



Agenda/Notes

Office of Governor Tina Kotek

RJC Health Equity and Human Services Committee

September 10, 2025 – Zoom

10:00 – 11 am

Moderator – Javier Cervantes

MEMBERS

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

OTHER ATTENDEES

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

Topic/Lead	Notes/Main Points	Decisions/Action Items
Hear Guidance from Policy Advisor	<p><i>Josie welcomes committee. Meeting starts at 10:06am</i></p> <p>Rachel: Where and how should we have RJC engage that we can be most impactful. Where can we add most value given change that is coming. Started with federal changes with HR1. How can RJC help to advise governor? In a budget constrained environment, what is the framework for ahead decision making with broader considerations. Secondly, how are we communicating and engaging? To help advise how we can communicate and engage differently on changes ahead.</p>	
Explore/Determine Priorities	<p><i>Javier shares HESHC Priorities Post Session Advisor Feedback 9.3.25_JSM (002) and HEHSC Workplan draft</i></p> <p>Josie: Continuing to be a sounding board or advisor group on how this is communicated to community. In October, we are hoping to hear more from OHDS and OHA on their plans. Hoping to create opportunity for how our committee can engage with that work. We got an overview previously from Gov Team on budget analysis for OHDS. RJC will need to ensure racial justice lens is applied for decision making.</p> <p>Marin: Want to ensure committee members give thought to priorities. Please share.</p> <p>Annie: For priority 1 federal Medicaid & SNAP Changes/impacts. Is there something we can note</p>	

Explore/Determine
Priorities
(continued)

already for an equity lens focus, *before* they are having to make decisions. Ex: 10% for communities of color when decision making for funding, etc. Thinking things up front, rather than being reactive, by providing guidance up front.

Josie: Excellent point. The “proposed RJC focus” under priority 1 is exactly that thought.

Marin: Under Governor Brown we had a budget equity tool used for budget making. Gov team, what tool are you using similar to that nature? With Linda Roman, we had a budget equity tool we were using.

Rachel: Yes, we are. As we think of the last budget bills and work we did. Any of the areas in particular for RJC prioritized, we had a separate budget tool kit we used.

Andre: Budget equity tool for equity process during budget equity process. Can reshare that out for a starting place. To Rachel’s point, agencies are supposed to use these tools with decisions they make. Happy to share that out and you can use that for your process as well.

Javier: This will be our roadmap going forward.

Matt: Every altitude we should be looking at fully affirm what’s in there currently for racial justice framework. Thinking through some changes because of HR1, lower altitude wise, some of these decisions will be made at OHA administrative level. We want to ensure notices are put out in those languages, changes to work requirements and time limits going to those folks. My request would be ere on more opportunities to comment and provide more information because at every level there will be racial justice implications.

Kristina: For some of the policy and programmatic changes, the sequencing of how we begin to craft what the funding ask is for the system changes are all through the end of this year. There are significant swings on the logic. We have matching to do. Where do those milestones intersect so we can say something externally and RJC for you all to have a piece of the RJC.... The swiftness to make decisions as we would like, are often set up to be chaotic and will likely not fall in line with how we would intentionally think of.

Tae-Sun: Hard from where I sit to provide recommendations or guidance when there is no data.

Explore/Determine
Priorities
(continued)

Your decisions are only as good as the varsity of the data source we are using. In general, I can't make any kind of recommendation. In terms of Annie's comment, I agree with that and that is the purpose of this body. We are using data to ensure it is actually working, not just because it's on a paper. Equity is not equal treatment for populations, its giving them what they need. Always a push for data to help us get closer to our north star to ensure our policies are benefiting or see if they creating more burden.

Kristina: Clear timeline alignment and doing that work should be something you should tell us to do.

Jeremiah: We are going into a hard time with healthcare. There is the idea that this group was set to do during time of the pandemic, we are now bringing more frontline perspective. It's not easy to hear stories about how folks are getting care in real time and how does that inform a policy conversation with threats in the future. Curious what everyone else is seeing. If we can't map back to a large system, we have to focus on what was promised. Don't know where to start.

Josie: *Priority 2 coordinated care organizations.* Really understanding what's going on with Medicaid system feels vitally important to the work we are doing. We talked about CCO 3.0 as a priority last year.

Marin: CCO's aren't able to pay for costs on rates. Will OHA work with CCO's to cover costs? What's going on in terms of negotiation and budget with those issues?

Kristina: Adjusted rates and contract rates were sent to CCO's they have until the 13th or 19th deadline. My perspective, the agency has gone above and beyond to help in that space.

Josie: Hearing there is support to continue focusing on CCO's moving forward

Marin: First Lady now has a Beharioval Health Talent Council, she met recently with a consortium on a report that was done in the Spring.

April: There is some effort and collaboration that the First Lady's Behavioral Health Talent Council to be inclusive of other workgroups have been doing for a long time. The healthcare industry consortia, HB2235, and another group out of OHA. We have intersections, Rachel and I are working to ensure the work is going

Explore/Determine
Priorities
(continued)

forward. The website provides info on meetings and materials produced.

<https://www.oregon.gov/gov/policies/pages/behavioral-health-talent-council.aspx>

Marin: First Lady also said they are working on bi-cultural and bilingual workers in the space.

Elizur: Think its unfortunate that community health workers aren't represented on the Behavioral Health Talent Council, would have been great to see them included in the workforce investment. Would like for them to have a voice.

April: The council makeup is listed on the website, that is a limit of the scope that it doesn't include healthcare workers and increasing the workforce.

Josie: *Priority 4 Healthier Oregon. Priority 5 is Traditional Health Workers. Priority 6 is Regional Health Equity Coalitions.* Those were what we identified, but how are folks feeling and are we missing anything?

Javier: How do these intersect with Human services? Just want to put that out for the committee as we move forward.

Josie: OHP enrollment and changes, ODHS will be a key partner on that.



Marin: In terms of Regional Healthcare Coalition, do you have any thoughts or comments?

Annie: Sadly, our bills didn't pass, we had two: asking for funding to make up for inflation rate, and then funding for additional recs in rural areas. Right now, we are working for an increase to make up for inflation. When it comes to recommendations and tying priorities to human services, sadly we're hearing that people want to sign up for OHP and being discriminated and told to leave. There are people not signing up because of how they are being treated. We advocate and really need across the state to help people work through these challenges.

Marin: If it wasn't for traditional healthcare workers, covid would have been worse. We need to continue that advocacy.

Tae-Sun: The priorities are good. Would recommend the term traditional healthcare worker. Would be good to

Explore/Determine Priorities (continued)	<p>extend an expansion if the intention is to provide culturally tailed care, we may want to consider using more inclusive language. There are creative ways we can provide care to be more inclusive. We have monthly fresh food markets, encouraging patients who screen positive for food insecurities, for those who are eligible, are invited to come. No ID is checked or sign, we are still targeting population without advertising. We can be impactful around strategic guidance.</p> <p>Josie: Do folks fee like those 6 are the right priorities?</p> <p><i>Over 2/3 committee confirms. Priorities approved.</i></p> <p>Javier: Co-chairs will be presenting on these priorities to the RJC meeting next week. Co-chairs will get a template on how to report out for next week's RJC meeting.</p> <p><i>Next HEHSC meeting is October 15th. Meeting concludes at 11:03am.</i></p>	
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Meeting Materials	<p>State DEI Action Plan, (Racial Equity Toolkit pgs39-44): https://www.oregon.gov/das/Docs/DEI_Action_Plan_2021.pdf</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  RJC HEHSC Priorities Post Session (003) Ac </div> <div style="text-align: center;">  HEHS Workplan draft.pdf </div> </div>
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Zoom Chat

10:01:26 From Tae-Sun Kim to Hosts and panelists:
I am here, but will not be on camera for the first 15 minutes.

10:03:43 From Jeremiah Rigsby to Hosts and panelists:
i'm here but will be off camera for a moment

10:05:53 From Javier Cervantes, Gov. Office (El, He, Him, His) to Hosts and panelists:
Agenda

- Hear Guidance from Policy Advisor
- Explore/Determine Priorities (All)

10:20:31 From kristina narayan* OR Gov to Hosts and panelists:
Hi folks, i have a data update this group may be interested in. Will take <2 minutes toward the end of the meeting of time.

10:26:35 From Andre Bealer (he/him) Governor's Office to Hosts and panelists:
Great point, Kristina. I absolutely agree.

10:29:33 From kristina narayan* OR Gov to Hosts and panelists:
@josie and marin: one takeaway we could be directed to work on is identifying those timelines and milestones and where meeting alignment is

10:30:02 From Josie Silverman-Mendez (she/her), Willamette Health Council to Hosts and panelists:
you read my mind, Kristina

10:30:35 From Elizur Bello to Hosts and panelists:
Thanks, Tae-Sun! And also, can community create the data set we can use, since we are not typically involved in research and data analysis, so I'm not convinced current data is helpful?

10:31:18 From kristina narayan* OR Gov to Hosts and panelists:
Good comments Tae-Sun. I think the equity impact statements from agencies can be a little high level where there is more information that can be provided (and compelling)

10:40:53 From kristina narayan* OR Gov to Hosts and panelists:

the package we are proposing to the legislature does mitigate some state fund costs in total. the governor is not proposing benefit changes or further rate reductions as part of the CCO package pre session.

10:41:12 From April Rohman (they/them), Governor's Office to Hosts and panelists:

First Lady's Behavioral Health Talent Council

10:41:20 From April Rohman (they/them), Governor's Office to Hosts and panelists:

<https://www.oregon.gov/gov/policies/pages/behavioral-health-talent-council.aspx>

10:42:58 From Elizur Bello to Hosts and panelists:

It's unfortunately Community Health Workers are not represented in the Talent Council, but I know the group is large, so hopefully they somehow are

10:43:28 From Elizur Bello to Hosts and panelists:

But in my previous experiences, they rarely are

10:45:21 From Yasmin Solorio, Gov Office (She/her) to Hosts and panelists:

Just a quick 15 min time check

10:46:04 From Elizur Bello to Hosts and panelists:

Thank you, April

10:51:39 From Rachel Currans-Henry, she/her, Oregon to Hosts and panelists:

Annie - I would welcome a follow-up call to learn more about the discrimination that people are experiencing at ODHS offices to assess how we address. Rachel

10:52:55 From Javier Cervantes, Gov. Office (El, He, Him, His) to Hosts and panelists:

Next meeting is scheduled for October 15.

10:57:37 From Javier Cervantes, Gov. Office (El, He, Him, His) to Hosts and panelists:

You will receive the documents Andre noted earlier in our meeting. You will see it momentarily in your email.

10:58:11 From April Rohman (they/them), Governor's Office to Hosts and panelists:

There are currently 6 worker-types that OHA certifies as Traditional Health Workers: Community Health Workers, Peer Support Specialist, Peer Wellness Navigators, Birth Doulas, and Tribal Health Workers.

10:58:19 From April Rohman (they/them), Governor's Office to Hosts and panelists:

<https://www.oregon.gov/oha/ei/pages/about-traditional-health-workers.aspx>

10:58:58 From Elizur Bello to Hosts and panelists:

Respectfully, Doulas are actually included in the THW umbrella, and Registered Dietitians are already recognized as providers by health care, so THWs as listed by April, needed to be put under an umbrella, so they could also be recognized by health care

10:59:35 From Elizur Bello to Hosts and panelists:

not suggesting we do not include, other roles already in health care, but rather to continue to elevate the work of THWs that has historically been ignored

11:00:15 From April Rohman (they/them), Governor's Office to Hosts and panelists:

One clarification on the BH Talent Council work - While Community Health Workers weren't included in the scope of the BH Talent Council, there are many recommendations in the HECC's Talent Assessment for how to improve the experience of Peers in BH work.

11:00:31 From April Rohman (they/them), Governor's Office to Hosts and panelists:

<https://www.oregon.gov/workforceboard/data-and-reports/Documents/2025-Oregon-Behavioral-Health-Talent-Assessment-Report-final.pdf>

11:01:04 From Elizur Bello to Hosts and panelists:

Thanks for the follow up, April, on the HECC's Talent Assessment

11:01:29 From Tae-Sun Kim to Hosts and panelists:

@Elizur -- thank you for the clarification. And agreed, that widening the tent of healthcare providers and community connectors can support racially minoritized communities

11:01:29 From April Rohman (they/them), Governor's Office to Hosts and panelists:

Of course! Thank you for your advocacy!

11:02:10 From Elizur Bello to Hosts and panelists:

Thank you, Tae-Sun, I think we are looking for the same thing, just wanted to clarify, so I appreciate your comments as always

11:02:12 From kristina narayan* OR Gov to Hosts and panelists:

Josie Marin - can I send you the link for dissemination or Yesmin to you?

11:02:23 From kristina narayan* OR Gov to Hosts and panelists:

Yasmin*

RJC Health Equity & Human Services Committee – Priorities Post 2025 Legislative Session

Guidance from Policy Advisors:

- Focus on policy implementation; no new asks for the 2026 session
- Be clear on what is an information request vs. what is an area in which we'd like to advise
- Help guide implementation of changes for agencies to act on

Priority 1: Federal Medicaid & SNAP changes/impacts to Oregon

- Data sharing & protections; connections to REALD/SOGI
- Governor-requested budget analysis (OHA & ODHS)
- As changes to policy/programs in Oregon are contemplated, ensure racial justice lens

Proposed RJC focus:

- Provide values and equity framework to the Governor to consider as we move into a budget constricted environment
- Inform how changes are communicated (note: RJC will need more insight into the OHA/ODHS communication and community engagement plans)

Priority 2: Coordinated Care Organizations

- Financial viability/rate setting
- Health Equity Plan
- Health Related Social Needs (HRSN) benefits
- Healthcare access & utilization
- CCO 3.0 procurement (note: currently on pause given two-year contract extension)

Proposed RJC focus:

In this period of constriction, RJC to help with landscape/macro review of CCO performance and overall coordinated care model (note: don't take on role of detailed health equity committee work if already exists)

- Ensure equity focus is maintained by CCOs and the OHA approach to CCOs
 - Measure community impact to inform CCO approach
 - Monitor HR 1 impacts on CCOs and equity work in the long run
- Advise on HRSN; as plan is scaled back, ensure equity focus

Priority 3: Behavioral Health

Proposed RJC focus:

- Monitor implementation of bills that passed in the 2025 session (see below), ensuring equity focus is maintained by OHA in the administration of grants and the clearinghouse program
 - OHA: Workforce Investments (HB 2024 - \$7.1M)
 - OHA: Residential Capacity - Adult (HB 2059 - \$89.8M)
 - OHA: Harm Reduction Clearinghouse (\$10M)

Priority 4: Healthier Oregon

Proposed RJC focus:

- Monitor enrollment and utilization
- Stay informed of federal impacts
- Connect to values/equity framework for HR 1

Priority 5: Traditional Health Workers

Proposed RJC focus:

- Monitor implementation of bills that passed in the 2025 session (see below), ensuring equity focus is maintained by OHA

Priority 6: Regional Health Equity Coalitions

Proposed RJC focus:

- Conduct landscape/macro review of RHEC performance and overall model
- Monitor any federal impacts and equity work in the long run

Tools:

- Committee Workplan: Update to reflect work through 2026 short session
- Develop a dashboard to more easily track priority work?

Tentative Timeline for Remainder of 2025:

Month	Potential Topics & Presenters
August 20	<ul style="list-style-type: none">• Review committee priorities post 2025 session & get feedback (Josie & Marin)• Agency updates: Introduce new ODHS Director (Policy Advisors)• Federal Medicaid & SNAP changes & impacts to Oregon (Policy Advisors)
September 10	<ul style="list-style-type: none">• Continued discussions on priorities with committee members (Josie & Marin)• Focus on where RJC will be most helpful and narrow in on key areas (Policy Advisors)<ul style="list-style-type: none">○ Federal impacts○ CCOs○ Behavioral Health• Determine legislative talking points for 9/28-9/30 (Josie & Marin)
October 15	<ul style="list-style-type: none">• Agency updates: Hear from OHA leadership (Dr. Sejal Hathi; Kristina to invite)• Federal impacts: Presentation on current HR 1 communications and community engagement planning (OHA and ODHS; Rachel to make request of agencies & share with Kristina)

	<ul style="list-style-type: none">• Healthier Oregon update – enrollment & utilization, grant program (CPOP; Kristina to make request)
November	<ul style="list-style-type: none">• Agency updates (Policy Advisors): CCOs & Behavioral Health• Federal impacts (Policy Advisors)
December	<ul style="list-style-type: none">• Agency updates (Policy Advisors): THWs & RHECs• Federal impacts (Policy Advisors)• Committee Priorities for 2026 (Josie & Marin)

Health Equity & Human Services Committee Workplan*

Priorities: What is the status of previous priorities?	Can the previous priorities be advocated for further?	New priorities: is there policy or agency implementation that should be prioritized? If yes, what are they, and who are the agencies the committee can collaborate with? Priority Development <ul style="list-style-type: none"> • Framing: Preservation of existing efforts • With all the adjustments that are going to happen, we cannot lose sight of these themes/priorities
		Frame work on decision-making in changes and engagement. How do we guide on big picture choices related to HR 1. Communicating and feedback
		Priority 1: Federal Medicaid & SNAP changes/impacts to Oregon <ul style="list-style-type: none"> • Data sharing & protections; connections to REALD/SOGI • Governor-requested budget analysis (OHA & ODHS) • As changes to policy/programs in Oregon are contemplated, ensure racial justice lens (can we discuss what racial lens is beforehand?; be clear what that is.)

		<p>Priority 2: Coordinated Care Organizations</p> <ul style="list-style-type: none"> · Financial viability/rate setting · Health Equity Plan · Health Related Social Needs (HRSN) benefits · Healthcare access & utilization · CCO 3.0 procurement (note: currently on pause given two-year contract extension)
		<p>Priority 3: Behavioral Health</p> <p><u>Proposed RJC focus:</u></p> <ul style="list-style-type: none"> · Monitor implementation of bills that passed in the 2025 session (see below), ensuring equity focus is maintained by OHA in the administration of grants and the clearinghouse program <ul style="list-style-type: none"> ○ OHA: Workforce Investments (HB 2024 - \$7.1M) ○ OHA: Residential Capacity - Adult (HB 2059 - \$89.8M) ○ OHA: Harm Reduction

		Clearinghouse (\$10M)
		Priority 4: Healthier Oregon <u>Proposed RJC focus:</u> <ul style="list-style-type: none"> · Monitor enrollment and utilization · Stay informed of federal impacts · Connect to values/equity framework for HR 1
		Priority 5: Traditional Health Workers <u>Proposed RJC focus:</u> <ul style="list-style-type: none"> · Monitor implementation of bills that passed in the 2025 session (see below), ensuring equity focus is maintained by OHA [JS1]
		Priority 6: Regional Health Equity Coalitions <u>Proposed RJC focus:</u> <ul style="list-style-type: none"> · Conduct landscape/macro

		<div>review of RHEC performance and overall model</div> <div><div></div><div>· Monitor any federal impacts and equity work in the long run</div></div> <div>Tools:<div><div></div><div>· Committee Workplan: Update to reflect work through 2026 short session</div><div></div><div>· Develop a dashboard to more easily track priority work?</div></div></div>
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