

Health Department

Date March 2, 2021

TO: The Honorable Barbara Smith Warner, Chair
House Committee on Rules

SUBJECT: HB 2353: Requires agency to include in rulemaking notice statement identifying how adoption of rule will affect racial equity.

Chair Smith Warner and Members of the Committee: I am Ebony Clarke, Interim Director of Multnomah County Health Department. I am here to express my enthusiastic support for HB 2353, a bill to require state agencies to include in rulemaking notice statements identifying how adoption of rules will affect racial equity.

As the lead local health agency in the state's most populous and diverse county, racial equity in rulemaking connects directly to how we fulfill our organizational mission to lead with race. Multnomah County Health Department includes the Local Mental Health Authority, the Local Public Health Authority, the state's largest local Corrections Health operation, and the state's largest Federally-Qualified Health Center. In each of these domains, we have an obligation to ensure equitable, high quality services for members of Black, Indigenous, and other communities of color.

Unintended negative consequences for communities of color exist when communities' needs and experiences are not explicitly addressed in lawmaking. For instance, the State's Intensive Care Coordination (ICC) rules provide for a very specific structure that requires adaptation and workarounds to meet the needs of diverse cultures, especially to engage families and clients from communities of color who are left off the list of populations prioritized to receive ICC services from Coordinated Care Organizations.

There is an expectation, for example, that the work begins with a lengthy needs assessment on a strict timeline rather than taking time to build relationships. The same is true of the expectation to immediately reach out to primary care and other providers working with the client. This urgency can negatively impact relationship building and engagement when done prior to developing trust and understanding between client and provider.

The experience of Luis provides a glimpse of the challenges that come with rulemaking that doesn't consider racial equity. Luis is a 40-year-old Latinx man experiencing mental health issues, substance use disorder, and homelessness. When Luis came to the ICC program, he had had prior experience with Addictions Benefit Coordination (ABC) where he accessed detox, completed a culturally-specific intensive treatment program, engaged in medical care and mental health services, moved into clean and sober housing, and received culturally-specific recovery support. When Luis had a recurrence and became homeless again, he was again referred to ABC but this time under the new

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ICC process. Luis had disengaged from mental health and medical services and had been using meth. His expectations with ABC were to quickly help him access treatment services. Given the lengthy needs assessment and strict timelines (complicated by the pandemic), Luis disengaged and did not receive services.

If the rules had considered the need for trauma-informed and culturally specific services that focus on building trusting relationships, perhaps Luis would have stayed engaged and received the care he needed.

Requiring state agencies to be intentional and explicit about racial equity in rulemaking would support state and local governments to proactively address racial inequities in health and social outcomes and avoid unintended negative consequences for communities of color. Thank you for your consideration of HB 2353.

Sincerely,

Ebony Clarke, LCSW, MSW
Interim Health Department Director
Multnomah County Health Department