Agenda/Notes
Office of Governor Tina Kotek
RJC Health Equity and Human Services Committee
September 02, 2026 – Zoom
11:30am – 12:30 pm
Moderator – Javier Cervantes

MEMBERS

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

OTHER ATTENDEES

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

Topic/Lead	Notes/Main Points	Decisions/Action Items
Committee Priorities	*Meeting starts at 11:32am. Javier shares committee priorities.* **Josie**: Number 1 and 2 are the same for me in my mind. Curious what number four would be. These are priorities we are trying to hone in on are now through next session? **Javier**: Yes **Josie**: What are we anticipating next session? **Kristina**: Think there are two distinct complementary pathways around Community Care Organization (CCO) procurement. If legislators were to take anything up, they'd do so this upcoming legislative session, haven't heard anything yet. Legislature did give executive branch to extend contracts and there is a lot to be implemented over next 18 months. Procurement is really process to ask and answer the question but a tool to process those questions. Those would effect design of procurement rather than procurement **Josie**: We need to track anything from CCO if anything is being contemplated from legislature. **Matt**: Is the Governor requesting we narrow down to top three? What's the precedent here? **Javier**: We've come up with a number of priorities previously, this would be consistent. We want 2-3 priorities to workplan around for long session.	

Marin: Given economy, Medicaid cuts, and loss of budget. I think we're looking at 2-3 at most given current state of affairs. People agree that CBO funding and cuts on Medicaid are important, it's a tough year.

Matt: Economic conditions didn't let Prosperity Council stop cuts for wealthy. Maybe we can be bold and I want to push back on notion. Understand we need to narrow our focus but feel there's an inequity focus on how different councils are managing this. Turns out it's now over 100K eliminated from SNAP, higher than what we thought it was. Think we should feel bold here.

Coi-Vu: CBO funding question – so $10M isn't a lot of money. What is that funding? Noncompetitive – is that current organizations that are getting funding are still going to receive it, is it for SNAP enrollment, OHP enrollment? What does CBO funding consist of?

Josie: Don't know I can respond to that because Coi is referencing notes in doc. Prioritization of CBO funding, think it's both understanding what the current landscape is from CBO funding from OHA and DHS, where do we want to advocate more and the details. Haven't gotten into those details yet and will need to figure it out.

Marin: CPOP disbursed $10M or $11M. This coming biennium, they are proposing half. We're thinking where is this number coming from, why are they requesting less, now that the need is higher. We asked for info from OHA but haven't gotten information back. It's concerning.

Annie: The priorities, talking about Medicaid – is something we want to preserve as much as we can. It brings memories of Medicaid waiver bill. How do we tie to behavioral health if we want to condense our priorities. We had a specific percentage of money we wanted in behavioral health. Thinking if we have to narrow our list, behavioral health seems like we don't have enough support for it. Takes time for people to do schooling, certification, to do that work. Brings me back to CBO investment. This is where some of our communities can practice something new. When it comes down to what specific things might be for CBO's, moving away from what we did in COVID, don't think there's enough but thinking more of the community and resilience budling.

Matt: Oregon Dept. of Human Services (ODHS) will present next week on legislative days on Wednesday on why. Think CBOs can play a role like navigation. Maybe its channeling more money into navigator network. Think we are still in diagnosis mode.

Javier: As we map out a workplan, we can micro target where we are starting.

Elizur: Seems like there is overlap with current priorities we have, wonder if we can build those in with new priorities. CCO funding specifically. Do agree with Matt that we need to be bold and not reduce it much. Think it aligns with the "Racism is a Public Health Crisis". We need to not back down because our communities deserve better. Noticed our current priorities can overlap with new priorities.

Melinda: Trying to conceptualize this in real practice. Looking at potential impacts, those most impacted are those who have most severe and functional impairment. They aren't able to keep up with requirements and will fall through the cracks the most. Looking at the behavioral health and the system, people get paid through CCOs and is a whole other entity and impacts there. With some of these other recommendations, want to call forward of who will be impacted most whether its workers or people we are serving.

Rachel: I wanted to share ODHS is working on a SNAP data dashboard that will be publicly posted to show where and how HR 1 has impacted changes in enrollment. Timeline for release is in next 2 months. This will be a helpful tool for public awareness and accountability to help drive future actions.
Its work in process and will be a tool to use.

Leslie: HB 4052. There has been $4M pushed out in response to the bill. Concerned that whatever steps and recommendations we make will have the same outcome. The idea was to have mobile units go into the community and needs assessment on the ground. The system creates obstruction to that. Point was to go to community for mobile units and instead money got pushed to communities out on the coast, tribes, and central city concern. None of them address impact of racism. This is a public health crisis itself, and it will perpetuate and we aren't looking at virus of racism and instead looking at the fever. Want to be real clear that it's a clinical matter, not a political matter.

Marin: At last meeting someone said to make sure whatever cuts or things happen, that BIPOC and most vulnerable aren't impacted from whatever changes happen. How do we embed that within our priorities?

Leslie: There is no way to make sure it's not going to happen; it is by design for it to happen. It's designed to harm this population, just want to make that clear.

Josie: Based on prior conversation with behavioral health, think there's a connection with Medicaid and Healthier Oregon Program

	(HOP) conversation. **Leslie**: Number three, they all have to be assessed in the frame of number 3. **Matt**: What is the approach or legislative effort right now? **Leslie**: I requested a meeting with Dr. Hathi with that question. Felt like gas lighting and her response was "you should talk to Oregon Advocacy Commissions Office (OACO)". Would like to set up a meeting with Mr Ryan to discuss the things included in the bill – there are other recommendations that haven't been tried or addressed in the bill. Expecting OHA to do that work, independent of those recommendations, hasn't worked in the past. **Kristina**: Looks like there should've been some sort of report, question is was it completed and is it something this body wants to review. **Andre**: Report was finalized, OACO did do a report. Maybe first step for this committee to review that. We will share it out after the mtg. **Elizur**: Do think this is the opportunity to be bold. Public health crisis is the social determinants of health. 4052 was implemented with mobile health units and missed the mark. We need to be bold and make sure we resource this bill. **Marin**: It's important to have a clear ask. Do we need to have more clarity in terms of our ask? **Andre**: We will be having next month a work session to get to those things. We do have a work session planned where we want to drill down in priorities. **Melinda**: Would be great to get behind support and explanation of culturally and linguistically services and expand to other medical specific and continue support around that. Clinical supervisors have to be in state of Oregon when providing supervision. Had a lot of implication of most recent rules. **Leslie**: Whole group of people is underfunded, trying to get those voices in the room is hard. Would like to be in the workgroup. **Marin**: These three priorities I'd agree with and are right on for us to take on. **Josie**: Like Elizur's suggestion. This is a committee of the Racial Justice Council and feel like racism is front and center, and these are the topical areas for long session and what we are advocating for.	RJC team to share final OACO report.

	Leslie Gregory requests to meet with Andre. *Marin motions to accept recommendations. Leslie Gregory seconds motion. No committee questions.* **Marin**: Transparency from OHA and DHS is important. To have effective communication and working relationship, its a value to work with OHA and DHS. Working value. **Josie**: With CCO topic, think it needs to be under priority one. **Leslie**: Also need to include OregonBuys process is another systemic obstruction. **Andre**: EOC is working on that issue. *Marin motions to amend addition. Elizur seconds motion. No further discussion or questions from committee. No members voted "Nay" or abstained from voting. Members present and voting "Yes" to priorities are:* Marin Arreola, Josie Silverman-Mendez, Leslie Gregory, Tae-Sun Kim, Coi Vu, Annie Valtierra-Sanchez, Melinda Del Rio, Matt Newell-Ching, Dolores Martinez, and Elizur Bello. **Andre**: We want to make sure we have that level of clarity already pre-built in. We will work it out through rest of year, there will be another opportunity for legislative interactions. Javier and I are meeting with BIPOC Caucus next week and they are demonstrating a lot of commitment and support. We are planning a work session in October. Need your engagement, it's important and happy with conversation today. *Meeting concludes at 12:32pm.*	Members vote to adopt committee priorities.

Meeting Materials	Combined HEHS Priorities Responses

Zoom Chat

2026-09-02 11:31:40 From Andre Bealer (he/him) Gov. Office to Hosts and panelists:
Good morning!

2026-09-02 11:32:35 From Elizur Bello to Hosts and panelists:
Good morning, folks!

2026-09-02 11:33:00 From Rachel Currans-Henry - Oregon to Hosts and panelists:
Good morning! I let Kristina, Javier, Josie and Marin know - but I need to jump off the call by 12 pm today. Letting folks know now. Thank you and apologies in advance. Rachel

2026-09-02 11:48:56 From Rachel Currans-Henry, she/her to Hosts and panelists:
Welcome, Annie! It is nice to see you here at the meeting.

2026-09-02 11:57:05 From Rachel Currans-Henry, she/her to Hosts and panelists:
Matt and all RJC members - I wanted to share the ODHS is working on a SNAP data dashboard that will be publicly posted to show where and how HR 1 has impacted changes in enrollment. Timeline for release is in next 2 months. This will be a helpful tool for public awareness and accountability to help drive future actions.

2026-09-02 12:08:43 From Elizur Bello to Hosts and panelists:
3 is the overarching lens, I agree

2026-09-02 12:09:13 From Leslie Gregory to Hosts and panelists:
THANKS, ELIZUR

2026-09-02 12:12:18 From Leslie Gregory to Hosts and panelists:
There were reports by the pilots bu0t they werent aaddressing racism anyway

2026-09-02 12:12:44 From Leslie Gregory to Hosts and panelists:
they did expand services as they wanted but it didnt hit the mark of the bill

2026-09-02 12:14:14 From Leslie Gregory to Hosts and panelists:
racism is THE most impactful social determinant!

2026-09-02 12:15:07 From Leslie Gregory to Hosts and panelists:
there is NO sector of human existance NOT impacted by health andthus racism

2026-09-02 12:15:34 From Leslie Gregory to Hosts and panelists:
yes if you center racism

2026-09-02 12:19:36 From Leslie Gregory to Hosts and panelists:
I would like to be included in that work group - is that possible?

2026-09-02 12:21:04 From Yasmin Solorio, Gov Office (She/her) to Hosts and panelists:
Just a quick time check - we have about 10 minutes before we close out

2026-09-02 12:21:34 From Leslie Gregory to Hosts and panelists:
andre, I would like to follow up with you as well

2026-09-02 12:24:11 From Tae-Sun Kim to Hosts and panelists:
The Mobile Health Unit pilot program - when does this pilot sunset?

2026-09-02 12:24:19 From Leslie Gregory to Hosts and panelists:
i would love to go through the bill and its process and discuss the underlying issues that led to these mandates - it would help this cmte to understand the bckvground and data demanding us to ask "where is racism at lpay" instead of "is racism..."

2026-09-02 12:24:42 From Kristina Narayan (OR) to Hosts and panelists:
All i need to jet, thanks for discussion, Andre and Javier let me know how to assist with follow up.

2026-09-02 12:24:48 From Leslie Gregory to Hosts and panelists:
mobile health has sunsetted but it didn't hit the mark - I'm on that mobile health cmte as well

2026-09-02 12:25:45 From Leslie Gregory to Hosts and panelists:
the transparency is there - they are NOT up to the task - we've sen that

2026-09-02 12:26:04 From Tae-Sun Kim to Hosts and panelists:
Replying to "mobile health has sunsetted but it didn't hit the ...":
Thank you, Leslie.

2026-09-02 12:26:16 From Leslie Gregory to Hosts and panelists:
YVW

2026-09-02 12:26:50 From Annie Valtierra-Sanchez to Hosts and panelists:
I think keeping HB4052 at the forefront will help to not sunset priorities, even thought they gutted the initial bill, I can see how it can be determined complete but work is ongoing

2026-09-02 12:29:23 From Leslie Gregory to Hosts and panelists:
agree - how are we doing this and beingbudget neutral?

2026-09-02 12:30:02 From Leslie Gregory to Hosts and panelists:
i will do my best - hard with clkinic time

2026-09-02 12:30:14 From Leslie Gregory to Hosts and panelists:
i want to be in that work session pls

Combined Responses: Health Equity and Human Services Committee Priorities-2026

The following are the responses I received for the priorities of the HEHSC. Note, not all those that returned the template filled out each priority area (if they left the priority blank, they were assigned a 4 as a low priority).

Rank of Top Priorities:

Frame: Addressing Racism as a Public Health Crisis (HB 4052)

1. Preservation of Medicaid, Healthier Oregon, SNAP & Understand Budget Context for Oregon Health Authority (OHA) and Dept. of Human Services (DHS)
    a. Behavioral Health
    b. Coordinated Care Organizations procurement process (ensuring equity-based approach to development and implementation of CCO contracts)
2. CBO Funding specified directly for CBO's re: HR1 appropriation implementation
3. Data and Privacy: Updates to Medicaid and SNAP

Priority	**Comments: Goals (Specific, Measurable, Achievable, Relevant, Time-Based)**	**Rank order the priority from most important to least on scale 1-4 (1=Highest, 4=Lowest).**
CBO Funding	Secure a $10,000,000 baseline appropriation in the state FY2028–2029 biennial budget for a non-competitive grant program that funds a statewide network of 30-35 trusted CBOs by June 2027. Greater transparency from OHA & ODHS pertaining to funding and partnership with CBOs especially in light of funding cuts for Medicaid & SNAP. I agree with Josie on this. They provide direct engagement with community; diverse representation on community initiatives; civic participation; CBOs are accessible and culturally relevant. By Q4 2026, advance a transparent and equitable CBO funding approach that prioritizes organizations led by and serving historically underserved communities. Track dollars reaching culturally specific and community-based organizations, reduce unnecessary administrative barriers, and establish at least 2	1 1 1 1 1 Total: 5

	mechanisms for meaningful CBO input into funding decisions.	
Funding specified directly for CBO's re: HR1 appropriation implementation	Secure a $15,000,000 baseline in the state FY2028–2029 biennial budget for a non-competitive grant program that funds a statewide network of 30 trusted CBOs by June 2027. This relates to the CBO funding topic above. Greater transparency from OHA & ODHS pertaining to funding and partnership with CBOs especially in light of funding cuts for Medicaid & SNAP. I agree with as well! Funding for assisters, those who help navigate changes. Any emergency funds for individuals or families most impacted by HR1 implementation. Ensure implementation funding includes a defined and trackable allocation for trusted CBOs serving communities most likely to experience coverage, food-security or access disruptions. By Q4 2026, establish a process for direct CBO input, rapid funding distribution and reporting on who is reached.	2 1 1 1 1 Total: 6
Addressing Racism as a Public Health Crisis (HB 4052)	Secure a $10,000,000 carve-out in the Oregon Health Authority (OHA) FY2027–2029 biennial budget to establish a permanent, non-competitive Public Health Equity Grant line-item that funds 30 culturally specific CBOs to implement OACO's structural health recommendations by June 2027 If informational only, I do not see this as a high priority. I would need more information to formulate a goal.	3 3

	I agree Continued funding for needs/recommendations. Is there a specific amount allocated/bring requested? By the end of 2026, translate HB 4052 into measurable implementation priorities addressing racial disparities in behavioral health, maternal/child health, chronic disease and social determinants. Establish public progress reporting and ensure people most affected by inequities have a formal role in shaping and evaluating solutions.	3 2 1 Total: 12
Periodic updates on the Behavioral Health Talent Council	If informational only, I do not see this as a high priority. It is important to stay in touch with them and be informed and have some communication with them. I would rank it at 3. Left blank By the end of 2026, receive quarterly updates that include workforce data disaggregated by race/ethnicity, geography and provider type; identify at least 2 actionable strategies to recruit, retain and support a behavioral health workforce that reflects the communities served, with emphasis on culturally responsive care and shortage areas.	4 3 1 4 (low priority) 2 Total 14
Coordinated Care Organizations procurement process (ensuring equity-based approach to development and implementation of CCO contracts)	Equity-based approach to development and implementation of CCO 3.0 contracts, especially in light of funding cuts to Medicaid. I agree with Josie on this! No Comment only ranked Left blank	1 1 2 4 (low priority)

	Before the next CCO procurement milestones, establish measurable equity requirements in contracts, including community engagement, culturally and linguistically responsive care, behavioral health access, health-related social needs, disaggregated outcome reporting, and accountability when disparities persist.	1 Total 9
SNAP Data and Privacy Updates	I would include Medicaid Data & Privacy updates here too. I agree. Consistent and transparent updates; clear privacy safeguards for SNAP recipients. Left Blank By Q4 2026, receive regular updates on SNAP access, churn and participation using disaggregated data where appropriate while protecting privacy. Use the findings to identify and address at least 2 barriers disproportionately affecting communities of color, immigrants/refugees, rural communities, people with disabilities and low-income families.	2 2 1 4 (low priority) 3 Total 12
CCO credentialling and simplifying the process and charges OHA	This seems very operational in nature to me and should not be a committee priority in my opinion. Not a priority. Build credentialing to create parity and ease across the process. Left blank By Q4 2026, identify and recommend changes that reduce duplicative credentialing, fees and administrative burden for behavioral health, culturally specific, small-practice and community-based providers. Establish a measurable goal for	4 4 2 4 (low priority) 1 Total 15

	shorter credentialing timelines and fewer avoidable barriers to network participation.	
Rural Health Transformation Program Overview (OHA) Updates	If informational only, I do not see this as a high priority. Yes, please keep us informed. Left blank Left blank Receive at least quarterly updates on rural transformation investments and outcomes, including behavioral health access, workforce, transportation and culturally responsive services. Require community input and disaggregated reporting to ensure rural Tribal, immigrant, low-income and other underserved populations benefit from investments.	3 3 4 4 3 Total 17

Current Priority	**Does Current Work Require Legislative Advocacy?**	**Status: Does this stay as a Committee Priority? What advocacy is needed?**
• Preservation of Medicare, Healthier Oregon, SNAP ○ Understand Budget Context for Oregon Health Authority (OHA) and Dept. of Human Services (DHS)	• Yes_XXXX_ • No_____	• Yes____XXXXX_ • No_____ **What advocacy is needed?** Written statements of support Oral testimony? Presentation/presence at decisions related to budget **What advocacy is needed?** With funding cuts on the horizon, especially as it relates to Medicaid and HOP, advocacy is needed to ensure changes are rooted in equity-based decision-making. RJC should play a key role in advising the Governor in this space. **What advocacy is needed?** Timely and transparent updates from OHA. Advocacy from further cuts. We need our state/Governor to put any safeguards possible to protect these programs and the people they serve.

		Advocacy & funds for direct navigation support. Follow the lead from those on the ground as to the needs and impacts. **Advocacy:** Protect access to Medicare, Healthier Oregon and SNAP; avoid policies that shift disproportionate harm to low-income and historically underserved communities. Use an equity impact review for budget reductions and preserve access, eligibility support and provider capacity.
• Behavioral Health	• Yes XXX__ • No_____ As it relates to changes to Medicaid & HOP, potentially yes. (JSM)	• Yes___XXX_____ • No_____X____ **What advocacy is needed?** We need to continue advocating to make sure the process licensing these workers continue to be streamlined. Very few Spanish speaking therapists. **What advocacy is needed?** Advocacy for continued investment in workforce and access. Supporting a crisis support system to make service or help more accessible. **Advocacy:** Preserve Behavioral Health as a priority. Expand culturally responsive care, workforce diversity, integrated behavioral health, timely access and sustainable reimbursement for community-based and smaller providers.
• Coordinated Care Organizations (CCOs)	• Yes____X____ • No_____X____ As it relates to changes to Medicaid, potentially yes. (JSM)	• Yes__X _____ • No_____X_____ **What advocacy is needed?** CCOs are experiencing the change in funding due to federal cuts, they've been crucial in helping people navigate their healthcare and benefits. If it's CBOs, yes, they have a direct connection to community with very limited funding, we keep advocating for funding to support communities at ground level. **Advocacy:** Keep CCOs as a priority with stronger equity accountability. Require meaningful community participation, transparent disaggregated outcomes, culturally responsive networks and contract

		consequences when disparities are not addressed.
• Traditional Health Workers (THWs)	• Yes_XXXX_ • No_____ Unknown	• Yes____X_____ • No_____ **What advocacy is needed?** Funding for training (HECC), CBOs, CEUs, and paid jobs that are equitable and fair in wages **What advocacy is needed?** We need to make sure we continue educating people on the importance of these workers, especially as it relates to cutting costs and using these workers in many healthcare settings that lack service delivery to BIPOC communities. **What advocacy is needed?** Advocacy for THWs has continued to be an investment in workforce and professional diversity for communities, especially those less resourced. **Advocacy:** Preserve and strengthen THWs. Support sustainable reimbursement, workforce development and meaningful integration of trusted community-based workers into care teams, especially for communities facing cultural, language and access barriers.

List other priority areas you believe the EOC might consider.
1. Culturally responsive behavioral health access: reduce wait times and expand care delivered by providers who reflect and understand the communities served. 2. Equity accountability and disaggregated data: use appropriate demographic data to identify disparities and measure progress. 3. Social determinants of health: strengthen strategies addressing housing, food, transportation and income as drivers of health. 4. Community voice and lived experience: compensate and meaningfully include impacted communities in policy design, implementation and evaluation.

HEHS Committee Priorities 2026

The following is a collection of the Committee Priorities voted on in September.

Committee: HEHSC
Frame: Addressing Racism as a Public Health Crisis (HB 4052)
Priority: Preservation of Medicaid, Healthier Oregon, SNAP & Understand Budget Context for Oregon Health Authority (OHA) and Dept. of Human Services (DHS) • Behavioral Health • Coordinated Care Organizations procurement process (ensuring equity-based approach to development and implementation of CCO contracts)
Priority: CBO funding specified directly for CBO's re: HR1 appropriation implementation
Priority: Data and Privacy: Updates to Medicaid and SNAP