marginalize those facing the worst human service and health outcomes. Against this backdrop, the Cultural and Ethnic Communities Leadership Council (CECLC) has coalesced and emboldened its charge to advance equity within and beyond the Department of Human Services (DHS).

Candidly, 2016 gave CECLC and DHS serious challenge about how authentically and deeply would DHS systemize and implement equity practices with accountability and impact. When Commissioner Piper and Assistant Commissioner Cruz came on board, we had to reset our relationship and approach. Through dedicated and uncomfortable conversations, we built shared trust and commitment to ensure equity integrated DHS's principles, practices, and policies. Earlier in January 2017, after a Senior Management Team meeting held at the Science Museum's exhibit on Race, Com. Piper renewed and ratified a stronger agency wide policy on equity. DHS was beginning to normalize, prioritize, and operationalize equity. With racial and ethnic tensions heightening, I can't think of a more urgent, pragmatic, and high impact act than for our state's largest agency to enact an equity policy. I would contend that not only does DHS have the immediate authority, but they have the responsibility to do this. DHS's scope of program, funding, and services touch on virtually every determinant of health. So, in a time when equity structures within agencies are being dismantled, CECLC has fought hard to preserve and evolve equity within DHS. Reinforcing all of this has been the explicit priority on equity by Gov. Dayton and subsequently, his cabinet. From his Executive Order on Diversity and Inclusion, response to Philando Castille's tragic death, and administration wide equity note, he actualized equity across the board. Though equity is not a partisan matter, it is a political one that requires recognition and power to act upon injustices for the common good. For that, CECLC is balanced with gratitude and vigilance for DHS's progress. We take an ecological approach to equity and rely on internal champions, such as Antonia Wilcoxon. Her staunch and adaptive abilities allows CECLC to partner effectively with DHS.

This report will tell you not only the indicators and body of work underway, it offers a blueprint for how to create structural and cultural equity within government. As such, CECLC is moving beyond borders to share our struggle and success with other agencies and jurisdictions. We believe that the adversity, triumph, and consequently our formula for equity can advance equitable institutional behavior and action. Lastly, get to know CECLC members. They have led and mentored me with humility and conviction to ensure we are getting at root causes, movement building, transforming decision making, and remaining as megaphones for community. 2016 was a year of rebuilding for the long haul. This year will be a year of equity integration into organizational DNA and shaping the landscape.

In solidarity,

Vayong Moua

Executive Summary

This fourth annual report of the Cultural and Ethnic Communities Leadership Council (CECLC) is intended to:

- Summarize the activities of the council
- Identify the major problems and issues confronting racial and ethnic groups in accessing human services
- Make recommendations to address those issues
- List specific objectives that the council will work towards during the next biennium.

This report includes a list of programs, groups, and grants used to reduce disparities. Where possible, we identify and report statistically valid instances of reductions in disparities.

To do our work, the council held two-hour monthly meetings to discuss issues related to disparities in access and outcomes to human services. Council members also attended other meetings, and participated in several DHS work groups.

In reviewing our work this year, we identified several positive themes.

- DHS program managers are using authentic community engagement strategies more often.
- We see more opportunities for doing better quantitative research and analysis.
- Increased emphasis on evidence-based practices is helpfully shifting the focus from relatively simple questions about who has access to existing services to more complex questions about whether access to the most effective strategies are available equitably.
- We are focusing more on organizational, service and system reforms in order to address structural or systematic inequities.

Meanwhile, we want to underscore several areas of continued challenge.

- Although Minnesota is among the healthiest states in the nation, ranking fourth in both 2015 and 2016,[1,2] these strong rankings are not consistent across all communities. Certain populations experience significant and persistent disparities.
- After four years, the Minnesota Department of Human services continues to lack meaningful current updates in this area because of limitations in its data systems and does not have the capacity to build performance measures and other qualitative indicators to understand the impact of its programs and services on people experiencing inequities.

[1] United Health Foundation and American Public Health Foundation. *America's Health Rankings Annual Report,* 2015
[2] United Health Foundation and American Public Health Foundation. *America's Health Rankings Annual Report,* 2016

- Too often, evaluation measures are developed after services are designed and implemented, rather than being built into the design of services and new initiatives. Inclusion of community members to help define solutions is not yet part of the DHS culture.

- Through the process of conducting this review, a number of administrative areas provided feedback about the need for more resources and tools to better plan, implement and measure existing services and initiatives so that DHS can demonstrate its impact on reducing inequities for racial and ethnic communities.

Finally, readers should know we worked through processes that led us to set a 6-point agenda for 2017:

- *Prioritize* DHS areas to narrow focus, identify clear steps and strategies

- *Monitor* implementation of the policy on equity

- *Engage* in collaboration to find common purpose with allies

- *Increase public awareness*, find new ideas, work with new people, build a network of human connection and experiences

- *Organize* to influence and create accountability – become informed to be an effective member and share information, show up in the community for one another

- *Measure*: measure the impact, lead the effort in measuring success, and create durable lasting systemic equity response.

The full text of current CECLC statute is below and may be referenced at this address: https://www.revisor.mn.gov/statutes/?id=256.041.

Legislation Authorizing Cultural and Ethnic Communities Leadership Council

The Minnesota Legislature established the Cultural and Ethnic Communities Leadership Council (CECLC) l in 2013 in order to "advise the commissioner of human services on reducing disparities that affect racial and ethnic groups." In 2015, the legislature extended the CECLC's mandate through 2020. The full text of current CECLC statute is below and may be referenced at this address: https://www.revisor.mn.gov/statutes/?id=256.041.

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 Web site; and

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

Subd. 10. Expiration.

The council expires on June 30, 2020

Introduction, Background, and CECLC Recommendations

A. Introduction

The Legislature created Cultural and Ethnic Communities Leadership Council (CECLC) in 2013 in order to advise the commissioner on reducing disparities that affect racial and ethnic groups. The CECLC's mission is working together to advance health and human services equity. They work towards this mission through the development of 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

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

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 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

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 policies that maintain and create, magnify, etc. racial, ethnic, cultural, linguistic, and tribal inequities rather than 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) Prepare and submit an annual report to the chairs and ranking minority members of the committees in the house of representatives and senate with jurisdiction over human services that summarizes the activities of the council, identifies the major problems and issues confronting racial and ethnic groups in accessing human services, makes recommendations to address issues, and list the specific objectives that the council seeks to attain during the next biennium. The report must also include a list of programs, groups, and grants used to reduce disparities, and also statistically valid reports of outcomes on the reduction of the disparities.

See Appendix A for full text of CECLC bylaws.

B. History

The CECLC was preceded by a 30-member committee known as the Disparities Reduction Advisory Committee (DRAC) which was formed in 2010 and concluded its work in the summer of 2013. That committee provided the

senior management team at DHS with recommended issues to identify and track the gaps in results experienced by populations in Minnesota.

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

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

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

C. Membership

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

- Four members who are DHS employees

D. DHS Staff Support

DHS is responsible for providing staff support to maintain the CECLC and assist in its operation. In 2016, Antonia Wilcoxon, in her role as Director of Community Relations, along with External Relations Project Manager Brian Ambuel and Executive Assistant Dawn Duffy, provided the primary DHS staff support. Assistant Commissioner of External Relations, Santo Cruz, joined the CECLC as a representative of executive level DHS leadership.

E. CECLC Recommendations

A primary responsibility of the CECLC is to produce recommendations for DHS on disparities reduction. The CECLC dedicated a large portion of its time in 2014 to developing these recommendations, which were first presented to DHS senior leadership in 2015 and documented in the 2015 CECLC Legislative Report, which can be found here: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6891B-ENG. The CECLC continues to stand by these recommendations as representing their priorities for DHS to reduce racial and ethnic disparities.

The CECLC framed recommendations within the disparities reduction goals of the National Partnership for Action to End Health Disparities [cite]. In order to develop recommendations, the Council formed 5 subcommittees based on these goals. The subcommittees are: 1). Awareness, 2). Leadership, 3). Community Health and Health Systems 4). Culturally and Linguistically Competent Services, and 5). Research Evaluation

In 2014, each of the five subcommittees met for several months to study and review research, journal articles, best practices, information from other jurisdictions, and recommendations of DRAC related to their topic area. Based on this study, subcommittees identified recommendations which were later presented to and endorsed by the full council.

The CECLC's priority recommendations for action are as follows:

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

- Community Engagement
- Community Empowerment
- Community and DHS Collaboration

2. Leadership goal: strengthen relations among the council and state entity to promote clear and meaningful dialogue about equity in a governmental structure.

- Equity Analysis
- Accountability of Existing Leadership
- Support of New Leadership

- Hiring and Retention
- Contracting

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

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

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

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

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

- Establish mechanism for obtaining detailed data

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

F. Urgency for Addressing Disparities

Although Minnesota is among the healthiest states in the nation, ranking fourth in both 2015 and 2016,[3,4] these strong rankings are not consistent across all communities. Certain populations experience significant and persistent disparities. The following are highlights from various reports on the health disparities and inequities in the state of Minnesota.

Minnesota Department of Health - "*Populations of Color in Minnesota Health Status Report*"[5]

- Despite significant improvements in Minnesota in low birthweight among African Americans from 1989, progress has slowed in 2010-2014. Low birthweight increased for American Indian and Asian infants, and slightly increased for Hispanic and White infants during the same time period. Infant mortality rates remain twice as high in African American and American Indian communities relative to White and Asian communities.
- From 2010-2014, births to teen mothers were two to four times higher in Asian, Hispanic, and African American teens as in their White counterparts. Births to teen mothers were more than four times as high in American Indian teens compared to White teens.
- American Indians continue to experience some of the greatest health disparities in the state of Minnesota. Of 16 major causes of death, American Indians experienced the highest mortality rates for 10 causes from 2010-2014. Notably, mortality rates due to diabetes, cirrhosis,[6] and unintentional injury were over two times higher than the mortality rates of all other races and ethnicities. Crude mortality death rates was highest among American Indians across all age groups, and second highest for African Americans across all age groups.

Agency for Healthcare Research and Quality - "Chart book for Healthcare for Blacks"[7]

- Disparities in health outcomes result from inequities in access to services. Nationally, Blacks in Minnesota experience the greatest disparity in quality of care received compared to overall quality of healthcare available in that state. Benchmarks were achieved or surpassed for 39 measures for Whites and 18 measures for Blacks.

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[3] United Health Foundation and American Public Health Foundation. *America's Health Rankings Annual Report,* 2015
[4] United Health Foundation and American Public Health Foundation. *America's Health Rankings Annual Report,* 2016
[5] Minnesota Department of Health. *Populations of Color Health Update: Birth and Death Statistics.* December, 2015
[6] Rates of cirrhosis were over five times higher among American Indians than any other race and ethnic group.
[7] Agency for Healthcare Research and Quality. *Chart book on Healthcare for Blacks.* 2016.

Children's Defense Fund Minnesota - "Minnesota's Children and Poverty"[8]

- Family income is a direct indicator of child success; decreased access to basic needs and opportunities increases vulnerability to immediate and long-term outcomes. 27 percent of American Indians and 26% of Blacks live in concentrated poverty, compared to only 2 percent of Whites. Among fourth graders eligible for free and reduced school lunch, 80 per cent did not meet proficient reading level.
- Adequate prenatal care was found to be inversely proportional to infant mortality rates.
- Despite Minnesota's innovative role in childhood development research, over half of all children aged 3-4 are not enrolled in a preschool program. This is consistent across all races, though enrollment is least likely among low-income children. Evidence shows the high quality, comprehensive early childhood programs lessen the impacts of poverty on a child's development.

Minnesota Community Measurement - "2016 Health Equity of Care Report"[9]

- Outcomes in whites were better than statewide average across all quality measures, although quality was actually higher in Asian populations in four quality measures. Quality of clinical measures among American Indians and Blacks were below state averages for all outcomes with the exception of one each, overweight counseling and adolescent mental health screening, respectively, and were above state average for each race.
- Notable geographic disparities exist among all racial and ethnic groups in Minnesota. In general, highest quality measures were experienced in East and West Metro regions; lowest quality measures and lower patient experience were noted in patients in the Northwest and Southwest regions. Residents of rural regions are less likely to receive preventative services. Cost of care, transportation, and language challenges are more likely to impede care in rural regions.

CECLC Work and Activities

A. Work Overview

Upon completion of the year-long process of advancing recommendations to the Department of Human Services as prescribed in the law that created the council, members agreed to re-focus on advisory, advocacy, and partnering with other community and agency wide racial equity initiatives working towards shared goals.

CECLC Chair Vayong Moua, created a Policy and Strategy Committee to support the council's new role. The committee was created to provide consistent and accessible representation with external community racial equity allies and with DHS internal leaders committed to racial equity. This committee will be highly engaged and active with CECLC. Members are as follows: Pahoua Yang, Titilayo Bediako, Ann Hill, Saciido Shaie, LaRone Greer, Annastacia Belladonna and Susie Nanney.

B. Formal Actions, Endorsements, and Letters

Voice for Racial Justice

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[8] Children's Defense Fund Minnesota (2016). *Minnesota's Children and Poverty.* http://www.cdf-mn.org/includes/2016-minnesota-kids-count.pdf

[9] http://mncm.org/wp-content/uploads/2017/02/2016-Health-Equity-of-Care-Report-2.2.2017.pdf

Members of the CECLC individually and collectively joined with Voices for Racial Justice in a letter to Minnesota Department of Health to request a progress update and accomplishments in implementing the recommendations of the agency's 2014 Advancing Health Equity Report. See Appendix B for full text of the letter.

Standing Rock Sioux Reservation: North Dakota Pipeline

In response to the conflict at Standing Rock Sioux Reservation for water protection, a proclamation was issued by the CECLC in solidarity with the Dakota Nations and Peoples of North Dakota. See Appendix C for full text of the proclamation.

Governor's Mental Health Task Force

Minnesota Governor established a task for to provide the Governor and Legislature recommendations to improve Minnesota's Mental Health System. The commissioner of human services chaired the task force and DHS employees and leadership staffed it. Assistant Commissioner Claire Wilson made a presentation to the CECLC members on the findings and recommendations[10]. CECLC members support the implementation of all the recommendations, particularly:

Recommendation Use a Cultural Lens to Reduce Mental Health Disparities. State agencies should convene a workgroup of people from American Indian tribes, communities of color, and other cultural backgrounds to detail strategies for improving mental health services and activities for communities experiencing mental health disparities. These should include ways to support and grow culturally-specific providers, make the entire system more trauma-informed, and supplement the existing medical model with culturally-informed practices. Detailed Recommendation #3 are found in Appendix D.

C. Provide Technical Assistance, Advice, or other Input on Programs, Policy, or Evaluations

Human Services Performance Measurement

Marisa Hinnenkamp, Director of the Agency and County Performance presented on county performance management of assessing and addressing disparities. The goal is to improve consistency across counties while compensating for size, population density, and other variables. Questions currently asked in county performance include:

- What are the most critical things to consider to address performance improvement?
- At what point is there disparity?
- Is everyone on the same page when talking about equity work and disparities?

These questions get at trying to understand how disparity is defined and how each disparity is addressed by counties. In addition to the challenge of capturing disparity data, to track race and ethnicity throughout systems, there are limitations to data and what can be concluded from data. The council discussed the use of quantitative and qualitative data to capture differences on an individual level.

Diversity Recruitment Recommendations

[10] https://mn.gov/dhs/mental-health-tf/

DHS Human Resources Division hired Lauren Hunter as its Diversity Recruiter to create and oversee the agency-wide diversity recruitment and retention strategy. Lauren provides leadership in the development, coordination and communication of statewide diversity recruitment and retention activities; provides consultation services, recruitment and retention information and services to agency staff and DHS recruiters so they can implement their employment strategies; establishes and maintains recruitment and retention sources and community partnerships, and other recruitment tools such as the DHS recruitment website and targeted diversity recruitment sites.

Lauren Hunter attended a CECLC meeting and presented the Human Resources Strategic Plan for a diverse workforce at DHS focusing on workforce diversity, retention, and measurement. Council members discussed ways to increase diversity among the applicant pool and facilitate the applicant process. Council members recommended a budget increase from the proposed budget amount. There was concern expressed regarding lack of trust towards the agency among community members.

Following a budget increase, the program launched the first-ever Pathways Program, to increase workforce diversity. The program will allow for under-represented communities to receive capacity building training leading to a DHS job following program completion. The council provided feedback and strategies to continue build relationships with communities.

Subsequent to the launch of this program the council urged focused attention on how to retain employees of color, another product of strong community-relations. Details of plan activities and accomplishments are listed in Appendix E.

Presentation to the Children and Family Services Administration
Assistant Commissioner Jim Koppel invited members of the CECLC for a meeting with his leadership to discuss disparities and the work his administration is doing to address such disparities. August 19, 2016, directors and managers presented an update on the following projects and commented on the challenges with disparities for cultural and ethnic communities on some of the programs: Child Safety and Permanency (Child Welfare), Foster Care, Homelessness services, Adoption, North Star Care for Children, Child Support, Economic Assistance and Employment Supports, Community Partnerships and Child Care in ethnic communities.
Members of the CECLC spoke about the history of the council, most current recommendations, how critical community engagement is to improve understanding of the communities served. Council members also shared with audience about how their cultural communities experience certain services funded by DHS in a manner that could be improved by increased cultural knowledge and understanding of populations served.

Endorsement of the Prenatal to Age 3 Healthy Child Development Plan
The CECLC supported *A Comprehensive, Racially-Equitable Policy Plan for Universal Healthy Child Development* on behalf of the Vision for Children at Risk and the Wilder Research Foundation.[11] Policy development incorporated listening sessions with diverse participants, in addition to community conversations and prior policy recommendations. The current policy plan framework calls for a racial equity lens to ensure the well-being of all children. Specifically, the plan supports holistic and

[11] To review the complete plan, refer to:
http://buildinitiative.org/Portals/0/Uploads/Documents/Work/Recent%20Events/PrenatalToAge3_Plan_9-16.pdf

comprehensive strategies to address the various social determinants of health including poverty, lack of education, and employment status. Other recommendations include the coordination of services across systems and agencies. This includes the improvement of both formal and informal family and community support networks.

Mental Health Division Presentation

In light of recent statistics that suggest fewer people in Minnesota are satisfied with cultural sensitivities of mental health providers than any other state, Ashley Nichols, director of the Mental Health Division, discussed with CECLC ways to address racism and improve satisfaction of cultural sensitivities of mental health service providers. Formalized recommendations were developed to disaggregate the data among the satisfied majority and unsatisfied. An announcement was made about mental health grants are available through DHS for mental health providers working with homelessness issues and mental illness. Recommendations in support of an equity-based process throughout the planning and evaluation stages were given.

Equity Initiative Review

The equity initiative was a structured plan to develop the infrastructure to support the policy on equity under reviewed and approved by Commissioner Piper. Assistant Commissioner Anne Barry sought input, feedback and invited members of the council to join the newly formed working groups. (Detailed in Appendix F).

D. Participation in Workgroups, Advisory Bodies, Conferences, or Exhibits

Health Equity Leadership Institute

A planning committee consisting of DHS employees, CECLC members and community partners including staff and funding from the Minnesota Department of Health helped organize the 2016 Health Equity Leadership Institute observing the national Health Minority Month. Goals of the Institute centered on the themes Power and Privilege. Several approaches and elements were put forward as goals:

i. Understanding and recognizing one's own privilege as well as how it plays into the policies that they develop and implement
ii. Recognize value in authentic engagement for all those who participate. Focus on what is in it for the community members as well as those who serve them when power is shared.
iii. Understanding one's own power to advance equity. How can one recognize and act on opportunities to advance equity where one has some element of power. Moving from a general understanding of equity, to knowing when and how to apply the lens in one's work.

Agenda for the day's events is found in Appendix G.

Advancing Racial Equity Cohort

Some DHS employees attended the year-long cohort of GARE Governmental Alliance for Racial Equity in partnership with the Minnesota League of Cities. 19 cities in the State of Minnesota, including city council members, police departments, and counties participated. Minnesota is one of few states to participate in this Racial Equity effort usually offered to local government jurisdictions. Some CECLC members participated as part of their employment.

Overcoming Racism Conference
Members of the council presented "An Inside/Outside Perspective on Transformative Change" conference session which was well-attended by individuals working in various sectors. Assistant Commissioner Santo Cruz and chair Vayong Moua fielded audience questions about how an agency of the executive branch is engaging with cultural and ethnic communities to address disparities.

Sarah Myott, Coordinator of Surveys and Opinion Research for DHS co-presented with Antonia Wilcoxon on the findings of the pre-survey to the Bush Foundation Community Innovation grant to DHS: "Bringing Voices from the Margins to the Center: Community Engagement at DHS."

2016 Promoting Health Equity Conference
University of Minnesota Medical School's Program in Health Disparities Research, Center for Health Equity, and the Minnesota Center for Cancer Collaborations hosted the 2016 Promoting Health Equity Conference, May 5-7, 2016. CECLC member Annastacia Belladonna and Antonia Wilcoxon participated in a panel discussion on policy and community engagement: "Policy and Systems Change for Health Equity: Designing Data Collection to Promote Health Equity." Legislator Nick Zerwas and community members also participated in the discussion. Antonia Wilcoxon also co-presented in the General Session about CECLC's work: 'Health in All Policies: Principles and Practice," joining the Minneapolis City Council Member, Cam Gordon, BCBS Center for Prevention, Olivia Jefferson and Health Foods, Healthy Lives Institute, Kristin Igo.

DHS Managers' Conference
Members of the CECLC were invited by assistant commissioner Anne Barry to actively participate in the February 2016 conference with a theme of Equity. Dr. Suzie Nanney, U of MN Researcher, presented on her work doing community based participatory research at the University of Minnesota in partnership with community, Patricia Brady, Executive Director, Ramsey County Workforce Innovation Board, presented on the demographic trends in the state of Minnesota and future workforce demands for dwindling typical employees; CECLC Chair Vayong Moua presented on Social Determinants of Equity and was the keynote speaker. Employees trained under the Bush Foundation Community Innovation grant also participated on a World Café exercise around Equity.

Minnesota Public Health Association Annual Conference and Meeting
Assistant Commissioner Anne Barry, Antonia Wilcoxon and Annastacia Belladonna presented at the "Health Equity: Many Voices, Shared Vision," about the efforts of DHS in reducing disparities and achieving equity: "Successes in Achieving Health Equity in Minnesota," and "Progress in Achieving Triple Aim of Health Equity." This conference highlighted progress being made across sectors to achieve health equity.

Build Council Capacity through Training, Participation in Cohorts

Policy Institute at Roy Wilkins Center
Council members participated in a workshop taught by Dr. Sam Myers at the Roy Wilkins Center for Human Relations and Social Justice, consisting of presentations on racial and ethnic inequity. The

weeklong workshop consisted of lectures and discussion aimed at guiding and empowering community leaders and policymakers on problem structuring and policy analysis tools.

During the institute, council members developed solutions using capacity building tools and presented on the following topics:

- Anti-racism and implicit association training for child protective service workers
- Recommendations for statewide swimming standards in Minnesota public schools
- Equitable banking in Minneapolis
- Requirement of employment disparity study among all state agencies in Minnesota

Science Museum of Minnesota - Race Exhibit

The Science Museum of Minnesota is hosting *RACE: Are We So Different*, an exhibit exploring the cultural and scientific components of race throughout history and contemporary American life. Council members were invited to view the exhibit and engage in a debriefing session. Members also provided questions for DHS senior management team to enhance their discussion of the exhibit and the current impact of race in America and at DHS.

E. Member Awards and Recognition

- Council Chair, Vayong Moua, was elected to the Metropolitan Council Equity Advisory Committee
- Nyagatare Valens was appointed to the US Commission on Civil Rights
- Saciido Shaie was honored as rising star by DFL Women's Hall of Fame
- Dr. Pahoua Yang was named Vice President of Programs at Amherst H. Wilder Foundation
- Dr. Susie Nanney was awarded Robert Woods Johnson Foundation Health Policy Fellowship
- Ann Hill was honored with the 2015 DFL Women of Distinction Award

Equity Review

The council's enabling legislation requires a review of DHS programs, groups and grants used to reduce inequities, including any available outcome data on the reduction of inequities. This summary provides an overview of the agency's projects aimed at inequities reduction and the promotion of equity for 2016. Although the bill language requires DHS to report "statistically valid measures and outcomes," more coordination and resources are necessary in order to measure and report at a statistically valid level on the outcomes for communities targeted by these projects.

In 2016, DHS engaged in its third annual equity review where all business areas were asked to submit via an online survey any *project, initiative, program, group or grant* that has been undertaken by their business area. Business areas were asked to detail the purpose, activities, level of community involvement, potential impacts, barriers and how they are monitoring project implementation and impact.

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

For this year's review, projects intended to develop DHS' internal organizational capacity to address inequities were included in addition to projects that are aimed at how our externally-facing programs, services and policies address the reduction of inequities.

A. Summary of Projects

A total of 82 projects, initiatives, programs, groups and grants were reported across the agency. For ease of language, the term "project" is used throughout this report to encompass these types of activities.

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

- *Projects with a DHS organizational focus*: These are projects directed at DHS' internal organizational capacity to promote equity and address inequities at the agency-wide level or across a division or administration.
- *Projects focused on tribal service transition*: These are projects focusing on the formal transition of human services duties to Minnesota tribal agencies.
- *Projects with a programmatic or policy focus*: These are projects directed at externally-facing services, initiatives and policies of our program areas that are intended to more directly impact the people we serve. These projects were further broken down into six categories which are discussed in detail later in this report.

Table 1 on the next page summarizes the number of projects submitted by focus area and administration.

Table 1. Number of Projects by Project Focus and DHS Administration

	Children and Family Services	Community Supports	Continuing Care for Older Adults	Direct Care & Treatment	Health Care Administration	Operations[12]	**Total Projects[13]**
DHS Organizational Focus	2	0	1	-- [14]	1	8	**12**
Tribal Service Transition	5	1	3	1	0	1	**10**
Programmatic or Policy Focus Total	11	12	19	11	9	1	**60**
Provider Development and Capacity	5	6	2	5	0	0	**18**
Outreach and Access	1	0	8	2	3	0	**14**
Culturally- Specific Services	4	1	1	3	1	0	**10**
Measurement, Research & Evaluation	0	1	6	1	2	1	**10**
Community Engagement	1	0	1	0	2	0	**4**
Service Model Development or Redesign	0	4	0	0	1	0	**4**
Total Submissions	**18**	**13**	**22**	**12**	**10**	**10**	
Grand Total							**82**

[12] Operations includes all areas that report to the Chief of Staff and include projects from External Relations, Office for Equity, Performance and Development, Human Resources, Office of Inspector General and Compliance Office.
[13] Three projects were submitted as joint projects by two administrations. These projects are counted for each administration, but are not duplicated in total project counts.
[14] See note about Direct Care and Treatment projects.

A note about Direct Care and Treatment projects
Direct Care and Treatment (DCT) is the part of DHS that operates an array of residential and treatment programs that directly serve people with mental illness, developmental disabilities and chemical dependency. Because of the direct-service relationship that DCT has with the people they serve, the projects submitted by DCT were included in the programmatic section of the report. Note that some of these projects also had a focus on organizational capacity development within DHS. DCT's charge is different from the rest of DHS which provides policy direction and administrative oversight of programs and services. With a few exceptions, the rest of DHS does not provide these services directly to individual recipients. Instead, these services are typically provided through counties, tribes, health plans, grantees and other service providers including DCT.

B. DHS Organizational Projects

Eleven projects[15] were submitted that had an internal focus on DHS' organizational practices and the capacity of the agency to address inequities. These projects sought to use an equity lens in the assessment and influencing of agency policy and practices, increasing workforce diversity and staff development. Of these projects, five focused on an agency-wide impact. The other seven projects focused on the work of a specific administration or division. Although the focus of these projects was on the internal, organizational capacity of DHS, they all have the ultimate goal of reducing inequities for the people served by DHS' programs and broader communities in Minnesota.

Agency-Wide Impacts
Seven projects were submitted that were led by one or more business areas of DHS but are intended to have an agency-wide impact.

- Equity Liaisons Legislative Proposal Development – Operations, External Relations
- DHS Agency-wide Policy on Equity – Operations, External Relations
- Bush Foundation Community Innovation Grant – Operations, External Relations
- Initiatives to Increase Workforce Diversity – Operations, Human Resources
- Affirmative Action Program – Operations, Office for Equity, Performance and Development
- Research and Data Analysis Workgroup – Health Care & Continuing Care for Older Adults
- DHS Vendor Recruitment and Technical Assistance – Operations, Compliance Office

Administration/Division Focused Efforts
Four projects were submitted that were focused on building capacity within a single division or administration within DHS.

[15] The DHS administration listed after each project in this section is the lead DHS administration. Other administrations or divisions may also have a partnering or supportive role with the project.

- Tribal State Training of DHS Staff – Children and Family Services
- Child Support Division Workforce Diversity Initiative – Children and Family Services
- Office of Inspector General Background Studies Staff: A Model of Diversity – Operations, Office of Inspector General
- Establishing an Office of Inspector General Diversity Council – Operations, Office of Inspector General

Project Purpose

The projects submitted with an organizational focus included ones focused on workforce diversity and professional development as well as the building of new policies and practices that increase DHS' capacity and accountability around inequities reduction efforts.

a. Workforce Diversity and Professional Development

A number of projects targeted the building of diversity in the workforce within DHS and the professional development of DHS staff. An additional project focused on building the diversity of the vendors and grantees that carry out work on behalf of DHS.

- Initiatives to Increase Workforce Diversity – Operations, Human Resources
- Affirmative Action Program – Operations, Office for Equity, Performance and Development
- Child Support Division Workforce Diversity Initiative – Children and Family Services
- DHS Vendor Recruitment and Technical Assistance– Operations, Compliance Office
- Office of Inspector General Background Studies Staff: A Model of Diversity – Operations, Office of Inspector General
- Tribal State Training of DHS Staff – Children and Family Services

Common strategies in this area included the establishment of hiring goals, evaluation of interviewing practices, unconscious bias training, and relationship development with community partners. The Child Support Division adopted interviewing practices to include interview questions regarding diversity, equity, and inclusion in the workplace. Similarly, the Office of Inspector General (OIG) has made intentional efforts to increase the number of employees in the Background Studies Division that are people of color and persons with disabilities. This has been a priority so that the employee makeup of the division better reflects the diversity of people DHS serves and that are subjects of background studies.

Three projects were focused on professional development and training of DHS employees on equity issues. Training formats included formalized intensive educational sessions, community-based presentations, and consultations with advisory boards. In certain cases, the CECLC provided recommendations to administrations.

In order to improve mandated consultation of state employees with tribal leaders, DHS staff completed training developed and led by Tribal governments. Staff members were equipped with knowledge and tools to facilitate culturally appropriate conversation with the 11 tribal nations of Minnesota.

b. Agency Policy and Practices

A number of projects targeted the development of new policies and practices that increase DHS' capacity and accountability around inequities reduction efforts.

- Equity Liaisons Legislative Proposal Development – Operations, External Relations
- DHS Agency-wide Policy on Equity – Operations, External Relations
- Bush Foundation Community Innovation Grant – Operations, External Relations
- Establishing an Office of Inspector General Diversity Council – Operations, Office of Inspector General
- Research and Data Analysis Workgroup – Health Care & Continuing Care for Older Adults

DHS has established an agency-wide policy on equity which is intended to institutionalize a health in all policies inequities-reduction approach to decision-making, program and policy development, implementation, and evaluation. A 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. [16]

The Equity Liaisons project requires that each business area has a trained equity liaison that is responsible for ensuring legislative proposals are developed using an equity lens. These Equity Liaisons participate in equity training, review legislative proposals, and serve as a liaison for respective communities during legislative proposal development.

As recommended by CECLC, DHS engaged in work to build tools, expertise and cultural change around the use of authentic community engagement in the planning, implementation and evaluation of DHS' policies and services. The Director of Community Relations obtained a grant from the Bush Foundation to carry out work to build and sustain authentic community engagement at DHS. The project focused on building awareness of the social and historical context in which inequities exist, building skills in two participatory leadership techniques, and applying their learning by organizing authentic community engagement events with communities in populations affected by inequities.

In addition, the Office of Inspector General has been exploring the idea of establishing a Diversity Council and have taken steps to assess and improve their current practices by using an equity lens.

As recommended by CECLC, the newly formed Research and Data Analysis Workgroup focused on effective use of data and measurement to inform DHS policy development and implementation around equity. This workgroup is sponsored by leaders in the Health Care Administration and Continuing Care for Older Adults and includes cross-agency representation. The initial charge of the workgroup was to compile demographic and DHS program data

[16] Healthy Decisions Healthy Places; www.healthy-decisions.org/health-in-all-policies/

(service use, service intake data, enrollment data, claims and encounter data focusing on analysis of cultural and ethnic groups from readily available sources).

Community involvement in project phases
Many of the projects focused on engaging the strengths DHS staff from cultural and ethnic communities and those with expertise in equity promotion. Consultation with key community members and stakeholders not employed by DHS was also described for a number of projects. The CECLC reviewed the Policy on Equity to provide feedback and recommendations during revision.

Barriers to inequities reduction
A number of potential barriers were described by administrations realizing equity goals:

- Limited resources, which impede the sustainability of program impacts
- Competing priorities
- Lack of continued engagement and support

These factors were acknowledged as contributors to a general lack of resources. Similarly, the failure to implement mechanisms for accountability was identified by one project. Another project identified a lack of defined goals as a potential barrier during the initial stages of project development. The lack of available data disaggregation continues to challenge DHS' efforts in having a clearly defined focus on inequities reduction by race, ethnicity or language.

Monitoring of project implementation and impact
Projects were evaluated using a variety of means including both qualitative and quantitative performance measures. Many projects define quantitative comparisons to baseline measures as to evaluate success. In the case of workforce diversity, internal time-series diversity staffing patterns are continually reviewed. DHS is committed to reaching federally-mandated Affirmative Action goals. Some administrations describe increased participation and the use of quantitative outcomes to determine success but specific evaluation measures were not provided.

Qualitative measures were acknowledged in two projects. Specifically surveys and debriefing sessions will be used in program evaluation. In some cases, administrations describe assessment will occur "within the political realm". Success is determined based on the support of recommendations particularly among projects involving committee development and administration.

A few projects in the initial stages reported that evaluation using performance measures will not be completed. These projects instead describe current objectives to examine inequities which will inform further evaluable programs.

C. Tribal Service Delivery Transition

Many Minnesota tribes are in the process of assuming the responsibility for administering human services programs to their members. This transition of administrative duties from counties to tribes presents many opportunities for tribes and their members -- as well as the state of Minnesota -- including more culturally and linguistically specific services, greater tribal control, and more human services dollars funding flowing to Tribal providers and administrators in order to meet their members' preferences and needs.

DHS is working closely with tribes to aid them in assuming these duties. This is represented in the 10 projects from across DHS whose focus is transitioning human services duties to tribes, including technical assistance and capacity building related to program requirements, the development of operational protocols, funding requirements, and program implementation. The 10 projects were from the following administrations[17]:

- Model of Care Pilot Project (Community Supports Administration)
- Tribal Vulnerable Adults (Operations, External Relations and Continuing Care for Older Adults)
- Money follows the person (Continuing Care for Older Adults)
- Minnesota Board on Aging Indian Elder Desk (Continuing Care for Older Adults)
- Community Addiction Recovery Enterprise (C.A.R.E) Brainerd Transfer Project (Direct Care and Treatment)
- Tribal-State Agreement (Children and Family Services)
- American Indian Tribal Welfare Initiative (Children and Family Services)
- ICWA Compliance (Children and Family Services)
- Human Service Programs Transfer to Tribal Nations (Child Care Assistance Program- Children and Family Services)
- Transfer of Jurisdiction to Tribal Courts (Children and Family Services)

Project Purpose

While the focus of these projects cross DHS programs and administrations, the projects all share a common purpose in that they all support the tribal provision of human services to tribal members.

Additionally, the projects purposes contained several common themes, with many of the projects touching on most or all of these themes. The projects were focused on building tribal capacity or knowledge base including providing training and technical assistance, improving access to culturally and linguistically specific programming, increasing tribal self-determination and maintaining tribal family (including effort to ensure compliance with state and federal laws that mandate tribal self-determination), assisting tribes in the development and evaluation of new services, and improving relationships between tribes and the state and/or counties.

Reporting describes a variety of program and administrative areas including home and community based services, substance abuse treatment services, adult protection, child support, and child welfare.

[17] The DHS administration listed after each project in this section is the lead DHS administration. Other administrations or divisions may also have a partnering or supportive role with the project.

Community involvement in project phases
All of the projects rely on partnership with and close involvement of tribal representatives. The transition of services to tribes is voluntary and is undertaken at the direction of and in partnership with tribes. These partnerships include joint development, planning, design, implementation, and evaluation of initiatives; joint participation in and staffing workgroups and advisory councils**, v**oluntary tribal participation in state pilot projects, allocation of funds directly Minnesota Indian Area Agency on Aging**,** joint development and support of legislative proposals**,** and joint planning, design, and implementation of tribal programs

Positive impacts on target community

The projects submitted have a variety of positive impacts on the target community. Many of the projects improve access to quality culturally and linguistically specific programming or services. They also improve the tribes' and state's ability to protect the integrity of tribal families and increase tribal sovereignty. Finally, many foster joint dialogue, information, and idea sharing between state and tribe. It is the ultimate goal of the projects to result in improved outcomes for American Indians including reduction in inequities experienced by American Indians

Barriers to inequities reduction
The projects include several potential barriers. These include the Tribe's ability to recruit and retain a qualified workforce, the complexity of many human services programs, a lack of funding or resources for the development, transfer, and provision of services, and the possibility that requisite legislation will not be passed into statute. Finally, there is a risk stemming from the historic distrust between tribes and state/ federal government and the potential that tribes and the state will not agree on a final contract for service provision.

Monitoring of Project Implementation and Impact
The projects use a variety of measures in order to monitor the project implementation and impact. Quantitative measures are most common, while qualitative data is also used in several projects such as the level of patient satisfaction with a program. Additionally, other projects incorporate standard data practices to pull and report data on a statewide basis while others simply measure the progress of a project towards a stated goal such as measuring quality improvement goals, progress towards project goals, and county based performance improvement plans.

Some projects used project specific quantitative measures to evaluate performance. Nearly all were related to service utilization. In some cases, participant satisfaction was also measured. In other cases, the services provided by tribes are incorporated into standard state and federal reporting and/ or quality improvement requirement for programs and services. Examples of this include Minnesota Children Family Services Reviews, fiscal audits conducted by the department's Internal Audits Division, federal reporting for the Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS), Federal Title IV-E continuous quality improvement reviews, and performance improvement plans for counties related to ICWA compliance and child welfare.

D. External-Facing Programmatic or Policy Projects

Projects with an external-facing programmatic or policy focus were ones that were policies, initiatives and services of our program areas that are intended to more directly impact the people we serve.

Project purpose

A total of 61 projects with a programmatic or policy focus were submitted[18]. These projects were further broken down into the following categories. Please note that many projects had elements that applied to multiple categories, but the most predominate focus of the project was used for purposes of this categorization.

- *Provider development and capacity*- Projects that focused on building the capacity of service providers through training and workforce development in order to provide culturally and linguistically appropriate services.
- *Outreach and access*- Projects that included strategies to increase outreach and access for populations impacted by inequities to existing programs and services, including projects focused on language access.
- *Culturally-specific services*- Projects targeted to dedicating or prioritizing resources to developing new strategies for providing culturally-appropriate services targeted to specific communities.
- *Measurement, research & evaluation*- Projects that used measurement, research or evaluation to define and address inequities that exist in the populations served by DHS programs.
- *Community engagement*- Projects specifically focused on engaging communities in the planning, design, administration and evaluation of DHS programs and initiatives.
- *Service model development or redesign*- Projects reported by DHS administrations that include new service models that have inequities reduction built into the design.

Program areas within Direct Care and Treatment have used the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care[19] as a guidance for many of their projects included in this section. According to the U.S. Department of Health and Human Services, the National CLAS Standards aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

Provider development and capacity

A total of 18 projects submitted had an overall focus of building the capacity of service providers to provide culturally and linguistically appropriate services that will have an impact on inequities. Half of these projects had a broader focus on providing professional development across all providers or collaborative communities in order to increase provider competency in providing culturally and linguistically appropriate services. The other half were focused more specifically on the recruitment, training and support of providers from the target communities that are impacted by inequities.

Projects focusing on broad provider training and development to address inequities

[18] The DHS administration listed after each project in this section is the lead DHS administration. Other administrations or divisions may also have a partnering or supportive role with the project.

[19] https://www.thinkculturalhealth.hhs.gov/clas

- Early Childhood Mental Health Grants (Community Supports Administration)
- MN School Mental Health Conference (Community Supports Administration)
- Implicit Bias (Direct Care and Treatment)
- LGBTQ Training/Policy on Transgender Patients (Direct Care and Treatment)
- Culturally Responsive Services Training (Direct Care and Treatment)
- Psychology Department Training Series on "Working Across Cultures" (Direct Care and Treatment)
- Build Community Capacity to Address Adverse Childhood Experiences (Community Supports Administration)
- Autism Spectrum Disorder (ASD) multicultural outreach and training (Community Supports Administration)
- Use of Universal Multicultural Instructional Design for training curriculum design (Children and Family Services)

Projects focused on building and supporting a provider workforce that reflects the people we serve

- Child Care Provider Outreach (Children and Family Services)
- Bilingual / Bicultural Trainers for Child Care Providers (Children and Family Services)
- Use of Cultural Adaptations of Child Care Provider Training (Children and Family Services)
- Minnesota Tribal Resources for Early Childhood Care (MNTRECC) Local Advisory Committees (Children and Family Services)
- Ethnic Minority Workforce grants (Community Supports Administration)
- Group Residential Housing, Long Term Homeless Supportive Services Grants, SOAR grants (Community Supports Administration)
- Older Americans Act Senior Nutrition (Continuing Care for Older Adults)
- Older Americans Act Special Access projects (Continuing Care for Older Adults)
- Building Diversity Structures of Psychology Department Initiative (Direct Care and Treatment)

These projects all involved dedicating resources to either the professional development of service providers or providing targeted funding to providers from diverse backgrounds. In some cases, the professional development efforts were focused on broader training of the provider network, including mainstream providers, to address issues such as implicit bias, adverse childhood experiences and how they impact service delivery. In other cases, targeted provider development or support has been provided to culturally-specific professionals and providers in

order to increase the diversity of provider availability. In all cases, the activities were intended to increase access to culturally-responsive services through provider development.

Outreach and access
A total of 14 projects were submitted that, in part, or entirely provide targeted outreach and access to existing programs and services for populations impacted by inequities. This included targeted efforts to provide language access for individuals with Limited English Proficiency.

- Language Access for Child Development Grantees (Children and Family Services)
- Caregiving for Older Adults: A Part of Our Culture (Continuing Care for Older Adults)
- Multi-disciplinary Adult Protection Team (Continuing Care for Older Adults)
- MinnesotaHelp.info Home and Community-based Services Finder (Continuing Care for Older Adults)
- Senior Linkage Line (Continuing Care for Older Adults)
- MIPPA Grant (Continuing Care for Older Adults)
- Direct Support Worker Registry (Continuing Care for Older Adults)
- MBA Dementia Grants (Continuing Care for Older Adults)
- Health Promotion (Continuing Care for Older Adults)
- Video Remote Interpreting services (Direct Care and Treatment)
- Access to language policy (Direct Care and Treatment)
- MSHO diversity outreach (Health Care Administration)
- Cost sharing for American Indian/Alaska Native people (Health Care Administration)
- National Governors Association Learning Laboratory about Project ECHO (Health Care Administration)

Activities undertaken included building and expanding tools that help individuals seeking services to identify available providers that meet their cultural needs and targeting of education, marketing and outreach efforts directed at hard to reach communities. In addition, some projects provided grants that assist in targeting communities that have known barriers in access to services. Other projects focused on access to language interpreting and translation services and increasing cross-agency coordination in order to provide better access to statewide programs.

Culturally-specific services
A total of 10 submitted projects were dedicated or prioritized resources and the development of new strategies for providing culturally-appropriate services for targeted racial and ethnic communities.

- Parent Leadership Program (Children and Family Services)

- Child Protection Grants to address Child Welfare Disparities (Children and Family Services)
- MFIP Racial/Ethnic Equity Demonstration projects (Children and Family Services)
- Community Services Block Grant dedicated to Tribes (Children and Family Services)
- Tribal Chemical Health Grant CCDTF-ADAD (Community Supports Administration)
- Live Well at Home Grants (Continuing Care for Older Adults)
- Update DCT Culturally Responsive Accommodations for Clients not in the Minnesota Sex Offender Program (Direct Care and Treatment)
- Finding a Beautician to provide hair care services to patients with ethnic hair (Direct Care and Treatment)
- CBS Cultural Responsiveness and Diversity Committee (Direct Care and Treatment)
- Integrated Care for High Risk Pregnancies (ICHiRP) (Health Care Administration)

Many of these projects included the administration of grants to DHS providers and other partners to provide culturally-responsive services. In many cases, the focus of grants is to develop new strategies and service approaches that were specifically targeted to communities experiencing racial and ethnic inequities or directed at culturally-responsive care.

Measurement, research and evaluation
A total of 10 projects were submitted that focused on using measurement, research or evaluation to define and address inequities that exist in the populations served by DHS programs.

- National Core Indicators- Aging and Physical Disabilities Survey (NCI-AD) (Community Supports Administration and Continuing Care for Older Adults)
- Person Centered Adult Protection Data System (Continuing Care for Older Adults)
- Gaps Analysis Study (Continuing Care for Older Adults)
- Study of Racial Disparities in Nursing Homes and the Relationship to Quality of Life and Care (Continuing Care for Older Adults)
- 2015 Survey of Older Minnesotans (Continuing Care for Older Adults)
- Elderly Waiver Diversity Survey (Continuing Care for Older Adults)
- Cultural responsiveness in treatment planning and data collection (Direct Care and Treatment)
- Identifying and Addressing Health Disparities in Medicaid Recipients (Health Care Administration)
- MHCP Member Help Desk Language Line Survey (Health Care Administration)

- Racial Equity Measures (Operations, Agency and County Performance)

A number of these projects included using surveys as a tool for measuring the experiences and outcomes of program recipients in a way that can be compared by racial, ethnic and other cultural demographics. Other projects included research studies and evaluation efforts that were dedicated or, in part focused, on measuring inequities in service access and outcomes. In addition, some areas have put concerted effort into building data systems that allow for better coordination of care and ability to answer research questions around inequities.

In many cases, these projects have built the capacity to measure, define and monitor disparities but have yet to define specific performance measures that will use these tools to measure disparities reduction efforts over time.

Community engagement
A total of 4 projects were submitted that were specifically focused on engaging communities in the planning, design, administration and evaluation of DHS programs and initiatives. (Note: many other projects included community engagement as a strategy to inform their overall project, which is discussed later in the section on *Community involvement in project phases*.)

- Engaging Stakeholders from Diverse Communities to Inform Policy Changes for Parent Aware (Children and Family Services)
- Somali Elder Community Conversation (Continuing Care for Older Adults)
- Minnesota Accountable Health Model (MN SIM) (Health Care Administration)
- Community Engagement/Measurement (Health Care Administration)

All of these projects used innovative strategies that include an active partnership with communities in the planning and administration of community engagement events to inform the business area's disparities reduction efforts for specific populations or programs. Most of these projects involved multi-event strategies and also focused on building pathways and capacity for communities and the business area to partner together around ongoing community involvement efforts.

Service development and redesign
A total of five projects were submitted that described new service models or engaged system change strategies to address behavioral and mental health needs that are in the early stages of development and implementation. These service models are reported by their DHS administrations to incorporate system-level strategies and evidence based practices to better serve the needs of persons with mental illness, including those who are impacted by racial and ethnic inequities. These services and strategies are designed to provide services to diverse populations, and are intended to reduce gaps and barriers that contribute to racial and ethnic inequities.

- Certified Peer Specialists (Community Supports Administration)
- First Episode Psychosis (Community Supports Administration)
- Psychiatric Residential Treatment Facilities (PRTF) Under 21 (Community Supports Administration)
- Governor's Task Force on Mental Health (Community Supports Administration)

- Behavioral Health Home Services (Health Care Administration)

Community involvement in project phases
Community involvement and other strategies to capitalize on the strengths of communities in the planning, design, implementation and evaluation of projects varied widely across the submitted projects. In some cases, DHS administrations intentionally used intensive strategies to engage directly with communities. This included the use of community engagement events, surveys and focus groups. As discussed in the *Community engagement* section above, some projects were heavily targeted on community engagement efforts.

However, in most cases direct engagement with broader communities was not used. Instead, DHS administrations more commonly looked to culturally-specific organizations and subject matter experts as a strategy to engage community strengths and to ensure that community preferences and needs are understood. In some cases no efforts to get community input were reported.

The use of established stakeholder and advisory groups was often referenced, but it wasn't clear in all cases whether individuals representing racial and ethnic communities were included or were allowed to use their voices in these groups. Projects working directly with the tribes tended to include tribal leaders and tribal-focused advisory groups rather than DHS having a role in direct outreach and engagement with tribal members as a broader community.

For projects involving grants, or that are administered by lead agencies, it was common for DHS to expect that the grantee or lead agency to be doing this culturally appropriate community engagement work as they carry out the work of the grant or delegated responsibilities. However, it is not clear whether nor how DHS establishes expectations and monitoring around this delegated responsibility.

For projects related to measurement, research and evaluation, direct community engagement was less common. However, at least one survey project included steps to get community input into the survey instrument and had plans to share the results back with communities.

Some projects also engaged with existing roles at DHS, including the Office of Indian Policy, tribal liaisons and the Cultural and Ethnic Communities Leadership Council as an intermediary for direct community input.

Positive impacts on target community
DHS administrations were asked to report on the intended impact on the target community for the project. In many cases, the target community was described as the racial and ethnic communities experiencing inequities. In other cases, the target community was characterized as all active or potential service recipients. In some cases, the administration considered the target community to be the service provider communities to whom training or capacity building efforts was being directed, rather than the persons or communities impacted by the services.

Business areas reported a number of perceived positive impacts on who they defined as the target community. However, in general, most projects did not specifically mention inequities reduction as an impact. Instead, the impacts described were intermediate outcomes that are perceived as reducing inequities, such as increased awareness and utilization of services by target communities. Another intended impact is that providers will be

prepared to provide culturally-informed and culturally-specific care. Other impacts are that there will be greater trust and improved relationships between communities and DHS and that communities will have more opportunities to provide input into DHS programs. Some talked about improvements to the system, such as service coordination or improved access to data.

Barriers to inequities reduction

DHS administrations were asked to describe any potential barriers to achieving the equity or disparity reduction goals of their projects. A number of barriers were reported. The most common barriers reported by business areas were limited funding and shortages in culturally-specific provider workforces.

Many of the projects were grant-based funding or pilot projects and do not have dedicated funding for ongoing sustainability. In addition, there is concern that inequities cannot be impacted through time-limited grants.

Many projects focused on building a diverse provider workforce so that it better reflects the people DHS serves and provides opportunities for culturally specific care. A common barrier reported for these efforts was that there hasn't been a sufficient workforce to meet this need and face obstacles to recruiting diverse providers. This problem includes staffing capacity at tribal agencies. In addition, some diverse providers may face barriers to becoming DHS grantees, due to DHS contracting requirements.

In addition, resources for evaluation to measure impact and to build measurement systems are limited to non-existing. Mistrust and lack of relationships between community organizations and DHS was also a commonly reported barrier. This is also true for DHS research efforts, where communities may not want to participate in surveys and other evaluation activities.

Other reported barriers include racism and implicit bias, limited resources at the provider level, and continued barriers to community participation in services.

Monitoring of project implementation and impact

DHS administrations were asked to describe how they were monitoring project implementation and impact, including the use of any quantitative performance measures and qualitative indicators, where applicable. The establishment of performance measures and qualitative indicators varied widely across projects, with some projects indicating that they were too early in the development or implementation phases to have established measures but plan to have them in the future. Very few projects reported that they had established population measures to monitor impact of disparities reduction efforts on communities experiencing inequities.

When performance measures were reported, they were primarily input and process measures around how the program was implemented rather than outcomes for the target communities. For example, many projects reported process measures around number of contacts and number of people served by the program. For projects focused on service access and awareness, these process measures were used to describe the impact on target populations rather than outcome measures. Only one project specifically mentioned plans to report on service population outcomes. When measures were identified, it was unclear the extent to which they were evaluating these measures by race and ethnicity.

The use of surveys and feedback sessions were also common strategies to evaluate projects from a qualitative perspective, including to understand the impact for participants. In particular, projects that involved community engagement events often include surveys of event participants.

Some projects identified that it is the responsibility of the provider or grantee to carry out evaluation, but it is unclear how DHS evaluates across providers and grantees in these cases.

Projects related to provider workforce capacity focused on outcomes for the workforce rather than for the persons served by the provider services. Projects that were focused on measurement, evaluation or research were often developed in order to have a way to develop performance measures through the use of system or survey data.

E. Project Alignment with CECLC Recommendations

The projects submitted as part of this equity review were compared against the recommendations of the CECLC advanced to DHS in 2015. Table 2 below summarizes the number of projects that were found to address each recommendation area. Appendix H includes a more thorough summary of this comparison.

Table 2

CECLC Recommendation	**Number of Projects**
Awareness: DHS increases awareness of the significance of inequities, impact on the state's cultural populations and moves to action to achieve equity	32
Leadership: Strengthen relations among the council and state agency to promote clear and meaningful dialogue about equity in a government structure.	17
Community Health & Health Services: 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.	37
Culturally & Linguistically Competent Services: 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	27
Research & Evaluation: Change attitudes about data: data must explain the whole persons. Develop measurement strategies to best obtain most appropriate data	23

with community-defined cultural and ethnic groups' input. Promotion of evidence-based research into practice	

F. Conclusion

Overall, DHS has seen a substantial increase in the number of project submissions over the past two years. For this report, 82 projects were submitted, a 67% increase from the 49 projects submitted for the 2016 legislative report. This is a strong indication that DHS has increased its efforts to target resources that build the overall agency capacity to target racial and ethnic inequities as well as increased capacity for individual business areas to do this at the service or program level. Also, a diverse set of strategies are being used across the agency that meet the unique preferences and needs of different target populations and services.

In particular, this review of DHS disparities reduction efforts evidences an increase in:

- The use of authentic community engagement strategies.
- Focused effort to become better able to define and measure inequities through data system, performance measurement development and survey research efforts.
- Increased use of evidence-based practices that shift beyond focus on access to existing services to strategies that are known to effectively understand and address racial and ethnic inequities.
- Increase in organizational, service and system reform efforts to better impact inequities on a structural or systematic level.

DHS also continues to face a number of limitations in its capacity to evolve and sustain its equity promotion and disparity reduction efforts. In particular, the lack of dedicated resources within DHS and across service networks is a continued barrier. Having a culturally-diverse workforce of providers to reflect the people DHS serves is also an ongoing barrier.

In addition, many of DHS' efforts continue to focus on the increased marketing and access to traditional resources but have not taken the step of defining and measuring whether and how access to these services reduces racial and ethnic inequities for their target population. In addition, many business areas have utilized grant funding strategies to increase culturally-specific redesign efforts but are concerned about how to sustain and expand the work after the grant funding has ended. There are no built-in long-term sustainability efforts.

Some administrations in DHS are developing and implementing service design changes where new service models are built that directly reduce barriers and gaps that contribute to racial and ethnic inequities. However, these projects are in early phases and it is yet to be seen how any impact on the reduction of racial and ethnic inequities will be demonstrated.

Moreover, although DHS has seen an increase in the use of authentic community engagement strategies, in general, many administrative areas rely more heavily on consultation with culturally-specific providers and organizations to inform DHS' understanding of community preferences and needs or delegates the responsibility of community engagement to lead agencies, providers and grantees.

One of the purposes of the equity review is to identify and report on *statistically valid reports of the outcomes of the reduction of disparities*. After three years, the Minnesota Department of Human services continues to lack meaningful current updates in this area because of limitations in its data systems and does not have the capacity to build performance measures and other qualitative indicators to understand the impact of its programs and services on people experiencing inequities. In addition, evaluation and measurement is often built after services are designed and implemented rather than being built into the design of services and new initiatives. The inclusion of community members helping define the solutions for its problems is not yet part of the DHS culture.

Through the process of conducting this review, a number of administrative areas provided feedback about the need for more resources and tools to better plan, implement and measure existing services and initiatives so that DHS can demonstrate its impact on reducing inequities for racial and ethnic communities.

DHS Initiatives and Actions to Address Disparities

A. Bush Community Innovation Grant

Bush Foundation Community Innovation Grants support communities to use problem-solving processes that lead to more effective, equitable and sustainable solutions[20]. 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. (Theory of Change co-developed by Bush Foundation and Wilder Research in Appendix I).

One of the goals in the recommendations of the CECLC for Awareness: "DHS moves to action to achieve equity utilizing: community engagement, community empowerment and community and DHS collaboration." In 2015, the foundation awarded DHS a Community Innovation Grant for two years, with leveraged funding from DHS. The grant was submitted with the objective of introducing community engagement practices into the department's culture. The community engagement process means working with and through constituents to achieve common goals. The process demands that those implementing the engagement effort communicate with community leaders and members who have diverse backgrounds, values, priorities, and concerns. It is at this point that the principles and organizing concepts underlying community engagement come together with real-world activities.

The grant project is in alignment with the CECLC mission of "working together to advance health and human services equity," and the Governor's executive order 15-02 establishing the Diversity and Inclusion Council and stating among others," the state of Minnesota is committed to being a leader across the United States on issues of diversity and inclusion."

A pre-survey gauged the agency's preparedness to engage in community engagement with cultural and ethnic communities by surveying DHS leadership and employees, with a separate survey administered to

[20] https://www.bushfoundation.org/grants/community-innovation-grants

a select group of cultural and ethnic community leaders, equity advocates and cultural and ethnic communities in general.

The findings:

- 81% of community and 58% of DHS respondents estimate low or no trust of DHS;
- Only 10% of community members rated DHS as having intermediate or advanced skills to address barriers to equity.
- 15% of community believe that DHS is most willing to adapt to change; and 68% of DHS respondents believe that DHS is mostly or completely willing to adapt.
- There was some agreement: 65% DHS respondents, and 68% community leaders believe that DHS lacks knowledge of identifying and engaging the right community members; and
- 50% DHS respondents and 61% community leaders believe that DHS lacks understanding of authentic engagement.
- 37% DHS respondents and 17% community leaders have low confidence in DHS's ability to incorporate community feedback;
- 10% community leaders believe that they are part of the planning process, most meetings are held at DHS;
- 68% DHS respondents believe DHS recognizes assets of cultural and ethnic communities; 0% community leaders believe this.

"…community leaders report that the lack of staff diversity and inclusion of staff from diverse backgrounds in decision-making processes at DHS is a barrier to staff carrying out authentic community engagement…"

Recommendations were summed up as follows: DHS needs to build long-term relationships with cultural and ethnic communities; it needs to incorporate feedback during all phases of decision making; it should identify areas where there is flexibility to incorporate community feedback; should welcome cultural and ethnic communities as credible sources; increase capacity to understand community priorities and authentically engage; prioritize resources, time and staff to carry out authentic engagement practices; recognize and negotiate power dynamics, including structural racism and white privilege; expand diverse community connections and increase cultural understanding; senior leadership should model and commit to equitable practices.

Senior leaders appointed employees from each administration to form the Bush Foundation Cohort. They were asked to select their employees based on a set of criteria that included employee's track record of leadership/teamwork; communication skills, training skills, ability to work cross-culturally, interest in participatory leadership training. Questions about the skills employees possessed in utilizing equity lenses/considerations when working; a question how leaders engage in the communities they are charged to serve; etc. A list of thirteen DHS employees was submitted to the director of community relations, leading this grant project. 7 community members expressed an interest in joining DHS employees in the training. A Core Team of community members and DHS employees was formed to attend monthly meetings, provide their input, wisdom, and experience during the monthly grant discussions and to promote the project.

Two training for meeting facilitation/community engagement were written into the grant: The Art of Participatory Leadership/Art of Hosting which aims at providing participants in a three-day retreat, techniques and practices to engage with groups in ways that are participatory, collaborative and inclusive. Technology of Participation (TOPs) is another modality offered to the Bush Foundation cohort at DHS: from the Institute of Cultural Affairs, this facilitation model is used worldwide in a variety of settings, bringing people together where each voice is valued and promoted. Authentic community engagement contributes to shared-understanding of issues, resources, and the collaboration of DHS personnel and community representatives to develop appropriate, sustainable solutions. Choice of these trainings were informed by director of community relations doctorate degree studies in Critical Pedagogy: which values the importance of bringing those on the margins to the center to become liberated and opine about their own destiny. Both modalities value voice, instills the practice of careful listening for understanding, promotes diverse perspectives and makes space for all to speak from their own lived experiences. Consensus is arrived by mutual agreement. Employees learned to practice the act of not bringing their 'expert' hat into the community at the risk of losing valuable knowledge, wisdom, cultural beliefs, and practices already present in community.

Upon completion of training, DHS senior leaders were asked to identify a population, topic, curiosity or challenge their administration may be facing as they seek to equitably serve a certain population. DHS Bush Foundation cohort and their community colleagues who joined them in training, hosted community engagement sessions using participatory leadership techniques. Senior leaders and some of their leadership staff participated in the events, however, the majority of the participants were always those whose voices we had much to learn from.

Following the event, project leaders and staff from the community relations division completed a post-event report for documentation of the steps, model of facilitation, lessons learned, next steps, etc.. De-brief sessions provided an opportunity for staff leading the hosting events, leadership and others to reflect on lessons learned, how lessons learned can best be embedded in their administrations and plans for next steps.

Highlights of Bush Grant Events Include:

- An event with American Indians to explore conversations on Historical and Current Trauma in the American Indian Community. Government-to-Government Relations were also topic of discussion and learning. Community members, DHS staff and leaders committed to continue meetings each season to further cultivate relationships and work together.

- The gap in successful completion of the Minnesota Family Investment Program (MFIP) was the topic of discussion on an evening at the historic Rondo Neighborhood with African Americans.

- Somali Elders joined in conversation to provide the Continuing Care Administration additional narrative to their preferences of supportive services that will keep them at home longer as they age.

- Community Health Workers gathered together to inform the Health Care Administration staff and leaders the value they bring to the table as cultural bridge builders and capable professionals in reduction of health disparities.

- Individuals using publicly funded services joined DHS leaders and staff to discuss the information technology modernization developments, and how the system may be more accessible to the general public.

- American Indians met in a closed Opioid Summit to discuss and find solutions for the serious issue impacting their communities. The Governor's Office hosted this event.

B. Policy on Equity

The policy on equity was approved by Commissioner Piper at the senior management team meeting held, January 6, 2017. Below is a summary of the steps required for approval. It is expected that senior leadership will unveil an implementation process. The policy is found in Appendix J.

July 2015 – The initial writing of the policy

At the urging of the Cultural and Ethnic Communities Leadership Council (CECLC), Assistant Commissioner Anne Barry, with leadership support from Deputy Commissioner Chuck Johnson, directed that a policy on equity be drafted for consideration. Original language was developed by Brian Ambuel based on equity priorities contained in the CECLC recommendations to DHS for disparities reduction first developed in 2014.

Fall 2015 – Initial CECLC Review

The CECLC, led by Chair Vayong Moua, reviewed and revised the equity policy. Feedback was received from Vayong Moua (CECLC Chair) and Maria Sarabia (CECLC Member, DHS employee).

Winter 2015-2016 – Equity Policy Workgroup

A workgroup was convened by Anne Barry to incorporate feedback and fine tune the policy. The workgroup was led by Antonia Wilcoxon, coordinated by Brian Ambuel, and consisted of the following diverse group of DHS employees:

- Yvonne Barret, Office of Indian Policy
- Sarah Myott, Survey Coordinator
- Joanne DaSilva, Equal Opportunity and Access
- Maria Sarabia, Formerly in Healthcare Eligibility and Access; now at MnDOT where she oversees the Equal Employment Opportunity and Contract Compliance Team
- Twanda MacArthur, Direct Care and Treatment

Spring-Summer 2016 – Internal Administrative Policy Process

The policy was presented to the Administrative Policy Workgroup and Senior Ops for approval. APWG approved the policy with minor edits, while Senior Ops decided to table the policy given change in agency leadership so that Commissioner would have time to review.

Summer 2016 – Additional Internal Review

Under the direction of AC Santo Cruz, the policy underwent review from legal, contracting and procurement, Human Resources, and Affirmative Action leadership. These reviews resulted in minor revisions to language to reduce ambiguity and to align with current HR, AA, and Governor Office policy and directives. This included review by:

- Amy Akbay, Chief Counsel
- Jay Brunner, Contracting and Procurement; Compliance
- Connie Jones, Director of Human Resources
- Zecharias Hailu, Affirmative Action Officer

Fall 2016 – CECLC Review

AC Santo Cruz presented the revised policy to the CECLC, who were invited to revise the policy. Over the following months, the CECLC review included consultation with and input from the following state employees:

- James Burroughs, Governor Dayton's Chief Inclusion Officer
- Commissioner Kevin Lindsey
- Assistant Commissioner Linda Roberts-Davis of Department of Administration

Fall 2016 - Final Internal Review

After the CECLC submitted their revised policy, DHS instituted a final internal review and made a series of minor changes resulting in the final version of the policy as it exists today. The final review includes input from:

- Amy Akbay, DHS General Counsel
- Jay Brunner, Contracting and Procurement Director

C. Equity Liaisons

DHS employees were appointed to serve as Equity Liaisons for their administrations. During legislative session, at DHS each administration holds weekly one-hour meetings to discuss the bills moving through the legislative process that impact their respective policy area. Equity liaisons engage in the legislative process that impact their administration/populations served and attend these meetings. The equity liaison's role is to observe the legislative internal process the department undergoes when processing bills. They may provide input in matters of equity as appropriate to the bills discussed/reviewed. The goal of the observation is three fold:

- Employee exposure to the bills that are moving through committee;
- Employee professional growth; and
- Provision of input and feedback (at the end of session).

D. Other State Section Related to CECLC Recommendations

Civic Engagement Plan

Minnesota Governor signed an Executive Order 15-02 listing equal employment opportunities; equal contract opportunities and full participation in civic life for all Minnesotans. A civic engagement practices committee chaired by the commissioner of the department of human rights unveiled a 2016 Civic Engagement Plan providing "an infrastructure to foster a genuine relationship; in which a governing process solicits voices from all communities and constituents …participate in the process even if the outcome is not one they desire."[21]

Equity Impact Analysis on Governor Office Proposal Development Template

For Fiscal Years 18-19, the budget template from the Governor's office includes an Equity and Inclusion section which is similar to an earlier proposal by the CECLC working with Sen. Tony Lourey, modeled after King County's Equity Impact Review Tool:[22]

> Equity and Inclusion:
> In the equity description of the change item, please address the following questions:
>
> - 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.

Strategic Priorities for 2017

Members of CECLC met early in the year to plan strategies for 2017. A short questionnaire completed by council members guided the agenda for the day. First, members participated in presentations and discussions about the current landscape of equity work, challenges the communities face, update on the work of the office of community relations, review of the responses to planning questionnaire.

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[21] https://mn.gov/mdhr/assets/Civic_Engage_brochure-v3_tcm1061-257296.pdf
[22] http://www.kingcounty.gov/elected/executive/equity-social-justice/tools-resources.aspx

Next, council members engaged in moving to action and agreed to work on the following in 2017:

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

Appendices

Appendix A – CECLC Bylaws

Cultural and Ethnic Communities Leadership Council (Council) Of the Minnesota Department of Human Services (DHS) Bylaws
Approved by the Council on: January 17, 2014
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 Web site; 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. (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.

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 B – 2014 Advancing Health Equity Letter

August 23rd, 2016

Minnesota Department of Health
Dr. Edward Ehlinger, Commissioner
P.O. Box 64975
St. Paul, MN 55164-0975

Re: Discussing MDH 2014 Advancing Health Equity Report

Dear Commissioner Ehlinger:

This letter is to follow up on a meeting a group of community leaders held a few weeks ago to discuss 2014 MDH's Advancing Health Equity Report, and our request to get updates on progress and accomplishments in implementing the recommendations in the report. A shared and key theme that emerged from this community meeting was the need to institutionalize equity at MDH and not only elevate it as an agency-wide priority. This way equity has a lasting effect beyond the current Administration, and identifies it as both a cultural and structural imperative for MDH and the State. The core question is: "How will MDH ensure equity is structurally embedded into its core operations and permeate all programs, practices, and policies?"

MDH's budget has a major impact on Minnesota's entire health care system. Its $40 billion in annual spending is reflected in the agency's responsibilities over health care regulation, quality measurement and reporting, health professional and facility licensing, health data and economics, public health and health care reform. MDH's budget and policy decisions have tremendous potential to hinder or advance equity in the entire state. Our collective top priority is the full and meaningful institutionalization and systematization of equity in state government. This requires the implementation of an agency-wide equity policy at all levels; from leadership, to staff, to financial, to legislative priorities and agency decisions.

MDH was the lead state agency for the 2014 Advancing Health Equity Report which included support from all of Minnesota's state agencies. MDH is uniquely positioned to coordinate efforts of all state agencies in implementing a best practice model on how to institutionalize equity and meaningfully engage communities in dismantling health disparities. This process can be informed by a group, similar in functions, as the Cultural and Ethnic Communities Leadership Council (CECLC) at DHS.

As you know, Minnesota and the entire nation are facing paramount racial tensions that are shining a spotlight on the racial inequities that exist today. This is an opportunity for state leaders and government agencies to lead the way for all of Minnesota, by increasing awareness of structural racism and institutionalizing equity policies that will break down the barriers that cause disparities. The recent shooting tragedies in Baton Rouge, Dallas, and Falcon Heights further underscore the tragic structural racism that communities of color and American Indians experience across government agencies and societal domains. Health and human services sectors face similar inequities but have a slower pace and less visible impact. These collective and opposing factors in the Minnesota equity landscape make MDH's ongoing commitment even more critical to eliminating inequities.
Furthermore, Governor Mark Dayton has made racial equity a high and immediate priority. From The Diversity & Inclusion Executive Order, statewide equity audit, equity legislative funding target, and most recently his public acknowledgement of structural racism in the Philando Castile shooting, Governor Dayton has remained steadfast on where Minnesota must go in addressing its inequities. The institutionalization of equity across sectors strengthens and preserves the Governor's legacy of racial equity in Minnesota. We do not presume to know the

intricacies and logic of internal MDH's organizational nuances, but we know that diverse cultural and ethnic communities deserve the highest priority displayed through authentic engagement, dedicated resources, and executive leadership. Commissioner Ehlinger, we hope that MDH emboldens and elevates its equity commitment to genuinely work with us, and the communities we represent, to systematically eradicate inequities within and across MDH.

We are requesting a meeting with you, and any other members of your leadership team you would like to include, within the next 10 days. The purposes of this meeting are:
1) To further discuss the plan to respond to the community request for an update on the status of implementing the recommendations in the 2014 Advancing Health Equity Report;

2) To discuss the budget and legislative priorities MDH is planning to propose to the Governor; and

3) To discuss the list of questions below; and

4) To explore a collaborative solution for incorporating an equity assessment into the work of MDH and other state agencies

Questions for discussion:

- How is the department prioritizing and operationalizing equity?
- What policies will be put in place to institutionalize equity?
- What commitment to equity has been incorporated into MDH's budget, staff, leadership and community engagement?
- What is MDH's plan around the analysis and the impact of the recommendations in the report?
- What did the department submit or is it planning to submit in its state agency budget proposal to advance health equity?
- What is the process of community engagement MDH will use to ensure accountability and to ensure the communities' active participation in creating their own solutions to health equity?
- What is the timeline for MDH to implement its agency-wide plan to institutionalize equity?

We look forward to your response and to develop a stronger relationship together.
Sincerely,
(Below is the list of individuals and/or organizations supporting this letter and effort)

Organizations
1. American Heart Association, Midwest Affiliate, Justin Bell
2. Anti-Racism Dialogue Circles: ASDIC
3. AshaUSA, Kamala Puram
4. Asian American Organizing Project (AAOP), Linda Her
5. Asian American Pacific Islander Health Coalition [AAPIHC], Co-chairs: Jinny Palen and Maypahou Ly
6. Asian Media Access, Ange Hwang
7. Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL), Rod Lew
8. Centro Campesino, Ernesto Bustos
9. Centro Tyrone Guzman, Roxana Linares
10. CAPI, Ekta Prakash
11. CLUES Mauricio Cifuentes and Carla Kohler
12. Community Dental Care
13. Cultural and Ethnic Communities Leadership Council, Vayong Moua, Chair

14. Data-driven Initiatives through Artist Leadership (DIAL), David Kang
15. Hmong American Farmers Association, Pakou Hang
16. Impetus - Let's Get Started LLC, Makeda Norris
17. Isuroon (Strong Women, Strong Communities), Fartun Weli
18. Minnesota Council of Latin Affairs, Henry Jimenez
19. Minnesota Health Care Safety Net Coalition
20. Minnesota Public Health Association, Lindsey Fabian
21. Minneapolis Urban League, Mitchell Davis Jr.
22. Multicultural Ministries Diocese of St Cloud, Mayuli Bales
23. Normandale Community College and Metropolitan State University
24. Northern Minnesota Network
25. Sewa-Aifw, Raj Chaudhary
26. Tamales y Bicicletas, Jose Luis Villaseñor
27. Ummah Project, Saciido Shaie
28. Urban Farm & Garden Alliance, Melvin Giles
29. Voices For Racial Justice, Monica Hurtado
30. West Central Interpreting Services, LLC. Abdirizak Mahboub

Individuals

1. Ann Hill member of CECLC and staff at the office of Ombudsman for Families
2. Ana Isabel Gabilondo: Health Equity Champion (VRJ)
3. Art Serotoff, White ally
4. Cassandra Silveira, Extension Educator, University of Minnesota
5. Clarence Jones
6. Dave Haley, Retired, Ramsey County Community Human Services
7. David J. Satin, MD
8. Eugene M. Nichols, African American Leadership Forum-Health & Wellness Group
9. Idalia "Charly" Leuze, Latino Advocate from Willmar, MN
10. Huda Ahmed
11. Joyce Shingobe LAAMP Fellow.
12. Judy A. Brown, MSW, LICSW, LAAMPP Coach
13. Maria Regan individual and BCBS Health Improvement Program Manager
14. Mihiret Abrahim: Community member
15. Muriel Gubasta member of CECLC and staff at the office of Ombudsman for Families
16. Nyagatare Valens, MBA. Member of CECLC and, Member of the Minnesota Advisory Committee /US Commission ON Civil Rights
17. Olivia Jefferson, BCBS Center for Prevention
18. Oscar W. Garza, PRAXIS Institute for Community Health and Education College of Pharmacy, University of Minnesota
19. Patricia Baker, LAAMPP Fellow
20. Rosa Tock, Healthy Living Initiative Coordinator
21. Rosita Balch, Community member
22. Sarah Dar, Health Equity Champion (VRJ)
23. Susie Nanney, Director, Health Equity in Policy Initiative, Program in Health Disparities Research, University of Minnesota

24. Tou Yang, LAAMPP Fellow
25. Vayong Moua, Cultural and Ethnic Communities Leadership Council
26. Yolanda Cotteral

CC: Jamie Tincher, Governor Dayton's Chief of Staff, Honorable Governor Dayton, State of Minnesota

Appendix C – Proclamation to Standing Rock

Cultural and Ethnic Communities Leadership Council (CECLC)

Communities working together
to advance health and human services equity.

Proclamation

WHEREAS: The land now known as North Dakota has been home to the Indigenous Peoples since time immemorial, and without whom, the building of the state would not have been possible; and

WHEREAS: The State of Minnesota, including traditional knowledge, experience, labor, technology, science, philosophy, industry, arts, as well as their cultural belief system that stipulates Indigenous Peoples as protectors and stewards of our natural environment for the benefit of all; and

WHEREAS: The Cultural and Ethnic Communities Leadership Council (CELC) was enacted into law by the State of Minnesota legislature 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.

NOW, THEREFORE, WE THE MEMBERS OF THE CECLC, Vayong Moua, Chair, hereby proclaim our

CONDEMNATION TO THE ENCROACHMENT OF PRIVATE INTERESTS, CROSSING SACRED SITES TO THE STANDING ROCK SIOUX RESERVATION AND THE SIGNIFICANT PROPENSITY FOR IRREPARABLE AND IRREVERSIBLE HARM TO STANDING ROCK'S WATER SUPPLY.

IN WITNESS WHEREOF, we have hereunto set our hands in solidarity with the Dakota Nations and Peoples in our neighboring state of North Dakota.

© GOES 462-1/2

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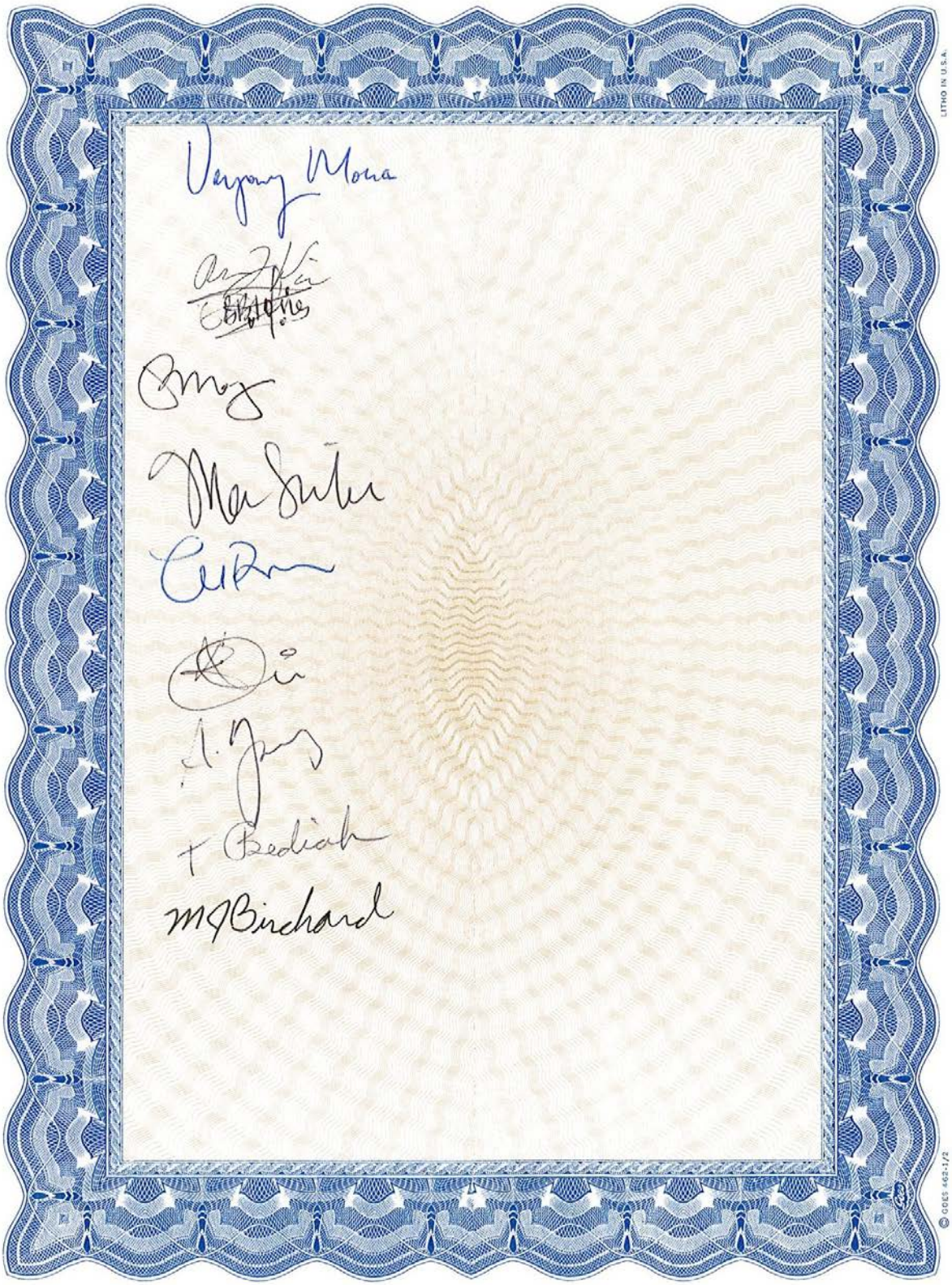
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Appendix D – Recommendation #3 for Governor's Mental Health Task Force

Use a Cultural Lens to Reduce Mental Health Disparities

Summary: State agencies should convene a workgroup of people from American Indian tribes, communities of color, and other cultural backgrounds to detail strategies for improving mental health services and activities for communities experiencing mental health disparities. These should include ways to support and grow culturally-specific providers, make the entire system more trauma-informed, and supplement the existing medical model with culturally-informed practices.

Introduction and Background

Although Minnesotans on average are healthy compared to other states, Minnesota has significant health disparities among populations of color, American Indians, LGBTQ people, immigrants, refugees, active military and veterans, and other cultural groups. These populations have shorter life spans, higher incidence of chronic illnesses including mental illnesses, and generally poorer health. These gaps have widened over the past five decades. As the face of Minnesota changes and these groups constitute a larger percentage of the state's population, it will become more crucial that these disparities be eliminated. For the purposes of this report, "culture" refers not just to groups defined by ethnic or racial background, but also to groups that are defined by other common experiences and/or beliefs that affect their self-identity and how they are perceived in society.

A recent needs assessment in conjunction with development of Certified Community Behavioral Health Clinics described disparities in mental health services and outcomes for American Indians, Asian populations, Hispanic/Latino populations, homeless people, older adults, Somali populations, and veterans.[23] Surveys led researchers to conclude that there is a need for more culturally and linguistically appropriate services. Similar conclusions have been drawn for LGBTQ people and veterans: until people feel that mental health providers understand them and their experiences, they are unlikely to access mental health services and the mental health services they do receive are unlikely to be very helpful.

The social determinants of health help explain why diverse cultural communities often experience below average mental health outcomes. Not only do they experience more risk factors, but they also can find it difficult to engage in mental health treatment when the provider does not understand their language, cultural values, or perspectives on mental health.

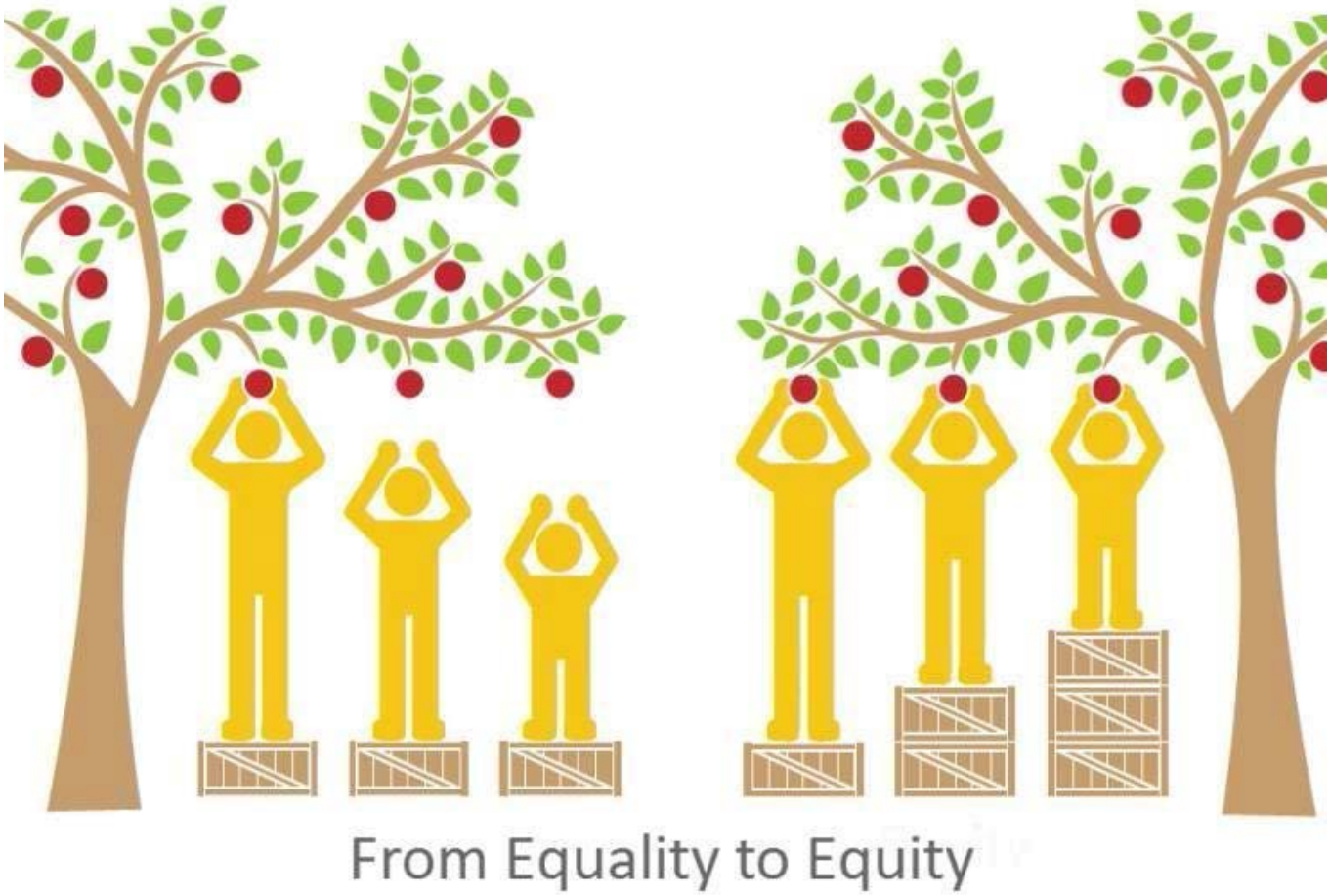
[23] Ohnsorg, Trudy. "Needs Assessment 2016: Excellence in Mental Health Act in Minnesota." Saint Paul: Cincinnatus, Inc., June 13, 2016, 40-55.

A recent report by MDH explains that disparities—population-based differences in health outcomes—are closely linked with social, economic, and environmental conditions.[24] Living in poverty has the most measurable effect on the rates of mental illness. People in the lowest strata of income, education, and occupation (known as socioeconomic status) are about two to three times more likely than those in the highest strata to have a mental disorder. Moreover, structural racism, intergenerational trauma, and genocide have lasting effects on people and cultures, leading to disparities that are reproduced generation to generation.

These points help explain why "equity" and "equality" are not the same concept. Equity involves creating the conditions so that each person and family can maintain mental wellness and/or recover quickly from mental illnesses. It acknowledges that each person may need somewhat different levels and types of supports, based on their risk and protective factors. Equality assumes that everyone should have access to the same services, which has a veneer of fairness but actually continues to promote disparities.

[24] "Advancing Health Equity in Minnesota." Saint Paul: Minnesota Department of Health, February 2014. Accessed on 6/29/16 at http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf.

FIGURE 5: EQUALITY TO EQUITY, COPYRIGHT BY SASKATOON HEALTH REGION 2015



Recommendation: Use a Cultural Lens to Reduce Mental Health Disparities

DHS should partner with MDH to convene a workgroup of people from American Indian tribes, communities of color, and other cultural backgrounds to further explore how culture could enrich the current understanding of mental wellbeing and mental illness and to make recommendations for improving mental health services and activities for communities experiencing mental health disparities. Agency staff should collaborate with the Cultural and Ethnic Communities Leadership Council and the Healthy Minnesota Partnership in this work. The workgroup would develop expanded definitions of wellbeing, mental health, and mental illnesses that would be more responsive to individuals' cultural backgrounds and self-understandings and make recommendations for incorporating those expanded definitions into the services, requirements and processes that shape the continuum of care. The group would also develop more detailed strategies on the specific opportunities listed below. These strategies would be pursued by DHS and MDH within their existing policy processes.

1. The governor and Legislature should support more extensive mental health promotion, prevention, and early childhood mental health services and activities that respond to the disparities in Minnesota's mental health outcomes. The state should support mental wellbeing programs that are culturally-responsive and multi-generational and that support individuals and families. Many programs can be offered in the community through trained and culturally representative community leaders.
2. One of SAMHSA's six strategic initiatives is the integration of trauma-informed approaches into mental health and substance use disorder treatment services throughout the United States.[25] To further implement SAMHSA's directive in Minnesota, the state should support the implementation of trauma-focused treatment models that are culturally specific and responsive. [26]The funding should cover training for providers as well as funds to cover trainees' replacements while they are at training and for follow-up costs as the trainees implement the services within their organizations.
3. Mental health providers sometimes lack the cultural knowledge (language, history, norms, social structure, etc.) necessary to provide effective services to people from diverse cultural backgrounds. Language interpretation, already funded in Minnesota, is one example of a service to bridge this gap. Some states also pay for services of "cultural interpreters" who can consult with providers who need more understanding of diverse cultural norms as they diagnose and treat people with mental illnesses. The state should investigate options for funding these cultural consultations, including how consultants could be credentialed and how the service could be funded.[27]
4. Community health workers, mental health practitioners, certified peer specialists, peer recovery specialists, and family peer specialists help improve engagement in health care and provide a variety of health education, navigation, and care coordination services. They are effective because they combine the skills learned in training with their deep knowledge of cultures and life experiences of the people being served. To improve engagement of populations experiencing mental health disparities, it's important that partners across the continuum of care adopt strategies that assist more people from diverse backgrounds to take on these roles. One barrier is funding. For example, community health workers are already established in Minnesota

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[23] For more information about SAMHSA's initiative, see http://www.samhsa.gov/trauma-violence.

24 For example, Trauma Systems Therapy for Refugees, American Indian adapted Trauma Focused- Cognitive Behavioral Therapy, and Parent Child Interactive Therapy.

[27] One model to investigate is the use of Qualified Expert Witnesses in the Indian Child Welfare Act court cases. Another is Minnesota's existing practice of paying for children's mental health treatment providers to consult with prescribers as they establish diagnoses and treatment plans for children. Michigan is one state that has a process for funding cultural consultants.

statute and some mental health clinics are deploying them successfully, but funding for the full range of their services is not currently covered by Medicaid fee-for-service plans, most pre-paid medical assistance programs, or private insurers. Another barrier is qualification requirements. Many existing cultural healers, cultural brokers, and elders have deep community connections that would make them effective in supporting people receiving mental health services, but some lack specific qualifications currently required to become certified. The state and licensing boards should review and recommend updates to the qualifications for these positions so that the qualifications reflect multiple possible paths to gaining the life experience necessary to provide effective recovery support.

5. New treatment models that emphasize frequent and authentic feedback mechanisms have been shown to improve engagement in treatment and treatment outcomes. The state should support the implementation and expansion of feedback-informed treatment models that incorporate an intentional process of engagement, feedback, and reparation in therapeutic relationships. This is especially important when it is not possible to connect people from diverse communities with culturally-responsive mental health providers.
6. Minnesota currently pays for one session between a mental health provider and a person receiving services before the provider must complete the diagnostic assessment and develop a treatment plan. Especially for culturally specific providers working with people who don't share a medical model of mental illness, one session is often not enough to establish the rapport and gather the information necessary to make an accurate diagnosis. The state should propose a way to increase the number of reimbursed sessions before a diagnosis is required.
7. There is strong support for services that are developed and funded based on evidence about their effectiveness. However, there has not been enough research and evaluation to identify a wide range of culturally-specific mental health services that are "evidence-based." The state should create demonstration grants and explore additional federal funding to gather evidence that could lead to more sustainable funding options for culturally specific mental health services.
8. The state should continue to pursue models to improve the integration of primary care, mental health care, and substance use disorder treatment and to ensure that all are equipped to serve and partner with diverse communities in a way that is person and community-centered, culturally appropriate, and trauma-informed.[28] The state should support mental health and wellbeing learning collaborative and encourage implementation of best practices and emerging

[28] Examples of integration models include Health Care Homes, Behavioral Health Homes, Certified Community Behavioral Health Clinics, Integrated Health Partnerships, and provision of integrated mental health and substance use disorder services. Health Care Homes have a network of 377 primary care clinics serving people with complex health needs that participate in learning collaboratives.

culturally-responsive promising practices. It should also explore support for community liaisons who can address social determinants of health at the individual and community levels.

9. The workgroup should review state rules, statutes, and processes to identify opportunities to remove barriers to access for people from culturally diverse communities.[29]

[29] For example, the diagnostic assessments that have been written into Rule 47 (the outpatient mental health rule) have created additional barriers to services that are particularly pronounced in culturally diverse communities.

Appendix E – Diversity Recruitment and Retention Initiatives

2016 Diversity Recruitment and Retention Initiatives

Initiatives to Increase Workforce Diversity

- Launched the recruitment campaign on KMOJ radio targeting the African American community. The campaign included 15 sec recruitment spots and an in-person interview conducted by Commissioner Piper June 2016 speaking on jobs at DHS.
- Launched the first Public Sector Office Administration Pathways Program, a training program in collaboration with Project for Pride and Living and MCTC School, aimed at training underrepresented candidates for entry-level positions at DHS.
- Began conversation to partner with Northwest Indian OIC (Bemidji) for the Minnesota Job Skills training Program, aimed at recruiting and training 48 low-income American Indian residents for highly targeted positions at DHS after the completion of the training program.
- Became an Employer Sponsor for the Jobs for America's Graduates (JAG) program, a state-based program is committed to preventing high school dropouts among students of color.
- Collaborated with MMB to create and co-facilitate the first Diversity Recruiters Group, bringing recruiters together who work for public employers (City and State agencies) to discuss diversity recruitment best practices, partnership opportunities, news, events, challenges, etc.
- Re-launch of Connect 700, an alternative, non-competitive selection process available to hiring managers and individuals with disabilities seeking employment in state government. C700 is a program that provides eligible individuals an opportunity to demonstrate their abilities through an on-the job trial work experience of up to 700 hours, and gives hiring managers the opportunity to better match people with the right skills and abilities to be successful in their position.
- Re-launch Supported Worker's Program, which offers people with disabilities integrated employment opportunities with up to 50 full time positions within various state agencies.

Targeted Diversity Recruitment Job and Career Fairs

DHS attended the following diversity career fair in 2016 to increase workforce diversity:

- 25th Anniversary ADA (Americans with Disabilities Act) Career Fair
- National Black MBA Virtual Career Fair
- MINNESOTAJOBS.COM and Diversity Minnesota Community Org Meet and Greet
- State of Minnesota On-site Recruiting Event- Minneapolis Workforce Center
- St. Cloud State Diversity Job and Internship Fair
- Hamline Diversity Job and Internship Fair
- Hiring Our Heroes Recruitment Fair
- U of M Government & Nonprofit Career Fair

- Autism Forum Conference and Employment Recruitment Fair
- Burnsville Workforce Center Diversity Hiring Event
- St Catherine University Diversity Career Fair
- Anoka Hiring Event
- Hennepin North Workforce Center Hiring Event
- University of MN Career Connect Hiring Event
- Ability Links Virtual Career Fair
- Minneapolis Urban League Career Fair
- Workplace Inclusion Forum Career Fair
- HOSA Spring Conference
- Rochester Juneteenth Career Fair
- Rasmussen College: Spring Career Fair --Beyond the Yellow Ribbon Mankato
- Jobs for America's Graduates College and Career Fair
- 2016 EMBODI Conference: Career Expo
- HIV Prevention Conference and Job Fair
- Somali Festival and Career Fair
- NAACP Diversity Career Fair
- People of Color Career Fair
- Twin Cities Rise Career Fair
- St. Paul Public Housing Career Fair
- Metro State Diversity Career
- Women of Color Career Fair
- Black Women's Expo & Career Fair
- MaxAbility Career Connections Fair
- State of Minnesota Career Fair

Internships & Fellowships

DHS hired 10 interns and fellows through the Urban Scholars, Star of the North Fellowship, Step-Up and Right Track internship programs. 100 % of students hired through these programs were from underrepresented backgrounds.

Community Outreach and Partnerships

DHS developed working relationships with the following community partners:

- Hmong American Partnership
- Insight News
- American Indian OIC
- Summit Academy OIC
- Project for Pride and Living
- RESOURCE
- Council on Asian Pacific Minnesotans
- KAJOOG (Largest local Somali Organization)
- Minneapolis Urban League
- Goodwill Easter Seals
- African News Journal
- KMOJ Radio

- Asian American Press
- US Veterans Affairs
- Globe University
- American Indian Family Center
- Latino Midwestern News
- NorthPoint Health and Wellness
- Jewish Family and Children's Service
- MN Association of Asian Coalition
- Everybody IN
- Latino Lead
- African American Leadership Forum
- MN Urban League
- Minnesota Chapter of the NAACP
- Ramsey County: Talent LEAD
- Minnesota Public Radio
- CECLC

2016 Diversity Recruitment and Retention Successes

- Created and implemented DHS' first Diversity Recruitment and Retention plan at DHS.
- Attended Dr. Martin Luther King Breakfast representing DHS.
- Conducted presentation at the Jewish Family and Children's Service Employer Breakfast and spoke with over 50 program participants about careers at DHS.
- Developed a candidate pool of over 300 diverse job seekers interested in working at DHS through job fairs and networking events.
- Gave presentation to students at Longfellow High School about careers at DHS through the Achieve Minneapolis Career Day program.
- Participated in "Employer of the Day" at RESOURCE by giving a presentation to RESOURCE program participants on how to apply for positions at DHS
- Participated in the Minnesota Chapter of the National Black MBA Virtual Career Fair, speaking with 75 diverse executive candidates interested in positions at DHS.
- DHS logo was added to the "Employer Wall" at RESOURCE for the partnership developed with the organization
- Attended University of Minnesota Diversity Networking Luncheon, speaking with 50 diverse graduate students about careers at DHS.
- Partnered with the Minnesota Chapter of the National Association of Black Accountants to sponsor the Celebration of Multicultural Professionals: Salsa, Sushi & Soul Event. DHS executive leadership presence at the event.
- Gave presentation at NorthPoint Health and Wellness on how to apply for jobs at DHS.
- Attended the first American Indian College Fund Luncheon.
- Attended the University of Minnesota's Employment Practices Committee Meeting, Panel on Diversity and Inclusion.
- Partnered with Project for Pride and Living to implement the first Public Sector Office Administration Pathways Program, training diverse applicants for positions at DHS.
- Created diversity recruitment newsletter via GOV Delivery. The newsletter is sent to more than 1000 recipients including diverse applicants, internal employees and community partners

- Completed Intercultural Development Inventory (IDI) training
- Partnered with Minnesota Management at Budget (MMB) to host the first Leadership Networking Breakfast in partnership with the Minnesota Asian Coalition. More than 100 interested applicants attended the event and expressed interest in jobs at DHS.
- Attended bi-monthly Twin Cities Diversity Roundtable Meetings, sharing successes, challenges and best practices with other Diversity & Inclusion professionals.
- Attended the first Twin Diversity Networking Event at Target Field, networking with over 150 diverse job seekers.
- DHS Diversity Recruiter presented diversity recruitment and retention efforts to the Cultural and Ethnic Communities Leadership Council
- Developed a candidate pool of over 300 diverse job seekers interested in careers at DHS.
- Increased social media presence, growing Linked In followers from 1500 to 3000.
- Rebranded DHS via social media networks to be an employer of choice amongst diverse candidates.
- Began work on creating new recruitment brochures targeting diverse applicants.
- Instrumentational in coordinating the People of Color and State of Minnesota Career Fair
- DHS began partnership with Ramsey County in the utilization of their new program, Talent LEAD. This program connects employers with highly skilled underrepresented job seekers (including those with disabilities) in Ramsey County who have professional backgrounds.
- DHS Diversity Recruiter served on 30- person Make It MSP Strategy team made up of professionals of color representing all industries, tasked with identifying ways to increase retention among young professionals of color in Minnesota. The strategy team implemented focus groups and surveys to hear the voice of professionals of color. The results and retention solutions were presented to DHS leaders at the quarterly Manager's Conference.
- As a result of 2016 recruitment and networking efforts, DHS is now exceeding affirmative action goals for female and minority employees.

Purpose:

To advance equity in outcomes for all human service program recipients.

Approach:

It is important to meet each individual's unique needs and create a level playing field that ensures every person has the opportunity to reach their full health potential. To achieve equity, we need to meet people where they are, and there will be times we treat people differently. For example, to eliminate the impacts of discrimination and continued disparities, policies must be targeted to address the specific needs of communities, particularly people of color and American Indians.

Main project activities in 2016:

- Adopt Equity Policy and begin implementation
- Training & Awareness
- Research & Data Analysis
- Community Engagement
- Tool Development
- Workforce, Assessment & Approach
- Customer Service/Contracts & Grants

Goal:

To improve outcomes where disparities exist in human service programs.

Equity Initiative Team:

This team will guide overall implementation of the equity initiative. Members include Anne Barry, Connie Jones, Antonia Wilcoxon, David Everett, LaRone Greer, Maria Sarabia, Brian Ambuel, Reggie Cook, Tikki Brown, Bob Held, Vern LaPlante, and Twanda McArthur.

Upcoming Milestones:

Team Members	Completed Tasks – Date Completed	Ongoing Tasks – Expected Completion Date (As of June 2015)	Current Status
Activity I: Equity policy			
Antonia Wilcoxon, Maria Sarabia, Helen Ghebre, Yvonne Barrett, Joann DaSilva, Sarah Myott, Twanda MacArthur	• Draft Policy on Equity- 8/2015 • Review and revise equity policy with CECLC- 12/2015 • Convene equity policy WG – 2/2016 • Present policy to APWG- 3/2016 • Present policy to Senior Ops- 3/2016 • Review by commissioner's office- 4/2016 • Senior Ops- 6/2016		• WG wrapped up. Equity policy completed outside of workgroup, but still waiting to be adopted • Awaiting commissioner approval. Will be presented at next SMT. Attached is latest draft and a document describing the process of development Policy on Equity_FINAL 1_1129 Policy on Equity_Process for A
Activity II: Learning & tool development			
Antonia Wilcoxon, **David Everett**, Alicia Smith, Lela Porter, Jessica Cintorino, Steve Yang, Michael Birchard, Saciido Shaie, Adesola Oni, Sarah Myott , Pa Lor, Twanda MacArthur, Mary Britt, Debra Anthony, *Jay Colond coordinates*	• Identified and recommended needs assessment tool (CLAS Assessment or AECF Institutional Assessment Quiz) – 04/2016	• Building capacity for staff to evaluate cultural competency of agency using the Intercultural Development Inventory -6/2016 • Adopt training framework from Dr. David Everett as first curriculum to build capacity	• Submitted Report with Recommendations to AC Santo Cruz
Activity III: Research & Data Analysis			
Bob Meyer, Jeff Schiff, David Everett, Nick Peterson, Marisa Hinnenkamp, Olufemi Fajolu,	• Developed inventory of measurement and evaluation across DHS business areas	• Develop data infrastructure based on American Indian Dashboard and create	• Work continues. See attached email and

Pa Lor, Nyagatare Valens, Susie Nanney, Roshani Dahal, Odichinma Akosionu, Debra Anthony, *Rong Cao coordinates*	• Developed American Indian Dashboard as a prototype for other disaggregated data presentation • Held two meetings with representatives from each administration.	dashboard for minority populations.	documents for current status. Equity Initiative - Research and Data A 10 5 16 HDAW Meeting.docx Overview of indicators 10-20... Draft outline of Racial Equity...
Activity IV: Community Engagement			
Antonia Wilcoxon, **LaRone Greer**, Helen Ghebre, Marisa Hinnenkamp, Olufemi Fajolu, DeAnna Conover, Kha Yang, Alejandro Maldonado, Michael Birchard, Saciido Shaie, Adesola Oni, Titilayo Bediako, Sarah Aughenbaugh, *Jay Colond coordinates*	• Through Bush Grant, developed agency wide capacity for participatory leadership	• Each business area at DHS is designing community engagement events, Summer and early fall 2016 • Recommend ongoing authentic community engagement framework for DHS • Provide resources, and high level guidance on engaging specific communities	• Group concluded its work. • Bush Grant completed work on community engagement events, now sharing learning with business areas and will shift focus to sustainability beyond life of grant • Recommendations submitted based on WG, WG notes that it need resources to be successful
Activity VI: Workforce, assessment & approach			

Connie Jones, David Everett, LaShawnda Ford, Constance Tuck, Lauren Hunter, Lela Porter, DeAnna Conover, Patricia Brady, Nyagatare Valens, Britt Graupner, Debra Anthony, *Brian Ambuel coordinates*	• Workgroup has not met		Work being done by Team for Retention and Employee Engagement (TREE), Affirmative Action Officer, and HR (Diversity Recruiter and others). See Attached for current accomplishments and objectives: Affirmative Action Plan objectives-2016 DHS Diversity Initiatives.docx
Activity VII: Contracts, grants, and procurement			
Jay Brunner, Sebastian Stewart, Sarah Myott, Todd Stump, Reginald Cook	• Workgroup has acquired the names/emails of contracted vendors • Approved a format of a survey to be sent requesting demographic information •	• Survey results analyzed with CPR by August 2016	• Completed ownership analysis survey • **DRAFT Preliminary Analysis** • Will be used to identify targeted organizations to prioritize for certain grants and contracts Charts and Results - 10-26-2016.docx
Activity VIII: Budget and legislative development			
Workgroup postponed during legislative session. Meanwhile, Amy Dellwo, CPR leadership, and an L4 group has made progress. **Vern LaPlante**, Amy Dellwo,	• L4 Group identified tools to apply equity lens to legislative process- 6/2016 • Assistant commissioners and legislative staff shared preliminary 2017 themes with CECLC- 5/2016	• Incorporating work of L4, equity training is included in 2016 summer legislative training - 7/2016 • Equity Liaisons Established and worked into process- 7/2016	• Work being pursued at DHS through Equity Liaisons, and incorporating equity into DHS proposal development training.

Anne Barry, Antonia Wilcoxon, LaRone Greer, Maria Sarabia, L4 Group (Contact Yvonne Barret), Jessica Cintorino, Saciido Shaie			• 2016 (2017 session) Gov's office template features expanded equity impact analysis

Participants listed in bold are workgroup leads

Recent Accomplishments:

- Developed Framework for new CPR Administration with input from CECLC, County and Tribal partners and agency-wide staff
- Completed Bush Grant trainings for DHS agency-wide staff. Planning underway for community engagement events in each administration.
- Developed American Indian Dashboard as a prototype for other disaggregated data presentation
- Building capacity for staff to evaluate cultural competency of agency using the Intercultural Development Inventory
- Developed agency wide policy on equity that is awaiting final approval by Executive Team
- Developed inventory of measurement and evaluation across DHS business areas
- Impact of Statewide equity efforts on contracting/grant making on DHS
- In collaboration with legislative staff and an L4 leadership team, we have begun process of incorporating equity into policy development including training for DHS staff and engagement with CECLC early in 2017 issue identification

DHS Team:

Agency-wide leadership with support from CPR Leadership, including Anne Barry, Vern LaPlante, Constance Tuck, Antonia Wilcoxon, and project managers

Issues and Risks:

Resources agency-wide

Definitions:

Health Equity is achieved when every person in a community has the opportunity to reach their full health potential and no one is disadvantaged from achieving their potential based on their race, ethnicity, gender, or disability.

Health is defined as a state of "physical, mental, and social well-being," (World Health Organization) is beyond an absence of disease and is determined by a broad range of personal, social, economic, and environmental factors.

2016 Health Equity Leadership Institute -- Achieving Equity in Minnesota
Friday, April 15, 2016 9:00am until 4:30pm
Wilder Foundation, Auditorium A&B
451 Lexington Parkway Saint Paul, MN 55104

AGENDA

9:00	Registration/Coffee
9:30	American Indian Blessings: Elder Jim Clairmont
9:45	Welcome, Anne Barry, Assistant Commissioner, Community and Partner Relations
10:15	CECLC Members and Vayong Moua, Council Chair
10:30	Dr. MayKao Hang, President, Wilder Welcome and Equity at Wilder
11:15	Emily Johnson Piper, Commissioner Minnesota Department of Human Services (DHS)
11:30	Break/Lunch Served
12:00	Keynote: Nekima Levy-Pounds, Esq.
1:30	Break
1:45	Q&A Period – Dr. Levy-Pounds, Esq.
2:45	Break

3:00 Breaking Ice: Pillsbury House Theater

4:30 Adjourn

Presenters Bios:

Keynote Speaker: Professor Nekima Levy-Pounds, Esq.
Dr. Nekima Levy-Pounds is an award-winning professor of law at the University of St. Thomas School of Law and the founding Director of the Community Justice Project, a civil rights legal clinic. Nekima is also a civil rights attorney, legal scholar, blogger, and nationally recognized expert on issues at the intersections of race, public policy, economic justice, public education, juvenile justice, and the criminal justice system. In 2016, she received the Distinguished Service Award from the Governor's Commission on Martin Luther King Day. In 2015, she was named one of 40 under 40 by Minneapolis/St. Paul Business Journal. In 2014, she was named a Minnesota Attorney of the Year by Minnesota Lawyer and recognized as one of 50 under 50 Most Influential Law Professors of Color in the Country by Lawyers of Color magazine. She currently serves as the president of the Minneapolis NAACP and has served as an advisor to Black Lives Matter Minneapolis.

Dr. MayKao Hang, Wilder Foundation
Dr. MayKao Hang is the President and CEO of the Amherst H. Wilder Foundation, a non-profit organization dedicated to improving the lives in the greater St. Paul community and beyond through direct services, research, and community building. MayKao has extensive experience in the public and the non-profit sectors, serving low income and disadvantaged populations. She is committed to achieving an equitable society where everyone can prosper. She believes that harnessing and building social and civic capital can transform the world. MayKao has a BA in Psychology from Brown University, a MA in Social Policy and Distributive Justice from the Hubert H. Humphrey School of Public Affairs, and a Doctorate in Public Administration from Hamline University. She is Chair of the Federal Reserve Bank of Minneapolis, Trustee and Chair of the Grants & Community Initiatives Committee of Minnesota Philanthropy Partners, Co-Chair of the Itasca Project's Socio-economic Disparities Work Group, and is on the Advisory Committee for John S. and James L. Knight Foundation. She is a founding member of the Coalition of Asian American Leaders (CAAL) in Minnesota. Vayong Moua, CECLC Chair

Pillsbury House Theater – Breaking Ice
Breaking Ice is a customized professional theatre experience created for organizations and businesses that need help with difficult issues both interpersonal and institutional. because every organization wrestles with communication – often based on misunderstanding or cultural differences. But you don't have to let those differences block your organization's ability to move forward and succeed.

Cultural and Ethnic Communities Leadership Council (CECLC)
Vayong Moua advocates for a health-equity-in-all-policies approach to ensure structural inequities have structural solutions. Upstream integration of health equity into policymaking decisions and community engagement efforts is a good common strategy.

Minnesota Department of Human Services (DHS)

Emily Johnson Piper is commissioner of the Minnesota Department of Human Services. DHS is the state's largest agency, serving well over 1 million people with an annual budget of $18 billion and over 6,000 employees throughout the state. The department administers a broad range of services, including health care, economic assistance, mental health and substance abuse prevention and treatment, child welfare services, and services for the elderly and people with disabilities. DHS also provides direct care and treatment to more than 10,000 clients every year.

Special thanks to the Health Equity Leadership Institute planning committee:
Liz Anderson, Health East, MN
Patricia Brady, Ramsey County
David Everett, Ph.D., MN Department of Human Services
Julia Joseph-DiCaprio, MD, MPH, Hennepin County Medical Center
Ani Koch, BlueCross BlueShield MN Center for Prevention
Nancy Lee, MN Department of Human Services
Sida Ly-Xiong, MN Department of Health
Jeanne M. McGovern-Acuna, MN Department of Human Services
Vayong Moua, BlueCross BlueShield MN Center for Prevention
Kola Okuyemi, MD, MPH, Program in Health Disparities Research, UMN
Lela M Porter, MN Department of Human Services
Antonia Wilcoxon, MN Department of Human Services
ThaoMee Xiong, MN Department of Health

Appendix H – DHS Project Alignment with CECLC Recommendations

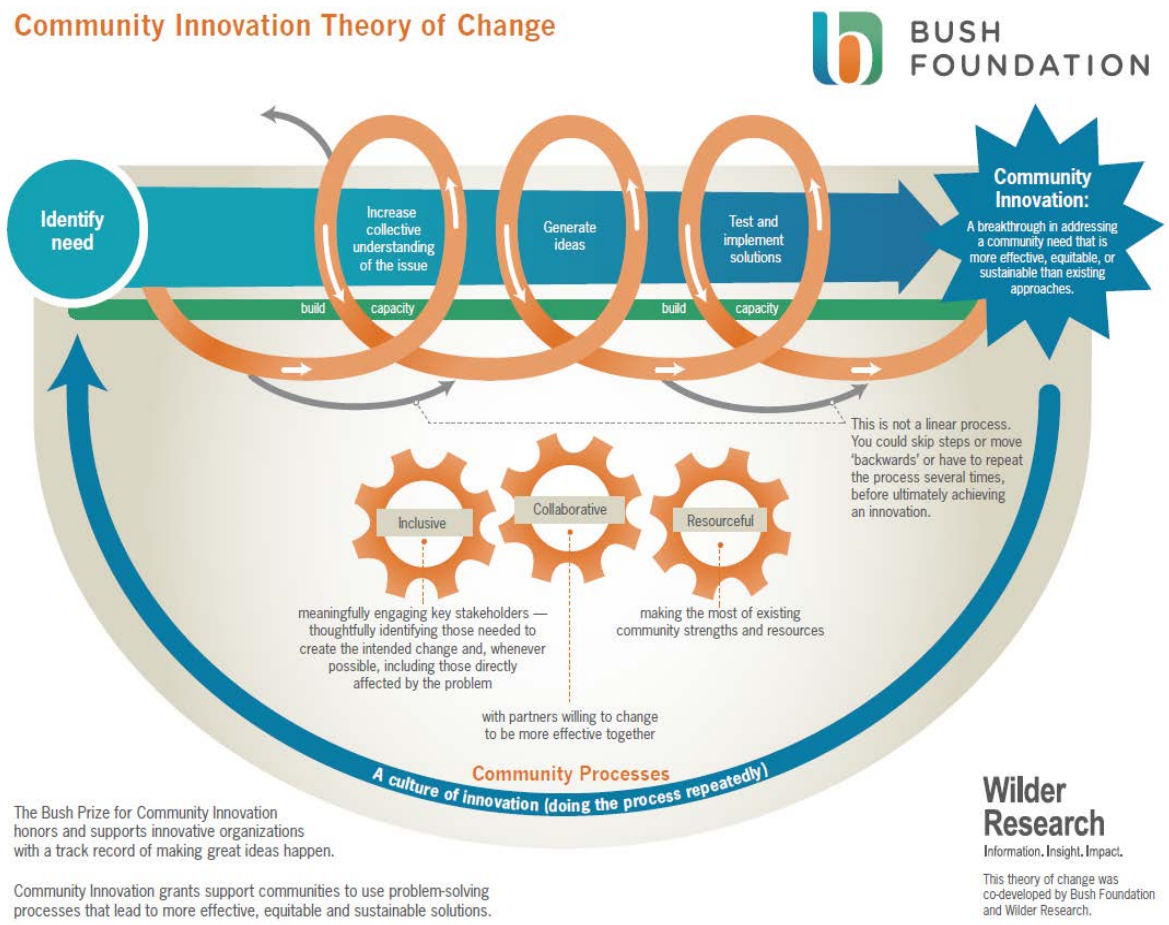
CECLC Recommendation		HIGHLIGHTED 2016 DHS PROJECTS
AWARENESS	DHS increases awareness of the significance of inequities, impact on the state's cultural populations and moves to action to achieve equity 1. Institute the practice of community engagement 2. Institute the practice of community empowerment 3. Improve Community and DHS Collaboration	This recommendation from the CECLC centers on building awareness for the significance and impact of inequities in DHS programs. The Council recommends that the best way to do this is through increased community engagement, empowerment, and collaboration. Across DHS, 32 projects were submitted as part of the equity review that relate to building awareness. Below are a few highlights from the projects that were submitted. Note that these are a small sample of projects being carried out and should not reflect the breadth of work DHS is doing to increase awareness of inequities. 2016 Highlights: ▪ External Relations is leading an agency-wide Bush Foundation Community Innovation Grant that aims to advance health equity, in collaboration with effected communities, through increased use of authentic community engagement. DHS employees from across the agency were nominated to participate. They received training in participatory leadership group facilitation techniques and applied the techniques by planning and facilitating a community engagement event on behalf of their administration leadership. ▪ Children and Family Services carried out a public engagement effort aimed at improving the measures used in the Parent Aware rating process. As part of this process, they specifically engaged parents from communities of color and American Indians to solicit ideas for improving Parent Aware so that children of color attending Parent Aware rated programs can access programs that are both high quality and culturally affirming. ▪ Direct Care and Treatment is working with a Cultural Competency and Diversity Committee to improve culturally competent person-centered care in their community based services. This includes interviews with clients as to their culture, increasing community engagement that focuses on increasing quality of life around cultural needs, and surveying clients to assess if they are meeting their cultural and diversity needs. ▪ Continuing Care for Older Adults organized a community engagement event in which they talked with Somali elders about their experience with daily living needs (e.g. needs related to aging and personal care) and about living in their community (e.g. relationships with the Somali community). The purpose of this conversation was to understand the broader context of Somali elders' experience and to better understand their satisfaction with Home and Community-based Services. ▪ Health Care Administration is reaching out to six racial and ethnic communities in an effort to effectively prioritize health care performance measurements that matter to them. The goal is to inform measurement and quality improvement efforts through an equity lens in an attempt to decrease health inequities. ▪ Through participation in a tribal government designed Tribal-State Training, DHS is working to increase the knowledge and understanding among state employees regarding American Indian tribal governments, histories, cultures and traditions.

LEADERSHIP	**Strengthen relations among the council and state agency to promote clear and meaningful dialogue about equity in a government structure.** 1. Equity Analysis 2. Accountability of Existing Leadership 3. Support of New Leadership 4. Hiring and Retention 5. Contracting	The leadership recommendation emphasizes the need for meaningful dialogue about equity in a government structure. They recommend that this occurs through several mechanisms including through consulting with the CECLC directly, analyzing the impact on equity for program and policy changes, holding agency leaders and employees accountable for equity, hiring, retaining, and supporting the leadership development of diverse employees, and contracting and issues grants to diverse vendors. 17 projects were submitted related to this recommendation. Several highlights are listed below: **2016 Highlights** ▪ DHS adopted a Policy on Equity in 2016, which affirms the departments to building equity and lays out procedures for advancing equity including incorporating an equity analysis when modifying programs or policies, hiring and retention of a diverse workforce, contracting with diverse vendors, and commits to forming structures to measure implementation and provide accountability. ▪ Community Supports awarded Ethnic Minority Workforce grants to mental health agencies so that they can provide clinical supervision and stipends to culturally specific providers of mental health services. The purpose of these grants is to increase the number of culturally diverse providers of MH services in the metro area and greater MN. ▪ DHS undertook several tactics in order to incorporate an equity lens into the legislative process in 2016. As priorities for the 2017 session were being discussed in summer 2016, each administration attended a CECLC meeting where they shared & received feedback on how their priorities impact equity. Each DHS administration also appointed 'equity liaisons' – individuals who are equity experts -- in order to work with legislative liaisons to assess the equity impact of legislative proposals. ▪ Direct Care and Treatment is carrying out an initiative focused on the diversity of their psychology department at Forensic Treatment Services. The purpose of the initiative is to match and reflect the populations being served at Forensic Treatment Services in order to provide culturally and linguistically competent mental health services. ▪ Human Resources led numerous initiatives to increase diversity recruitment and retention including launching employment pathways programs, implementing a targeted media campaigns for recruitment, attending diversity recruitment job and career fairs, continuing to participate in internships and fellowships focused on diversity recruitment, and establishing and nurturing community partnerships.
COMMUNITY HEALTH & HEALTH SERVICES	**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.**	The CECLC recommends that health care provision should be modified and more flexible in order to provide care that is more comfortable and engaging for cultural and ethnic communities, including incorporating cultural beliefs and practices into healing process. This includes modifying rules and incentives to allow providers to address complex social issues faced by these communities, increasing the cultural diversity of the health workforce, increasing DHS and provide understanding of cultural perspectives, developing ongoing relationships with communities, and looking at access to care in a more holistic way. Across DHS, 37 projects were submitted related to this recommendation. Below are a selection of highlights. **2016 Highlights:**

	1. Modify rules, regulations and incentives relating to equity/disparities reduction 2. Increase recognition of foreign trained health care professionals 3. Improve understanding of the cultural perspective in understanding complex issues such as a mental health diagnosis in the Western world 4. Establish gender-specific fitness programs 5. Develop ongoing relationships with cultural communities 6. Require managed care organizations to contract with culturally specific providers 7. Redefine access to care 8. Repeal Child Care Assistance Program statute	▪ Health Care Administration is working on an Accountable Health Model as part of the MN SIM grant which aims to drive health care reform & test new ways of delivering & paying for health care. The goal is that every Minnesotan has the option to receive team-based, coordinated, patient-centered care that increases & facilitates access to medical care, behavioral health care, long-term care and other services, including social services, all while reducing health care costs. Behavioral Health Home initiative is also testing similar models of care with an emphasis on chemical and mental health. ▪ Continuing Care for Older Adults is carrying out a project designed to inform families about community resources and supports to assist them with their roles and support older adults so they can live at home longer. Family and friend caregivers provide the majority of care needed by older adults, but often have limited access to information and resources. This project is to provide information and education to support new immigrant families' caregiving for older adults ▪ Health Care Administration is carrying out a project to identify the sub-populations within Medicaid recipients with the greatest disparities, and plan to propose funding for evidence-based interventions that can support these populations with attaining better health. ▪ Children and Family Services is piloting approaches to improving birth outcomes for high risk women, by addressing the two largest risks to healthy births– opioid use and low birth weight. In Minnesota, these two risks are concentrated in minority populations, and have resulted in persistent, recalcitrant health disparities. It is anticipated that the pilot may inform future policy development to sustain these efforts in Medicaid. ▪ Health Care Administration is working to provide outreach, training and technical assistance to multicultural communities, providers of Autism Spectrum Disorder (ASD) services to diverse families, and other stakeholders. They are talking about the intent, design and implementation of new quality, culturally and linguistically responsive, child and family centered early intensive developmental and behavioral intervention benefit (EIDBI) for the treatment of children with ASD or other developmental challenges.
CULTURALLY & LINGUISTICALLY COMPETENT SERVICE	**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** 1. Improve interpreter training and add certification as a requirement 2. Vendor selection 3. Services and eligibility at the county level 4. Community Health Workers 5. More effective system of health and human services delivery	The Council recommends that DHS increase the cultural and linguistic competency of its services through selecting more diverse vendors, improving interpreter training/ certification, increasing transparency in eligibility determination process, elevating the roles of community health workers as a bridge to cultural communities, implementing reforms to health and human services system based on feedback from diverse communities, and implementing culturally and linguistically appropriate services (CLAS) standards. 27 projects were submitted corresponding with this recommendation. 2016 Highlights: ▪ DHS is currently working on a Bush Foundation Community Innovation Grant focused on increasing the use of authentic community engagement as a strategy to improve equity. As part of this project, the Health Care Administration engaged with Community Health Workers and people that utilize their services in order to better appreciate the community health workers' role in improving the health of cultural and ethnically diverse communities and understand strategies for increasing the value of CHWs in serving of cultural communities. ▪ Community Supports is offering Tribal Chemical Health Grants in order to provide prevention and intervention services in order to reduce substance use disorders in American Indian Communities. They engage with the American Indian Advisory Council to set policy and procedures that are best practices for native communities.

	6. Culturally and linguistically appropriate services (CLAS) standards	▪ DHS's newly adopted Policy on Equity state that DHS will pilot and implement Culturally and linguistically appropriate services (CLAS) standards in the delivery of human services. ▪ There are several efforts across DHS to increase accessibility of appropriate language services to meet community needs: 1. Direct Care and Treatment is implementing an 'Access to Language' policy in order to provide equal opportunities for effective communication to individuals who have hard hearing and/or individuals who are non-English speakers or limited English proficiency. 2. Children and Family Services is providing grants to organizations that train bilingual and bicultural early childhood providers in order to increase the access to culturally and linguistically relevant child care services. 3. An L4 Leadership Development Action Learning team surveyed individuals who rely on the Language Line for interpreter services when they call MHCP Member Help Desk. Based on the results of that survey, the L4 team issued specific recommendations for DHS to improve interpreter services.
RESEARCH & EVALUATION	**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** 1. Establish mechanism for obtaining detailed data 2. Educate communities about the importance of race/ethnicity and language data collection 3. Coordination of data activities 4. DHS Equity Dashboard is more detailed with race/ethnicity/language data 5. Evidence-based practices and research 6. Community Based The Participatory Research	The CECLC recommends that DHS utilize data to illuminate disparities where they do exist. They recommend that DHS develop measurement strategies to best obtain most appropriate data with community-defined cultural and ethnic groups' input and promote evidence-based research into practice, including practices shown to be effective through Community Based Participatory Research. Through the Equity Review, 23 projects were submitted related to the research and evaluation recommendation, with highlights listed below: **2016 Highlights:** ▪ Continuing Care for Older Adults is developing a Person Centered Adult Protection Data System which is intended to modify the state's adult protection data reporting system consistent with DHS goal for innovation by developing a consumer directed approach to tracking and reporting outcomes for vulnerable adults. The work will move the state from data reporting by the number of reports and the number of allegations of maltreatment, to a person centric data system focused on outcomes for the vulnerable person who was the subject of the report. ▪ Direct Care and Treatment is currently implementing an initiative to capture more complete information pertaining to the different cultural aspects of supported individuals we serve by improving data collection and integrating sociocultural questions into the treatment planning process. ▪ Continuing Care for Older Adults is working with the University of Minnesota to perform a comprehensive study (5 year, NIH grant totaling $1.8M) of racial disparities in nursing homes and how that relates to quality of life and quality of care. The study expands on the preliminary findings which identified that minority nursing home residents had markedly lower quality of life, despite accounting for a host of other factors. The focus of the study is to identify what's contributing to this gap and develop strategies to improve the lives of our minority residents in nursing homes. ▪ The Health Care Administration is working to identify Medicaid enrollees who experience the greatest health disparities and to identify interventions that may reduce these disparities. After identification occurs, HCA will identify evidence-based interventions that can support these populations with attaining better health, and propose ways to pay for these interventions. ▪ Community Support and Health Care Administration are leading a cross agency workgroup focused on compiling demographic and program data in order to develop measures that can be used to evaluate racial disparities in DHS programs. The measures that are compiled will be used to populate an equity dashboard to provide an overview of data on race disparities in programs across DHS.

Appendix I – Theory of Change Model



Appendix J – Policy on Equity

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:

A. Engage and empower all agency employees to advance equity through their daily work;
B. 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

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. [30]" 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 [31].

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.

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[30] Healthy Decisions Healthy Places; www.healthy-decisions.org/health-in-all-policies/
[31] Healthy People 2020; www.healthypeople.gov

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.

Standards:

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

I. DHS will regularly engage persons from communities experiencing inequities during the agency's planning, program development, program evaluation, and decision-making process.
II. 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.
III. 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.
IV. DHS will incorporate equity analysis into the development of policies, rules, procedures, budget, and legislative proposals, as well as program design and implementation.
V. 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.
VI. 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.

Procedures

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

II. Equity Analysis
    - DHS managers and supervisors should consult their equity committee when reviewing administrative policies for renewal.
    - Employees who are involved in developing legislative proposals will engage in an equity analysis and consult with equity liaisons when evaluating potential equity impact.
    - Agency staff shall analyze equity impact when preparing legislative proposals, using the following questions contained in the Governor's 2018-2019 Change Item Template. Specific questions analyzed may be modified based on direction from the Governor's office and DHS's understanding of analyzing equity impact:
        - What groups are impacted by the proposed change item? (Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans)

What is the nature of the impact? Have representatives from these groups been consulted and collaborated with in order to determine how to address these impacts?

- Is the proposed change item submitted to reduce or eliminate any disparities for Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans? Please explain how implementation of the proposed item will reduce or eliminate these disparities;
- Are there potential positive or negative impacts on the identified groups? Explain those impacts. If negative, please adjust the proposal to achieve a more equitable outcome.
- Can the change item be sustainably successful? Discuss the on-going funding, implementation strategies/opportunities, and performance measures/accountability mechanisms.

III. Workforce and Leadership Development

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

IV. Contracting and Procurement

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

V. Community Engagement and Inclusion

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

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

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

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.

Related Policies and Reference(s):

- Affirmative Action Plan: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4355-ENG
- Affirmative Action Policy: http://dhsinfo.dhsintra.net/InfoLink/Policies_Procedures/Equalopportunity/Affirmativeaction/index.htm?ssSourceNodeId=159&ssSourceSiteId=InfoLink
- Prohibition of Discrimination Policy: http://dhsinfo.dhsintra.net/InfoLink/Policies_Procedures/Equalopportunity/Discrimination/index.htm
- Prohibition of Sexual Harassment Policy: http://dhsinfo.dhsintra.net/InfoLink/Policies_Procedures/Equalopportunity/id_042754?ssSourceNodeId=159&ssSourceSiteId=InfoLink
- Accessible Formats Policy: http://dhsinfo.dhsintra.net/InfoLink/Policies_Procedures/Equalopportunity/Alternativeformats/index.htm?ssSourceNodeId=196&ssSourceSiteId=InfoLink
- Employee Request for Reasonable Accommodation Policy: http://dhsinfo.dhsintra.net/InfoLink/Policies_Procedures/Equalopportunity/Reasonableaccommodation/index.htm?ssSourceNodeId=196&ssSourceSiteId=InfoLink
- Web Accessibility Policy: http://dhsinfo.dhsintra.net/InfoLink/Policies_Procedures/Equalopportunity/Affirmativeaction/id_061692?ssSourceNodeId=159&ssSourceSiteId=InfoLink
- Civil Rights Policy and Complaint Procedure: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4027-ENG
- Civil Rights Plan: https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5362-ENG
- Limited English Proficiency Plan: https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4210-ENG
- Enhanced Culturally and Linguistically Appropriate Services Standards: https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednationalclasstandards.pdf

http://dhhs.ne.gov/publichealth/Documents/EnhancementsToCLASStandards.pdf

- Healthy People 2020
  https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health
  (retrieved October 14, 2016)
- 16C.08 Professional or Technical Services
  https://www.revisor.mn.gov/statutes/?id=16C.08

Training:

DHS is developing required training.

Legal Authority:

CECLC Legislation

The legislature charged the Cultural and Ethnic Communities Leadership Council with advising the commissioner of human services on reducing disparities that affect racial and ethnic groups. Laws of Minnesota 2015, Chapter 78, Article 4, Section 50 [256.041]

Executive Order 13-10

Affirming the Government-to-Government Relationship between the State of Minnesota and the Minnesota Tribal Nations: Providing for Consultation, Coordination and Cooperation

Executive Order 15-2

Signed in January 2015, this order affirms Minnesota's commitment to diversity and inclusion and establishes the Diversity and Inclusion Council

Title VII of the Civil Rights Act of 1964

Statutory Citation: 42 USC 2000e et seq

Regulatory Citation: 29 CFR 1601

Americans with Disabilities Act of 1990, Title I

Statutory Citation: 42 USC 12111

Regulatory Citation: 29 CFR Part 1630

Title VI of the Civil Rights Act of 1964

Statutory Citation: 42 USC 2000d et seq.

Regulatory Citation: 45 CFR Part 80

Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons

Federal Register Citation: 68 Fed. Reg. 47311 (2003)

Section 504 of the Rehabilitation Act of 1973

Statutory Citation: 29 USC 794

Regulatory Citation: 45 CFR Part 84

Section 508 of the Rehabilitation Act of 1973

Statutory Citation: 29 USC 794

Americans with Disabilities Act of 1990, Title II

Statutory Citation: 42 USC 12131

Regulatory Citation: 28 CFR Part 35

Minnesota Human Rights Act

Statutory Citation: Minn. Stat. Chapter 363A

Chapter 43A, State Personnel Management

Statewide Affirmative Action Program, Rules

Statutory Citation: Minn. Stat. Chapter 43A.04, Subd. 3

Affirmative Action

Statutory Citation: Minn. Stat. Chapter 43A.19

Affirmative Action Programs

Statutory Citation: Minn. Stat. Chapter 43A. 191

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. http://kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

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."
https://www.apha.org/~/media/files/pdf/factsheets/health_inall_policies_guide_169pages.ashx

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

Policy Contact(s):

Name: Antonia Wilcoxon, Phone: 651-431-3301; Email: antonia.wilcoxon@state.mn.us

Name: Nikki Thompson, Phone: 651-431-4248; Email: nikki.d.thompson@state.mn.us

Policy History:
Issue Date: mm/dd/yy
Effective Date: mm/dd/yy

Appendix K – Council Membership

The commissioner of human services appointed members of the Cultural and Ethnic Communities Leadership Council (CECLC).

http://www.dhs.state.mn.us/CulturalEthnicLeadershipCouncil

MEMBER	**AFFILIATION**
Five members representing diverse cultural and ethnic communities:	
Nyagatare Valens	*Minnesota Department of Education* *Term Expires: 03/20/2017*
Mitchell Davis Jr	*Minneapolis Urban League* *Term Expires:* ***01/15/2016***
Kamaludin Hassan –	*Hennepin County Adult Mental Health Local Advisory Council* *Term Expires:* ***01/15/2016***
Pahoua Yang	*Amherst Wilder Foundation, Southeast Asian Services* *Term Expires:* ***01/15/2016***
Steve Yang ---	*Director of Financial Aid* *North Hennepin Community College* *Term Expires: 03/20/2017*
Two members representing culturally and linguistically specific advocacy groups:	
Michael Birchard	*Chief Diversity and Affirmative Action Office/Academic Advisor/TRIO Program* *Term Expires: 03/20/2017*
Vayong Moua –	*Senior advocacy and health equity principal, Center for Prevention, Blue Cross and Blue Shield of Minnesota* *Term Expires:* ***01/15/2016***
Two members representing culturally specific human services providers	
Babette Jamison –	*Executive Director*

	Women's Advocates, Inc. *Term Expires:03/20/2017*
Titilayo Bediako –	*WE WIN Institute Inc., Multicultural Children's Issues* *Term Expires:* ***01/15/2016***
Two members representing the American Indian Community:	
Beverly Bushyhead	*Program Director, Non-profits Assistance Fund Greater Minneapolis-St. Paul Area* *Term Expires: 03/20/2017*
Aaron Wittnebel	*Getting to Zero Strategist* *Hennepin County Public Health* *Term Expires: 03/20/2017*
Two members representing counties serving large cultural and ethnic communities:	
Patricia Brady	*Director, Ramsey County Workforce Solutions* *Term Expires: 03/20/2017*
Adesola Oni	*Train Coach Practice Unit* *Hennepin County/Corrections* *Term Expires: 03/20/2017*
One member who is a human services program participant member representing communities of color	
Pa H. Lor -	*Office Coordinator, Multicultural & International Programs and Services Office, St. Catherine University* *Term Expires:* ***01/15/2016***
One member who is a parent of a human services program participant, representing communities of color:	
Saciido Shaie	*Prevent Child Abuse Minnesota, Parent leader for child safety and permanency,* *Term Expires:* ***01/15/2016***
The chairs ranking minority members of the committees in the House of Representatives and the Senate with jurisdiction over human services:	

Rep. Matt Dean, House Finance chair	
Rep. Erin Murphy, HHS Finance Minority Lead	
Rep. Tina Liebling, HHS Reform Minority Lead (Health Care)	
Rep. Joe Schomacker, HHS Reform Chair	
Sen. Tony Lourey, HHS Finance and Policy Minority Lead	
Sen. Michelle Benson, HHS Finance and Policy Chair	
Sen. Jim Abeler, HHS Reform Finance and Policy Chair	
Sen. Jeff Hayden, HHS Reform Finance and Policy Minority Lead	
Two members representing faith-based organizations ministering to ethnic communities:	
The Rev. Janet Johnson, Ordained Elder –	*Wayman African Methodist Episcopal Church* *Term Expires:* ***01/15/2016***
Vacant	
One member who is a representative of a private industry with an interest in inequity issues:	
Brendabell Njee --	*Nursing Assistant* *Guardian Angels Albertville* *Term Expires: 03/20/2017*
One member representing the University of Minnesota program with expertise on health equity research	
Dr. Susie Nanney	*Term Expires: 03/20/2017*
Four representatives of the state ethnic councils	
Louis Porter III, Council on Black Minnesotans	
Sia Her, Council on Asian and Pacific Islanders Minnesotans	
Henry Jimenez, Chicano Latino Affairs Council	
Dennis Olson Jr., Minnesota Indian Affairs Council	

One representative of the Ombudspersons for Families (rotating):	
Bauz Nengchu, Muriel Gubasta, Jill Kehaulani Esch, and Ann Hill	
Three DHS employees:	
LaRone Greer	*Chemical and Mental Health Administration* *Term Expires**: 01/15/16***
Tikki Brown	*Children and Family Services Administration* *Term Expires: 03/20/2017*
Maria Sarabia	*Health Care Administration* *Term Expires: **01/15/2016***
Santo Cruz	*Assistant Commissioner for External Relations; senior management team liaison*
Antonia Wilcoxon	*Community Relations Director*
Nicole Juan	*Community Relations Project Manager*
Kevin Murray	*Community Relations Project Manager*
Brian Ambuel	*Star of the North Fellow, Governor's Office*
Sarah Thompson	*Graduate Student Intern, U of MN School of Public Health*
Chukwudi Njoku	*Graduate Student Intern, U of MN School of Public Health*
Dawn Duffy	*Administrative Staff*

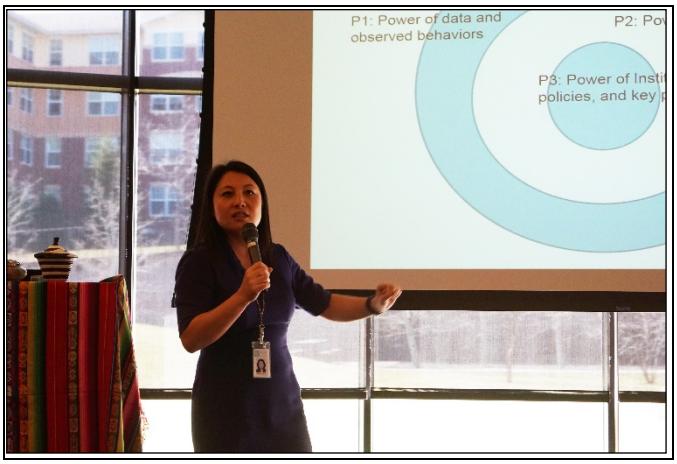
Appendix L – Council Photo Gallery

Commissioner Emily Johnson Piper welcomes participants to the fifth annual Health Equity Leadership Institute.

Nationally recognized civil rights attorney Dr. Nekima Levy-Pounds gave the institute's keynote address.

Elder Jim Clairmont offers an American Indian blessing at the start of the Health Equity Institute.

Saciido Shaie, left, CECLC member, and Vayong Moua, CECLC chair, share the experiences that led them to join the council.



Dr. MayKao Hang, Wilder Foundation president/CEO, shares how her organization has embedded equity in its culture.

Vayong Moua, and Brendabell Njee, discuss the council's effort to develop a blueprint to advance equity at DHS.

Assistant Commissioner Anne Barry, left, describes equity efforts at DHS as CECLC Chair Vayong Moua listens.

Jean Wood, left, from the Continuing Care for Older Adults Administration, gives council members a preview of a state workforce summit as Children and Family Services Deputy Assistant Commissioner Nikki Farago, right, listens.

Gia Vitali, left, Community Supports Administration deputy assistant commissioner, speaks as legislative liaison Stacy Twite, right, listens.

Assistant Commissioner Jim Koppel, right, describes policies that help families achieve economic stability. CECLC Chair Vayong Moua is at left.

Deputy Commissioner Nancy Johnston describes efforts within Direct Care and Treatment to address language needs of patients and clients.

Assistant Commissioner Nathan Moracco of the Health Care Administration discusses efforts to simplify rules and remove barriers to health care access.

Bush Foundation Community Innovation Grant participants gather at the DHS managers' conference Feb. 23. Back row, from left: John Reinert, Steve Grabowski, Ama Akakpo, Reggie Cook, Jay Colond. Front row: Megan Phinney, Roshani Dahal, Antonia Wilcoxon, Christine Smith, Haregewoin Tsegaye.

Community Relations Director Antonia Wilcoxon, right, speaks at the Minnesota Public Health Association conference, providing an overview of the work of the CECLC.

Vayong Moua, center, CECLC chair, addresses racial and ethnic inequity workshop participants March 18.

Dr. Sam Myers, right, speaks to racial and ethnic inequity workshop participants at the Andersen Building March 18.

Participants in the training session pose for a photo March 18. Back row, from left: Dr. Sam Myers; DHS employee Jay Colond; Louis Porter III, Council on Minnesotans of African Descent; DHS employee Jay Brunner; Nyagatare Valens, CECLC member; Gilbert Acevedo, Minnesota Department of Health assistant commissioner for the Health Systems Bureau. Front row: LaRone Greer, CECLC member and DHS employee; Community and Partner Relations Assistant Commissioner Anne Barry; Rebeca Sedarski, regional community liaison and project coordinator, Minnesota Council on Latino Affairs; Huda Farah, HEAL Institute; Annastacia Belladonna, Minnesota Council on Latino Affairs; Sida Ly-Xiong, Minnesota Department of Health State Innovation Model engagement coordinator; Babette Jamison, CECLC member.

DHS Community Relations Director Antonia Wilcoxon, standing, gave a presentation about the CECLC at the Overcoming Racism Conference 2016: Disrupt Racism as Usual. Other presenters included Assistant Commissioner Santo Cruz and CECLC members Brendabell Njee and Vayong Moua.

DHS Senior Management Team members visit with CECLC members at a meeting to discuss the department's preliminary policy ideas.

DHS Senior Management Team members meet with CECLC members at the Wilder Center in St. Paul.

After the July 2016 CECLC meeting, members debriefed with core team member Alice Lynch after viewing an exhibit on race.

Community member Patricia Yates along with DHS staffers Rita Galindre and Stephanie Littlejohn visit before the community conversation event for African Americans July 26.

Golden Thyme owner Mychael Wright, right, speaks to attendees as Ian Marquez and LaSherion McDonald listen.

Mychael Wright, LaSherion McDonald and Ian Marquez pose after sharing their thoughts with the community.

Gevonee Ford speaks at a community engagement event aimed at how DHS can better serve African-Americans.

Community member Michelle Ramsey and her daughter Kassidy play before hearing from the panel.

DHS Assistant Commissioner Loren Colman, interpreter Fadumo Yasuf, facilitator/interpreter Hassan Ibrahim, Abdullahi Sheikh, senior health and wellness coordinator at the Brian Coyle Community Center, and Kari Benson, director of the DHS Aging and Adult Services Division and executive director of the Minnesota Board on Aging welcome elders to a community engagement event.

DHS staff and Somali interpreters participated in a community engagement event with Somali elders. From left are facilitator/interpreter Fouzia Abdishakur and Safia Husuf, Roshani Dahal, interpreter Fadumo Yusuf, Nancy Lee and interpreter Haasan Ibrahim. Dahal and Lee are DHS Continuing Care for Older Adults Administration staff members.

Participants in the American Indian community engagement event enjoy breakfast at Neighborhood House. From left: Marlee Torrence, Christine Leith, Juliane Chase-Wilson, all from the Indian Child Welfare Act Law Center, pose at the start of the daylong session.

DHS employees Don Moore, left, and Alicia Smith, right, welcome event participants Crystal Hedemann and Bonnie Fairbanks.

Charleen Day-Castro, right, visits with April Thompson at the American Indian community engagement event June 23. Day-Castro's granddaughter, Reyna Davila-Day, a Creative Arts High School student, center, listens in to the conversation.

Brian Zirbes, deputy director of the Alcohol and Drug Abuse Division, left, and Don Moore, right, also an ADAD staffer, listen as Richard Wright, an elder with the Leech Lake Band of Ojibwe and longtime chemical dependency treatment provider, prepares to offer a traditional American Indian blessing at the Bush Grant community engagement event.

Assistant Commissioner Claire Wilson, left, welcomed event participants. DHS staffer Beryl Palmer, right, listens to Wilson's welcome address.

DHS staffer Cecil White Hat previewed the day's activities at the American Indian community engagement event

MNIT Program Management Division Director Greg Poehling and community volunteer Dave Haley listen as DHS Community Relations Director Antonia Wilcoxon kicks off the event.

Hennepin County principal IT specialist Stephanie Mitchell shares one of her group's ideas during the event. Fellow group members were (left to right) Devon Siegel, HIRED, and James Eckard, Hennepin County.

Above and below: DHS employees and community health workers came together Monday, Nov. 14 to talk about how the department can better understand and serve diverse communities and work with community health workers.