Agenda/Notes
Office of Governor Tina Kotek
RJC Health Equity and Human Services Committee
June 17, 2026 – Zoom
3:00 – 5:00 pm
Moderator – Javier Cervantes

MEMBERS

X	Annie Valtierra-Sanchez	X	Jackie Leung	X	Matt Newell-Ching
X	Coi Vu	X	Josie Silverman-Mendez	A	Melinda Del Rio
X	Dolores Martinez	A	Leslie Gregory	X	Tae-Sun Kim
X	Elizur Bello	X	Marin Arreola	X	Reginald Gilmore

OTHER ATTENDEES

E	Andre Bealer	X	Yasmin Solorio	E	Javier Cervantes
X	Kristina Narayan	E	April Rohman	E	Rachel Currans-Henry
A	KC Ledell	X	Melinda Gross, DAS	X	Roberto Gutierrez, ODHS
X	Ashley Thirstrup, OHA	X	Michael Streepey, DAS	X	Mariya Klimenko, OHA
A	Matthew Green, OHA	X	Jason Trombley, DAS	A	Philip Schmidt, OHA
A	Russ Casler, DAS	x	Tobias Sherwood, DAS	A	Tamra Brickman, DAS
A	Nancy Bennett, GO	X	Anne Sires, DAS	X	Paul Johnson, DAS
A	Dean Carson, OHA				

Topic/Lead	Notes/Main Points	Decisions/Action Items
Welcome	*Meeting starts at 3:04pm*	
Recap on previous priorities and where items landed.	*Marin and Josie share "Racial Justice Council- Health Equity & Human Services Committee" slides.* **Josie**: We looked at previous priority areas, and honed in on two areas we want to focus on for now through end of long session. 1. Access: Preservation of Medicaid, Healthier Oregon, and SNAP. 2. Support for Community Based organizations. We have reps from Oregon Dept. of Human Services (ODHS) and Oregon Health Authority (OHA) today. They will provide high level overview of their Agency Requested Budget (ARB). Including insight on priorities they're working towards. Hoping they are also prepared for our committee priorities. Governor has asked agencies to only put forward POPS budget neutral. All pops need a Racial Equity Impact Statement (REIS). *Timeline and Committee Role*	

	Today we will hear on their agency budget and processes. We will provide feedback today. They will come back in July to share how they incorporated feedback today. In August there will be more committee meetings and agency budget request will be finalized. Governor's Recommended Budget (GRB) will be developed Sept-October. With GRB being finalized by December.	
OHA Agency Presentation	*OHA shares "Preliminary 2027 Equity Related Legislative Requests" slides.* **Ashley**: Policy Option Packages (POPs) need to be budget neutral. *Healthcare Interpreter Scheduling and Claims Portal.* Work required us to set up a separate allocation for the biennium. Goal of the portal is to ensure access for Oregon Health Plan (OHP) members who need interpretation. This is largely due to a fracture in our system for interpreters. Feedback elements we are including ensure end user preferences can be captured and honored. *Digital Accessibility.* Many of our public health websites are not designed to be accessible to people with disabilities. When tools don't meet those accessibility standards, people face barriers including application and accessing services. It delays care and accessibility needs. It's a critical lever for addressing systemic inequality and is connected with federal law. *Tribal Traditional Health Worker*. Honors government to government relationship with OHA and Nine Federally recognized tribes in Oregon. This would fund a grants program to distribute to nine tribes and Urban Indian Health Program. This is at the request of tribes. *Transgender Health and Wellness.* This will help support OHA to shore up the work and ensure people can get the care they need. Legislative Concepts (LC's) – they are tied to statutory changes but aren't tied to new resources. *Universal Vaccine Purchase.* This will streamline distribution and purchasing of vaccines to clinics. Were excited to move it forward and modernizes our system	

	as were seeing vaccination rates not at the place we need them to be. *Continuation of Medication in Jails*. Was put forward by Oregon State Hospital (OSH). We've seen for years where many folks are sent to OSH under Aid and Assist. We find that people are often decompensated quickly and readmission to OSH. We do have placeholders for Medicaid Financial Stability and the Governor's Behavioral Health Talent Council (BHTC). Medicaid Financial Stability- final POP and LC will include cost reduction strategies for Medicaid advisory group. *Looking Ahead to the REIS* Legislature will determine where we go and what's possible in terms of funding. REIS will be important as we move through this next phase. Each POP will discuss the overview of the proposed investments, communities impacted and what are the outcomes and accountability around that. **Marin**: What is the plan for resourcing for Community Based Organization (CBO) funding? **Ashley**: We are looking at what we can do to preserve funding as much as possible for community partners. Some may have been tracking the legislature. Clear and proactive communication is critically important. Still moving that work forward with existing resources, just not at the scale we were hoping to deliver. We did receive Government Efficiency grant, just today at E-board. Will have $550K for Office of Community Health and Engagement. That's exciting. Next biennium looks like around $20M for 2025-27 budget for community parter grants. Given inflation and other resources, we are expecting around $22M – that is just an estimate. **Josie**: Is there an opportunity to work with agencies to better understand lay of the land across all divisions to see what CBO grants are available? Where are there deeper partnership opportunities with CBOS? Perhaps in July, if we can get that bigger picture overview, including OHA grants. Would be great for our committee to understand. Medicaid finical stability POP or LC – really interested in tracking and engaging in. Continuing to stay connected with that and work together in that space would be great.	

	Annie: If we have a community member who is a minor and their guardian is undocumented – we have Healthier Oregon Program (HOP) and OHP, but they have a disability where they can't make a decision for themselves and they need their guardian do that but the parents can't – where do we send them to? To ensure those with disabilities don't lose service? **Ashely**: In this situation, we might be able to refer them to Ombud's to help walk through what's available to them for support. If their parent is a Healthier Oregon Plan member, because they're a caregiver, they wouldn't be eligible for work requirements process. We don't have quite enough info but can send you info for ombuds contact. **Annie**: In this case it'd be just the child with disability that has OHP. Seeing some of the pops that are there to support some of these different groups in terms of health equity. Just what else is in place to help them with continued access? In terms of folks who are LGBTQIA – you mentioned supports for them to get culturally appropriate services. We're seeing that too that the cuts happening they aren't sure they are able to access or are more intimidated to get healthcare. What services were you mentioning within that package? Navigation to providers or what was it meant to support? **Ashely**: Its staffing support on the policy side and support for community providers. Wouldn't be replacing what providers are offering but ensuring we have enough providers to meet needs, policies are implemented as intended, and communication on what's available as a member. **Marin**: We are looking at contracts in years past. In 2013 a local CBO had a contract for a certain amount and the amount is still the same years later. Those cuts are worth less now, with inflation. Those costs are getting eaten by CBOs. There's always adjustment with state staff salaries, etc. this is a big issue. You're paid 14 years ago what you are being paid now, and it isn't keeping up with wages and staff. They are struggling and aren't given more work. That's concerning because we haven't kept up with these costs. CBOs are drowning with keeping up with these costs and added challenges. That's really concerning for our committee. **Ashely**: Given critical work with CBOs and everything	Ashley to provide ombuds information.

	nonprofits are dealing with – rising salaries, insurance, etc. the state does need to do important work that we are meeting the need and recognizing inflation cost. If we come back to future meetings and provide overview of what's available at communities and we can talk about what we need to do. **Josie**: As we learn more about Medicaid finical stability package, our committee talked about cost effectiveness of outsourcing CBOs vs hiring state staff. Better resourcing CBOs for the cost-effective strategy. Could end up being a cost mitigation strategy. We can come together to look at some of that. **Kristina**: One of the discussions we're having in Medicaid circles right now is we're working to produce options for the governor in global funding challenge. Reality of having fewer dollars and only more priorities. Particularly priorities we know will be gaps with changes in federal levels. Curious in capacity and within your existing contracts and roles you have now, if we only have $1 dollar to spend one way, is there a different way you want the dollar to be spent based on the need now. Is there work that should stop. We don't always ask that question. What shouldn't we be doing should be asked. **Coi**: What are you doing to have convos with community in regards to that prioritization. It's hard to understand where connections are with ODHS and OHA when it's so complex and theirs many layers. Would imagine that we need to look at most vulnerable communities first. Trying to bandage harm being done and pause those other programs to mitigate harms being done. We need to talk about private sector and how they can provide more hours to provide healthcare. Shouldn't be dependent just on state to cover healthcare for communities. Concerned about Open Card changes. We don't have funding to support those changes. We know that with increase in renewal applications and changes in Healthier Oregon, the impact will be on community healthcare workers. Will be detrimental to communities. **Matt**: Enterprise-wide observation that I may offer. Heard two things I think structurally need attention. OHA has an ambitious goal to eliminate health inequities by 2030 yet we need to be budget neutral. That is an impossible task and are being structurally set up to fail. Not a criticism of individual pops but several folks have talked about there being budget challenges.	Future update: OHA re: CBO contracts and adjustments for inflation

	This is something happening *to* us, yet we also have agency in this discussion. Governor is a powerful figure and legislature can make changes to that reality. I don't accept this as someone who is an advisory to this group. How can we prioritize existing dollars. On the SNAP side. 70K people have just lost SNAP and similar changes will happen to Medicaid. Using my voice as a committee member, I don't think we should accept this and can't raise revenue to address these problems. There are other governor appointed bodies that are considering to even reducing revenue. Talking about Prosperity Council, finding it morally offensive that there are serious ideas to take away money to fund education and Healthier Oregon survive when many folks benefiting from those proposals have already benefited through tax cuts through one big beautiful bill. I signed as an individual member, not as a member of the council, onto a letter for the Prosperity Council recommendations. People are experiencing hunger and are losing healthcare. These are challenging times and it's extremely unacceptable. **Josie**: For next month, if possible, what are financial implications of moving HOP to CCO for open card? What should we track. **Tae-Sun**: Will we learn more about REIS process or was the slides we saw the end of today's presentation on it? **Ashely**: Molley is helping to lead this for agency wide process, we're in early stages and are developing those now. Can come back and have an ongoing conversation as we develop those. **Coi**: What we can stop doing is asking for more data. Our SOGI data is unclean. We have demographic data that has been reputed by looking at people and filing this out, people are confused by different questions being asked. With info we have can we start requiring different things of institutions being reimbursed. Let's connect reimbursements with resources and demonstrated improvements. Not outcomes that can be easily manipulated. Let's start reimbursement with those who are succeeding with outcomes. Look forward to learning more about the process and think it could be an additional layer of documentation that reveals nothing new and how can we allocate resources so we can drive down those disparities. Not always about funding climate, can also be those other social determinants of health that make people sicker.	Future update - OHA to return and share REIS development

	Josie: Agencies will come back in December along with REIS. **Kristina**: That's our hope yes. September aligns with ARB deliverables. **Josie**: Will have a deeper dive in September.	
ODHS Agency Presentation	*Roberto shares "ODHS Budget Update and Community Partnership Overview" slides.* **Roberto**: For purposes of today, want to recap HR1 passed July 4, 2025. ODHS gets 62% federal funds, 32% is state general fund, 6% is other funds. Legislature supported overall joint ask with ODHS and OHA on implementation around HR1. ODHS did get $111M for work relating to HR1 to ensure people can help navigate eligibility overall. There were around 392 positions for this ask to help with eligibility workload. Specifically, around controls or management around error rate. There is potential cost sharing of overall eligibility determinations for food. Onetime investments as well to upgrade ONE system. Also funding to help modernize SNAP cards with chip-enabled tech. We are in our agency budget build process as whole. Coordinating pops with community parters, ODHS, Governor's Office. We can't to bring forward pops to legislature next year. We will post our ARB on September 1st. Its statutorily mandated deadline, it will also be accompanied by reduction exercise. We are focused on maintaining core services and are proposing ideas that are cost neutral. Using existing resources to fund new work being proposed for Governor's Office, DAS, and legislature next year (if approved). We've been engaging with several partners to explain the overall development process and timeline on building the budget biennium. Some themes we heard were how do we prioritize people, how do we navigate disproportionate impacts for tribes, communities of color, refugees, etc. How do we navigate struggle to services. As an agency, we're only offering around 5-6 POPs. Want to highlight three of those for you. *ODHS Transformation* – want to repurpose existing services to a new appropriation to a new Office of Customer Experience (OCE). Under this new structure we want to have less silos in the agency. Try to have	

	one system when it comes to field delivery. Take field delivery staff and combine them with self-sufficiency staff. Will help with overall reporting and navigating various issues day to day. Trying to streamline and improve services for those who need them. *Developmental Disabilities Foster Care Rates* - We need to ensure there is adequate foster care capacity for children with intellectual/developmental disabilities (I/DD). By increasing rates for I/DD foster care, we can reduce the need for group home placements *Tribal Foster Care* – provide a foster care payment to tribes who don't have title 4E agreement with the state. **Mariya**: ODHS structures its service delivery and the important work CBOs play to give services across the state. 91% of ODHS expenditures flow into communities through SNAP and TANF. ODHS contracts with more than 650+ CBO organizations. It allows state to extend its reach while reaching communities where they are. As we develop our ARB Request, we would welcome your perspective and where you think there are gaps in services and what should be budget priorities we can help elevate. **Matt**: What I said before applies for this agency as well. Would love to see more detail on how changing CBO support might be operationalized. We learned on Monday that 70K lost SNAP based on HR1, it will only increase. Hard to pinpoint what a recommendation might look light without having some more color on who is impacted. We know 12K lost because of Able-Bodied Adults Without Dependents (ABAWD) in April and May. To what degree to we know about how communities of color are impacted in that pool and that the 79K people – is it seniors, etc? Hard to think through most impactful solutions will be without having that data. Do think we need to understand who is being most harmed by HR1 changes and what can we do to mitigate that. The $111M will be helpful in addressing some of this. If we do know some timelines on where we might understand better who is most impacted, that may give us better guidelines on where to prioritize. **Mariya**: We met with our restructured data team. Some conclusions we can make already. We can track who has lost benefits due to ABAWD. Can't track but are working on it – is it that they can choose not to	

	recertify because the administrative burden is too great for amount of money they are receiving or is it people actually don't qualify. Can make conclusions that lawfully present non-citizens have been harmed, and we are trying to narrow that number down as well. Some have lost benefits because they are over income or another thing. We are trying to get more of that granular data. And are close and are hoping we have a better idea in a month or less. Trying to answer some of the same questions as well. **Matt**: Will contact you offline, there is data on payment error rate. **Coi**: Does Oregon Food Bank have extra funding to mitigate all folks losing SNAP benefits. **Matt**: Short answer is no. USDA in January 2025 ended the program that was slated to provide 3M meals to Oregon. Seeing fewer federal resources. Appreciated governors $5M related to SNAP disruption back in November, that was the lapse due to the government shutdown. We spent that in 2 weeks. Happy to get food out to community quickly, but besides ongoing Oregon Hunger response, there isn't any additional funding. **Coi**: We know that ODHS was funded through legislation for additional assisters. What are your senses why OHA wasn't funded for your assisters? **Ashely**: Good question. General understanding from legislative parters when asked is they believe we have funded that system. **Coi**: How can we support that advocacy for legislatures and show how we can support that. When we heard about that it was devastating. Even if legislation passed next session, it's not too late but delayed. **Ashley**: We're taking a closer look at volunteer organizations supporting application assisting and recognizing they are doing that without any resources. **Josie**: We submitted a letter in support of additional funds for assisters and met with Sen. Lieber to ask. Her response was she felt she didn't understand grant program well enough in how $20M was being spent with OHP assister network. Do think the more we can collaborate in that space to help educate legislature. We were only talking about $2.5M dollars. We can also help elevate the message and do that education that	ODHS to gather information on HR1 Impacts for communities.

	may be harder for the agency to do at times. One comment – was in another meeting last week with folks from ODHS. Asked the question around, to what extent are we keeping that network informed on SNAP changes to help mobilize them to connect people to resources. **Roberto**: Happy to follow up on that. **Annie**: Communication is key right now. Reduced resources, we can have volunteers but they need updated info to share with community. Volunteers can only do so much before they're burned out. CBOs are key to stay connected and keeping up with community. We keep riding on the backs of CBOs and can't keep doing that. This might be the thin thread that gets us through this. Timely updates and simple communication is key to help some of us, reducing extra work to find the information. When you think of OHP enrollment, there's a lot changes happening with Healthier Oregon Program. **Marin**: In terms of biases we have with partners, is there a subconscious bias on why we keep doing this? When we work with big organizations, they are treated better. What is the psychology behind that? How we see them, use them, engage with them, on the agency side? They do a lot of great work but they don't feel respected. Sometimes they don't get it from state agencies and it's unfortunate. There are organizations that have caused challenges and as a state when it comes to CBOs we're hiring cheap labor to do cheap work. They can't pay their staff with good wages, benefits, even more with high cost of living. **Elizur**: Do think it's a systemic issue. Even philanthropy has a hard job. Think its learning and doing a better job with trust-based philanthropy, allowing them to do their work. Uptick at state level will be much slower. We know which communities will suffer the most and don't need to bog down the whole process because we know who it will be. It's the people always feeling the disparities. We can learn from covid – CBOS are very effective. It's a covid like crisis that coming to inform people on how to stay eligible and access their benefits. What can we do to tax the wealthier folks to get money to CBOs and not take no as an answer. CBOs can't be an after thought. Yes, we do the work because we have to do it but it's not just a way to meet the equity statement we saw at the start of the meeting.	

	Coi: We do appreciate you all and your work with communities and know you understand. Know you're allies and in part of community too. All of this is information and knowledge you know already and appreciate the advocacy you are doing behind the scenes.	
Committee Reflections (Remaining Time) • Next Steps • July Agencies return and check in on how feedback was incorporated.	**Josie**: We've had good dialogue. We will continue to work with policy advisors, Javier and Andre, to round out plans for our committee role and offer influence in this space. We have July slotted for agencies to respond back. *Meeting ends at 4:41pm*	

Meeting Materials	HEHS Committee PPT Slides_finalFinal. OHA 2027 LC and POP overview_RJC_Fi RJC_ARB update+CB

Zoom Chat

2026-06-17 15:05:06 From Yasmin Solorio, Gov Office (She/her) to Hosts and panelists:
1. Welcome (5 minutes)
2. Recap on previous priorities and where items landed.
3. Agency Presentation (45 minutes)
o OHA (15 minutes + 30 minutes for Q&A)
4. Agency Presentation (45 minutes)
o ODHS (15 minutes + 30 minutes for Q&A)
5. Committee Reflections (Remaining Time)
o Next Steps
o July Agencies return and check in on how feedback was incorporated.

2026-06-17 15:05:14 From Yasmin Solorio, Gov Office (She/her) to Hosts and panelists:
^Agenda

2026-06-17 15:07:01 From Yasmin Solorio, Gov Office (She/her) to Hosts and panelists:
Agenda
1. Welcome (5 minutes)
2. Recap on previous priorities and where items landed.
3. Agency Presentation (45 minutes)
o OHA (15 minutes + 30 minutes for Q&A)
4. Agency Presentation (45 minutes)
o ODHS (15 minutes + 30 minutes for Q&A)
5. Committee Reflections (Remaining Time)
o Next Steps
o July Agencies return and check in on how feedback was incorporated.

2026-06-17 15:07:22 From Ashley Thirstrup, OHA to Hosts and panelists:
Can we send a panelist link to Mollie Bates with OHA?

2026-06-17 15:07:30 From Melinda Gross (she/her) | DAS Office of Cultural Change to Hosts and panelists:
Hi! I'm Melinda (she/her) with the Office of Cultural Change at DAS. I'm not on the RJC Committee, but helping support the Racial Equity Impact Statement (REIS) process, which is why I'm here today (as a listener). 😊

2026-06-17 15:37:13 From Roberto Gutierrez (ODHS) to Hosts and panelists:
Thank you, Josie!

2026-06-17 15:50:42 From Elizur Bello to Hosts and panelists:
Well put, Coi Vu, our communities will need more support on that front!

2026-06-17 15:51:11 From Ashley Thirstrup, OHA to Hosts and panelists:
Appreciate those comments, Coi. Thanks

2026-06-17 15:55:44 From Elizur Bello to Hosts and panelists:
Thank you, Matt, well put! This goes along well with Coi's point of leaning more on the private sector to support our communities.

2026-06-17 16:39:18 From Elizur Bello to Hosts and panelists:
Thank you for clearing that up, Coi, and agreed!

2026-06-17 16:39:29 From Roberto Gutierrez (ODHS) to Hosts and panelists:
Thank you, Coi and all.

2026-06-17 16:39:38 From kristina narayan (OR) to Hosts and panelists:
appreciate the frank discussions today

2026-06-17 16:39:39 From Mariya Klimenko to Hosts and panelists:
Thank you Coi

2026-06-17 16:39:41 From Ashley Thirstrup, OHA to Hosts and panelists:
Thanks, and these comments are critical so we can make changes and grow as state agencies.

Racial Justice Council-Health Equity & Human Services Committee

Quick Recap

- At our May meeting, we reviewed our previous committee priorities and identified two areas to focus on through the 2027 Legislative Session:
  - *Access: Preservation of Medicaid, Healthier Oregon, and SNAP*
  - *Support for Community-Based Organizations*
- Today, ODHS & OHA will provide an overview of their Agency Requested Budget development processes (including priorities) and make connections to our committee priority areas
  - The Governor has asked agencies to only put forward Policy Option Packages (POPs) that are budget neutral
  - All POPs are required to include a Racial Equity Impact Statement (REIS)
- We hope to have ample time for Q&A/discussion and for our committee to provide feedback

Governor's Recommended Budget

Timeline & Committee Role:

- **June (today's meeting):** ODHS & OHA present overview of their budget development processes (including priorities) and receive feedback
- **July:** ODHS & OHA follow-up on how committee feedback received in June was incorporated
- **August:** Committee meetings; finalize agency budget for GRB
- **September-November:** GRB development
- **December:** GRB is finalized

June 17, 2026

Preliminary 2027 Equity Related Legislative Requests

OHA Strategic Goal

- **Eliminate health inequities in Oregon by 2030**
- Health equity definition:
  - Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.
  - Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including Tribal governments to address:
    - The equitable distribution or redistribution of resources and power; and
    - Recognizing, reconciling and rectifying historical and contemporary injustices

Policy Option Packages (budget)

The 2027-29 Budget Direction:

- Budget neutral proposals within existing resources
- Prioritizing existing funding; no new state revenue
- Very limited exceptions
- Increased focus on racial equity for all POPs

Policy Option Packages (budget)

Exception POPs

- **Health Care Interpreter Scheduling & Claims Portal**
  - Builds a health care interpreter scheduling and claims portal
  - Portal will reduce gaps in equity that result from inconsistent and inadequate access to interpreter services for medical appointments
- **Digital Accessibility**
  - Funds stable capacity for accessibility implementation, technical guidance, training, and remediation of the backlog of inaccessible documents for OHA to meet standards across public-facing and internal digital and IT systems
  - Improving digital accessibility will reduce systemic inequality across state health platforms

Policy Option Packages (budget)

Additional POPs

- **Tribal Traditional Health Worker**
  - Establishes a grants program to distribute to the Nine Tribes and the Urban Indian Health Program for the implementation of the Tribal THW within their Tribal Health Systems
  - Supports the addition of the Tribal THW representative on the THW Commission
- **Transgender Health and Wellness**
  - Coordinates legal, policy, and programmatic responses to provide reliable medical information and strategies to improve access to GAC for patients and providers
  - Strengthens community-driven guidance and oversight to improve access to culturally responsive gender-affirming care and resources

Legislative Concepts (statutes)

- DAS directs agencies, when preparing an LC, to:

  “Describe any known racial or ethnic inequities associated with the problem and how the proposed statutory changes are inclusive of historically and currently underserved and under-resourced populations and specifically address those inequities.”

Legislative Concepts (statutes)

- **Universal Vaccine Purchase**
  - Creates a better vaccine purchasing and distribution to stabilize funding, reduce barriers for vaccine providers, and improves vaccine access
  - Increased access is one element to reduce inequities in vaccination rates, though barriers not addressed by this LC would remain
- **Continuation of Medication in Jails**
  - Requires jails to continue medications that successfully stabilized persons under aid & assist orders at Oregon State Hospital (OSH), to reduce decompensation and readmission to OSH
  - Racial and ethnic minority communities are overrepresented among persons under aid & assist orders

Placeholders (final details to be determined)

- **Medicaid Financial Stability**
  - Will include cost reduction strategies to be recommended by the Medical Advisory Group
  - Racial and ethnic minority communities are overrepresented among Medicaid enrollees
  - May include both a POP and LC
- **Governor's Behavioral Health Talent Council**
  - Will include recommendations from the council on increasing the capacity of Oregon's behavioral health system and strengthening the workforce
  - Racial and ethnic minority communities experience significant inequities related to receiving behavioral health services
  - May include both a POP and LC

Looking Ahead to the REIS

- The Racial Equity Impact Statements will be published with the final Agency Request Budget, due August 31, 2026
- Each POP will complete a REIS which will discuss:
  - Overview of Proposed Investments
  - Equity Analysis and Development Process
  - Communities Impacted
  - Community Engagement and Decision-Making
  - Equity Outcomes and Accountability

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Sarah Herb at Sarah.Herb@oha.oregon.gov or (971) 372-9887 (voice/text). We accept all relay calls.

External Relations Division
Government Relations

OREGON HEALTH AUTHORITY

OREGON DEPARTMENT OF Human Services

ODHS Budget Update and Community Partnership Overview

Roberto Gutierrez | Government Relations Director, Oregon Department of Human Services

June 17, 2026

Agenda

1. Overview: funding streams
2. Recap: 2026 HR1 resource request
3. 2027-29 agency request budget (ARB): Timeline and key priorities
4. ODHS and CBOs: Delivering services in partnership with community
5. Q+A

ODHS funding sources

Federal Funds
62%

State General Fund
32%

Other Funds
6%

2026: HR1 implementation resources for ODHS

$111 million
General Fund

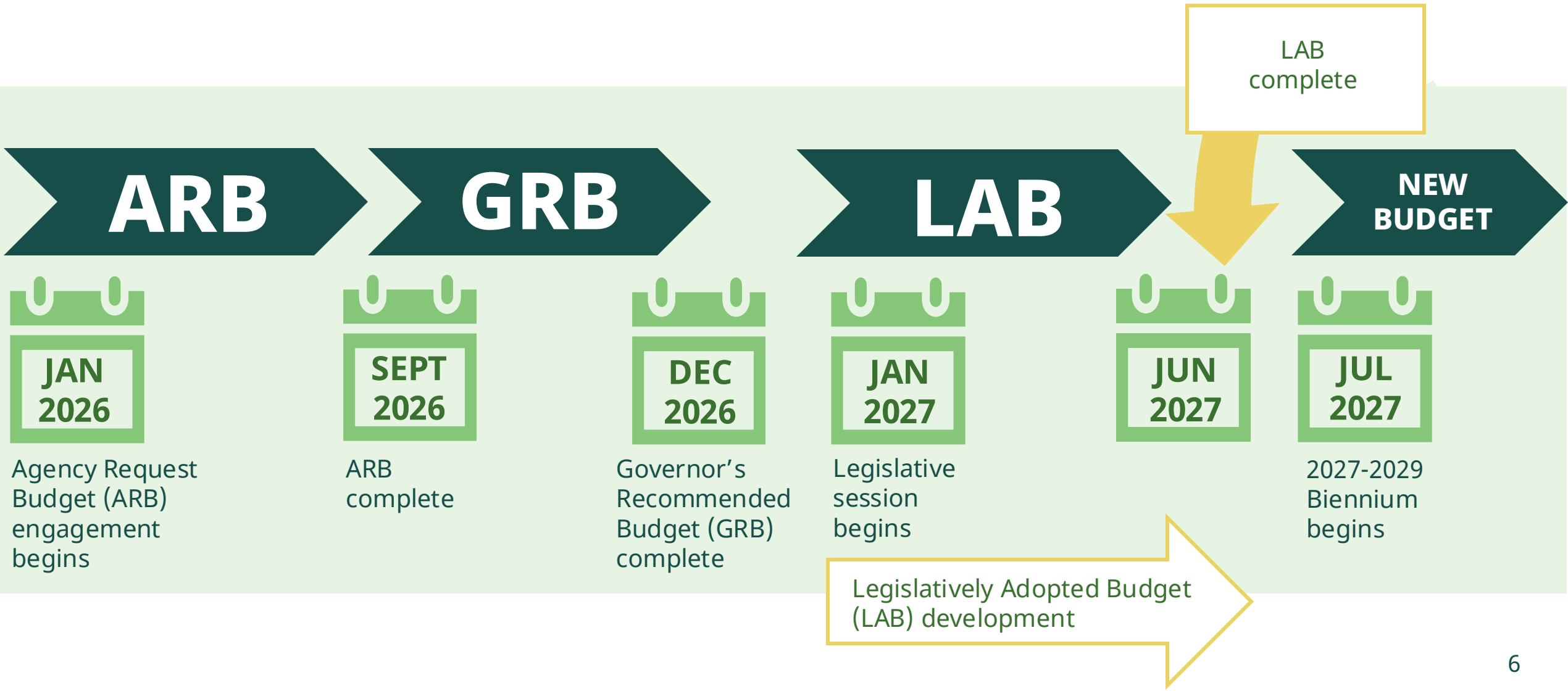
392 positions

- **Added staffing to:**
  - Handle additional eligibility workload
  - Improve accuracy
  - Process sweeping policy changes
- Funds for **ONE system updates** to ensure HR1 compliance
- Funds to **backfill eliminated federal dollars** for SNAP administration
- Funds to transition to **chip-enabled SNAP EBT cards**

2027-29 Agency Request Budget (ARB)

Timeline and key priorities

2027-29: Budget development timeline



September 2026 deliverables

- Current service level budget (CSL)
- Agency request budget (ARB)
- Statutorily required reductions exercise

ARB parameters in a limited budget environment

Focus on core services

Maintain cost-neutrality

What we heard from Tribes and community partners

Key themes from **Together We Plan** Community and Tribal Budget Sessions:

Providers and communities are struggling with **instability stemming from federal changes.**

Disproportionate impacts on Tribes, communities of color, and immigrant, refugee and rural communities

We need simpler, person-first systems to improve navigation for clients and partners.

Potential 2027-29 policy option packages (POPs)

ODHS Transformation

Summary

Transformation will consolidate approximately **5,000 existing service delivery positions** currently scattered across Aging and People with Disabilities (APD), Self-Sufficiency Programs (SSP), and Child Welfare (CW) into a new **Office of Customer Experience (OCE),** led by a director who will serve as the single accountable point for service delivery across all 131 local ODHS offices.

Resources:
Cost-neutral

Before

- Services delivered through separate program structures (APD, CW, SSP)
- Administrative functions duplicated across districts
- No unified ownership of service delivery budget and performance
- What a family experiences depends on which office they visit

After

- Services delivered through new Unified Children, Adults and Families (UCAF) office
- Regional administrative hubs support district operations and free staff to focus on serving clients
- OCE Director owns budget and program outcomes for the service delivery enterprise
- Equitable distribution of administrative resources across districts improves consistency in customer experience

Potential 2027-29 policy option packages (POPs)

Developmental disabilities foster care rates

Summary

ODDS* prioritizes keeping families together. Because that isn't always possible, we need to ensure there is adequate foster care capacity for children with intellectual/developmental disabilities (I/DD). **By increasing rates for I/DD foster care**, we can reduce the need for group home placements and give more children with I/DD the chance to grow up in a family home environment.

Resources:
Cost-neutral

Before

- Children's DD foster care capacity has declined as group home capacity has more than doubled.
- Average cost per child in a group home is nearly five times the foster care rate.
- Low foster care reimbursement rates are driving placement decisions, not children's clinical needs.
- Children are placed in shift-staffed group homes when family home environments would better support their development.

After

- Foster care rates increase to 74% of the level recommended by the 2024 Rate and Wage Study.
- When foster care capacity grows, children who must enter out-of-home care are more likely to be placed in home-like settings in their own communities.
- This means children can remain in their schools, maintain their community relationships, and keep seeing the doctors and therapists they trust.

*Office of Developmental Disabilities Services

Potential 2027-29 policy option packages (POPs)

Tribal foster care

Summary

Outdated federal income eligibility rules leave a growing share of Tribal children ineligible for federal foster care reimbursement—a gap Tribal governments, unlike the state, do not have the infrastructure to fill. Using adoption savings, this proposal corrects that inequity and **ensures Tribal foster families receive the same support** as all other Oregon foster families.

Resources:
$1.1M Other Funds

Before

- Most Tribal governments in Oregon are unable to pay foster families at the same rate the state can, which is affecting a growing share of children in Tribal custody.
- In many cases, Tribal rates are more than 50% lower.
- Financial pressure on Tribal governments creates a disincentive to maintain Tribal custody, which can push Tribal children into the state system.

After

- Tribal foster families receive the same rate of support as families caring for children in ODHS custody.
- Tribes are better positioned to maintain custody of their children, reducing the number of Tribal children entering the state child welfare system.
- Tribal sovereignty and self-determination are supported through equitable, government-to-government partnership.

Partnering on Service Delivery

ODHS community-based contracts in the 2025-27 budget

91% of the ODHS budget goes to communities

- **Nearly $2 billion annually**
  in food assistance (SNAP) and Temporary Assistance for Needy Families (TANF)
- **More than $6.5 billion annually**
  in payments to providers serving Child Welfare, APD, ODDS, and Vocational Rehabilitation clients

All figures based on 2025-27 **Legislatively Approved Budget (LAB)** for ODHS as of March 2026.
**Includes service delivery staff costs

Partnering with CBOs

- ODHS contracts with **650+ community-based organizations** (CBOs)
- Contracts span **every region of the state** including rural and remote counties
- Culturally specific CBOs help **ensure services reach people**:
  - Where they live
  - In the languages they speak
  - Through organizations they trust

Snapshot:

CBO-delivered family and youth services

Independent Living Program

What it is:

Provides skill-building services to youth in foster care or who have experienced foster care, supporting **successful transitions from state or tribal custody to adulthood.**

Partners include:

- Native American Youth and Family Center (NAYA), Portland
- Community Action Program, Pendleton
- Looking Glass, Eugene

TANF* JOBS/ employment services

What it is:

The Job Opportunity and Basic Skills program (JOBS) helps TANF participants with **employment and training and family stability and well-being**.

Partners include:

- Latino Network, Portland
- SE Works, Portland
- The Next Door, Inc., Hood River
- Thrive Central Oregon

*Temporary Assistance for Needy Families

Immigrant and Refugee Services

What it is:

Resettlement services, case management, employment and school-related supports and more for individuals and families

Partners include:

- Immigrant and Refugee Community Organization (IRCO), Portland
- Ecumenical Ministries of Oregon, Portland
- Salem for Refugees

Snapshot:

Area Agencies on Aging

Aging and People with Disabilities (APD) contracts with Area Agencies on Aging (AAAs) in every region of the state, and **AAAs in turn contract with hundreds of local CBOs** to deliver services to older adults and people with disabilities.

Type A AAAs

Services include:

- Information and referral
- Outreach
- Oregon Project Independence in-home services
- Caregiver support
- Congregate meals and home-delivered meals
- Connections to Older Americans Act programs

Type B AAAs

Services include:

All the Type A AAA services plus:

- Medicaid eligibility determination and case management
- Adult Protective Services
- Nursing facility screening
- SNAP administration
- Personal care services
- Adult foster home oversight

Snapshot:

Intellectual/developmental disabilities services

Case management

What it is:

Connects individuals with intellectual/developmental disabilities (I/DD) and their families to **services, supports, and system navigation help.**

Partners include:

- County governments and local nonprofit agencies statewide

Family networks

What it is:

ODHS partnership with Oregon Consortium of Family Networks; provides **peer-delivered support, training and resources** for families of individuals with I/DD.

Partners include:

- Central Oregon Disability Support Network
- Families Engaging and Thriving Together, Douglas County
- Bridging Communities, Jackson and Josephine Counties

Self-advocacy and peer engagement

What it is:

Peer-led engagement, feedback, training, and technical assistance provided by and for people with lived experience of I/DD services.

Partners include:

- Oregon Self-Advocacy Coalition (OSAC), statewide

Snapshot:

Resilience, Mass Care, and Recovery Services

Resilience Hubs & Networks

What it is:

Partner with trusted community organizations before disasters so communities have places and relationships they can turn to for information & support before, during, and after disasters.

Partners include:

- CBOs and nonprofits
- Tribal and local governments
- Community centers, food pantries, and local businesses
- 89 grant recipients, plus technical assistance to any resilience hub or network

Mass Care Services

What it is:

Services to address immediate life-safety and basic needs during emergencies, including shelter, food, water, hygiene, transportation, emergency supplies, and resource referral.

Partners include:

- Local nonprofits and businesses
- Restaurants providing dietary and culturally specific meals
- 211 and referral partners
- American Red Cross

Recovery Services

What it is:

Working with local community partners who understand their communities to help disaster survivors navigate recovery, connect to services, and access available assistance.

Partners include:

- Disaster case management CBOs
- Long-term recovery groups
- Local and Tribal partners

Discussion

RJC priorities and 2027-29 budget considerations

Thank you

OREGON DEPARTMENT OF
Human Services