



Agenda/Notes

Office of Governor Tina Kotek — RJC Health Equity and Human Services

August 21, 2024 – Zoom

3:00pm

Moderator – Javier Cervantes

MEMBERS

X	Marin Arreola		Rachel Currans-Henry		Kristina Narayan
X	Elizur Bello	X	Jackie Leung		Dolores Martinez
X	Jeremiah Rigsby		Josie Silverman-Mendez		Jayln Suppah
X	Annie Valtierra-Sanchez		Coi Vu	X	Bahaa Wanly
X	Dixie Leigh Small	X	Tae-Sun Kim		

OTHER ATTENDEES

X	Patrick Heath	X	April Rohman	X	Juliana Wallace
	Olivia Quiroz	X	Andre Bealer	X	Courtney Rogers

Topic/Lead	Notes/Main Points	Decisions/Action Items
Welcome		
Budget Engagement Overview Juliana Wallace / April Rohman	<p><i>*power point*</i></p> <p>Initiatives: Behavioral health workforce Capacity and Treatment Beds Implementation of HB4002</p> <p>POPs Slides (with live links)</p> <p>Marin – Processing time has been a huge issue for getting licenses. The waits for Spanish-speaking therapists is sometimes 8-15 months. Important that a goal is to fix the process.</p> <p>Bahaa – Agreed. Great plan. Emphasize the processing. Getting practitioners is tough because of the license process. Recruiting from WA and CA is difficult because of the discrepancy in degrees/hours/etc. Oregon doesn't recognize certain licenses and it is a big barrier. Its too much of a hassle for practitioners, so a lot of them go to Vancouver. How can we grandfather people in? or decrease the hassle.</p>	<p>https://www.oregon.gov/cjc/impacts/pages/default.aspx</p> <p>Echoing Juliana's appreciation, and if anyone has any follow up thoughts/reflections on what we shared today, please feel free to send them my way: april.rohman@oregon.gov</p>

Marin – We want to increase more people that can process. Goals there?

Juliana – It's a complex issue that requires more honing-in. Talking to the licensing board to get answers is a next possible piece. Cross-state licensing can be tricky because of the nuanced things that are also included that provide progressive care Oregon provides. Inter-state compacts can affect underrepresented populations. Some of the issue there is going back to federal requirements. Complex web issue. Should have a team approach across multiple licensing boards. Can we get more support for bi-cultural and bi-lingual therapists and providers?

Marin – Culturally appropriate training is important to address in workforce development. Maybe we invite license board directors to one of these meetings?

April – What's included now? In the POPs, the solutions are in staff capacity and in system upgrades (tech). Some of the processing stuff is written into law. Would have to change those for the processing efficiency. Right now, we're focused on getting the waitlist down. A big piece is inter-state compacts. Big topic this leg session. We tasked boards with providing thoughts and nuance for what that would mean. Oregon is very progressive (more than others) so how do we maintain that?

Jeremiah – Are the POP topics public yet? For this committee, how are the CJC programs going? How are they working?

Juliana – Timeline for CJC was tight and rushed. Those counties are just now getting round 2 of funds. They'll report in long session. There's big investments in OHSU for data collection. We'll get the Gov's feedback on data too. Some programs are only launching just now. Check out the Impacts. They have good data outcomes coming out in regular report. Impacts meetings are public. Committed to regular evaluation.

Annie – For the HB4002, the funding goes through 6/2025. That's a concern for continuing the program.

Juliana -As the CJC finalizes funding (happened last week) the range of criteria to be eligible for deflection is big across counties. The variation needs to be watched going forward. Who will enter the data for people that don't get offered deflection? We need the police to enter whether its offered or not. OHSU is trying to capture that data.

	<p>Elizur - In terms of workforce, it seems like some of the solutions could take some time, even generations. Is there any discussion regarding a safety net to support people of color until there is a more representative workforce in behavioral health? As a training MSW I decided not to provide direct service, since the medicalized model is not a great fit for our Latino communities. In the Gorge we are rolling out a Mental Health Promotion program that is facilitated by Community Health Workers, and I wonder if they could be considered as providers (with adequate training of course) as well since they have strong ties and trust in the communities they serve?</p> <p>April – We saw some innovative community health workers during pandemic, and there’s been a painful rollback since. Federal funding has gone away. This is an important question. There were a lot of recommendations from different groups to think to lattice within organization, support education from within. Need targeted culture-specific funding. It will look different this year as far as budget.</p> <p>Juliana – I think people are open to this conversation, have to balance the safety net of funding and expectations and who is doing training. Payor/OHA/provider combo conversation.</p> <p>Jeremiah – There’s disconnect between leaders, trying to incorporate traditional health workers.</p> <p>Elizur -Seems to be lacking in resourcing, resourcing that department could be a great start.</p>	
BHI Budget		
<p>Priorities for OHA and ODHS Budgets</p> <p>Workgroup 1 (ODHS) September 9, 9 AM-10:30 AM</p> <p>Workgroup 2 (OHA) September 13, 11 AM-12:30 AM</p>		

Guided Discussion –
Core issues we want
to work on between
now-December as a
Committee

Annie – How do we prevent our communities fighting for limited resources? How do we make changes so people aren't fighting over money? How can we change the system? Programs need to be more flexible for healthcare workers. It will take a long time to reverse some of the negatives. Making a new workforce enter the same broken system won't work. How do we sustain? We maybe aren't giving things enough time to see change. What will have a greater impact for sustainability?

Marin – Agree. We need a permanent solution, not temporary ones that waste money.

Bahaa – Agree. Need a refresher on deliverables?

Marin – Help from CBOs to use benefits. Traditional healthcare workers during covid affected healthcare/communities positively. How do we get them back? How do we sustain that?

Bahaa – Success in solutions to issues?

Marin – Yes.

Dixie – Looking at Data request POP. In terms of Medicaid, the profit margins are low. Reporting data can be overwhelming if cumbersome for providers. Collection could be streamlined if you want providers to participate. A lot of providers have small practices and are turning people away. Care Oregon bottlenecked the provider availability.

Andre – Agree with Bahaa. Trying to develop a solid workplan for these groups. We only have 6 meetings a year to brainstorm, so the more specific we can be, the better we can figure out how to fine tune and create workgroups. Want to make sure you have time to reach desired outcomes. We'd like to have the top goals identified for leg session.

Tae-sun – Helpful to learn what our single source of truth is. Without understanding the data source, we're drawing conclusions about priorities without a root cause analysis. Some kind of source document would be helpful for folks to share. Not opinions, but data supporting priorities.

Javier – We are developing a location for sharing information. It's in the works. The files exist, we just need to put them into a shareable place. We will have

	<p>limits to what committees people will have access to. We don't want cross-influence unless that's guided.</p> <p>Annie – We used to have a spreadsheet for this. Should we have a system to grade priorities? Need to be able to measure impact.</p> <p>Marin – Maybe we need a meeting in September to figure out this piece.</p> <p>Andre – Delegate authority to Marin? Email between meetings. Might be an easier lift.</p> <p>Elizur - It seems there is plenty of evidence of how Social Determinants of Health are the main drivers of poor health outcomes, so how can we change those systems so we can take an upstream approach?</p>	
Close	<p>Bahaa - I know this suggestion is difficult, but in order to get momentum it seems we may need an all-day or half-day work session. We need some velocity?</p>	<p>Javier to follow up with attendees re which workgroup they would like to attend</p>