

# Memorandum

**To:** Mental Health Adult Foster Home Licensees  
Community Mental Health Programs

**From:** Connie Rush, Mental Health Licensing & Certification Manager

**Date:** August 11, 2025

**Subject:** Petition to Change Exclusive Representative (Election)

---

The Employment Relations Board has submitted a Notice of Petition to Change Exclusive Representative related to Adult Foster Home Providers in the State of Oregon. Please see the attached notice for details. You do not need to post this notice.

If you have any questions about this notice, please contact the Employment Relations Board at 503-378-6471 or [EmpRel.Board@ERB.oregon.gov](mailto:EmpRel.Board@ERB.oregon.gov).



**NOTICE  
PETITION TO CHANGE EXCLUSIVE  
REPRESENTATIVE  
(ELECTION)**

ERB Case No. RC-014-25

The **EMPLOYMENT RELATIONS BOARD** has been asked to conduct an election under ORS 243.682(1) to determine whether all Adult Foster Home Providers (excluding substitute caregivers, employees of the Provider and Providers who do not live in one of their adult foster homes and other employees excluded from the protection of the Public Employee Collective Bargaining Act) employed at the **STATE OF OREGON**, which are currently represented by **SEIU LOCAL 503**, should be represented by the Petitioner, **OREGON CARE HOME COUNCIL**.

Objections to the petition or any request to intervene must be filed in writing with the Board within 14 calendar days from date of this Notice (by **August 25, 2025**).

DATED: **August 11, 2025**

**EMPLOYMENT RELATIONS BOARD**

1225 Ferry St. SE

Salem, Oregon 97301

[EmpRel.Board@ERB.oregon.gov](mailto:EmpRel.Board@ERB.oregon.gov)

(503) 378-6471; Fax (503)-373-0021

**EMPLOYMENT RELATIONS BOARD**  
1225 Ferry St. SE  
Salem, Oregon 97301

**CERTIFICATE OF POSTING**

IN THE MATTER OF:

ERB Case No. RC-014-25

**OCHC**  
**v.**  
**State & SEIU**

I certify that I posted and/or emailed copies of the NOTICE OF PETITION TO CHANGE EXCLUSIVE REPRESENTATIVE (ELECTION) in this matter in the following places and/or to affected employees on \_\_\_\_\_.  
(date)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_

\_\_\_\_\_  
Signature Title