Agenda/Notes
Office of Governor Tina Kotek
RJC Health Equity and Human Services Committee
March 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	X	Marin Arreola
X	Coi Vu, CCHC		Jayln Suppah	X	Tae-Sun Kim
E	Dolores Martinez	X	Jeremiah Rigsby		

OTHER ATTENDEES

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

Topic/Lead	Notes/Main Points	Decisions/Action Items
Procurement CCO 3.0 Status Update • **Compliance Snapshot Review**	*Agenda is amended; Behavioral Health Workforce assessment presentation moved to second item.* **Josie**: Kristina will give us an update on CCO 3.0. that smaller workgroup will be happening by mid-April or so. **Kristina**: Update on legislative conversations. Governor has opposed evergreen contracts for CCO's. There is a process in procurement and people who are delivering it are capable. Every few years we play a game of "what's right" with contract length, when procurement should start, etc. statute is too ridged, needs to be held by executive branch. We will be asking for procurement delay flexibility. Funding ultimately determines the amount of benefit and the coverage. That conversation a little bit in limbo federally. If there are significant federal changes that the state needs to respond to a recent procurement may immediately change the next year or a couple of months so from a practical perspective I think there's some intellectual honesty around the procurement delay given some unprecedented conversations federally. We are proceeding as normal until legislative asks. *Kristina shares CCO Operational Snapshot.* Expectations around culturally competent care and what expectations should look like. Those legacy questions are what we are leaning in. CCO Snapshot is NOT a	Kristina to send assessment/review of SB529 on traditional healthcare workers and HRSN overview. Letter draft based on SB529 of support. (Marin)

	report on quality metrics, how well they are holding hands through the system. Its an aggregate form of everything we know on paper now relating to contract and compliance. Page 56 is a health equity section. Its kind of "the basics". You can see where CCO's among their peers with certain measures. It tells us about the program in whole. Page 4: Health Equity. We are focusing on interpreters and a snapshot on where we are in time. Difficult as we have such inadequate data to pull together a cohesive story. One of the things we saw was if you pay interpreters well your members will have more access to that. While there are individual CCO metrics, its not everything they're required to do. Pretty important measures with member experience, meant to look at the program in whole and what are we seeing with Medicaid. That will be released at the next health policy board meeting. That's the first part of the procurement part that's due. **Josie**: Interpreter service data - Did folks look at language access or is it too soon? **Kristina**: Too soon. COOs pushed against that metric. The agency has adopted qualified interpreter network to drive people to getting qualified interpreters. This is broadly, not just qualified. **Marin**: Is this public, or is it out yet? **Kristina**: Not published. **Marin**: What are the major changes? **Kristina**: We know who CCO actors are. The state has invested so much in infrastructure and health related social needs, community investments. Providers are getting used to quality requirements and Medicare. CCO 2.0 was focused on policy development with equity focus. Many of the policies have not been implemented, we have some unfinished work in addition to this less than stable core element from 1.0. Basic questions on how you are steering, leading. Tell us how its working. **Josie**: You referred previously to workstream areas? **Kristina**: Yes, those were basically the focus areas.	

	Annie: Given focus area of interpreters. Specifically, with CCO's and providers, how to push for that enforcement they are seeking. Some are like "we don't have someone who meets *this* requirement". We had conversations in Southern Oregon on if its an incentive for providers to have interpreters in their office and for CCOs to have certified interpreters. There's a pool of interpreters and providers don't have an excuse. Then the conversation went to compliance, what are the benchmarks, or have they met anything to be in compliance. What are the supports for interpreters, incentives for them being interpreters full time. Then it comes int other pieces of providers and CCOs following those metrics to meet the needs of communities. All that to say, how do we measure accountability, and the community can pinpoint to "hey you were doing good and dropped here". **Kristina**: Good for RFA we are developing. Who's responsibility is it, so that the provider's responsibility is in CCO's responsibility, is it both? We hear often right with this this I think appropriate movement in Oregon to have qualified interpreters so that patients know the level of like we're talking about the most intimate moments for patients where they're in a new office with a provider who sometimes is new and they are in a very vulnerable state depending on why there in that office and that we need to have trusted and qualified interpreters because in some cases it's life and death. How do you build and sustain that bar and adequately compensate people for the level of seriousness of their work while also appreciating that you know in a provider's office and this is the tension point that we hear. I think the question of accountability and rule clarity is one that the RFA can focus on. **Annie**: We had a member share "we have telehealth". **Kristina**: Just ran into this issue where she had someone who was uncomfortable having a stranger voice walking them through this process and it resulted in an actual delay in their medical treatment for a period of time. One thing that we can really do to the extent that we focus on language access. **Annie**: Are people comfortable seeking healthcare. When they do, is it appropriate at all levels. Important there is cultural knowledge and not putting it all on the interpreters. **Coi**: My understanding is interpretation and health related social screenings, is not billable and un-	

	reimbursable because it isn't billable to Medicaid. Our clinics have a challenge to that. Putting them in a deficit or access money otherwise. If it's a Medicaid service, it should also be billable and reimbursable as well. So as we talk about access, it's not always the providers or clinics not wanting to have that, its really then access to that interpreters and have funding for it. **Josie**: Are you talking about when the service is provided by someone who isn't certified or qualified? Is that not billable? **Coi**: I believe either. **Kristina**: Fee for service rate table, then case rates, or if you work for an association as in interpreter you only get a portion. On the commercial side some provider group are paying out of pocket. **Josie**: Through Medicaid interpreter should be billable. The difference should be if they are certified or qualified. The bill for that service to get at least through Pacific Source there's like a modifier where they could get a higher reimbursement rate for that service so that has come up a lot in our community and marrying them. Technically those services are billable it just has to be delivered by a qualified or certified interpreter. **Tae-Sun** : I'm thinking about another dimension to your proposal but at least in our clinics at Legacy, at some of our clinics in our hospitals, we actually have bilingual staff who have gone through a bilingual competency exam. You get a one-time bonus especially if the language that you're communicating in is a part of our top ten kind of most frequently requested languages. As long as you're communicating financial or medical information. One of the things that I think a missed opportunity is you know many of our facilities are located in communities where with some professional development grant dollars and a recognition from their leadership if they could be upskilled to be medical interpreters. Not only does it provide them this additional certification and capability that enables them to get paid more over time but they're already working at the facility and so they can kind of serve as kind of this bridge in the event that an in-person interpreter is not available. This could be an interesting incentive for locations to be able to say well do you have staff do you have an MBA do you have CMA do you have a patient access professional who could go through training either you know on the clock we're off the clock and they're	

	readily available. **Kristina**: Thank you for the conversation. Will give you list of bills.	
Behavioral Health Workforce Assessment Presentation (20)	**Jennifer Purcell**: Director at HECC. Javier and Marin invited me to provide you update on HECC's update. *Jennifer provides HECC update and shares slides "RJC HEHS BHTalentAsessment FINAL 3-19-2025"* • In 2023 HECC convened three industry consortia established through Future Ready Oregon. Informing policy and program development building ecosystem alignment and advancing strategies that address sector specific workforce needs. • In 2025 the consortium will be convening work groups to explore and develop wage and occupation profiles and career and credential pathway maps for high demand occupations. • Oregon Advocates for Human Potential (HP) was selected as a successful proposal and began their work in September of 2020. Their assessment included a review and summary of existing behavioral health workforce supply and demand reports and analysis to serve as a baseline that would inform how best to appropriate resources to focus and further assess to ensure that the talent assessment addressed gaps and builds on existing work. • Findings include a broad programing gap assessment, where expansion is needed and where levels of program are currently sufficient. There will need to be a deeper dive on the findings. Questions used were: • How can Oregon improve ROI for employers, practitioners, and the communities they serve? • How can Oregon best offer a range of equitable opportunities, access and support learners pursuing a career in behavioral health? Many of the workforce shortages they heard were wages, cost of education, clinical supervision capacity, burnout and retention, structural, social, and systemic changes. They addressed it will require multiple strategies in addition to wages. Interrelated and complex challenges – highlights form Talent Assessment key findings. **Graduation rates**: There are effective and affordable	

	pathways in Oregon from community colleges, to bachelor's programs, to the workforce. Behavioral Health (BH) majors in Oregon are less likely to graduate compared to the national average. **Worker Burnout and Retention**: 61% of 30- to 39-year olds surveyed intend to leave their job in the next month, followed by 44% of 18- to 29- year-olds. **Entering and Leaving the Workforce**: ・Individuals with a family member or key family friend working in BH were 12 times more likely to enter the BH profession. ・Individuals are choosing BH pathways later in college. ・Individuals who wait to year 5 or later to choose their bachelor's major are 15 times more likely to indicate their intent to leave the BH workforce. **Leaks in the Behavioral Health Education System**: turnover and retention issues, perceptions impacting career choice, low graduation rates, tendency to select the behavioral health major later in one's bachelor's experience. HECC is thinking of the learner and worker journey. Neither HECC or OHA are solely responsible, both activities impact the entire pathway through farmwork and career. The path to a reinvigorated and sustainable resource tool. The work will require collaboration of partners across the ecosystem. HECCs Health Industry Consortia is working on steps to this journey. **Marin**: In terms of researching wage, working with employers or the system. Did the study look at why wages are so low? Is it because of insurance? What are issues affecting wage numbers? **Jennifer**: Will have to follow up with you on that. **Tae-Sun** : Under slide number 12, I didn't see any bullet on whether there was an assessment on regulatory barriers were necessary. Curious on why those regulations were numerous. Are regulations necessary, or sabotaging our efforts here? Would like more investigation on. **Jennifer**: Given this focused on educational pathways and barriers to advancement to education and career. Not sure this assessment goes into regulations. Will follow up. This was a baseline for us to do additional	

	research. **Josie**: There was a high rate of students that didn't complete BH education programs. Were folks able to uncover reasoning as to why it's happening? **Jennifer**: No, that's one of the areas they recommended additional research. **Coi**: With some of the data, do you have it separated by race on folks who are responding and data shows? **Jennifer**: Yes, they did desegregate the data. Even on education, age, etc. This high level was more on the themes and findings. **Coi**: There's a lot of information when information is desegregated even talking about completion of a program and compiling on who is complaining and who isn't. Showcasing where resources need to be pulled in. **Annie**: A few years back we did that here in Southern Oregon University invited community partners to hear what they are experiencing. Burnout was a big one. Students of color said it was a lot and they couldn't continue. Some of the findings was we had people say they had to support their family. It goes back to some of the things we have advocated for. That can look like accessible programs, scholarships, colleges who are hosting those. We have community health program at SOU and this are one of the things that people go. Taking about incentives and what makes them stay, what are retention efforts being put in place. We do have people who will get a degree and move out of the area to where they think they'll make more than a small town. **Tae-Sun**: Hearing theme here on low wages. Still perplexed, seems to be a supply and demand contradiction here. If you have a short supply of BH professionals that require years of education and training and field work, their clearly is a demand – how wages are being set when the market is showing there is a contradiction happening here. Looking at the historic devaluing of certain professionals and do think a rigorous examination if this is a result of racism. Are we going against principle of economics of what they are due. We need a structural reform if so. We cant expect people to put their lives on hold when pay of is not economically or logical.	

	Amy: Have been in this profession for 30 years, pay has always not been the best. People went in because they wanted to help people. Traditional female professions tend to get paid less than other professions, we do think it's a challenge across the publicly funded sector. This is true for teachers too in terms of what the demand is and what we're willing to pay for those services. Feels like it's more of a decision that we value this type of work enough that we're going to be willing to pay the cost of living that would cause people to want to go into the profession.	
Reminder Current Status of HRSN (10)	*Kristina to provide updates electronically to members.*	
SB 529 Bill Analysis (15) Related to Traditional Health Workers	**Kristina**: Can send you a section by section of that senate bill. My understanding Marin, there will be a review of the bill endorsement process. Can send you it in written form. **Josie**: We are meeting in smaller workgroup, maybe we can come back after that group meets? **Javier:** Timing might help us how to move forward. **Kristina**: We can provide section by section so everyone is aware of what it would do relative to creating new type of registered nurse, supervision requirements for health workers, and goals with subcommittee. Had a hearing already. Will go to Ways and Means. Bill from technical perspective needs an amendment. Not aware currently of any active opposition at the moment. **Javier**: SB529. **Kristina**: Will send out a link, timeline is available. What has not been implemented is the nutrition benefit. Will get you the link to what all these are. There is a sizeable household benefit can be meaningful to people. Has not gone live yet, will go live in the future. Other big benefit that hasn't been implemented is the carceral and reentry benefit. This is in-reach to ensure reentry of Medicaid funding services reimbursable in carceral settings. This allows us to set up people for success by reducing physical health issues that might motivate someone to behave in a way they normally wouldn't. Tentative live date in 2026, lot to work on so it's a moving target. As part of broader waiver demonstration project, this spring there will be a second round of community	

	development funds to help build CCO's to recognize benefits of housing, nutrition, etc. Housing benefit has been live. Its really demonstrated amount of need in our communities. We have different parts of systems that's really are being forced to work together and moving them together – housing and healthcare. Because of the learning curve, we are not expanding the housing benefit. Still the same eligible populations. Importantly includes pregnant mothers, and 0-6. The only change will be domestic violence and IPV population. **Josie**: Released guidance on health regulated social needs. That doesn't impact our current waiver, its business as usual in terms of what Oregon is doing. Want to make sure we are all being able to carry that message forward to our communities we serve. **Kristina**: No policy or funding changes that affect this benefit for now.	
Guidance Document Walk-Through (5)	*Javier reviews RJC legislative Endorsement Guidance.*	

Meeting Materials	RJC HEHS BHTalentAsessment I RJC Legislative Endorsement Guidan RJC Advocacy Letter Template NOT on Le

Zoom Chat

15:05:08 From Javier Cervantes, Gov. Office (El, He, Him, His) to Hosts and panelists:

1. Behavioral Health Workforce Assessment Presentation (20 minutes)
2. Procurement CCO 3.0 Status Update (15 minutes)
• Compliance Snapshot Review
3. Reminder Current Status of HRSN (10 minutes)
4. SB 529 Bill Analysis (15 minutes)
• Related to Traditional Health Workers
5. Guidance Document Walk-Through (5 minutes)

16:15:48 From Jennifer Purcell, HECC to Hosts and panelists:

Thank you all. I need to sign off for another meeting. It was a pleasure being with you today.

16:18:16 From amy.baker to Hosts and panelists:

I apologize. I have a meeting with the Governor coming up that I need to prepare for. Thank you for your thoughtful questions and insights.

16:29:25 From Elizur Bello - He/Him/His to Hosts and panelists:

Thank you all for the information. I need to hop off for another meeting as well, so I will see you all at the next meeting. Take care!

16:31:39 From Tae-Sun Kim to Hosts and panelists:

Great meeting. Bye, everyone.

Governor's Racial Justice Council –
Health Equity and Human Services Committee

Healthcare Industry Consortium Updates: Oregon Behavioral Health Talent Assessment

Jennifer Purcell, HECC Director, Future Ready Oregon

March 19, 2025

The HECC's Vision and Scope – *Advancing Equitable Access to Postsecondary Education for Oregonians*

"The Oregon Higher Education Coordinating Commission (HECC) envisions a future where all people benefit from the economic, civic, and cultural impact of high-quality postsecondary education, training, and workforce development."

The HECC supports state goals for postsecondary education and training through a wide range of policy and funding strategies.

We also directly serve Oregonians by awarding grant and scholarship aid to students and connecting Oregonians with workforce and training resources.

Learn more about the HECC: www.oregon.gov/highered.aspx

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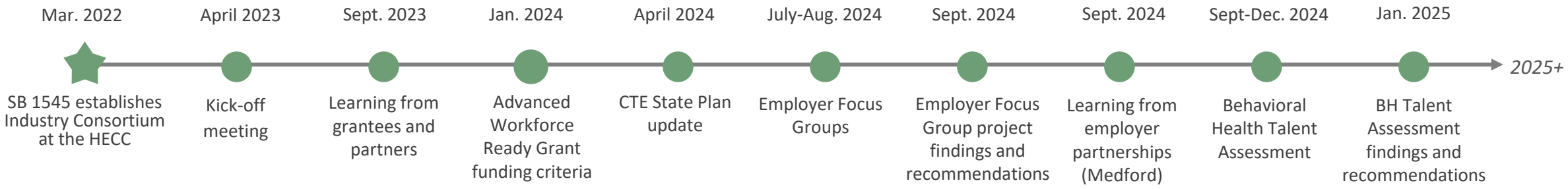
HECC's Healthcare, Manufacturing, and Technology Industry Consortia

Informing Policy and Program Development, Advancing Strategies, Building Ecosystem Alignment

- Aligning Oregon's workforce ecosystem partners
- Identifying skills standards and high-value, stackable credentials
- Identifying barriers to equitable participation in education and employment
- Advancing promising practices and strategies
- Integrating workforce supply and demand data

Healthcare Consortium Progress – *Accomplishments and Priorities for 2025*



Priority	2025 Workplan
1. Nursing Demand Planning	• Prepare wage and occupation profiles, including career and credential mapping for high demand occupations. • Focus on entire nursing career pathway (CNA, LPN, RN). • Explore best practices and cross-sector investment models to address workforce gaps and opportunities.
2. Behavioral Health Workforce	• Build on findings from Behavioral Health Talent Assessment Report. • Prepare wage and occupation profiles, including career and credential mapping for high demand occupations. • Prepare Action Plan to advance recommendations from Behavioral Health Talent Assessment Report.
3. Intentional Employer Engagement	• Leverage Employer Focus Group Report findings. • Determine ongoing employer engagement and feedback loops via regional sector partnerships, industry associations and other mechanisms.
4. Learning from Future Ready Oregon	• Feature updates and lessons learned from Workforce Ready grantees at quarterly public meetings. • Identify promising practices, replicable and scalable strategies.

Oregon Behavioral Health Talent Assessment – *Purpose*

HECC Objectives:

- Inform program options that prioritize critical shortage occupations.
- Grow and diversify supply and distribution of behavioral health workforce.
- Project future workforce demand.
- Project demand for education and training programs across Oregon.

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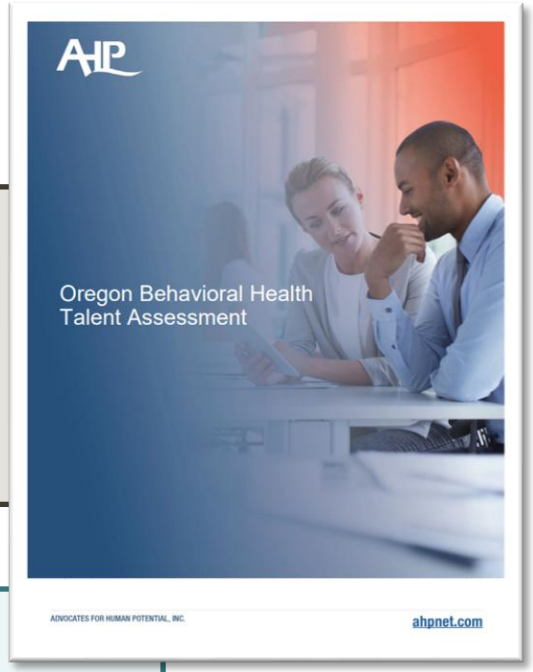
Oregon Behavioral Health (BH) Talent Assessment – *Process*

Advocates for Human Potential:

- Completed a review of existing reports on Oregon's BH workforce.
- Convened steering committee.
- Conducted focus groups, interviews, surveys.



Talent Assessment:

- Analyzes current talent development strategies, and supply and demand.
- Provides a skills inventory and maps current career pathways in Oregon.
- Includes inventory of postsecondary BH education and training programs.
- Makes recommendations for research, education programs, workforce development.

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Behavioral Health Talent Assessment – *Driving Questions*

How can Oregon improve ROI for employers, practitioners, and the communities they serve?

How can Oregon best offer a range of equitable opportunities, access, and support to learners pursuing a career in behavioral health?

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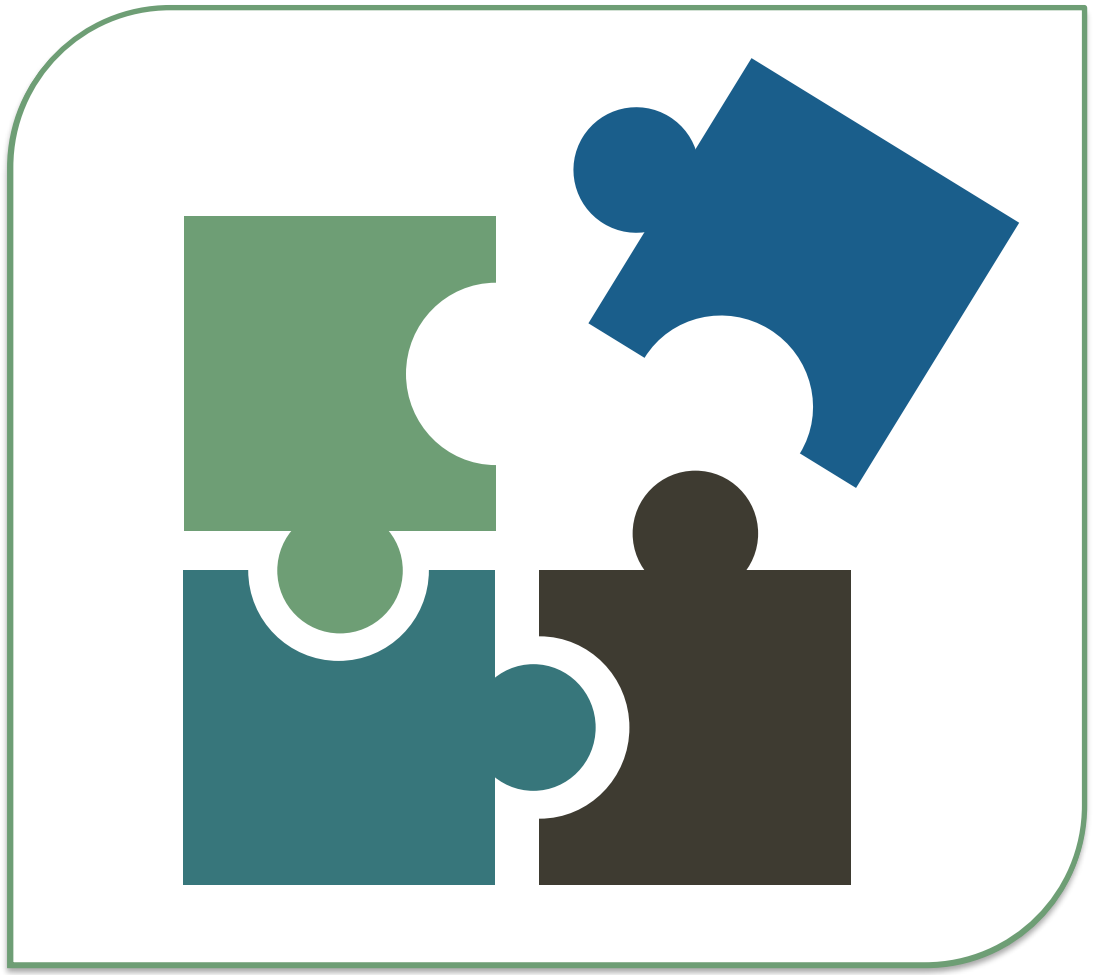
Workforce Shortages – *A Multifaceted "Puzzle" of Interrelated and Complex Challenges*



- Wages
- Cost of education
- Clinical supervision capacity
- Burnout and retention
  - Workplace dynamics
  - Limited advancement opportunities
  - Increasing shift to private practice
- Structural, social, and systemic challenges

Interrelated and Complex Challenges – *Highlights from the Talent Assessment Key Findings*

Graduation Rates

- There are effective and affordable pathways in Oregon from community colleges, to bachelor's programs, to the workforce.
- BH majors in Oregon are less likely to graduate compared to the national average.

Worker Burnout and Retention

- 61% of 30- to 39-year-olds surveyed intend to leave their job in the next month, followed by 44% of 18- to 29-year-olds.

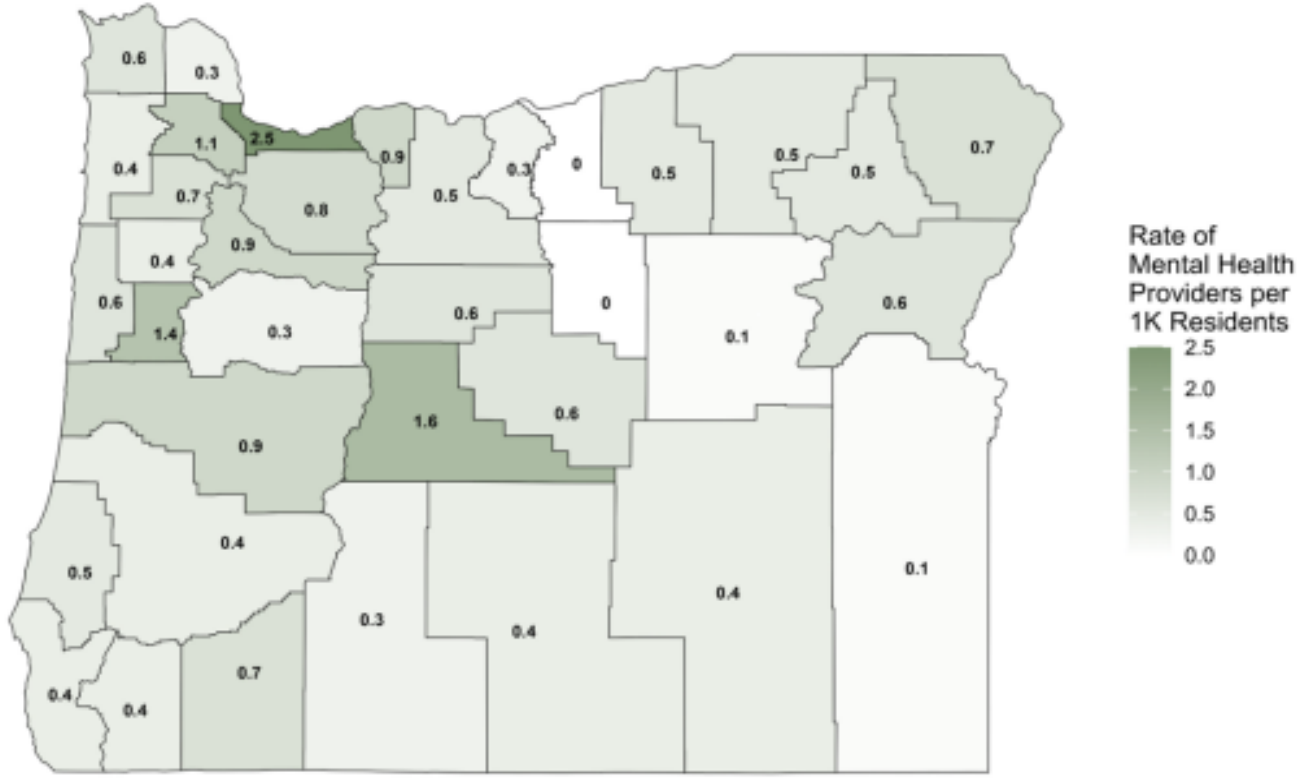
Entering and Leaving the Workforce

- Individuals with a family member or key family friend working in BH were 12 times more likely to enter the BH profession.
- Individuals are choosing BH pathways later in college.
- Individuals who wait to year 5 or later to choose their bachelor's major are 15 times more likely to indicate their intent to leave the BH workforce.

Interrelated and Complex Challenges – *Highlights from the Talent Assessment Key Findings*

Leaks in the BH Education System

- Turnover and retention issues
- Perceptions impacting career choice
- Low graduation rates
- Tendency to select the behavioral health major later in one's bachelor's experience



32 of Oregon's 36 counties lack even one provider per 1,000 residents

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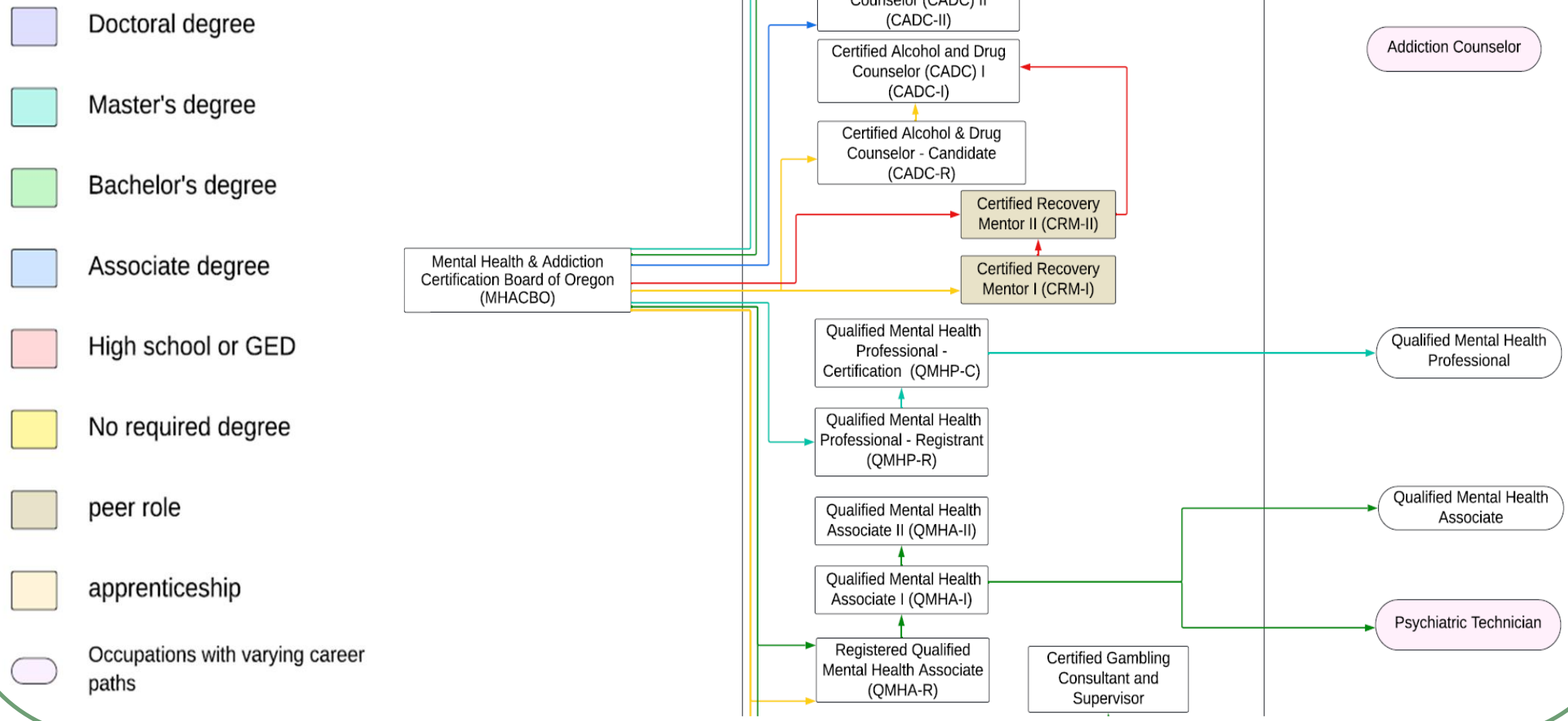
Interrelated and Complex Challenges – *Highlights from the Talent Assessment Key Findings*

Licensing and Training Complexity



Behavioral Health Talent Assessment – *Key Recommendations*

Increase equitable access and financial supports for education

- Expand support for rural and frontier students, and culturally and linguistically diverse groups.

Improve learner recruitment and retention

- Expand collaborations with employers to create a more streamlined career pathway and support structure for individuals entering the field.

Improve worker retention and advancement

- Develop roles that are supported for advancement potential, while staying within the defined scope of care.

Conduct further research

- Research discrepancies between those completing education inside and outside Oregon; how behavioral health majors are chosen; and what's driving burnout and turnover.

Next Steps – *Convene BH Workforce Workgroup to Build on Findings and Recommendations*

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Contact Us

Questions?

Jennifer Purcell, Director of Future Ready Oregon, HECC, Jennifer.Purcell@HECC.oregon.gov

Visit the HECC's Legislative and Policy Reports webpage at oregon.gov/highered/strategy-research/pages/reports.aspx to view the **Oregon Behavioral Health Talent Assessment** and the **Oregon Behavioral Health Career Pathways map**.

Learn more about HECC's Healthcare Industry Consortium here: oregon.gov/highered/about/pages/future-ready-industry-consortia.aspx

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Template for Written Advocacy of RJC to Legislators:

This serves as a template when advocating on behalf of the RJC. Please keep in mind that legislators typically only read one page of any advocacy, so the more concise the better. Try to keep any advocacy letter to one page.

From: Full Name

Name of Intended Recipient
Title
Address
City, State, Zip

Dear [Name of Recipient]

[Brief introductory paragraph stating purpose and explain who is writing the letter, on behalf of whom]

- The Racial Justice Council provides communities that have been historically excluded from decision-making tables more meaningful access to and a voice in the policy making that directly impacts the lives of Oregonians of color.

[Briefly explain what you are advocating]

- This can be in bullet format

[Closing: Explain the "why" you are advocating and your desired outcomes]

Signed by you on behalf of the RJC

C.C. [other members of the legislative committee]

RJC Legislative Endorsement Guidance

1. Identification of Advocacy Priorities
    - Committee members identify an advocacy priority item from their respective workplans.
    - Complete an initial cross-check of bills that committees want to advance for endorsement with the bill scores from the Governor Office Advisors.
    - Items not included in workplans may still be considered but must go through the same approval process that established the committee workplans.
2. Committee Approval of Advocacy Priorities
    - The committee votes to advance the item for advocacy, including the specific action to be taken, such as:
        - Letter writing
        - Testifying (in-person, virtually or written)
        - Monitoring legislative activity
    - Approval requires agreement from 2/3 of all committee members before moving the item forward to the full RJC for endorsement consideration.
        - If 2/3 agreement is not reached, the item cannot proceed.
        - A committee member may request reconsideration at the next scheduled committee meeting if they believe additional discussion or support may resolve the disagreement.
        - If 2/3 agreement is not reached after the reconsideration discussion, the item is dropped from further consideration.
3. Letter Drafting Process and Approval
    - If the proposed action involves a letter, the following steps apply:
        - **Drafting Responsibility:** The committee must assign a member to lead the letter drafting process. The Racial Justice Council Advisor shall notify the Governor's Office Legislative Team and appropriate Advisor(s) of the committee's intent to draft a letter, including the proposed subject matter, intended audience, and submittal date.
    - If the letter is intended to be submit as written testimony at a legislative committee meeting, the letter drafting process must begin with a minimum of one week in advance of the closure of the open record window. If a committee is unable to submit written testimony during the open record window, the letter will be sent electronically to the legislative committee members. <u>Written testimony can be submitted up to 48 hours after the meeting's scheduled start time</u>.
        - **Internal Review:** The draft is shared electronically for a 24-hour review period within the committee.
        - **Committee Feedback:** Any suggested edits or revisions must be submitted within the review period.
        - **Submission for RJC Review:** Once finalized, the letter is electronically submitted to the full RJC for endorsement.
        - **RJC Endorsement Vote:** The RJC will have 24 hours to vote to approve the letter or request further revisions. The committee lead can respond to requests for revisions within the review period. If revisions are needed, the process repeats until an approved final version is reached. A 2/3 majority result is required of all members for RJC endorsement.
        - **Governor's Office Review:** The letter must be reviewed by the Governor's Office Legislative Team and appropriate Advisor prior to submittal.

4. Testimony Drafting Process
    - If the proposed action involves testimony, the following steps apply:
        - **Testimony Responsibility:** The committee must assign a member to lead the testimony process. The Racial Justice Council Advisor shall notify the Governor's Office Legislative Team and appropriate Advisor(s) of the committee's intent to testify, including the proposed subject matter, intended audience, and testimony date.
    - Drafting of testimony comments before a legislative committee meeting must begin with a minimum of one week in advance of the meeting.
        - **Internal Review:** The draft of the testimony is shared electronically for a 24-hour review period within the committee.
        - **Committee Feedback:** Any suggested edits or revisions must be submitted within the review period.
        - **Submission for RJC Review:** Once finalized, the testimony draft is electronically submitted to the full RJC for endorsement.
        - **RJC Endorsement Vote:** The RJC will have 24 hours to vote to approve the testimony draft or request further revisions. The committee lead can respond to requests for revisions within the review period. If revisions are needed, the process repeats until an approved final version is reached. A 2/3 majority result is required for RJC endorsement.
        - **Governor's Office Review:** The testimony draft must be reviewed by the Governor's Office Legislative Team and appropriate Advisor prior to the legislative committee meeting date.
5. RJC Full Council Endorsement Process
    - The RJC co-chairs present the item electronically to the full RJC.
    - The RJC votes on endorsement within a 24-hour turnaround.
    - To move forward, the RJC must reach 2/3 approval.
6. Post-Endorsement: Tracking & Reporting

All advocacy actions will be tracked in the RJC priorities tracker.

Addendums to the RJC Endorsement Process

Addendum A: Expiration of RJC Endorsements

Advocacy items may sometimes experience delays due to legislative changes, shifting priorities, or external factors. This addendum sets a clear timeframe for how long an RJC endorsement remains valid.

1. Endorsements remain valid until the end of the current legislative session unless otherwise specified at the time of approval.
2. If an endorsed advocacy item is not acted upon within the session, it must be reapproved by both the committee and the full RJC before moving forward in a future session.

This ensures that RJC-endorsed advocacy remains relevant, intentional, and aligned with current policy needs.

Addendum B: Acting as an RJC representative

If an RJC member provides verbal testimony to a legislative committee, members must clearly state whether they are participating in a personal capacity or as an official RJC-endorsed representative.

1. The Racial Justice Council and Committees do not vote on advocacy efforts of members not participating in an official RJC capacity.
2. A RJC member may advocate on their own behalf as an individual but should make sure not to blur the lines. Individuals in this situation should not assume that others are making the distinction – so proactively define the difference.

Definitions:
Open record window

1. Written testimony may be submitted for a bill or executive appointment scheduled for a public hearing or for a topic scheduled for public comment. Testimony must be received within 48 hours after the start time of the committee meeting.

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