Agenda/Notes
Office of Governor Tina Kotek — RJC Health Equity and Human Services
December 18, 2024 – Zoom
3:00 – 4:30 pm
Moderator – Javier Cervantes

MEMBERS

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

OTHER ATTENDEES

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

Topic/Lead	Notes/Main Points	Decisions/Action Items
Welcome & Introductions	*Marin provides opening comments.*	
OHA/ODHS POPs: Committee recommendations update	*Josie provides summary of committee priorities.* **Josie**: All four we prioritized made it through. Conversation went well and make connections particularly in behavioral health space and other areas. We will talk about the workplan to move it forward.	
GRB Update • Behavioral Health (Amy) • OHA (Kristina) • ODHS (Rachel)	**Amy**: Governor included $90 million in adult residential capacity. Starting to have conversations on how to roll that out, investments are strategic. Other half of workforce funding is designed around bringing folks into the behavioral health system. That's like tuition assistance to help entry level workers to get higher level roles. Investment in deflection program, which started last legislative session. That is about $40 million going into CJC. Overarching goal is to help people in the system get treatment. **Annie**: Just met with someone who is part of the deflection program. Curious to find out how it aligns with criminal justice. **Annie**: They are funding the deflection coordinators who	

	are following up and making sure people are getting into treatment services. Other big item is focused on services. Money is going both to community mental health programs – either designing programs or deflecting them out. A bit clunky because of funding. So long as we understand primary goals for people to get out of criminal justice system and get into treatment instead. **Javier**: CJRC also took that as priority for themselves. They also want to track and monitor deflection across the state. Their initial goal is to invite people from CJC to connect with them. **Jeremiah**: Is there any thought or can we start a conversation on how money in GRB can be put towards credentialing? We ask folks to get into these fields and how can we balance getting folks credentialed in the right level. **Amy**: Those are exactly the conversations were having right now. We want to ensure new graduates have support and supervision they need to serve complex Medicaid population. This move to increase private practice and the conversation is how do we ensure quality and ensure happy medium. Can we make COA process more streamlined, so we have quality assurance with a COA organization but that its not so hard to do for smaller organizations that its prohibited. **Kristina**: In order to maintain progress and not fall back, further investments really relate to caseload, both for individuals enrolled in certain programs and how much federal match we get. Some issues coming into this legislative session include our enrollment in the Oregon Health Plan, including Healthier Oregon, we have about $1.4 million individuals on Medicaid like product or in the Oregon Health Plan. Funding strategies that sunset these biennia include an insurance tax as well as a hospital tax. We still have a pretty significant Medicaid gap, that gap is because of decreasing federal match rates or the current arrangement that we have. Will have to mitigate about $100 million because of the growth in case load. Healthier Oregon enrollment has almost doubled and exceeded any projected enrollment that we had at the time of expanding the program, the Governor championed it during her time as Speaker.	

	The state hospital native services package, this was for culturally and heritage specific healing practices within the state hospital based on the identity of the individuals within the ward of the state. 408 is the reentry project demonstration. This is about our demonstration authority from CMS allowing us to do in-reach in carceral settings to get individuals enrolled in Medicaid before release, continue their substance use related prescription drug plans, and care plans from the point of in facility care. HOP HRSN - it's important I think as a policy of the state to mirror the Medicaid benefit for the Healthier Oregon Program so providers who are building care plans and addressing individuals' needs don't differentiate Medicaid products for an individual based on citizenship. It helps reduce administrative burden for providers and clinics as well and that process. Traditional Health Worker - increasing funding for doula program. **Javier**: Environmental Equity Committee shared interest in combining work with relating to LUBGWMA. **Kristina***:* GRB continues current service level and makes $1,000,000 increase on top of the core public health modernization funding. **Marin**: Have a question regarding HOP program. With new administration coming in, concerns people will use it less out of fear. If it increased by a certain point, when does it become a challenge? **Kristina**: We get regular forecasting where indicators lie. Mechanics of budget process are such that if there was an out of budget adoption increase at a certain scale, its then a rebalance issue. What is probably going to play out on the ground is a lag between disseminating information and the state. We are working with federal partners and other folks to get analysis. Hard to get definitive answer as analysis is being done. Might be less than satisfactory but talking points from agencies may be provided. What state doesn't want to do, is give assurance that we can't back up. If there is a sizeable increase, it could be a rebalance issue. If it's so great – it then becomes a policy question. **Rachel**: DHS is looking at caseload and revenue options.	

	Just to keep current service level coverage, DHS needed a 21% increase or $1.3 billion dollars in the general fund. Happy to say we found it, but we also looked closely at proposals agencies gave on their 1% an reductions. We did in a balanced way. We have allocated about $ 25 million in youth behavioral health, which is part of the governor's initiative. On the OHA side we wanted to make sure that we had the youth specific focus for residential capacity and yearly behavioral health capacity as part of that budget. We also looked at the prevention element and invested a portion of that money into prevention. On the DHS side in child welfare, we had a pool of money to help ensure for those innovative placements and help them meet kids needs and provide wrap around services. We were able to continue money for the Family First Prevention Services Act. We advanced $23.4 million per DHS in child welfare and investments to continue the work to support youth behavioral health. We also continued the youth experiencing homelessness investment that we had started in the 23-25 biennium of $19.7 million and we continued that going forward into 25-27. Had to make some hard decisions as well. We did take a reduction in one model within the Department of Developmental Disabilities called the Stabilization and Crisis Unit and part of this was had excessive cost growth and develop a community plan for. We currently are spending $100,000 per person, per month for this unit - which is extremely high number, and the average length of stay for those individuals in that unit is 7 years. We don't think that meets the definition of a stabilization crisis unit. We need to have those discussions with our developmental disability partners with the community and look at how do we get back and right size to our intent on what that model should be. Its' a commitment to making sure that we were ensuring access to those services for with persons with mental health conditions. **Marin**: Regarding 1.3 billion increase, what else is a major shift in cost? **Rachel**: The federal map changes meant we had to find more money there. A lot of what happened in DHS side is thinking of this in our post-covid bump. **Josie**: Can you remind us why such a large reduction in	

	the federal map? **Kristina**: Bulk is how federal does our match rate. When states economic outlook increases, the f-map look decreases. So, Oregon on paper is doing pretty well. We have about a 1% reduction rate. We aren't getting the largest haircut across the states, but you feel it. **Rachel**: CFO analysis also look at rate increases to employees in previous years, so if your doing well as a state, you actually get punished in federal matching rates. Those are some of the pressures the CFO is analyzing. With American Recover Act Investments, or ARPA money, we are still spending that money. Technically going through March of 2025. What we are navigating, how do we adjust with that cliff coming and make sure we are looking at ongoing spending and stabilization within DHS. We will continue to experience that and those one-time dollars are ending.	
Review draft workplan	**Josie**: Would like to propose working meetings in January and would like for the committee to be ready for that. *Committee reviews Goal 1 on workplan template.* **Tae-Sun**: Should there be ongoing training for existing medical interpreters or professional interpreters around important concepts in behavioral health? There are lots of topics professional interpreters feel uncomfortable with for example abusive language. Considering Portland is sanctuary city, there is a lot of the trauma in the migrant community, and we will need interpreters who are prepared. **Josie**: Thank you, we did touch on that. Call out on interpreters is a great comment. **Marin**: We did talk about how entry level workers can do some of the prevention for initial starting points. Eliminating the caseload can do a lot with that space. With better framing or catching, that would help a lot. Elizur mentioned there are training programs. We will look into that. **Coi**: That is secondary or inverse trauma that interpreters experience. They are part time workers mostly and don't have support system when they experience this in a medical or legal session. Really something to consider long term as far as support for interpreters and those who interpret for vulnerable	Committee to meet during off-month on January 15th at 3pm – this will be a work session on the workplan. Please work through Josie and Marin, requesting any updates before Jan 15th . Wordsmith "dissemination of facts". Kristina to update work plan.

	communities. **Josie**: Good call out, would fit well with interpreter support. *Committee reviews Goal 2: Access* **Annie**: Being able to sustain long term those very important programs. Some of these programs have a huge impact and a big component of services our low income communities are receiving. **Coi**: Looking at dissemination of facts for community, want to ensure providers are included as well. Looking at a deeper connection piece – providers should be called out. **Tae-Sun**: Theres something about the word "dissemination of facts" that's rubbing me the wrong way. The previous administration was a disseminator of incorrect information, which is why communities of color are often hesitant to give information. I think it's important that when we're using words such as "facts" that we aren't debating what is meant by facts. Don't know how to constructively be helpful here, but our communities are smart. If they are distrustful of facts, it's because they are rightfully able to. They are often the guinea pigs which is where the distrust stems from. How we are framing "facts" we will need to debate it to ensure folks who are coming across it are rigorously challenged. **Josie**: We were looking at policy changes, this was a hot topic when Cover All Kids was being rolled out. There was a large fear on the rule changes and in fact not being part of the public charge rule. Maybe "up to date information" is a better way to list that, but wanting to get information out to folks as quickly as possible is to that point. **Marin**: OHA leadership is bringing on a team infrastructure right to get information out. CBO's will work with OHA and their leadership team. Right now we are prepping for worst case scenario. We had a meeting with the Governor, they are going to protect Oregon and Oregon values, but we need to prepare for the worst. **Kristina**: I think we can massage the language to get to the intent of the action.	

	Goal 3: Traditional Health Workers *Goal 4: CCO 3.0 Procurement* **Annie**: It was so important - access to information for our communities. We need to remove their fear to get access to resources, and making sure our communities know what resources and their rights are. Don't want to do all this work for them not to utilize it. **Kristina**: Thanks for the leadership of Marin and Josie moving this work forward -we'll see where the legislature lands. There will be things outside the GRB the legislature will adopt. Want to make sure we leave room for new items throughout the year.	