



Agenda/Notes

Office of Governor Tina Kotek

RJC Health Equity and Human Services Committee

June 18, 2025 – Zoom

3:00 – 4:30 pm

Moderator – Javier Cervantes

MEMBERS

X	Annie Valtierra-Sanchez	X	Elizur Bello	E	Marin Arreola
X	Bahaa Wanly	X	Jackie Leung	X	Matt Newell-Ching
X	Coi Vu	X	Jeremiah Rigsby	X	Tae-Sun Kim
X	Dolores Martinez	X	Josie Silverman-Mendez		

OTHER ATTENDEES

	Andre Bealer	X	Yasmin Solorio	X	Javier Cervantes
X	Kristina Narayan	X	April Rohman	X	Rachel Currans-Henry

Topic/Lead	Notes/Main Points	Decisions/Action Items
Introduction of New Committee Member Matt Newell-Ching (10 min)	<i>Josie initiates meeting. Members provide brief introductions and welcome new member, Matt Newell-Ching.</i>	
Federal & state policy updates (50 min) <ul style="list-style-type: none">Federal budget billOHA/ODHS joint communications – are they planning more webinars like the one on 5/29?Governor Kotek’s priority bills (HB 5025, SB 5526, HB 2059, SB 142, HB 3835, etc.)Status of CCO contract terms	<p>Rachael: Policy changes make it where the value of benefits are reduced. Impact of benefits have decreased. Overall, not great. Need to continue to advocate.</p> <p>Tae-Sun: What elements of efficiency can be changed over time with improvement in process and accountability. What part of the change is reasonable ask?</p> <p>Rachel: That’s the basis for how the cost share is set. Part of the challenge with the error rates is that how you define the error rates is defined by the federal government. Nearly 29 states are failing and have high error rates. I want to acknowledge the function in how the federal payment rate is flawed and needs to be updated.</p> <p><i>State updates:</i> Great investments we advocated for in youth behavioral health. They were small, measured, and legislature has accepted them. We also looked at investments in ODHS for Children and Families.</p> <p><i>Rachel shares “Youth BHI GRB and LAB” document</i></p>	

We did receive provider rate increases in foster homes. We did receive other investments for SNAP simplification programs. Had critical staffing investments for nursing home safety is maintained and oversight and staff. Our resource parents in foster homes had a rate increase built in, legislature decided not to move forward. Bottom line, the budget for DHS is pretty good. Legislature gave more in DHS budget than we asked, main difference in provider rates is where the legislature gave more than what governor had in her budget.

- HB3835 is making changes in regulatory environment for youth behavioral health access. That bill has not made its way out to floor vote yet, raising our voice to advance bill for floor vote.
- SB296 Hospital discharge taskforce. Bill is advancing, looking promising. We will have to navigate through is the fiscal analysis and impact for that bill. A lot of those fiscal pieces for implementation was removed. We will need to monitor and tackle as well.

Matt: Looking at the federal bill, hoping they do little damage as possible in taking away food assistance. We could be looking at close to 3k Oregonians losing all SNAP benefit, on top of 21% cut for various Oregonians. Will be important to look at states role in looking what may or may not come out there. SB611 does not look like it will pass, in light of congressional decisions, we are contemplating what that might look like in the future. Looking forward to develop recommendations in response to community needs and choices congress may or may not make.

Kristina: OHA budget is a bit complicated. Overall ended up in a decent spot but definitely missing things. Viewing OHA budget as pretty stagnant. High level, to me the most critical is the provider assessments.

- CPOP funding – 31.4 M cut for state budget bill. We are pretty sure we can piece together things accounting for inflation, that the supply reduction won't be felt by CPOP.
- The Essential Healthcare Worker Trust, which is a state and community, and employer partnered relationship where we put money into a pool, we match it and we're able to deliver better health benefits to caregivers, they decided to maintain funding and not add the 5 million the governor requested.
- We are facing some potential changes at the federal

level related to budget neutrality provisions. One system is related to the carceral benefit and that has resulted in a delay of launch because the legislature did not adopt the statutory language changes. The second is Public health monitoring station was not funded.

- POP 411: RHOC expansion, was not funded.
- LUBGWAMA: legislature reduced our ask from the \$3.6M to \$700K. That would be a reduction in the boots on the ground, that would not fulfill the metrics that the governor has set for clean water and there's a report due on efforts to date later this month.

Annie: How are we supposed to get to the goal of reducing health disparities when some of these investments are not you know being made.

Kristina: From the agency's perspective they're strategic goals have not changed and they'll need to figure out how to refocus any equity in every policy. The HOP intended to mirror Medicaid program. Legislature did not chose to move forward with POP 417. We don't know what it means for implementation.

April: HB 2059 which is the behavioral health capacity bill has moved out of the joint Ways and Means committee will be scheduled for votes on the floor soon. It appropriates about \$65 billion for the building of new residential placements for people seeking treatment for mental illness substance use disorders.

HB 2024 is now out of Ways and Means. Would allocate approximately \$1M for AFSCME's United We Heal medicaid payment program and workplace safety and then another \$5 million for the behavioral health workforce incentive programs to be allocated through OHA. Pretty significant reduction from the \$50M that governors budget proposed in terms of the incentive programs but hopefully we'll be able to leverage some of the some of that existing incentive and to support the workforce and the expansion.

We did get some money directed over to the harm reduction clearing house specifically for naloxone distribution across the state. There is about \$15M going towards them; ten from the general fund and five from the opioid settlement board. We are also funding the certified community behavioral health centers expansion and through last year's HB 4002 jail diversion deflection program funding.

Josie: Can we hear back on CCO 3.0

Kristina: There's a small team continuing to pull together evaluations that have been started. Wouldn't be surprised if that work doesn't pick up until July or September.




Kristina shares federal updates.

- Provider tax just passed, 49 states use as well. Oregon effective rate is 6% which is the limit, the Senate bill is proposing to reduce that to 3.5% by 2031. That means is a \$240M proposed cut this coming biennium.
- HR1 which include more frequent eligibility determinations for individuals for the ACA expansion population. We estimate upwards of 200,000 of those will likely drop from coverage for a period of time that also has an economic impact of up to \$16 billion / 10 years of non-reimbursable services. Some of the comments we heard today around some of these numbers even Arnie District Hospital who has you know is doing births within a 200 mile radius; you have two EMS people who can't triage folks to Bend because they need to be servicing X many square miles in the region. Those facilities are not going to offer the same services with these numbers and the state will not backfill them.

Tae-Sun: Washington Healthcare Authority had a data breach. I think OHA is also required to submit similar patient data by end of July 30th. Any information to share on intentions there and something has a lot of our patients, and patient access staff concerned with the pending requirement to ask a bunch of information.

Kristina: There's legislation that requires the state to move forward with the collection of data, optional for patients as it may be, providers need to make that information available. We know that when folks are afraid to use healthcare they won't. We're having some conversations internally around how can we increase communication. The legislation requires state collection for state purposes and that information is actually held within the EMI division within OHA. Then there are two other things one of which is the CMS audit which is what you're referencing in terms of Washington and then there's what we collect related to federal funding participation. We are engaged with the OHA around this and we're working on some updated partner communications.

	<p>Josie: We did so much work on this issue when Cover All Kids launched. There needs to be more information going out to community partners now, so they are armed with facts with how, why, and what purpose data is collected. Can't urge enough to get that information out to trusted community partners.</p> <p>Coi: Want to add that REALD asks for race and ethnicity, not citizenship status. The state needs to get answers before we provide education.</p> <p>Josie: How this is all distilled for community partners is urgent.</p> <p>Dolores: Thank you, Kristina, for transparency of information. Been trying to connect with someone at OHA, have had several calls with concerns and definitely think community partner/organizations need to have some tools to help facilitate conversations with OHP members. We have a lot of questions we didn't have the answer to provide, finally today I got in contact with someone.</p> <p>Kristina: There is a delay because we want to be accurate in what we understand. Dolores, you will receive very formal information likely early next week from OHA. Just ask that you wait until formal communication occurs, as that will be best information as we know it.</p> <p>Dolores: I think sharing information based on how we know our community. I recommend to not lose context but knowing our community but having sensitivity in the moment we have that information.</p>	
Status of HEHSC/RJC advocacy letter (5 min)	Javier: This sets the groundwork for future legislative priority, either POPs, priorities, etc.	
Announcements	<p><i>RJC/Committee recruitment opens July 18th. Committee moving back to bi-monthly cadence – next meeting is August 20th at 3pm.</i></p> <p><i>Meeting is adjourned at 4:32pm</i></p>	

Meeting Materials	 Youth BHI GRB and LAB Investments Cro:  SNAP Budget Reconciliation - Upda  20250603_SNAP_Fac t_Sheet_final.pdf
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Zoom Chat

15:04:19 From Javier Cervantes, Gov. Office (El, He, Him, His) to Hosts and panelists:

Health Equity and Human Services Agenda June 18, 3:00-4:30 PM

- Introduction of New Committee Member Matt Newell-Ching (10 min)
- Federal & state policy updates (50 min)
 - o Federal budget bill
 - o OHA/ODHS joint communications – are they planning more webinars like the one on 5/29?
 - o Governor Kotek's priority bills (HB 5025, SB 5526, HB 2059, SB 142, HB 3835, etc.)
 - o Status of CCO contract terms
- Status of HEHSC/RJC advocacy letter (5 min)

15:09:14 From Javier Cervantes, Gov. Office (El, He, Him, His) to Hosts and panelists:

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15:10:05 From CM, Coi Vu (she/her) to Hosts and panelists:

BRB in 1 min

15:10:51 From Elizur Bello to Hosts and panelists:

He/Him pronouns btw

15:14:40 From Yasmin Solorio, Gov Office (she/Her) to Hosts and panelists:

Rachel, may you zoom in slightly please

15:25:33 From Jeremiah Rigsby to Hosts and panelists:

brb

15:37:40 From April Rohman (they/them), Governor's Office to Hosts and panelists:

Kristina's own Flight of the Navigator!

15:42:17 From Josie Silverman-Mendez (she/her), Willamette Health Council to Hosts and panelists:

CPOP = Community Partner Outreach Program (run out of OHA; supports OHP enrollment assisters across the state including those working on Heathier Oregon)

16:08:16 From Tae-Sun Kim to Hosts and panelists:

In light of recent WA Health Care Authorities data breach where immigrants' Medicaid data was reported to federal agencies, does OHA intend to do the same knowing those patients' personal health data was given to Homeland Security? Oregon's deadline for reporting is July 30, correct? Recommendation for OHA: Pause REALD/SOGI data reporting requirement.

16:08:58 From Matt Newell-Ching (he/him) to Hosts and panelists:

Maybe a specific category of Cubans?

16:15:01 From Josie Silverman-Mendez (she/her), Willamette Health Council to Hosts and panelists:

Javier, let's note for our committee workplan, a future update from OHA/ODHS on REALD/SOGI

16:26:17 From Javier Cervantes, Gov. Office (El, He, Him, His) to Hosts and panelists:

All that we have heard to day is setting the groundwork for future priorities of the committee. I captured the following:

REAL-D: First know what is factual at a federal/state level then data education out to communities and why and how is data shared. Get people the correct information

SOGI

16:29:11 From Euvalcree - Dolores Martinez to Hosts and panelists:

Thank you!!

16:30:35 From Kristina Narayan *Gov OR to Hosts and panelists:

I need to jump but please keep an eye out for more from OHA next week



The Youth Agenda: Putting youth first for a better future in Oregon

Background

Oregonians have been clear: the state must improve its support for youth facing mental health and substance abuse challenges.

Governor Kotek's recommended budget focuses on critical investments needed to address behavioral health treatment for children and youth with high acuity needs while also supporting population health prevention goals. The objective is to build a continuum of mental health supports for all children and youth.

In addition to financial investments, the Governor supports an omnibus legislative proposal to create a more predictable and transparent regulatory system that prioritizes children's well-being. The Oregon System of Care Advisory Council (SOCAC) is leading efforts to enhance coordination among child-serving state agencies and the continuum of care. These SOCAC-sponsored policy changes are essential to retaining and recruiting the child and family behavioral health workforce necessary to expand high-quality treatment services for youth.

These investments underscore Governor Kotek's commitment to ensuring youth safety, stability, and long-term success across Oregon.

OHA Investments in Youth Behavioral Health

By expanding and enhancing both residential and community-based treatment options, and fostering partnerships between schools, families, and providers, Oregon aims to ensure that its children and youth have the tools and support they need to lead healthy, fulfilling lives.

Item	GRB Amount	LAB Amount	What's at stake
One-time investment in Residential Care Capacity	\$10 million	Fully Funded	Expands residential care for youth with co-occurring mental health and substance use disorders. Addresses immediate crisis needs and enhances treatment availability. These dollars are intended for one-time capacity investments, not base building.



Community behavioral health treatment investments at OHA	\$7 million	Fully Funded	Expands community-based treatment for youth with high-acuity needs. Provides grants to integrate substance use disorder (SUD) treatment into the Intensive In-home Behavioral Health Treatment (IIBHT) model. Supports recruitment and training of IIBHT providers and technical assistance for outpatient services billing.
Expansion of mental health services, SUD screenings and prevention services to kids in school settings.	\$6 million	Fully Funded	<p>Supports school-based health centers (SBHCs) with mental health services, SUD screenings, and prevention programs.</p> <p>School Based Health Centers (SBHC) base operating funding: Increase from \$60,000/year to \$65,000/year to cover inflationary costs of operating a state certified SBHC</p> <p>SBHC Mental Health Expansion Grant: Partially implement revised funding formula to support expansion of comprehensive behavioral health services delivered at Oregon SBHCs</p> <p>Youth-Led Projects: increase funding for SBHC Youth-Led Projects to implement prevention-focused projects in partnership with schools across Oregon (total: \$500,000)</p> <p>School Medicaid billing: invest in technology and staff to ensure we are leveraging and obtaining federal funding</p>
Culturally responsive suicide prevention work administered by OHA	\$1 million	Fully Funded	Targets suicide prevention efforts, especially among culturally specific communities. Supports tribal and culturally specific initiatives. Strengthens efforts by the Black Youth Suicide Prevention Coalition.
Administrative positions	\$1 million	Fully Funded	Funds three OHA positions to implement Senate Bill 1557 (2024), expanding Medicaid services for youth with serious emotional disturbances. Supports the System of Care Advisory Council with two additional positions.
TOTAL:	\$46.3 million		



ODHS Investments in Children and Families

In 2024, the Oregon Department of Human Services (ODHS) settled the Wyatt B. v. Kotek case by agreement, aiming to improve Oregon's foster care system. The 2025-2027 Governor's Recommended Budget makes upwards of \$23.6 million in new investments to improve child welfare outcomes, building upon the settlement agreement to ensure that Oregon families and youth are receiving the best possible service from the state. Targeted investments in Oregon's child welfare system aim to reduce the state's reliance on Temporary Lodging.

Homelessness affects youth across Oregon in urban, suburban and rural areas. Governor Kotek's 25-27 Recommended Budget invests in expanded services for youth experiencing homelessness, to increase stability for Oregon youth and young adults and ensure youth have access to safe housing. It also includes continued investments in improving housing outcomes for youth transitioning out of foster care to provide stability in communities.

Item	GRB Amount	LAB Amount	What's at stake
New Investment in Improving Child Welfare Outcomes Package: Temporary Lodging/Alternate Placement	\$10 million	Fully Funded	Allows the agency to evaluate and implement innovative alternate placement recommendations to help end temporary lodging and ensure that every child and youth in foster care in Oregon has a stable placement that meets their needs.
New Investment in Improving Child Welfare Outcomes Package: Maintain investments for prevention	\$7 million	Fully Funded	Investments to maintain compliance with the Family First Prevention Services Act (FFPSA) and continue key services that promote stability for families to prevent entry into the child welfare system. Services include parenting skills, mental health treatment, and SUD prevention. These state matching dollars are essential to draw down ongoing federal dollars for prevention and backfill expiring Federal Funds.
New Investment in Improving Child Welfare Outcomes Package: FOCUS expansion	\$400,000	Not Advanced – ODHS pulled back as lower priority – ODHS will assess how to staff this work with internal	Expands two proven pilot programs providing support for caregivers of youth with intensive needs. With demonstrated success in stabilizing young people with intensive needs and preventing 75% from entering temporary lodging, expansion of



		reorganization	funding would provide similar support to communities across Oregon.
New Investment in Improving Child Welfare Outcomes Package: Contract administration oversight	\$1.9 million	Not Advanced – ODHS pulled back as lower priority and will assess how to do this work with internal reorganization	With 24 percent of its budget allocated to contracts serving thousands of Oregonians, effective contract oversight is a critical component of the Child Welfare Division's work. This investment will enhance oversight of child welfare contracts for service quality and safety.
New Investment in Improving Child Welfare Outcomes Package: Independent Living Program	\$4 million	Partially Funded - \$2.5 million Advanced	Supports youth aging out of foster care with housing, skill-building, and transition services.
Ending youth homelessness and ensuring housing stability	\$20 million	Fully Funded	Provides services for youth experiencing homelessness, with a focus on urban, suburban, and rural areas.
TOTAL:	\$43.3 million		

For more information, contact:

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The Senate Budget Reconciliation Proposal: A Cut to Critical Food Security

Cost Shift and Financial Burden: \$850 million in new costs per biennium

The Senate Agriculture Budget Reconciliation Proposal would dismantle SNAP’s federal-state structure, forcing Oregon to absorb \$850 million in new costs per biennium and slashing food aid for families, kids, seniors, and immigrants. The proposed cuts threaten to take food off the table for Oregonians, place unsustainable financial burdens on the State, and risk the well-being of families and local economies.

SNAP serves 740,000 people every month. This is one in six Oregonians. Half are children, seniors, and people with disabilities.

The Senate Republican plan allows states to either cut coverage to meet new cost-sharing demands or, if unable, **terminate SNAP entirely**. This would leave **hundreds of thousands of Oregonians without food assistance** and create sharp disparities between states, undermining the promise of a national anti-hunger program.

Key Cost Shifts to Oregon (Biennial Impact)

Senate Proposal	Oregon Cost (biennium)	Effective Date
State pays 15% of SNAP benefits (based on state error rate)	\$540 million	October 1, 2027
Admin match reduction (50% to 25%)	\$150 million	October 1, 2027
Backfilling eliminated programs (NSAP-Ed, TEFAP, Summer EBT)	\$100 million	October 1, 2025
Error rate mitigation + training	\$20 million	October 1, 2025
Emergency hunger relief	\$40 million	October 1, 2025
TOTAL NEW COSTS TO OREGON	\$850 million	

Impact on Oregon’s Vulnerable Populations

- **Families:** SNAP benefits would fall behind food costs, squeezing family grocery budgets.
- **Seniors & Caregivers:** 3-month benefit time limits extended up to age 65.
- **Immigrants & Refugees:** Many lose eligibility, including humanitarian parolees.
- **Rural Communities & Food Banks:** Increased demand + decreased TEFAP (emergency assistance) aid.
- **Veterans, Foster Youth, Homeless Individuals:** Longstanding protections eliminated.
- **All Oregonians:** Less SNAP spending = lower economic activity and tax revenue.

89% of SNAP households are also on Medicaid – cuts to food assistance will amplify health and housing instability.

Supplemental Nutrition Assistance Program (SNAP)

SNAP Enrollment Quick Facts

Oregon Statewide

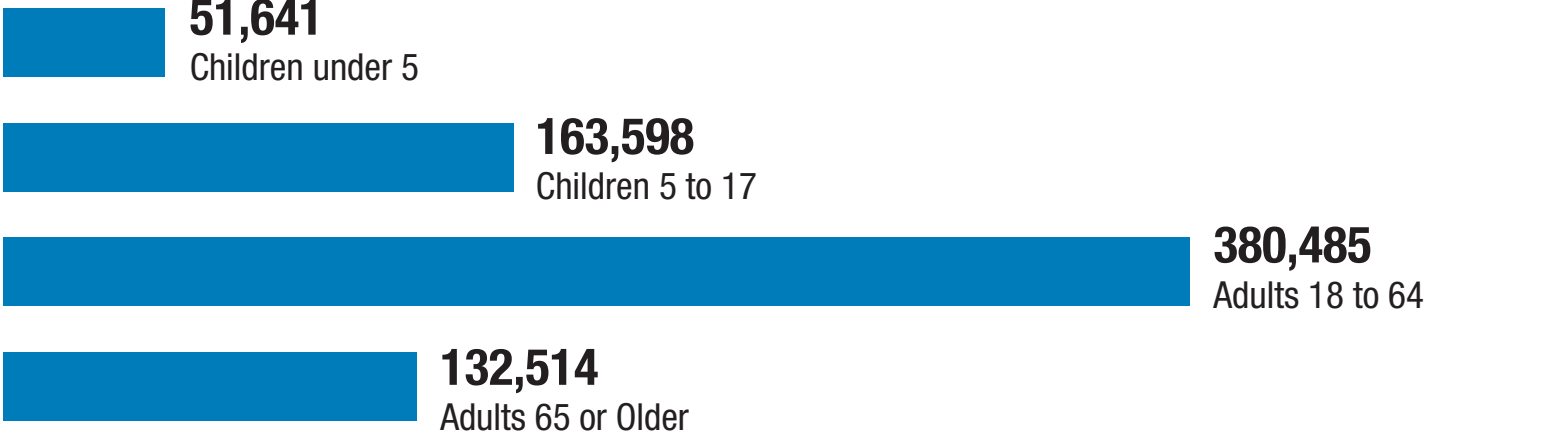
Overview

Data from March 2025

445,238 households	737,781 participants	\$140,503,481 total benefits issued	\$313.74 average benefit amount
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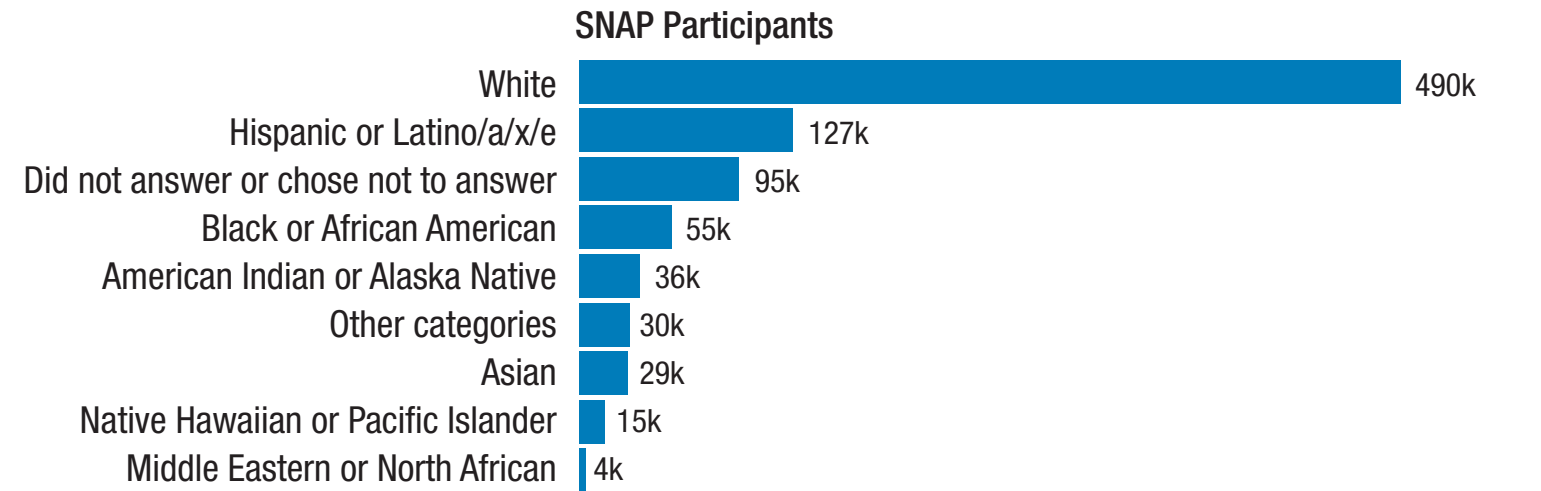
By Age

Data from March 2025



By Race and Ethnicity

Data from FY 2025



Supplemental Nutrition Assistance Program (SNAP)

SNAP Enrollment Quick Facts

By Congressional District

Congressional District	Total District Population	Number of SNAP Participants	SNAP Participants Relative to General Population	Children Under 5	Children 5 to 17	Adults 18 to 59	Adults over 60	March 2025 Benefits Issued
District 1	706,209	90,566	1 out of 8	7,285	18,860	47,712	16,709	\$16,006,882
District 2	706,209	165,976	1 out of 4	14,170	37,950	83,358	30,496	\$33,715,956
District 3	706,209	128,632	1 out of 6	11,141	28,554	66,148	22,779	\$29,375,293
District 4	706,208	139,217	1 out of 5	9,531	26,094	76,170	27,422	\$22,939,683
District 5	706,209	100,129	1 out of 7	7,920	22,147	52,245	17,817	\$19,718,904
District 6	706,212	113,261	1 out of 6	11,125	29,993	54,852	17,291	\$18,746,763

SNAP Broad-Based Categorical Eligibility

In Oregon, under Broad-Based Categorical Eligibility (BBCE), people can stay eligible for SNAP benefits until their household income reaches 200% of the Federal Poverty Level (FPL) – in other words, they can earn up to twice the poverty level and still qualify. For SNAP, BBCE is the most significant cost-reducing policy option available to the state. If Oregon is forced to discontinue its BBCE policy, the limit would drop to the standard 130% of FPL. In effect, this would **push 108,070 currently eligible Oregonians out of the SNAP program**, disproportionately impacting working families and older adults.

Congressional District	Number of SNAP Participants	Participants in households below 130% FPL	Participants in households between 130% and 200% FPL (Current BBCE participants)
District 1	90,566	77,434	13,132
District 2	165,974	142,049	23,925
District 3	128,633	111,499	17,134
District 4	139,217	119,139	20,078
District 5	100,129	84,587	15,542
District 6	113,261	95,002	18,259
Total	737,780	629,710	108,070

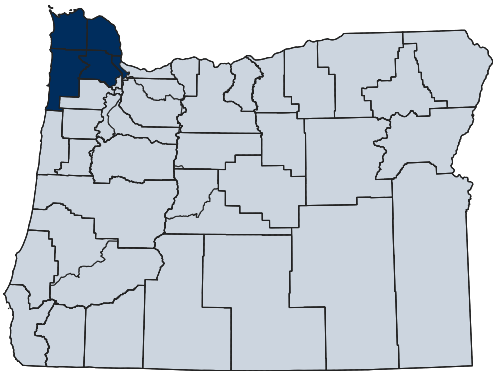
Supplemental Nutrition Assistance Program (SNAP)

SNAP Enrollment Quick Facts

By Congressional District

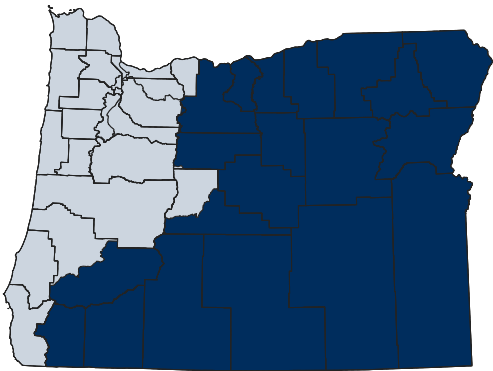
Geography

Congressional District 1
12% of Oregon’s SNAP participants live in District 1.



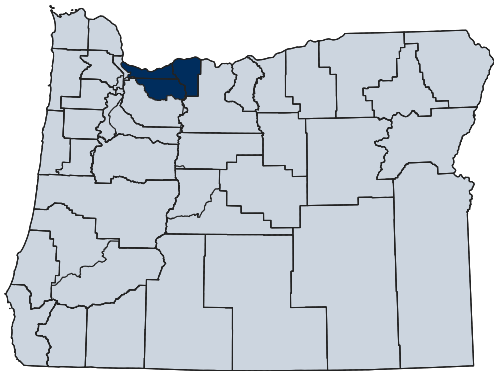
All: Clatsop, Columbia, Tillamook
Partial: Multnomah, Washington

Congressional District 2
22% of Oregon’s SNAP participants live in District 2.



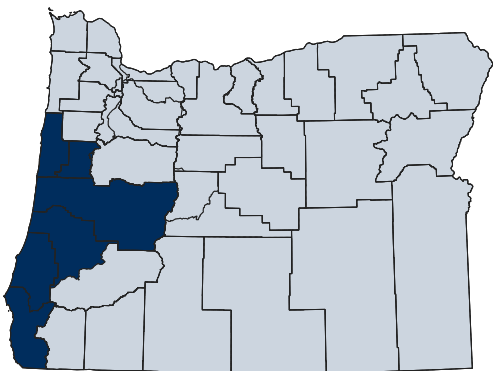
All: Baker, Crook, Gilliam, Grant, Harney, Jackson, Jefferson, Josephine, Klamath, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler
Partial: Deschutes, Douglas

Congressional District 3
17% of Oregon’s SNAP participants live in District 3.



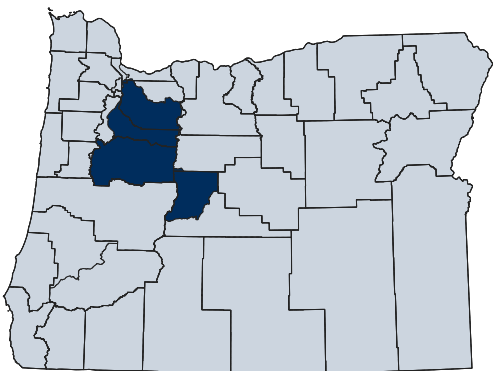
All: Hood River
Partial: Clackamas, Multnomah

Congressional District 4
19% of Oregon’s SNAP participants live in District 4.



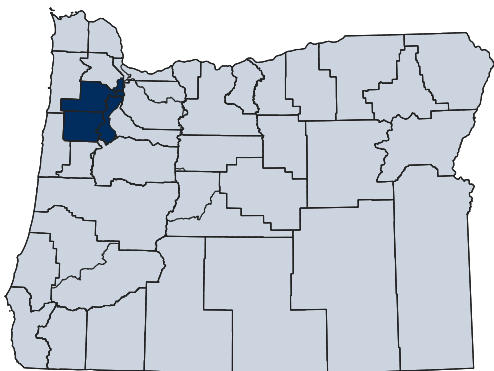
All: Benton, Coos, Curry, Lane, Lincoln
Partial: Douglas, Linn

Congressional District 5
14% of Oregon’s SNAP participants live in District 5.



All: Linn
Partial: Clackamas, Deschutes, Marion, Multnomah

Congressional District 6
15% of Oregon’s SNAP participants live in District 6.



All: Polk, Yamhill
Partial: Clackamas, Marion, Washington