



Community Advisory Council (CAC) Meeting

Minutes August 7 2025, 12 pm

Agenda Item	Discussion Leader
<p>Attendance: CAC voting members. Katie Gonzalez, Jeanifer Imbruglia, Coreen Lee, Trudy Simpson, Drew Farmer, Stephanie Brouse, Corey Wampler, Matthew Lehman, Amber Nichole Majeski, Ariel Hicks, Jess Howell. Guests: Anna Marie Slate, Bevin Ankrom, Avery Horton, Brandy Hille, Scott Cooper, Holly Boardman, Barb Snyder, Frances Smith, Sam Baugh, Liz Hill, Doris Kiragu, Anna Warner, Naomi Brazille, Siemone Moll, Lisa Frischkorn, Matt Vorderstrasse, Mike Hanks, Sarah Swanson, Paige Farris, Danita Tracy Carter.</p>	
<p>Council Business</p> <ul style="list-style-type: none"> • Roll call • June 2025 minutes – vote on in September. • Approve Agenda • Suggestion Box https://forms.office.com/r/B9NTwd9Mte 	Katie
<p>Open Floor/feedback loop voting CAC Representatives- Consumer Representatives</p> <ul style="list-style-type: none"> • Katie received a call from Food Smart to sign up her child. It was helpful. • Coreen Lee: - In response to a previous discussion, a dentist contacted Coreen and stated they were no longer charging for nutritional counselling. <p>Community Partner Representatives</p> <ul style="list-style-type: none"> • Matt with North Bend family housing, moving on to phase 2 • Ellensburg housing to Gold Beach moving forward. • Scott Cooper – working with the housing authority- breaking ground on the old Belloni Ranch girls' house. • SPARC - • Sarah Swanson – Knight Cancer Institute was with the Waterfall clinic in Myrtle Point provided a significant amount of community clinic resources. For patients related to reproductive health and immunization for cancer prevention. • Jess Howell- Pride in the Park is at Mingus Park Saturday August 9th 11-3pm. 	Katie
<p>2025 CHIP grants The Coos County CAC received 34 CHIP grant requests for a total dollar amount of \$291,480. The amount Coos County has is \$110,000 to give away. Sam asked for individuals to help review grants. Jeanifer, Matt L, and Brandy H. all volunteered; Katie needed to see if she was available. Sam will contact and send out the requests.</p>	Sam

<p>Coos Fights Cancer Coos Fights Cancer Came to the CAC last year to get feedback on their website. They returned to show the results. Please visit www.coosfightscancer.org. The feedback was that they had done a great job in putting together their website, and should consider expanding to additional forms of cancer.</p>	<p>Barb Snyder Frances Hall Smith</p>
<p>OHSU Knight Cancer Institute Presentation of the COMP Cancer Plan. Knight Cancer's Community Outreach and Engagement Team and then OHA's HIPCDIP section partnered, dove into publicly available data sources and identified five cancer priorities for Oregon. These are the priority cancers in order of criteria selection and how highest need and burden across the state, liver, breast, colorectal, lung, HPV vaccination.</p>	<p>Paige Farris Sarah Swanson</p>
<p>OHA update – Federal Request for OHP Member Data Federal law requires the Oregon Health Authority (OHA) to submit data to the Centers for Medicare & Medicaid Services (CMS) for individuals enrolled in the state’s Medicaid Program (Oregon Health Plan (OHP)). Medicaid is a partnership between the federal government and Oregon, using federal and state dollars to provide affordable, comprehensive health care to lower-income Oregonians.</p> <p>As required by federal law, OHA must submit certain data to CMS to ensure federal funds are used for allowable program purposes. This information is provided monthly to CMS. These mandatory monthly reports include eligibility and demographic information. This data sharing relationship has not changed.</p> <p>Some Oregonians who are not eligible for full Medicaid due to immigration status are lawfully eligible for limited services paid for with federal funding, such as emergency medical services and labor and delivery medical services. These individuals may also access services through the Healthier Oregon program which provides coverage for medical and some other services. The Healthier Oregon Program is paid for through state funds only.</p> <p>All data required by CMS and submitted by OHA is confidential under both federal and state law. CMS is legally required to protect and limit use of this data for the administration of the Medicaid program and to protect against unauthorized disclosure.</p> <p>On June 6, 2025, CMS requested additional information about Oregon Medicaid members who benefit from federally funded services. CMS has stated the purpose of this financial data review is to ensure that claims for federal financial participation meet all applicable statutory requirements for individuals who are not eligible for full Medicaid services due to immigration status but are lawfully eligible for limited federally funded services.</p>	<p>Bevin</p>

OHA has not yet responded to CMS' request for additional information while the request is currently being reviewed by the agency.

OHA is aware of reports that CMS or the U.S. Department of Health and Human Services may have shared the personal data of Medi-Cal (California's Medicaid program) and Apple Health (Washington's Medicaid program) with the Department of Homeland Security. OHA, in consultation with the Governor's office, is working closely to understand reports from both states concerning misuse of protected program data.

State and federal laws concerning data privacy have not changed. OHA deeply values the privacy of all Oregonians. OHA will continue to follow federal and Oregon state laws to protect people's private health information for all 1.4 million Oregonians who benefit from the Oregon Health Plan. Information sent to CMS related to the administration of the Medicaid program is subject to state and federal confidentiality laws concerning protected health information.

Frequently asked questions about the federal government's sharing of personal information

You may have seen reports that the federal Centers for Medicare & Medicaid (CMS) and the U.S. Department of Health and Human Services are sharing Medicaid data with immigration enforcement officials. We understand that these reports have caused deep fear, frustration, and anger across our communities.

What kind of Medicaid information does CMS have?

CMS requires the Oregon Health Authority (OHA) to provide monthly reports about how Oregon uses federal funds to provide Medicaid services.

OHA manages Medicaid for 1.4 million Oregonians through the Oregon Health Plan (OHP). OHP and Healthier Oregon are names for Medicaid in Oregon.

In its data reports to CMS OHA currently shares information that includes:

- OHP member names, addresses, and dates of birth
- Medicaid ID numbers
- Social security numbers if provided
- Citizenship status

These reports are routine and have been done during previous federal administrations. NOTE: OHA data reports currently provide citizenship status without identifying if a member is eligible for a program solely due to their immigration status. OHA is continuing to assess how to best meet its CMS data sharing requirements, while protecting

I thought Healthier Oregon was funded with state money. Why would OHA need to report that information to CMS?

People whose immigration status doesn't allow them to have full Medicaid benefits can enroll in Healthier Oregon. Oregon uses state dollars to fund most Healthier Oregon services except for emergency health care visits. Those are paid for with federal money. Eligibility for Healthier Oregon and emergency services is tied together to help patients get care faster and easier. As a result, all people enrolled in Healthier

Oregon were and continue to be included in files shared with CMS because eligibility for federally funded emergency services and Healthier Oregon is tied together. OHA is evaluating and reviewing ways to maintain compliance with federal requirements while protecting members' privacy as much as possible. The Governor has directed the agency to review system changes to separate Healthier Oregon from federally-funded emergency services. This work is currently underway.

What if I'm no longer enrolled in OHP or Healthier Oregon? Does CMS still have my information?

If you ever enrolled in OHP or Healthier Oregon, OHA has at some point shared your personally identifiable information with CMS. That means CMS may know your name, address, citizenship status, and previously submitted immigration status.

Should I cancel my OHP membership?

As stated above, if you ever enrolled in OHP or Healthier Oregon, OHA has at some point shared your information with CMS. That means even if you cancel your OHP or Healthier Oregon membership, CMS may still have personal information about you as historical eligibility data covers a five-year period.

Is it safe to go to the doctor?

We understand you may be afraid that CMS is sharing your information with immigration enforcement. You might decide not to use Medicaid or delay seeking medical care.

OHA's mission is to make sure all people in Oregon have access to medical care to stay healthy and thrive. If you choose not to use Oregon Health Plan for your medical needs, we recommend you speak with your health care provider about other options. If you are concerned about your health, we recommend you consult your provider about your health status.

What is OHA doing to protect people's personal information from misuse?

OHA only shares personally identifiable OHP information with federal agencies when required by law. OHA will continue to meet all legal requirements for data sharing. Beginning in January 2025, OHA stopped sharing data that could be used to identify immigration status. OHA is reviewing how to best meet its CMS data sharing requirements, while protecting personally identifiable information as much as possible. These data elements may change over time as OHA balances compliance requirements with member privacy.

While complex legal and operational factors shape what data is collected and how it is used, OHA's core commitment does not change. OHA prioritizes privacy as a fundamental element of public health and community safety.

OHA is carefully considering how to respond to CMS data requests, knowing the state of Oregon can't control how CMS will use the data. For this reason, OHA is reviewing all legal and policy options available to try to prevent its misuse.

Oregon joined a multistate lawsuit

Oregon is part of a lawsuit to prevent CMS from sharing protected Medicaid information with the Department of Homeland Security. It also seeks to prevent the data from being used for immigration enforcement purposes.

Joining this lawsuit doesn't allow OHA to stop sharing required information about federal programs and funding with CMS. But OHA continues to look at all policy and legal options to protect personally identifiable information.

How is OHA supporting health care providers and community groups?

OHA is committed to working with health care providers and community groups to continue to protect and strengthen the health of every Oregonian, no matter the challenges ahead.

We're developing factsheets and other support materials to help providers confidently provide OHP members with accurate information about data privacy.

We also are partnering with Oregon Department of Human Services and community-based organizations to develop resources focused on data privacy and operational pressures.

How can health care providers and community groups help?

Providers and partners can share clear, consistent messages with each other and OHP members. Join partner briefings to stay informed and help shape the approach.

Providers can reassure patients that privacy is one of OHA's core values and that OHA is actively working to clarify data use.

OHP members, providers, and partners can visit the [OHA Notice of Privacy Practices webpage](#) to learn more.

Establish procedures for responding to federal immigration agent inquiries. Make sure all your staff understand and know where to find this guidance.

OHA will continue to share updates transparently as they become available. In the meantime, we invite you to engage with us directly. Share your questions, participate in upcoming webinars, and let us know how we can work together to best serve your communities.

How can I stay informed?

Contact OHA directly with questions or concerns at Ask.OHP@odhsoha.oregon.gov.

Visit OHA's [Monitoring Federal Changes and any Impacts on Oregon webpage](#) to get updates on federal changes, their effect on Oregon, and what the state is doing.

Information and help

Contact OHA directly with questions or concerns at Ask.OHP@odhsoha.oregon.gov.

The Oregon Department of Human Services [Office of Immigrant and Refugee Advancement website](#) has resources, fact sheets, news, and updates for immigrant and refugee populations across the state.

Visit the [Equity Corps of Oregon website](#) to see if you qualify for free legal counsel.

If you see U.S. Immigration and Customs Enforcement (ICE) activity in your community, call the Portland Immigrant Rights Coalition (PIRC) hotline, 1-888-622-1510. Visit their [website](#) to learn more.

The Oregon Law Center and Latino Network developed a [packet](#) to help families prepare for emergencies, including immigration detention.

The National Immigration Law Center developed a [resource library](#) including guides, toolkits, policy briefs and more.

The Oregon Department of Justice developed the [Sanctuary Promise Community Toolkit](#) covering essential information needed to understand Oregon's Sanctuary Law and report

Impact of Federal Requirements & Funding Cuts to Oregon Health Plan (OHP/Medicaid) *OHA is assessing the potential impact of the federal budget bill passed by the U.S. House of Representatives/U.S. Senate and signed by the president on July 4, 2025. Initial analysis about how this could affect people in Oregon is included below.*

Fewer People Insured

Today: Oregon currently covers 1.4 million people through Oregon Health Plan (OHP/Medicaid). This includes more than half of all children in the state and seniors who rely on Medicaid-funded nursing home supports.

Under the Federal Proposal: New federal mandates would create complex eligibility rules, require time-consuming paperwork for OHP members and place costly administrative burdens on the state. An estimated 200,000 OHP members could lose health care under these new rules and become uninsured. Oregon taxpayers would be required to pay hundreds of millions of dollars to increase administrative positions and update technology systems.

Work Requirements

Today: A majority of OHP members who are able, already work.

Under the Federal Proposal: Up to 462,000 OHP members could be required to fill out paperwork every six months and prove they're working. Due to red tape, an estimated 200,000 OHP members could become uninsured.

Impact to Rural Health Care

Today: Due to a large number of OHP members in rural areas on OHP, rural hospitals and providers rely heavily on Medicaid reimbursements.

Under the Federal Proposal: The federal proposal would cause many rural Oregonians to lose health coverage. This would impact hospitals and clinics that rely on Medicaid reimbursement to operate. The proposal would end up making health care more expensive for taxpayers and more difficult to access for all Oregonians

Impact of Federal Requirements & Funding Cuts to Oregon Health Plan (OHP/Medicaid)

Increased Costs for Oregonians

Today: Oregon has been able to consistently provide access to affordable health care to more than one million Oregonians.

Coordinated Care Organizations (CCOs) that deliver care to most OHP members have saved the state \$6 billion through cost-saving measures.

Under the Federal Proposal: People with OHP coverage have annual earnings of \$20,000 or less or household earnings of \$43,000 for a family of four. The federal proposal would impose copays for medical visits; if OHP members are unable to pay, they could be denied care.

Increased Eligibility Checks

Today: In Oregon, we've made it a priority to keep people covered. Children who qualify for OHP are covered from birth to age six, which means they have consistent access to health, dental, and behavioral health care in key developmental years. Adults are covered for two years, which makes it possible to keep the same providers, to better manage chronic health conditions and seek treatment for health issues before they become more serious.

Under the Federal Proposal: The federal proposal would require many people to prove they're eligible for OHP every six months, creating paperwork and red tape for families and administrative work for the state. This could result in 560,000 people in Oregon being subject to more frequent eligibility checks and put people at risk of losing coverage, despite being eligible.

Health Freedoms: Reproductive Care

Today: Planned Parenthood provides critical access to reproductive health services such as pregnancy and sexually transmitted disease testing, birth control access, vasectomies, miscarriage services and abortion through clinics statewide. Oregon law

also guarantees the right to abortion without any restrictions, including state or federal interference.

Under the Federal Proposal: The legislation would ban Medicaid funds from Planned Parenthood clinics, which could result in the shuttering of health clinics across the state. Tens of thousands of Oregonians would lose access to preventative care for pregnancies, abortion care, and life saving cancer prevention services. This is especially dangerous in rural communities where provider shortages already exist.

Health Freedoms: Gender Affirming Care

Today: Oregon law requires OHP and private health insurance plans to cover medically necessary gender affirming care. Patients work in partnership with their health care providers to determine their care.

Under the Federal Proposal: The legislation would prohibit Medicaid funding from covering medically necessary gender affirming care for people of all ages. It would also drop requirements that private health insurance plans cover life saving treatment.

For more information please see: <https://www.oregon.gov/oha/Documents/Federal-Budget-Impacts-Medicaid.pdf>

<https://www.oregon.gov/oha/pages/federal-changes.aspx>

Oregon WIC updates food list to boost nutrition, expand choice

Oregon's Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is updating its food package today for participants to enhance nutrition and expand choice for families statewide.

The updated WIC food package reflects the latest nutrition science and aligns with healthy dietary patterns recognized around the world. This marks the third update to WIC foods in the program's 50-year history of promoting family and child health.

The last update to the WIC foods was in 2009 and introduced improvements such as fruits, vegetables and whole grains. The new update builds on that progress by expanding access to healthy foods for families across Oregon.

"The changes bring increased flexibility, variety and choice, allowing families to honor cultural traditions, enjoy shared meals and have healthy and whole food options," said Tiare Sanna M.S., RDN, Oregon WIC director. "There are even better supports now for special dietary needs, including gluten-free, vegan and allergen-free options."

Hear Perla Castillo, RD, nutrition consultant at Oregon WIC, discuss the updated food list in videos available in [English](#) and [Spanish](#).

Enhancements to the WIC Food Package include:

More fruits and vegetables, expanded to include fresh-cut herbs.

A wider variety of protein and plant-based options, including fish options for all kids and adults; more cheese varieties, including sliced, string and shredded; new yogurt brands with reduced added sugar; new plant-based milks; and new nut and seed butters.

Expanded whole-grain bread choices such as 100% whole wheat buns, bagels, pita and naan. Plus, new gluten-free, whole-grain bread options. WIC now offers a dozen whole grains including quinoa, teff, corn masa flour, and barley to name a few.

See the [WIC food package changes website](#) for more details.

In response to WIC's nutrition standards, food manufacturers have improved the nutritional content of products available to all consumers.

Sanna explained that when WIC increases choices and options for WIC participants, it improves choices and access for the whole community.

"When grocery stores improve access to more nutritious food options for WIC participants, it has a positive ripple effect on the entire community," Sanna said. "For the stores, that means more customers."

Sanna added that WIC conducts a price and availability survey throughout Oregon to ensure participants in every community across the state have similar access to food. Starting today, July 1, Oregon WIC participants can shop for foods on the updated list using their benefit card at any of the 426 WIC-authorized grocery stores across Oregon.

About WIC

The [Oregon WIC Program](#) improves nutrition security for families by providing healthy food, nutrition education, breastfeeding support, and connections to community resources for pregnant, postpartum and breastfeeding individuals, infants, and children up to age 5. WIC serves families in all 36 Oregon counties through more than 100 clinics

As summer heat continues, health officials share reminder about law protecting breastfeeding at pools

Oregon's public and private pools are great places for families to escape the summer heat, so Oregon Health Authority (OHA) and the Women, Infants and Children (WIC) program share a friendly reminder that state law protects the rights of people to breastfeed in public.

Shelby Sayer-Cameron, a public health lactation consultant at Linn County Health Services, says support for the state breastfeeding law from pool operators helps reduce the stigma some people feel when trying to breastfeed their children in public places. And she knows this from personal experience.

"I was less comfortable breastfeeding in public with my oldest child, and I was new to it," recalls Sayer-Cameron. "I would get so worked up trying to make sure to bring a cover to use and I cared what other people thought of it. By the time my second child came around, I realized how much of a hassle the 'breastfeeding cover-up' was and how much more awkward it was for me."

August is a good time to remind the public about Oregon's breastfeeding law, officials say. Summer temperatures can be at their highest this month, prompting people to head to swimming pools to cool off. It's also National Breastfeeding Month, which Oregon Gov. Tina Kotek has recognized with this proclamation:

<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Documents/bf/State-of-Oregon-Proclamation-Office-Of-The-Governor-National-Breastfeeding-Month-Aug-2025.pdf>.

Since 2012, OHA's Public Health Division has distributed guidance that breastfeeding an infant or small child is acceptable in swimming pool areas.

A link to the directive, including the section on breastfeeding, is available at <http://public.health.oregon.gov/HealthyEnvironments/Recreation/PoolsLodging/Documents/InfoSheetBreastfeedingatPools12062012x.pdf>.

For many parents, breastfeeding provides a quick and accessible way to feed their children, and they shouldn't have to worry about where they're doing it, Sayer-Cameron explains. It's also more cost-efficient for parents who may not be able to afford formula or a breast pump that would allow them to collect and store breast milk for when it's needed. Hear more from Shelby Sayer-Cameron, here:

<https://www.youtube.com/watch?v=VxhSV6fBXig>

OHA has long supported and promoted breastfeeding because of the many health benefits, including building babies' immune systems to fight diseases and reducing mothers' risk of chronic illnesses such as ovarian and breast cancer and type II diabetes.

WIC agencies still receive complaints each year from breastfeeding parents asked to stop breastfeeding, cover up, or breastfeed behind closed doors in a bathroom or other private area. As a result, [Oregon Revised Statute 109.001](#) protects a mother's right to breastfeed in public and has been in place since 1999.

Korina Skaff, Oregon WIC breastfeeding coordinator, says parents have the legal right to breastfeed in any public space and don't have to nurse in a private place unless they choose.

"Breastfeeding provides optimal nutrition for infants and is legally protected under Oregon law. Spreading the word to employees and patrons is a key step to creating comfortable places for parents with babies," says Julie A. Reeder, Ph.D., a manager at Oregon WIC.

It's canning season! OSU helpline answers questions about proper and safe food preservation

Canning is a great hobby... it's not only fun and delicious, but also economical. It must be done safely, however, to prevent foodborne illnesses. (Read: [Home Canning and Botulism](#))

During peak canning season (July to October), you can call Oregon State University's (OSU) free [food preservation helpline](#) to get advice for the best and safest way to can your fruits and vegetables. The helpline is staffed by certified [Master Food Preserver](#) volunteers across Oregon who can provide a wide range of information, including how to safely prepare canned salsa, fruits and seafood, safe storage temperatures, and where to get your pressure canner gauge checked. In 2024, the volunteers fielded 723 calls.

Proper canning will remove oxygen, destroy enzymes, and prevent the growth of undesirable bacteria, yeasts, and molds. The food will retain nutrients and flavor and last much longer. However, canning foods incorrectly can create the perfect environment for harmful bacteria to grow and cause [botulism](#)—a rare but potentially deadly illness.

Safe canning tips include:

- Make sure to use the right equipment for the kind of foods you are canning, including the right-sized pressure canner. Low-acid foods such as corn, green beans, mushrooms, potatoes, and most other vegetables must be canned under pressure to be safe. Learn more about pressure canners [here](#).
- After canning, check that your cans are properly sealed.
- Label and date your jars. Home-canned food should be thrown out after a year.
- Keep jars in a clean, cool, dark, dry place between 50 and 70°F.
- Stack jars no more than two high so you don't damage the seals.
- Once a jar is opened, must be refrigerated.

Another great source for food preservation information is the [National Center for Home Food Preservation](#) at the University of Georgia.

OSU's Food Safety and Preservation helpline takes calls Monday – Friday, 9 a.m. to 4 p.m., until October 10. Call **800-354-7319**, and feel free to leave a message after hours. Learn more from OSU Extension Service's Home Food Preservation program [here](#), including details about [food preservation events](#) in your area.

Workgroup: Families leading children's behavioral health policy systems

This group provides feedback for the work of the Child and Family Behavioral Health Unit and our strategic plan, or what we have previously been calling our [Roadmap](#).

- Date: Second Tuesday of each month, Noon to 1 p.m. Pacific Time
- Next meeting: August 12, 2025

If you're part of a family group, we welcome your input. It's crucial to center the voices of those who have been historically marginalized and those experiencing developmental disabilities.

[If you are a family member and would like to be involved, please email Hilary Harrison for the link and more details.](#)

Licensed Hospitals in Oregon Must Provide Emergency Obstetric Services to Pregnant People

Emergency medical care has long been a protected right in Oregon. [Hospitals in Oregon must continue to provide emergency obstetric services to pregnant people, including emergency abortion care](#). On May 29, 2025, Centers for Medicare and Medicaid Services (CMS) [rescinded federal guidance](#) which reminded hospitals that the Emergency Medical Treatment and Labor Act (EMTALA) requires hospitals to provide abortion care to pregnant patients for whom such care is necessary to stabilize an emergency medical condition they are experiencing, irrespective of any contrary state laws. The rescission of the federal guidance does not change EMTALA nor does it change Oregon laws.

History of EMTALA

EMTALA was passed by Congress in 1986 to ensure patients receive emergency medical care regardless of ability to pay. EMTALA requires that patients presenting at a hospital with a possible emergency medical condition receive a medical screening exam and requires the hospital to provide stabilizing care to any patients with an emergency medical condition within the capability and capacity of the hospital. EMTALA provisions have historically required stabilizing treatment to include termination of pregnancy and CMS has recognized that providing that course of treatment would be determined by a physician or other qualified medical personnel based on the applicable standard of care.

The recently rescinded federal guidance was a reminder issued in the wake of *Dobbs v. Jackson Women’s Health Organization* (2022), which effectively ended a federal constitutional right to terminate a pregnancy.

Obstetric Services in Oregon

In Oregon an individual has “a fundamental right to make decisions about the individual’s reproductive health, including the right to make decisions about the individual’s reproductive health care, to use or refuse contraception, to continue the individual’s pregnancy and give birth or to terminate the individual’s pregnancy.” See [ORS 435.210](#).

In 1987, the Oregon legislature passed Oregon’s own version of EMTALA in [ORS 441.094](#). Patterned on the federal law, Oregon-EMTALA similarly prohibits denial of screening and emergency care based on insurance coverage, or lack thereof, or the inability to pay. The Oregon Health Authority (OHA) licenses hospitals and oversees the enforcement of Oregon-EMTALA. Hospitals with an emergency department are required to provide emergency services 24/7 and to provide immediate lifesaving intervention, and stabilization. [OAR 333-520-0070\(3\)\(a\)](#).

Hospitals with emergency departments must continue to ensure they comply with all the requirements in OHA’s administrative rules that govern hospital licensure and hospital emergency medical services. To learn more about emergency medical services in Oregon, please visit [OHA’s website](#) and the [requirements for hospital emergency medical services](#).

OHA shares summer resources list for LGBTQIA2S+ youth

As the 2024-2025 school year wraps up statewide this week, Oregon Health Authority is sharing resources to promote well-being, safety, security and inclusion among lesbian, gay, bisexual, transgender, queer, intersex, asexual, two-spirit, questioning and (+) (LGBTQIA2S+) youth.

“We’ve shared this list of resources the last few years because young people in our state need to have access to resources that help them celebrate the diversity of their identities all year long, not just during the school year,” said Dean Sidelinger, M.D., M.S.Ed., health officer and state epidemiologist at OHA.

Summer months can be a challenging time for queer youth and their families as many supports they have access to during the school year are no longer available. Since 2022, OHA has helped celebrate gender and sexual orientation diversity by highlighting resources available to LGBTQIA2S+ youth during summer.

June also happens to be Pride Month, Sidelinger noted, when OHA and its public health partners show support for LGBTQIA2S+ youth, families and organizations. Communities, families and trusted adults play a critical role in supporting their LGBTQIA2S+ children's well-being. When families promote self-esteem, overall health and strong, affirming relationships, they protect LGBTQIA2S+ young people against potential suicidal behavior, depression and substance use.

Many local, state and national resources are available for LGBTQIA2S+ youth and families to help them thrive all summer, and all year:

- The [Oregon Youth Resource Map](#) is designed to help young people ages 16-25 and their allies connect to youth-serving resources, organizations and leadership opportunities. The map centers youth needs and voices, and includes services for health and mental health care, housing, education and more.
- [TransActive Gender Project](#) at Lewis & Clark Graduate School works to empower transgender and gender-expansive children, youth and their families in living healthy lives free of discrimination through a range of services and expertise.
- PFLAG (formerly Parents, Families and Friends of Lesbians and Gays) offers [quick tips to parents](#) and caregivers for supporting their LGBTQIA2S+ children during the coming-out process. PFLAG also has [eight chapters](#) in Oregon, including in Eastern, Southern and Central Oregon and the Portland metro area.
- The [Family Acceptance Project](#) works to increase family and community support for LGBTQIA2S+ youth, decrease health and mental health risks, and promote well-being. An [Oregon page](#) also is available.
- [The Trevor Project](#) promotes suicide prevention and crisis intervention for LGBTQ+ young people. Public education materials are available on its [website](#), and it recently published the results of its [2023 National Survey on the Mental Health of LGBTQ+ Young People](#).
- [Outside In](#) (Portland) welcomes and encourages all from the LGBTQIA2S+ community to connect, feel seen and heard, and provides free resources such as counseling, medical services and wraparound support for homeless youth and other people that have been marginalized who meet diagnostic criteria. Call 503-535-3828.
- New Avenues for Youth's [Sexual & Gender Minority Youth Resource Center](#) in downtown Portland provides culturally specific support for LGBTQIA2S+ youth.

Also, its [Youth Opportunity Center](#) is open 24/7 for youth ages 9-17 in crisis or who need a safe place to stay. Drop-in hours are Monday to Friday 10 a.m. to 6 p.m. for youth ages 9-24. Call 971-754-4350.

- [The Next Door](#) provides youth outreach in schools, life skills training and mentoring programs such as Gorge Youth Mentoring. It supports a youth advisory council, gender-affirming locker rooms and, in partnership with Columbia Gorge Pride Alliance, promotes *30 Days of Gay* events as part of Pride Month in June.
- [Eastern Oregon Center for Independent Living](#) (EOCIL) provides safe spaces, community building and empowerment for two-spirit and LGBTQIA+ populations, including people with and without disabilities, and allies in 13 Eastern Oregon counties. As one of the largest and oldest two-spirit and LGBTQIA+ service providers and employers in Eastern Oregon, EOCIL proudly serves the two-spirit and LGBTQIA+ communities of Baker, Gilliam, Grant, Harney, Hood River, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco and Wheeler counties.

OHA works with other state agencies, counties, Tribal nations, communities and advocacy groups across the state to ensure youth in Oregon have access to support and services, including offering links and contact information to help lines and other resources:

- The **988 Suicide & Crisis Lifeline**, available 24/7, is for people in any type of behavioral health crisis, such as mental health-related distress, thoughts of suicide or self-harm, or substance use crisis. People can get help by calling 988, texting 988 or chatting online at 988lifeline.org.
- 988 offers specialized support for LGBTQIA2S+ youth under age 25 by calling 988 and pressing 3 or texting “Q” to 988.
- [Oregon Alliance to Prevent Suicide](#) is dedicated to preventing youth and young adults in Oregon from dying by suicide. Call 503-399-7201 for more information (not a crisis hotline).
- [Oregon LGBTQ Support](#), from [Oregon LGBTQ Youth & Family Resources](#), lists resources that focus on providing services and support to reduce mental health risks and promote well-being for LGBTQ young people.
- [The YouthLine](#) offers peer-to-peer help, support and crisis intervention for youth ages 10-24. Phone, text, and chat support are available where trained youth respond from 4 p.m. to 10 p.m. Pacific Time, every day of the year (Adults are available by phone at all other times).
 - Call: 877-968-8491
 - Text: teen2teen to 839863
 - Chat: theyouthline.org

<p>Bevin L. Ankrom Innovator Agent Oregon Health Authority Bevin.L.Ankrom@OHA.Oregon.GOV Brookings, Oregon (503) 480-4975</p>	
<p>Open Floor – Public comment</p> <ul style="list-style-type: none"> - Guest mentioned that the Advanced Health Website needs to be updated. – was informed that we are working on a new website that should roll out in Q4 - Guest mentioned that the CAC is to provide better Health and lower costs, they would like to see a report of savings - The guest was wondering what role advanced health plays during a natural disaster, such as a Tsunami. 	<p>Katie</p>
<p>Adjourn</p>	
<p>Thursday, September 4, 2025, 5:30 pm</p>	

LIST OF ACRONYMS

- ACE – Adverse Childhood Experience
- ACA – Affordable Care Act
- APD – Aging and People with Disabilities
- BAH – Bay Area Hospital
- BC – Bay Clinic
- BCB – Bay Cities Brokerage
- BH – Behavioral Health
- CAC – Community Advisory Council
- CCH – Curry Community Health
- CCHC – Coast Community Health Center
- CCO – Coordinated Care Organization
- CGH – Curry General Hospital
- CHA – Community Health Assessment
- CHN – Curry Health Network
- CHIP – Community Health Improvement Plan
- CHNA – Community Health Needs Assessment
- CHW – Coos Health & Wellness or Community Health Worker
- CVH – Coquille Valley Hospital
- CWS – Child Welfare Services
- DCO – Dental Care Organization
- EHR – Electronic Health Record
- EMR – Electronic Medical Record
- FQHC – Federally Qualified Health Center

- HRS- Health Related Services
- HRSN-Health Related Social Needs
- MAPP – Mobilizing for Action through Planning and Partnerships
- MAT – Medication Assisted Treatment
- MH – Mental Health
- NBMC – North Bend Medical Center
- OAR – Oregon Administrative Rule
- OHA – Oregon Health Authority
- OHP – Oregon Health Plan
- ORCCA – Oregon Coast Community Action
- ODHS – Oregon Department of Human Services
- ORS – Oregon Revised Statutes
- PSS – Peer Support Specialist
- QI – Quality Improvement
- SUD – Substance Use Disorder
- SCHHS – Southern Coos Hospital & Health Center
- SCHC – South Coast Head Start
- SDS – Senior & Disability Services
- SSP – Self-Sufficiency Programs
- TPEP – Tobacco Prevention & Education Program
- THW – Traditional Health Worker
- WCHC – Waterfall Community Health Center