Agenda/Notes
Office of Governor Tina Kotek — RJC Health Equity and Human Services
October 16, 2024 – Zoom
3:00 – 4:30 pm
Moderator – Javier Cervantes

MEMBERS

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

OTHER ATTENDEES

	Andre Bealer	x	Michael Streepy	x	Yasmin Solorio
x	Courtney Rogers	x	Patrick Heath		
x	Kristina Narayan	x	Rachel Currans-Henry		

Topic/Lead	Notes/Main Points	Decisions/Action Items
Welcome	*Javier and Kristina provide opening comments.*	
Determining and setting the committee's budget priorities.	*Presentation shared by Rachel.* **Rachel**: What is missing, what are core equity services, what do we want to report back after? Feedback from meeting (both during and after) was we need to think of long-term solutions, sustainability, benefit analysis. Prioritizing work is measurable and important. Written feedback received was – prioritize geriatric access in long term care, provide support for anything that reduces hospital discharge delays. We have a separate task for joint taskforce on hospital discharge challenges that help with discharge delays. Members requesting updates on Governor's overall housing investments. Request to consider SNAP community partners assisters. Funding for healthcare workers. Workgroup overall priority areas: Access, behavioral health, traditional Health workers, CCO 3.0. 22 different packages to consider. With 6 members feedback, 10 were priorities amongst group members that received notice that I think meet criteria. We've denied people who have mental health illnesses that sometimes-needed long term services. How do we maintain access to services we don't want to drop. We need to make sure we put state dollars on the table in order to draw down federal money to fund these	Co-chairs to meet with Rachel and Kristina re: priorities prior to Oct 29th.

	prevention services and maintaining access. Would you like me to keep going forward or pause? **Marin**: Move forward, we can have a discussion after. **Rachel**: Making sure we provide support for kids. Where do we have equity gaps. This felt like a gap in one area of the department that doesn't really have accessibility frames and staff felt important to maintain access. Questions the workgroup suggested we think about which of the 10 examples rise to the top of the list or be priorities we advance. **Marin**: Do you want us to select from those 10? **Javier**: We need to dwindle down those that were flagged to no more than 5 going into this coming year. This will help with workplans and moving things forward. **Rachel**: This is across both health and human services. Important to understand health and human services, along with health authority side. Can Patrick/Kristina provide updates on their workgroups. **Kristina**: Sent out a survey and got responses back. There were three main questions asked: what's missing, initial prioritization, and lens for review. We asked in the survey – What are we missing, what's surprising, what is your initial prioritization – if POPs stand out, go ahead and name those POPs if they're important. Lens for review – identifying energy and galvanizing POPs and initiatives Healthcare workforce pipeline development – much of the Governor's focus on the agency focus is captured in those POPs. Are we maximizing funds being spent. If we don't have them now, we should have them at least by the GRB. Why do we know it's a strategy to address it? Are we confident to address it? Example of incarceration pipeline. You'll find some POPs can answer that question, and others cannot. Opportunity in GRB to share that. These are key questions your colleagues identified. How do we want to piece apart POPs for comparison, prioritization, or shut them down. I appreciate the challenge of this subcommittee to get us to think of these questions that I don't think the submission tackles these in a direct way. We went through all 20 POPs, removed those that were more administrative in nature, and we identified. Prioritizing OHA non-budgeted positions. Not funding that reduces capacity and HR capacity with a DEI lens to	

	support BIPOC and community specific needs within the agency. Streamline how the agency does business with the community and how to make it easier to navigate across divisions. What does this mean, so what? We all know in practice but what does it actually mean. This is for OHA external relation division. To me 403 seems redundant. Less community engagement minded, more about individual interaction with agency. We have questions on if this is a nice to have or more of a compliance issue. This is all about the agency's ability to connect with external partner to be transparent. The money allocated at the bottom also includes for those who can do in-reach work in in carceral settings, like healthcare management upon release etc. This has been elevated as a priority, listing it incase folks want to discuss further. **Patrick**: Really focused on language access and in terms of nitty gritty you get for 3.1 million I'll have to defer to Kristina. **Kristina**: More scrutiny on how the money goes out to the community, what is the ROI, there is a hunger for more quantitate, especially in more resource tied environments. **Marin**: During the pandemic –work was phenomenal. Do you keep track of data or measurement? If it wasn't for CBOs doing their work, I believe COVID would've been worse. I think investments in these programs are so important. **Kristina**: We can ask OHA for post-pandemic data. We need to be more active in that storytelling. There is a calm intention to collect data traditionally and vs value that we see and how do we tell that story more fully. Can be difficult at times. This is to meet with state hospital to be culturally responsive in care they provide. Lower Umatilla basin problem with water contaminants. Contacting folks in the basin and establishing trust in agency is important so everyone who needs to test water can and those who need support. **Javier**: This also intersects with other committee's work. **Kristina**: This is a priority of the Governor. If we had RJC's support to maintain this package would be meaningful to us.	

	Rachel: Harm reduction, TB4002 investments, small youth behavioral health investments as well. We also need to think of our youth continuum as well. **Kristina**: Because the behavioral health package is being rescaled, in terms of what target – it's on a different timeline for compared to agency work. Wondering if there's a way to present the package separately so you can get your hands on a moving target. **Marin**: Behavioral health workforce is important. In Willamette valley we have people waiting 8-10 months for a therapist. Behavioral health workforce, personally want to support that issue. Opening it up for questions or comments. **Kristina**: We would appreciate help on the agency staff piece. On those 4 agency POPs focused on retention and recruitment, community external engagement and investments – hearing discussion on a quick way it was presented. We could use direction. **Annie**: Missed to send recommendations. Thinking of native services. Is there a way to give feedback on the language - are they doing something rather than being compliant? Takes more than to just do a few things to call it equity. Is there a way to measure quality compliance. Collection and protection of data, especially for BIPOC and tribal communities. Data needs to be looked at more intentionally. There are already a lot of communities doing this work. **Kristina**: Money needs to move to ground level instead of staying internally. Tribal data and keeping their health data within their tribe is important. **Bahaa**: What is the process on how decisions are made? Want to make recommendations in alignment with someone actually approving it. **Kristina**: My perspective, if this group can identify must haves. **Elizur**: Staffing at the agency level, I've seen a huge backlog on traditional healthcare workers. Is there a way to help expand a team at the traditional healthcare worker commission to speed up those timelines? That would be great. Heard it takes 6 months sometimes to move those forward. Also need trainings provided to healthcare workers to be approved, organizations training is not much training, for certifications, and those to get training in their own language. Considering doing a training for clinical workers to be a stopgap. Training is expensive. **Kristina**: Combining grants program? We will take a double look at that, and internal organizational capacity is	

	hindering pipeline a little bit. **Marin**: Elizur, I did talk to April about that. There is a crisis there but there is something to really look at. **Elizur:** I can share that training. **Marin**: Please. I'll follow up with you. **Jeremiah**: I don't think it's easy to start or manage Rx. Not a unification to advocate for something collectively. Agencies doing that makes a lot of sense to me. Agencies getting a regional health coalition in a more coordinated place or place of support would be beneficial. **Rachel**: Access, behavioral health, traditional healthcare workers, and CCO 3.0. The CCO 3.0 are not on our budget. What struck you of those that came to the top of the list to discuss? **Marin**: Mental health POP. Want to hear from others. Javier shares chat comments **Tae-Sun**: We have enough population level data to know where pain points are and have good sense of root cause of racial disparities in the pacific northwest. Recommend we do NOT put forward trying to get data. Our problem isn't we don't have the data, it is what are we doing once it's been analyzed. My vote is to invest in community-based clinicians and organizations that know what is needed. We know what the disparities are and need to act on them. **Dolores**: Agree with all, mental health is a big issue. Not just providing those services. Money allocations to get data from community on needs and barriers. Theres a lot of people who didn't raise their voice to hear about what the community needs. There are no providers that speak Spanish, yet we need a provider in the room. It makes it uncomfortable to get services and conditions get worse. **Javier**: Behavioral health initiative workforce, direct investment in services not agency expansions, certification on community health workers, community-based clinicians and mental health. **Tae-Sun**: If BIPOC employees are turning over faster, that is a problem that needs to be looked into. Expanding the agency is not our top priority, if it is true that higher BIPOC are turned over that is a problem worth exploring. **Rachel**: We can connect with advisors and get a doc back to Marin with top priorities. **Marin**: Before the 29th for the Governor? Maybe as co-chairs we can have a meeting with you and Kristina.	

	Rachel: Yes and we can have a meeting before. *Javier provides closing comments. Meeting adjourns.*	