



Agenda/Notes  
Office of Governor Tina Kotek  
RJC Health Equity and Human Services Committee  
February 19, 2025 – Zoom  
3:00 – 4:30 pm  
Moderator – Javier Cervantes

**MEMBERS**

X	Annie Valtierra-Sanchez	X	Elizur Bello	X	Josie Silverman-Mendez
X	Bahaa Wanly	X	Jackie Leung	E	Marin Arreola
X	Coi Vu, CCHC		Jayln Suppah	X	Tae-Sun Kim
X	Dolores Martinez	X	Jeremiah Rigsby		

**OTHER ATTENDEES**

	Andre Bealer	X	Yasmin Solorio		Morgan Gratz-Weiser
X	Kristina Narayan	X	Amy Baker	E	Rachel Currans-Henry
X	Javier Cervantes				

Topic/Lead	Notes/Main Points	Decisions/Action Items
<b>Introduction</b>	<i>Josie provides welcome.</i>	
<b>Report out on Federal Response Strategies (Rachel &amp; Kristina) -OHA -DHS</b>	<p><b>Kristina:</b> I'd like to share on our response communication structure, what you can expect to hear from agencies on an ongoing basis, and the enterprise level stance on sanctuary promise. The flurry of changes federally and noise related to EO's, there's been two tracks here – go forth and make recommendations and maybe we'll implement them, and what can we affect now that's more personnel related. The state has been working really closely with Attorney General's office. Their practical impacts on programs and policies have not been realized, we haven't received guidance on many of them. Some of our lawsuits have been successful in terms of restarting grants that were temporarily paused.</p> <p>The governor feels very strongly that it's our job to help folks be as calm as possible, especially when there are no immediate impacts and when there is an immediate impact, our goal is to have a rapid response infrastructure so that we can quickly evaluate what that impact is to have a coordinated strategy to mitigate at the state level and communicate those impacts. Just want to assure folks that we are constantly reshaping this as we learn more and go through practice. Within</p>	

most agencies, including OHA, there is kind of an incident management team, similar to the COVID, that we've stood up for this quick review and analysis. Trying to do the best we can, to the extent that we can, to speak with one voice across the enterprise related to federal changes.

Require all state of Oregon employees to have the tools they need to respond to immigration requests in accordance with our sanctuary laws. DAS rolled out sanctuary promise training, as of last Friday we had over 91% completion rate. Employees had to do it within 30 days. We have another one rolling out for managers. Exploring whether there should be any additional training for the specific services that are more consumer facing such as DHS field offices who might have a different need than someone who is looking at data all day at the Oregon Health Authority. The message here is that it's not one and done. Sometimes I don't think there's enough communication to quell people's fears because reality is we just don't know. This administration is slightly different, and the possibilities are huge. I think what we're trying to do is be as prepared in terms of our strike team approach as possible across leadership offices. For those who were around in 2017 session, a lot of our positioning as a state around our values, and this committee, we have codified a lot of those protections into law in 2017 and 2019. We're in a better position than many states because of that, and we don't often celebrate that.

**Josie:** Questions or comments for Kristina? Was going to note that OHA and ODHS has created two websites to track and communicate federal changes and potential impacts. Will drop links in the chat as well.

OHA site: [https://www.oregon.gov/oha/Pages/Federal-Changes.aspx?utm\\_medium=email&utm\\_source=govdelivery](https://www.oregon.gov/oha/Pages/Federal-Changes.aspx?utm_medium=email&utm_source=govdelivery)

ODHS site:  
[https://www.oregon.gov/odhs/news/pages/federal-updates.aspx?utm\\_medium=email&utm\\_source=govdelivery](https://www.oregon.gov/odhs/news/pages/federal-updates.aspx?utm_medium=email&utm_source=govdelivery)

**Question:** Is there any scenario planning that you can speak to?

**Kristina:** Theres a lot of information sharing. Most impacted stakeholders, advocates who provide care,

and other advocates have been working with us on answering big questions. We are working with licensing boards and customer service entry points as well on having facts of coverage to tighten up the feedback loop.

**Josie:** This committee has been interested in data sharing, especially in respect to Healthier Oregon. There was analysis on what was being collected and where it has to share. Any updates on that? The fear is already out there, and folks are postponing care and are anxious to get talking points and information to quell fear.

**Kristina:** What's discretionary, what's not, was one of the first things that we mobilized. I think that's currently being reviewed in tandem with DOJ and others. I don't have a specific update. Folks aren't going to have all of their fears resolved by a one-pager or talking point because we share information to a certain degree with federal entities, by the nature of getting federal funding, whether it's emergency, schools have enrollment data for the kids, and so we're trying to understand what's discretionary and what's not. Other reality is that there are protections on use, particularly in healthcare cannot be used for immigration purposes, or purposes outside of its core program use. I just don't know that there is communication to a degree that we can provide as a branch that would satisfy like full immigration fears.

**Josie:** We could say more definitively that information wasn't being shared but where it maybe was being shared it was reminding folks the purpose for which the information was going. It was to claim match generally. I think little talking points like that go a long way for community partners to have in their back pocket. Ultimately, it's up to the family in front of you to make the decision that's going to be best for them and their families. Just making sure we're clear on those facts and talking points for community partners, they're on the front lines of this I think is vitally important to these programs.

**Kristina:** There's a different level of program consent under this administration than previously.

**Josie:** We have three priority areas we are wanting to organize folks around this legislative session: Access to services, behavioral health and traditional health care workers, CCO 3.0. Folks offered to pull bills in those three priority areas for us and do a quick overview, so we're tracking all the things best we can with legislative

activities. With that passing it to Amy.

*Amy shares power point*

**Amy:** Essentially what Governor Kotek is hoping to achieve is everyone who needs a bed can have one. We really need to bolster workforce. The governor is also heavily vested. In Oregon, we're really watching a humanitarian crisis unfold, we have people who are seriously mentally ill who are living on the streets, who are more likely to access care through the criminal justice system, and we need to change the trajectory. While we're heavily focused on building additional residential capacity this legislative session, we have an eye towards increasing housing options for folks with serious mental illness post legislative session. She is committed to improving safety and care at the state hospital. Governor's Office had a Behavioral Health Assessment done. The goal is to improve the workforce gaps and retain staff in the field.

Governor is sponsoring SB 142. It creates infrastructure within higher education realm to attract folks into the behavioral health world. That will be administered by Higher Education Coordinating Council. Second part of that package is going through OHA for things like tuition assistance, childcare, housing, etc. Also, through Office of Rural Health.

**Kristina:** What has been the legislative response to the package and proposal?

**Amy:** There has been a significant behavioral health investment the last legislative sessions, we are working harder to demonstrate the need for capacity and ability to attract and share outcomes for investments. A lot of it has been to shore up tracking capabilities to affectively report back. The Governor's Office also included the talent assessment. Its important to ensure workforce reflects population they serve.

**Javier:** Can you share this doc in the chat?

**Amy:** Yes. <https://www.oregon.gov/highered/strategy-research/Documents/Reports/2025-Oregon-Behavioral-Health-Talent-Assessment-Report-final.pdf>

**Kristina:** What is the legislative process and RJC moving advocacy forward?

**Javier:** Were almost at the finish line, to your question –

when the appropriate time to seek advocacy with this committee, there are many opportunities to collaborate with other committees. I anticipate sign off on process through RJC hopefully by next week. My deadline is to have something by end of the week. What you've identified Kristina and Amy, are places for priorities and be a letter or testimony when the time comes.

**Elizur:** I don't know if increasing Latinos in the current behavioral care delivery system will impact utilization. To me it goes to a bigger issue around how we treat mental health in different cultures and how the current system is really a medicalized system that puts some of a blame on individuals. That was a big reason why I decided not to become a clinical social worker because people when they get referred to therapists, social workers, counselors, who are Latinos they still have a lack of trust in the system. What we've seen is they go back to community health workers who they trust. I don't know if qualified QMHP's can fall into the bucket. CHW's come falling into that bucket so they can support the expansion of workforce and then also examine how our current systems are serving communities of different cultures. I don't think there's an easy fix. Having more professionals become certified or become therapists or counselors would be great, and it would be helpful but I'm wondering if we're focusing on the wrong thing.

**Amy:** I think you're spot on. It is built on a sick care model - you have a diagnosis, you get a treatment plan, there's a defined role between the healthy and the helper. That's not exactly empowering for the person who's getting help. I totally understand why culturally that wouldn't be a great fit and I really appreciate your perspective. Figuring out how to get the medical model to fit better for populations that don't identify that way, I hear you.

**Tae-Sun:** There's an economic reality that these healers in the community are just not paid what they deserve for their unique cultural capital and abilities. Really thinking outside the box and looking at impact and what is culturally appropriate care. On one hand make sure that we're not creating or missing some of the barriers that make it possible for the next generation to become licensed or medical professionals but also make sure that our cultural health workers are paid and respected for what it is that they do. What kind of lower barrier and appropriate credentialing, if anything, can they be eligible for.

	<p><b>Coi Vu:</b> It's a "yes and" situation where we want to encourage this pathway to health care the same way that others have opportunities to do so. We have to look at how services are funded and what services are funded under that. Looking at what's reimbursable, what's not in value-based payment system versus reimbursable payment system. There's a lot of really great communities out there, tribal communities having healing circles that aren't necessarily "behavioral health" per se but definitely treat community that serve and provide that space for communities to be able to support their mental health. Its really how our current system is defining healthcare and defining mental health is a lot of the challenge that communities of color have with the system. These resources really should be in healthcare.</p> <p><b>Annie:</b> I did go to the capital at the beginning of the month, and we got to do some advocacy at that level with our senators and representatives. In Oregon, our senators were very receptive and gave us time, welcomed us, listened and ask questions. What I got from their messaging was "we want to hear from you", "we're accountable to our communities, our state". We are in this legislative session in our state. Our senators won that right, even at a national level. The more that we can keep speaking up and asking for the things we need for our community, that's how we're going to keep keeping people accountable.</p> <p><b>Josie:</b> That's really great to hear thank you.</p>	
<p><b>Bill Run Related to Committee Priorities (Rachel &amp; Kristina)</b>  <b>-25 minutes</b>  <b>-What is out there?</b></p>	<p><b>Kristina:</b> Budget priorities were highlighted and aligned with the work that we did in this committee. Many of those aren't a standalone bill but are part of the OHA broad budget build which will happen in April and May. Many of our wants and wishes for the OHA budget are Medicaid related. This is really about stabilizing the core inputs for our Medicaid funding. I think this is definitely a circle back piece, too early to see if any of the proposed investments have challenges. I did pull a little bit of a list just about themes and I can probably send this out by e-mail just about bills, not agency bills, because we went through that before. I wanted to share what the legislature is mulling on around access CCO's and traditional health workers. As of last week, there's about 2800 bills introduced. My personal tracker that touches OHA includes 1200 bills, I'm personally reviewing around 500 of those. About 137 are significant. There doesn't seem to be a cohesive theme</p>	<p>Kristina to send list of themes relating to bills.</p> <p>Rachael to send DHS updates to the committee by email.</p>

	<p>coming out of some of these committees, but I think it's very early in session. I think on a values basis, everyone's kind of in line with some of the themes coming out of the RJC subcommittee around access, around representation, and workforce. Doula and community health worker integration. We have a lot of items pertaining to CCO 3.0. Lot of opportunity to make policy changes this session. Were open to streamlining processes.</p> <p><b>Josie:</b> Will Rachael give us updates by email on DHS?</p> <p><b>Javier:</b> Yes, I'll reach out to Rachael and cc you and Marin.</p>	
<p>Status and Update on CCO 3.0 (Kristina) -25 minutes</p>	<p><i>Kristina shares CCO Procurement power point</i></p> <p><b>Kristina:</b> The procurement focus this year is really following the lines of having stability for current operators in this space working on refining what we said we would do based on the policy objectives from the last procurement as well as some critical needs in the state related to the governor's three initiatives. There are some ODHS needs around foster youth that intersect with the CCO contracts. Looking at metrics alignment. Looking at where we might be falling behind and where do we need to have a policy focus point. We're giving basically a course set to the agency to say where your priorities are for changes to CCO contracts each year where your rule making is needs to be in alignment with that general arc for this program.</p>	
<p>Structure of Workgroups Discussion (Co-chairs)</p> <p>Access (Josie)</p> <p>CCO 3.0 (Josie)</p> <p>Behavioral Health (Marin)</p> <p>Traditional Health Worker (Marin)</p>	<p><b>Josie:</b> Marin and I met with Javier and team on working with priority areas. In order to move things forward, we have a rough draft workplan that needs to be updated and rounded out with tangible next steps and action items. We've asked Kristina, Rachel, and Amy on where they need us to lean in for advocacy with current legislative session. Marin and I will be point for the two Josie (access and CCO). Marin will be on point for other two. You'll see us do outreach for setting that up. We want to make sure that level of detail is reflected in our workplans to provide feedback on workstream focus areas. Trying to get super organized right now so we can take that on and small group and then as a broader committee and Javier did I miss anything in terms of work group next steps?</p> <p><b>Javier:</b> Nope you have everything pretty much lined up.</p> <p><i>Marin on point for Behavioral Health and Traditional Health Care Workers. Josie on point for Access and CCO</i></p>	<p>Josie and Marin to connect with committee members to set up workgroups.</p>

3.0.

Thank you for your time and commitment, we'll follow up here shortly.

**Meeting Materials**



Amy Baker -  
Governor' Priorities F